

"THE PROTECTION OF YOUR HOME AGAINST AIR RAIDS." HOSPITAL ACCOMMODATION FOR AIR RAID CASUALTIES.

A very useful little booklet has been issued by the Home Office under the above title, to which Sir Samuel Hoare, Secretary of State for the Home Department, contributes the foreword. In the course of this he writes:—

"If the emergency comes the country will look for her safety not only to her sailors and soldiers and airmen, but also to the organised courage and foresight of every household. It is for the volunteers in the air raid precautions services to help every household for this purpose, and in sending out this book I ask for their help."

HOW TO PREPARE YOUR REFUGE ROOM.

The booklet states there are three main types of bombs: (a) an explosive bomb; (b) an incendiary bomb; (c) a gas bomb.

(a) In dealing with protection against explosive bombs it is explained that unless a window is barricaded with sand-bags it is not easy to prevent the glass of closed windows being shattered by the blast of an explosion even at some distance away. But you can prevent splinters of glass being blown into the room by covering the inside of the window panes with at least two thin sheets of one of the transparent or translucent, non-inflammable materials now commonly used for wrapping purposes and sold by stationers. The material must be tough and not readily torn. Although a cellulose varnish is the best adhesive, water glass, or even ordinary gum, can be used to stick the material to the glass, but examine it from time to time and re-gum when necessary.

(b) An air attack may include the use of large numbers of small incendiary bombs. So many fires might be started that the fire brigades could not deal with them, and every citizen must be prepared to help. Do these things the moment you receive official warning that war threatens:—

(1) Make sure that you know the emergency fire brigade arrangements in your neighbourhood—whether fire patrols have been established and where the nearest fire station is.

(2) Clear the loft, attic or top floor of all inflammable material, paper, litter, lumber, etc., to lessen the danger of fire, and to prevent fire from spreading.

(3) If the materials are available, protect the floor of the loft, attic or top floor in one of the following ways—with sheets of corrugated iron or plain sheet iron (gauge 22 or thicker) or asbestos wallboard, or with 2 inches of sand (if the floor will bear the weight).

(4) It is advisable to coat all woodwork in the attic or roof space with lime wash to delay its catching fire. A suitable mixture is 2 lb. of slaked lime and 1 oz. of common salt, with 1 pint of cold water. Apply two coats.

(5) For controlling an incendiary bomb have on an upper floor a bucket or box of dry sand or earth with a shovel fitted with a long handle. Better still have a Redhill sand container (Home Office specification).

(6) Water is the best means of putting out a fire, but water mains may be damaged in an air raid or the flow restricted by fire-fighting operations, so make sure that you have some water ready in buckets or cans in get-at-able places about the house.

(c) Mustard gas, whether in the form of liquid, or of the vapour which the liquid gives off, will injure any part of the body with which it comes in contact. It also "contaminates" clothing or other objects exposed to them, making them dangerous to have near you, or to touch until they have been decontaminated.

The Ministry of Health made rapid progress in organising the hospital system to meet any emergency that might arise during the recent crisis, and it is now possible to give a general picture of the proposals.

Hospital Authorities were told by the Ministry in August that they would be expected, if an emergency actually occurred, to empty as many beds as possible by sending home those patients who are fit to go.

The great majority of patients going home would be sitting or walking cases, and hospitals have been asked to arrange for transport of their cases themselves by means of voluntary effort. The Women's Voluntary Organisation would help in this work. Once at home discharged patients would of course come under any general arrangements for evacuation for their districts.

Simultaneously with sending patients home, certain hospitals, for the most part the larger general ones in the more congested areas, would "decant" patients fit to be moved, though not yet fit to go home, to other institutions which are fully capable of continuing the necessary treatment, but which would be less useful for receiving air raid casualties. In the London area 34 hospitals have already been designated for "decanting," and detailed plans prepared for removing between three and four thousand patients by ambulance trains to towns 50 miles or more from London. The patients would be conveyed to the railway stations by motor coaches converted to carry stretchers. The necessary stretchers are available and held centrally for distribution if and when required. Fittings for the coaches have been made, and 300 can be converted into ambulances at 12 to 24 hours' notice. The owners of the coaches know exactly where they would report, and what journeys they would be required to make. The necessary arrangements have also been made with the railway companies.

Other hospitals in the London area would "decant" patients a shorter distance in order to empty beds, and these would make the whole journey by bus.

The Ministry have been in close touch with the London County Council throughout. As already announced, one of the senior medical officers of the County Council is acting as hospital officer for the London District. The Ministry have also conferred with representatives of all the voluntary hospitals involved in the "decanting" scheme, and explained the proposals to them in detail.

Conferences have also been held with all the Medical Officers of Health of the counties and county boroughs in the Home Counties, and of the towns receiving the patients decanted from London. Arrangements are being made in these towns for meeting the ambulance trains and conveying the patients to designated hospitals.

Plans for clearing hospital beds by "decanting" patients have similarly been worked out in the provinces by the Ministry's Hospital Officers.

So far the plans made have been concerned principally with the utilisation of existing accommodation and equipment. The Ministry have, however, taken steps for the acquisition of additional equipment which will be distributed when available to different centres.

It is intended very shortly to arrange a further series of local conferences at which Dr. Hebb, the Principal Medical Officer advising the Minister on the emergency hospitals organisation, will discuss details of the schemes with the authorities.

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