status, power, uniform, comfort and cash!—not one word in this correspondence about efficient training, skill, service and self-denial. Alas! "Up goes the price of shoddy."

Social influence will protect its class.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The Matron-in-Chief, Q.A.I.M.N.S., requests us to inform all our readers that the statement published in a letter in the Daily Telegraph on March 24th, 1941, that V.A.D.s Grade I rank with officers, is misleading. Grade I Nursing V.A.D.s in Military Hospitals replace the nursing orderlies and they perform the duties of probationers and do not hold the relative rank of an Officer, but are "upgraded," not promoted. These V.A.D.s work in complete concord in the wards with, and under the supervision of, members of Q.A.I.M.N.S. and the T.A.N.S., and any misapprehension of the positions held respectively by the Trained Nurses and the V.A.D.s in all Military Units is to be deplored.

THE ALLIES' NATIONAL ANTHEMS.

FREE TRANSLATIONS BY THE B.B.C.

The Times has received many requests for the words of the National Anthems of the Allies, which are played by the B.B.C. each Sunday evening. The free translations quoted here were provided by the B.B.C., who have now made special and properly authenticated recordings of these anthems, and of ten other European National Anthems, as was announced in *The Times* recently:—

The words given are not always according to idiom, but they reflect the spirit of the people through their National

Anthems :-

France.

Forward, sons of the Motherland! The day of glory has dawned, Against us now is raised The bloodstained flag of tyranny.

Poland.

Poland is not yet lost, For we her faithful sons remain. Our freedom lost through foreign violence We shall by force regain.

Norway.

Land of weather-beaten mountains Rising from the sea. Land of a thousand homes, Norway, we love thee.

Belgium.

After centuries of slavery
The Belgian, rising from his grave,
Reconquers through his courage,
His name, his rights, his flag.

Holland.

William of Nassau, son Of an ancient line. I vow undying faith To my native land.

Czecho-Slovakia.

Where is my home? Where is my home?
Water rushes through the meadows,
Breezes murmur in the pine groves
In the springtime full of blooms
An earthly paradise to view.
That is the fair land of Bohemia,
Bohemia is my home.

TRENDS IN MILITARY SURGERY.*

We have learned as an Empire that this war is truly different from all other struggles—different in its conception of attack and defence, different particularly in the fact that the civilian population is, in certain phases of the struggle at least, more vulnerable to attack than the military personnel. The surgeon, whether he be a member of the forces or the emergency medical services, or even in private practice, is confronted by the same problems of treatment and disposal. Civilian surgeons are treating soldiers, sailors, and airmen in large numbers. Military hospitals, such as our own, have beds set aside for the treatment of civilian casualties occurring in the area. The whole of England and Scotland is a vast military district and it is impossible to find, even in the most isolated neighbourhoods, a practitioner who may not at any time be called upon to deal with emergencies arising from enemy action and thereby constituting a State responsibility.

The problems which the surgeon faces, shock and infection, are those which military surgeons have met throughout the ages. Advances in surgical treatment have been directed along these lines, even as they were in 1914 to 1918. They are being attacked by civil and military surgeons alike. The Home Office, the Ministry of Health, and the War Office work together. The Medical Research Council and the Department of Pathology and Hygiene of the War Office are in close

association.

In medical parlance this struggle has been termed a "plaster" war because of the great interest in the closed treatment of wounds. Prophylaxis, pooled blood, and plaster, each one might well be the subject of a long paper. These terms suggest the advances in treatment as one reviews them at the end of this first

year.

Prophylaxis: The French army for two years had been using tetanus toxoid and were convinced it was a dependable safeguard against clinical tetanus. It was their practice to give two immunising doses to every soldier and a third dose of toxoid immediately after wounding. It is the practice in the British and Canadian army to give the two immunising doses of toxoid but to administer the usual 3,000 units of A.T. serum following wounds. Some figures have been made available on the incidence of tetanus in the B.E.F. during the spring campaign. This incidence was 0.45 per 1,000 wounded. No case of tetanus was reported in a soldier who had been actively immunised by toxoid.

It has been the practice in the British army to administer a prophylactic dose of sulfanilamide by mouth to all wounded. In certain hospitals the powdered drug has been used locally in wounds, particularly in those cases where it has been impossible to give it by mouth. I have not seen any critical analysis of results of such treatment. From experimental work, however, it would seem that the administration of sulfanilamide either by mouth or into the wound is a justifiable prophylactic measure.

Blood Substitutes: In the months preceding the declaration of war, both in the army and under the

^{*}Republished from The Canadian Nurse, February, 1941.

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