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EDITORIAL

OUR "HANDICRAFTS" DEPTS.

The argument as to the value of congenial occupation as an important factor in regaining and maintaining health needs no labelling. The small cosmos which comprises our hospital—every day becoming more and more self-contained—chews the truth of this, as well as affording a means of studying, on a small scale, the industrial problems of labour, and capital. True, this little world is very little indeed, and very new indeed, but the dillitant in sociological problems may find, on a small scale, the beginning of things. The nomadic members gradually passing from the restless, aimless "Patient in Hospital," to the more settled, but still irresponsible "attached for light duty," graduating in some cases to "Permanent B Class," and lo! he has become a citizen of our little world—a "producer"—as well as a consumer. He chooses his "Life Work." He has responsibilities—he imparts his special knowledge to others, and has the satisfaction of knowing that all he does is for the benefit of those less fortunate than himself, and so the more material part of his life, such as the relative value of his labour to the finished product, the exploitation of the many for the few, and all the other problems of our complex world industrial situation, which have bothered him outside, are relegated to the background and the more spiritual, the more self-abnegating part of him comes more to the fore, and therefore the busier the happier he is, the sooner he becomes normal and the sooner fitted to play his part once more in the world, either of arms or industry.

The Work of a Stationary Hospital in the Field

Being the Third of a Series of Articles on the Canadian Medical Service by Lieut.-Col. S. H. McKEE, C.A.M.C., C.M.G. (formerly Officer Commanding No. 1, Canadian Stationary Hospital.)

The clearing hospital having dealt with and classified its cases as quickly as possible, those able to be moved are sent to a stationary or second hospital.

Medical and surgical work, especially surgical operations, form rather a small part of the day's work in hospitals with the Expeditionary Forces in France, or in the East. This fact has been a great disappointment to hundreds of surgeons in the past, and I expect will be so to

many in the future. It matters not whether a hospital is designated a "Casualty Clearing Depot" or a "Stationary" or a "General" hospital. They are in reality all "Clearing" hospitals, admitting and evacuating patients as quickly as possible and differ only in matter of size, accommodation of beds, etc.

The routine is made up of the admission of patients, classifying them, getting their bodies and clothes clean, attending to any urgent professional work and evacuating to the base and different depots as quickly as possible. The D.M.S. is interested chiefly in empty beds: not how many major operations you are doing daily, but in how quickly you are getting rid of your cases. He often wants beds in large numbers and in a hurry, and, I am sure looks with more pleasure at your empty bed state than any other returns. Nor is it always possible to please him in this respect, for, during periods of heavy casualties, one is taxed to one's utmost, not only to find beds but even tent space, where these worthy men may be given cover from the cold and rain.

After a number of trials, the following method of admission was found satisfactory: the Orderly Officer of the day acted as admitting officer. He generally knew an hour or two before a convoy was to arrive and usually was informed as to the number of cases, and whether they were stretcher or walking cases.

We used a large hospital marquee as the admission tent, and, after the patient had been examined by the Medical Officer, three clerks took down the following particulars: No. 1, filled in A.F. 36, from which the Admission and Discharge Book, A.B. 27, was later written up.

No. 2, filled in diet sheet, always putting in a diagnosis.

No. 3, took the particulars for a card index system, which we found a comfort and a joy.

Every mail brings one a list of names "Have you any trace of the following?" With the cards arranged alphabetically in a pigeon-hole box, we could look these up very quickly and with accuracy. We kept two boxes, one for patients in the hospitals and one for those discharged, and on the latter a note as to their destination.

After the necessary forms were filled in, the patient was taken to an adjoin-

ing tent where he was stripped and given a bath. His clothes were quickly tied up, in an ordinary sack, and sent to the disinfectant. After his bath the patient was given clean clothes and taken to his ward. The serious, stretcher cases were, of course, taken straight to the wards. By means of a slate, with the hospital ward and bed arrangement scratched upon it, the admitting officer was able to designate what bed he wished a patient sent to. In that way we were able to keep Medical, Surgical, Serious and Special Cases, grouped.

Most of the convoys arrived at night with the men hungry, tired and sleepy.

I have actually seen a man so tired that he was unable to keep awake while his arm was being set. No matter what time of night the convoy arrived, the men were always fed and given a smoke and made comfortable for the night. I must say that I have never been engaged in medical work which gave such a return as looking after wounded from the front. Unless there was some definite indication for interference the patients were left severely alone until morning.

The Medical Officers began their rounds at 9 a.m. and saw all their cases first with a view to making out the ward returns. After that, operations dressings, and other ward work, was in order. It was necessary to insist that all ward returns be sent in before operative work was proceeded with as the returns from the hospital had all to be sent out before noon. I won't bother with any details about the returns rendered.

At a meeting of medical officers at Valcartier, some one asked the D.G.M.S. what about holding office? I have thought of the answer many times. He replied: "That is one of the beauties of Active service, there is no office." But that was before the World War.

The surgical work we were called upon to do consisted mostly in giving infected areas free drainage, and the usual number of bullet and shrapnel extractions.

The most interesting cases from a clinical point of view were the trench or spring nephritis and the gas cases. There were also the usual number of ruptured eye-balls to attend to, and it took two mastoid operations to teach me that pain at the tip or any other part of the mastoid process was not