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EDITORIAL

Esprit de Corps.

Every man who is a man thinks his own section the best of his company, his company the best of his battalion, his battalion the best in the world. "Esprit de corps" has done much to make the tradition of the British Army what it is and has been.

A man should carry this fine spirit, this "Esprit de corps," as well in hospital as in the field. Here at the Granville we have an institution commanding the respect and admiration of all who come in contact with it. We should be as jealous of the honour and good name of our hospital as of our battalions. To the population around we represent our country. It is the duty of each one of us to shew ourselves worthy of the Maple Leaf we wear, and so to conduct ourselves that in the years to come the memory of Canada's soldiers shall to the people of Ramsgate be remeniscent of all that is best of the Country whose Sons we have the honour to be.

A General Hospital in the Field

By Col. Murray MacLaren, C.M.G., C.A.M.C., D.D.M.S., formerly O.C. No. 1 General Hospital. Being the fifth of a series of articles on the Canadian Army Medical Service.

The work of a General Hospital in the Field deals on the Lines of Communication with the care of the sick and wounded in accordance with the requirements of the Military Service. These requirements vary greatly, depending largely upon the amount of activity at the Front. When large numbers of wounded are sent down, the accommodation of the hospital is lessened and there is need for prompt evacuations. When the convoys are small or infrequent the accomodation is greater and the cases are retained longer. Then there is the middle or mean condition—the most common—when the hospital has the average number of cases.

The character and extent of surgical and medical work varies with these conditions. While emergency and urgent operations are done under all conditions, many other operations of little or no urgency, or during the interval period, may or may not be performed according to the existing conditions. The qualities, therefore, of elasticity and adaptability are frequently brought into play and are characteristic of the work.

Among the many points to note in connection with hospital administration may be mentioned the following:

ADMISSION AND DISCHARGE OF PATIENTS

Here a capacious A. & D. hut is required, as a large number of cases may be delivered to or evacuated from the hospital within a short period, and reception accomodation is necessary for the time being.

Stretcher Wagons are very serviceable, for on them can be placed stretchers as they are removed from the ambulances, and the men need not be disturbed again until they are placed in bed. Meanwhile they pass through the process of being admitted and transferred to wards. The use of the stretcher wagon is also a great saving of fatigue to the orderlies in lessening the carrying of stretchers, more especially as admissions take place principally at night at the end of the day's work. The most suitable

form of wagon is one made rather low and with rubber tyres.

On entering the A. & D. Hut all patients are asked that articles of value should be handed over for safe keeping and the necessary receipts given. The careful observance of this rule avoids much subsequent trouble and correspondence.

In taking the particulars of the case, such as name, number and unit, six or more clerks are employed so that delay is avoided as much as possible. At each table the particulars are taken down on a set of duplicate cards by two clerks, the particulars being ascertained from the man and called out by a third clerk.

The medical examination is done and the diagnosis made by two medical officers, and the admission is usually carried out by the Registrar, who also checks the accuracy of the name, number and unit and other particulars, a very important matter, by having the patient repeat the particulars. By this means admissions are effected with great accuracy.

In the case of large convoys it will be well to have two admitting Officers. One might take the sick, and the other the wounded; or one the stretcher cases and the other the walking cases. As the wards can be allocated in accordance with either of these classifications, one admitting officer would not conflict with the other.

When a man is marked for discharge the necessary clothing is issued and placed at his bedside to be in readiness. In this way evacuation can take place with little difficulty and at short notice.

The Card Index System is now adopted as the official method, and it is found suitable to have these cards filled in duplicate, as one set is used in the ward for records and the other (Canadian) in the Registrar's office for the administration and subsequent filing for future reference.

WARDS.—Whether the wards are huts or tents it is important that they be of considerable capacity, say from 50 to 70 beds in each. The existence of small wards adds much to the work of Medical Officers, Nursing Sisters and Orderlies. The use of large wards correspondingly diminishes work and facilitates administration. Should tents be used to obtain the desired capacity, it is necessary to join the number of tents together to form the so-called corridor wards. With the Indian Pattern European Private tents ten of them make a suitable number. With the large hospital marquees four may be linked together. The central portion of the tent ward is used with advantage as a duty room, and is most convenient for the distribution of food and ward work.

Tents and huts should be placed, if possible, some fair distance apart from each other; not only does this facilitate cleanliness, but it is a valuable safeguard to patients in the event of the occurrence of fire.

Little detonators,
Little ammonal,
Little piece of shrapnel,
Little fuse as well;
Put inside a jam tin,
Thrown across to Fritz,
German stretcher bearers
Gather up the bits.