A NEW METHOD OF GAS TRAINING

BY

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Teachers of first aid and "gas" know only too well that success can only be obtained by constant repetition of essentials. Now, gas training has never been popular outside the lecture-room, possibly owing to the practical training necessitating a scattered personnel. Whatever the reason, the effect is that the personnel become bored and apathetic. To obviate this apathy we introduced a miniature method of gas training which enabled us to lessen the number of practices in the gas section and which, we found, overcame many of the drawbacks and at the same time proved interesting, educative, and even attractive.

In the reception-room of our first-aid post are a number of canvas screens. These were utilized to make partitions, as shown in the accompanying sketch, while forms were used for the front walls, the post thus being fully open to view. In short, the various sections of a gas post were linked up in miniature so that all could see and hear, just as in a lecture-room. The whole can be rigged up in a few minutes. Some of the equipment is the same as in the gas post, but cotton reels are made to represent the shower-bath nozzles at the end of short lengths of rope, the water, etc., being make-believe.

Diagram of miniature gas-cleansing station for demonstration and instruction.

The limit of undressing is that a jacket is removed in the first section to represent outer clothing, while a pullover or waistcoat is removed in the second section to represent under-clothing. The dressing is carried out by merely holding the robe or pyjamas in front of the casualty, symbolical of having put them on. The personnel play the parts of casualties and operators. This is especially instructive, since the "casualty" must have a knowledge of the supposed lesions and the operator must know how to question and interpret. Moreover, such carried articles as respirators, helmets, handbags, metallic and paper valuables, crutches, etc., must be dealt with, and, since all are listening and observing, the practice becomes really valuable. We have certainly found it to work out this way, and I can confidently recommend it to those who have not tried it.

Fortunately we have had no experience of actual cases in this country. This, however, has created bands of theorists, so that each post doubtless has its own pet technique. So long as general principles are observed this makes little difference, provided the

personnel know what to do and how to do it. The object of this communication is not to instruct but to show how instruction may be given in a way acceptable to all concerned. We do advocate, however, that practice be carried out in a thorough manner from entrance to exit. Slackness is most infectious, and is one of the primary causes of discontent.

LEPROSY RELIEF IN THE EMPIRE

The annual meeting of the British Empire Leprosy Relief Association was held at the India Office, with the Duke of Devonshire, Under-Secretary for the Colonies, presiding. The annual report, which was adopted, mentioned the work which the medical secretary of the Association, Dr. E. Muir, has been seconded to carry out in the British West Indies, where he is assisting in the control of leprosy in Trinidad and other islands. His work there has coincided with the initiation of operations under the Colonial Development and Welfare Board, and he is in collaboration with the medical adviser to the comptroller, Sir Rupert Briercliffe, who has had experience of leprosy in other parts of the world.

Sir William Peel, chairman of the executive committee, said that the overseas workers whom the Association had sent out were stationed for the most part in Nigeria, the Sudan, and Tanganyika, and consisted of three doctors, fourteen "Toc H" workers, one nurse, and one lady lay worker. In Nigeria the incidence of leprosy was extremely high; the number of sufferers was estimated at over 200,000. In Northern Rhodesia the Governor had reported that the leprosy work already started there by certain missionary societies on lines suggested by Dr. Muir had proved satisfactory, and that his Government had made additional provision in Estimates to enable the work to continue on a more extensive scale.

The medical address was given by Major-General Sir Cuthbert Sprawson, and took the form of a review of the progress made during the 19 years since the Association was founded. He contrasted the leper asylum in India at the beginning of that time with what it is to-day. The care of the patients had greatly improved, the scientific classification of cases, their laboratory investigation and efficient treatment were now matters of routine, patients were kept usefully employed, and the atmosphere was one of hope, stimulated by the sight of many leaving hospital fit to return to the outside world. The improvements in treatment had included, in the first place, Sir Leonard Rogers's introduction of active derivatives from the oil and from various species of *Hydnocarpus* seeds, better methods of educating the native population on the disease and the proper mode of living for those who had contracted it, and increased knowledge of nutrition, malnutrition being a predisposing cause. The purely

laboratory side of research had, on the whole, yielded disappointing results, but the new leprolin and the iodide test had proved of value. In the matter of general hygiene more leper settlements and clinics were required, also separate institutions for those who had passed through the contagious stage but were too old or feeble to work, and who took up room in hospital which was wanted for cases needing more urgent treatment.

EUROPEAN ASSOCIATION OF CLINICAL PATHOLOGISTS

At a meeting of the recently formed European Association of Clinical Pathologists held in London the following officers were elected: President, Dr. S. C. Dyke (England); Vice-President, Prof. E. J. Bigwood (Belgium); Secretary, Dr. F. Pick (Czechoslovakia); Treasurer, Dr. B. L. Della Vida (Italy); Council, Drs. A. Benau (Yugoslavia), D. C. Canné (Netherlands), F. Duran-Jorda (Spain), Prof. F. Silberstein (Austria), Drs. G. Ungar (France), J. Ungar (Czechoslovakia). The annual subscription, including entrance fee, was provisionally set at 10s. The meeting adopted rules for the procedure of the Association while its members are mainly in this country, and instructed the Council to consider and report to a future meeting on the procedure to be adopted after the liberation of Europe. A resolution was passed to the effect that free interchange of workers in clinical pathology between the nations of Europe would be an important factor both in the advancement of scientific medicine and also in the development of a common European mentality, these being the main objects of the Association. The Council was instructed to explore the matter and report to a future meeting. It further invited the co-operation of the British Association of Clinical Pathologists in the project. A letter was received from the secretary of the B.A.C.P. inviting members of the European Association to participate in its gatherings.

Membership of the European Association is open to medically qualified men and women of all European nationalities engaged in any form of medical laboratory work. Those interested should communicate with the secretary, Dr. F. Pick, Department of Clinical Pathology, the General Hospital, Walsall, Staffs.