Special Article

St. John Ambulance 1883-1983

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St. John Ambulance is an arm of the The Most Venerable Order of The Hospital of St. John of Jerusalem. To the Holy Land, in the eleventh century, came pilgrims and warriors to worship and defend their faith. During the wars of the Crusades, at that time, Christians and Moslems alike, needed a place of refuge and help for their casualties. The Order of the The Hospital of St. John of Jerusalem was founded during the second Crusade. Its mission was to care for the injured, regardless of race or religious faith. Its mission has endured and in Jerusalem today the St. John Ophthalmic Hospital stands as evidence of the past.

Each year, more than 100,000 people receive treatment at this hospital by St. John doctors and nurses, for eye diseases, such as trachoma, the greatest single cause of blindness in the Middle East.

One of the international partners of this great project is the St. John Priory of Canada. St. John in Canada has two main parts – the uniformed Brigade volunteers and the Association which is the teaching and administrative branch.

St. John Ambulance was established in England as a teaching organization, in the subject of "First Aid to the Injured," in 1877. Because so many accidents and deaths were occurring in the English railway system, a need was recognized by the Order of St. John, to help lessen suffering and reduce accidents. Later, in June of 1887, the St. John Ambulance Brigade came into existence as a volunteer public service to provide First Aid wherever crowds gathered. These early detachments of the uniformed members had horse-drawn ambu-

lances and were perhaps the first officially organized ambulance service, for the general public, on record.

It was a Dr. Friedrich Esmarch who first developed the use of a triangular bandage. Dr. Esmarch was visiting London in England from Keil and was very impressed when he saw a policeman treating an injured ankle with a large handkerchief folded to form a triangle. That bandage is still used today as one of the most efficient pieces of material suitable for First Aid treatment of wounds and bone and joint injuries. Dr Esmarch was later to develop a tourniquet known as Esmarch's Bandage.

The work of the Order of St. John in England soon spread to the now Commonwealth countries, and in the winter of 1883, a small group of men gathered in Quebec City, to hear a series of lectures on First Aid to the Injured by a Doctor C. M. Douglas, under the auspices of St. John Ambulance. In 1884 St. John Ambulance courses were presented to the Royal Military College in Kingston, Ontario, making Canada one of the first countries to recognize the value of First Aid training in the armed forces. Many of the earliest classes in Canada were attended by men who were working on laying the railroads across the country.

The first unit of the uniformed St. John Ambulance Brigade was established in London, Ontario in 1909. More units were soon to be formed in Winnipeg.

Since the first class in First Aid was held in 1883, nearly six million Canadians have been issued certificates in First Aid, Home Nursing and related subjects, by St. John. Today 300,000 Canadians take advantage of St. John courses, each year. Modern methods of instruction make St. John Ambulance in Canada, one of the most advanced in the world since it introduced its Multimedia Method of Instruction in First Aid in 1974.

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One of the earliest texts published by the Order of St. John was "*Handbook describing aids for cases of injury or sudden illness*" by Peter Shepherd M.B. who had the grand title of "Surgeon Major, Army Medical Department; Associate of the Order of St. John of Jerusalem."

His text, published in England in 1878, can leave the modern First Aid Instructor a little startled and perhaps, at times, amused. First Aid courses, 100 years ago, were only conducted by medical doctors and as medical science advanced, so did First Aid techniques and philosophies. Objectives of First Aid, however, basically remain the same. In the preface of Dr. Shepherd's book it states: "This brief Manual is simply intended for non-professional readers. There is no attempt to popularise Medicine or Surgery; the object is to furnish a few plain rules which may enable anyone to act in cases of injury or sudden illness, pending the arrival of professional help." Is this not the same objective of First Aid today?

Techniques of First Aid is another story. Today in Canada and many other parts of the world, St. John Ambulance – the modern foundation of the ancient Order of St. John – teaches a technique to restore breathing and circulation. Cardiopulmonary resuscitation, using external heart massage, was developed in the early 1960's and became a First Aid procedure that could be taught to the layman.

Initially, there was very little expertise in this field but eventually the American Heart Association and the Canadian Heart Foundation developed standards of training in CPR. These standards were later adopted by St. John Ambulance on a national basis and today, this First Aid technique is an integral part of St. John training throughout Canada.

Although we can say that cardiopulmonary resuscitation training is relatively new in St. John, it was certainly recognized by Dr. Shepherd in his First Aid Manual over 100 years ago that – "a victim of drowning, hanging, suffocation by gases, must have his natural breathing restored and circulation induced."

In the St. John First Aid Handbook of 1878, "The Treatment to Restore Natural Breathing and Circulation" is presented as a set of "rules":

Rule 1 "To maintain a Free Entrance of Air into the Windpipe – Cleanse the mouth and nos-

trils; open the mouth; draw forward the patient's tongue, and keep it forward: an elastic band over the tongue and chin will answer the purpose. Remove all tight clothing from about the neck and chest". (*Imagine what the removal of tight clothing could have been in the 19th century!*). [My italics.]

Rule 2 "To adjust the Patient's Position – Place the patient on his back on a flat surface, inclined a little from the feet upwards; raise and support the head and shoulders on a small firm cushion or folded article of dress under the shoulder blades."

The "rules" then continue by describing a method of manual artificial respiration developed by a Dr. H. R. Sylvester. This procedure was to be continued "deliberately and perseveringly, fifteen times a minute, until spontaneous effort to respire is perceived, immediately upon which, cease to imitate breathing and proceed to INDUCE CIRCULATION AND WARMTH."

– "Should a warm bath be procurable, the body may be placed in it up to the neck, continue to imitate breathing. Raise the body for twenty seconds in a sitting position, dash cold water against the chest and face, and pass ammonia under the nose. The patient should not be kept in a warm bath for longer than five to six minutes."

Rule 4 "To Excite Inspiration – During the employment of the above method excite the nostrils with snuff or smelling salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them."

Rule 5 "To Induce Circulation and Warmth – Wrap the patient in dry blankets and commence rubbing the limbs upwards firmly and energetically. The friction must be continued under the blankets or over the dry clothing. Promote the warmth of the body by the application of hot flannels, bottles or bladders of hot water, heated bricks etc., to the armpits, the pit of the stomach, between the thighs and the soles of the feet."

"On the restoration of life, when the power of swallowing has returned, a teaspoon of warm water, small quantities of wine, warm brandy and

water, or coffee should be given. The patient should be kept in bed and a disposition to sleep encouraged. During reaction, large mustard plasters to the chest and below the shoulders will greatly relieve the distressed breathing."

Whether the forgoing treatment ever worked, I could find no recorded evidence. I would imagine that the patient who survived to tell the story of his First Aid rendered by the early St. John trained person would have gone down in history! Furthermore, the First Aider would indeed have been exhausted after performing all the recommendations of either Dr. Shepherd or Dr. Sylvester.

Today, St. John Ambulance teaches mouth to mouth artificial respiration to "restore natural breathing" and external heart massage to "induce circulation." However, perhaps one hundred years from now, another author may write an article such as this and CPR may appear just as unusual as Dr. Shepherd's treatment.

As St. John Ambulance enters its second century in teaching First Aid, Home Health Care, Health Care for Seniors and other related subjects, it can do so with faith in the future and interesting and sometimes amusing, reflections of the past. Today, 100 years since the first course in First Aid was conducted by St. John Ambulance in Canada, most major industries and departments of government have recognized that the more employees trained in our modern Safety Oriented First Aid courses, the more safety-conscious they become. Studies have shown that in industries where there is saturation training in Safety Oriented First Aid, a drop of up to 30 per cent in accident rates has been noted.

With more and more school students and citizens taking advantage of St. John training programmes and hopefully developing safer attitudes in life, St. John Ambulance can truly say that its work today is the same as it was ten centuries ago when the Knights Hospitallers of The Order adopted their motto "*pro utilitate hominum*" – For The Service of Mankind.

Acknowledgement

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