

TO: Louisiana CORE Staff  
FROM: The Medical Committee for Human Rights  
RE: Tear gas or Lacrimators

Most common agents: Chloracetophenone  
Brombenzyl cyanide  
Ethyl iodoacetate  
Bromacetone  
Ethylbromacetate  
Bromomethylketone

The substances are contained in a cartridge or bomb with a small explosive or combustive charge to propel or disperse them in the air.

Tear gases cause a strong stinging and smarting sensation in the eyes with reflex outpouring of tears and the necessity of tightly closing the eyelids. At low concentrations the above is noted with no corneal injury. At higher concentrations there may be irritation of the respiratory tract and skin, and at highest concentrations as from a direct blast, there may be severe eye injuries (opacification or neovascularization).

Immediate treatment of the usual tear gas exposure requires irrigation of the eye and thorough mechanical removal of particles under local anesthesia. There is no specific antidote of value. Complete recovery occurs when the cornea is not opacified. Permanent or serious damage is rare with chloracetophenone, the most common tear gas.

Civil rights workers who are likely to be exposed to tear gas at a demonstration should take the following precautions:

1. Carry a wet towel or cloth with you and when the gas is released protect your face, particularly your eyes, with this.
2. Do not rub the exposed areas. Any friction with either a dry or damp cloth is irritating and will aggravate the condition. Just keep the damp cloth applied without rubbing.
3. Keep low. As soon as the gas is released it tends to diffuse upwards and there is likely to be a lower concentration close to the ground.