Correspondence.

"Audi alteram partem."

CIVIL MEDICAL PRACTICE AND THE WAR.

To the Editor of THE LANCET.

SIR,—At the instance of the Executive Committee of the General Medical Council proposals were recently submitted to the military authorities, the object of which was to improve the existing arrangements for Territorial Force Medical Officers. Many of these, owing to enforced changes of station, have been prevented from devoting part of their time to ordinary practice in their own districts; and in some localities the civil population has suffered from the resulting deficiency of medical services. Senior medical officers attached to Territorial General Hospitals in their own towns are able to combine, in some measure, their consulting, operative, or specialist practice with their local military duties; but regimental surgeons must accompany their units to training or other centres, which are often far removed from the parts of the country in which they practise, for service duties which do not always occupy their whole time.

It was suggested that, when a mobilised unit is moved from its own locality in this country, the Territorial Medical Officer might be allowed to effect an exchange, direct or indirect, with a Territorial Medical Officer in the new locality; or that, when such an exchange is not feasible, the place of the medical officer who does not desire to accompany his unit might be taken by a junior practitioner willing to accept a temporary commission, and to serve with the unit in question. In the latter case the original officer might be demobilised until his unit returned to its own locality, or until his military services could be otherwise utilised.

Again, numerous cases have occurred in which a mobilised Territorial unit has volunteered for Imperial service abroad (not necessarily at the front or even in Europe). In the absence of any provision for exchange the medical officer of such a unit would naturally feel constrained to follow it overseas, though his age and previous experience might be such as to render him less fit than a junior colleague for the special service required. It was accordingly proposed that in this instance the medical officer should have the option either of accompanying his unit or of serving with the corresponding reserve unit raised for home defence instead.

It was known that at the War Office a list is kept of junior practitioners who are willing to accept commissions for general service either at home or abroad, and the suggestion was offered that from this "waiting list" of practitioners who are eagerly desirous of "seeing service," substitutes for senior practitioners engaged in civil practice at home might be detailed as occasion arose. In this way it seemed practicable to minimise the inconveniences experienced both by practitioners and by their civil patients; and at the same time to utilise without delay the numbers of junior qualified men who have applied for commissions and are more or less idly awaiting a call for their services.

I have the satisfaction to state that the foregoing proposals have now been officially approved, and that arrangements are being made by the Army

medical authorities to bring about the results desired by the Executive Committee of the Council.

I am, Sir, yours faithfully,

DONALD MACALISTER,

President, General Medical Council.

Medical Council Office, Oxford-street, W., Dec. 30th, 1914.

THE MEDICAL DIRECTORY.

To the Editor of THE LANCET.

SIR,—My attention had been drawn to the absence from Messrs. Churchill's Medical Directory for 1915 of the usual list of practitioners resident abroad. I am glad that this omission is being reconsidered, and I trust it may be rectified. Insurance offices throughout the kingdom possess and naturally consult the Medical Directory for references to practitioners possessing English qualifications resident abroad, and it is a considerable deprivation to such practitioners as well as a great inconvenience to life offices to be debarred from the means of such references. In sending patients abroad, also, a physician naturally looks up the Directory to find doctors with English qualifications to whom he can refer them. Moreover, it seems natural and right that the standard Medical Directory should contain the names of all possessing British qualifications whether at home or abroad.—I am, Sir, yours faithfully,

R. DOUGLAS POWELL,

Deputy Chairman, Clerical, Medical, and General Life Assurance Society.

Portland-place, W., Dec. 28th, 1914.

* * We learn this week from Messrs. Churchill that in the issue of the Medical Directory for 1916 the list of Practitioners Resident Abroad will be reinstated.—ED. L.

THE TREATMENT OF WOUNDS IN WAR.

To the Editor of THE LANCET.

SIR,—Surgeons who are treating wounds on this side of the Channel will welcome Sir Anthony Bowlby's contribution to the above discussion in THE LANCET of Dec. 19th last. It should remove any doubts which may exist in reading Sir Watson Cheyne's paper, that surgeons out here are employing "aseptic" surgery as opposed to "antiseptic," and it will, I hope, bring home to captious critics the fact that "war is war and the surgery of war is not the surgery of peace." In this hospital we receive wounded direct by ambulance trains from the collecting stations, and it would be difficult to praise too highly the work done there as we see it here.

It is interesting to compare the wounds which I see at the base here with those which I saw at the base during Methuen's advance in the early part of the South African War. Probably 95 per cent. of the cases were bullet wounds, and the remainder shrapnel or shell fragment wounds. The great majority of the wounds of soft parts were dry, and had practically healed by the time they reached the base. Among these there would be a certain number of injuries to nerves and to main vessels which required operative treatment. When bones were injured the exit wound was often "explosive," yet many of these were clean; in some instances bones were actually perforated without complete fracture and without explosive exit. In some instances perforating wounds of the skull (chiefly in the frontal region) survived to find their way to the base.

By contrast, the trainloads that arrived here early in November conveyed more shell wounds than