milliamperes $\frac{1}{2}$, duration 20 minutes. Forty days after the last application most of the enlarged glands had disappeared and also the deafness and tinnitus. The effect on the blood count was that the relation between the white and red cells increased to 1 to 604, while at the same time a marked eosinophilia was produced. Professor Samaja distinguishes clinically pure forms of Mikulicz's disease (hypertrophy of the lacrymal and salivary glands without concomitant lesions of other systems) and forms associated either with general lesions of the lymphatic system (leukæmia, pseudo-leukæmia, lymphosarcomatosis, &c.) or with general infections, and he states that the prognosis is in direct relation to the general disease with which Mikulicz's syndrome is associated.

DISLOCATION OF THE CARPAL SCAPHOID.

IN the *Boston Medical and Surgical Journal* for August 26th Dr. William Pearce Coues has described a very rare injury. Dislocation of the carpal scaphoid alone, or associated with semilunar dislocation or fracture, is one of the rarest of injuries. Scaphoid dislocation, when it does occur, is usually the result of a fall from a height on the hyperextended hand. If the radius does not give way the force of the impact is transmitted to the os magnum through the dorsal corner of the semilunar, which brings pressure on the neck of the scaphoid, while the anterior part of the capsule fixes the bone at the centre. Ordinarily from this force a fracture through the neck of the scaphoid results.

A carpenter, aged 54 years, was examined for the Massachusetts Industrial Accident Board on April 7th, 1919. On Jan. 20th, while descending a ladder, he slipped and fell some 20 feet on a concrete floor. He was unconscious for some time after the accident, and was treated in hospital for three weeks. On examination a depressed fracture of the frontal bone and of the head of the right radius, with much new bone about the elbow-joint and practically no motion, were found. There was also inability to use the left wrist, with aching, stiffness, and general disability of the hand. Examination showed bony thickening about the wrist and the styloids practically on a level. There were only a few degrees of active motion at the wrist-joint in any direction, and attempts to increase this passively caused pain. The thumb and fingers were stiff, but he was just able to oppose the thumb to the index finger, although he could not flex the fingers into the palm. The grasp of the hand was weak, and rotation of the radius was restricted. On the palmar aspect of the wrist, just below the end of the radius, was a marked bony prominence. This was immovable and seemed to block the wrist motions almost completely. It corresponded in general level to the situation of the scaphoid. Radiography showed the lower end of the radius fractured and complete dislocation of the scaphoid, with some displacement of the semilunar. It seemed that operation would give the only chance of a useful wrist, but on account of the condition of the other arm the patient declined.

In connexion with this and allied injuries the experiments of Honigshmed are of interest. In 19 cadavers he forcibly extended the hand. In 17 fracture of the lower end of the radius resulted and in 2 rupture of the anterior ligament of the wrist with anterior dislocation of the semilunar. In 8 cases a preliminary dissection of the wrist was made before hyperextension. In 5 the palmar capsule was lacerated, and twice the scaphoid was partially dislocated, and once the ligament between the two rows of carpal bones was torn. It would seem that in the case of scaphoid dislocation from hyperextension intercarpal ligamentous rupture with lateral torsion of the wrist would best account for this unusual injury. The bone is probably suddenly squeezed out of its bed as one shoots the stone from a cherry, a mechanism graphically described by Eigenbrodt in explaining dislocation of the semilunar bone.

THE Harveian Oration will be delivered at the Royal College of Physicians of London by Sir Frederick Andrewes at 4 P.M. on Monday, Oct. 18th.

THE Italian Government have conferred the Italian silver medal *Ai Benemeriti della Salute Pubblica* upon Dr. Leonard Hill, F.R.S.

PUBLIC HEALTH IN SOVIET RUSSIA.

BY L. HADEN GUEST, M.C., M.R.C.S. ENG., L.C.C.,
SECRETARY AND PHYSICIAN TO THE BRITISH LABOUR DELEGATION.

IV.—GENERAL AND SOCIAL DISEASES.

THE difficulty of forming an accurate impression of health conditions in Soviet Russia is much increased beyond that usual in all countries by (1) absence of trustworthy statistics; (2) great variation in conditions from one part of Russia and Siberia to another; (3) disturbances due to revolution and to war.

Malnutrition and its Results.

With regard to general nutrition it has been already pointed out that the towns are half-starving. The industrial workers are many of them anæmic, underfed, some obviously very ill. But in the country districts conditions are better, and, speaking broadly, the peasants have enough to eat, although they may lack certain things, such as salt (Samara Province) or meat (in most provinces). Dr. Semasko described one province to us—that of Nijni-Novgorod—as a “starving province.” But in Samara Province there was an abundance of eggs and milk—milk, in fact, was used for washing the hair in place of soap in a village visited by one of our number.

But I did not find it possible to get reliable statistics of births, deaths, and causes of death. It was said in Petrograd that the birth-rate was rising rapidly; on the whole, however, the birth-rate seems to be exceeded by the death-rate. Dr. Semasko stated that the birth-rate was going up, but had not reached the pre-war level. Infantile mortality is certainly high. The aged, too, have suffered severely, and the age at death is falling owing to the severity of the conditions of life.

Diseases of children have not markedly increased, but children are below their proper level of development. Rickets was estimated at 80 per cent. of the child population, but I did not see the severe types of case which were common in Vienna in 1919.

Scurvy has doubled its large pre-war figure, and I saw many cases in hospital at Saratov. I was told at Astrakhan that there were 642 cases in hospital then (June 7th), and that 900 cases had been evacuated to Saratov in May, 1920. There has also been a great increase in cases of night-blindness (attributed to shortage of fat), and a great increase in anæmia showing itself in women in a marked diminution of menstruation. *Tuberculosis* has increased very much in the towns, but not apparently more than in Central Europe generally. The Soviet authorities are attempting to increase the hospital accommodation and also the number of the tuberculosis dispensaries, and claimed to have large numbers of beds available. An actual instance at Astrakhan, however, shows the fallacy of mere paper plans and figures. At this place a new Soviet hospital for 750 infectious cases was “decreed.” A hospital was brought into being, but it contained only 70 beds and was not properly equipped. It is claimed that since the Soviet Government assumed power there has been an increase of 40 per cent. of permanent beds available for civilians (excluding infectious cases). One of these newly established hospitals, installed in the palace of the ex-Governor at Saratov, was inspected; it was crowded and badly equipped, and although in a splendid building, produced an effect of dirt, deprivation, and poverty. The work of all these hospitals goes on under great difficulties owing to the absence of dressings, drugs, linen, and even of the necessary food. The milk required for hospital cases cannot be obtained in sufficient quantity, practically nothing in the way of an “invalid dietary” exists, while ordinary food, including black bread, is short.

Health of School Children.

No definite statistics are available with regard to the health of school children, as there is no system of medical inspection as in this country. From my own observations I should judge the conditions of school

THE MEMBERS OF THE BRITISH LABOUR DELEGATION TO RUSSIA.

From left to right (standing): Dr. Haden Guest (secretary of the delegation); Mr. A. A. Purcell (Woodworkers); Mr. Robert Williams (Transport Workers); Mr. C. R. Buxton (interpreter and secretary); Mr. H. Skinner (Printers). From left to right (sitting): Mr. Ben Turner (Textiles); Mr. Tom Shaw, M.P. (Textiles); Mr. R. C. Wallhead (Chairman, I.L.P.). In foreground: Mr. Clifford Allen (I.L.P.).

children to be much on a par with those existing in the poorer parts of England, with a very great increase in the number of cases suffering from vermin and an increase in certain other ways, noticeably in tuberculosis and in some places of syphilis. A number of institutions for treatment of children have been started in the towns and scattered in the provinces, including special sanatoriums for tubercular and pre-tubercular children and dental clinics. Dr. Semasko told me that children were being born weak, were developing badly, and had much tuberculosis and rickets. Also that the proportion of stillbirths had increased.

Syphilis and Preventive Measures.

Syphilis was stated to be very extensively distributed in Russia. Prostitution, of the old type at any rate, is rapidly dying out and the old prostitutes are being taught to work, but there is still very much venereal disease. Some figures were given me for Petrograd, Olonetz, and Novgorodski Governments for the years 1911-15, as follows:—Cases per 10,000 of the population: Petrograd, 156.1; Olonetz, 123.3; Novgorodski, 92.4. When I quoted a statement made by a Red Cross representative in Switzerland to the effect that 80 per cent. of the population of certain Southern Russian and Ukrainian villages were infected with syphilis, Dr. Semasko agreed that this was a reasonable estimate. As there is a practical absence of any drugs for treating the disease, the spread of syphilis is presumably going on at a rapid rate. The Soviet Government state that between January, 1919, and May, 1920, they opened 3363 beds for syphilis, with 29 special out-patient clinics and 11 laboratories for carrying out Wassermann reaction. I inspected one of the out-patient clinics in

Moscow. It was a newly established, practically unused place, with an adequate supply of instruments and furniture and a small supply of salvarsan and allied preparations. In addition to this treatment work the Bolsheviks carry out a propaganda by poster and by leaflet of a convincingly frank description. In Moscow I went over a sanitary exhibition in which were new models of men and women affected with syphilis, the rashes and sores being very well shown. A doctor was on duty in the exhibition to show people round, but there was only one person besides myself going the rounds when I was there. The models were very good, and horrible enough to scare anyone into a very reflective state of mind.

Alcohol Scanty.

It is well known that during the war the Czar prohibited the distribution of alcohol. The Bolsheviks, on taking over power from the Kerensky Government, have maintained this prohibition. Alcohol is said to be more disastrous in its effects on Russians than on Western Europeans. Very strenuous measures are taken against the use of alcohol. In the railway service, for instance, an employee who obtains alcohol illicitly and gets drunk is shot "without mercy," as the high officer who was my informant told me. At the time of the Bolshevik revolution very large quantities of alcohol were deliberately destroyed by the Bolsheviks, an officer who superintended this at one place telling me how he stood over the men doing the work with a revolver in his hand and tested each man on his leaving work by smelling his breath. A certain amount of alcohol is still in the country and can be obtained for medical purposes or by the especially privileged. I was

able to get six bottles of champagne, one bottle of old brandy, and three bottles of red Caucasian wine for use of sick. Other small quantities of alcohol were get-at-able in other ways, but generally speaking it is a matter of great difficulty to get wine or any kind of alcohol in Russia. And no doubt the absence of alcohol makes it easier for the Government to control the population. Now, however, the peasants are beginning to want a little wine.

As an example of the difficulties in the way of observation caused by the political disturbances may be mentioned the case of the Ukraine. It appears that ordered Government in that country simply does not exist over large areas. The Government recognised in one town may be repudiated in another only a few miles distant. Much of the country is under the control neither of the "Red" forces nor of their "White" antagonists, but of the "Greens," who are frequently mere plundering bands wielding the authority of bandit chieftains over big areas. There have been in the Ukraine since the revolution at least 16 different Governments. The conditions in that country are not better as regards infections (including syphilis) than Russia, but there is some evidence that considerable areas are more prosperous as regards the food of their own populations.

Reduction of Vitality.

What does emerge from this general survey of conditions is the universal distribution of dangerous infections, the lack of medical supplies, and in particular of soap and disinfectants, and the generally reduced vitality of the population, more especially of the town population. Civilised life is falling to pieces in Russia; the towns are more stricken than the country, and while power is in the hands of a small group of people in the towns, the support of this power is, in fact, very largely in the country population, who supply the armies and who feed the whole population. The danger that these conditions may lead to mere anarchy is obvious, and the existence of many millions of men and women infected with the most dangerous diseases known to exist in immediate proximity to Western Europe is a nightmare conception which should stir humanity to help Russia, even if motives of mere humanity do not.

There is no question of imposing another Government on Russia from without. That is a futile delusion of incompetent interventionists like Denikin and Kolchak. The decay of a whole civilisation must be arrested by many measures of help and assistance, which it is beyond the scope of these articles to deal with, but one of the most important is the provision of such medical assistance as shall give the Russian doctors the necessary drugs, soap, and disinfectants they need not only to save their own people, but to preserve Europe from the danger of virulent, widespread, and recurring epidemics of disease.

THE COLONIAL MEDICAL SERVICES: REPORT OF THE DEPARTMENTAL COMMITTEE.

BRIEF reference was made in THE LANCET of Sept. 18th (p. 626) to the Report of the Departmental Committee appointed to inquire into the Colonial Medical Services.¹ The terms of reference were as follows:—

1. To consider generally the position of the medical service of the various colonies and dependencies for which the personnel is now provided by the Secretary of State, with a view to maintaining and increasing the supply of candidates for appointment as medical officer and to securing contentment within the service.

2. To consider whether the principle of assimilating the medical service in neighbouring colonies, as already adopted in West Africa, may usefully be extended, and, if so, how far and by what means.

The Committee decided to hear evidence from witnesses competent to express the views of the

medical staffs of the various groups of colonies to which appointments are made by the Secretary of State, and also from others acquainted with the conditions of the Colonial Medical Services.

A Unified Service.

In the opinion of the Committee the ideal is a unified service, the personnel of which would be recruited from men who had recently become qualified to practise and would be liable for service in any of the various colonies to which appointments are made by the Secretary of State. They realise, however, that the full attainment of this ideal is not possible at present, and in the various recommendations which they have made in this report they have kept this fact constantly in view and have confined themselves to such measures as are practicable, and would yet go far to meet the legitimate desires and grievances of the various services.

The Report sets out briefly the difficulties which appear to stand in the way of recommending the creation under present conditions of a unified service. These may be summarised as follows:—

(a) Members of a unified service must be servants of one Government and paid from the Imperial Treasury, while each colony is a separate Government paying its own medical officers with funds usually derived from local taxation.

(b) In some colonies the selection of candidates is made by the Secretary of State, whereas in others only the senior officers are so appointed, the junior officers being recruited locally and appointed by the Governor.

(c) There is a wide divergence between the salaries paid on first appointment in the various colonies.

(d) Racial difficulties obtain in some colonies to a greater extent than in others.

(e) The regulations as to private practice and the opportunities for such practice differ very widely.

(f) In most services the appointments are pensionable, but in a few they are not. Moreover, pension scales are not uniform.

(g) The regulations as to leave and passage differ widely in the various colonies.

(h) In many colonies knowledge of one or more local languages is very desirable.

If the recommendations of the Committee should be carried into effect they are of opinion that after a period of, say, five years, the experience gained should be reviewed by another Committee, in order that, if justified, further steps may be taken towards the formation of a still more unified service.

The Unification of the Colonial Medical Services.

Hitherto a candidate has applied for a medical appointment in a special colony or group of colonies. The Committee recommend that in future the application should be made for admission to "The Colonial Medical Service." The Report states briefly the nature of the following advantages likely to attend the creation of a unified Colonial Medical Service:—

(a) It would constitute a recognition of the Colonial Medical Service as a distinct branch of the public medical service of the Empire.

(b) The status of the Service in the opinion of the medical profession would be enhanced.

(c) The young medical man when asked, as he often is, "What are you going in for?" would be provided with a brief reply, carrying a definite meaning—viz., "The Colonial Medical Service."

(d) The above considerations would tend to encourage recruiting.

(e) Questions at issue affecting the interests of a unit of the Colonial Medical Service would be settled with much less display of feeling if those concerned knew that they had been submitted to a man of standing in their own profession.

(f) Possibly the most immediate and obvious advantage would be that throughout the Service it would be regarded as an attempt to provide them "with an adequate channel through which to express any feelings of discontent which may arise at any time."

The Head of the Colonial Medical Service.

The Committee are of opinion that an officer of standing in the medical profession, whose opinion would have weight with the Secretary of State, and whose name would create confidence in the medical profession, should be appointed a member of the Colonial Office staff, with a title commensurate with the importance of his position. The majority of the Committee recommend that he should be given the title of Director-General of the Colonial Medical Service. His duties may be set out as follows:—

(a) Generally he should advise the Secretary of State and the permanent staff of the Colonial Office on all questions relating to the personnel of the Colonial Medical Service as distinct from questions of medical and sanitary theory and practice.

(b) He should be accessible to all officers of the Colonial Medical Service who might wish to see him when they are at home on leave.

(c) He should advise on all changes in the regulations and conditions of employment of medical officers.

(d) He should assist in the interviewing of candidates and of possible candidates for appointment in the Colonial Medical Service.

(e) He should be a member of the subcommittee on colonial medical appointments if the present method of entering the service is continued. If it is not, he should be a member of whatever committee may be appointed to interview candidates for medical appointments before their admission to any examination that it may be decided to hold.

(f) He should keep in touch with the medical schools in the United Kingdom.

¹ Colonial Office: Report of the Departmental Committee to inquire into the Colonial Medical Services. Together with a letter from the Colonial Office to the Chairman of the Committee. London: His Majesty's Stationery Office, 1920.