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

bullet wounds, and more wounds from shell fragments than shrapnel. All shell wounds were septic. A small proportion of the penetrating bullet wounds of soft parts were of the South African type—i.e., clean, with small entry and exit and without intermediate laceration from axial rotation of the bullet; the majority were septic with intermediate laceration and irregular exit. In the non-explosive wounds injuries to the main vessels and nerves seem to be rare. Simple penetrating bone wounds are unknown, and the comminuted fractures are far worse both in extent and as regards sepsis. Penetrating wounds of the brain seldom reach the base, but gutter fractures (and in every case bone fragments are driven inwards) of the skull are quite common. More recently, as the result of increased entrenchment and siege warfare, bullet wounds have increased in their proportion to shell wounds. The clean penetrating and non-explosive wounds have, so far as I have seen, always been produced at short range. At longer ranges apparently the slightest deviation of impact from the normal to the surface results in rotation of the bullet on its transverse axis as it impinges, followed by churning up of the soft parts with laceration of the skin at exit. At very long ranges this same condition may be observed and confirmed by the retention of the bullet. The comparative frequency of gutter fractures of the skull is probably also explained by impact deviation. The difference between the wounds of soft parts here and in South Africa is doubtless due to the pointed bullet with its centre of gravity near the base as opposed to the dome-shaped Mauser bullet with its centre of gravity near the middle. It seems possible that the pointed bullet (when it does not rotate and lacerate) pushes its way past the main vessels and nerves rather than cuts its way through with injury to vessel and nerve. In other instances it will, as I have seen, penetrate a nerve of smaller diameter than itself and leave the continuity of the nerve intact, which would not be possible with the Mauser bullet. In the case referred to the bullet passed through the outer head of the median and the posterior cord of the brachial plexus without severing the nerves (though producing paralysis).

As regards sepsis, Sir A. Bowlby makes it clear that it is the highly fertilised soil as opposed to the sun-dried veld dust, trench warfare as opposed to skirmishing at long range, and the preponderance of devastating gun fire over rifle fire, which are the determining factors rather than the surgery or want of surgery at the front.

As regards the infection, apart from anaerobes, streptococcal and coli infections are fairly common; an initial staphylococcal infection is rare.

I am, Sir, yours faithfully,

C. GORDON WATSON.

Duchess of Westminster Hospital, Le Touquet, Dec. 24th, 1914.

ALCOHOL AND THE WAR.

To the Editor of THE LANCET.

SIR,—You were good enough to publish in your issue of Nov. 21st, 1914, an account of the conference which took place on Nov. 12th, under the presidency of His Grace the Archbishop of Canterbury, to consider the subject of alcohol and the war. Since then I have been appointed honorary secretary of the Central Emergency Committee which was formed by the conference in order to secure the carrying out of the resolutions which were passed by that influential gathering. It should be remembered that the conference was called together

in order to support Lord Kitchener's appeal to the nation, issued through the Press Bureau, asking that the public should "help the soldiers," and especially urging that steps should be taken to educate public opinion in this matter. It is clear that Lord Kitchener had in his mind something beyond the ordinary risks which are associated with alcoholism, and when we refer to his message to the troops at the outset of the war we find that he warned them against the temptations connected with "wine and women," and said, "You must entirely resist both temptations." Major Darwin, as an old soldier and as one who has interested himself in the many difficult problems which bear upon the health and well-being of the nation, referred in his speech at the conference to the appalling connexion between alcohol and venereal disease and the special conditions which had been created by the war, including the crowding together of large masses of men in centres unaccustomed to receive them.

This is but one aspect of a great question, but I mention it because I consider that a grave responsibility rests upon the medical profession in this matter. That the profession is rising and will rise to the occasion I do not doubt for a moment, and the speeches of Sir Thomas Barlow and Sir T. Clifford Allbutt at the conference as already reported by you were of the greatest value. I venture, however, to appeal earnestly to medical men and medical women throughout our land to join in giving that support to Lord Kitchener's appeal which is needed at this moment. Every lord mayor and mayor, and chairmen of district councils have received an appeal from the Central Emergency Committee to take part in this movement in the hope that local emergency committees will be formed in each locality to ensure that the nation may respond to the call which comes to them to assist in promoting the utmost efficiency of all classes at this critical time.—I am, Sir, yours faithfully,

CHARLES F. HARFORD, M.D. Cantab.,

Honorary Secretary, Central Emergency Committee.
Paternoster House, E.C., Dec. 21st, 1914.

ANTISEPTIC TREATMENT OF WOUNDS.

To the Editor of THE LANCET.

SIR,—I have followed with great interest and instruction the various contributions to THE LANCET on the treatment of septic wounds, and although it is needless to say that the question of wounds in war is at the moment of paramount importance and interest, I feel there is an aspect of the question relating to both wounds in war and civil life which at any rate has not been settled by your correspondents. I refer to the place of iodine as an antiseptic. Iodine in alcohol as the ordinary tincture or in 2 per cent. solution—is it or is it not an effective destroyer of organisms and their spores?

I am perfectly well aware that Sir Watson Cheyne says it is not; that he says, indeed, it is the equivalent of only a 1 in 50 solution of phenol. Naturally I regard this considered pronouncement of so distinguished a surgeon with the greatest respect, but I venture to suggest that if this knowledge is shared by many of his colleagues it is certainly ignored.

Take, for example, the gynæcologist who uses it and swabs out the interior of a uterus which has been the source of an endless discharge; or Sir Anthony Bowlby, whose practice it is "to paint the skin far around with 2 per cent. iodine in spirit";