

"ORTHOPÆDICS" AND PHYSICAL TREATMENT.

To the Editor of THE LANCET.

SIR,—More could and should be done to relieve the disablement of wounded soldiers, particularly of those who are discharged as no longer fit for military duty. In the medical and lay press there is some little confusion of terms. A demand is made for a wide extension of "orthopædic treatment" for the benefit of the classes just mentioned, and what is apparently intended is not alone surgical aid, but also the "combined physical treatment," by means of baths, massage, exercises, and electricity, which is being gradually introduced into this country, and which has been found so beneficial for the wounded. The word "orthopædics" is assuming a much wider meaning, since in the new military hospitals called by that name stiff limbs and wasted muscles are to form a large proportion of the cases treated.

With the precision of thought and language, which is so delightful in some of our continental colleagues, Dr. Delterre, the medical director of the Anglo-Belge Hospital for disabled soldiers at Rouen, defines the three departments of his work as (1) *interventions chirurgicales*, (2) *prothèse* (splints and artificial limbs), (3) *physiothérapie*. These are all regarded as independent branches of the medical art and are placed under the direction of experts, but for the case of wounded soldiers are considered essential and interdependent. In our country *interventions chirurgicales* and *prothèse* have attained a high position. The third, *physiothérapie*, as it is now practised, is a definite method of treatment applicable to the large majority of disabled soldiers. This method, or group of methods, being physical, has strong affinities with physical training and re-education. Therefore it pertains, not to the hospital ward, but to the camp or clinic. Its value and close connexion with training and industrial education have been recently proved in our own country at the Command Dépôts of Heaton Park and Tipperary.¹

A special committee of the Royal Society of Medicine (Section of Balneology) has for two years been studying the best means of applying these methods of treatment to the wounded in the British Islands. None know better than the committee how wide is the scope of this matter and how many are the problems involved in it. It may be gravely doubted whether physical treatment as it is now understood can be adequately given in the wards of orthopædic hospitals and even whether it is possible that the surgeons, who are so fully occupied with *interventions chirurgicales*, can give time or study to it.

It is submitted that the question for to-day is: How and where can these combined physical remedies best be provided for unknown numbers of wounded? Their great importance has now been generally admitted, and their special value in the care of disabled soldiers fully established. Surely it is an urgent necessity in the first place that a sufficient number of medical men should specialise in the study and administration of physical treatment, and it is most desirable that as the need for it increases throughout the country there should be no lack of men competent to undertake its supervision.

I am, Sir, yours faithfully,

London, Oct. 16th, 1916.

R. FORTESCUE FOX.

THE PREPARATION OF STABLE COLLOIDAL ANTIMONY.

To the Editor of THE LANCET.

SIR,—Your correspondent, Dr. Upendra Nath Brahmachari, whilst referring to "the brilliant results" obtained by the use of colloidal metals, in THE LANCET of Oct. 21st, is in error in assuming that stable solutions of colloidal antimony are not to be obtained. The late Mr. Henry Crookes not only prepared a perfectly stable solution of colloidal antimony in the Crookes' laboratories as long ago as 1912, but that preparation (collosol antimony) is perfectly stable to-day, and exhibits most active Brownian movement. Moreover, the tests made by Mr. Henry Crookes showed that antimony was

strongly inhibitory to such micro-organisms as the *B. coli communis*, *B. prodigiosus*, and the staphylococci, and the results of further experiments upon the *B. phosphorescens* (exhibited by Mr. Crookes to the Royal Society) showed antimony together with arsenic and silver at the head of a list of 22 metals in bactericidal effect.

In the absence of opportunity for clinical experiment its specific action in leishmaniosis was not then tested, as the properties of the collosols were not appreciated at that time. Since then, the Crookes Laboratories have been too much occupied with the production of other metallic colloids, and more recently with the collosols of iodine and sulphur, to deal comprehensively with collosol antimony, but a supply of this colloid—which has stood the test of four years and now exhibits ultra-microscopically equal stability and activity of Brownian movement to that occurring when it was first tested by Sir William Crookes in 1912—is still available. Moreover, being a chemically prepared colloid, it does not break down in the presence of electrolytes, as has been so amply proved in the case of the electrically prepared colloidal solutions.—I am, Sir, yours faithfully,

LEWIS STROUD, M.A. Oxon.

The Crookes Laboratories, 50, Elgin-crescent, W.,

Oct. 24th, 1916.

MEDICAL WOMEN AND EQUALITY OF PAY.

To the Editor of THE LANCET.

SIR,—With regard to a letter under this heading published in THE LANCET of Oct. 14th, I should like to suggest that at the present time it is the duty of the Government to get any work done at the lowest possible figure compatible with efficiency. If patriotic medical women would remember that thousands of men have been deprived of homes, incomes, and lives in order that the more fortunate of us may live, we might hear less of the injustice in giving women only £400 a year. We ought to be conscripted and put on a separation allowance. There is no justice in war, and those who are fighting get least, as far as I can see.

I am, Sir, yours faithfully,

KATHARINE M. MACKENZIE.

Ayrshire Sanatorium, New Cumnock, Oct. 24th, 1916.

"CLERGYMEN'S SORE-THROAT."

To the Editor of THE LANCET.

SIR,—The bad effects produced upon the throats of clergymen by speaking downwards have been long recognised by laryngologists and were first pointed out many years ago by Dr. Whipple. This fact will be found referred to in my text-book on "Diseases of the Throat, Nose and Ear," third edition, p. 54.

I am, Sir, yours faithfully,

Oct. 23rd, 1916.

P. MCBRIDE.

FALLOPIAN TUBE FOUND IN FEMORAL HERNIA.

To the Editor of THE LANCET.

SIR,—In the year 1882 I had a similar case to the one reported in THE LANCET last week by Mr. E. G. Renny (on the right side) when I was dresser to the late Sir Henry G. Howse at Guy's. The patient was a single woman, aged 25 or 26. The sac when opened contained some omentum, and the fimbriated extremity of the Fallopian tube was covered by this. I feel sure that Sir Henry Howse must have placed this case on record—probably in the Guy's Hospital Reports.

I am, Sir, yours faithfully,

Northfleet, Kent, Oct. 24th, 1916.

H. T. SELLS.

CHADWICK PUBLIC LECTURES.—The autumn programme of Chadwick lectures includes three lectures by Professor Wm. Stirling on Fatigue, and its Effects on Industry and Efficiency (Fridays, Oct. 27th and Nov. 3rd and 10th, at 5.15 P.M., in the Lecture-room of the Royal Society of Arts, John-street, Adelphi); three lectures by Dr. Charles Porter, medical officer of health of Marylebone, on The Health of the Future Citizen (Thursdays, Nov. 2nd and 9th, and Tuesday, Nov. 14th, at 3 P.M., in the Norwich Museum); a lecture by Dr. J. T. C. Nash, county medical officer of health of Norfolk, on Baby-Saving for the Nation (Monday, Nov. 20th, at 5 P.M., in the Hampstead Central Library, Finchley-road). All the lectures will be illustrated by lantern slides. Admission is free.

¹ See Major R. Tait McKenzie's paper on the Treatment of Convalescent Soldiers by Physical Means read before the Royal Society of Medicine, July 21st, and Mr. Cyril Jackson's letter on "Broken Soldiers" in the Times of Sept. 15th.