

because it is believed that his use would be an inefficient substitute for the official treatment that he receives when he returns to camp—an indefinite time after exposure.

But why regard his effort as a substitute for the official treatment? Why may not both be used? Since Reasoner's observations (*THE JOURNAL*, March 31, 1917, p. 973) have corroborated the clinical belief that soap alone destroys the spirochete of syphilis, it seems desirable to supply the soldier, if not with a complete kit, at least with a package of "prophylactic" soap, as a first aid packet; and to explain to him clearly both the method and the necessity for thorough use immediately after exposure. If the soap should be scented with some freakish perfume and colored with an anilin dye, the soldier's neglect to use it would probably be detected when he reports at barracks for the official treatment, in which event he should be penalized for disobedience of orders. If he fails to report and develops venereal infection, he is penalized under present regulations.

WILLIAM T. BELFIELD, M.D., Chicago.

AS TO TOBACCO AND AVIATION

To the Editor:—The editorial on "The Physical Qualities of Aviators" (*THE JOURNAL*, April 27, 1918, p. 1229) condemns the use of alcoholics by fliers. I have noticed the same condemnation in other articles on the subject. On the face of it, it seems so plain that alcoholic narcosis has no place in so hazardous a task that it is almost unnecessary to mention the prohibition. Doubtless too, if a soldier were known to be under morphin narcosis, he would not be allowed to fly. Singularly enough though, the effect of tobacco narcosis on the aviator is never so much as mentioned. Cigaret narcosis has been conclusively proved to make the victim unsafe both to himself and to his fellow workmen, and by the law of business is not permitted to be indulged during working hours in factories. Can it be possible that such narcosis affects favorably the one who is to fly? Or does the cigaret user not apply for the position? Or is nicotin narcosis above and beyond discussion?

J. L. TRACY, M.D., Toledo, Ohio.

CONTINUOUS ELASTIC TRACTION IN THE TREATMENT OF CERTAIN FRACTURES OF THE PHALANGES

To the Editor:—There are occasional fractures of the phalanges in which it is difficult to hold the fragments in alinement by the methods usually employed. This applies especially to fractures of the phalanges of the toes, in which the fracture may be near the metatarsophalangeal junction and the toes are more or less deformed from the wearing of tight and narrow pointed shoes.

Some time ago (*THE JOURNAL*, Jan. 12, 1918, p. 78) I called attention to a new method of correcting the deformity in greenstick fractures of the forearm through the use of continuous elastic traction; and recently I have employed this principle in caring for two cases of complete fracture of the phalanges of the toes, in which roentgenoscopy showed that the fragments were not held in proper alinement by ordinary methods of treatment and there would be considerable angular deformity. In one case the fracture was within the web line, and angulation was marked and otherwise uncontrollable.

The following technic was employed: A long, well padded wooden splint, extending from the heel to about 1 inch beyond the toes, was applied to the plantar surface of the foot and held rigidly in place by adhesive plaster strapping and a bandage. One broad adhesive strip overlapped the anterior border and ran along the entire under surface of the splint, over the heel, which was lightly padded, and continued 10 or 12 inches up the posterior surface of the leg; another adhesive strap about 2 inches wide embraced the posterior border of the splint and the heel and encircled the instep, while a third was somewhat loosely applied transversely at the level of the ball of the foot. A rubber band about one-eighth inch wide was cut at the center of one loop, and the resulting segments were fastened to the sides of the

toe by a very narrow strip of adhesive plaster applied as a circular bandage. The free loop of the rubber band was then brought over the anterior end of the plantar splint under moderate tension and fastened securely by adhesive plaster, which embraced the loop and was attached for a considerable distance to the under surface of the splint. A gauze bandage was then applied from the toes to above the ankle.

In both cases in which this method was employed, the continuous slight elastic traction relieved the pain in a remarkably short time, the fragments were soon brought into almost perfect position, and the final results were equally pleasing.

WESLEY GROVE VINCENT, M.D., New York.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

QUESTIONS OF INTEREST TO MEDICAL OFFICERS

To the Editor:—In *THE JOURNAL* last week I noticed a statement to the effect that medical reserve officers may now purchase equipment from the Quartermaster's Department. Is this law now pending in Congress or is it now effective? If so, shall I apply to the Quartermaster's Department of the nearest camp, that is, Camp Grant, for uniform and equipment? Can you give me an idea of the amount an officer's equipment would cost?

J. H. McMORRIES, M.D., Muncie, Ind.

To the Editor:—At the last meeting of our county medical society I heard several members say that they would join the Medical Reserve Corps if it were not for the injustice of being obliged to spend between \$350 and \$400 for uniforms. Our society meets again soon, and I wish you would give me some information which I could offer the members. Can a medical officer buy uniforms from the government instead of paying these robbing clothing men from \$60 to \$100 for an overcoat?

A. G. B., Minn.

To the Editor:—I have just sent in my application for a commission in the Medical Reserve Corps. I am anxious to know just what the emoluments are. I am married and have one child and an orphan nephew depending on me. A full explanation of the remuneration of the officers of the various ranks will be greatly appreciated.

E. A. R.

To the Editor:—Can you furnish me with the following information: 1. Has the Chamberlain bill been passed by Congress and signed by the President? This bill provides for extra allowance to commissioned officers for commutation, board, room, etc. 2. Has the bill passed providing that the government furnish to commissioned officers the necessary uniforms, equipment, etc., at cost price?

MORRIS B. KARATZ, M.D., Chicago.

To the Editor:—Please indicate, roughly: (1) the approximate recompense of officers of the Medical Reserve Corps; (2) the cost of an ordinary service outfit.

R. B. OLESON, M.D., Lombard, Ill.

To the Editor:—I have just finished reading your editorial on the call for medical officers. In it you refer to a number of provisions which Congress has recently made to render it easier for men to enter the service. Among them you speak of the care of dependents, insurance and compensation, increased pay on foreign service, commutation of quarters, heat and light, moratorium on debts and leases of officers in the service, and purchase of equipment from the Quartermaster's Department. May I trouble you to supply me with information in regard to these points, or to advise me where I can obtain it, either in the columns of *THE JOURNAL* or elsewhere?

THOMAS J. HARRIS, M.D., New York.

ANSWER.—Purchase of Equipment.—A bill was introduced into Congress to permit officers to buy their equipment from the Quartermaster's Department; however, before the bill came up for passage a general order No. 22, March 2, 1918, was issued stating that "orders heretofore restricting the sales of clothing and equipage to officers are hereby rescinded, except as to sales of woolen coats and breeches. Sales will be permitted only when articles are available and not needed for immediate issue to enlisted men." The Surgeon-General's Office has suggested to Medical Reserve Corps officers that they provide themselves with the following articles so as to be in readiness when called: 1 hat, service; 2 breeches, service olive-drab; 1 coat, service, O. D.; 1 leggins, leather, officer's; 2 pairs shoes, russet; 2 shirts, woolen, O. D.; 1 sweater, army; 1 hat cord, officer's; collar insignia and insignia of rank; 1 notebook, manifolding, pocket; 1 compass; 1 watch.