

What would seem to be needed is the establishment of large base hospitals, out of the immediate danger zone, either in existing buildings or in huts associated with each teaching hospital. To these could be evacuated existing patients if war became imminent; to them could go patients, either sick or wounded, who presented themselves to the London parent hospital and were found in need of other than immediate treatment. If their sites were correlated with the plans for the evacuation of the non-essential civil population the problems of the medical care of such refugees would be partly solved. The staff of the teaching hospital could serve both institutions, since the personnel needed for a casualty clearing station, even including the provision of mobile surgical teams for use elsewhere in London, would be well within their capacity to provide. The medical students in their clinical period could be divided between the two institutions, and would be of service at the same time as they were continuing their studies.

Such a scheme would entail the employment of the staffs on a whole-time, or almost whole-time, basis, and would necessitate their taking-over and payment directly or indirectly by the State, and the provision of safeguards such as apply to Service officers. Many other allied problems, such as the provision of accommodation for private patients in the presumed event of London nursing homes being untenable, require separate consideration. War has been happily averted for the present, but the provision *now* of adequate plans for dealing with its many-sided problems, should it occur, is no less necessary however sincerely we may hope it can be avoided in the future.—I am, etc.,

London, W.1, Oct. 8. E. G. SLESINGER, M.S., F.R.C.S.

SIR,—Perhaps we shall never know the magnitude of the widespread failures of the present A.R.P. scheme during the recent period of emergency. It would appear that the policy of the past two years has been mainly to reassure the population that there is no real danger to be feared from the air, *if . . .* This feeling has been so thoroughly disseminated during a comfortable peace that the man in the street has responded, "Then why worry?" I cannot avoid the feeling that the shortage of volunteers has been due, to some extent, to this cause.

* In the *Supplement* of December 26, 1936 (p. 339), you published an article of mine on air raid precautions in which I outlined a scheme of organization, many of the features of which have since been adopted—and many have not. We are only concerned with the medical aspect, however, and before any efficient scheme can be organized there are certain fundamental principles which must be recognized but seem to play very little part in the existing arrangements.

First, there must be a definitely attested medical personnel of known strength. Secondly, there can be no efficient organization without disciplinary control, trained direction, uniform training, and adequate medical equipment. Thirdly, the A.R.P. medical organization should take the form of a corporate body on national and not municipal lines, directed by senior administrative medical officers practised in the tactical employment of medical personnel during raids; in other words, some form of A.R.P. Medical Corps. The experience of the past few weeks suggests that the whole A.R.P. arrangements also would be better on a national basis.

In my paper quoted above I mentioned the probability of a shortage of doctors and pointed out the need for training the first-aid personnel to a degree of efficiency that would qualify them to render first aid and collect

casualties without medical supervision, so that doctors might be employed in posts where their skilled assistance may be used to the fullest advantage—for example, casualty clearing stations. This would clearly entail a training programme much wider and more thorough than that of the ordinary ambulance class, and it would have to be undertaken by the doctor.

Personnel should be attested under suitably modified conditions of service on the lines of a part-time Territorial Army, a minimum standard of efficiency would be required, with a compulsory annual efficiency test. Although in my paper I did not consider a uniform necessary, if it would encourage recruits by all means let them have one. It would serve to distinguish them, by night as well as by day, as trained men.

If the full story of A.R.P. could be told there would be some amazing revelations of inefficiency. There are still communities without gas-masks. In some cases *laissez faire* and crass stupidity have been incredible. Imagine, for instance, local councils, for reasons best known to themselves, appointing existing officials to the additional duties of A.R.P. officer. In some cases he has been the chief of the fire brigade. It would be difficult to imagine two more incompatible duties than these. In a raid the fire brigade would be so fully occupied with widespread simultaneous outbreaks from incendiary bombs that, being primarily a fireman, his hands would be too full to worry about A.R.P.

It will be interesting to watch developments.—I am, etc.,

H. M. STANLEY TURNER,
Wing Commander, R.A.F.

Brookwood, Oct. 8.

SIR,—The scheme prepared by the Ministry of Health for converting, on the outbreak of war, special hospitals in the Central London area into general hospitals omits any recognition of the fact that nearly every member of the visiting medical staff of a hospital is attached to more than one hospital. Is it left to the surgeon's own conscience to decide which of his hospitals he shall stand by?

The question may become an acute one in a crisis. If war were declared and a Military Service Act passed, the younger men would be called up and, for one reason or another, not excluding possible casualties, many hospitals might find themselves almost denuded of their usual staff. Doubtless in time additional surgeons would be allocated by the Central Emergency Committee of the B.M.A., but such an arrangement would necessarily be less satisfactory than the retention as far as possible of the usual staff.

The problem is a difficult one, but it does seem to call for a clear-cut ruling. Perhaps the best solution would be a general recommendation to the effect that in each hospital a small committee, consisting, perhaps, of the chairman of the hospital, the secretary, and the senior surgeon, be empowered to decide the dispositions of the staff. If this were done now the hospitals concerned could settle by mutual agreement a panel of surgeons on whose services they could rely in case of emergency.—I am, etc.,

London, W.1, Oct. 10.

A. RUGG-GUNN.

SIR,—I agree with every word of your leading article on this subject (*Journal*, October 8, p. 749). I have heard tales of lack of organization from others, but let me state my own experience. Some months ago I offered my services in my home district for casualty work. On Thursday during the week of crisis I found on getting