be inappropriate here to express an opinion. It is sufficient to put forward three general propositions:

(*a*) That rehabilitation must be continued from the medical through the post-medical stage till the maximum of earning capacity is restored, and that a service for this purpose should be available for all disabled persons who can profit by it irrespective of the cause of their disability.

(*b*) That cash allowances to persons receiving rehabilitation service should be the same as training benefit, including removal and lodging allowances where required.

(*c*) That the contributions paid by insured persons should, as in the case of medical treatment, qualify them for rehabilitation service without further payment.

Correspondence

Hand and Finger Lesions

SIR,—During recent months a great deal of correspondence has appeared in your columns on complacency in anaesthetics. May I call attention to another branch of medical practice—the treatment of injuries and infections of the hand and fingers—where complacency is the only explanation of, though no excuse for, the deplorable results which are so often met with?

It has been estimated that in peacetime injuries of the hand and fingers were responsible for 35 to 45% of the total sum paid as compensation for all injuries, and at a meeting of the British Orthopaedic Association at Nottingham on Sept. 25 and 26 Dr. Donald Stewart stated (Oct. 24, p. 493) that of 1,000 consecutive accidents in one factory 52% were finger injuries only. It is the same story in the Services, where these lesions cause longer hospitalization, a higher degree of permanent disability, and more invaliding than almost any other condition. A small part of the blame for the poor results may be due to the severity of the original injury or to the failure of the patient to present himself in time for treatment to be effective, but impartial analysis forces one to the unpleasant conclusion that by far the greater share of the blame is due to neglect or mismanagement by the patient's medical advisers.

An open wound of the finger is no less worthy of skilled and careful treatment than an open fracture of the femur, but too often it is classed among the trivialities of minor surgery. Medical men who would never dream of using a scalpel for any other purpose gaily "operate" on these cases without any adequate attempt at asepsis and with little or no appreciation of the principles which should govern their treatment. This attitude is understandable, for these lesions receive little attention in the curriculum of most medical schools. Students see injuries and infections of the fingers left to the most junior hospital officers and more or less ignored by the honorary staff.

Improvement will only be attained if all those who are responsible for the surgical education of students take more trouble than most of them do at present to show by their teaching and example the importance and seriousness of lesions of the fingers. It is fortunate that there is no subject that lends itself more to dogmatic teaching, for it is one of the very few exceptions where theoretical knowledge is more important than experience or technical ability. Good results can be obtained by anyone who is prepared to learn and obey a few cardinal principles: careful pre-operative examination; perfect asepsis at operation and re-dressings; a dry field; the avoidance of incisions in the mid-line of the finger, buried sutures or ligatures, rubber drains, fomentations, baths, or passive movements; immobilization of the affected parts in the position of function, and mobilization of the unaffected fingers, etc.

The education of those who are already qualified is a more difficult task, but there is a way in which I believe it could be done. Since the beginning of the war a spate of literature has poured out from the medical departments of the fighting Services, the Medical Research Council, and the E.M.S. instructing us what to do and what not to do for this and that condition. Of the educational value of these memoranda there can be no doubt. Is it too much to hope that one or other of these bodies, or better still a joint committee representing them all, will formulate and issue a memorandum on "The Principles of the Surgery of the Hand and Fingers"?—I am, etc.,

J. B. OLDHAM,
Surg. Commander, R.N.V.R.

The Sulphonamide Problem

SIR,—Surg. Cmdr. E. A. Gerrard's letter (Nov. 28, p. 647) about the uses and abuses of the sulphonamide group of drugs is most timely. The general public appears to regard the use of these drugs from one of two aspects: either as a veritable elixir of life which no one must neglect to employ or as a kind of last rite in a desperate emergency. From the professional point of view the situation is scarcely less unhappy. Within a very short period instances have come to my notice of the administration of sulphonamides to an infant cutting teeth, to cases of septic finger of minor degree, and to a patient with a small boil in the axilla. The dose employed in this last case could not have caused the slightest inconvenience to any but a moribund staphylococcus, though the patient proved much more vulnerable to its action. The use of sulphonamide powder in recent wounds is in danger of being regarded as a substitute for and not as an additional safeguard to careful excision. Now that the powder is recommended as a first-aid dressing steps should be taken to ensure that proper excision of the wound should not be delayed or neglected on this account.

Sufficient information is now available for the preparation of a survey of this group of drugs. This might be undertaken by an authoritative body such as the Medical Research Council, and the production of a film, preferably in colour, should be considered. A film on this subject has been made in America but has not yet reached this country. By the kindness of one of the manufacturing firms a colour film on the treatment of pneumonia was recently shown in this area. So great was the interest aroused that there occurred what one only too rarely sees at a medical meeting—a "full house." I believe in this way we have an ideal method of dealing with an urgent problem quickly, scientifically, and in a manner to arouse the greatest interest.—I am, etc.,

Berkhamsted. R. GRAINGER, F.R.C.S.

Ship-borne Small-pox

SIR,—It is apparent that the story of the outbreak of small-pox in Glasgow, 1942, is not ended. Following the introduction of ship-borne infection into that city the possibility has now arisen that small-pox may once again become endemic in these islands. A similar situation threatened to develop after the arrival of the *Tuscania* at Glasgow in April, 1929, and of the *Cathay* at the Port of London in March, 1938. On each occasion infection was carried and spread ashore.

Small-pox on a ship at sea is an example of an infectious disease occurring in a closed community, where conditions are almost ideal for containing the epidemic. I suggest that, at a time when this country is free from small-pox, a case may be made out for enforcing absolute quarantine on an infected ship. This measure, combined with the efficient use of vaccination, should determine the outbreak within twenty-one days.—I am, etc.,

Dartford, Kent. J. PICKFORD MARSDEN.

Cleft Palate

SIR,—Mr. H. P. Pickerill (May 30, p. 680) has taken me to task for some remarks I made in an article on cleft palate published in the *British Journal of Surgery* (Oct., 1941), and he has set me some interesting questions to answer. I must apologize for my delay in replying, but the *Journal* containing his letter has only just reached me.

I was a little disappointed that a surgeon of Mr. Pickerill's experience should consider "extravagant" my strong condemnation of the use of a tubed pedicle graft for repairing a cleft palate, but I read the description of his cases treated by intra-oral tubed pedicles with great interest. Mr. Pickerill's first two cases were not examples of cleft palate but of gunshot wounds of the palate; my paper did not include a description of wounds of the palate. I agree that gunshot wounds with enormous loss of tissue might require operations which I should characterize as fantastic if used for the repair of the smaller congenital defects. Though my unit has recently treated a number of gunshot wounds involving the palate, we have yet