we hope will be a "specialist" career. On inquiry at the War Office we are told that we have not sufficient experience to be rated as specialists, and that we can only be taken in as ordinary M.O.s (although many of us are better trained than some of the provincial specialists in the Army at the present time). There are no arrangements in the R.A.M.C. by which our specialized training can be used to the best advantage to the patients, to the country, and to ourselves. It is said that by making application through his commanding officer the young specialist may obtain a suitable appointment, but the experience of those already in the Army does not lead us to expect much from this.

"Emergency Officer" tells us that after the last war "we . . . relearnt our medicine and made good," and that one of our functions is that of "soldiers' friend and counsellor," like the padre. I do not doubt the need for such friends and counsellors, but is it really true that no better use can be made of our long and arduous training than that we should forget it and take on this function? Is this really the best that a man who has spent many years learning surgery can do in a war? Or is there some bad organization somewhere? "A soldier first and a doctor second" is another expression that has been used, and leads to suppose that our training is going to be wasted.

It is this idea, firmly fixed in our minds, that deters us from the Army. We feel that we can be more useful as doctors than soldiers, and so we are staying doctors as long as possible. Perhaps these ideas are quite mistaken; but if they are no one has yet done anything to correct them.—I am, etc.,

April 10. "RESIDENT SURGICAL OFFICER."

The Battalion Medical Officer

SIR,—In your issue of April 6 (p. 591) you published a letter by "Emergency Officer" in which he raises important questions regarding the battalion medical officer. I venture to support his contention that the battalion M.O. holds an almost unique position in the medical services of a division. The M.O. represents the whole medical profession to the officers and men of his battalion. In the last war it was my experience that the men relied on the M.O. with an almost pathetic confidence; any failure to justify their confidence reflected not only on the particular M.O. concerned but on the whole medical service of the Army. My personal experience taught me that the battalion M.O. should receive special attention in the way of training. For example, he should be familiar with the work of a casualty clearing station, for he can then deal with casualties in the way best suited to the surgeons behind him. He should be familiar with the work of the field ambulances, as the supporting field ambulance performs important duties in collecting casualties from the battalion aid post. But, in addition to all this, the successful battalion M.O. must know his men and be sufficiently approachable for the men to realize that he can be consulted on all sorts of matters which the N.C.O.s and men do not care to discuss with their company or section officers, and certainly not with the battalion chaplain.

The theatre of this war is still quite uncertain, and it may well be that active fighting may take place in arctic or tropical climates. These possibilities bring their own medical problems, and the battalion M.O. should have some first-hand knowledge of tropical medicine and of hygiene in special climates. "Emergency Officer" mentions shell-shock. There is no doubt whatever that a battalion M.O. can do a great deal towards preventing neurotic breakdown in conjunction with the combatant officers of the battalion. All this means that the battalion M.O. should be a man of experience and of maturer years than the youngster of the last war. Are there not many doctors who had experience of battalion work in the first German war and who are still sufficiently fit physically to take it up again, possibly with their old units? I cannot see any reason why men up to 55, provided they are reasonably healthy, could not return to the medical post of which they have already had experience, and which, in my opinion, is one of the most important medical services our profession can render to troops in the field.—I am, etc.,

April 10. "OLD BATTALION M.O."

Peptic Ulcer in the Services

SIR,—The recent correspondence on the surgical treatment of duodenal ulcer began in the belief, and looks like finishing with the conclusion, that surgical intervention is ill advised in recruits intended for general service. Few will quarrel with this. It would, however, be a pity to allow a generalization to grow from this special case, for I believe there is much to be said generally for the operative treatment of duodenal ulcer.

The very failures of the last few years (S. T. Irwin, *Journal*, March 30, p. 545) point the way to sounder surgery. Briefly, I believe the aim of the operation is to reduce acidity and that this is achieved by pylorectomy with vagotomy. This is not all the story, but the proper scope of a letter is limited, and I hope shortly to publish details and results. In the meantime I should like to endorse Mr. Irwin's appeal for others to publish their results, and I should value, personally, private communications from any who may not wish to rush into print.—I am, etc.,

Liverpool, April 8. CHARLES WELLS.

Ambulant Treatment of Peptic Ulcer

SIR,—Dr. J. C. Hawksley (*Journal*, April 6, p. 586) thinks there is a danger with this treatment of certain ulcers becoming fibrotic and failing to heal on subsequent bed treatment. I feel this danger is a possible rather than a probable one. Many ulcers with histories much longer than one year heal and remain healed on proper treatment. However, it is a point on which one should perhaps keep an open mind.—I am, etc.,

London, W.1, April 8. DAVID FERRIMAN.

Foodstuffs for Therapeutic Use

SIR,—No doubt many people will be relieved to know that sufficient supplies of liquid paraffin are available for medical purposes (*Journal*, April 6, p. 581). I should like, however, to draw attention to the difficulty of obtaining even small quantities of whole wheat grain. A number of my patients who have been weaned from their paraffin addiction by the substitution of frumenty have found that the whole wheat necessary for its preparation is no longer to be had, having been commandeered by the Government. I write to suggest that whole wheat grain should be provided by the Food Controller on medical prescription.—I am, etc.,

Shipley, April 6. H. S. RUSSELL, B.Sc., M.D.

Napkin Rash

SIR,—Practitioners who work in infant welfare centres would welcome any helpful suggestions for the prevention of ammonia dermatitis in infants. After grappling with the problem at welfare centres in this city for the past six years I have reluctantly come to agree with Dr. I. Gordon (*Journal*, March 9, p. 383) that prophylaxis remains an unsolved problem.

I should like to add one point to the excellent description which Dr. Gordon gives of the aetiology of the condition—namely, the curious way in which periods of ammoniacal odour in the napkins and of dermatitis alternate with periods of complete freedom from the condition independently of change of diet, of change in method of washing the napkins, or of other change in daily routine. Mothers frequently state that the attacks appear "whenever the baby is teething," but, since teething is a more or less continuous process from 6 months to 2½ years, and ammonia dermatitis occurs discontinuously, it is difficult to establish a definite correlation between the two conditions, although their age incidence is similar.

Descriptions of ammonia dermatitis do not lay stress on its intermittent character, but this feature is obviously of importance in assessing the efficacy of methods suggested for its prevention. For example, I advised the use of diluted dettol for the final rinse of the napkins in a series of cases, and at first the results seemed most satisfactory. But later a number of the babies came back with a recurrence of the dermatitis