

ture that its vapour is driven off under considerable pressure. I believe that many analyses failed to disclose any toxic agent, and I know that a number of reported cases have occurred under open ether. Despite these facts, the evidence of my own observations points, in the absence of any more convincing evidence to the contrary, towards a toxic factor in the elaboration of which the heating of ether may play an important part.—I am, etc.,

Liverpool, July 22.

CHARLES WELLS.

Treatment of Impetigo Contagiosa

SIR,—The following observations on the treatment of impetigo in Army patients may prove of value to medical officers who are now called upon to treat this class of patient.

In civil life it was my practice to use 5% sulphapyridine ointment in the treatment of this condition, and the results obtained were excellent, cure usually resulting in from three to seven days. Prior to the introduction of sulphapyridine I used the routine method of starch poultice plus lotio cupri-zincica and ungu. hyd. ammon. dil., and with this about three-quarters of the cases cleared up within three weeks and the remainder after a more or less prolonged period.

During the last six months I have had occasion to treat quite a number of cases of impetigo contagiosa in soldiers. I first used 5% sulphapyridine ointment, but with very little success, no case healing up completely with its use. I then went on to "alibour" lotion and dilute ammoniated mercury ointment, and again the results were entirely unsatisfactory. The problem then presented itself as to why these two methods of treatment which were so successful in civil life failed to produce the same effect in the Army. A possible solution was suggested to me by my orderly. He observed that in Army patients any ointment will prove unsatisfactory as a therapeutic agent, owing to the fact that the comparatively high-collared tunics have rubbed off the ointment in a very short time and the collar becomes a dirty greasy mess on which no doubt the streptococcus of impetigo finds a good place to incubate and which acts as a focus for the continued spread of the disease.

On active service it would be a considerable nuisance if soldiers suffering from such a mild illness as impetigo had to either go without their tunics or have their face covered with any form of dressing during the day. It was therefore decided to try the effects of an antiseptic lotion alone, and we chose the old-fashioned 1 in 1,000 corrosive sublimate because it was cheap, easily obtained, and sufficiently easy to make up for any unqualified dispenser. This has proved a very satisfactory method of treatment. The lotion is dabbed on three times daily, the man shaves every third day and has his razor and brush sterilized by the orderly in the medical inspection room immediately after shaving. The face is uncovered during the day, but an aseptic dressing is put on at night to prevent spread by means of the pillow. By this method it has been found possible to cure most cases of impetigo in Army patients within ten days.—I am, etc.,

July 21.

E. SNELL, Lieut., R.A.M.C.

Chronic Sick

SIR,—Very reluctantly I ask you to publish one more letter from myself on the subject of the "chronic sick." I say reluctantly because a week ago I had quite made up my mind that the "chronic sick" had very few friends either in the Ministry of Health, among medical members of Parliament (with the striking exception of Sir E. Graham-Little), or in the medical profession generally, and therefore it was a mere waste of time pursuing the subject any further.

In your issue of July 19 (p. 100), however, there appears a long letter from Dr. Leonard G. Parsons upon which I should like to make several brief observations. The main body of the letter is devoted to various comments and criticisms of a letter in the *Journal* of June 28 (p. 987) from "De Senectute." I am not concerned to defend "De Senectute"; no doubt, whoever he is, he can look after himself. But I am concerned with those parts of Dr. Parsons's letter which refer (a) to the occupation of beds by the evacuated chronic sick which were "provided for acute and Service sick and air-raid casualties," and (b) to the nursing of the chronic sick by "members of the C.N.R., Red

Cross, and Order of St. John," as well as his suggestion that auxiliary hospitals are unsuitable for the care of the chronic sick.

With regard to (a) the comment I wish to make is that this is only another example of the incompetence and unpreparedness of the Ministry of Health in all matters concerning the measures which should have been taken long before war broke out to provide suitable accommodation in the less vulnerable areas not only for the chronic sick but for many other types of evacuees. Ordinary common sense, foresight, and prudence, which should have characterized the work of the Ministry of Health, were simply not there. If they had been it would not have been necessary to take "panic measures" a year or more after war broke out to provide suitable accommodation outside our great industrial towns for evacuees of all kinds, including the "chronic sick," aged and infirm, and young children. But what happened was that those who were then responsible for the policy of the Ministry were so obsessed with the notion that the only thing they had to think about was hospital accommodation for "30,000 casualties per day" in London alone that the staff concerned could think of nothing else. In these circumstances it is easy to understand how it came about that when "chronic sick" patients were being killed in their beds in large public institutions in London and elsewhere by direct bombing the Ministry adopted the usual "panic measures" and rushed patients of this kind off to hospitals in the less vulnerable areas, where beds had been set aside for the acute sick, casualties, etc.

With regard to (b) I do not agree with Dr. Parsons that auxiliary hospitals are unsuitable for the chronic sick. At least that is not my own experience. I have seen a good many auxiliary hospitals which would be eminently suitable; but I do not suggest that all of them are, for the simple reason that I have not seen them. On the other hand, there are nearly 200 auxiliary hospitals in England and Wales, with a total accommodation of nearly 12,000, and most of them are empty and likely to remain so; if properly used I do not see why there should be any practical difficulty over the staff question. No one with any knowledge of the skill and patience and tact required to nurse the "chronic sick" would for one moment suggest that they should be nursed by V.A.D.s, etc. The obvious course to adopt is to transfer the medical, nursing, and all other staff who have been looking after the "chronic sick" to the new accommodation whenever provided, and I am unable to understand why this course should not be adopted as part of the scheme of transfer. It is quite true that the work could not be undertaken by the Joint War Organization of the B.R.C.S. and Order of St. John. It is obviously unsuitable work for such a voluntary body. What would be required would be simply that the Joint War Organization and the Ministry of Health should agree that certain of the existing auxiliary hospitals should be transferred for the duration of the war to the local public health or local public assistance authority for the special purpose of providing for the "chronic sick." I do not say that such a step would solve the problem, but it would go a long way towards it.—I am, etc.,

Criccieth, July 19.

FREDERICK MENZIES.

Physical Medicine and Orthopaedics

SIR,—Now that all your correspondents seem to have said their say about the practitioners in physical medicine and their art and science, may I, as one of the elder of the genus in this country—save, of course, for the Spa practitioners—wind up with a few notes.

First, let me say how gratifying it has been to watch the interest that your original annotation has evoked. Thirty years ago the correspondence which followed would have been unthinkable, so few would have been the numbers of those with adequate knowledge to write. Even our critics have shown the importance they attach to our activities.

With regard to status, all that need be said is that our art is, or should be, the handmaid of the profession as a whole. Few indeed can be the number of our fellow practitioners who, had they adequate knowledge, could claim that the art of physical therapy could find no useful place in the treatment of their patients during some stage of illness and disability or during convalescence therefrom. Obviously, therefore, the term