

1. How to deal, on a national basis, with the man who is totally unfit for sea service and is sick most of the voyage, "signed off" on the return to the United Kingdom, goes on the pool only to return to another shipping company, and so on for the duration? I have had among my crew neurotic, depressed men, who have been invalided out of the Army as unfit for further service, also men with recurrent duodenal ulcer, etc. No short examination by a ship surgeon can avoid these cases being "signed on." My suggestion is medical history cards for every man, which would at least prevent these cases being taken on ships again and again.

2. How are we to deal with the seaman who goes on leave, reports to his general practitioner with some trivial complaint, and obtains and forwards a medical certificate of unfitness, and has to be "signed off"? This practice is on the increase, and is not entirely due to true malingering, but often to a natural tendency to "wangling" extra leave on the pool. This voyage, covering four weeks, in a crew of 350 we have had 8 cases of this kind. Sometimes, to my knowledge, in the case of a trivial complaint where the man has previously been my patient, the certificate is inaccurate. In others the certificate should never have been given. For this, blame attaches to the overworked and possibly too sympathetic practitioner. These cases, I think, can only be met by insisting on certificates from medical referees, such as Board of Trade doctors, Admiralty surgeons, Navy or Army medical officers, etc.

The problem is important, and increasingly so. It is no help to say, as Mr. Greany of the Shipping Federation states in his letter (Oct. 2, p. 435), that ships are not prevented from going to sea by the low physical standard of the crew. This is true, but the ship has to sail, and other members of the crew do the work of the sick and of the men who fail to return owing to "medical certificates." This results in increased genuine sickness, and in prejudice among the rest against the system which allows it.—I am, etc.,

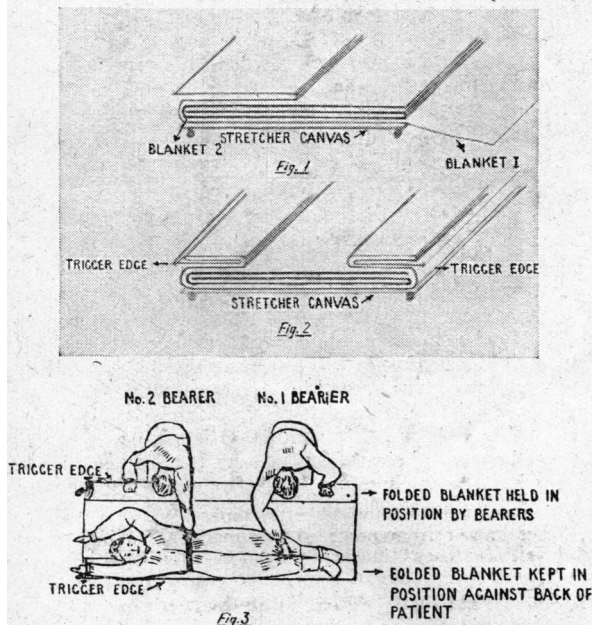
H. M. ROYDS JONES.

"Load Stretcher by Two Bearers"

SIR.—The following method of loading stretcher when only two bearers are available is suggested as an improvement on the present, generally accepted, R.A.M.C. mode of procedure. The modern trend of first aid is towards simplicity, ease of performance, and economy in personnel—i.e., two bearers per stretcher. The method described renders the task of loading a heavy patient quite an easy matter for two light bearers.

Blankets: Prepare stretcher with two blankets in the usual manner. Blanket No. 1 lies across the stretcher; No. 2, folded in three, lies downwards from shoulders to feet. The lower ends of No. 2 are opened out to provide later cover for the latter. Now carry the left free end of No. 1 across the stretcher and back again till

Position of Blankets



it lies over, and an inch beyond, the left pole (Fig. 1). The folded edge, which now lies approximately over the centre of the stretcher, is folded over on itself till its edge lies over the left pole. Arrange the right side of the blanket in similar fashion (Fig. 2). The free

edges, which protrude from the middle of these folds, are the "trigger edges," for, on these being pulled, the whole blanket flattens out.

To Load. 1. Carefully turn patient on to his side and raise arms above shoulders. Place prepared stretcher alongside patient's back.

2. Raise stretcher to the perpendicular against his back. (Pressure between stretcher and back keeps the lower blanket folds in position.)

3. Bearers stand behind stretcher, holding upper blanket folds against pole with outer hand to keep them in place (i.e., No. 1 bearer, at foot, uses his left hand; No. 2, at head, uses his right).

4. Reaching downwards over the stretcher No. 1 grasps with his right hand the front folds of the injured man's trousers immediately above the gaiters. In similar manner No. 2 grasps the waist-belt with his left hand (Fig. 3).

5. Then, *holding the patient against the stretcher* (no lifting is required), the bearers allow the latter to resume its normal position on the ground.

6. The casualty is now on the stretcher and can easily be assisted to assume his most comfortable position on the middle of No. 2 blanket.

7. The "trigger edges" on each side are now pulled out, thus freeing the blanket, which can be tucked round the patient as desired.

The advantages of this method of loading would appear to be: (a) It is extremely easy to carry out and imposes the minimum of effort on the bearers; two light bearers can deal with a heavy man. (b) Harmful movement or disturbance of the casualty is practically *nil*; therefore there is no increase of shock. (c) As there is no carrying of the patient by bearers, the margin of safety for him is much increased.—I am, etc.,

BOWMAN EDGAR, M.B.,
M.O., 4th Battalion Dumfriesshire H.G.

Kirkconnel.

P.S.—Since writing the above I have tested the suggested "load" in the following manner: Two recruits who had joined only a fortnight before with no knowledge of stretcher work, one weighing 9st. 2 lb. and the other 9 st. 3 lb., were asked to load a sergeant who weighs 16 st. 7 lb. Using the above method no difficulty at all was experienced. An attempt to load by the R.A.M.C. method was distinctly a failure.

Agents Provocateurs

SIR.—Mr. Reginald Payne's admirable exposé of the nefarious activities of the *agent provocateur* (Dec. 4, p. 725) is strong. Yet on mature consideration it might appear over-lenient toward this most deplorable practice and its instigators.

If the desideratum of "mutual confidence between a doctor and his patient" is not always achieved nowadays, it is perhaps because the patient senses that his medical adviser is insidiously becoming less of a true guide, counsellor, and friend, as his lawyer still is, and assuming more often an executive and even a quasi-judicial role, as Mr. Payne has pointed out. But this aspect of the doctor's work is merely emphasized by wartime conditions of life and work. Where he has to grant or withdraw a certificate of a consequential nature, the conscientious medical man is always alive to his legal status and responsibilities, and tries fully to understand and justly to determine the issue between the patient and his employer, or the State, as the case might be; *a fortiori* he will do so in time of war. In return for this service to the community, is he not entitled to expect that the evidence laid before him will be substantially true? Ought it not to be an offence to fabricate evidence for the purpose of getting a certificate under the National Service Acts or even the N.H.I. Act?

The honest G.P. will own frankly that he often gives a certificate without examining the patient properly, for the proper examination so often demands the use of apparatus he has not got and the co-operation of colleagues not to hand. If a man makes out anything like a *prima facie* case for a duodenal ulcer (albeit verbally, with no physical signs) is he to be refused his note pending the x-ray examination and the test-meal? Shall we be influenced by the fact that he may easily be a malingering who has conned his symptom-complex from some simple book on medicine for the layman? The judge or magistrate would admit that he has to make a host of "interlocutory injunctions" or "provisional orders" before he has fully gone into the rights and wrongs of a case.

In practice there may be little to be feared. The *agent provocateur* will always have to be a new case in a stranger,

and fortunately we know at least 95% of our human material and in a given individual can roughly gauge the "coefficient of exaggeration" (if I may coin the phrase) and duly allow for it. But in principle the thing is all wrong. It ill becomes an Executive that shows such a complete failure to understand the true doctor-patient relationship to be proposing the assumption of an autocratic control over and management of all medical transactions. A few more cases like this one and the Government will have alienated its most fervent supporters of control within the ranks of the profession. Such a policy will do more than all the resolutions of committees and conferences to dispel the last fond hankerings after the projected State Medical Service.—I am, etc.,

Birmingham.

PETER PARRY.

The Army's Steel Helmet

SIR,—There have recently been several references in the lay press to the future issue of a more efficient steel helmet for the armed Forces. The issue of this new-pattern helmet seems long overdue. The present type was introduced in the last war to give protection against falling shrapnel—i.e., rounded metal balls which were discharged when the shrapnel shell burst in the air. This type of shell is now obsolete, and the present need is for protection against bomb and shell fragments moving more or less horizontally. For this reason a design of helmet that affords protection to the side of the head and the back of the head and neck is essential.

The brim on the present old-fashioned helmet was useful against small objects falling nearly vertically, and is still useful for the police, wardens, and others who have to be out of doors in a heavy anti-aircraft barrage. But in the front line there is the danger that blast from shells or bombs bursting on the ground near by may get under the brim and throw the helmet forcibly upwards, causing injury to the neck by traction on the chin-strap. As the old-fashioned helmet is worn high up on the head it is liable to fall off during violent combat.

It is to be hoped that a large-scale issue of the new-pattern helmet, in which the old faults are eliminated, will be made with the least possible delay. The present intention, so far as can be learnt from Press reports, is to withhold the new helmet until an individual's present one becomes unserviceable. As a steel helmet does not ordinarily wear out, the present policy would appear to delay unnecessarily an obvious protective policy. It would be of interest to know the views of cranial surgeons on the necessity for the rapid large-scale issue of the new-pattern helmet, which remedies the defects of the old model.—I am, etc.,

London, W.1.

CLEMENT FRANCIS.

Pre-Nazi Medicine in Vienna

SIR,—As a native of Vienna who worked there in hospitals and in general practice for some 20 years may I be allowed to ask Dr. Alan Maberly (Nov. 20, p. 661) what he means by "State medicine in action in Socialist Vienna"?

There were in Vienna nine hospitals under State administration. One big general hospital, several children's hospitals, some other institutions, and welfare centres of various kinds were run by the city administration. A number of hospitals were private—you may call them voluntary institutions—on a non-profit-making basis. Save in a few private hospitals the whole staff were salaried, but the chiefs of the departments and senior assistants were allowed private consultant practice.

I found no difference in the treatment of the patients as human beings either here or there. I wonder where Dr. Maberly found his "Case No. 793." There was nothing like that in my time, and no patient was referred to by a number. As a matter of fact, in all my 13 years of hospital practice in Vienna we used to call the patients by their names; no number was ever known to me, though, of course, each case had to have a file with a number, but this was no concern of either doctor or nurse. The treatment was the responsibility of the senior, without any outside interference. Not even the director of the hospital, though a medical man himself, had any say in the treatment.

There was certainly no "State medicine" in general or specialist practice. It was either private or health insurance practice, which latter included all specialist and ancillary

services as well as institutional treatment. Thus the health insurance patient could see the specialist without cost to himself, either in the specialist's rooms or in certain clinics arranged by the H.I.; and, of course, the specialist could be consulted at the patient's bedside, if necessary, at H.I. expense. Therefore the out-patient departments of the hospitals were not overcrowded. Co-operation between G.P., specialist, and hospital was smooth and easy; there was never any difficulty about seeing the senior surgeon or physician at his round at hospital. Operations were arranged, when desired, at a time convenient to the G.P., and in any case he was invited by telephone. The family doctor was thus in a position to follow up his patients at all stages, for the mutual benefit of patient, doctor, and hospital staff. True, this smooth co-operation was only possible because the average doctor in Vienna was not so overworked as his British colleague, and usually there was no morning surgery occupying the better part of the morning.

As to the political side, the Government of the Republic of Austria, which controlled the nine State hospitals, was never Socialist, though for a short time, in a Coalition Cabinet, the Socialist Prof. Tandler was Under-Secretary of State for Health. He was later, as an alderman, responsible for the health services of the City of Vienna, which included, as mentioned above, a fraction of the hospitals only. His work in this sphere was undoubtedly to the credit of the Socialist administration which was then in office.

I am grateful for Dr. Maberly's kind remarks about the Viennese doctors and surgeons, but cannot see his point in comparing them with tax collectors. I felt it a duty of gratitude to my old teachers, as well as to this hospitable country, its splendid medical men and women, and its admirable people to correct a slight misconception.—I am, etc.,

Birmingham.

E. REICHENFELD.

Medico-Legal

FRACTURE OR PERTHES'S DISEASE?

In a case which came before Mr. Justice Oliver at the Leeds Assizes on Nov. 24 Mrs. Wheeler claimed damages against Dr. F. J. Stevenson on the ground of his alleged failure to diagnose a fracture of the neck and head of the femur following an accident when she was knocked down by a motor car in January, 1937, and after receiving emergency hospital treatment for injuries to the head and bruising of the right hip, came under the care of Dr. Stevenson, her panel doctor, who attended her for a period of about three weeks. She further alleged that his failure to recognize the condition or advise x-ray examination resulted in the fracture remaining undetected until March, 1943. At the time of the accident Mrs. Wheeler was aged 27 years.

The defence, which was undertaken by the London and Counties Medical Protection Society, claimed that the plaintiff had never suffered a fracture and that her condition was due to another cause—namely, Perthes's disease (osteochondritis deformans juvenilis; pseudocoaxalgia).

Mrs. Wheeler stated in her evidence that she complained of pain in the hip to Dr. Stevenson, that he examined her hip once or twice and told her she could get up. When she did so her leg was stiff and her hip painful. Before she returned to work she again saw Dr. Stevenson as her hip was painful, and he told her it was rheumatism. She continued at her work until 1938 when she married, and although she had continued pain she did not consult a doctor until 1942. It was then, as a result of x-ray examination, that she was told that she had an old fracture of the neck of the femur, impaction of the head of the bone, comminution of the head, and there appeared also to have been a fracture of the roof of the acetabulum.

Mrs. Wheeler called Mr. R. Broomhead, F.R.C.S., Dr. J. A. Thomson, and Dr. W. A. Rowden. The Society, on behalf of Dr. Stevenson, called Sir Charles Gordon-Watson, F.R.C.S., Dr. H. K. Graham Hodgson, and Brigadier W. Rowley Bristow, F.R.C.S. Brigadier Rowley Bristow, in his evidence, said he considered the x-ray photographs revealed evidence of long-standing abnormality in the hip-joint which had occurred during growth. He saw no evidence of a fracture. His evidence was supported both by Sir Charles Gordon-Watson and by Dr. Graham Hodgson.

In his judgment Mr. Justice Oliver said that the plaintiff had to satisfy him on two points: (i) that the doctor was negligent, and (ii) that as a result she had suffered damage. He went on to say that if the plaintiff satisfied him as to negligence he was quite satisfied that she had suffered no damage. He was quite satisfied that