

remarks that importance is put "first on paper-work, next on the staff, and last of all on the patient." Surely a doctor is a doctor whether in uniform or not. I myself have seen, and so must the great majority of your readers, surgeons and physicians toil for hours on end to save a man's life—in fact many men's lives—when everything seemed hopeless, and those men have recovered. Then, and only then, was the paper-work considered. The advances of medicine and surgery have been great in this war, but always there are the ability and the zeal of the individual doctor necessary to bring those advantages to the patient who requires them. Fortunately there are always the men to do this. My only advice to your correspondent is to go to his C.O. and request that he be allowed to go "back home again and be ensconced in the worries of civil practice." We do not need men like that in the Services.—I am, etc.,

S. F. CRANSTON,
Major, R.A.M.C.

SIR,—I have read with great interest the many letters which have appeared recently on the subject of Service medicine. May I be permitted to give some of my own views on the subject which may be of general interest. The letters which have appeared so far can be divided into two main classes. There are those strongly in favour, which have come from high-ranking consultants, and those strongly against Service medicine, which come from the more junior medical officers. Unlike the writers so far, I propose to steer a middle course. It is obvious that there are two sides to every question, and while the R.A.F. Medical Services are very good and well equipped, there are many points that jar my still civilian brain. These jarring points, however, are common to all Services, whether medical or not.

There are two main reasons why a military medical service can be so advantageous from the patient's point of view. First, there is general keenness on the part of the unit medical officer, and, secondly, there is the element of compulsion. A keen unit medical officer can do a great deal to improve conditions and morale in a camp. A sanitary inspection should be more than just a latrine tour; it should signify that the medical officer is out to see that everything is being done to keep hygienic conditions up to scratch, with dire penalties for those who fail to do their bit. The unit medical officer should treat his Service patients as if they were his private patients. The other main factor in maintaining positive health is compulsion; if an airman is ordered treatment he must report for it as instructed or disciplinary action may be taken against him. That, in my opinion, is where the medical services of the Forces score over doctors in civil practice.

It appears to me that one of the main reasons why there is such a dislike of Service medicine among the more junior medical officers—apart from those who would probably have joined the Forces in any case had there been no war—is this element of compulsion. One may dislike to have to do this or that, contrary to one's general beliefs, as instructed in a policy letter from higher authority, but it is not for the unit medical officer to lay down policy; his sole job is to maintain the health of his unit, carry out policy, and obey orders.

It has been said that there are too many forms to fill in, but this is not confined to Service medicine: civilian practitioners, too, have their forms. But may I say this in support of most of the forms that I have come across: they usually give the maximum of information in the minimum of space, and accurately completed medical history and case sheets can be of great value. The only drawback about these is that they do not always arrive simultaneously with their owner on a unit.

Medical equipment and stores are extremely good, and we have nothing to grumble about there; the only snag is the "accounting" of them—a type of higher mathematics which terrifies me. But no doubt this is necessary considering the vast amounts of medical stores and numbers of units to be supplied.

Although anxious to return to the relative freedom of civilian life at the end of the war, I still think we should take the rough with the smooth. We cannot all have the jobs that we, or our relatives for that matter, would like most, nor can we all gain glory and medals on the battlefield. There are

many "stooge" jobs in the Services, and it is up to us to do them as best we can. We should remember that we are not our own masters, but servants of the State, and it is up to us to keep the medical services running smoothly, no matter where we are or how hard it may be for the individual. No one can penalize us for trying our best, and no one in higher authority can expect more of us.—I am, etc.,

C. M. CHAMBERS,
Fl. Lieut., R.A.F. Medical Service.

Infant Feeding

SIR,—I was interested to read Dr. P. Boucher's letter (July 29, p. 160) on some common errors in infant feeding. I agree entirely with his remarks concerning the instructions printed on the labels of dried-milk preparations. I would go further and say that I find it difficult to understand how any infant can be expected to thrive if such directions are rigidly followed.

The bogey of over-feeding is, I consider, even more important. It would appear that at many welfare centres a weekly gain of over 7 or 8 oz. is looked upon as a sign of over-feeding, notwithstanding that the infant may be perfectly contented and show no abnormal signs. Many infants in the early weeks of life will gain up to 12 oz. a week or more, and it is usually the small baby that does this and is in need of it. Many infants are made miserable and wretched because the mother has been instructed to reduce the breast-feeding time or decrease the amount of bottle-feed. The effect of this on the nursing mother is that she rapidly loses her milk, because her child is fretful. A vicious circle is set up, and there begins a desperate search after this or that proprietary food. The same end-result is brought about when the mother is first given her instructions with regard to breast- or bottle-feeding if these instructions are too rigid and make no allowance for individual variations.

Ordinarily I see about fifty infants a week, and over the past ten years I cannot remember seeing an infant that had suffered from "over-feeding." No one would think of controlling the weight gain of the young adolescent. Why interfere with the infant's natural appetite?

Dr. Boucher's plea for a common-sense attitude towards infant feeding is a timely one. To this I would add a plea for greater elasticity with regard to instructions to mothers. This may mean more time and trouble to begin with, but will be amply rewarded by a happy and contented infant.—I am, etc.,

London, S.W.20.

N. KRAMER.

Prevention of Industrial Dermatitis

SIR,—Dr. Howard Mummery in his letter (July 22, p. 128) adopts the attitude that because I am not satisfied with just cleaning the skin I have not an open mind on industrial dermatitis. The whole subject of detergents has been recently investigated in relation to irritants and dermatitis causers, particularly here and in the U.S.A. It may interest Dr. Mummery to know that in many processes, even where tar compounds are used, it is possible to remove the whole of the irritant from the skin without the use of soap or other detergents provided that an adequate barrier has been used. I am not content just to clean the skin after use, as I am of opinion that a disservice is being done to medicine in general, and industry in particular, where adequate preventive methods are not used when such are available. Industrial medicine is a branch of public health, and I cannot envisage any confidence being shown in our work or progress being made unless we take every step to prevent disease of all kinds in industry. Most employers are guided by the advice of their medical officers, and I cannot do better than quote the words of the great pioneer, Sir Thomas Legge (*Industrial Maladies*, Oxford University Press, 1943, p. 3):

"Unless and until the employer has done everything—and everything means a good deal—the workman can do next to nothing to protect himself, although he is naturally willing enough to do his share."

I shall not be content or even proud of my record of two cases in many thousands of workers this year until I have no cases recorded against my factories in any year. Dr. Mummery's own article admits a total in 1943 of 203 cases in 3,850 workers (May 13, p. 660), and I would suggest that he tries all the methods available, and does not rely only upon