

A Great Appreciation.

THE dinner in appreciation of the services of the Royal Army Medical Corps and of the civilian officers attached to it during the war, a short account of which appears elsewhere, was an extraordinary recognition, spontaneous, unexpected, and generous, of the medical work throughout five terrible years—work, it should be added, which still remains in active doing in every direction. It was, as Sir ALFRED KEOGH said in his eloquent reply to the words of national thanks uttered by Lord MIDLETON, Mr. CHURCHILL, and Earl HAIG, an outward sign that 60 years of hope and endeavour had at last reached fruition. For to-day, while the medical officers of the army have become, in every sense of the words, an integral part of all military plans and designs, they are also enabled to preserve close association with their civilian brethren.

The bitter lessons learnt in the Crimean War, 60 years ago, were mostly neglected, were greatly relearnt in the South African War, and through the events of the world war have become the accepted wisdom of advanced communities. When SIDNEY HERBERT determined to ensure, during a later tenure of office, that the misfortunes which overtook our army in Russia, with its miserable absence of medical equipment, its total neglect of elementary hygiene, and its lack of nursing material, he and FLORENCE NIGHTINGALE began what it has been left to the statesmanship and science of the twentieth century to transform into ordered being. It was at SIDNEY HERBERT'S suggestion that four supplementary commissions were instituted in connexion with the Royal Commission on the Sanitary Condition of the Army, which was made necessary by the Crimean disasters. These commissions dealt with the construction and sanitation of hospitals and barracks, with the condition of the Army Medical Department—for which HERBERT drafted a code of regulations, with the right keeping of army statistics, and with the provision of facilities for the proper education of the department. The ideals which HERBERT placed before himself are those which the Directors-General of the Army Medical Department, notably Sir ALFRED KEOGH and his successor Sir JOHN GOODWIN, have kept steadily before them, but it is not anything for this country to boast of that during the period of exactly 60 years, which elapsed between the opening of the Great War and the close of the Crimean War nothing was done worth doing, until the South African War again found us unready. We are not unmindful, however, in saying this, that medicine, preventive and curative, had vastly more to give, with all the Listerian doctrines behind it, than it could have given until the closing phases of the Victorian epoch. But the dinner to the Royal Army Medical Corps, at which the hosts included the principal statesmen and men of affairs who have presided over the War Office in recent times not only was a tribute of praise excellently directed, but a public pledge that for all future time no one will doubt that well-administered preventive and clinical medicine will win wars.

Annotations.

"Ne quid nimis."

THE BIRTHDAY HONOURS.

THE Birthday Honours published last Saturday contained many names, and the notes which have appeared in the daily press upon the services rendered by those selected for notice show very well how various were the activities concerned throughout the war and the high level of accomplishment reached by many sections of the community. The members of the medical profession selected for honour include the following: Dr. James Dundas Grant, the well-known aurist, Mr. Arnold Lawson, who has done admirable ophthalmological work at St. Dunstan's, and Colonel William Taylor, formerly President of the Royal College of Surgeons in Ireland, receive the K.B.E. The honour of civil knighthood has been conferred upon Dr. Sidney Robert Alexander, many times Mayor of Faversham, Professor Frederick William Andrewes, F.R.S., pathologist to St. Bartholomew's Hospital, whose work in medical research is known to us all, Dr. Sydney Beauchamp, Dr. Charles O'Brien Harding, and Colonel Hormasjee Eduljee Banatvala, I.M.S. (ret.), who was lately Inspector-General of Civil Hospitals at Assam. Dr. Beauchamp was medical adviser to the British Delegation at the Peace Conference, and the post was no sinecure during the epidemic of influenza. He was responsible for the organisation of Wrest Park as a military hospital in September, 1914, and was its chief medical officer till its destruction by fire in 1916. Dr. Harding has been five times Mayor of Eastbourne, and recently received a presentation from the inhabitants in recognition of the impartiality, dignity, and efficiency with which he performed his onerous duties. Surgeon-Rear-Admiral George Albert Dreaper has been awarded the C.B. The Kaiser-i-Hind Medal has been bestowed upon Shamrao Ramrao Moolgavkar, principal medical officer to the Bikaner State, and Miss Millicent Webb, the lady-superintendent of the Dufferin Victoria Hospital in Calcutta. The Imperial Service Order of India has been bestowed upon Mahendra Nath Bhattacharji, personal assistant to the surgeon to the Governor of Bengal, and Egambaram Rangaswami Doss, the late chief attendant to the Medical College in Madras, has received the Imperial Service medal. The British war service has been recognised by the President of the French Republic in the persons of Sir Arthur Staley, chairman of the British Red Cross Society, who becomes a Commander of the Legion of Honour, Sir George Beatson and Dr. Alexander Granville, the British Red Cross Commissioner at Alexandria, who have been made Officers, and Dr. Septimus Sunderland, who has been made a Chevalier of the same Order. The last honour is also conferred upon Miss Edith Pye, the directress of the Friends' Lying-in Hospital at Châlons. Dr. Alexander Granville has also had conferred upon him the Order of the Crown of Italy. The King of Greece and the President of the Chinese Republic have conferred upon Sir William Robert Smith, late Sheriff of the City of London, a Commandership of the Order of George I. and a Second Class with Grand Cordon of the Order of the Excellent Crop respectively.

Medical men will very well recognise the appropriateness also of the following distinctions:

HONOUR TO GENERAL GORGAS.—In the course of a visit to the Queen Alexandra Hospital at Millbank on June 8th His Majesty the King bestowed the K.C.M.G. on Surgeon-General W. C. Gorgas, of the American Medical Service.

Mr. Wemyss Grant Wilson, director of the Borstal Association and of the Central Association for the Aid of Discharged Convicts, has received the honour of knighthood. Mr. C. M. Hutchinson, the Imperial Agricultural Bacteriologist, and Mr. R. S. Pearson, Forest Economist at the Research Institute of Dehra Dun, have received the C.I.E.

THE STANDARDISATION OF TREATMENT BY RADIUM.

To form an accurate conception of the value of radium in the treatment of malignant disease it is necessary to have some standards by which ideas can be fixed and comparisons made. In the course of the discussion at the Section of Obstetrics and Gynæcology of the Royal Society of Medicine, reported on p. 1270 of our present issue, various speakers gave hopeful or guarded opinions as the result of their experiences, but it was difficult to extract much helpful information owing to the lack of uniformity in the methods used and to the lack of precision in differentiating these methods. Thus, some used one tube of radium only and some many tubes. Quantities varied between 25 and 250 mg. of radium. The applications were given daily by some, weekly by others, and at periods of six weeks by a third set of investigators. The duration of exposure varied from 20 minutes to two days. Metals of known and unknown nature and thickness were employed as screens, and in some cases results investigated only a few days after the treatment, the question of a radium reaction being left out of consideration. While some buried tubes in the growth, others were content to place them against its surface. If progress is to be made along this hopeful line of treatment the operator must form a clear conception of what he is doing, and why he is doing it; of the changes likely to occur and the approximate time of their development. For purposes of collective investigation some standardisation of methods is essential. This does not imply absolute fixity or any unreasonable attempt to limit such variations as seem desirable; but it does imply persistence in a defined method over at least one series of cases, with subsequent alteration only for scientific reasons or as a result of definite observations deduced from that series. A clear statement of the exact technique used in treatment would enable one worker in radium to obtain valuable help from others. In England a helpful step in this direction would be the adoption of the practice of describing all quantities of radium used in terms of radium element or metal. It is the element itself, with its decomposition products, that is the source of the radiations, and physicists are strongly of opinion that radium element is the proper scientific standard. The use of radium bromide ($\text{RaBr}_2 \cdot 2\text{H}_2\text{O}$) as a standard is merely a survival of the older commercial methods of selling radium salts, and leads to endless confusion at meetings and in medical literature. There is no reason why its use should not die out, as did the older method of describing the strength of radium plates by their activity in relationship to uranium. The change would be very easy, as the quantities of salt to metal used are approximately as 2 to 1. Another point is that the unit of radium emanation is the "Curie"—that is to say, a Curie is the quantity of emanation in equilibrium with a gramme of radium element. Thus, so far as

medicine is concerned, to talk of a millicurie of emanation is equivalent to talking of a milligramme of radium element. The bromide standard obviously introduces an unnecessary complication, and, moreover, the exclusive use of the radium element unit would bring us into conformity with the big American radium centres.

ANÆSTHETISTS IN AMERICA.

THE American Association of Anæsthetists at a recent convention passed some resolutions which are very interesting to all concerned with anæsthetics. It will be remembered that not long ago we printed several letters from correspondents who discussed the advisability of encouraging the administration of anæsthetics by nurses. This practice, which necessity compelled during the war, and which as an emergency measure fulfilled its purpose admirably in most instances, has no wide measure of support in this country. In America it is more common, and the Association of Anæsthetists points out its disadvantages and those that accrue still more forcibly if administration is entrusted to unqualified persons even less instructed than the nurse. The Association expresses itself as "unalterably opposed to the employment of lay anæsthetists, nurse anæsthetists, and all other types of anæsthetists who shall not have graduated from recognised medical or dental colleges and have been licensed to practise medicine or dentistry." We are in cordial agreement, as we fancy will be our readers, with the opinions of the American Association of Anæsthetists, and hope to see its opinion supported by legal enactment in the chief States.

STRICTURE OF THE ŒSOPHAGUS.

CICATRICAL stricture of the œsophagus, resulting from the swallowing of caustic fluids, is fortunately not very common, for, when the stricture is multiple or extreme, treatment is by no means easy. Gradual dilatation by the passage of increasingly large bougies is a difficult and tedious business, and very trying to a nervous patient. Moreover, it is not possible to control the movements of any but the finest bougie by means of œsophagoscopy. Surgical intervention by the thoracic route has been essayed, but gives a high rate of mortality. Dr. Charles Goris has recently published¹ a series of nine cases treated by surgical intervention through the stomach. The operation is carried out in two stages. In the first a gastro-fixation is performed, a large area of the cardiac end of the stomach being exposed. For the second stage of gastrostomy no anæsthesia is required, except in the case of children and nervous adults, the incision of the stomach wall being quite painless. The usual local anæsthesia is, of course, necessary for the contemporary passage of the œsophagoscope. A fine bougie is then passed into the stomach and a cotton thread attached and drawn through the stricture—cotton being preferred to silk since it is more resistant to digestion by the gastric secretion. An endless thread is thus established to which "olives" of increasing size may be fastened and an easy method of dilatation established. Once started, the patient soon learns to pass bougies for himself, and cure is comparatively rapid. Eight of Dr. Goris's cases were completely successful. In the ninth case it was found

¹ Sur neufs Interventions chirurgicales pour Sténoses cicatricielles de l'Œsophage, Le Scalpel, April 17th, 1920.