by active exercises and faradic stimulation. If the dislocation is recurrent there is need for expert choice of the best operation in regard to the particular case.

Dislocation of the knee is usually obvious; it will be revealed by radiographs if the enormous swelling obscures everything. Injury to nerves or vessels should be looked for and noted. Reduction is possible only under general anaesthesia; difficulties may be presented unless displacements of patella or hamstrings are recognized and dealt with first. If there is much effusion, aspirate under full aseptic precautions and observe for a week, immobilizing the leg on a slung Thomas splint; afterwards allow the patient to walk in a complete plaster cast at 170 degrees for eight weeks. This is followed by active physical treatment and the temporary use of a long knee-cage if necessary. The result is generally better than the prognosis.

EYE CASUALTIES IN THE WAR

BY

ROBERT DAVENPORT, F.R.C.S.

Medical Commandant, St. Dunstan's

At the outset of the war in 1914 no special arrangements were in force for either war-blinded men or the segregation of serious eye lesions in specialized hospitals.

Through the enthusiasm and energy of the late Sir Arthur Pearson St. Dunstan's was founded, and No. 2 London General Hospital organized by the authorities to receive and treat the men before passing them to St. Dunstan's. St. Dunstan's has trained and cared for its charges since 1914, adding new cases each year to its numbers, and building up an organization which is world-famous. With the ageing of the men the need for a home for the sick and those recovering from illnesses or operation increased, and in 1938 St. Dunstan's opened its new home on the Downs by the sea near Rottingdean. In it was put all that time and experience had shown to be of value to the blind, whose comfort, physical and mental, was provided for in every possible way.

Many months before September, 1939, the Council offered the home to the Government for adaptation as a hospital for the serious eye casualties of the fighting services in the event of war. The offer was accepted and plans were completed for conversion, staffing, and addition to the existing building.

St. Dunstan's by the Sea

As a result there was available on the outbreak of war a modern, very suitable building to which agreed ophthalmic personnel, surgical and nursing, was posted. The existing dormitories were readily turned into excellent wards by the minimum of necessary plumbing and wiring, and the existing treatment room adapted as a temporary operating theatre, the necessary equipment for which was already bought and on the spot. Rather more than 130 beds in four open wards, and in two corridors of two- and four-bedded rooms are available, and beds and equipment are in reserve for the conversion of lounge-room space into two more wards, so that somewhere near 200 cases can be housed.

Plans and specifications for a new operating theatre block were ready, and work was started on this necessary addition during the first week of the war, and the unit is expected to be ready for use by the end of November. A fly-over bridge carries the corridor to the block, which comprises changing rooms, anaesthetic lobby leading to two theatres, dressing room, and sterilizing room. Experience of the last war suggested that general, facial plastic, and nasal sinus surgery would need to be provided for,

and one theatre is equipped to this end, although both will meet the demands of either ophthalmic or other surgery. With lighting restrictions in mind and the avoidance of glass no windows exist in the block, which is artificially lit throughout, warmed, and air-conditioned by modern means. The windowless block fits in well with the requirements of both ophthalmic and E.N.T. surgeons.

The block is tucked against a high chalk bank, but its exposed sides are protected from splinters by steel sheeting and its roof by sandbags. Where the new corridor leaves the existing building a small but efficient x-ray department is being fitted up, bringing it into close contact with the theatres. The equipment for this department and the theatre block is of a very high order, and this factor and the beautifully designed and fitted "wards" will mean that serious eye casualties sent to St. Dunstan's will find it an admirably sited, comfortable, and efficient hospital, fully prepared to do all that is possible for repair of their wounds. In addition to the resident ophthalmic surgical staff a panel of consultants has been arranged so that all branches of work may be dealt with, and to add to the existing nursing personnel, specialized and auxiliary, there is held a list of V.A.D.s available for duty when required.

For those whose sad lot can only be that of blindness there is ready the whole organization of St. Dunstan's. Such men will be retained for the training, technical and psychological, which is directed to the founding of a useful and happy life under the disability of blindness.

USE OF STORED BLOOD FOR TRANSFUSION

SOME PRECAUTIONS TO BE TAKEN

We have received the following communication from Drs. H. F. Brewer, M. Maizels, J. O. Oliver, and Janet Vaughan, Medical Officers in Charge of the Emergency Blood Transfusion Depots at Luton, Maidstone, Sutton, and Slough, set up by the Medical Research Council on behalf of the Ministry of Health.

Since the outbreak of war considerable use has been made of "stored blood" for the treatment of civilian patients needing transfusion. Reports that stored blood has a somewhat greater tendency than fresh blood to cause reactions appear to have led to slight apprehension in certain quarters. We believe that at least some of these reactions may have been due either to faulty technique in the preparation of apparatus, the withdrawal, storage, or administration of blood, or to the use of unduly haemolysed blood, and that they should not be taken as condemning "stored blood" of itself. Blood has been distributed to a number of hospitals from the four Emergency Blood Transfusion Depots for London and the Home Counties, where the methods of collection and storage have been those outlined in the memorandum recently issued by the Medical Research Council. The reports returned have been uniformly satisfactory, although one observer, while appreciating the immediate restorative use in collapsed and exsanguinated patients, suggests that the tonic and anticoagulant value is less than that of pure blood.

Complete records of 160 miscellaneous cases—medical, surgical, and obstetrical—are available. They were given in all 219 pints of blood and were treated in forty-one different hospitals. The maximum amount any one patient received was six pints given as a continuous drip. Blood varied in "age" from a few hours to three and a half weeks. Group O blood was used in the majority of cases, but Group A and Group B blood were also provided on request. Slight rigors were recorded in ten cases, but in several such instances inquiry showed that the blood had been given cold. In three cases there was transient