representation of the body of subscribers in their control and management. It is obvious, however, that if these institutions are to be saved from State or parochial aid, their financial condition must be secured.

The judgement thus expressed by King Edward formed the basis upon which he founded King Edward's Hospital Fund, and the success hitherto obtained both by the Fund and by the League of Mercy bears witness to its soundness.

In the opinion of the Executive Committee King Edward's words are equally applicable to the present circumstances, and they consider that the most effective way in which both the Fund and the League of Mercy can assist in maintaining the voluntary system is to continue, on their present lines, the work of raising money for the support of the hospitals and of distributing it in such a way as to secure that the greatest possible value is obtained from it both in quantity and quality of benefit for the sick and injured, and in so doing to draw public attention to the needs of the voluntary hospitals and to increase public confidence in their work.

Yours faithfully,
(Signed) H. R. MAYNARD,
Secretary.

THE PEACE LESSONS OF WAR SURGERY.

MITCHELL BANKS MEMORIAL LECTURE BY
PROFESSOR A. DEPAGE.

PROFESSOR DEPAGE of Brussels delivered the Mitchell Banks Memorial Lecture before the University of Liverpool on December 12th.

Before proceeding to the subject of his lecture, Professor Depage said that his selection to give the lecture this year was a proof not only of personal esteem for him, but of sympathy and attachment to the Belgian people. Belgium, he said, would never forget that England took up arms to defend her and preserve her liberty. She would retain vivid memories of the welcome given to Belgian people on British soil when, hard pressed by the Germans, they were compelled to leave their native country, and would always remember the first aid given by the British nation, through whose help Belgium was enabled to erect, behind her lines, hospitals which would bear comparison with those of the other allied armies. British contribution had made it possible to erect the hospital at La Panne, in which British nurses had devotedly attended Belgian wounded.

Control of Wound Infection.

Turning then to the subject of his lecture, he said that the treatment of wounds, made by the surgeon himself, had been established by Lister in 1868, and since that date there had been no change except in matters of detail. The wounds of war were already infected when the patient reached the surgeon, so that his task was not to protect the wound from external microbes, but to destroy those already there. Wounds seen in the early days of the war suppurated and healed as a rule by second intention. Two men of superior mind sought to remedy the ignorance which prevailed among surgeons at the beginning of the war. Sir Alnroth Wright studied the organic reactions of the infected tissues and strove to increase their microbicidal power, and founded a physiological method of treatment. Dr. Alexis Carrel's ideal was first to sterilize the wound by chemical means—he used a solution of sodium hypochlorite, the formula for which was worked out by the English chemist, Dr. Dakin—and afterwards to suture the wound.

These two methods, and others which were devised, did not, it was found, give the desired results unless the wound was opened up and the damaged tissues excised. To attain success it was necessary to observe certain rules: (1) The evolution of the infection in the wound should be followed by daily bacteriological examination, the results being plotted on a curve; (2) suture should be practised early to prevent secondary infections and to obviate retraction of tissues; (3) in selecting the time of suture the surgeon should be guided by the results of bacteriological examination; it was dangerous to suture when *B. perfringens* was found in the exudation; it usually disappeared in a week or a fortnight. The presence of streptococci contra-indicated suture, and *B. coli* were to be feared. The importance of the Friedländer bacillus and staphylococci depended upon the numbers in which they were present. Uninfected wounds or wounds infected by a non-pathogenic microbe gave 100 per cent. success; those slightly infected by staphylococci gave 95 per cent. success; those infected

by *B. coli* 75 per cent., whereas those infected by streptococci gave no more than 7 per cent. success.

Such results showed the importance of laboratory investigations and the necessity of having a clinical laboratory as a part of the equipment of a hospital. Carrel's method had been sometimes improperly applied. The indications for it were limited, but its efficacy in recent infected wounds had been abundantly proved. The method could be applied to industrial accidents; but for this complete equipment, such as the military hospital eventually possessed, must be provided. Great advantages would follow from bringing industrial cases needing careful surgical treatment of this nature into large hospitals where the therapeutic methods which had been found satisfactory in war could be rigorously applied. Two conditions were essential in the application of Carrel's method and could be fulfilled only in a hospital; the first was that Dakin's solution should be prepared in large quantities and used when fresh; the second that the microbe curve should be studied in order to determine the most favourable moment for suture. The treatment of wounds in civil life needed reorganization; such complicating infections as tetanus and septicaemia could always be more efficiently treated in a hospital than in a private house.

Treatment of Fractures.

Great progress had been made during the war in the efficient treatment of compound fractures. Down to 1915 the results of treatment of fractures had been bad; as had been the case in civil practice, suppuration was the rule, and very often the patient's strength was undermined by septicaemia. Cases of compound fracture of the thigh, for example, did not recover in less than six months, usually not under a year, and frequently long immobility determined ankylosis of joints and sclerosis of muscles. After 1915 excision and the application of Carrel's or some other method made it possible to sterilize the wound and to suture it early, an open being thus transformed into a closed fracture. Great improvements in the mechanical treatment of fractures so as to bring the fragments into the best position for consolidation had been achieved during the war, and in both respects civil surgery should benefit. At the beginning of the war surgeons hesitated whether to prefer simple immobilization or immobilization with continuous extension; the question had now been decided in favour of the latter method. There was, Professor Depage said, no doubt that the apparatus of Thomas, Robert Jones, Blake, Delbet, Alquier, Finochietto, and others, would soon definitely replace plaster-of-Paris splints in civil practice.

Wounds of Joints.

Progress had also been made in the treatment of traumatic lesions of the articulations; this was due to the adoption of certain methods: (1) Wide aseptic arthrotomy with excision of the track of the projectile, thorough clearing of the cavity, scraping of the injured bony surfaces, and immediate suture in all recent wounds of the articulations threatened with infection; (2) the application of Carrel's treatment where wide lesions of the soft tissues made suture impossible; and (3) active mobilization in purulent arthritis, as suggested by Dr. Willems of Ghent. Movements of the joint made by the patient himself were not painful and the results were remarkable; suppuration diminished rapidly, infection disappeared, and the movement of the joint was preserved, even in cases with deep infection and relatively serious bone lesions.

Chest Wounds.

The treatment of abdominal injuries had not been influenced by the war, though the statistics improved, owing to early operation, made possible by the establishment of advanced posts. On the other hand, surgery of the chest had been notably advanced—rendered simpler and more precise. Surgeons now opened the chest with as much confidence as they opened the abdomen, and a foreign body could be extracted from the lungs as certainly as from the muscles of the thigh. Great progress had been made also in the treatment of purulent infections of the pleura. Operations requiring resection of the walls of the chest had been abandoned for simple closing of the fistula after sterilization of the pleural cavity by Carrel's method.

Peripheral Nerves.

Not much advance had been made in the treatment of wounds of the central nervous system, but much had been achieved in those of the peripheral nerves. The experience gained, the importance of technique, and the observations made in the laboratory had been of so much advantage that suture of the peripheral nerves marked one of the greatest advances realized by surgeons during the war.

Wounds of the Face.

In the treatment of wounds of the face the chief advance had been in relation to fracture of the lower jaw. The results now obtained by collaboration with the dental specialist were incomparably better than those previously obtained.

Artificial Limbs.

Great advance had been made also in the construction of artificial limbs. Makers previously had not studied sufficiently the normal balance of the body, and the result was a fault in the parallelism of the amputated and the sound limb. Research workshops were established, and with the co-operation of the surgeons the construction of artificial limbs had been placed on a physiological basis.

Conclusion.

In conclusion, Professor Depage touched briefly on certain other points. He mentioned the improvements introduced into radiography, especially in respect of the localization of foreign bodies; the addition of curative to preventive treatment of tetanus by serum; the increase in knowledge of the pathology of shock; the treatment of septicaemia, especially streptococcal septicaemia, by injections of peptone by Nolf's method, which would, no doubt, have many applications in civil life; and finally, the establishment of the value of the transfusion of blood in traumatic anaemias and the method by which it should be performed.

Altogether much progress had been made in surgery during the war, and British surgeons and men of science had largely contributed to it. The advance had made it possible to save the lives of a great number of men during the war, and it was to be hoped that through it many more would be saved in time of peace; that would afford some consolation for the sacrifices imposed upon the world.

THE MEDICAL BENEFIT REGULATIONS.**CONFERENCE AT STEINWAY HALL.**

A CONFERENCE convened by the Federation of Medical and Allied Societies was held at the Steinway Hall, London, W., on December 12th, to consider the National Insurance Medical Benefit Regulations for 1920, in order to determine whether, in view of certain clauses contained therein, those Regulations as a whole were framed in the best interests of the community and of those who were asked to accept and work under them. Sir MALCOLM MORRIS, who was in the chair, said that the present scheme of insurance was not the best that could be devised, and expressed the view that a committee or Royal Commission should be appointed to devise something better for the public, whose interests were those of the medical profession. He read a letter from Sir Watson Cheyne, suggesting that the decisions of the conference should be sent to the medical members of Parliament; and another from Captain Guest, stating that the Prime Minister would be ready to give sympathetic consideration to the subject.

Dr. E. H. STANCOMB said that the public medical service formed by medical men in Southampton was a success. If that example were followed in other places the doctors would then be able to go to the Government with their own scheme and ask for its support. The profession wanted freedom, especially freedom of choice between doctor and patient. The panel doctor felt more and more that he was a bureaucratic slave and could not therefore give willing service. Local autonomy was, he said, essential to success, and the time was not ripe for a State whole-time medical service.

Dr. GORDON DILL spoke on the effect of the new Regulations upon the whole profession in view of the possible extensions of medical services to the community by the

State. He urged that the matter should be discussed on higher grounds than mere pounds, shillings and pence.

Dr. F. COKE, endorsed the remarks made by Dr. Stancomb. Mr. ROWSELL, speaking as a pharmacist, said the question of finance was hampering the working of the Insurance Act. Many appliances which ought to be at the disposal of medical men for insured persons were wanting.

Sir BERTRAND DAWSON, who said he appeared at the meeting in his private capacity, and not in a representative capacity, urged the necessity of the profession becoming united. It must be clearly admitted that the organization of the profession was inadequate to present needs. The Insurance Act had defects, but could it be said that some system of insurance was not essential? What it was necessary to do now was to convert the present system into a better system. The profession did not want a full-time medical service; it wanted adequate provision for good work. So far as he came in contact with the present Ministry of Health there was a general desire to meet the medical profession in a sympathetic spirit. For many years there had been a tendency on the part of the profession to adopt an attitude of suspicion towards the authorities, but on this particular occasion he thought they would be justified in assuming that there was a desire to meet the profession. The spirit of the old Insurance Act was quite dead, and the proposals about to be made were quite different. That alteration in attitude was shown by the setting up of the Consultative Council. It was an entirely new departure for the Government to set up such a body of medical men to give advice from the point of view of those practising medicine, and every endeavour had been made that it should represent knowledge and experience. He thought the profession might be well advised to take the Consultative Council as a model and ask for it to be imitated in various parts of the country. The first reference which the Government made to the Consultative Council was that it should consider, study, and report upon the best method of systematized medical service for this country. The Council would report to the Minister, and an authoritative statement would, he hoped, shortly be issued for the constructive criticism of the profession.

Dr. LATHAM said that the new Regulations had been framed without reference to the great advances made during the war. Medicine could give more to the community than was asked for under the Regulations.

Dr. H. J. CARDALE contended that the Insurance Act worked well in certain poor districts. In Bermondsey, for instance, conditions were much better. He felt confident that the Act would form the basis of a satisfactory service. Dr. RICHMOND expressed a similar opinion.

After some further discussion the following motion by Dr. STANCOMB was carried:

That in the opinion of this conference of medical and allied organizations the draft Regulations for 1920 proposed to be made by the Minister of Health with respect to the administration of the National Health medical benefit are not adapted to secure the most efficient service from the medical profession nor adequate results to the community.

It was resolved also:

That the authorities be asked to appoint a committee of inquiry empowered to take evidence on the panel system and on any alternative proposals.

Finally, it was agreed to ask the Prime Minister to receive a deputation the composition of which was left in the hands of the executive committee.

THE annual report of Livingstone College for 1918-19 deals with a year that was full of change. For forty months during the war the college was converted into an auxiliary hospital for convalescent soldiers. This function came to an end with the close of 1918. Since then the college has returned to its proper work of giving training in elementary medicine, surgery, and hygiene to missionaries going to spheres of work abroad far from medical aid. The ordinary session begins each year in October and lasts nine months; there is accommodation for twenty-three resident students. The college is not intended to train men as medical missionaries, and those who enter are required to sign a declaration that they will not adopt this title or otherwise assume the position of a qualified doctor.