

at Seaboard military hospitals, Otisville, N. Y. During the war more than 125,000 patients have been cared for by U. S. Army hospital trains, which have been under the charge of James S. Wilson, Col., M. C., U. S. Army, post surgeon at Hoboken, N. J.

Decorations Awarded

The Distinguished Service Medal has been awarded to Charles N. Fiske, Capt., M. C., U. S. Navy, and to John J. Snyder, Com., M. C., U. S. Navy.

Dr. Franklin H. Martin, Chicago, formerly colonel, M. C., U. S. Army, had conferred on him the Order of Commander of Sts. Michael and George by the Prince of Wales, in Washington, D. C., November 14.

Citation for Bravery

Capt. Sydney S. Schochet, M. C., U. S. Army, Chicago, has received the following citation with award of the military cross from the British government: "For conspicuous gallantry and devotion to duty during operations east of Ypres, Belgium, September 28 to October 1. This officer during the action in which his unit was engaged displayed the utmost gallantry and devotion to duty. He continually went out into the heavy shell fire to attend and assist in removing the wounded, and repeatedly took risks which he would not allow his assistants to share in his anxiety to assure their proper care and removal. It was owing to his untiring energy and complete disregard for his own personal safety that under every adverse circumstance the wounded of his own and several other units were safely evacuated. This example which he gave of unbroken cheerfulness and courage throughout the whole of these operations was a valuable stimulus to all who came under his authority."

Citation for Colonel Seaman

The citation on page 12, G. O. 89, War Department, 1919, relating to Col. Gilbert E. Seaman, M. C., U. S. Army, Milwaukee, has been rescinded, and the following substituted:

Colonel Gilbert E. Seaman, M. C., U. S. Army, after serving with conspicuous success as division surgeon, 32nd Division, became chief surgeon 6th Army Corps and in this capacity was an important factor in the establishment of effective means for treating numerous sick and wounded.

Citation Changed

The citation in Par. 9, of G. O. 89, W. D., 1919, relating to Col. James A. McCoy, is rescinded and the following substituted therefor:

John C. McCoy, Lieut.-Col., Medical Corps, U. S. Army. For exceptionally meritorious and distinguished services. He served with conspicuous success as commanding officer of American Red Cross Hospital No. 11, at Jouy-sur-Morin, and Chateau Thierry, from June to August, 1918. Although he was hampered with insufficient personnel and equipment, he nevertheless succeeded in caring for a large number of wounded men from the Marne, thereby rendering invaluable service to the American Expeditionary Forces. Home address 299 Broadway, Paterson, N. J.

Woman Physician Decorated

In recognition of her work in the smallpox epidemic in Bucharest, Roumania, Dr. Margaret E. W. Farwell, Los Angeles, has been decorated with the Order of the Crown, officer's grade.

MEDICAL OFFICERS, U. S. NAVY, RELIEVED FROM ACTIVE DUTY

<i>CALIFORNIA</i>	<i>MISSISSIPPI</i>
Lodi—Todd, E. B.	Houlka—Harris, J. H.
<i>GEORGIA</i>	<i>NEBRASKA</i>
Atlanta—Cannon, H. G.	Omaha—Mullin, R. F.
<i>ILLINOIS</i>	<i>NORTH CAROLINA</i>
Chicago—Costello, C. A.	Asheboro—Hayworth, R. W.
<i>MAINE</i>	<i>PENNSYLVANIA</i>
Portland—Fogg, C. E.	Philadelphia—Croop, H. W.
<i>MASSACHUSETTS</i>	Torrey, E. W.
Boston—Eldridge, D. G.	<i>VERMONT</i>
<i>MICHIGAN</i>	Brattleboro—Tracy, E. L.
Indian River—McMillan, L. D.	<i>VIRGINIA</i>
	Cliffview—Kenny, G. B.

Foreign Correspondence

LONDON

Oct. 30, 1919.

German Babies and Reparation

A memorial signed by leading public men, including Cardinal Bourne, the Archbishops of Canterbury and York, Sir William Osler and Sir Alfred Pearce Gould, has been presented to the reparation commission in Paris asking for consideration of the consequences of enforcing the provision in the peace treaty that Germany shall cede 140,000 milch cows and 10,000 goats. The memorial states that there is reliable evidence of terrible suffering among German children due to deficiency in the milk supply. The increase of tuberculosis has been immense, and in combating it, milk is a prime necessity. Any further reduction in the present deficient milk supply would have appalling consequences. Discussing this memorial, the *Times* says that throughout the war nothing has been so harrowing as the sufferings of the innocent, especially women and children. To end that suffering would fill the hearts of the Allied peoples with satisfaction. But German children are not the only children threatened with death and disease from shortage of milk. The children of the countries which the Germans looted and deliberately destroyed are suffering in the same way. Dr. Calmette has recently reported to the Académie de médecine that in Lille 8,000 out of 18,000 schoolchildren had to be sent to hospitals or convalescent colonies. On the ground of humanity, all babies have an equal claim; but justice must also be considered. The victims are equally innocent; but the sufferings of the French children are the direct consequence of the deliberately inhuman methods adopted by the Germans in an unjust war, while those of the German children are due to the misdeeds of their fathers. Justice requires that they shall make restitution.

Influenza

During the last few weeks there has been in the ninety-six great towns of England and Wales a slight but gradual increase in the number of deaths attributed to influenza and a coincident rise in the number of notifications of acute primary and acute influenzal pneumonia. The increase appears to have been associated with prevailing meteorological conditions, and does not apparently signify more than the usual variation in catarrhal and lung diseases generally which may be expected at this season of the year. While the possibility of a fresh outbreak of influenza cannot be excluded, the data available do not at present afford any indication of an immediate recrudescence of the disease in epidemic form.

The Red Cross in Peace

The work done by the British Red Cross in the great war is too well known to need commendation. It is now proposed to carry forward to the era of peace the benefits of that great organization. Its program is to promote the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world whether in peace or war. Its work will be: (1) the care of the sick and wounded men of the army and navy whether still on the active list or demobilized; (2) such care as may still be necessary for prisoners of war; (3) the care of those suffering from tuberculosis, having regard in the first place to soldiers and sailors, whether they have contracted the disease on active service or not; (4) child welfare; (5) work parties to provide the necessary garments, etc., for hospitals and health institutions in need of them; (6) assistance in all branches of nursing, health and welfare work, auxiliary to the ministry of health; (7) Red Cross war and peace hospital library, and (8) home service ambulance work.

Preventive Medicine

One of the first acts of the newly established ministry of health was to call for a memorandum on preventive medicine from the chief medical officer, Sir George Newman. He begins a very able review of the subject with the statement that "the first duty of medicine is not to cure disease, but to prevent it," and goes on to define the objects of preventive medicine as: (1) to develop and fortify the physique of the individual and thus to increase the capacity and powers of resistance of the individual and the community; (2) to prevent or remove the cause and conditions of disease or of its propagation, and (3) to postpone the event of death and thus prolong the span of man's life. A great deal has already been accomplished; but though the death rate of England and Wales has fallen from 20.6 per thousand living in 1868 to 13.5 in 1917, and the infant mortality rates from 155 to 96 per thousand births, we still

lose in England every year upward of 235,000 lives by the deaths of persons under the age of 50, and upward of 64,000 infants and have many stillbirths. Moreover, the influenza epidemic cost 6,000,000 deaths in India and 100,000 in England and Wales.

At present we have an immense body of knowledge and experience old and new, "but there is lack of correlation of the knowledge, and there is lack of understanding of the precise problems to be solved and of the ways and means by which they may be faced." In the first place, the new knowledge is insufficiently shared by the whole medical profession; in the second, the administration of the public health service, both central and local, is insufficiently coordinated and unified; and lastly, "There is all over the country inadequate treatment of the sick and incapacitated, in quantity and quality. The beginnings of disease are still almost entirely ignored. The treatment provided for the majority of the sick is insufficient and inadequate; it does not represent the best of present medical knowledge. Whole groups of disease are neglected, so far as prevention is concerned, for prevention has been too exclusively concerned with certain infectious diseases, and much disease is allowed to 'go by default,' untended and untreated. The provision of facilities for residential hospital treatment of patients requiring it (with the exception of the insane and the infectious) falls far short of what is necessary." Evidence of inadequacy is as follows: In 1918 there were probably 1,000,000 cases of measles in the country; tuberculosis claimed 92,000 fresh victims, and 6,500 newly born infants developed ophthalmia. Of the children at school in England a large number are backward, upward of 10 per cent. are unclean, and 10 per cent. are undernourished. Not less than half the school-children stand in need of dental treatment, and half a million at least are urgently in need of it. Upward of half a million are so defective in eyesight as to be unable to take reasonable advantage of their lessons. Another quarter of a million suffer from ear and throat diseases. At the examination for national service it was found that the number of recruits placed in the lowest categories of ill health or unfit-ness amounted approximately to not less than 1,000,000.

The present position is thus summarized: 1. There is a steadily falling birth rate, which in 1917 reached a figure (17.18) gravely affecting the source of the nation. 2. There is a death rate (13.5) which shows a steady decline at all ages (1841-1845 compared with 1911-1915), and there is an increased expectation of life from birth upward; nevertheless, nearly half the deaths occur under 50 years of age. 3. Although the infant mortality rate (96 per thousand) is one of the lowest recorded, there is still unnecessary loss of life in infancy and before birth. 4. There is a relatively light burden of epidemic and infectious disease, which, with certain exceptions, is steadily decreasing in incidence and mortality, an indication of the victory of preventive medicine over some infectious diseases. 5. Tuberculosis, measles, acute rheumatism and influenza are, however, still prevalent and, with venereal disease, lead to much disablement and mortality. 6. There has been in recent years remarkable and continuous improvement in sanitary environment, though the problem of insufficient and unsuitable house accommodation remains.

With regard to the lines of reform, medical education is dealt with. The basal sciences of medicine must be studied more deeply, and clinical training must be more thorough. Especially must the mind of the student be directed to the beginnings of disease, its earliest signs and symptoms, notably those symptoms which are subjective, "for no laboratory experiment or mechanical device can serve as a substitute for this knowledge to which they are ancillary and auxiliary." The practice of preventive medicine in all forms of clinical work must be insisted on, since prevention is concerned not only with the mass, but also with the individual. With regard to the physician, early specialism is condemned. The need for closer integration between preventive and curative medicine is emphasized. In all cases the cause of disease, not in the abstract alone, but in the particular patient, must be sought. Disease must also be considered in its ancestry, for example, tuberculosis following measles. An adequate medical service is necessary, and a systematic and coordinated attack on the problem of disease. A large number of separate departments must work together, and many aspects of the problem must be viewed at once. For example, there are the problems of heredity and of eugenics; there are alcohol, syphilis and tuberculosis. There is the care of motherhood; there is the welfare work for infants; there is the medical care of the schoolchild. Sanitation is related to all these, and so is the vast problem

of industrial hygiene. Infectious diseases have to be fought, and noninfectious diseases must be prevented. Finally, research work must be carried on, and the people must be educated in hygiene.

The keystone of the new edifice must be the general practitioner. He is the foundation of any medical service, its "pivot, its anchor, its instrument." Means must be found to help him in carrying on his professional education, for the advance of medicine is continuous. He must also be given opportunities for carrying on his practice in an adequate manner. He must have laboratory facilities and consultant advice and assistance. Indeed, he must be helped to help himself.

PARIS

Oct. 23, 1919.

Meeting of Surgeons

The twenty-eighth Congrès français de chirurgie was held recently under the chairmanship of Dr. Walther, surgeon of the Hôpitaux de Paris and agrégé professor at the Faculty of Medicine. In his opening address, the president reviewed the progress in surgery during the war. He also paid homage to the colleagues who had fallen on the field of honor.

Three subjects were discussed: internal traumatic lesions of the wrist; the treatment of cancer of the tongue by the surgical method, and paranephric tumors.

INTERNAL TRAUMATIC LESIONS OF THE WRIST

Internal traumatic lesions of the wrist constitute a comparatively new chapter in pathology. As recently as twenty years ago this subject was unknown, and it is only owing to roentgenographic researches that it has been opened up. Dr. Jeanne, acting professor in the Ecole de médecine of Rouen, and Dr. A. Mouchet, surgeon of the Hôpitaux de Paris, emphasized particularly the part that roentgenography plays as an indispensable aid to clinical examination. In the unequivocal cases, roentgenography confirms and often completes the clinical examination. In the doubtful cases it reveals the lesion. This is especially true in the case of fractures of the semilunar bone, the os magnum, the unciform bone, etc., in which the signs are so vague. The roentgenographic examination is more to be relied on than the fluoroscopic, for fluoroscopy is entirely inadequate for the exploration of wrist lesions. At least two roentgenograms are always necessary: an anterior view and a lateral view. The two roentgenograms supplement each other. The examination of the plate is preferable to that of the print. The glass plate is, in fact, a more faithful reproduction than the print. The print, even though it has not been doctored, does not give as clear a picture as the plate, for the print varies with the time of exposure. An illuminating box is very useful in examining the plate. However, one must bear in mind that the interpretation of a roentgenogram of the wrist is not an easy matter and requires a long preliminary training. In very delicate cases it is advisable to roentgenograph also the sound wrist, for a comparison with the injured wrist will be very instructive. A comparison of this kind would be especially useful should there exist in a given subject marked variations from normal in the size and shape of the wrist bones.

Certain fractures of the carpal bones—compression fractures of the semilunar, and fractures of the os magnum and of the unciform bone—are often listed under such headings as "chronic rheumatoid arthritis," "tuberculous arthritis of the carpus, or "chronic synovitis of the wrist," since these bones present anatomic alterations that are rather indistinct for an eye that is not trained to detect them. Furthermore, it is well to know that these fractures are much more frequent than is commonly supposed. Another reason why they often remain long undiscovered is that they are frequently the result of very slight traumatism that cause little disturbance of function, at least at the start. They are often regarded as sprains, so the patient resumes his work, and when later he is compelled to stop work and consults his physician, no account is taken of the former traumatism, even if he remembers it, and the physician is liable to overlook the fracture of the carpus if he is not thoroughly familiar with the interpretation of roentgenograms of this region.

As regards treatment, Jeanne and Mouchet hold that the subtlety luxation of the semilunar bone should be reduced promptly to avoid stiffening of the wrist and the nervous symptoms that are the inevitable consequence of lesions left to heal spontaneously. If a month has passed since the injury, the reduction should no longer be attempted; but one should proceed with the resection of the semilunar, and in