is doubtful if many are so happily circumstanced. Matrons of training schools will have to get together on this thorny problem and generously discuss ways and means.

It may not come as a surprise to many people to know that prodigious, all-out personal efforts are made by the senior officers of our special hospitals in order to obtain staff to nurse their patients. This heavy expenditure of effort and money does not bring in the expected results, and sad to relate, the type of candidates offering themselves for training is not of the best. It is time something definite was done to relieve this state of affairs, something courageous and forthright, bringing the desired results.

To whom shall we go with our perplexities and with our ideas for improving the lot of our special hospitals ?. Who is in a position to offer help and succour ?

G. M. H.

# The Copenhagen Epidemic, 1952.

IN THE LATE SUMMER and autumn of last year, between July 24th and December 3rd, Copenhagen was afflicted with the worst epidemic of acute anterior Poliomyelitis ever known in Europe. During four months 2,722 patients were admitted into the one large Infectious Diseases Hospital of the city. Over 800 had paralysis, and of this number 316 had respiratory tract complications, requiring respirator treatment or surgical treatment such as tracheotomy, postural drainage, artificial respiration or a combination of all these treatments.

The number of available respirators was totally inadequate, being seven in all. One was an Emerson tank respirator whilst six were of the cuirass type.

Most of the patients with failing respiration required tracheotomy, and respiration was maintained through the tracheotomy opening by manual, rhythmical compression of a rubber bag. Over 200 medical students were engaged in eight-hour relays to compress the bags and they were paid 30s. per shift, per man. This vital service alone cost the authorities over £35 per week, per patient.

During the height of the epidemic over 50 patients per day were being admitted and over 70 were requiring some form of artificial respiration. In December, 1952, there were still over 50 requiring it.

there were still over 50 requiring it. The *Lancet* of January 3rd, 1953, carries a most descriptive article, where the epidemic is referred to as a "major catastrophe" quite unknown previously in Europe. During those dreadful four months, three times as many patients suffered with respiratory insufficiency as in the preceding ten years in the whole of Denmark.

We sincerely hope that our country will be spared such a calamity and in the meantime it would be useful to give as many trained Nurses as possible experience in the nursing of Poliomyelitis.

N.B.—In connection with the Copenhagen epidemic, the South West Metropolitan Regional Hospital Board is sending Dr. W. Howlett Kelleher, Physician Superintendent of the Western Hospital, S.W.6, to study the disease at the Blegdam Hospital, Copenhagen. The Western Hospital is well known for its special work with Poliomyelitis and no doubt Dr. Kelleher will bring back much vital information which will be of paramount importance to the medical profession of this country.

# **Predecessors of Penicillin.**

## Strange Superstitions and Effective Cures in the Treatment of Wounds.

BY DR. W. SCHWEISHEIMER.

THE USE OF PENICILLIN in the treatment of wounds has proven most successful. Many doctors and pharmacologists, though admiring the practical effects of the new drug, are somewhat reluctant in accepting the theoretical explanation of its effects. Why? This old method of applying cheese mold on wounds seems contrary to all fundaments of asepsis and antisepsis which are rooted in the hearts and brains of today's scientific generation. Doesn't it remind us of the fabulous times when primitive men and their magicians tried to heal their wounds by application of cobwebs and poultices of urine?

#### Useful Nucleus in Old Treatments

However, it is an up-to-date realisation that old, odd treatment may have a useful and practical nucleus concealed in the underbrush of superstition connected with those old cures. Two American doctors have tried to copy the effect of penicillin by placing bread mold on surface wounds; they found it a great healing aid. They stated that this was due to the fact that penicillin was being manufactured at the site of the wound.

Early Pennsylvania Dutch used to place bread and cheese mold on wounds in past times. This old and by no means orthodox kind of treatment receives now a somewhat unexpected explanation.

A letter to *The New York Times* reminded the readers of an age-long habit, frequent among Greeks of northern Greece, of covering wound surfaces with moldy bread. We are justified in wondering whether the mold thus produced did not possess small quantities of the drug which promises so much for the benefit of mankind.

An account of methods employed by American army surgeons during the Revolutionary war is contained in a treatise by John Hones, M.D., Professor of Surgery in King's College, New York, and published in 1775. It advises that the first dressing should be very light. At the second dressing some mild digestive may be used, and, where the wound is large, the bread and milk poultice will be necessary.

John Parkinson, Apothecary of London and King's Herbalist recommended in his "Theatrum Botanicum" (London, 1640), "The Mosse upon dead mens Sculles" to make the Unguentum Sympatheticum, "which cureth wounds without local application of salves, the composition whereof is put as a principal ingredient, but as Crollius hath it, it should be taken from the sculls of those that have been hanged or executed for offenses."

Dr. A. G. Cranch asked : May it not well be that the alleged value of this moss as a wound dressing was due to the fact that in some instances the "moss" was a growth of *penicillinm notatum*.

### White of Eggs, Bacon and Urine on Wounds.

Guglielmo Salicetti, professor of surgery at Bologna and afterwards official physician at Verona in the 13th century, treated wounds with dressings of white of eggs and rosewater instead of the complicated salves which were then in vogue. Roger Frugardi, 12th-century



