

all the lower part of the bed. The skin, usually smooth gradually changes, becoming hard and warty, and movement becomes painful and impossible, and ulcers, too, may appear on the affected part. In some cases the parasites cannot be detected, but may be found in the blood during sleep.

Treatment.—In the early stages the swelling can sometimes be reduced or kept in check by rest, purgatives and soothing applications to the part affected. Hot fomentations may be ordered, or the legs firmly bandaged, causing slight compression; ligation of the main arteries supplying the affected parts may be performed, but surgical treatment may have to be resorted to, by partial amputation of the part affected.

The diet may be dry and much fat avoided.

All water should be boiled and prophylactic measures must be made against the mosquito.

A daily intravenous injection of from 5 to 10 cc. of a 2 per cent. solution of tartar emetic may be ordered for three weeks.

Elephantiasis may occur from other causes. Elephantiasis Neuromatosa, for instance, is caused by subcutaneous growths. This latter type was first noted by Von Recklinghausen. Soft subcutaneous growths hang down from the part of the body affected, varying in shape and size, some reaching quite an enormous size.

MEDICAL CONSULTATIONS AT SEA BY WIRELESS.

Whenever a sailor is injured or falls ill on board a ship which has no doctor—as is the case with the majority of ships—a tragic situation arises. For an inexperienced person to have to dress a wound is a serious problem; it is even more difficult to apply splints, or set a fracture or dislocation; but at least such an injury, and its cause, are obvious. What, however, is to be done for a high fever, a heart attack or serious abdominal pains, serious digestive troubles, extreme weakness, convulsions, or an abscess, phlegmon, or severe hæmorrhage? The captain can consult his medical guide, or, better still, the manual published by the League of Red Cross Societies under the title, "A Health Manual for Merchant Seamen." But it would be as difficult for a sailor to make a diagnosis, give treatment or prescribe a diet, as for a doctor to take over the ship's wheel.

For this reason, at the conference convened by the League at Oslo in 1926, it was decided that the question of organising medical consultations by wireless or radio-telephone should be studied. The League, the National Red Cross Societies, the marine cable and wireless authorities in the different countries, the International Union of Telecommunications have arranged for the collaboration of nearly 300 coastal wireless stations, in 50 countries. There is an official list, giving the names of these stations, their wavelengths, hours of transmission, languages in which transmissions are permitted, taxes, etc. Moreover, a ship at sea, if it has a doctor aboard, may be asked to transmit by wireless the needed medical advice.

During the experiments made with Dr. Raoul Bernard and wireless-officer J. Haeck—both experts in this matter—I noticed the speed and accuracy with which the reply was given, when the condition of the sick or injured man had been clearly described. This is a point of capital importance. It is also highly desirable that seamen's training should include careful instruction on this point, as well as practical instruction in hygiene and first aid. When it is

possible to communicate by radio-telephone, the situation is simplified, because detailed explanations can be given on both sides.

Immense services have already been rendered; more than 2,000 medical consultations are transmitted by wireless every year; frequently ships have changed their course in order to pick up sick or injured men, whose lives were thus saved by the timely care of the ship's doctor. Nevertheless, there is still a considerable lacuna. Radio-medical stations are rare or non-existent along both the Atlantic and Pacific coasts of Latin America. The Red Cross societies of these countries, which have been the authors of so many praiseworthy initiatives, subscribed to the Resolution of the Santiago-de-Chile Conference (1940) recommending that each of these societies should approach their respective Governments with a view to establishing this service. The wireless stations are there, but liaison with civil, military or naval hospitals still remains to be established.

It is desirable, nevertheless, as stated in the Resolution, that the "Health Manual for Merchant Seamen," published by the League of Red Cross Societies, be translated into Spanish, and that the Latin-American Governments agree as to the composition of the medicine chest to be employed, so that a standard chest may be in use in all countries.

Other measures specified by the International Committee on Seamen's Welfare, which was set up at the suggestion of the League of Red Cross Societies, relate to hygiene on board ship; the improvement of material and moral conditions in ports; and dispensaries, information bureaus, and sailors' hostels.

The Red Cross should help to set up, in every large port, a body composed of its own representatives, and persons representing the authorities, shipowners, seamen and associations interested in sailors' welfare. This body would help in the work of safeguarding young persons against the temptation of alcohol and drugs, and bad company of all sorts. The best method is to arrange for the regular supervision of places frequented by sailors; to close the harbour area to unauthorised or undesirable persons; and, lastly, to organise comfortable hostels where good food and lodging may be obtained and which offer facilities for recreation, sports, excursions, etc. Social service institutions can render particularly valuable services to seamen by furnishing them with information of various kinds, helping them in business and money matters (helping them to open savings accounts, send money to their families, etc.); and arranging for medical examinations, medical treatment, hospitalisation, and assistance of various kinds. A special pamphlet can be prepared giving the addresses of consulates, dispensaries, hospitals, sailors' welfare organisations, hotels, restaurants and specially recommended amusement places (the latter can be authorised to display a special sign).

All these measures have already been the subject of careful study. There is no doubt of the determination of the Latin-American countries to put them into operation. Here is a field of action which offers great scope for humanitarian work, and will enable these Societies to render inestimable services to the men of the merchant navies.

(Contributed by the League of Red Cross Societies.)

ONE HOUSE IN EVERY FIVE DAMAGED BY BOMBS.

The Minister of Health told a press conference in London recently that since the outbreak of war, one of every five houses in the country had been damaged by bombs.

The total number of houses damaged in England and Wales was just over 2,750,000.

Nearly two and a half millions of these houses have now been repaired by local authorities and are occupied.

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