

## THE WAR.

### Fifty Thousand Casualties Have Been Flown Home.

Fifty thousand casualties have been flown home by the R.A.F. without one mishap, though more than 4,000 sorties, representing 1,500,000 miles of flying, have been made by Transport Command.

The 50,000th was among the wounded troops to arrive in time to spend Christmas Day in an English hospital.

As the volunteer stretcher-bearer airmen, giving up their leisure, carried out the lying cases, a medical orderly stopped ticking them off on a register and, approaching a soldier with head injuries, said "The 50,000th."

### The War Progress in U.S.A.

#### MEDICAL DEPARTMENT DIETITIANS SERVING ON EVERY FRONT.

Approximately 1,000 Army Dietitians are now serving on hospital ships, in theatres of operations and in station and general hospitals in the United States.

#### PROGRESS IN CHEST SURGERY.

Military surgeons are focussing attention on restoration of full lung function rather than the mere prevention of empyema in chest wounds—an important advance in thoracic surgery which is reflected in the surprisingly high number of chest cases returned to duty in the Italian campaign.

Out of 320 men admitted to one general hospital with penetrating chest wounds, 225 either returned to duty or were prevented from doing so by other injuries. Only 54 developed empyema. Of these, it was felt that five might require further surgery. And only two deaths in the group were directly attributable to chest wounds.

#### NEW CONCEPT OF SURGERY.

A new concept of Army surgery—aimed at full restoration of health rather than mere saving of life—is revolutionising the management of wounds in France and Italy, according to a report prepared by Colonel Edward D. Churchill, M.C., surgical consultant of the Mediterranean Theatre of Operations. The new techniques, grouped under the term "reparative surgery," are designed to prevent infection before it is established or cut it short at the period of its inception. Colonel Churchill emphasised a new "golden period"—the time between initial surgery and reparative surgery. The report summarised the developments as follows:—

"In this war there have been two quite different approaches to the application of chemotherapeutic agents to military surgery. The first would utilise these agents to permit delay in wound surgery and minimise the incision of tissue destroyed by the missile. The second employs chemotherapy to extend the scope of surgery and achieve a perfection in results previously considered impossible.

"The latter policy has guided the surgery of the Mediterranean theatre. To reiterate the axiom that Penicillin is not a substitute for surgery is not enough. Every surgeon must learn that chemotherapy opens new and startling possibilities in wound management.

"To realise fully the potentialities of reparative surgery requires the introduction of a new concept in the organisation of military surgery. Four to ten days is the "golden period" during which time wounds must be closed, fractures reduced, retained missiles removed and other procedures to prevent or abort infection must be carried out.

"Failure to take cognisance of the potentialities of early

reparative surgery at the base in future plans and operations will be as glaring an omission as a failure to plan for the removal of the wounded from the field of battle."

### Prevention of Lockjaw.

When we realise the magnitude of death and disaster in the United States Forces the information of the medical correspondent of *The Times* of the prevention of lockjaw is something to be thankful for; it is, indeed, good news that the development of preventive inoculation against tetanus or lockjaw, on the same lines as the method used so successfully against diphtheria, has now reached a stage when its value should be more widely known.

Recently the United States War Department stated that, as a result of compulsory immunisation of all officers and men tetanus had been almost eliminated. No case has occurred in troops who had completed the course of injections, and in the United States Navy, where the method is also compulsory, there had not been any instances of tetanus among wounded sailors and marines. In the entire American Army only a very small number of cases had occurred among men who had not completed the immunisation process.

Doctors in agricultural areas, such as East Anglia, are constantly meeting examples of lockjaw, sometimes fatal, after even small injuries, and although the injection of special serum shortly after the accident will greatly help in preventing the development of tetanus (and is given as a routine to all street accidents and air-raid casualties), it is only too common for agricultural workers to receive a small wound which they treat themselves without medical attention and hence without the benefit of early serum. It is just in such cases that a previous course of inoculation would offer a high chance of preventing lockjaw, and many medical authorities feel that the time has now come for the possibilities of anti-tetanus inoculation to be more widely known.

### We Must Stand Firmly for Justice.

We call upon Registered Nurses to stand firm for justice, in so far as the guilty in this war must be punished; we must not let any argument from weak-minded persons divert this determination. When the responsible Press informs us that Britons were among the tortured in a German camp where 700,000 died, it is our bounden duty to punish such inhumanity.

The *Evening Standard*, a most fearless and patriotic paper, reports:—

The Germans killed a number of British and Americans in extermination camps near Lvov, a special Soviet commission disclosed, said Moscow radio.

The commission declared that several Englishmen were killed "by slow torture" at Rava Russkaya camp.

"Nearly 700,000 men, women and children were killed by the Germans, including citizens of Czecho-Slovakia, Yugoslavia, Holland, Great Britain and the United States, brought to Lvov from concentration camps in Germany," the commission announced.

In addition, 200,000 more were killed in the Janow extermination camp, it added.

Giving details of German crimes and the conditions in concentration camps in the Lvov region, the commission stated that at Rava Russkaya Camp several Englishmen were tortured to death.

In this camp the Germans put men suffering from typhoid fever with the result that 5,000 prisoners died from the disease.

The statement said the direct participation of Himmler in these massacres has been definitely established. He personally inspected the executioners.

It would be a world disaster if Britain fails to punish these murderers. They should be hanged.

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