EDITORIAL

The Mitchiner Memorial Lecture this year was given by Mr. A. S. Till and took the form of a historical review entitled "Blood in War and Peace". He traced the history of venesection from at least 500 years B.C. until its gradual abandonment in the latter half of the nineteenth century. Its illogical use in war wounded, who had already lost a lot of blood, no doubt initiated its departure. Sir Thomas Longmore, first Professor of Surgery to the Army Medical School, wrote strongly against the practice in his book "Gunshot Injuries" of 1877 and in the American Civil War the practice was condemned. Mr. Till traced the history of blood transfusion from 300 years ago to the present day, he noted the impetus given to its use in World War I and the Spanish Civil War. The lessons from these two conflicts were wisely noted by the R.A.M.C. and as a result of their efforts in forward planning and under the guidance of Sir Lionel Whitby we entered World War II with a fully operational plan and the means of supplying large quantities of whole blood and blood products. The Americans entered the war in 1941 without any such system of supply and even in 1943 they were holding up the British system as the model that they wished to copy. Needless to say, once they had gained the necessary authority to proceed they rapidly developed a world wide system due to their characteristic enthusiasm and energy.

Infusion of other fluids is even more common than the transfusion of blood. Commonly a patient after a major operation receives nothing except electrolyte and glucose solutions for perhaps three to five days. Most fairly fit people can stand such starvation for 48 hours but over that time they pay a measurable price. The last fifteen years has seen major research into the metabolic response to trauma and to the negative nitrogen balance that ensues. The deleterious effects of operation can be minimised by the skilful use of modern intravenous solutions. These are designed specifically to reduce the negative nitrogen balance and the object of treatment is to ensure that each patient receives the correct, calculated quantities of water, electrolytes, amino acids and calories. The paper on intravenous nutrition by Majors Payne and Jago gives a practical guide to such treatment using solutions that are readily available in the Joint Services Supply Catalogue. All clinicians should take careful note of their recommendations and their eminently practical guide to the calculations for each particular patient’s metabolic requirements. Intravenous feeding should undoubtedly be given to many more patients in service hospitals and much earlier in the course of their illness or injury than hitherto. Every doctor should read the words of the paper’s conclusion and ask himself whether he agrees with it. If so, then he should resolve today, to put into practice a system of intravenous feeding that will give many ill, injured or debilitated patients a new lease of life or a quicker convalescence.