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AERIAL TRANSPORT OF SERVICE CASUALTIES.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

SIR,—In common, I feel sure, with a very large number of brother officers, I read with great interest Wing Commander Treadgold's article in the November Journal on the "Aerial Transport of Service Casualties."

As a matter of fact I had been wondering how long it would be before a prophet would arise who would enlighten the land medical service as to some of the problems that have to be met by our colleagues in the air.

Serving in Iraq, one does very much appreciate the immense advantages that aerial has over land carriage under certain circumstances, and, if I may say so, here, one also learns after a time the limitations to which air-ambulance carriers are subject. As an instance of the first consideration, I might be allowed to mention a case that occurred in this country in May, 1925. A column of "Levies" was proceeding from Sulaimania to Halebja, a distance of about seventy miles, and when about half way on its journey was pretty vigorously attacked by tribesmen in greatly superior force. The "Levies" suffered numerous casualties, but got into Halebja safely in the end, complete with all their wounded. The Medical Officer to the Levy Force was a very able young sub-assistant surgeon, but he certainly would have had his hands full had he had to look after a score of badly wounded men in nothing much better than his camp hospital. The R.A.F., as always, came to our rescue immediately, and in less than a couple of hours after loading the Halebja wounded were in a comfortable brick-built hospital in Kirkuk, 120 miles away. The men could not have been transported by road at all, as, owing to enemy action, no convoy could move between Halebja and Sulaimania. In this instance, the machines used were D.H. 9A, "Nine-acs," as we call them out here. Only one case — a gun-shot wound of thigh — had to go in a Neilson, the others were all able to travel in the observer's seat as sitting cases. Later on the big Vernons were used for evacuation of sick and wounded from Sulaimania.

But of course it is not everywhere in Kurdistan that the big air-ambulances can land, and the "Levies" in particular have several stations which are inaccessible to the large machines, in which case we are dependent on the two-seater fighting planes.

I am not at all sure that we, as a corps, as yet fully realize what tremendous advances have been made in the matter of moving sick by air travel. Here in Mosul, for instance, it is quite unnecessary to have an officers' ward or sick quarters on a large scale. All that it is necessary to maintain, and all that the P.M.O., R.A.F., Iraq, does maintain, is a kind of "reception station" for his sick officers. For anything beyond a trivial ailment, down goes a W/T and up comes the air-ambulance. It is nearly 300 miles from Mosul to Hinaidi, but in reasonable weather you travel the distance in extreme comfort.

But what I think does constitute one of the lesser problems of the air medical service is to find some improvement on the Neilson stretcher. I
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showed the very excellent photographs illustrating Wing Commander Treadgold’s article to a friend of mine who is a Corporal in the R.A.F., and asked him if he recognized the Neilson. "Oh, yes," he answered, "that’s what they carry the dead’uns in." And that, in my humble view, is about all it is fit for. You are bound hand and foot and head and every part of you in a Neilson; you are, in fact, in a leather-cum-canvas coffin. If I could help it nothing would induce me to travel in one of these contraptions. Supposing you had a tickle on your nose! Further, how in the hot weather out here any one survives being shut up in it I do not know. A squadron leader who was merely demonstrating the Neilson to me (it was in the middle of July) was taken out very much the worse for his experience.

There is just one other point I should like to stress in regard to shifting wounded by air. One often hears it said, what a lot of time is saved. Well, is it? For an individual, most certainly, but not, I think, in bulk. Imagine, for instance, aerial transport from a C.C.S. in France to Croydon, and thence by car to a hospital in London. Supposing you have got 400 cases to shift, you are not going to save much time over ambulance, train and steamer unless you have a very large number of air-ambulances. By all means select special cases and send them by air and your contention about saving time is then perfectly true, but as far as dealing with the very large number of casualties, characteristic of a war on a large scale, then I think that train and car is the speedier.

I am, Sir,
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Lieut.-Colonel, R.A.M.C.
Senior Medical Officer, Iraq Levies.
Mosul,
December 29, 1925.

PREVALENT TYPE OF DYSENTERY IN INDIA.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

I have received a personal letter from Major R. Knowles (Professor of Protozoology, School of Tropical Medicine, Calcutta), concerning an article of mine on the above subject, which appeared in the February number of the Corps Journal.

The letter appeared to me to contain so much important matter regarding the points I tried to emphasize in the article, that I requested Major Knowles to allow me to publish extracts from it in the Journal. He was good enough to consent, and the extracts given below are taken verbatim from his letter.

The points I endeavoured to make were:—

(1) Our findings in the Poona district for the past year show bacillary dysentery to be much commoner than amoebic dysentery. This agrees with the work of certain civil laboratory workers in some other parts of India, but not with the statistics of either the British or Indian troops in India in the past.

(2) Emetine is largely administered to those suffering from intestinal troubles, without the diagnosis being verified in the laboratory, and without an understanding of the dangers connected with the use of the drug.