years had been immunized there resulted a reduction of diphtheria incidence from 8,548 cases in 1929 to 1,143 in 1936. Later figures represent a reduction in the diphtheria death-rate in the age-period 1 to 15 from 27.4 to 2.1 per 100,000. The corresponding figures for England and Wales are 32.8 and 31.8 respectively.

In Montreal both incidence and mortality fell pari passu with immunization and in 1935 the figures were approximately only one-tenth of those recorded in 1927. As in New York a particular effort was made to secure the immunization of young children, and in 1935 it was calculated that 50 per cent of the children under 12 years of age had been protected.

Ontario and Hamilton show a similar record; there has been no case of diphtheria notified since 1933, and no death since 1930.

These results have only been obtained by intensive propaganda by local authorities, and it is necessary to ensure that the immune population is not unduly diluted with non-immunes in the persons of recently born infants, for as Dr. Graham Forbes has recently observed the further success of immunization must be dependent on the campaign being unremitting in order to keep the protection rate at least equal to the number of births each year.

Progress in immunization is being made in some of the larger provincial cities, though none of them has succeeded in immunizing the 50 to 60 per cent. of the child population which is necessary before the incidence of the disease is affected.

Next month we hope to continue our notes on the Chief Medical Officer’s most interesting report.

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6\textsuperscript{ME} SESSION DE L’OFFICE INTERNATIONAL DE DOCUMENTATION DE MÉDECINE MILITAIRE.

BY LIEUTENANT-COLONEL T. B. NICHOLLS,

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The Proceedings of the International Congress for Military Medicine and Pharmacy, held in Geneva in 1936, are a welcome indication that the spirit of the Geneva Convention still lives, and that international efforts to ameliorate the sufferings of the wounded are still part of the policy of the nations participating in the Congress.

The Army Medical Services of the nations continue to give the lead in the frank disclosure and discussion of the methods and of equipment devised for their humane task, a lead that might well be followed in other spheres of action.
These Proceedings also disclose the fact that the problems and difficulties of the Army medical services are much the same the world over. For example, Colonel Leman of the Belgian Medical Service laments the lack of facilities for field training. He says, referring to his own personnel, "Their training in garrison towns is rudimentary, they are never formed into units, nor do they carry out any schemes with their equipment and vehicles . . . they never take part in camps or manoeuvres . . ."

This is the complaint of nearly all medical services. In peace time they have a dual function, firstly to tend the sick, and secondly to train for war. Too frequently only the first is put into practice, and the staff is kept to the minimum for this purpose, with the result that personnel are not available to constitute medical units on manoeuvres, and are therefore untrained when joining these units in war. It is remarkable, nevertheless, how they always rise to the occasion. Our own Field Ambulance Camp (Annual) is a very big step in the right direction.

Colonel Leman urges that the personnel of the medical services must nowadays be a technical "Corps d’élite"—their training must be such as to fit them for their task, a comment with which all will heartily agree.

Medicin General Schickele (France) discusses the application of the Geneva Convention to modern conditions, and points out that, at present it protects only those who are "sick and wounded of armies in the field," and that no provision for the safeguarding of civilians exists. He suggests the formation of special isolation areas or security zones for hospital centres and for the protection of factories solely producing medical supplies. He also feels that the Convention should apply to civil wars, which have no laws, and points his remarks with a reference to Spain at the present time.

Lieutenant D. Younis (Greece) gives an interesting account of an epidemic of dengue in Greece in 1928, consequent on an outbreak in 1927. This was of unparalleled magnitude and had disastrous results on medical and administrative organizations, both civil and military, while the hospitals overflowed. The campaign against the stegomyia was on familiar lines, but was made much more difficult by the presence of refugees. The author points out that it is much easier to destroy stegomyia in the winter, and recommends that this should be done in cases where an epidemic has occurred.

A contribution by Dr. M. Schitlowsky of the Swiss Army leaves one envious of the training that the Swiss Medical Service was fortunate in undergoing. The tactical exercise, which included all medical formations, lasted fourteen days. The only comparable instance that the writer can recall was the medical manoeuvres held about 1907 which were intended to test the functions of the newly instituted Casualty Clearing Hospital.

Surgeon Lieutenant-Colonel Dr. Capitanouici (Roumania), contributes an excellent paper on the principles of evacuation from a division in
action. This paper shows again how the same problems affect us all. He twice remarks on the necessity of the medical services being given information—not forgetting the regimental medical officer—for without this one of the principles of war, co-operation, cannot be carried out. His remark “The efficient and early evacuation of casualties is a responsibility of the chief medical officer of the division, who should be informed of impending operations by constant contact with the commander.” He further says “This principle has not often been respected in war—especially in early stages.”

One frequently heard complaints in France from the A.Ds.M.S. of Divisions, that they did not live in the same Mess as the G.O.C. This deprived them of a valuable opportunity of knowing what was in their commander’s mind.

Another essential principle, often forgotten, is what in our Service is termed the “Supplementary Organization.” The writer points to the necessity of reinforcement of the medical service with personnel and equipment from outside sources when “peak” casualties are expected as “Their (the Medical Service’s) resources are woefully inadequate at certain periods.” Hence it is essential that, well in advance, additional facilities should be placed at the disposal of units about to make or resist attack.

The necessity for this “Supplementary Organization” is not always envisaged by commanders.

“Panic as a Phenomenon in War,” by General Dr. Rouppert (Poland). This interesting article is in effect a plea for the study of psychology by those entrusted with leadership in war.

“With the intensive training required in all highly technical branches of military science there is a tendency to allow the problem of the psychology of the individual soldier and that of collective troops to be relegated to the background. All modern inventions require individual attention. If the individual is not known and thoroughly understood by his chiefs, the highest hopes of victory may be denied.”

The writer discusses the psychology of fear and the fact that “crowd behaviour” is very different from individual behaviour. There is a tremendous amount of nonsense clustered around the word “fear.” This emotion is part of the protective mechanism without which mankind could not survive. It must and does exist, and is not to be reprobated, for repression of such a powerful instinct can only lead to breakdown and “N.Y.D. ‘N ’.” It is the giving way to, and not the feeling of, fear that makes the coward.

“The all important thing is to train the soldier and the Army to a strict discipline, not only an outward but an inner discipline.”

It is even more important that the leaders should have a working knowledge of psychology, particularly of the perhaps unfortunately named
"herd instinct," for without this mental equipment they cannot understand their men and cannot inculcate the "inner discipline" so necessary amid the horrors of modern war.

So far the psychologist is not officially recognized in our Army, though a couple of physiologists are secreted for some mysterious purpose among the staff of the Quartermaster-General. His usefulness is not appreciated, in fact he is regarded with suspicion as being the practitioner of something closely resembling the Black Art.

"Evacuation by Autorail," Surgeon Commandant L. R. Sabrie (France).

An article describing the organization and working of motor cars on railways as a method of evacuation. The author's conclusion is that the main and most effective function of motor-cars on rails is auxiliary, and complementary to the hospital train and motor ambulances and will be found most useful on light railways near the front and in Colonial wars.

"Medical Services and Mechanical Transport," Lieutenant-Colonel Dr. Bouissou (France).

This paper discusses the difficulties of the evacuation of casualties in a war of rapid movement. In particular the writer deals with the strategical handling of the French equivalent of a casualty clearing station. This, he states, will have to be sited fifteen miles from the front line. This was the distance most generally chosen in the late war, but in view of the activities of a mobile force it is doubtful if it is not far too close. It is probable that the casualty clearing station will in future have to be sited thirty to fifty miles behind, with consequent difficulties in evacuation owing to the long run of motor ambulances. He recommends also that the casualty clearing station should be mobile, and that it should have a light section, which did not appear to exist in the French Army at the time the paper was written. He is of opinion that the lightly wounded should be despatched direct to a medical base, but it is not obvious how or where the "Triage" recommended for this purpose is to be carried out.

The strategic handling and the necessity for mobility of the casualty clearing station are once again matters of great difficulty.


This account of the "Library of the Surgeon-General" at Washington, D.C., leaves us very envious of the magnificent collection available for study by the medical officers of the Medical Corps, United States Army. It terminates, however, with a lament that the building is not worthy of the most important collection of medical literature in the world.

"The Red Cross of Holland Ambulance in Ethiopia," by Dr. Veeneklaas (Holland). This is a most interesting account of the work of the Unit in Abyssinia, enlivened by flashes of humour.

The account given of the state of health of the inhabitants is harrowing;
they seem to be the prey of every known disease. Syphilis is so widespread as to be endemic. Typhus, typhoid, dysentery, diseases of the eye, rickets, rheumatism, and so forth, seem to afflict a vast majority.

A curious sidelight on their habits is that babies, after their first week of life, are fed on rancid butter, which is esteemed as the most nutritious form of food. Consequently digestive troubles in after years are rife, and for the relief of omnipresent constipation half-a-pint of castor oil is necessary.

The bombing of the British Unit is described; and the writer's own unit had to take refuge in wet and dark caves from air action, which made the difficulties of affording adequate treatment almost insuperable.

A moving description of the sufferings of the Abyssinians under a rain of mustard gas is given. The condition was aggravated in those men who, in escaping on horseback, sat on contaminated saddles for several hours. Their mounts often perished from the eating of contaminated grass.

As his unit was not equipped for the correct treatment of mustard cases, the author employed a very unorthodox treatment which was efficacious. He sprayed the lesions with a 5 per cent solution of tannic acid, "One would have said that it barred the exit of the poison, which would continue its action under the coagulum. We have always achieved a satisfactory cure after this treatment, and frequently one can have recourse to ointments after three weeks." This is a very interesting observation, which appears to call for study. It would add a very useful weapon to our armamentarium.

Two extracts in a lighter vein must conclude this review.

The first states that in the early days considerable misunderstanding arose from the fact that in Abyssinia it is customary to mark brothels with the Red Cross.

The second relates the success of the writer in the unusual role of veterinary surgeon. Rosa, the favourite dog of the Negus, was sick and the author, who had been appointed Court Physician, was requested to treat her. The dog, which was suffering from piroplasmosis, made a spectacular recovery after the injection of salvarsan, to the delight of the Emperor. The author quaintly remarks: "The reputation of a doctor depends sometimes on queer chances!"