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The difficulty in defining all that is meant by "morale" is amply demonstrated by the wide sweep of this discourse on its structure. The psychological analysis is easily followed based as it is on the theory of conditional reflexes, but the author's desire to build a complete picture involves a complex approach from many angles—historical, cultural, economic and political. It is inevitable that any particular reader will tend to quarrel with some of the author's political interpretations but it will nevertheless help almost anyone to clarify his own ideas.

The author's views on the effects of bombing are especially interesting and embody an explanation of the paradoxical stimulation of morale by light raids which supplants the present Allied policy of dealing thoroughly with one area at a time.

The analysis of the morale of the various belligerent countries is comforting to us except in the case of Japan where the author believes the national character fulfills the conditions for perfect morale. He can therefore "see no cure for this cancer in the body of humanity except its extirpation."

For those whose ideas about morale are still at the elementary stage where it is equated with discipline a study of this book is recommended.


This handy little volume is an established favourite among practising surgeons and previous editions have been favourably commented on by this Journal. This new edition shows no material changes beyond useful additions. The original type of diagrammatical line drawing has been adhered to. These diagrams are often ingenious and always clear.

A new section on lesions of the intervertebral disc is introduced. This gives a lucid outline of the anatomy and contains a balanced survey of the clinical conditions associated with pathological lesions of the disc.

A no less careful account has been added of the supra-spinatus tendon and deltoid bursa. This description follows Cadman closely and should be found of assistance in the diagnosis and treatment of disabilities in the shoulder area.

C. M. P.

Correspondence.

WITH A FIELD AMBULANCE IN LIBYA.

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

SIR,—I wish to draw attention to the following statement by an Assistant Instructor, Officers' Wing, Depot R.A.M.C., on training policy for Field
Ambulances in the October, 1942, number of the Journal (p. 167): "In conclusion it is emphasized that personnel of Field Ambulance units must be regarded and trained primarily as soldiers; competence in first aid, although essential, must always be secondary to their training as Field Troops." The statement is further elaborated stressing that training should be devoted to teaching the man to look after himself at the expense of teaching him to look after his patient. In fact the whole trend of this part of the article is to belittle the importance of treatment and care of the patient.

Such a statement, emanating from such a source, demands a strong refutation. Indeed it is self-contradictory since the only object in having a Field Medical Service is that it should be competent (and highly competent) in administering first-aid. The long line of evacuation makes this the more important.

After two years of desert warfare I have found that the height of the "ceiling" of competence depends entirely on how hard the man tries—and he must try very hard—to immobilize limbs (the Thomas splint and correct knots are surely important), to see that his patients' meals are warm and decently served, that the cook produces those meals promptly and that they consist of more than hot sweet tea and cold bully and that, when the water ration allows it, he gets a wash. A very great deal can be done provided everyone tries.

Mobility is obviously important but Commanding Officers of Field Ambulances have all found that a high degree of both first-aid (at times major surgery) and "medical comforts" can be maintained without loss of this mobility.

Unfortunately I have only just received this number of the Journal as a prompt denial of such a policy is very necessary. What a newly joined officer is told in his first week is often remembered for a long time.

I have only to add that it does not take a soldier very long to learn to look after himself.

I am, Sir,
Your obedient Servant.

No. — Light Field Ambulance,
Royal Army Medical Corps,
Middle East Forces.

May 6, 1943.

A. P. Trimble,
Lieutenant-Colonel, R.A.M.C.

[The emphasis laid in this letter on the importance of training in first-aid is, after all, described by Captain Blackmore as "essential." We think that the two views expressed are, to a certain extent, complementary, though we thoroughly endorse the value of first-aid instruction.

The training of the personnel of a Field Ambulance must be first concerned with its mobility and effectiveness in the rapid evacuation of casualties. The training in the handling and first-aid treatment of the wounded man is equally important and perhaps a more difficult part.—Ed.]