COLOUR PHOTOGRAPHY AS AN AID TO MEDICINE.

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The Medical Research Council recently announced arrangements for colour photographs of unusual conditions and clinical appearances to be taken in Military and Civil hospitals with the object of forming a reference library of colour photographs of selected cases.

It may be of interest to consider how far the use of colour photographs could be extended from the “post-diagnostic” stage by the use of such photographs to assist in the making of actual diagnoses. Probably the first attempt made was in the bush territory of the Gold Coast Colony in 1943 when I was able to interest the Chief of an inland tribe in first-aid and colour photography and eventually in a combination of the two. The tribal “medicine man” was a young Dagomba native who had learned a few hundred words of English and taken a first-aid course at a Government hospital on the Coast; returning to his tribal settlement with a nursing dictionary, a first-aid box and unlimited confidence in his ability to deal with any case that turned up.

The tribal clearing was approached by a track just wide enough to admit a man on foot or on a pedal cycle. This path was some twenty-five miles in length and joined on to the recognized cart track and the nearest qualified European doctor lived some 15 miles down the cart road. In these circumstances there is no doubt that the native nurse rendered great service to his tribe and fully earned his daily portion of yam and palm oil with its accompanying calabash of palm wine and, so long as routine cases only came along, he was both happy and efficient.

Occasionally, however, something more difficult turned up; a tropical ulcer he could not quite deal with, a foot condition beyond his experience or a sting or bite from a jungle insect or reptile he had not met before. When this occurred he found himself in need of a “second opinion” and this could only be obtained by bringing the white doctor forty miles by car and cycle (a very difficult thing to do as even white doctors do not regard such journeys with enthusiasm) or take the patient on foot or in a litter to the doctor. This is, of course, very wearying to the patient and all concerned but there was no other way until it occurred to him that some conditions would photograph very well and that the white doctor might be able to do as well from seeing a colour photograph as he could from seeing the patient himself.

The first suitable case was not long in coming and a colour plate was exposed in an ordinary camera and developed. The technique of developing such photographs is very simple and a really good picture can be taken and developed ready for examination in fifteen minutes at practically no expense. This photograph, perhaps one of the first “clinical pictures” to be made in colour, was taken along with written notes on the case to the white doctor’s post by a small native boy on a bicycle who arrived back some hours later with instructions for the treatment of the case and the necessary supplies for carrying out the treatment recommended. Thus the case was treated in the village with a great saving of inconvenience to the patient and the saving of the white doctor’s time and energy. By good fortune the patient’s condition improved and when he was eventually able to be taken on the weekly lorry from the lorry station on the main track to the hospital he made a good recovery. The system, so far as I am aware, still works in this remote spot with a reasonable amount of success and there must be very many similar places in the tropical areas of the great continents where such a method would be of value. It must be realized, of course, that this does not prevent the doctor from visiting the tribal settlements because, in actual fact, he could not visit a case to order even if it was always desirable for him to do so. In the tropical areas of Africa a doctor’s “parish” may cover up to a thousand square miles of thickly overgrown jungle land and his time is, in any case, almost always occupied at his medical post or the hospital of the mission.
station to which he is attached. The native medical man (in those tribes where the Chief is sufficiently educated to employ one) is called on to undertake to the best of his ability anything up to a major operation and the only alternative to his undertaking major work is letting the patient go untreated and hoping for the best. The general rule seems to be that each Native Administration sends to a Government School one or two representatives of the tribe who become nurses and dispensers according to their abilities, and who do really take over the functions in the tribal village which are taken over by doctors in England. In such circumstances it will be readily understood not only how much the qualified doctor’s visits on circuit are looked forward to but also how useful a well organized system of making colour pictures and sending them to the nearest doctor in an emergency can be, as the native worker’s knowledge of English invariably leaves much to be desired and the colour photograph dispenses with the necessity of a great deal of difficult descriptive work in reports.

The use of colour photography for this purpose will probably never be a practical proposition in England and other civilized countries where specialists can be called upon by telephone and rushed from one place to another by car and train but it seems possible that it might well be used for this purpose in any place where it is hard to get a specialist’s opinion and even perhaps with armies in the field where gases may be used as a means of warfare over long fronts.

The main difficulty is that in the tropical areas the skin pigmentation of the inhabitants precludes a really sharp colour definition, but such conditions as tropical ulcers, stings, bites, injuries to the eyes, etc., produce very good pictures even in the comparatively inexpert hands of native photographers. The African’s quick grasp of mechanical and scientific processes makes the good development of the picture once taken a certainty and very seldom are such pictures spoiled in the processing by native workmen.

An additional advantage of the scheme employed in the Gold Coast is that the fortunate white doctor at the receiving end obtains a really splendid colour record of tropical conditions without the fatigue and expense of penetrating into the jungle to get them.

SOME IMPRESSIONS FROM A MILITARY REGISTRAR OF A TRANSIT HOSPITAL IN SOUTHERN ENGLAND.

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TRANSIT Hospital, E.M.S.—An R.A.M.C. man on seeing the above title might visualize a C.C.S. staffed by military personnel, but an E.M.S. transit hospital is staffed by civilian doctors and nurses, the only military personnel being the Military Registrar and Assistant Registrar and his administrative staff.

Shortly before D-Day extra military personnel, such as R.A.M.C. stretcher bearers, cooks and clerks, a Pioneer Corps N.C.O., an interpreter and Infantry men to guard P.O.W.s., were drafted to this transit hospital to assist in the heavy work which lay ahead.

What do these men do? How are the wounded received? It is the wish of the writer to try and give from a military angle a glimpse of the work carried out.

In the Enquiry Office of the Military Registrar’s block a clerk and a messenger are always on duty. The telephone rings and the following message is received—“A convoy is due to arrive at at 01.30 hours.” The Registrar, Assistant Registrar and Serjeant-Major are informed and the machinery for calling in all key personnel of the military staff is set in motion. These men live out in the surrounding districts and must be rounded up, either by phone or by the use of a calling man. They are all on “Call 1” or “First Warning Call.” As they arrive they muster in the main office.

A progress book is kept and in this is entered the time of receipt of “First Warning” and all other events as they occur.