Correspondence.

THE ROD AND THE SERPENT AND OTHER BADGES.

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

SIR,—I have read with much interest Colonel Poston's article "The Rod and the Serpent and Other Badges" in the May issue of the Journal of the Royal Army Medical Corps. I note that in the opening paragraph he states that "neither the Sailor nor the Airman wears them on his uniform." This statement is not quite correct as the following Branches of the Royal Air Force wear badges on their service dress:—Medical Branch, Chaplains' Branch, Education Branch.

On page 229, at the end of the first paragraph, he states that the "R.A.F. Medical Service wear the Caduceus as their professional badge on the collar."

Bushey Park,
Teddington.
June 23, 1945.

Yours faithfully,
D'ARCY POWER.

(From Air Commodore D'Arcy Power, C.B.E., M.C.)

Notices.

ARMY MEDICAL DEPARTMENT BULLETIN.

A.M.D. Bulletin No. 47 and Supplement No. 22, May, 1945, have now been published by the War Office. Distribution scale: one copy to every Medical and Dental Officer.

SUMMARY OF CONTENTS.

Article No.

355. Syphilis; Yesterday and To-morrow.—A glance back to the days when doctors thought that syphilis and gonorrhoea were one disease and an account of the steps that led to recognition of the two infections as separate entities. To-day, there is one treatment—penicillin—for both diseases. The small dosage required to cure gonorrhoea may mask signs of syphilis acquired at the same time and this imposes the need for an open mind in looking out for signs of suppressed syphilis.

356. Ancylostomiasis Complicating other Disease—A Reminder.—Realism is needed when ancylostoma ova are found in stools during routine investigations. Apart from routine treatment there is no need for keeping the patient in hospital unless symptoms persist or ova are numerous.

357. Dressing Technique versus Sepsis.—A recapitulation of the points to be observed in keeping wounds free from secondary infection—no exposure of wounds during bed-making, adequate masking of all concerned (including the patient), “no-touch” technique, and dry hands.

358. Sulphonamide—Acridine Sensitization.—Acridines and sulphonamides should not be applied either concurrently or consecutively to infected skin lesions because dermatologists believe that such treatment carries a high risk of sensitization.

359. Local Use of Sulphonamides.—A general review of problems connected with the local application of sulphonamides.