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Editorial

At Random

I—THE USE AND ABUSE OF MORPHINE

OSLER, while giving a clinical demonstration on a case of double cystic kidney¹, discussed the merits and demerits of opium therapy and particularly the abuse of its derivatives, including morphine. He, who used to emphasize the need for knowing, really knowing, the drugs which we prescribed, used to place morphine at the head of his short list of valuable natural drugs and called it the G.O.M. of medicine or God's own medicine.

In the present day, with the advent of new synthetic drugs, the therapeutic picture has perhaps changed. But even now the use, judicious use and not abuse of morphine appears to provide a very valuable weapon in the armamentarium of the thoughtful physician. Perhaps this statement may provoke the most modern of our physicians into hot denial or even into argument. We sincerely hope it will be so.

The chronic use of opium and of morphine is distinctly a two-edged weapon which may well produce finally that distressing condition of "morphinism," than which there are few harder conditions to treat with assured success.

In the East, particularly India and China, the daily consumption of opium is far from uncommon; so much so, that the authorized ration scales for Indian troops included the required quantity of opium as a daily ration given on a standing medical order, even on active service. The detrimental results were stated to be few and the habit compatible with longevity and continued efficiency; though our experience was that efficiency suffered and the unit was best rid of these undesirables.

Quite recently in our contemporary across the Northern Atlantic² the

¹A somewhat unique case of early diagnosis of double cystic kidney in a ward at the Radcliffe Infirmary, Oxford, July 1914.

²*United States Armed Forces Medical Journal*, Vol. 1, No. 2, February 1950, page 247. Editorial.

subject of the (Ab)use of Morphine has been given prominence in one aspect of its bearing on military medical training.

In this, the traditional, almost automatic use of morphine for or in the treatment of wounded men is quite severely criticized. It is stated that careful observations of Beecher, based on an analysis of 215 recently wounded men, do not bear out the common belief that the wounded invariably suffer pain and therefore immediately need an analgesic and that consequently morphine or possibly some substitute thereof, such as the better analgesic modern product Physeptone, should invariably be given.

Beecher analysed his 215 cases, which included 50 compound fractures of long bones, 50 extensive soft tissue wounds, 50 penetrating thoracic, 50 abdominal and 15 of the cerebrum. The time since wounding was stated to be 11.3 to 12.5 hours in the first two groups and 7.2 to 9.8 hours in the others. The dosage varied from 25 mg. for thoracic to 29 mg. for abdominal cases. The latest dose varied from 19.5 mg. to those with soft tissue wounds to 25 mg. to the abdominal cases; the delay time being respectively 4.8 and 7.2 hours.

Enquiry showed that:

69 patients or 32.1 per cent had no pain.
55 patients or 25.6 per cent slight pain.
40 patients or 18.6 per cent moderate pain.
51 patients or 23.7 per cent bad pain.

Total 215	100.0 per cent
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A close parallelism existed in the number wanting pain-relief and those reporting bad pain.

Bad pain reported:

Yes	51 cases or 23.7 per cent
No	164 cases or 76.3 per cent

Pain relief therapy wanted:

Yes	58 cases or 27.0 per cent
No	157 cases or 73.0 per cent

Of the 51 patients who reported bad pain, 5 had no morphine and the other 46 an average of 24.5 mg. for the most recent dose.

It is suggested that morphine is all too often given indiscriminately and without adequate reason in the belief that severe wounds are inevitably associated with pain and/or used for symptoms other than pain. We suggest and will be most grateful for comments on or criticism of these conclusions by any who have collected data from British casualties.

Similarly the prevailing use of morphine in shock is also based on an erroneous concept. On examination of the various actions of morphine, even in moderate doses, on arterial circulation, capillary flow, peripheral circulation, blood pressure, on the medullary centre and spinal functions, on the production of nausea, vomiting and fainting, on oxygen consumption and CO₂ output—all in fact aggravate existing shock.

Severely wounded men undoubtedly have some degree of shock even though no symptoms are readily obvious and, even though such cases are not prone to complain of pain, repeated doses may not be absorbed at once and, accumulating and being absorbed simultaneously at a later stage, may produce morphine poisoning. The exhibition of morphine may too have a material effect on the amount and type of anæsthetic which such cases can subsequently take.

It is also stated that although unquestionably morphine is of value in severe pain no more than 10 to 15 mg. should be given, the optimum choice being 10 mg. given intravenously for immediate action.

Those who have personal or close experience in the field of or with wounds will remember or may have recorded observations on such cases that in fact the first effect is one on stunning surprise and mental shock without pain, pain developing at much later stages after movement of fractures or œdema and infection of soft tissues, have set in.

The invariable exhibition of morphine to severely wounded, or in fact to all wounded, would thus appear to be wrong, if this action is based on the supposition that pain is always present and doubly wrong in view of its effects on shock. For treatment of wounds in the field the use of morphine should in fact be governed by the condition of the wound and the patient at the time and by a real knowledge of its action as advocated long ago by Osler.

II—WAR DIARIES

EMPHASIS in Services medical training at present is focused to a considerable extent, and very rightly so, on *Health Discipline* and all that that covers; but the Services medical training is a many faceted jewel and some of those facets tend to be forgotten or overlooked in the struggle to fit all the necessary subjects into allotted periods of training or squeeze between a multiplicity of duties. The duty and art of writing the War Diary of the unit under our command is often one of the forgotten facets.

As the last war period recedes, the numbers of those versed in the art, annoyance and obligation of producing something in the way of a War Diary diminishes; the number of those in the Services to whom the War Diary is a sealed book or a vague threat of future active service increases. It is with a plea for some instruction in this art to be included in the relative training programmes that this subject is now raised. Let at least some passing mention be made or the attention of the aspiring would-be-unit-commander be drawn to the fact that there are such things as War Diaries and the methods by which these are kept.

F.S.R. devotes nearly two valuable pages to this Art of War and the appropriate Army Form (A.F.C.2119) gives quite reasonably clear and explicit instruction as to how the Diary of the Unit or the formation under command should be compiled. And yet, a perusal of a few or even the many War

Diaries of the last war shows equally clearly that either little heed was paid to this art, or knowledge of the art was lacking in our unit commanders, or possibly that time was too precious and all absorbed in other duties.

It is quite true that in the stress of retreat, in the heat of battle, or in the boredom of inactivity it may be difficult to find time to spare. But, none the less, it is one of the jobs, and an important job of the Unit Commander or of the A.D.M.S. or even D.D.M.S. (or his devoted D.A.D.M.S.) to produce a War Diary which will be of real use to faraway Headquarters, to Medical Directorates and even to the Director-General.

F.S.R. and the instructions given in and on A.F.C.2119 are quite clear and easy to follow, even by commanders of average intelligence. The document has to be in duplicate; it is secret; its object is to furnish a historical record of operations and data upon which to base future improvements in Army training, equipment, organization and administration; if the appropriate forms are not available manuscript or made-up forms may be used, full instructions being available on the specimen copy which is included or should be included with the unit stationery; important points are carefully given to make compliance easy, such as: orders, messages, decisions, locations, movement, duties, detailed accounts of operations, nature of works, meteorological notes and a summary of information—the whole to be written up daily and initialled and finally signed once by the appropriate Commander.

In the deeper offices of A.M.D.2 there repose from the last war nearly 30,000 monthly War Diaries and nearly 2,000 quarterly reports. In how many of these are the precepts of F.S.R. and the careful instructions carried out? How many of these fulfilled their object of providing substance for future improvements in training, equipment, organization and administration? How many give details of operation through which the unit passed? How many give any meteorological details which are so much help to the thoughtful hygienist?

Precious few attain these objectives. Some are illegible, many are completely vague, many repeat daily trivial nonsense. And yet the individuals who composed these diaries must have had most valuable knowledge and experience. Let us take some samples:

A C.C.S. in the thick and brunt of the fighting in Syria has page after page with nothing but Beds occupied—Beds vacant—; no other information whatever.

A Field Ambulance Commander at Alamein who has distinguished himself many times since then, whose unit was in the very thick of it for two days and more reported: "The Unit has functioned normally for 36 hours."—Nothing more.

62 General Hospital bore the brunt of casualties in the siege of Tobruk which was relieved on December 10, 1941. Did the War Diary mention this event which stirred the whole Empire and the World? There was not a mention of the relief in the diary for December.

On the other hand an A.D.M.S. in Africa has given a detailed, lucid and valuable account of the medical aspects and lessons of the battle of Keren and a D.D.M.S. (since deceased) a careful and equally valuable medical account of the fierce campaign in Syria.

This, then, is the present plea that our modern military medical training should at least give some attention to an art which may prove of future value to many, the art of War Diaries.