are signs and symptoms, and signs or symptoms cannot be considered to be a disease and therefore used as a diagnosis.

Everyone recognizes that in enteric group fever we should isolate the casual organism and so establish the diagnosis with certainty, even although chloromycetin may have been exhibited very early on in the disease, and righly so. I submit that similarly in pneumonia we should pursue all relevant investigations necessary to discover and recognize the ætiological agent as far as modern knowledge lends itself. Should we all do this we would be able to diagnose our cases and know what we are treating, which is surely what is expected of a doctor.

My object in writing this short paper is to emphasize that a diagnosis of Lobar Pneumonia without all necessary steps being taken to demonstrate its cause, or likely cause, is as adequate as is a diagnosis of "Backache," "Indigestion," "Hæmaturia," "Gastric Stomach," etc. etc.

Briefly, lobar pneumonia is merely a P.U.O. with signs in the chest and should be approached, assessed, and investigated as such.

The closer the liaison between the pathologist and the physician as evidenced by the frequent appearance of the former in the medical wards and of the latter in the laboratory the greater will be the incidence of accurate diagnosis in infected diseases, while certain "rare" conditions will become less rare.

ACKNOWLEDGMENTS

Colonel A. Simson, late R.A.M.C., A.D.M.S., Lowland District, and my Commanding Officer Lieut.-Colonel M. J. Kohane, *M.C.*, R.A.M.C., for permission to forward this paper for publication. Miss J. Russell, B.R.C.S., for typing this paper.

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At Random

CONTRIBUTIONS

"What! Write a contribution for the Corps Journal? Oh no, I am sorry, but I really don't think I could possibly write an article. I am no good at writing and, besides, what could I possibly write about? I've no special subjects on which to write,"

or

"I really haven't time and have too much to do; besides, I have no notes on any good cases or experiences."

Such is often the response to the Editor's vain efforts to secure copy and contributions from distinguished seniors or on-coming junior officers of the Corps.

And yet, both types are, or at least we may presume they are, highly educated men who must, during the course of some twenty to thirty professional examinations before entering the Corps, have written many a thesis or at least some reasonable answers to examination questions, and who must, from the very nature of the all-round professional work of the Corps, have seen a very considerable variety of cases or had a variety of professional or service experiences. And also, even in the present period of shortage of staff and officers and a multiplicity of duties, surely each could spare say two or three odd hours once every two or three years to the composition of an article for our Journal.

Surely, even with the post-war reductions in strengths, we could really expect and reasonably hope for the forty to fifty (well under 10 per cent of strength), good, interesting and instructive original articles needed to compile the Journal for a year.

Will not you, O Reader, supply our needs? Have you no hidden store of zealously kept (or should we say "jealously" kept) notes of interesting cases seen during your professional duties, or some vivid personal service experience which would be of value to others, or some special research job on which you have been engaged, or even some profound thoughts on ordinary treatments, methods or cures during the past five years from which you could provide a contribution for the Journal.

Will you not try? We would welcome any good article and give it the full publicity it deserves!

Leishman, when sitting in the mess anteroom at Millbank discussing *research*, said there were three essentials to good research work. "Before commencing any particular line of research read everything you can find which has been written on that subject. What you are about to do may well have already been done by someone else. Note and record every fact exactly as it occurs and as you find it, not as you imagine it may be. After completion write out the results of your work as a connected, considered story with conclusions, if you have any; and, because facts are always valuable, publish your results."

Surely there are many in the Corps who can follow such precepts and produce a contribution to the Journal on their results.

You will remember that in our July number we set forth briefly notes from A. M. D. on how to write an article for the Journal. If you, O Reader, do decide to submit a contribution, and we sincerely hope you will help by doing so, here are a few additional points which may be of value to your future effort.

The article of some three to five thousand words; six to eight typed, double spacing, foolscap sheets, is of the greatest value, but much shorter articles

on *Cases of Interest* or special experiences or methods are also very acceptable, even those of one or two pages. We would also welcome correspondence: critical, constructive or even destructive criticism, or informative.

Illustrations are expensive to reproduce—£5 to £7 each; and consequently owing to such heavy costs have to be omitted, reduced to a minimum or subsidised, partly or wholly, by the author. This last method is frequently used by other professional journals, the author profiting by receiving his share of free reprints. Would those who are anxious to submit illustrated contributions please remember and consider this practice.

Some contributions require an amazing amount of amendment, considerable correction and numerous notations by the Editor's blue pencil or a multitude of hieroglyphs by the compositor or proof reader. These last items also raise the cost of production of every page and are a serious factor in the expense sheet. A well-known sister journal by close attention to complete correction before submission to the printers saved about £180 per annum on the cost of production. May we therefore hope that all future articles arrive fully corrected; particularly names, technical words and stops.

May we also now, O Reader, therefore expect and receive at an early date your next contribution.

MOTION-SICKNESS[1]

UNTIL the advent of modern air travel, with the exception of those unfortunates who were so susceptible to motion that even a coach or a train journey induced nausea, or those who braved the delights of merry-go-rounds, roundabouts and scenic railways, motion-sickness was practically synonymous with sea-sickness.

During several engagement and naval occasions in our history sea-sickness has been mentioned as having a bearing on the proceedings and on the efficiency of the personnel engaged. With the emphasis in modern war placed on *Combined Operations* sea-sickness, with its humiliating and crippling effect on some twenty per cent of unseasoned troops, became a serious problem which led to intensive research for preventatives or palliatives. With the present development of air, sea and even fast tank land transport for combined operations, precipitating troops into the scene of combat at short notice, this nausea and temporary inefficiency from the effects of motion, motion sickness, become of yet greater importance, as do the methods of prevention.

In our last number some extracts were given showing the results of work done in the U.S. Medical Services on *dramamine* as a remedy for sea-sickness. In more recent work in the U.S. Air Force medical research workers[1] found that *benadryl, hyoscine* and *artane* are as effective in the prevention of motion-sickness as is dramamine. During a round trip of the Army transport *General Maurice Rose,* a 16,000 ton ship, from New York to Bremerhaven and back,

[1] Military Surgeon, Vol. 107, No. 1, July 1950, page 76.

one thousand volunteers were subjected to test with benedryl, which is similar in chemical composition to dramamine and has proved useful against air-sickness. It was found equally effective for sea-sickness.

Experiments were carried out to test whether the several drugs useful in the prevention of motion-sickness owed their value to their antihistaminic properties. The conclusions were that the preventative and therapeutic actions in motion-sickness were not due to these antihistaminic properties.

Neither dramamine nor benadryl are recommended for use by air-crews owing to their soporific qualities. Hyoscine, which has been used in all types of motion-sickness with reasonable success, produces less drowsiness than either of the former, but has other undesirable side reactions such as dryness of the mouth and occasional visual blurring. Artane, a drug with similar action but not chemically related to hyoscine, had similar undesirable side effects.

Although none of these four drugs, hyoscine, dramamine, benadryl or artane, is in itself the complete answer to motion-sickness, there may be successful combinations of these or others which will prove the final answer to this important problem.

In the meanwhile we must presumably accept the twenty per cent loss of efficiency and rely on these known drugs combined with training and seasoning of the troops required for particular operations, even though secrecy may be thereby compromised.

Here then is an opportunity for our enthusiastic research workers to bring relief to many and increased efficiency to our "Combined-Ops" forces by the prevention of motion-sickness.

Travel

THE VISIT OF THE DIRECTOR-GENERAL TO EAST AFRICA COMMAND

BY

Colonel J. P. MACNAMARA

Late Royal Army Medical Corps

It is not often that a Command as distant from the U.K. as East Africa Command is honoured by a visit from the D.G.A.M.S. In fact, though I may be wrong, I think that our present Director-General is the first that has visited us. Taking the above facts into consideration, I thought that a short account of his visit might prove of interest to the members of the Corps both inside and outside the Command. Accompanied by the Director of Medical Services M.E.L.F., Major-General T. Menzies, he arrived at Naivasha on February 25.