

MEDICINE

Immersion Foot Prevented

New treatment developed in Canada saves from amputation nearly all the survivors from torpedoed ships. Grease a preventive.

► **SUCCESSFUL METHODS** for preventing and treating a serious war ailment of shipwreck victims, immersion foot, have been developed by three Royal Canadian Naval Medical Officers, the War Information Board of Canada announces. The three doctors are Surg. Cdr. D. R. Webster, Surg. Lieut. F. M. Woolhouse and Surg. Lieut. J. L. Johnston.

Of 150 survivors of torpedoed vessels they treated at an eastern Canadian port, only seven required amputation of the affected foot. By contrast, nearly all survivors picked up by trawlers from one internationally known ship which was sunk in European waters had to have their feet amputated.

Immersion foot is caused usually by exposure in life rafts or boats for long periods and if not properly treated is likely to result in gangrene, requiring amputation to save the victim's life.

The rules for prevention of the condition are: 1. Cover legs and feet with a thick coating of grease as long distance swimmers do; 2. Remove any constricting clothing such as tight boots which are of no use for warmth if the feet are in water anyway; 3. Exercise the feet as much as possible, to keep the blood circulating, as long as they are healthy.

The great tragedy of many immersion foot victims is that rescuers in giving treatment to survivors of ship sinkings usually give the wrong treatment which causes the patient intense suffering and even loss of one or both feet. Rubbing the feet and applying hot water bottles and blankets is exactly the wrong treatment.

First aid rules for this condition are:

1. Keep the patient dry and warm except for his feet; 2. Lightly dust sulfanilamide powder on any wounds, cuts or sores; 3. Wrap the legs in some soft clean material and elevate on pillows; 4. Leave further treatment for a doctor who should be seen as soon as possible. No washing, soaking, antiseptics, lotions or ointments, except the sulfanilamide powder, should be used. The patient must not stand or walk, and his feet and legs must be handled gently.

Survivors treated in the port had their feet wrapped in sterile towels to keep them dry, and packed in ice, or kept under a blast of cool air from a fan, because the success of the treatment of immersion foot depends on bringing the affected parts back to normal temperature very slowly, over a period of weeks.

Science News Letter, March 20, 1943

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Gonorrhea and Chancroid Wiped Out by Sulfa Pills

► A "PHENOMENAL disappearance" of gonorrhea and chancroid in a company of troops given sulfathiazole pills as prophylaxis against these two venereal diseases is reported by Capt. James A. Loveless, venereal disease control officer, and Col. William Denton, post surgeon,

at Fort Benning, Ga. (*Journal, American Medical Association*, March 13).

The method used, which the Army doctors say may need modification and simplification, was to give sulfathiazole to each man in the company leaving the fort on pass. Those taking station prophylaxis received no other drug. All the others received a second dose of sulfathiazole on returning to the fort and a third dose the following morning.

Excluding the men away from the camp on overnight leave or furlough, who would not be able to get the second and third doses of sulfathiazole, the gonorrhea rate dropped to a level of 8 per 1,000 yearly as compared with 171 per 1,000 in a control group of men not getting sulfathiazole, and the chancroid rate dropped to 6 as compared with 52. Syphilis was unaffected. The company in the study was from troops among whom the gonorrhea rate is inordinately high.

The cost of this prophylaxis was about 10 cents per soldier monthly. There were no bad reactions to the sulfathiazole but the doctors are continuing to watch the group for signs of sensitivity to the drug.

Science News Letter, March 20, 1943



HOVERING—This is the way a message can be picked up by the Sikorsky helicopter developed and constructed for the U. S. Army.