LETTERS TO THE EDITOR

THE QUEEN ALEXANDRA MILITARY HOSPITAL

SIR, I have been asked to write a book about The Queen Alexandra Military Hospital and 18 Company R.A.M.C. Millbank from their opening in 1903 until their recent closure.

I would therefore appreciate the courtesy of space in your Journal to make a general enquiry for assistance from any person who was associated with either during this period of time, (who feel that they have recollections, or even photographs or other mementos) that will prove useful in the compilation of such a book. All photographs and mementos will be well looked after, and returned in due course.

I would ask anyone who is able to assist me in my researches, to write to me at the address below.

Brigadier J. J. Voller,
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A GLIMPSE OF THE GAMBIA

SIR, Nowadays, when the Corps is at risk of losing its expertise in tropical medicine, it is refreshing to read an article such as the one on the Gambia by Major George Cowan in this issue of the Journal. The value to the uninitiated of this sort of article lies not in what it has to tell us about a particular aspect of any given disease, but in the insight it gives into the vastness of the problems involved.

In the tropics the days of simple clinical research are not yet numbered. Metaphorically speaking, a doctor can still set off into the jungle with a stethoscope in his pocket, a microscope under his arm and a few basic chemicals in his bag, and make great discoveries. The very scale and setting of tropical medicine determine that it is a very different entity from medicine as most of us know it. An occasional scan across the horizon is salutary.

At the same time, however, the excessiveness and floridness of tropical disease can itself blind us to important inconsistencies. For example, Major Cowan seems to accept the widely held belief that protein malnutrition is a cause of chronic liver disease. This belief, I think, is based largely on two established facts. Firstly, that many experimental studies on animals have shown that a deficiency of protein and lipotropic agents results in a fatty liver and that this may be a step in the pathogenesis of cirrhosis and hence, perhaps, hepatocellular carcinoma. Secondly, a high incidence of cirrhosis of the liver seems to be geographically associated with significant malnutrition.
But there are strong reasons for doubting any such direct relationship. Severe fatty change in the liver has never been shown to progress directly to cirrhosis in man in the absence of other pathogenic factors. It must be kept in mind that malnourished populations are also *inter alia* exposed to many other injurious factors, some of which may, indeed, act synergistically or as facilitating mechanisms.

Significantly, Steiner (1960) has shown that overt vitamin deficiencies in adults and kwashiorkor in children do not have an aetiological role in liver cancer in Africa. The latter fact has been independently confirmed by Higginson, Grobbelaar and Walker (1957).

On the positive side, however, there is the possibility that dietary deficiencies may condition the liver, making it more sensitive to hepatotoxins and other injurious agents. In this context Major Cowan is correct to mention aflatoxins and the HBsAg.

The relationship between chronic carriage of HBsAg and both cirrhosis of the liver and primary liver cancer is now well established. The relationship between aflatoxin consumption and liver disease, and particularly hepatocellular carcinoma, in man, is based on two known facts (Roberts 1976).

Firstly, there is the known powerful hepatotoxicity of aflatoxins to a wide variety of species including the rat, ferret, duck, turkey and trout. It would seem likely that man is also susceptible.

Secondly, there is the circumstantial evidence of epidemiological surveys relating the incidence of hepatocellular carcinoma to the aflatoxin content of staple foodstuffs in various parts of the world.

I do not know the incidence of liver disease in the Gambia, but some readers may be surprised to know that in the Inhambane district of Mozambique rates of 3.5 per 100,000 for hepatocellular carcinoma occur, and this neoplasm is said to account for 65 per cent of all cases of carcinoma among Negroes.

I suggest that the linking together of the aflatoxin and HBsAg theories may imply more than just a simple summation effect. In animals it has been shown that liver damage by viral hepatitis (Lin, Chien and Svoboda 1974) and by chemicals (Cardheilac and Nair 1973) enhances the hepatotoxicity of aflatoxins. May it not be that a variety of chemicals or viruses act synergistically in this way, perhaps different ones in different parts of the world?

Such are the problems that remain to be solved by the modern tropical researcher. Reading between the lines of articles such as Major Cowan’s, the discerning eye should perceive these new challenges.

I am, etc.,

D. M. ROBERTS.

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26 October, 1976.
Letters to the Editor

REFERENCES


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**MEDICAL ‘COMFORTS’ PACK**

![Medical ‘comforts’ pack](image)

**Fig 1. Medical ‘comforts’ pack. The pack is easily carried and does not impair fighting efficiency.**

SIR — In the course of a long tour in Northern Ireland as a Regimental Medical Officer, it became obvious to me that there was no satisfactory medical pack for the type of operations performed in the ‘Province Reserve’ role. Existing non-commissioned officer packs contain mainly shell dressings and are not issued in sufficient numbers for small groups of men, working independently, to be adequately covered at some distance from medical aid.

The need was felt for a form of medical ‘comforts’ pack which would enable section commanders to treat minor ailments without delay. I write to describe our solution in the hope that it may be of use to others as I believe it has been adopted subsequently by at least two other units.

The container chosen is the standard respirator haversack. Contents are as follows:—
Letters to the Editor


Each item is clearly labelled with an indication as to use thus—“Mist Kaolin et Morphine. For diarrhoea, 1 teaspoon every 3 hours” and “Caladryl cream. Use sparingly for insect bites and stings”.

The total weight of this package is two pounds and it is easily carried on the belt (Fig. 1) or on the long shoulder strap supplied with the haversack. Although not used very often the pack was well received by the soldiers and, judging from the replacement rate, was sensibly used. Since returning to England, these packs have proved useful on ranges and to cover expeditions and adventurous training. It would be interesting to hear of any similar packs produced in other units as current scales of issue are somewhat inflexible.

I am, etc.

K. R. YOUNG

Louise Margaret Maternity Hospital,
Montgomery Lines,
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22 June 1977.

MITCHINER MEMORIAL LECTURE

SIR—In the April 1977 issue of the Journal, I fully agree with the Editor about the intrinsic worth of the two articles he has mentioned. They are both first class. However the Mitchiner Memorial Lecture “Some Masters of the Surgical Aphorism” by Sir Rodney Smith is a 24 carat classic of its kind—that is the reason for my request for a copy of this issue. It is the kind of article you read two or three times and then keep indefinitely for a later reading. It really is as good as that.

We get the “Journal” here on circulation from our Departmental Library; I always enjoy it. It has a uniquely “folksy” approach and the articles on different topics have the added value that in most cases are based on the writer’s personal experiences as a front-line man and I have picked up some useful tips on the way.

Also very much enjoyed are the book reviews by your various reviewers. I am surprised here though that you have not so far reviewed the book “Modern Warfare”—a study of Men, Weapons and Theories by Brigadier Shelford Bidwell*, an officer of the Royal Artillery, published by Allen Lane in 1973 (Allen Lane is a division of Penguin Books Ltd.). It is a fascinating book and deals with subjects also touched on by Lord Moran in “Anatomy of Courage”—what makes men tick, why some break and others can hang on, group behaviour etc. Myself, I feel sure
some of your reviewers would pick up a lot of points which I might have missed by virtue of their previous military experience of men under stress. I'd certainly rate the author as a very intelligent and perceptive man. I hope that I will see one day what your reviewer thinks of it in some future issue of the "Journal of the R.A.M.C."

I am, etc.,

K. F. X. BOURKE

Medical Officer of Health,
Department of Health,
George Street, Timaru,
New Zealand.
30 September 1977.

*Editor's note: Should any member of the Corps wish to review this book we will endeavour to obtain a copy from the publishers.

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**BOOK REVIEWS**


"Medical Statistics in World War II" is the most recent publication from the Historical Unit, United States Army Medical Department. Covering the official history of the United States Army in World War II, it is produced under the direction of the Surgeon General U.S. Army.

The total volumes covering the official history have been divided into two series: the administrative or operational series, and the professional or clinical and technical series. Whilst the present volume is within the administrative grouping its content has an obvious relationship and appeal to the total medical field. In his foreword, Lieutenant-General Richard R. Taylor says, "This single source documentary is an invaluable reference for medical planners, students, researchers and historians of the U.S. Army Medical Department." Perhaps modesty prevented direct reference to the Medical Departments of all other countries, for there is no question that its world-wide value and appeal is incalculable.

The volume is divided into three parts, Part I—Introduction and Summary Analysis, Part II—Sources, Definitions and Methodology, and Part III—Reference tables. Not only is the layout logical, but it has the uncanny facility of whetting the appetite and encouraging the reader to delve. Indeed, who would not be encouraged to delve when the facts and factors affecting the health of an army of some 10,420,000 individuals during 1942 to 1945 are so readily at hand. Add to this period the comparisons with World War I, and earlier wars, and we cannot but avoid avid interest. To quote a few statistics.

There were 17,664,641 admissions among U.S. Army personnel during World War II. Of these, 16,941,081 (95.9 per cent) resulted from disease and non-battle injury, and 732,560 (4.1 per cent) from battle wounds. There were 306,230 deaths, of which 75 per cent were battle deaths, and 25 per cent were due to non-battle causes. Percentive distribution for causative agents shows: Small Arms (bullets) caused 31.8 per cent of deaths, Explosive projectiles 51.2 per cent of deaths, Rockets and Bombs 1.5 per cent, Grenades 0.5 per cent, Booby traps 0.2 per cent, and Land Mines 2.7 per cent. The anatomical location of the wounds and results I will leave to my surgical colleagues to study, as I will comparisons with World War I and the effectiveness of advances in surgery.

The physicians could well study the annual non-battle admission rates by diagnostic class, and the role of the infectious and parasitic diseases in the differing theatres of operation. No doubt the army pathologists will be interested in the effectiveness of their vaccines, the psychiatrists in the neuropsychiatric disorders. In truth there is a wealth of information for all medical disciplines, both clinical and non-clinical.

An historic statistical review of this nature is entirely dependent upon the accuracy of its sources of information. The compilation of information and methodology is fully explained and will prove interesting to the administrators and statisticians.