

'cowpox' virus as a mother carrier for adopted daughter\* laboratory-inserted genes coding for immunogens protecting against hepatitis, herpes, influenza, and even rabies.

Theoretically at least it seems that any desired gene from any microbial agent could be so inserted in the vaccinia virus - measles and mumps, tetanus and tubercle, plague and polio etc: singly or in various desired combinations and permutations.

This futuristic picture has reminded me somewhat of the old French Colonial Medical Service practice, remembered no doubt by those of my generation in the Army Medical Service, of using a combined smallpox and yellow fever vaccine, very simple and unsophisticated by modern genetic engineering technology standards, with great universal benefit to the communities living in the shadow of those two implacable human killers.

Come back Vaccinia, all is forgiven!  
I am etc.

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13 November 1984

#### THE MEDICAL SERVICES IN THE FALKLAND DEPENDENCIES WAR 1982

From Col E E Vella, L/RAMC

Sir,—To complement the various UK papers and correspondence which have been delivered and/or published on this subject so intrinsically important to all of us in the various departments of the Defence Forces Medical Service, may I draw the attention of your readers to the following paper (as seen through French eyes):-

H LINON - Regards et Réflexions sur le 'santé' du conflit des Malouines.

(Observations on the Medical Service Support in the Falklands War). *Medicine et Armées* 1984; 12: 645-655.

I am etc

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#### BOOK REVIEWS

**Abbreviations in Medicine 5th Ed.** E B Steen. Balliere Tindall, London. 1984. Pp viii + 256. £3.75.

This is the 5th edition of a book which the author and the publishers claim was the first of its kind when the 1st edition came out in 1960. It is a pocket size dictionary ( $3\frac{1}{2} \times 5\frac{1}{2} \times \frac{1}{2}$  ins), I mean to say  $15 \times 9 \times 1$  cm, listing in due alphabetical order some 15000 common medical abbreviations used in the many fields of medicine, including dentistry and laboratory procedures.

The book begins with the solitary letter A, which can stand for 15 different interpretations, through the letters of the alphabet to the V, the first letter of my family name which can be interpreted in even more ways, namely 26 eg coefficient of variation, unipolar chest lead, vein, ventral, ventilation and vision to mention half a dozen, having dealt with the Rs where the reviewer felt quite at home with RADC, RAMC, RAVC and in the immediately preceding Q section our Nursing Services QARANC and QARNNS, and our senior medical hierarchy QHP and QHS. The Royal Air Force gets a mention as the RAFMS but the interpretation of RNMS which I would have said stood for the Royal Navy Medical Service is Registered Nurse for Mentally Subnormal. No doubt my opposite number in the senior service reviewing this book in our sister medical journal will have something to say about that.

Such is the widespread use of abbreviations in our profession in this day and age that one feels the need of such a handy book on one's shelves to interpret what one reads and on appropriate occasions to make use of these conventional letter combinations of symbols in writing a paper or preparing view-foils and slides for a talk.

There are 3 short separate sections on abbreviations of titles of the principal medical journals, a list of useful bibliographical sources, and a list of symbols such as 0 for a pint (I never knew this).

The reader I am sure could add one or two more abbreviations from his own special interests; on my part eg VHF's (viral haemorrhagic fevers), and SMPX (for the now defunct Smallpox, or so it is thought!) and CAMR (Centre for Applied Microbiology and Research), the British counterpart of CDC, the Centers (not Center as printed in this dictionary) for Disease Control, formerly the Communicable Disease Center.

E E VELLA

**Trauma and the Anaesthetist.** J C Stoddart. Bailliere Tindall, London. 1984. Pp ix + 189. £11.95. Illustrated.

The role of the modern anaesthetist has expanded to encompass duties outside the operating theatre; he is becoming increasingly involved in the treatment of victims of trauma. The anaesthetist may be a member of the team which deals with mass casualties at the scene of

a major disaster, he may be actively involved in the resuscitation of these patients at his hospital, have to anaesthetise them for life saving surgery, look after them post operatively in the intensive care unit and prepare them for transportation to another hospital.

Dr. Stoddart's excellent book discusses the anaesthetist's contribution to the care of trauma patients in all the above mentioned situations. The author expresses his views with a commendable economy of words and clarity of thought which makes this book a pleasure to read.

'Trauma and the Anaesthetist' starts with a chapter which deals with the general management and documentation of multiple injuries as well as with anaesthesia for the extrication and transportation of casualties. This is followed by an excellent chapter on shock. The patho-physiology of shock is dealt with in some detail and the author reviews the clinical investigations, fluid replacement therapy and pharmacological agents of value in this condition; he also discusses the 'sick cell syndrome'. The busy anaesthetist who may have occasion to refer to the section on pharmacological agents of value in the treatment of shock would probably find practical guides on the administration of certain drugs of greater value than simple dosages. Perhaps in his next edition, the author could be persuaded to give details on how one should set up infusions of the drugs he mentions.

There next follows a chapter on trauma and the upper airway where the author imparts many useful tips on the management of these life threatening situations. He mentions the use of the rigid bronchoscope as an airway in some cases of extensive soft tissue damage, bleeding and distortion of the upper airway. It would have been very useful if he could have provided a few examples, perhaps supplemented by some illustrations, in order to bring this ingenious point across more forcibly. The next chapter deals with the management of chest injuries and contains an extremely practical clinical classification. This chapter which is full of useful information is followed by a chapter on the adult respiratory distress syndrome (ARDS) and includes a section on diffuse intravascular coagulation (DIC); the patho-physiology, diagnosis and management of these conditions is presented in a clear and concise manner.

The chapters on fat embolism, burns and hypothermia and drowning are all full of equally useful advice. That on coma and disorders of consciousness, although a masterly account of the clinical features, special investigations and diagnosis of "head injuries", offers no practical advice on the sedation of patients who although breathing adequately become aggressively violent after injury; neither does it offer indications for the management of head injuries by the immediate institution of IPPV. The chapter on intra abdominal and lower limb injuries contains a lot of useful 'background'

information as well as some very practical points on the management of genito-urinary injuries. The last chapter of this book deals with the transportation of the injured patient from the hospital where he has received his primary care to a more specialised centre. The author offers advice to the anaesthetist who may be involved in preparing the patient for transportation, be this by road or by air.

All in all, 'Trauma and the Anaesthetist' is a very readable and relatively inexpensive book which is packed with practical tips drawn from the author's own considerable experience. Army anaesthetists very often have to deal with the victims of trauma and this book will be of great assistance to them. I heartily recommend it!

C A GAUCH

**Emergency Patient Care.** L M Jacobs, Jr and B R Bennet. Collier MacMillan. 1984. Pp 1 + 344. £14.50. Illustrated.

One of the interesting parts of this book is the initial description of the development of Emergency Medical Services in civilian American life. Starting from a document in 1966, the responsibilities for provision of trained ambulance crews, maintenance of training, properly designed ambulances being defined, EMS progressed rapidly. In 1973 the passage of EMS System (EMSS) Act provided the mechanism and funds from which communities could develop these services nationwide.

The treatment protocols cover a very wide area, much wider than would be necessary for the training of the present grade of medical assistants in the Army, and implying a very high degree of skills. Unfortunately, because of its American origin, it may not be as useful in this country but it is still a valuable pointer to the way the management of emergencies in UK may develop. It is clearly printed and the diagrams are well set out and clear.

W G KILPATRICK

**Preventive Medicine for the Tropics. 2nd Ed.** A O Lucas and H M Gilles. Hodder & Stoughton. 1984. Pp 1 + 342. £6.95. Illustrated.

Preventive Medicine in the Tropics like its brethren is short, sharp and to the point – a blessing for all those who are required to absorb a lot of new information quickly.

The book does, as its authors claim, cover the whole spectrum of preventative medicine both conceptually (Statistics, Epidemiology etc) to detail (Airborne disease etc). In retrospect the balance is right for the beginner for he is more likely to be concerned with the control of specific disease rather than responsible for

either research or management when the tools of prevention are required in greater detail.

I was slightly disappointed at the comparatively little attention given to such topics as Nutrition, Family Planning & Health Education but this was I suspect because they suffered in comparison with the comprehensive detail with which diseases are discussed.

The book achieves all that its authors claim and should be part of the armamentarium of all young (and more senior) officers who might be required to work or serve in the tropics.

I P CRAWFORD

**Multiple Choice Questions in Human Physiology. 3rd Ed.** I C Roddie and W F M Wallace. Lloyd-Luke (Medical Books) Ltd. 1984. Pp vii + 423. £11.50. Illustrated.

This book is invaluable to junior doctors taking the Scientific Part I of their higher examinations as it covers virtually the whole field of Physiology in great detail. It needs to be read in small amounts as it is indigestible and with the help of the masking card in order that the student may check his results continuously.

It is not a book for the individual to purchase in my view but it should be issued to all Military Hospitals so that it is available for pre-examination testing and assessment of the likelihood of a successful outcome to the examination.

Senior Doctors could well use it as a crib for their junior staff's awkward questions on Physiological matters but are unlikely to read it from beginning to end.

C J GARRETT

**Clinical Methods 18th Ed.** M Swash and S Mason. Bailliere Tindall. London. 1984. Pp viii + 501. £5.50. Illustrated.

This classical medical book has undergone great changes since the reviewer's copy of many years ago. The text is clear and the highlighting of the chapter headings and largely fresh illustrations are welcome. One still, however, recognises some old favourites amongst the illustrations. Basic ideas of the book are set out in the first paragraph, and one relates to the statement "The wise doctor does not think of himself as a diagnostician but rather as someone who elucidates human problems".

This book has been well brought up to date without losing too much of the feel of the old book and remains an essential book for all students and new doctors at a very reasonable price.

W G KILPATRICK

**Strategies for the Prevention of Blindness in National Programmes.** WHO, Geneva. Pp 88. Swiss fr 11 (£3.50).

Every year, scores of thousands of babies, lying within metres of an adequate supply of Vitamin A, in dark green leaves, are irremediably blinded by corneal melt from deficiency of this vitamin. Every year, hundreds of thousands of children suffer corneal perforation from ulceration secondary to neglected trachoma and, for want of a 30p tube of Tetracycline ointment, become blind. Every year, millions of people over fifty go blind from cataract, and, in default of easy surgery and a pair of cheap plastic spectacles, stay blind.

Avoidable blindness is one of the tragedies of the modern world. Ironically, the cost of preventing blindness, if such prevention can be applied, is only a tiny fraction of the enormous cost to society from lost productivity and from the expense of educating and rehabilitating the blind. This is to say nothing of the cost in human suffering. In developing countries, the number of the blind is ten to forty times that in the developed regions and most of these people are blind from conditions unknown among the prosperous.

Appropriate responses to these problems have been incorporated into a World Health Organisation practical target, one of those designed to achieve 'health for all' by the year 2000. WHO plans that, by 1989, programme will exist, in at least sixty developing countries, for the prevention of blindness and the restoration of sight. The method of planning such programme is described in this book.

This is a document of central importance for world health, and brings out, very clearly, the perennial lesson that administrative medicine is much more important than therapeutic. The book's emphasis is on primary eye care, elementary eye hygiene, simple methods of prevention and treatment and the training of primary health care workers. Secondary and tertiary levels of clinical management are, of course, necessary and are dealt with, but, because prophylaxis is better than cure, these are much less important. The book is in no sense a textbook of ophthalmology; but it deals simply and appropriately with the main conditions causing preventable or remediable blindness - trachoma, malnutrition, onchocerciasis, cataract, ocular trauma and glaucoma. In each case, an epitome of current knowledge is followed by an account of the epidemiology, an outline of the methods of diagnosis and an important section on methods of 'intervention'. For each condition there is then an account of action to be taken at primary, secondary and tertiary levels, and finally, a section on planning, training and evaluation of results.

The authors are to be congratulated on the production of a tool for medical administrators and community physicians which, if used, should do more for the ocular

health of mankind than all the ophthalmoscopes and slit-lamps in existence.

R M YOUNGSON

#### CORRECTION

On page 140 of the Journal of the RAMC, Vol 130 No 2, 1984 a review of the book 'An Indian Journal' was published.

We regret that in the last paragraph there was a misprint, the word **lahks** should have been spelt **lakhs**.

#### RAMC PRIZES AWARDED FOR 1983

1. **The Alexander Memorial Prize 1983.** To Col W S P McGregor, Maj D S Jackson, Maj C G Batty and Maj J M Ryan for their paper 'The Falklands War: Army Surgical Experience'. A medal will be presented to each officer. No Purse was awarded.

2. **The Leishman Memorial Prize 1983.** To Maj A Henderson for his paper 'Encephalitis in Nepal: The Visitation of the Goddess of the Forest'. A purse of £375 was awarded.

3. **The Parkes Memorial Prize 1983.** To Lt Col J R Brown for his paper 'Noise Induced Hearing Loss Sustained During Land Operations in the Falkland Islands Campaign', A purse of £250 was awarded.

4. **The Consultants Prize 1983.** To Col P Abraham for his collected papers on Battleshock. A purse of £250 was awarded.

5. **The North Persian Forces Memorial Prize 1983.** To Maj R Thornton for his paper 'In-flight Thermal Data from Harrier, Puma and Gazelle Aircraft in Belize'. A purse of £125 was awarded.

6. **The Parkes ATQ Officers Prize 1983.** To Maj L J Miller for his paper 'Environmental Health Aspects of Op Corporate'. A purse of £200 was awarded.

7. **The Montefiore Memorial Prize 1983.** The nomination for this award was submitted by D A Surg and accepted by the Committee.  
Maj P Guy.  
A purse of £100 was awarded.

8. **The Knott Memorial Prize 1983.** The nomination for this award was submitted by DAGP and accepted by the Committee.  
Lt Col J C Richardson.  
A purse of £100 was awarded.

9. **The Syntex Award 1983.** The Adjudicators accepted the recommendation of DAGP, in consultation with the Honorary Civilian Consultant in GP to the Army and the Senior lecturer in GP. The prize was awarded to Capt C F Sidebotham for his paper 'General Practice Consultation Rates of Children in a British Army Garrison in West Germany'.

#### RAM COLLEGE ANNUAL PRIZES 1983 FOR PGMOS

10. **The Sydney Herbert Prizes**  
Course 151 – Capt J H K Grieve  
Course 152 – Capt D C Mabin  
A purse of £50 each was awarded.

11. **The Montefiore Prize (Surgery)**  
First – Major K A Galbraith  
A purse of £50 was awarded.  
Second – Capt J B Salmon  
A purse of £30 was awarded.

12. **The Parkes Prize (1st Prev Med)**  
Capt A G Kidd  
A purse of £50 was awarded.

13. **The de Chaumont Prize (2nd Prev Med)**  
Capt J H K Grieve  
A purse of £30 was awarded.

14. **The Ranald Martin Prize (Best Mil Med)**  
Capt J D McCallum  
A purse of £50 was awarded.

15. **The Tulloch Memorial Prize (Best Path)**  
Capt J H K Grieve  
A purse of £50 was awarded.

16. **The J R Rees Prize (Best Psych)**  
Capt J H Jenkins  
A purse of £50 was awarded.

17. **The Marshall Webb Prize (1st TRG GP & RMAS)**  
Capt J H K Grieve  
A purse of £50 was awarded.

#### THE LEISHMAN PRIZES FOR SOLDIERS

18. **Medical Assistant**  
24598472 Pte S P Ward RAMC  
A purse of £25 was awarded.

19. **Pupil Nurse**  
24571872 Pte S Gill RAMC  
A purse of £25 was awarded.

20. **Operating Theatre Technician**  
24215479 Pte D E Herve RAMC  
A purse of £25 was awarded.

21. **Storeman Medical**  
24579258 Pte C C Camm RAMC  
A purse of £25 was awarded.