PUBLICATIONS: ABSTRACTS AND SUMMARIES, 1985-86

LT COL G O HOPKINS, RAMC

HOPKINS G O. Osteoarticular Tuberculosis: A Review. *The Physician India* 1986; **3**: 23-28.

Abstract: The historical aspects of osteoarticular tuberculosis are briefly recounted. Difficulties of diagnosis and management are discussed in relation to the disease occurrence in both the West and the Indian Subcontinent.

LT COL D S JOLLIFFE, RAMC

JOLLIFFE D S. Cutaneous Leishmaniasis from Belize – treatment with ketoconazole. *Clinical and Experimental Dermatology* 1986; **11**: 62-68.

Abstract: Eight patients suffering from cutaneous leishmaniasis acquired in Belize were treated with 800 mg oral ketoconazole daily for 28 days. Four were infected with *Leishmania mexicana mexicana* and four with *Leishmania braziliensis braziliensis*. On completion of therapy, all cases of *Leishmania mexicana mexicana* infection and one of *Leishmania braziliensis braziliensis* infection showed significant clinical improvement. No side-effects were observed during this study which suggests that ketoconazole might be a safe and effective form of therapy for cutaneous leishmaniasis caused by *Leishmania mexicana mexicana*.

D H HULL and BRIG P J BEALE, L/RAMC

HULL D H and BEALE P J. Cigarette smoking and duodenal ulcer. *Gut* 1985; **26**: 1333-1337.

Summary: Tobacco smoking delays healing of gastric ulcer and may influence duodenal ulceration. Seventy men, all cigarette smokers, were found to have duodenal ulceration at endoscopy. All were advised to stop smoking and received a three-month course of cimetidine. Neither cimetidine nor cigarette smoking nor ulcer healing appeared substantially to affect duodenitis and fixed deformity. We conclude that continued cigarette smoking does not prevent the powerful duodenal ulcer healing effect of cimetidine but does predispose to an increased expectation of duodenal ulceration soon after cimetidine has been stopped.

LETTER TO THE EDITOR

INTERMITTENT HUSBAND SYNDROME

From Capt G E Vincenti, RAMC

Sir, I would like to draw attention to a recent article in the British Journal of Psychiatry dealing with minor psychiatric symptomatology presenting in wives whose husbands are absent from home on an intermittent basis¹. The paper dealt with wives of oil men working on the North Sea oil rigs, but the relevance to Service families is obvious. The problem has in fact been described previously in submariners' wives by Isay² and some mention of similar difficulties can be found in papers by Wawman³ and more recently O'Brien⁴ in this Journal. As a clinical entity, the intermittent husband syndrome must be well known to any Medical Officer who has served in BAOR, and it is a sad fact that families clinics in our Medical Centres are often at their fullest when major exercises are in progress.

As the amount of time soldiers spend away from home shows no sign of decreasing, this problem is likely to persist. Brown and Harris⁵ quote risk factors for the intermittent husband syndrome as being a newly married wife with no job and preschool children. In BAOR all these factors operate in abundance. However what was particularly interesting about Morrice's¹ paper was the expressed hope that prevention through identifying those at risk might bear more fruit. This would seem to have particular relevance to the Army Medical Services in BAOR, where the resources for screening and offering increased support to those at risk are already in situ. I refer here to Medical Centre staff, SSAFA Social Workers, Health Visitor teams and the Families Officer. If successful, the benefits of such a programme on our hard pressed Medical Centres would be of great value.

G E VINCENTI

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4. O'BRIEN L S. Psychiatric Morbidity in a Military General Practice. *JR Army Med Corps* 1985; **131**: 16-18.
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