

LETTERS TO THE EDITOR

RICKETTSIAL DISEASES

From: Lieutenant-General Sir TREFFRY OWEN THOMPSON
K.C.S.I., C.B., C.B.E., M.D.

SIR—Reference your excellent editorial and the article by General Drew on the Rickettsial Diseases and, in particular, on the percentage mortality during the Burma campaign, from that dreaded disease.

May I be allowed to comment on those figures? The figures of 10 to 20% mortality refer, of course, to a fairly long period. But, in actual fact, during the first 3-4 months of the outbreak of this scrub typhus, originating from "Devon Hill" at the top end of the Kabaw valley, the death rate was at one period nearly 28 (twenty-eight)%, i.e. more than a quarter of all patients were dying. And we had no known cure. Except, as General Drew says in his article, careful nursing. It was for that reason that, when the Fourteenth Army advanced, we sent a matron and six sisters with the Division which went straight across the Tiddim Hills.

Secondly, investigation of the disease showed up what a wonderful job was done by our Pathologists. A team, which included Sayers, Benstead and I think two others went straight to the area. Within 4 days the probably infective material had been inoculated into rabbits and dispatched to Calcutta, Cairo (M.E.F. Labs), Hampstead (London—M.R.S. Labs) and New York.

At Hampstead, so the report said, Fulton working with a special importation of rats from South America and with 5 girls especially seconded from the A.T.S. worked out the details of the disease and possible treatment. Subsequently at a later period Lewthwaite's wonderful work together with Smadel produced the real cure in the shape of Chloramphenicol.

After the Japanese Surrender I had the fortune to read a Japanese account of their experiences with Typhus in Burma. The report showed that they too had very high mortality, had set up a special team to investigate, had carried through similar trials and investigations; and, then on the last page of the report, had come to the conclusion that this was a rat-borne disease caused by the Rat Flea.

And *this* from the very people who had originally described the mite borne Rickettsial typhus known as Japanese river fever.

Savourys,
Chulmleigh, N. Devon.
25th April, 1965.

I am, etc.,
TREFFRY O. THOMPSON.

GENERAL PRACTICE

From: Major-General W. J. OFFICER, C.B., C.B.E. (Retd.)

SIR—As one who joined the RAMC from general practice at a time when general practice in this country was probably at its zenith, it has always been my contention that the RAMC afforded opportunities for doing good general practice which far and away excelled anything in civil life. The opportunities for research for anyone so minded were also unsurpassed. Over the years this opinion has been enhanced. Further, because of the reduction in the age of marriage and the increase in the numbers of women and children opportunities for good general practice in the Army have improved as also have standards. In civil life, however, these have worsened. This being so, it has always been a surprise to me why it has been found necessary to attach RAMC Officers to civilian practitioners for instruction and why so many officers writing in the RAMC Journal are apparently under the misapprehension, not only that group practice in the Army is something new, but that conditions of work lag behind those found in the National Health Service. So much is this the case that arrangements have now been made to attach senior RAMC officers to civilian practitioners to learn methods which the RAMC have utilised for years and which, if the article in the BMJ of 16th January 1965, by Dr. FRY the Army Consultant in general practice is any criterion, are only now beginning to be adopted.

When I was in Egypt in 1930-35 I was the junior member of a RAMC group practice of four. We were based on the local Military Families Hospital—the CO of which was also the SMO for the area. The other members of the practice were three senior and experienced Majors of many years service. They took me under their wing and helped me in every possible way. We had the willing support of the specialists in the Military Hospital in the Citadel—such great men as Generals Robert Priest and Harsant and Brigadier Bowie, together with the diagnostic facilities of the special departments. We also had as our auxiliary staff three well trained regimental orderlies—a SSAFA Sister as the health visitor, home nurse and midwife, and the SSAFA Lay Committee comprising the senior officers' wives of the various regiments as enthusiastic voluntary workers.

As Medical Officer in charge effective troops I was also MO in charge of a ward in the hospital. I thus received as a junior officer a sound training not only in good general practice and in family and child welfare but also training in the duties of a regimental medical officer. In addition, as MO i/c a ward I continued to receive instruction in the command of men and in those duties which are basic to the efficient running of a military hospital and to the training of a future Commanding Officer. This training is vital to all RAMC officers and is one which if it is to be of any use must be constant and continuous. It can never be replaced by special courses of instruction of a few weeks duration. Moreover, it must be the personal concern of the CO. Only those of us who had the privilege of serving under Wallace Benson can appreciate this.

But the way of life outlined above was not peculiar to myself. It is similar to that undergone by many senior officers still serving and I venture to say it is a regime which could not be improved upon; and even in the changed conditions of today could in large measure be implemented.

Let the National Health Service learn from the RAMC. There is much, with advantage, it would copy but as an integral Corps of the Army further emulation of civilian ideas and customs could well jeopardise the Corps' existence and its military integrity.

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No. 9, Lee Road,
Blackheath,
London, S.E.3.
1st April, 1965.

I am, etc.,
W. J. OFFICER

ACADEMIC ACHIEVEMENTS

F.R.C.S.

Major B. LIVESEY, M.B., Ch.B., D.L.O., R.A.M.C.

D.P.H.

Major A. G. HARWOOD, M.B., B.S., D.T.H. & H., R.A.M.C.

D.I.P.Bact.

Major A. W. C. STEWART, B.A., M.B., B.Ch., B.A.O., D.T.M. & H., R.A.M.C.

ERRATUM

Vol. III, Issue No. 3, 1965, Page 174.

Please delete the following entry which was made in error:

F.F.R.

Major P. P. LEDDY, M.B., B.Ch., B.A.O., D.M.R.D., R.A.M.C.

“ Those were the days ”

‘ The spirit of discipline which informs the working of this hospital, both in the sick wards and in the school, is one of the most noteworthy and individual features here. The absence of all slovenly looseness and of all spasmodic energy alike, the regularity, order, punctuality, method and perfect training characteristic of a highly organised service and a highly disciplined body of men, make this Hospital a different thing altogether from the ordinary civilian hospital; and no student of large organizations should fail to make a careful study of this ’

‘ Netley Hospital ’ by E. Lynn Linton reprinted from the

Gentlemen Magazine for July 1880.