EDITORIAL

Scrub typhus was a major factor in the morbidity and mortality experience of Allied troops operating in the jungle of South East Asia during World War II. In the post-war era, with a different pattern of military activity, involving smaller groups of men exposed to risk, and with the imposition of standard preventive drills, the incidence of the disease has been greatly reduced. The outlook for the established case has, of course, been revolutionised by the introduction of antibiotic therapy.

Nevertheless, scrub typhus remains a force to be reckoned with as a potential source of wastage of military manpower, when troops are deployed in endemic areas. In the type of warfare involving prolonged patrol activity, where re-supply and medical evacuation are largely by air, the occurrence of scrub typhus (or indeed of any disease or injury calling for evacuation) can have a crippling effect on the efficiency of a patrol. The sufferer may be a key member, but even if he is not, the mechanism of his disposal may mean, at the best, delay, or in the worst case, his transportation to a site suitable for clearance as a helicopter landing zone. It therefore behoves all concerned to look to the implementation of all available measures directed to the prevention of scrub typhus and to their further development and improvement.

In this context, the work of Professor Bertram and his colleagues on the efficiency of mite repellents is of particular interest. While it must be acknowledged that the use of such substances is only one facet of the overall preventive plan, it may be said to be the most consistently practicable device. When ‘mite islands’ have been delineated, it may be possible to avoid them in training exercises, but operational requirements may demand that they be occupied. Clearance of scrub and lallang, and the imposition of the distance factor in elevating the bed from the ground, should be practised wherever possible. The sheet anchor, however, for the soldier, must remain the barrier provided by a reliable mite repellent.

These have been applied by smearing on the clothing, and latterly by dipping the clothing in an emulsion. Both processes have inherent disadvantages—the first is laborious and to be effective must be carried out meticulously by the individual—the second requires some form of container which may not be readily available in the jungle—and in each case, the procedure must be repeated after several washings of the clothing.

Army Health is Occupational Health as applied to the soldier, and it may be relevant to quote one of the aphorisms of Sir Thomas Legge, the First Medical Inspector of Factories. “If you can bring an influence to bear external to the workman (that is over which he can exercise no control) you will be successful; and if you cannot or do not, you will never be wholly successful.” With the great strides in technology which are now taking place, it is perhaps not an unduly wishful thought to foresee the development of a mite repellent which can be so incorporated in the material of jungle uniform that it will be resistant to leaching out by repeated accidental immersion in water, and by laundering, and with a life expectancy at least equal to that of the garment.

THE IDEAL DENTIST

An ideal dentist should be a man endowed with unusual ability along various lines. He should have the instincts of the scientist with the manual dexterity of the artisan, but superlative ability in either one of these will not of itself suffice. A man may have the
mentality of a scientist and be endowed with the fervour of research and stand out as a man of unusual learning in the science and art of his calling, but unless he has also manipulative ability, his attempts at achievement will fail lamentably short.

An ideal dentist should be endowed with the attributes of the sympathetic physician and surgeon. His heart should be given in solicitous concern for the ills of his fellow men. It should be a part of his very nature to extend a helping hand in case of pain or discomfort of any kind and with gentle mien to quiet the aching nerves of mankind.

An ideal dentist must never be indifferent to the sufferings of those committed to his care, and in all of this there should never be the dominant incentive of material gain. Professional and scientific achievement is apart from commercial sagacity, although there is nothing to prevent the attainment of both.

An ideal dentist should have the instincts of the artist and be able to imitate nature in her varied moods of colour and form, for lacking this he is handicapped in one of the essentials of practice.

It is taken for granted that the dentist should be clean physically, mentally and morally. In addition to all these things must be added that in daily practice there shall be embodied the principles of ethical and cultural conduct, for without ethics all other attributes are as nought. These essentials of life, professional and otherwise, are indissolubly linked with equity and justice amongst men, and in estimating the qualities of the ideal dentist, this is the foundation on which all other qualities must be built.

E.S.F.

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A Notable Guest Night

Lieutenant-General Sir Robert Drew, Director-General of Army Medical Services, and officers of the Royal Army Medical Corps held a Regimental Guest Night at the Headquarter Mess, Millbank, London, on 26th May. Among the guests were: Professor Sir Max Rosenheim, President of the Royal College of Physicians of London; Professor A. H. Thompson, President of the Royal College of Physicians of Ireland; Dr. C. W. Clayson, President of the Royal College of Physicians of Edinburgh; Sir William Morrow President of the Royal Australasian College of Physicians; and Air Marshal G. R. Gunn, Director-General of Medical Services, Royal Air Force.

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EDITORIAL STAFF