There was only one amputation of the arm, which did very well. It was the only case in the hospital in which union by the first intention was in any degree obtained, though it was complicated by an enormous slough in the thigh (vide Graves case in the appendix⁽⁵⁾).

Conservative surgery

Our attempts in this direction were very disastrous. Of nine cases in which the propriety of amputation was matter of discussion. Two only survived and one of these I am told had to undergo amputation (of the arm) at Cawnpore. Two cases of musket shot wound of the foot were lost after secondary amputation and the remaining five all succumbed before secondary operative proceedings were admissible. Contusions of the knee though not producing fracture on opening the joint were very fatal.

The general type of disease was adynamic and stimuli in considerable quantities were required. Water dressings were chiefly resorted to and poultices ignored.

Footnotes

1. The 5th were the Northumberland Fusiliers. The 90th were the Perthshire Volunteers.
2. The 78th were the Ross-shire Buffs.
3. Alum-bagh—The garden of the Lady Alum (or beauty of the world) was a summer palace which with its large garden or park was surrounded by a brick-wall. It was occupied as an advanced base by the British.
4. William Kilner Swettenham. Born 1817. Died 1901. He entered the Army in 1841 and joined the 5th Fusiliers in 1857. He retired in 1868 as a Deputy Inspector General.
5. The Appendices to this report are missing.
6. The 93rd were the Sutherland Highlanders.
7. Bernard Kindall. Born 1831. Died 1912. He entered the Indian Army as an Ass/Surgeon in 1855 and retired as a Surgeon Major in 1879.
8. Sir Colin Campbell.

LETTERS TO THE EDITOR

SIXTY YEARS AGO

SIR—Under the heading Sixty Years Ago in your last issue, a plea for the employment of aurists in connection with recruiting is of interest.

In the years preceding World War II a common, if not the commonest cause of invaliding from the Middle East was chronic suppurative otitis media.

In late 1940 a careful and diligent R.M.O. with a Territorial infantry battalion from East London, examining personnel for fitness for service in the Middle East discovered that almost one third had wet or dry perforations of the ear drum. The astonished C.O. was reluctant to accept that these men were unfit for such service. As acting A.D.M.S. of the Division I was required to examine and confirm the diagnosis, which was one hundred per cent correct, and to advise disposal and replacement.

It would be of interest to those of us no longer in the service to know if ear disease

is still a common cause of invaliding from our few remaining overseas stations and if such is still a bar to service in tropical and subtropical regions.

I am, etc.,

A. G. D. WHYTE

University of Aberdeen,
Department of Anatomy,
Marischal College,
Aberdeen.

16th September 1970.

Editorial Note

Active or inactive disease of the middle-ear cleft remains a bar to service in tropical and subtropical regions and is reflected in the Pulheems Employment Standard.

The widespread use of antibiotics in acute otitis media in infancy and childhood during the last thirty years has lowered substantially the overall incidence of middle-ear pathology in recruits. This, however, has not diminished the problem of otitis externa acquired overseas and unfortunately no method of pre-determining vulnerability to this condition exists. In spite of improved fungicide therapy refractory cases often require transfer to a temperate climate.

RUBELLA

SIR—This year sees a milestone in the field of preventive medicine, the ideal way of practising modern medicine, in that a vaccine has now become available for the first time ever to protect the female half of the population against one of the infectious diseases, though it would be more true to say that indirectly the objective is really the protection of generations of children as yet unborn.

I refer of course to German Measles, the vernacular title for RUBELLA. I daresay it will come as a surprise to the reader (it did to me) who is proud of his or her R.A.M.C. heritage that the appellation RUBELLA was in actual fact first proposed for this disease by an Army medical officer, and it subsequently gained wide acceptance as can be seen by reference to all our medical textbooks, technical journals and teaching manuals.

'The name of the disease is always a matter of some importance', stated the Army surgeon Veale⁽¹⁾ about one hundred years ago. 'It should be short for the sake of convenience in writing, and euphonious for ease of pronunciation. I therefore venture to propose RUBELLA'.

And it has been so ever since.

I am, etc.,

E. E. VELLA

Department of Pathology,
Royal Army Medical College,
Millbank,
London, S.W.1.

22nd August 1970.

REFERENCE

1. VEALE, H. (1866). *Edinb. med. J.* **12**, 404.

EXERCISE GAZALA GALLOP

SIR—In these days of uncertainty about the continuing rôle of the British Army East of Suez and of discussion on the Army's ability to adapt to varying climates, I thought that the following brief medical account of an exercise carried out recently during high summer in Arabia might be of some interest.

The 1st Battalion Scots Guards is doing a nine-month tour at Sharjah on the Persian Gulf, which started in February 1970. Exercise *Gazala Gallop* took place in the Jebel and foothills North East of Buraimi Oasis between 6th and 13th of July 1970 and was designed to test the battalion in an internal security rôle.

The administrative organisation consisted of the Base in Sharjah, the Airhead at Buraimi Daudi, an Echelon, Battalion Headquarters and three Rifle Companies, with support from the Army Air Corps (with Beavers and Scouts), Royal Corps of Transport, Infantry Workshops and Royal Air Force, Sharjah (with Wessex helicopters and Andover and Argosy aircraft).

This is the hottest time of the year and we were warned to expect 40 per cent heat casualties. It was decided therefore to utilise the detachment of 24 Field Ambulance, R.A.M.C., which is attached to the Medical Reception Station at Sharjah, in the role of Casualty Clearing Post at the Airhead. The Regimental Aid Post, staffed by the Regimental Medical Officer and his staff, was sited at Battalion Headquarters. Each Rifle Company had a Regimental Medical Assistant Class II at Company Headquarters, assisted by two first-aid-trained pipers.

The exercise went ahead smoothly in uniformly hot and dry conditions. I carried out daily recordings of the temperature, the maximum readings over the six days being: dry bulb 121°F, black bulb 149°F, wet bulb 75°F and W.B.G.T. 90.2°F.

Nineteen sick only were seen by me over the period of the exercise, including three cases of heat exhaustion. Nine men were moved back to the Casualty Clearing Post for holding and treatment. Twenty-five* sick were seen altogether at the Casualty Clearing Post. One man (with viral pleurisy) was evacuated by air from the exercise area. The company medical assistants dealt with two cases of heat exhaustion (both returned to duty) and treated up to six minor ailments daily.

The above figures represent an extremely low heat casualty rate and are unprecedented under these climatic conditions in this area. The factors contributing to this, I suggest, are the following:

Proper acclimatisation and fitness of the men. Cautionary instructions on the dangers of heat, the importance of water and salt and the first aid treatment of heat disorders. Appreciation of the problems and dangers by the officers. Limitation of physical activity during the hot time of the day, that is from 11.00 to 16.00 hours. Unlimited water—an average of 3 gallons per man per day was actually used for all purposes. Free salt carried by the individual for use on food and in the drinking water. A comprehensive medical 'back-up', with early treatment at the Company Headquarters and a Casualty Clearing Post for receiving and holding cases until recovery (an important factor here was the refrigerated water, which the Regimental Aid Post was without).

I feel that this exercise demonstrates well that a British battalion can work adequately

* Includes the nine men moved back from the R.A.P. of which two were cases of heat exhaustion.

in the height of summer in the arid interior of Arabia, if properly prepared and deployed with unlimited water and comprehensive medical support.

I am, etc.,

Regimental Medical Officer,
1st Battalion Scots Guards,
British Forces Post Office 64.
September 1970.

N. E. CETTI

BOOK REVIEWS

With Pegasus in India. The Story of 153 Gurkha Parachute Battalion. Colonel F. G. NEILD, L/R.A.M.C., Army School of Health, Keogh Barracks, Ash Vale, Aldershot, Hants. £1.

It is unusual to come across a Bn's history written by the R.M.O. but when one has come to the end of Eric Neild's book one can only regret that other units were not so fortunate as 153 Gurkha Para. Bn. This is a splendid account which I found impossible to put down and I read it from cover to cover straight off.

The author has produced a clear, authoritative and interesting history of his unit and writes so well that the personalities come to life and the events occur before one's eyes. I would think that the book was written fairly soon after the end of the war and this adds greatly to the reader's pleasure as he feels the events are only just round the corner and not almost 30 years ago.

This is a book with something for all of us and shows what singleness of purpose and determination can achieve in the face of difficulties and lack of equipment. It also brings out how vital good leadership and example are in action at any level of rank.

The author writes clearly and well on the military actions in which his unit took part and his narrative is reinforced by maps and diagrams of a very high quality.

Although written entirely as a military history the author brings out plenty of medical points and the importance of good health discipline and man-management.

The writer's narrative is pleasantly free from bitterness or adverse comments on others and I found his sense of fun refreshing and especially enjoyed his story of a Q.A. Officer asking a parachutist not to land on the point of a lightening conductor!

The book is splendidly printed and produced and astonishing value for only £1. It is noted that any profits will go to the Gurkha Welfare Appeal.

If a second edition is called for I hope that, in accordance with current practice, a brief biography of the author will be printed inside the cover as I am certain that the Author's readers will wish to know something of him.

I am confident that this book will enjoy the success it merits and can unhesitatingly recommend it to our readers.

A. MACLENNAN

Surgeon Henry's Trifles. Events of a Military Life. Ed. by PAT HAYWARD. London. Chatto & Windus Ltd. 1970. Pp. vi + 274. 45s.

Walter Henry (1791-1860) the author of these memoirs served as an Army Surgeon from 1811 until 1855 in many parts of the world and gave a most vivid and amusing account of his experiences in his "Trifles from my Portfolio" first published in Canada in 1839 and re-published in England in 1843 as "Events of a Military Life". Both have been over a century out of print and are quite unknown to most readers apart from Henry's description of his first aid post at the Battle of Vittoria and his description of the post-mortem of Napoleon which are occasionally quoted.

I read "Events of a Military Life" many years ago and enjoyed it so much that I always hoped it would be reprinted. Thanks to Chatto & Windus this hope has now been fulfilled.

Henry reveals himself as a happy and kindly individual who is always prepared to make the best of any situation and who is never averse to telling a story against himself. He at once captures his reader's affection and in his company one samples the joys and sorrows and the adventures and misadventures of an Army doctor's life in the first half of the Nineteenth Century. Henry has a good eye for detail and a gift for racy narrative so that one gallops along in famous style from adventure to adventure quite in the manner of Charles Lever's heroes! How refreshing to find a doctor who joined the Army to have fun and adventures and found both. Would that we saw more of the same breed!

Brigadier Hayward, who is himself the son of an R.A.M.C. Officer, has proved to be the ideal Editor. He has wisely based this edition on Henry's first and more spontaneous text and has provided an admirable introduction as well as excellent notes and clear maps. The book is very well printed and produced and at 45/- represents excellent value. This volume is a must for all our readers and is worthy of every success.

A. MACLENNAN

Bailliere's Handbook of First Aid. Sixth Edition. Ed. by STANLEY MILES. London, Bailliere, Tindall & Cassell. 1970. Pp. viii + 336. Illustrated. 20s.

This volume is in a sense the partner to "Teaching First Aid" though of course it can be readily used on its own.