LETTERS TO THE EDITOR

CAUSES OF “BLACKOUTS” IN A MILITARY SETTING

SIR—Lt. Colonel Cormack’s analysis of his 2-year experience of cases of “blackouts” (Jan. 1972, p2) is a fine example of the sort of stock-taking we should all do from time to time. He has chosen to study a phenomenon which has a unique aetiological spectrum within the military setting and to which the generally accepted diagnostic approach requires modification. The breakdown of his 42 cases will have a familiar ring for all army physicians. I would like to make the following comments.

When the cases of epilepsy have been hived off, the outstanding feature is the complete absence of organic disease, and Lt. Colonel Cormack has rightly drawn a contrast with the accounts given in standard textbooks of medicine. The point is made that in every case the diagnosis (or lack of it) was made on grounds of history alone, no help whatsoever being obtained from interim physical examination or from ancillary investigations, with the notable exception of E.E.G. (which was pathological in the surprisingly high proportion of 13 out of 19 cases of epilepsy). This is certainly my experience too, although I confess that I have not had the courage to abandon the investigation of selected cases (by lumbar puncture, for example). It is a chastening thought that some one third of the cases is quite indeterminable clinically.

Lt. Colonel Cormack finds the F Med 138 to be of limited use. I have very rarely found it to be any assistance whatsoever, and have often found it to be positively misleading. This form is nearly always completed in retrospect by an untrained observer who cannot accurately describe what he has seen. Far too often, for example, he records hysterical thrashing of limbs as convulsions. The risks are obvious. The best plan is for the physician to insist on interviewing anyone who has witnessed an attack.

I was a little disappointed that Lt. Colonel Cormack did not undertake to define the criteria for inclusion in his series. “Blackouts” or episodes of transient loss of consciousness can be defined broadly or narrowly: I suspect that he must have accepted fairly limiting criteria, for I find among his series no examples of a particular variant which has intrigued me for some time and which I find to be fairly common. This typically involves a young soldier of immature personality who, whilst out for an evening’s drinking (but not drunk) is seized with severe epigastric pain which, within a short time, becomes ostensibly so severe that he “collapses” and enters a trance-like state during which, if not unconscious by conventional standards, he is apparently completely unaware of his surroundings. The episode terminates spontaneously after an hour or two. I have assumed this to be an hysterical reaction to alcohol-induced epigastric pain, and would be interested to hear if others have encountered this surprisingly clear-cut and fairly frequent syndrome.

I am, etc.,

D. M. ROBERTS

British Military Hospital,
Hong Kong,
British Forces Post Office 1.
13 March 1972.
ENTERIC FEVER

SIR—I am grateful to Colonel Hamilton for his observations. The positive Widal of 1 in 60 reported was, of course, a misprint and should have been 1 in 160.

The paragraph in question should have read:—

“Typhoid and paratyphoid were usually diagnosed when paired or more sera rose to a minimum of 1 in 160 with the Widal test. Later, at the height of the epidemic, when supplies of the Widal reagent became short, a single 1 in 160 titre was accepted as diagnostic.” I would like to stress that I used the word minimum.

A single positive Widal of 1 in 160 was found in the serum of the Malayan Gurkha policeman who died from a perforated ileum. There was no doubting the diagnosis. We were so short of the reagent that, with the vast numbers attending hospital, we just had to economise with it. We found this positive 1 in 160 to be a simple practical test where urgent diagnosis and treatment was so essential.

I am, etc.,

P. C. C. PITT

Chase Farm Hospital,
Enfield,
Middlesex.
21 February 1972.

ENTERIC FEVER

SIR—After reading Colonel D. Hamilton’s letter in the January issue of the Journal I expect the feathers to fly amongst the physicians and pathologists, and probably army health specialists as well; for the interest of any courageous contender who is entering the lists, may I be permitted to draw attention to the Postgraduate Medical Journal of February 1972, wherein a section on the Widal Test appears in the relevant Current Survey article.

I am, etc.,

E. E. VELLA

Royal Army Medical College,
Millbank,
London, S.W.1.
12 February 1972.

DREW ROLL

SIR—For the benefit of those who may have occasion to refer to this most informative roll in connection with references to Sir David Bruce’s annotation No. 6953 on page 1883, the following additional information, which I came across while writing up a short biographical sketch of this great man’s achievements and awards, may prove of interest and possibly of use:—

2. D.Sc. (Toronto—Hon. Causa. I assume this was granted to him in 1924).
3. President of the British Association Meeting in Toronto.
4. Chairman of the Governing Body, Lister Institute from 1916 (had been a member since 1903).
5. Colonel Commandant, Royal Army Medical Corps 1924.
6. Member of the Royal Society Council.
7. President of the Royal Society of Tropical Medicine and Hygiene 1917-1919.

If I am in error in any of the above points I would be most grateful to any reader who would be kind enough to point out the relevant corrections.

I am, etc.,

E. E. VELLA

Royal Army Medical College,
Millbank,
London, S.W.1.
8 February 1972.

---

Publications by Officers—1971

The following is a list of publications, by officers of, or late of, the R.A.M.C., which have appeared during 1971, other than in the Journal of the R.A.M.C.

HECTOR, R. M.  

PRESTON, F. E.  

ROBERTS, D. M.  

SACHS, A.  

SAYERS, M. H. P.  

It is brought to the notice of all Officers, that a reprint of any paper published, other than in the Journal of the R.A.M.C., should be sent to the Librarian, Royal Army Medical College, Millbank, London, S.W.1.