SIR—I wonder if you would consider a suggestion for including in the Journal a series of planned articles devoted to “A New Look at” or “Current Review of” various aspects of military medical practice. The idea is not new; your learned contemporary the British Medical Journal has for some years run a section of “Medical Practice” in which there has been featured numerous successful series on instructive review papers.

With the demise of the Army Medical Department Bulletin there is no longer any suitable forum for the dissemination of professional and scientific information to medical officers and others. It is for this reason that I ask if you would agree that the Journal might now become the proper place for promulgating advances, revision and reviews of topics of interest primarily to medical officers in the Corps, but also to the wide range of other medical readers.

My suggestion stems from the recent completion by Major D. A. Moore, R.A.M.C. (attached to this department) of a set of notes on medical statistics. In my opinion it is vitally important that every medical officer (who is of course a potential medical author) should have a sound knowledge of the value and limitations of statistics: how otherwise can we avoid the present proliferation in medical papers of ill-comprehended and often meaningless statistical jargon? Major Moore’s notes are of sufficient merit and literary quality to justify a wider audience than the officers who pass through the College. As a series of three papers entitled (perhaps) “Simple Statistics for Medical Authors” I think they would be worthy of publication in the Journal.

If you think my particular suggestion has merit, it could perhaps be extended into a regular feature, with contributed articles from all branches of military medical practice.

I am, etc.,

J. P. CROWDY

Professor of Army Health,
Royal Army Medical College,
Millbank,
London SW1P 4RJ
3 September 1974.

(Editor’s Note: We will be publishing Major Moore’s paper, and we most strongly welcome Colonel Crowdy’s most constructive suggestion for a series of papers on current aspects of Military practice. Contributions please.)

ACUTE PULMONARY OEDEMA AT HIGH ALTITUDE

SIR—In 1954 an infantry battalion based at Meru, a few miles north of Mount Kenya, sent a small party to scale the mountain. A member of the group was the Adjutant, a rather heavily built and a very determined young man. The attempt was called off when this officer developed ‘pneumonia’ after climbing to some 13 to 14,000 feet. A helicopter, a rare animal in those days, dropped antibiotics to the party and all returned safely.
A second attempt was mounted later in the year and the Adjutant, who appeared to be completely fit on clinical examination, was again a member of the team. This expedition was a repetition of the first one, they climbed to some 14 to 15,000 feet, certainly above the snowline, the Adjutant became distressed but this time he died during the night, which was spent in a hut.

His body was brought down and a post mortem examination performed at the Military Hospital, Nanuki. My recollection is that it revealed waterlogged lungs but the report never came into my hands. A Board of Inquiry was held and it may well be that a reader will have more knowledge of this episode.

The victim had served with his battalion at Meru, an altitude of 5 to 6,000 feet, for several months. While his job meant that he was relatively desk-bound he made every attempt to keep physically fit.

With the benefit of hindsight it appears highly probable that this officer succumbed to acute pulmonary oedema, and that I should never had allowed him to make a further attempt in view of the events during his first climb.

I am, etc.,

D. E. WORSLEY

Ministry of Defence,
Army Personnel Research Establishment,
c/o Royal Aircraft Establishment,
Farnborough, Hants.
4 July 1974.

ACUTE PULMONARY OEDEMA AT HIGH ALTITUDE
SIR—The use of frusemide in acute pulmonary oedema at high altitude by Major K. Hedges (1974) is strongly supported.

The action of this drug is of considerable interest in elucidating the mechanisms involved. It appears that not only is the response of the pulmonary blood volume to high altitude hypoxia independent of the central blood volume (Roy 1967), but that the action of frusemide is in the first instance on the pulmonary circulation (Bhatia 1969).

Primarily, a vascular action causing a decrease in left ventricular filling-pressure either due to a direct vasodilation effect on the pulmonary vasculature or to peripheral venous pooling is thought to occur (Dikshit 1973) and this takes place within five minutes of intravenous frusemide administration; only after fifteen minutes does a significant diuresis begin.

These facts may explain why frusemide exacerbates the onset of high altitude pulmonary oedema if taken as a prophylactic, and also infer the possibility that some alternative prophylaxis may exist.

I am, etc.,

S. N. SLAFFER

Worcester Royal Infirmary,
Castle Street Branch,
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12 July 1974.
THE CAMBRIDGE MILITARY HOSPITAL

SIR—I have read with interest the Short History of the Cambridge Military Hospital by Colonel J. F. Webb, but I have to point out that the author is incorrect in his statement that in 1866 the second large General Military Hospital (The Herbert Hospital) was opened at Woolwich by Queen Victoria.

The Times Newspaper of Thursday 22nd March 1900 states:—

"It is with almost pathetic interest that we mark that The Queen is now for the first time to visit the Herbert Hospital, which was connected with three persons who were linked together not only in the important work of the sanitary improvement of the Army, but with ties of strong friendship. Lord Herbert has long since passed away, and this month marks the first anniversary of the death of Sir Douglas Galton, the designer of the hospital: Miss Nightingale is the only remaining link, and she is too ill to be present at a function for which they had all ardently longed. It had been the earnest wish, especially of Sir Douglas Galton and of his cousin, Miss Nightingale, that they should have the invaluable sanction and the glorious halo of a visit from Her Majesty to crown their work."

I am, etc.,

B. GAVOURIN

Army Medical Services,
Military Maternity Hospital,
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5 September 1974

BOOK REVIEWS


This is an autobiographical account by a surgeon long resident in Shetland, of episodes in his life from 1914 to the present day.

Mr. Lamont had had a full, adventurous and personally satisfying life and from the Preface to his book it is noted that he gained much pleasure from recording its highlights.

It is hoped that readers will be equally rewarded. A. MACLENNAN


This little book is, as its title implies, a miscellany of military humour—mainly from 1914 to the end of World War II.

Its chief merit is to record the way in which humour has changed over the years. Even allowing for being a gloomy Scot I find little to amuse me in it. A. MACLENNAN