REPORTS OF MEETINGS

Association of Service Physicians

The second meeting of the Association of Service Physicians was held at the Royal Army Medical College on 27th February 1981. Forty-two members and guests attended, and Air Vice Marshal H B Kelly took the chair.

Col I C Crawford introduced Capt J G Malone-Lee, who presented the results of the Cardiac Rehabilitation Course at the Queen Elizabeth Military Hospital, Woolwich. Patients were accepted from six to twelve weeks after myocardial infarction (45%) or coronary artery by-pass surgery (20%). Patients with angina of effort only (15%) and "atypical chest pain" and cardiac anxiety were also included. All were assessed by a maximal exercise test electrocardiogram (ECG), according to the Bruce protocol and by radio-thallium myocardial imaging before the course. Progressive dynamic exercise (to 80% of maximum heart rate) was supervised by remedial gymnasts under medical guidance. Lectures on the pathogenesis of ischaemic heart disease, diet and smoking, were also given. Ninety-one patients had enrolled for the course, and 79 completed it; four failed to report, four died while waiting for it, and four withdrew during it. Almost all patients derived great psychological benefit and increased confidence. Some well able to complete the basic fitness test (BFT) appropriate for their age, three months later, maximal exercise ECG showed 62% to have improved, 22% to be the same as before the course, and 16% to be worse. Of 25 patients with angina only, 18 underwent coronary arteriography and by-pass surgery after the course and some of these then returned for a second course. Of those smoking cigarettes at the start (54% of the total group), 62% were still smoking at the end, and this was seen as the major failure of the course to date.

Lt Col J Carson presented the results of his studies of respiratory function tests in asthmatic patients seen at the Army Chest Unit, Aldershot. He laid special emphasis on exercise-induced asthma as the main problem in serving personnel and as the factor requiring rigorous exclusion in the assessment of recruits with a history of asthma or wheezy bronchitis. He showed how a standard exercise test and its effect on the bronchial albility index, as measured by decrement in FEV 1.0, could discriminate between the fit and the potentially asthmatic subject.

Sqn Ldr A Hopkirk discussed the management of spontaneous pneumothorax in aircrew. In view of the strong likelihood of recurrence especially in the year following a first period episode, he advocated open pleurectomy in all such cases on the side of the lesion, and speculated that it might even be justifiable to perform prophylactic pleurectomy on the opposite lung.

Surg Cdr M Beeley discussed the pathogensis of "shock lung", especially as seen following burns and exposure to noxious smoke, and presented the results of his research on the pathology of the alveolar and tracheo-bronchial lesions in experimental animals. While showing the immediate treatment with parenteral methylprednisolone, repeated regularly for 48 hours, improved survival, he could not correlate this with any improvement in alveolar histology or in tracheal

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obstruction. He suggested that the mechanism of benefit might be on the disseminated intravascular coagulation which he believed to be an important cause of death after burns and smoke exposure.

Dr R Gleadle gave a presentation on current methods of pharmacological prophylaxis and treatment in nerve gas poisoning.

(Submitted by Lt Col G O Cowan, FRCP Ed, RAMC)

Entomology in the Armed Services

An Occasional Royal Entomological Society Seminar was held at the Royal Army Medical College on 25 March 1981. This meeting was a joint venture between the Ministry of Defence and the Royal Entomological Society and attracted an audience of about 100, composed of both servicemen and civilians. The meeting was divided into three sessions, each concerned with a different aspect, namely the viewpoints taken by the three Services, entomological research and conservation.

The meeting was opened by Maj Gen J P Crowdy, Commandant and Postgraduate Dean of the Royal Army Medical College. After welcoming the various groups represented, the three Services, professional pest controllers and Fellows of the Royal Entomological Society, he went on to give a brief history of the College, pointing out the famous entomologists who had been involved with the Services in the past, such as Ross, Leishman and Bruce.

The subject of Medical Entomology was introduced by Brig D E Worsley, Director of Army Preventive Medicine. He continued the historical theme by describing how entomology had developed from the hobby of collecting insects in the 18th and 19th centuries to the realisation that insects could be vectors in the spread of disease. Entomologists in the Services made many great advances here as they were able to work overseas in the problem areas. Nowadays entomologists play a dual role, researching into pest control on the one hand and conserving rare insect species on the other.

The first session chaired by Lt Col I P Crawford, Parkes Professor of Preventive Medicine, concentrated on the perspectives taken by each of the three Armed Services. Dr N R H Burgess, Ministry of Defence Adviser in Entomology, began the session by outlining the work of the Entomology Unit, Royal Army Medical College. The three members of staff are involved in several areas of entomology including teaching about insect-borne diseases and their control, and research into new methods of control. The unit also acts as an advisory service for both civilian organisations and the Services, and as an information and identification centre. This latter role is normally shared with the British Museum, the London School of Hygiene and other institutes, as in 1980 alone the College received some 1500 specimens for identification.

The Royal Navy viewpoint was aired by Surg Lt Cdr P D Clarke from the Royal Naval Hospital, Haslar. He explained that the Navy has very few problems with insect borne diseases, although there are still outbreaks of scabies due to

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