the assessment of dietary fat content within Army catering establishments receiving supplies from central catering groups. Assessments were made by recording the intake of food into the cookhouse and estimating fat content from tables. Prepared foods were also studied and sampled at the servery. The fat content of these samples was estimated and selected items were analysed by gas chromatography to identify fatty acids to determine the degree of saturation. It was concluded that within this system of catering, study of foods taken into the kitchen gave very similar results to servery estimates. The fat content of the diet was approximately 42%. Frying oil provided a large proportion of the fat content and contained over 40% polyunsaturated fatty acids.

In the main study all food taken into the kitchen was recorded in detail. Pack and unit weights were checked and samples of prepared items and pre-cooked foods were taken for analysis. Proximate analysis of the samples was carried out in the laboratory. The fatty acid composition of eighteen items which contributed 92.5% of the total fat was determined by gas chromatography.

The total energy value of the food per man on ration strength was 14.28 MJ per day during the four week sampling period; 43.5% of this energy was from fat; 21% of this fat was polyunsaturated, due largely to the contribution of cooking oil which constituted 27% of the fat content and contained 40% of polyunsaturates.

LT COL J H JOHNSTON, RAMC


LT COL D S JOLLIFFE, RAMC


Summary: Niemann-Pick disease refers to a group of rare metabolic disorders characterised by the accumulation of the phospholipid sphingomyelin in the viscera and brain and usually fatal in early childhood. Associated dermatological manifestations such as pigmentation of exposed areas, a waxy texture of the skin and the development of eruptive xanthomata have been recorded. This is a report of a patient with Niemann-Pick disease type III who developed chronic perianal granulomata clinically and histologically characteristic of Crohn’s disease. There was also a papular eruption on the lower abdomen showing a similar picture. The association between Niemann-Pick and Crohn’s disease has not previously been reported.

MAJ N J RIDELL, MAJ W SIMON and LT COL M J TEMPLER, RAMC


Summary: The enzyme-linked immunosorbent assay (ELISA) was successfully applied to detect IgE antibodies against parasitic antigens by using an additional antibody layer to attain an amplification effect. The sera of 18 Gurkha patients with clinical manifestations of acute trichinosis and 35 Chinese with other parasitic infections were tested for antibodies to Trichinella spiralis by IgE-, IgM- and IgG-ELISA, IgG-radiomunoassay (RIA) and indirect haemagglutination test (IHA). ELISAs for detection of IgE and IgM antibodies provided a 100% specific and sensitive diagnosis. Although IHA, IgG-RIA and IgG-ELISA detected antibodies in 94% of patients, non-specific reactions were also observed in the two last named methods. Muscle biopsies were positive in only 56% of patients.

CAPT A W SCOTT, RAMC


Summary: In healthy volunteers, cimetidine had no effect on the metabolism of paracetamol (acetaminophen) whereas with ethanol there was a significant decrease in formation of hepatotoxic metabolite. (This study was the subject of AMS Research Project 274.)

Letters to the Editor

THE TRAINING OF MEDICAL OFFICERS FOR WAR AND PEACE

From Maj K N A Millar, MB, RAMC

SIR,—Several recent letters examine the role and training of doctors in the Army. This correspondence gives rise to a study of the problems posed to today’s Medical Officer in balancing his professional and military careers.

First, the problem of adequate military training, which has to be achieved without lowering in any way professional standards, as the credibility of the
MO to the Army in war relies as heavily on his perceived medical excellence as it does on his perceived capability to function in the context of a modern battlefield.

His ability to operate in battle depends on three different aspects of training. These are: relevant medical knowledge, psychological preparedness and basic military skill.

He needs to know how to deal with particular medical, psychiatric and surgical casualties which he will not previously have seen. Chemical agent intoxication, radiation illness, battlefield blast injury and gunshot wounds are rarities in peacetime practice. He also must be familiar with the therapies, procedures and concepts involved in casualty evacuation. Perhaps the ideal forum for his training in these topics is the clinical meeting. It seems reasonable to suggest that a proportion of the large number of such meetings held should be given over to the study of military medical matters, either through guest speakers or through members presenting papers from the various foreign military medical journals.

This consideration of the medical difficulties which could face him in war will go some way towards the psychological preparation of the MO for the totally different concept of patient care from his peacetime norms. He will at least understand the reasons for his necessarily limited drug armamentarium, and will know why his patients are evacuated from his care as quickly as possible, rather than remaining in his "ward" until they are fully recovered. However, he must also receive some psychological preparation for the trauma of war itself.

Part of this preparation comes from a good understanding of what any future war will be like. This implies a degree of knowledge, however limited, of the weapons and tactics of both potential sides. An idea of how the war will be fought also will give him an idea of its intensity, its casualty rates, and the importance of a well-trained and well-motivated medical service. It is suggested that the best way to train MOs in this subject is by the conduct of study days at Division or District level. These could be held on a regular basis with different topics being addressed at each one. All MOs could be required to attend at least two per year without upsetting the duty or study rosters any more than the odd game of golf would do.

The remainder of his psychological preparation must come from his exposure to discomfort, fatigue and uncertainty on more basic military training. While it is impossible to say exactly what training a MO requires, there are certain basic essentials for survival. These include weapon handling and NBC personal protective drills. Neither of these skills can be adequately retained without regular refresh training. The individual's unit is the place where such training should be carried out. The time required is minimal, and by sensible and efficient planning there is no reason why all MOs should not be fully competent in these basic procedures.

All of this seems almost self-evident and therefore the question as to why the problem of adequate training of MOs exists must be asked. There is only one possible answer, that is a lack of sufficient motivation. This lack of motivation could well be due to the MO's not knowing exactly what his role in war would be. By this is meant his precise job, its location, under whom he would be working, who would be working for him and their state of training.

When coupled with the better understanding of the reliance placed on the medical services by the Army which he has gleaned from his attendance at the study days mentioned earlier, this full orientation of the MO to the job and its context is likely to force him towards self-analysis, fairly rapidly ensuring that he becomes aware of the shortcomings of himself and his "team", and thus is well motivated to rectify these deficiencies.

There is no doubt that our role in any war will be demanding. If we are poorly trained in the military aspects of our careers, then it will be even more demanding. Without adequate training we will become casualties ourselves, from improper weapon handling, inability to use our respirators, inability to survive adverse weather or indeed because we are not psychologically prepared. Even if we do not go without training we will be confused, lost, miserable and in danger. In such a state we are letting down not only the Army and ourselves, but also the patients to whom we, in our haste to avoid military training, express our first loyalty.

I am etc.

K N A MILLAR

The Staff College, Camberley,
Surrey.
27 June 1983.

ARMY ISSUE EXAMINATION COUCH
From Dr R Manche

SIR,—May I share two ideas with other GPs. I have found them both useful and cheap. They are both to do with the traditional army issue examination couch found in Medical Centres. The first is about the paper sheet used under the patients and the second about the cotton sheet for over the patient.

I find the paper roll very difficult to handle. Therefore I have attached an ordinary bathroom towel rail by its brackets to the underside of the cephalic end of the couch. The two brackets must be...
sufficiently apart to allow free and easy rolling movement of the paper, when mounted onto the tubular part of the rail. The second idea is simpler since it consists in merely unfolding a cotton sheet lengthwise then tucking the middle six inches together with one hand, placing this on the supra pubic area of the already prone patient and covering her limbs from groin to toes with the two ends of the sheet. This gives maximum cover with minimal embarrassment to the patient and as much exposure and space as necessary for cervical smears when the knees are flexed.

I hope your readers will find my ideas practical.

I am etc.  

R MANCHE

Medical Centre,  
Soest,  
British Forces Post Office 106.  
1 December 1982

Book Reviews


This book is written by a sufferer from piles who wishes to tell other patients what he has learned about the subject. It would probably be of interest to a sufferer from this often distressing condition. It could be thoroughly recommended except for a eulogy of cryosurgery which comes very close to advertisement.

R SCOTT


This book for medical students can be recommended as concise and well written. It contains all that a London medical student would be expected to know of surgery and is inexpensive.

Qualified doctors who seek to know more may find information in the excellent selection of references, but would probably prefer to have one of the larger standard texts.

R SCOTT


If any volume can be said to be the archetypal “standard work” on pharmacology, then this is it. Starting life over 40 years ago when pharmacology was hardly viable as a separate discipline, the latest sixth edition sits monolithically on the shelves of all medical libraries, unchallenged in authority and unsurpassed as a source of reference.

It is old but not aged, having been thoroughly revised and updated by the efforts of a surprising number of 55 contributors. There are many chapters which are entirely new. This is not a work which relies for its authority on its all-inclusiveness, far from it. Rather is it sensibly selective, placing emphasis on recent innovations as well as prototypical drugs, and being unafraid of entering areas of healthy controversy. For example, many drugs are considered which are still under development but which hold promise for the future. There are excellent presentations of the problems and applications of pharmacokinetics, and drug interactions, and the section on toxicology can genuinely be described as modern.

The new chapter on “Neurohumoral Transmission” is welcome and detailed but—just to show that no single volume can be all things to all people—I found the devotion of less than a page to the exciting and fast-developing endogenous peptide neurotransmitters disappointing.

A whole section is devoted to “Autacoids”, a term devised by Sir Edward Shaffer in 1916 as a substitute for Starling’s word “hormone” which is an etymologically unsatisfactory name for certain substances which have inhibitory functions. The revived term “autacoid” embraces a number of substances with differing structure and pharmacological activities but which have in common a natural occurrence within the body—such as histamine, serotonin, certain polypeptides (angiotensin, bradykinin, kallidin), the prostaglandins—and none of which are known to be mimetics. The fact that their functions and physiological significance is largely unknown is refreshingly taken as a challenge to assemble them together and to discuss the numerous possibilities they present for therapeutic intervention.

For the Army Medical Officer with an interest in NBC this book offers one particular bonus. Many of us have struggled with the pharmacology and toxicology of the organophosphate anticholinesterases and their potential use as nerve agents in chemical warfare. Pages 100 to 116 present the most lucid exposition of this whole question that I have yet seen.

Others will no doubt find their own particular gems. But no-one who has access to this book will want for background information on virtually the whole range of modern pharmacology and therapeutics.

D ROBERTS


In the past two decades, ocular physiology has seen advances of far more than merely ophtalmological significance and it is a matter for concern that so much of this germinal material should remain buried and inaccessible to the general reader. Even in medical circles, regrettably, the import, for instance, of the new knowledge on the developmental aspects of the human visual system, seems often to have escaped attention. This knowledge is not esoteric and it is not merely of academic interest; it is of high practical moment and its application can, and does, have profound human implications.

Obviously, no general book of the type under review can consist wholly of new material and Professor Weale’s eminently readable ‘Focus on Vision’ does not pretend to do so. But what the author does tell us of long-established embryological, anatomical and physiological material, is presented from the stand-point of a mathematically sophisticated biological engineer with a keen awareness of the importance of generalisation. This is not to imply that the text is difficult to follow. Professor Weale has a notable talent for clear, interesting and humorous exposition and the reader will find