Sequelae to arbovirus infections in former Far East prisoners of war. Lancet: 1984; i; 1243-1244

Summary: Arbovirus infections are known to be associated with delayed neurological disease and it has been suggested that infections with this group of viruses may play a part in the causation of the neuropsychiatric disease of late onset reported in former Far East prisoners of war (FEPOW). Sera from 281 FEPOW were tested for antibodies to a range of arboviruses, chosen as being representative of those found in South East Asia. Antibodies were found to all 11 test antigens (titres 10-320), flavivirus antibodies being the most common. 47% of sera had antibodies to 1 or more antigens, 24% to 4 or more and 3% to 8 or 9 antigens. 53% of men who had been in camps near the Burma-Thai border had antibodies, compared with 27% who had been elsewhere (p<0.01). We believe that this is the only study in which a substantial number of individuals, exposed to infection, have been tested 30-32 years later, indicating the long term persistence of these antibodies. There were no statistically significant correlations with psychiatric or neurological disease but, in view of the high proportion with such disease and with arbovirus antibodies, we cannot yet regard the role of arboviruses in this connection as being completely disproved.

Letters to the Editor

BELSEN: MEDICAL ASPECTS OF A WW II CONCENTRATION CAMP

From Dr Alan MacAuslan

Sir—Thank you for the excerpt from the Journal of the Royal Army Medical Corps. What a sad business it all was. I note that no mention of the Bart’s contingent was made, except for Roger Dixey’s contribution. I expect you will hear from them about that!

The temptation to add a paragraph as you invite, is too much. I expect my memory is faulty but there were one of two incidents which still stick out in my mind.

There were no shoes so we asked the Army for a supply. A truck arrived loaded with shoes, but not tied together in pairs. Two of the fitter inmates were offered cigarettes for each pair completed. After a day’s work they had about half a dozen sorted out.

There were no bedpans. I and another student went in a truck to Hamburg where we picked up crates of them from a huge German air raid shelter. I don’t remember much apart from a bottle of champagne which we tried to consume in the back of the truck. The only ‘glass’ was a collapsible aluminium drinking cup provided by a Royal Navy lieutenant whom we picked up in the middle of a bombed village. He explained his presence there by saying he was looking for his ship.

Ian Whimster, Eddie Boyd and, I think, Keith Ferguson developed typhus, because we were inoculated very late.

The Round House (ex German Officer’s Mess) still stands at Belsen Bergen; my younger son, who until recently was an EHA in the RAMC, visited it and says that it is still in service as a Mess.

I am etc. Alan MacAuslan

Occupational Health Unit, St Thomas’ Hospital London SE1 7EH 25 April 1984

From Lt Col (Retd) A H S Spencer, RASC

Sir,—A RAMC Colonel friend of mine gave me your February 1984 issue to read, in particular, the article on Belsen.

I was very interested to read this particular article and was surprised to read that Brigadier Glyn Hughes was first to arrive at Belsen and further on page 46 the following: ‘the first individual to enter the camp was the Divisional ADMS etc.’.

I know, and have always claimed correctly I consider, that I was the first allied officer to enter Belsen Concentration Camp.

On orders from my CO Lt Col Gerald Neve, (I was then a Captain) and on his order from DDST (Col Blackie) 8 Corps, I was instructed to proceed to the camp in my Jeep displaying prominently a white flag thereon and pass through the German front line on the heath between Celle and Belsen. This I did, praying as I neared the German front line that they were aware of my mission. My duty was to do a recce of the camp as we were to establish a DID there and Brig Hughes was to establish medical services on its surrender to the British as stated in your article and I was told that it was due some 48 hours after my visit.

I would add that I was an RASC officer with the rank of Captain on HQ CRASC 8 Corps Troops. At that time I was fairly fluent in the German language. Finally after seeing Belsen Concentration Camp as I did I had many a bad night remembering what I had witnessed.

I am etc. A H S Spencer

Aghamilla, 145 Upper Chobham Road, Camberley, Surrey GU15 1EH 28 May 1984
From Col E E Vella

Sir,—1. This paper (J R Army Med Corps, No. 1, February 1984) evoked considerable interest and a lively correspondence ensued with the survivors of that gallant band of former medical students who went to Belsen.

2. May I presume upon your kindness to add one more illustration, for record purposes.

3. The group photograph shows (some of) the Senior Medical Students from the London Teaching Hospitals who answered the call for help from Belsen Camp, when this camp was liberated in April 1945.

   I understand the building is now the NAAFI shop at Hohne; it was formerly the Round House, and it was used as a hospital for their patients by the medical students.

4. Brigadier Glyn Hughes (armed) is seen in centre, front row. In the back row, overlooking his fellow students is A T Cook (St. Thomas’s), lately the Director of Army Medicine Major-General A T Cook.

5. “Paton and Cook were two of the first to turn their hut into a hospital one, and we were very envious when we saw how clean and tidy it was, with lilac on the tables and, incidentally, an SS woman working incog as a nurse.”

   I am etc.,

   E E Vella

Reader in Military Pathology,
R A M College,
Millbank,
London SW1 4RJ
10 July 1984

Group Photograph: The Medical Students at Belsen Camp. Courtesy of Major General A T Cook and Dr L G R Wand (Hong
 Colonel 257 General Hospital RAMC (V)).
From Dr L G R Wand

Sir—Having seen your article on Belsen in the February 1984 Corps Journal I was prompted to write to you, but even after so many years I found it difficult to do so. Hence the delay in writing this.

Chiefly the purpose of my writing is to help complete the Record of Medical Students who took part in the relief operation. Although you publish the article by J R B Dixey from the St Bartholomew's Hospital Journal, you do not mention the St Bartholomew's Hospital team in your Roll of Honour. The Bart's team were as follows:—J R B Dixey, L W Clarke, A E Dossetor, I Jackson, D C Bradford, I R D Proctor, D Marsh, L G R Wand.

The team of Bart's students. (Belsen, May 1945)
Proctor, Wand, Dossetor, Clarke, Dixey, Bradford, Jackson. (Missing D Marsh).

Although I still have my letters at home and diaries (which broadly conform with the article you printed) I do not think it would be particularly illuminating to gather them together for a composite article. Most of it has been said already. The only retrospects I would add are that a large number of the medical students already knew each other quite well. A large number were Cambridge contemporaries at both Bart's and the London; both having been evacuated to Cambridge there were relatively few of the students who did not know each other. Very many of us had served together in the Cambridge University Home Guard. This made for an easy relaxed attitude between ourselves which I am sure was a big factor in helping us to work together effectively as a team. The other retrospect is that I think we were quite out of proportion to our departure. We arrived at the Cirencester transit camp on a bitterly cold, snowy evening 29/4/45. After a desperately cold night we were emplaned into Dakotas. We then spent the rest of the day sitting in them on a snowbound airfield waiting for a take-off which never happened. Weather scrubbed flying. The next day two aircraft got away. Conditions were similar. One aircraft aborted over S England and landed at Croydon, the other turned back over Eindhoven and landed at Brussels. The remaining (I think seven) Dakotas stayed weather-bound. I was in the Brussels Dakota which continued its flight next morning and I arrived at Belsen on 2/5/45. I cannot remember however whether the remaining aircraft arrived that day or the next. Memory suggests the latter.

When eventually we returned to the UK we had to leave a number of sick behind. They included Andrew Dossetor who was extremely ill with typhus. I cannot remember how many of us caught typhus, but it was surprisingly few. We were doused with AL63 on entering Camp I each day and again on leaving. Despite this we found we had lice most days, so the few numbers who actually got typhus is rather surprising.

I am not sure that we were able to achieve very much medically, but I think we probably did give a sense of caring to those unfortunate people and perhaps this was what was needed.

I am etc.

L G R Wand

Honorary Colonel,
257 General Hospital RAMC (V)
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26 May 1984

SERVICE BOXING

From Capt V H Needham, RAMC

Sir,—"Punch drunk", perhaps, with its success in lobbying Parliament on seat belt legislation, the British Medical Association has isolated boxing from other dangerous and risk activities, and its Annual Representative Meeting 1984 has voted overwhelming to campaign not only for the abolition of professional boxing, as voted in 1982, but also for the abolition of amateur boxing. This resolution was carried in the light of the BMA's very comprehensive report of February 1984, to which the Royal Army Medical Corps is cited as having submitted evidence. The report catalogues in detail the varieties of (particularly brain) injury suffered by boxers, and concludes that "Brain damage is a likely consequence of boxing, whether in amateur or professional fighting. It may also be sustained during sparring which is controlled only by the manager." It also states that headguards are not likely to reduce brain damage. This in part is no doubt due to the fact that a head guard in no way reduces the forces which cause differential movement of brain and skull. Oelman et al°, quote the
medical cost to the Army of boxing as “one medical discharge per year and one person in hospital at any one time,” a considerable majority of injuries being to the head.

The Working Party report also remarks that “Boxing is considered as an acceptable activity in some branches of the three Services where to have some experience of boxing is regarded as a great advantage. Training for most sports (including boxing) discourages drinking, smoking and drug taking.” This more positive aspect is noted in the Army particularly by military, as opposed to medical, personnel, and is seen as forming a useful element of general military training in the channelling and control of aggression. Anyone who has witnessed boxing at Regimental or Inter-Regimental level will have had no difficulty in recognising the aggression expended not only by the competitors, but also by the audience! It is likely that the training for bouts, and motivation required in a boxing season, prevents the sort of person who volunteers to box from brushing with authority and also receiving injury in less controlled circumstances. This, naturally, is a far more subjective impression and far more difficult to quantify than injuries within the ring.

As a result of the continued pressure by the BMA, public debate on boxing is likely to be further stimulated. Regimental Medical Officers in particular are already often asked by their military colleagues to express their (medical) views in respect of boxing, and they are highly likely to examine boxers and to officiate at tournaments.

It is incumbent both on the Corps as a body, and on individual medical officers, to consider the arguments and evidence and to be prepared to inform participants (all of whom should be volunteers) of the risks they run in the ring, and to be prepared to provide this information for authority. In the final analysis it is likely to be a decision by military authority, rather than the Corps, as to whether the cost of Service amateur boxing is worthwhile in relation to benefits received.

A lot of this evidence has been of a soft or anecdotal nature and this addition is no different.

In my survey of Noise Induced Hearing Loss sustained in the Falklands Campaign I interviewed 184 Welsh Guardsmen who had been on board LSL Sir Galahad during the bombing of 8 June 1982. I enquired about nervous reaction which was sufficient to give rise to symptoms of jitteriness and inability to concentrate for over 24 hours and also noticeable sleep disturbance. Sixteen men without other injury said they had suffered to this extent. Physical injury naturally took priority over psychological, and dictated the treatment of casualties as would be the case in any NE conflict.

Of the sixteen men, nine were able to rejoin their battalion in the ORBAT before the ceasefire. Only one received any medication — diazepam for seven days. Another might have been expected, thirteen were in the hold or on the gangways to the hold when the explosions took place. Two were still in their cabins and one was in a boat alongside.

I am not sure whether the fact that seven did not join their battalion before the ceasefire was due merely to confusion of war or whether they were retained in support units as they were still 'shocked'. However the philosophy of forward management of battleshock casualties at battalion or Battleshock Rehabilitation Units (BRU) would appear to be supported by the apparent early recovery of these sixteen men.

I am etc.

V H Needham

Medical Centre,
Barker Barracks,
British Forces Post Office 16
13 July 1984

REFERENCES

THE FALKLANDS CAMPAIGN — BATTLESCHOCK CASUALTIES

From Lt Col J R Brown, RAMC

Sir,—There has been a considerable amount of controversy surrounding the number of battleshock casualties which occurred during the Falklands Campaign.

This book is mostly a collection of some of the author’s previous publications, particularly his contribution to the International Text Book of Medicine and his own Essentials of Neurology (Pitman Medical 1975) as well as his editorship and revision of Brain’s Diseases of the Nervous System 8th edition (Oxford University Press 1977).

The title is Clinical Neuroscience rather than Neurology and the slant of the content is towards anatomy, pathophysiology and neurobiology and the author’s state