LETTERS TO THE EDITOR

DIPLOMA IN SPORTS MEDICINE FOR DOCTORS ONLY

From Dr A J Wade

Sir, May I please use your columns to bring to the notice of the medical personnel of military institutions the post-graduate educational facilities which we have been developing recently at the London Hospital Medical College? I write from the Department of Sports Medicine. The department has been offering a full-time Diploma in Sports Medicine (for Doctors only; 20 places per annum) for eleven years, which is now also available as a stepping stone to a taught MSc in Sports Medicine (one year full-time, or two years part-time). Three years ago, we introduced a second, part-time, course (for qualified Physiotherapists only), leading to the Diploma in Academic and Practical Physiotherapy for Sports, and this is also flourishing (with 30 places per annum). This year, we are setting up a third course, which we shall be operating jointly with our Department of Human Nutrition. This will be a one-year, full time, taught MSc, in Nutrition and Physical Activity (with up to 6 places per annum; starting 28th November, 1994). Again, this course will be of direct interest and relevance to those who are serving in the Armed Forces, and I should be most grateful if you allow me to use this letter to invite interested persons to contact me, or my secretary (Mrs Joanne Marshall, telephone number 071-247-7636, or Fax 071 247 9183, when we will gladly send details of any of these three courses. Active military service and sport have a certain amount in common, and the two existing courses have already proved useful to some of the professional staff of all three Services (from various countries). I am confident that our new venture will follow suit. Thank you for your assistance.

I am etc
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MEDICAL TRAINING IN THE ARMY FROM FIRST AID TO ADVANCED TRAUMA LIFE SUPPORT. THE DEVELOPMENT OF AN INTEGRATED PACKAGE

From Captain R G Gale, RAMC

Sir, I was interested to read JPG Bolton's editorial in the Journal (1). Although I wholeheartedly agree with the basic tenure, there are a number of points I would like to raise.

Clearly the concept of ABCDE management as a backbone of trauma life support has to be applauded. I would only point out that perhaps the RAMC training system is lagging behind the Regimental Medical Officers. First line medical support has to be flexible to work and has to make the best use of its resources.

I find the reference to "professional medics" and the description of what practical skills a "fully trained" medic (? CMT 1) is supposed to be capable of, at variance with the realities of the situation. They are being let down by their training system. Also, I feel my Regimental Medical Assistants at my adopted Battalion would feel aggrieved at the inference that they were in some way second rate (the Regimental Medical Assistant is not far behind").

My experience is that a Regimental Medical Assistant, who generally works in a Medical Centre under the supervision of a medical officer, is much more capable of evaluating patients and performing practical procedures than his counterpart in a Field Ambulance or in a Hospital-where is the medical element in working in Reception at a hospital in peacetime? This is not related to their abilities, but rather to their routine work.

As with all practical procedures, those of ATLS, BATLS and BARTS need to be constantly practised in order to avoid degredation of skills. Regimental Aid Post and Company Aid Post personnel ought to be attached to the medical centre in peace time as this not only provides the customers but also the opportunity to be taught (by sitting in on sick parades as well as set piece teaching).

From my experience of first line medical support to an infantry battalion in offensive operations in the Gulf, I should like to point out that "Team Medics" were employed at section level and taught to that standard with in-house training. All personnel were taught first aid with an ABC approach rather than the outmoded 4 Bs with supplementation of extra skills dependant upon their job and proximity to medical support e.g. clearly extra training needs to be given to Reconaissance, Mortars and the Light Aid Detachment.

If the concept of the "golden hour" is to be used appropriately then the soldier or team medic must initiate trauma life support.

Confidence can only be gained from performing practical procedures and continuation training is paramount for re-emphasis, further education and avoidance of skill degredation.

Regimental aid posts and collecting sections should train together in peacetime in order to develop the understanding so they may operate effectively in war. Training needs to be done in all phases of battle by all medical elements including support arms. All exercises should involve casualty play in real time and casualties should be representative not only of wound but also of the chain of command.

A rotation of all medics in a battalion should be set up through the medical centre in order to confirm and

consolidate the lessons learnt from, hopefully, BARTS. Clearly this requires time and effort, not least on behalf of the medical officer, but ultimately improves care at the very point of delivery.

I am etc
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REFERENCES

1. J P G BOLTON Editorial. *J R Med Corps* 1994 **1**:3-5.

WHITHER DIPLOMATOSIS! - WHITHER APHOM?

From Lt Col T O Jefferson, RAMC and Col A H M Macmillan late RAMC

Sir, Colonel Finnegan in his excellent editorial (1) expounds the controversial thesis that there is really very little difference between Public Health and Occupational Medicine. If we have understood correctly he argues that this relative homogeneity is such that both disciplines in a military context have the same role.

While we readily agree that there are several similarities between the two disciplines (but the same can be said about General Practice and Public Health) there appears to us to be one cardinal difference. Modern Public Health Medicine is a non-clinical population-based discipline concerned with organizing the efforts of society in order to maximize the use of health care resources. As such it is the only medical discipline that we are aware of which can quite clearly indicate priorities for allocating resources in health care, whether they be funds, manpower, equipment or whatever. It also has the tools to help decision-makers evaluate the quality of population-based services, especially if these are on a contractual basis. The core sciences of Public Health Medicine (epidemiology, statistics, health economics, sociology and health services research) are used in this way to evaluate the effectiveness, efficiency, humanity and equity of any health service. This function in civilian practice is called purchasing services; we in the Army may get to know it as part of Market Testing health services.

We are at a loss to understand quite where Occupational Medicine, if it is a sister of Public Health, fits into this strategic vision.

We are etc.
T O JEFFERSON
A H M MACMILLAN

G1 Market Testing
HQ BAOR
BFPO 140

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1. FINNEGAN T P Whither Diplomatosis: - Whither Aphom? (Editorial) *JR Army Med Corps* 1993; **139**:87.

DAY CASE SURGERY IN MILITARY HOSPITALS

From: Major J D C Bennett, RAMC

Sir, Major Bricknell and Leiutenant Colonel Chowdhury are to be congratulated on their introduction of day case surgery in ENT (1).

This will not only increase the efficiency of the service and cut costs, but, through the medium of the Journal and hence Index Medicus, will show that, except in cases of distance, patients requiring grommets inserted will no longer require to spend two days in hospital. It is important for those of us seconded to the National Health Service, and also for those about to leave, that this is more widely known.

I am etc
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REFERENCES

1. BRICKNELL M C M, CHOWDHURY C R. Experience of Day-Case Surgery in a Military Hospital. *J R Med Corps* 1994; **140**;18-21.

HYGIENE, ARMY HEALTH AND APHOM

From Maj Gen (Retd) J P Crowdy, CB

Sir, I much appreciated and enjoyed Lieutenant Colonel T P Finnegan's recent Editorial - "Wither Diplomatosis! - Wither Aphom?" (1). He said many things that needed saying about the erstwhile specialty of Army Health and the very considerable contribution made to the Army's integrated programme of effective and aggressive preventive medicine by a quartet of distinguished recently retired officers. But sadly, despite his spirited defence of the Army's present organization and his hopes that in the future it will "continue to show the need for an integrated approach to preventive medicine", he failed to drive home the lesson that the Army has for long been at the forefront of progress in a field where civilian medical practice has been content to follow.

In the year 1860, at the instigation of Florence Nightingale and Sidney Herbert (then Secretary of State for War), Dr Edmund A Parkes MD FRS was appointed to the foundation chair of Hygiene at the newly created Army Medical School. Thereafter began an era - almost a

century in time - of outstanding fame and progress for military hygiene. In recent years the word hygiene has itself become sadly debased; Lt Col Finnegan has condemned it to the preserve of environmental health officers and engineers. Parkes saw it as a much more noble entity: "Hygiene is the art of preserving health ... it aims at rendering growth more perfect. decay less rapid, life more vigorous and death more remote" (1). Through World Wars 1 & 2 the Army retained the lead; military hygiene was second to none, but sadly the Army Medical Department bent to the wind of change and in 1949 the title of the specialty was changed from Hygiene to Army Health.

Whatever the title (and APHOM can hardly be considered as either elegant in full or euphonious in acronym), the speciality has an illustrious past and is entitled to the quality of its present practitioners to an equally illustrious future. The Army Medical Services should once again assert their undoubted leadership by choosing a sensible title for the specialty and make certain that this important branch of military medicine no longer plays second fiddle to civil medical practice.

I am etc
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REFERENCES

1. FINNEGAN T P. Wither Diplomatosis! - Wither Aphom? *J P Army Med Corps* 1993; **139:** 87.
2. PARKS E A. A manual of practical hygiene, London: John Churchill and Sons 1864.

RAMC CENTENARY COMMEMORATIVE PUBLICATION

Production of a History of the Royal Army Medical Corps to commemorate the Centenary Year in 1998 is already well in hand.

To complement this historical publication it is also planned to publish a "Coffee Table" pictorial supplement, probably by way of introduction to the main publication.

It is hoped to include in this pictorial supplement previously unpublished photographs, or little known facts about the Corps that will be of interest to readers of the finished work.

Readers of this Magazine are therefore invited to submit photographs, cartoons, diagrams, or any other items of historical interest for consideration by the working party, for inclusion in this book.

Items should be addressed to:

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