LETTERS TO THE EDITOR

TRAUMA RELATED SYMPTOMS FOLLOWING A TOUR IN FRY
From Lt Col IP Palmer RAMC

Sir, I write in response to a paper by Major M R Baggaley et al in the February issue of the Journal. I must draw your readers’ attention to the fact that this paper does not predict the amount of Post Traumatic Stress Disorder (PTSD) in this population. PTSD is not measured by the IES GHQ although such measures can give a statement about possible psychiatric ‘caseness’. In order to diagnose PTSD a clinical structured interview is the very minimum that one would accept.

What is of interest are the high scores on the various measures but their interpretation is complicated as there have been no diagnostic clinical interviews and no measure of social functioning. Whilst interesting this paper’s limitations do not support the conclusions drawn about the incidence of PTSD.

I am etc

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MALARIA IN THE ARMY
From Brig GE Ratcliffe late RAMC

Sir, Lt Col Miller et al (1) have produced a timely paper reviewing the ever important problems of Malaria in British soldiers serving in endemic areas. The greatest risks these days occur in Kenya, particularly with regard to Plasmodium infection, and we rightly advise appropriate anti-malarial precautions including prophylaxis with mefloquine despite its side effects.

I have just returned from Kenya where local advice differs quite markedly. The indigenous population do not generally take any form of drug prophylaxis. Ex-pat Europeans take proguanil intermittently depending on where they live and where they visit. I do not know the incidence of malaria in this latter group. There was some anecdotal evidence that local advice from tropical medicine Consultants was to avoid drug prophylaxis but to seek immediate medical assistance should suggestive symptoms develop.

Advice is, therefore, conflicting depending on its source: military medical opinion remains constant and we must remain vigilant in our efforts to protect our Servicemen. Moreover, it is incumbent on all of us to ensure that Servicemen seek appropriate urgent advice on returning to the temperate zone where medical authorities may not be so suspicious of malaria within the differential diagnosis.

I am etc

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REFERENCE:

MENTAL HEALTH AND GURKHAS
From Brig GE Ratcliffe late RAMC

Sir, Capt Jolly has produced a most succinct and interesting paper (1). My experiences in Church Crookham, in Hong Kong and Nepal confirm the value of traditional healers in a variety of conditions. A soldier who went berserk with a kukri, fortunately did not damage colleagues or himself. He was initially seen at the Royal Victoria Hospital, Netley, where a definitive diagnosis was not made. The Battalion Pandit and one or more Jhankris diagnosed the problem and the soldier concerned was ‘cured’ by traditional means of ‘pujas’ (prayers) and by sending packets of rice to his aunt in Nepal. A full recovery ensued without recourse to repatriation and, as far as I know, there was no recurrence.

Another soldier developed severe abdominal pain after eating a ‘magic’ banana whilst on border duty at Sha Tau Kok, Hong Kong. There were no physical signs and he responded rapidly to heat from a lamp.

A Senior NCO developed headaches whilst on leave in Nepal and after simple investigation no physical cause was identified. The NCO self-reflected himself to a local Jhanki with gradual resolution of symptoms.

What was of particular interest in these cases was the initiating trigger to any of these symptoms: no cause was identified by anybody involved. Similarly, relapse did not occur. Notwithstanding the greater sophistication of Gurkhas within the British Army, we must respect that their underlying culture is very different from ours: similarly, these alternative methods of treatment are usually very successful despite possible scepticism on our part.

I am etc

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