Dear Sir,

Indelibly impressed on one's memory and standing out in bold relief in one's war and post-war experiences are two somewhat arresting pictures—firstly the innumerable lorry-loads of medical casualties streaming back to Chittagong from the hard-pressed XIV Indian Division in the 1942-43 Arakan Campaign, and secondly the equally innumerable returned ex-soldiers one has seen in the last four years with persistent amebiasis. If my memory serves me right this Division was losing a maximum of 9,000 casualties in a month (the Editor will no doubt correct me if I am grossly in error; of one figure I am certain, namely that the number of patients in my own C.C.S.—designed to hold 200—reached a peak of over 1,500 before the fighting started). The wheel has now turned full circle for quite a number of the cases who passed back over the dusty roads and by hospital steamer to lose themselves in the Base hospitals of India have again come through my hands in my capacity as a Specialist in Tropical Diseases in the Ministry of Pensions.

Turning over these experiences in one's mind one cannot but be deeply impressed no less by the crippling wastage of man-power in time of war than by the tragic and widespread chronic invalidism of the post-war period in these men—tragic because one felt all along that a planned approach to the problem of dysentery in the field could have reduced the wastage of man-power both in the Army and in post-war industry by a very considerable margin. The pity of it all is that the diagnosis and treatment of the dysenterics is incomparably easier in the acute stages than in the chronic, as workers in this field have come to know only too well. Here were these men, as the conveyor-belt of the "chain of evacuation" carried them further and further back into India, becoming less and less diagnosable and less and less treatable. Golden opportunities of rapid and efficient handling were thrown away as they found their way back, and back on the overcrowded railways, and many of them now afford sad illustrations of the chronicity and insidiousness of amebic infection.

Arising out of these thoughts it has often occurred to one, since the formation of the Forward Anti-Malarial Treatment Unit, that a parallel unit which might be termed a Forward Anti-Dysentery Unit could very easily be formed. My contention is that for an infinitesimal outlay in equipment and personnel, this volume of wasted man-power could become a thing of the past. If indeed the evacuation of personnel contracting dysentery could be
rendered unnecessary this would indeed make a tremendous contribution to the success of any war waged in a tropical theatre.

The purpose of this letter is to put forward and develop this theme; if perchance it catches the eye of those in authority or someone who might feel disposed to make constructive criticisms in these columns, the concept of such a unit if it deserves to survive may not be stillborn.

Briefly, the Forward Anti-Dysentery Unit would be solely diagnostic in function, and would work with either one or two C.C.S.s depending on the incidence of bowel infections and the distance between medical units.

The personnel visualized would consist of 1 R.A.M.C. Officer, below the rank of Major, one R.A.M.C. Serjeant, 3 B.O.R.s and two R.A.S.C. drivers. The special training of the officer and of the serjeant would not take longer than six weeks. Highly trained laboratory personnel would not be used in these units. As regards the scope of the work, no attempt would be made to undertake bacteriology in any sense. Diagnosis would depend on sigmoidoscopy and microscopy. The keynote would be to get results on a severely practical basis.

Roughly, equipment would comprise one 1-ton and one 15-cwt. lorry, tentage for accommodation of unit personnel, one large tent (subdivided) for use as microscope-room, sigmoidoscopy-room and office, and tentage for commodes for collection of faeces. No tentage for bed-patients would be needed as the Unit would work on the site of a C.C.S. and in the closest touch with it, the personnel being on the ration strength thereof. Furniture—a few folding tables for office work, microscopy and instruments. A firm table 3 x 3 x 3 ft. for sigmoidoscopy. Medical Equipment—(say) 4 sigmoidoscopes (battery-illuminated), and accompanying requirements. One sterilizer, 2 microscopes and accompanying requirements.

The above details would need modification in the light of field experience. May I end by reiterating that the provision of a few such units, one of which could cover a wide field of operations, would pay quite disproportionate dividends in the restriction of mass evacuations of sick: they would enable practically all dysentery cases to be treated to finality in C.C.S.s within sound of the guns and to return to their units in a few weeks.

Yours faithfully,
C. F. J. Cropper, O.B.E., F.R.C.P.E.,
Lt.-Col. I.M.S. (Retd.).

Bureau of Hygiene and Tropical Diseases,
Keppel Street,
Gower Street,
April 18, 1951.

Dear Sir,

In a letter published in the Journal of the Royal Army Medical Corps, 1951, Feb., 96, No. 2, 142, your correspondent, Brigadier O. C. Link, remarks...
that "Higher authorities do not always realize the limited circulation of such abstracts as the Tropical Diseases Bulletin." In case this statement may be read to mean that it is difficult to obtain the Bulletin, I should draw your attention to the fact that both the Tropical Diseases Bulletin and the Bulletin of Hygiene can be supplied to subscribers who ask for them from the Bureau of Hygiene and Tropical Diseases, Keppel Street, Gower Street, London, W.C.1, or may be ordered through any bookseller. The subscription price of each Bulletin is £2 10s. per annum for 12 issues and index; single copies are priced 5s. 6d.

Printing troubles have recently caused delay in the issue of the Bulletins, but it is hoped gradually to correct this.

May I also remind you that for many years it was the practice of the Editor of your Journal to reproduce, under the heading "Current Literature," selected abstracts from the Bulletin of Hygiene. The source of these was always acknowledged, and we have no objection to this procedure.

During the war years the Bureau was responsible for editing and producing the Bulletin of War Medicine, which was intended primarily for the assistance of Service medical officers; and though publication of the Bulletin of War Medicine has been discontinued, the other Bulletins published by the Bureau continue to provide much information of direct interest to Service medical officers.

I recall with pleasure the kind and appreciative letter you wrote to the Editor of the Tropical Diseases Bulletin, from India, in April 1939, in which you referred to the Précis of Abstracts which was a feature of the Bulletin in those days.

Yours faithfully,
(Sgd.) CHARLES WILCOCKS.

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**Travel and History**

"SANGERS,"

WEST CHILTINGTON COMMON,

PULBOROUGH,

SUSSEX.

February 22, 1951.

SIR,

While spending recent long winter evenings looking through old volumes of Punch in my possession I came across the following articles, letters, etc., in connexion with the Army Medical Service during the "post-Crimea" period.

Some of these may be familiar to your readers, or may even be in the archives of A.M.D., but for the benefit of those who have not access to old Punches I venture to reproduce them now in the hope that they may provide