

Military Diarrhoea

Sir,

The paper by Bourne and Petrie (1) is welcome in that it raises again, the issue of Military Diarrhoea. However, it presents a rather confusing attempt to suggest guidelines for the management of acute infectious diarrhoea on operations. Indeed, despite the title there appears little attempt to correlate much of the evidence they use to its effect on, or relevance to, operational military populations and the challenges that this brings. More, it concentrates on the very global term 'infectious diarrhoea' – which in a military sense is unhelpful.

This general approach to the vexing issue of military diarrhoea is typical of the lack of military appreciation, military understanding and military importance given to this subject, something addressed in a review in this journal previously (2).

Military populations, both on exercises and operations, face high-risk environments for the acquisition of Travellers' (Military) diarrhoea (MD). The dominant causes of MD are bacterial, evidenced by many studies over many years. Viral causes of diarrhoea are less of a problem, although epidemics may occur – and indeed have been documented in recent British Military deployments (3).

When suggesting treatment paradigms for any condition of military importance, one has to consider the very real effects of that disease on the deployed/exercising military unit, and consequently the mission. Infectious conditions of any kind in this setting require a more focussed approach than the authors recommend, both to surveillance and diagnosis. Management strategies need to be designed that take into account, not just the individual, but also the unit and the potential effect on the operational mission.

A Military Enteric Disease Group has been formed specifically to address the issue of diarrhoeal disease on operations. The initial and most pressing need is for a reassessment of the Clinical Guidelines for Operations relating to diarrhoea to be adapted, reflecting the emerging operational data – something that is almost complete as I write. Structures for the collection of timely, accurate epidemiological data are being put in place, and a programme of future research to enable effective, safe and reliable treatment measures (therapeutic and prophylactic) to be evaluated is being designed.

Only with this focus, can the difficult issues surrounding MD hope to be addressed in a structured, co-ordinated and militarily relevant fashion.

References

1. Bourne S, Petrie C. The management of acute diarrhoea in a healthy adult population deploying on military operations. *JR Army Med Corps* 154(3): 163-167
2. Connor P, Farthing MJ. Travellers' diarrhoea. A military problem?. *JR Army Med Corps* 145(2): 95-101
3. Bailey MS, Gallimore CI, Lines LD et al. Viral gastroenteritis outbreaks in deployed British troops during 2002-7. *JR Army Med Corps* 154(3): 156-159

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