It was indeed surprising to note such a large percentage of ladies who had cervicitis, a diagnosis which would have gone undetected for a long time. It is not unusual to have ladies presenting with local symptoms of long standing duration, treated inadequately, obviously being a cause of prolonged morbidity.

It is suggested that ladies reporting with complaints referable to vaginitis/cervicitis should undergo a full gynaecological check up and not just empirical treatment by primary care physicians who would be reluctant / unable to do a per speculum examination or simply do not have the infrastructure to do so.

The other big advantage which accrued from the camp was the amount of health awareness among the personnel and their families. It is also felt that such camps are a good means of generating mass health awareness and should be encouraged.

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LOW BACKACHE : OVER REPORTED BUT UNDERDIAGNOSED?

Dear Editor,

1. Back pain is one of the leading causes of morbidity worldwide. Moreover, when a patient presents with "Back pain", serious underlying problems must be considered, because early recognition of tumour, infection, disc and vertebral compression fracture is essential to effective management and avoidance of permanent injury. At any primary health care institution backache constitutes a presenting complaint in a large majority of patients, predominantly among the women. It is felt that because of frequency of the complaint it could be normally taken lightly by the physician and patients continue to report sick over prolonged periods without significant relief and on a lot of occasions without any significant positive findings. The frequency of back pain requires that the primary physician be skilled in its assessment and conservative management and knowledgeable about the indications for specialist referral.

2. At our base, during the early part of the year, there were suddenly a cluster of cases of backache who were given a definitive diagnosis by the surgeon/orthopedic specialist. There were two young serving personnel who were diagnosed as cases of Ankylosing Spondylitis, and transitional vertebra in the lumbar region. There were two ladies, one with Potts Spine, and the other with a

block vertebra in the cervical region.

3. The cluster of these cases made us wonder on the possible ways to diagnose cases of backache with an organic basis from the multitude of cases which present with backache with no organic basis. Discussions with the surgical specialist of the local Military Hospital enlightened the primary health physicians on the clinical indications when a patient with backache needed referral to the specialist. It was also stressed to look for any underlying depression in such cases.

4. It is felt that backache is a very common presenting complaint in the setting of primary health care in the Armed Forces. There is a need for the physicians to be aware of the clinical assessment, to look for depression in long standing complaints, and may be err on the side of over referral rather than missing out potentially treatable cases leading to delayed definitive treatment. A step by step flow chart prepared in consultation with the specialist will go a long way in effective management of this very common complaint.

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