



Trench foot, jungle rot, and now, Baghdad boil

Military medicine has dramatically evolved over the years. War's carnage has given birth to new surgical techniques and improved skills in triage and resuscitation that are also used in civilian practice.

War's emotional toll and its resulting postwar syndromes—"irritable heart" in the American Civil War, "shell shock" in World War I, "battle fatigue" in World War II, and "post-traumatic stress disorder" in Viet Nam—have contributed to our understanding of how the human psyche is affected by horrific violence.

Soldiers have also historically brought home the stigmata of poor physical environments and infections not commonly encountered in the United States, such as trench foot, jungle rot, multidrug-resistant gonorrhea, and malaria.

And now the Baghdad boil. On page 93 in this issue, Lesho and colleagues illustrate and describe the manifestations of leishmaniasis, a protozoan infection transmitted by the sand fly. The disease has prominent cutaneous manifestations, but less commonly exhibits visceral involvement.

The ranks of military physicians now include all subspecialties, and physicians benefit from special training and experience in geographic medicine. This results in improved care for our active military.

But with the call-up and repeating tours of duty of reservists and national guard, it will fall to civilian care providers to care for some of these ills, some of which may not be detected immediately upon a soldier's return home from his or her tour of duty.

Thus, despite all the advances in military medicine, those of us in civilian practice need to pay attention to specific problems that our returning troops may suffer, so we can expeditiously deal with them in our offices and clinics.

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