

Extracts from:

Sickness in Salonica: my first, worst, and most successful clinical trial.

. . . I reached the transit camp for all prisoners of war at Salonica late in June, very tired and hungry. The camp was a run down overcrowded army barracks, infested with bed bugs . . . There was a 200 bedded building used as a hospital; I helped in outpatients. Then, in the course of one or two weeks, everything changed - especially for me. Firstly, I was appointed chief medical officer by the Germans . . . I did not want the job, nor had I any qualifications for it. The only reason for the decision was that I spoke fluent German.

. . . Next came the evacuation of all the officers in the camp, leaving me with one medical assistant who took over the surgical cases. I thus became in addition senior British officer in charge of 8,000 demoralised, hungry, British prisoners of war.

. . . August 1941 started fairly quietly with a mild epidemic of jaundice that made you itch, but decreased hunger . . . The Germans then decided to attack our morale from a new angle shooting into the camp during daylight, mainly at the hospital and its staff. The first shot brought down the ceiling of a hospital room. The next went through my hair during a clinical round . . . Finally, the Germans threw a hand grenade into a crowded barrack latrine. The result was indescribable.

. . . The jaundice epidemic increased . . . I became desperate. I was severely jaundiced and had pitting oedema above the knees . . . I decided to see if I could show that the oedema was due to a vitamin deficiency. That night I bought some yeast on the black market.

. . . I recruited 20 young prisoners . . . I gave them a short talk about my medical hero James Lind and they agreed to co-operate in an experiment. I cleared two wards. I numbered the 20 prisoners off: odd numbers to one ward and evens to the other. Each man in one ward received two spoonfuls of vitamin C . . . The orderlies co-operated magnificently . . . They controlled fluid intake and measured frequency of urination.

. . . There was no difference between the wards for the first two days, but the third day was hopeful, and on the fourth the difference was conclusive . . . there was less oedema in the "yeast" ward. I made careful notes of the trial and immediately asked to see the Germans.

. . . I gave them a short talk . . . presented the results of my trial and argued that there was a major "epidemic" due to a diet deficient in vitamin B . . . I asked for a lot of yeast and more food . . . the unexpected happened, the Germans produced a lot of yeast.

. . . As the oedema slowly disappeared (and the shooting stopped) morale in the camp improved. The fear of a major catastrophe passed and we began to relax.

. . . On reflection, it was not a good trial . . . the numbers were too small, the time too short, and the outcome measurements poor. Yet the treatment worked. I still do not know why.

. . . In those early days, when the randomised control trial was little known in medicine, this was something of an achievement . . . I can take little credit as the design of the trial was largely fortuitous . . . the German doctor's remark, when I asked for more help, was "Ärtze sind überflüssing" ("doctors are superfluous"). This was probably correct, but it was amazing what a bit of science and a little bit of luck achieved.

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