revealed pain on coughing and turning, spinal flexion limited by pain, and pelvis tilted up on the right side with scoliosis above. Lasègue's sign was present on the right side at 60 degrees, with pain in the right sacro-iliac region, and there was tenderness over the sacro-iliac joint. Radiographs disclosed no bony change. Treatment: manipulation under anaesthesia, and exercises started at once; two days later freedom from pain with full movement. All the cases were treated similarly, and each patient was returned to duty within 10 days.

Summary

All cases of rheumatism sent up to a military hospital during a year are analysed.

A brief account of their treatment and disposal is given.

The great majority of soldiers with rheumatic disease can be returned to duty as useful men.

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PSYCHOGENIC ILLNESS IN REGIMENTAL PRACTICE

BY

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This account is based on 42 cases seen during a period of twelve months. The small number does not admit of any far-reaching conclusions being drawn, but it is hoped that the observations may be of interest in providing another view of psychogenic illness in the Army. The series differs from those described by Sutherland (1941) and Hadfield (1942) in that not all the cases were admitted to hospital or seen by the psychiatrist, and consequently the investigations were not so complete as theirs.

Owing to the small numbers a broad classification has been followed and percentages are not given. The series consisted of:

Psychoneuroses	{	Anxiety state	..	..	..	19
		Hysteria	..	..	..	21
Psychosis	..	..	..	..	..	1
Psychopathic personality	..	..	..	..	..	1

Seven cases of anxiety state and 9 of hysteria were considered to be mild reactions. The psychotic patient had endogenous depression, and the patient of psychopathic personality showed temperamental instability of the cycloid type.

Clinical Material

The cases were seen at a medical inspection room serving a large R.A.S.C. unit, one of Royal Engineers, and a detachment of the Pioneer Corps. Thus none were front-line troops. As the units varied in size, composition, and periods of attendance during the twelve months no estimate can be made of the frequency of psychogenic cases. However, it may be mentioned that in a draft of unselected recruits direct from civilian life, consisting of 19 of the 1921 class and 3 of the 1908 class, there were 2 cases of anxiety state, 1 in each age group. In a draft of 50 men of medical category below A2 there were 1 psychosis, 1 anxiety state, and 1 hysteria. Another man, not included in this series, was a stable mental defective. Most of these had had one or more transfers between arms of the Service, and they were not a normal group, being of low medical category. Also the figures are too small to be statistically valid.

The station was a market town in the South of England. No enemy action was experienced in the area during the period under review and the rest of the country was comparatively raid-free. The R.E. unit had been on bomb-disposal work during the winter of 1940-1, but had had no casualties. In no unit was the work exceptionally arduous or highly technical. The billets were satisfactory; leave was taken regularly; and the sick rate, a good index of conditions, was always low, being frequently under 1%.

Age.—The distribution of cases according to age groups is as follows:

Age Group:	20-30	30-40	40-50	50+	Total
Anxiety state	12	5	—	2	19
Hysteria	16	4	1	—	21
Psychosis	—	—	1	—	1
Psychopathic personality	—	1	—	—	1
Total	28	10	2	2	42
Normal	81	18	1	—	100

The "normal" group are the first 100 on the nominal roll of the largest unit attending. The 2 patients over 50 years of age belonged to the Pioneer Corps.

Rank.—Among those with anxiety states were 2 corporals, 1 of whom reverted to private on account of his symptoms, and 2 lance-corporals. In the group of hysterics 1 patient had held a lance stripe for several months before losing it. Only in the one case were the responsibilities of non-commissioned rank considered to play a part in the illness. The other N.C.O. patients were reported to be satisfactory in carrying out their duties.

Previous Service.—The 2 patients over 50 had served in the war of 1914-18. Neither admitted to having then had "shell shock" or D.A.H. or other psychogenic illness. Four had had previous Army service in peacetime. One with an anxiety state was invalided in 1927 with D.A.H. He said that he recovered 6 months afterwards. The precipitating factor in this war was his being torpedoed when crossing from Eire to enlist. Of 3 patients with hysteria 1 was invalided in 1936 with what now appears to have been a hysterical pain in a hernia operation scar. Specific military conditions in the present war were a factor in 2 other cases of anxiety state. One was precipitated by bombing and the other started acutely while digging for an unexploded bomb. One man with hysteria advanced "shell shock" in the evacuation from Dunkirk as the cause of his trouble, and 1 case of anxiety state began after the patient had endured several heavy air raids in London as a first-aid worker. The average length of service was 13 months before the patients reported sick with recognized psychogenic symptoms varying from 2 days to 2 years.

Symptomatology

Only the most frequently recurring symptoms are described here.

Headache.—This was the commonest symptom. It occurred in 16 cases, 15 of which were hysteria, and was the presenting symptom in 13. It was often described as "pains in the head." The headache was aching or throbbing, stabbing or constricting, or was indescribable. The character and site varied with the individual patient, but one feature was constant: it was always related to the wearing of the steel helmet, being either induced or exacerbated by this. Three patients had a possible organic basis for the headache in previous head injury. Another had mixed astigmatism, and 4 others had defective vision corrected by spectacles. In these cases the diagnosis was based on other features in addition.

Defective Vision.—This was a prominent symptom in 6 cases, including the 4 mentioned above. The characteristic feature was that the spectacles provided by the Army, re-checked by the ophthalmologist, did not improve the condition or relieve the headache and that print became blurred after a few minutes' reading. This occurred with any subject-matter, and is akin to the inability of the patients of 1914-18 to read the war news in the newspapers. In this group 4 also had night-blindness, 2 of whom claimed to have strained their eyes with night driving. (In the same period one patient with night-blindness of organic origin was seen.)

Effort Syndrome.—This symptom-complex occurred in 7 cases of anxiety state and 1 of hysteria. In 2 patients it was induced by wearing the respirator at the alert.

Dissociation Phenomena

This term is used to describe the grosser manifestations of hysteria which occurred in 5 cases.

Case 1: Loss of Consciousness with Convulsions.—This occurred in a man who had been out for the evening with some of his comrades. It was the first occasion since his return

from leave a few days previously. He was not on good terms with his wife, whom he had married "on the rebound" when he returned from the B.E.F. to find his fiancée engaged to another man. While on leave he had had several quarrels with her because he preferred the company of his male friends to hers. The connexion was pointed out to him, and no further manifestations were seen.

Case 2.—The symptoms were similar to those of Case 1. The patient had reported sick once or twice with headache suspected to be of hysterical nature. He said he had had "shell shock" but had not been under medical care for it owing to the confusion at Dunkirk. He was not aware that arrangements had been made for his further examination in hospital, so presumably this condition occurred in order to impress the medical officer with the gravity of his symptoms. He returned to duty later.

Case 3.—After 3 years' service in peacetime this man was invalided with a painful operation scar in which he was convinced a nerve was caught up. When called up for service with his Army class he was examined by a surgeon, who concluded that the pain was hysterical. He complained of headache that felt as if there was a tight band round the head, defective vision uncorrected by spectacles, and night-blindness caused by the strain of driving at night. He was nervous in air raids. Two relatives had been killed in London, and his child had recently died. He had been deprived of a lance stripe for disciplinary offences. The psychiatrist reported: "This man is of very poor moral type and is a constitutional hysteric. His general intelligence is well below average, his mental age being 11 years. He is a person unfitted for the ordinary duties of a combatant soldier, and under active service conditions in such a unit (R.A.S.C.) could only be a continual source of liability." He was recommended for transfer to the Pioneer Corps. Before the transfer became effective he was admitted to the camp reception station for a minor ailment. There he showed erratic behaviour of a hysterical nature, including pseudo-epileptic attacks. He was admitted to a neurosis centre and then invalided from the Service.

Case 4.—A recruit aged 19 complained of symptoms on exertion typical of the effort syndrome. No psychopathic family history was elicited. Since he had had rheumatic fever 3 years before being called up he had been careful not to exert himself; he had a light job and played no games. There were no clinical signs of a cardiac lesion. Explanation, encouragement, and light exercise produced no improvement, and his admission to an effort syndrome clinic was arranged. The day before he was due to go it was found impossible to wake him at reveillé. He was left alone and came round after 3 or 4 hours. This was thought to be a sign that he did not wish to lose his symptoms, for which he was excused from doing drill, route marches, and guard duty. It transpired, however, that all arrangements had been made for his wedding 3 days hence. He had made no attempt to get leave for it (he knew he was unlikely to get leave, as his admission to hospital had been arranged), and had not tried to postpone the wedding. Thus he endeavoured to shut out the world and his difficulties.

Case 5.—This man of 42 presented the "syndrome of approximate answers." He was seen when charged with absence without leave. His documents showed five similar offences previously. He was very vague in manner, and said he was worried and depressed and wanted to see his wife and children. A medical report revealed a complaint of impotence some months previously. This had not improved, he said. His intelligence seemed below normal, and his commanding officer had gained the impression that he was trying to appear less intelligent than he really was. He had served 7 years in the Regular Army in the early twenties. The psychiatrist reported: "The first impression is one of malingering, and undoubtedly there is considerable conscious exaggeration of the complaint; e.g., he first denied being able to read, but read quite well when encouraged. He exhibits the syndrome of approximate answers: pen-pencil; ink bottle-glass; pin-needle; figures—all one or two numerals out; brown-green; dark blue-pink; red-white. There is mental depression in a person of below average intelligence with a hysterical state. The phenomena are on the borderline between conscious and unconscious." He was admitted to a neurosis centre.

Case-taking

Any soldier appearing on sick parade with a complaint suggestive of psychogenic illness was told to remain until the others had been dealt with. He was then seen alone, and there was ample time to hear his story. The first interview usually lasted half an hour. A full history of the complaint was taken and questions were directed to a brief personal

history from childhood, school work, civilian occupation, hobbies, attitude towards service, and family history.

Intelligence was not formally tested, but a rough assessment was made from memory and comprehension of details in the history, school-leaving age, and class attained, and the type and frequency of change of employment. It was found useful to ask the weekly wage, and then, "How much is that per year?" Officers and N.C.O.s could provide evidence of the patient's general attitude and response to training. Fourteen men with hysteria, 1 with an anxiety state, were considered to be mentally backward. This was confirmed by the psychiatrist in 8 cases.

The patient was examined as fully as facilities allowed, and was referred to the appropriate specialist for an opinion on any physical disability claimed. It was found in 15 cases that a sympathetic hearing and a full examination, and reassurance and perhaps a change of conditions and mild sedation, sufficed to keep the patient at duty. The psychotherapy was not carried out in more than three or four interviews, and was on the lines described by Ross (1937). If this failed or was obviously likely to be insufficient the patient was sent to the area psychiatrist for advice as to disposal.

Disposal

Twenty-two patients remained at duty. Of these, 2 with chronic anxiety states were placed in Category C (home service only) and were posted to other units, as were 5 others; the 15 remaining under observation—8 who had an anxiety state and 7 who had hysteria—have not made further complaint. Five soldiers were invalided from the Service while with their units. They were a man of 52 with an acute anxiety state, 3 chronic hysterics, and the patient of unstable temperament. One man with a chronic anxiety state and 2 men with hysteria based on mental defect were transferred to the Pioneer Corps. Of 9 patients admitted to E.M.S. neurosis centres, 1 with effort syndrome returned to his unit improved, and it is known that 1 patient with hysteria and 2 with anxiety state were invalided. One of 2 patients originally admitted to non-psychiatric hospitals returned to duty. The fate of the other 6 patients is not known, as no reply was obtained to requests for information. The results are tabled below.

Condition	Disposal	Cases
Anxiety state ..	At duty	8
	Transferred to P.C.	1
	Invalided	3
	Unknown	7
Hysteria	At duty	9
	Transferred to P.C.	2
	Invalided	3
	Unknown	7
Psychosis	To military mental hospital	1
Psychopathic personality ..	Invalided	1

Discussion

The "anxiety" of the anxiety state is derived from the German *Angst*, which is usually rendered as "morbid fear." In the cases of anxiety state this was the chief feature, and the symptoms could be regarded as the physical concomitants of fear, in whole or in part, misinterpreted or unrecognized by the patient. In hysteria the clinical features are: (1) a physical manifestation without structural lesion; (2) a calm mental attitude—the *belle indifférence* of Janet; (3) episodic mental states indicative of dissociation (Henderson and Gillespie, 1936). In the cases seen the physical manifestation was the presenting complaint, and the degree of dissociation varied from simple non-recognition of the cause to complete dissociation as shown by the hysterical fit and loss of consciousness. It could not be said, however, that *belle indifférence* was a feature. The patients showed true anxiety, an emotion compounded of desire and fear, which caused them to report sick. There was always the desire, more or less unconscious, to escape from military service or an unpleasant duty, such as guard duty. The steel helmet, worn on guard or in active operations, caused abnormally severe headache; spectacles failed to correct defective vision; night-blindness was discovered; epigastric pain and vomiting persisted in spite of negative physical findings and repeated reassurance. These disabilities offered them an honourable escape from military

service, but, unlike the patients of 1914-18 with such obvious physical signs as paralysis or contracture, they could not be calm and confident. There was fear, also unconscious, that they would not attain their desire.

Hysteria was the reaction of the man of subnormal intelligence when conditions became too unpleasant or difficult to cope with. In several the reaction was only episodic, and if they could be helped through the crisis by a change of conditions, or advice on their worries, or encouragement, they would settle down again. It is debatable whether this is a sound policy, as there is no sure means of gauging if the soldier will remain stable in the stress of battle. The medical officer must weigh the patient's present against his potential value as a soldier, and must also consider the effect on morale. Few can watch an unemotional hysteric return to civilian life without questioning the genuineness of his disability, whereas the man with an acute anxiety state is obviously ill. Transfer to the Pioneer Corps and recategorization to C are a partial solution, but there are still some men who, though physically sound, are psychologically unfit for military service.

Capt. G. R. Peberdy, R.A.M.C., deserves my thanks for much help and encouragement in dealing with these patients and for permission to quote from his reports in Cases 3 and 5.

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Medical Memoranda

Exfoliative Dermatitis in the Newborn

As exfoliative dermatitis in newborn children (Ritter's disease) is generally mentioned in textbooks as a fatal disease, the following cases, which responded to treatment with prosectasine in large doses and 1% aqueous gentian violet, are worth recording.

CASE REPORTS

Case 1.—I was called in by the district nurse to see a male baby 10 days old. She told me that at 7 days it had developed jaundice and that on the morning of the tenth day "it was a curious colour and its skin was coming off." On examination I found a well-developed baby, but with a curious bright pink colour reminiscent of CO₂ poisoning. The epidermis was so loosely adherent to the underlying tissue that in handling it this was removed, leaving exposed a red raw corium, most marked on the back and buttocks. There were no bullae—a feature in pemphigus neonatorum. Knowing that this was generally a form of impetigo and was apt to develop into a staphylococcal septicaemia, and being aware that babies stand the sulpho-amides well, I gave 1.5 g. of prosectasine in milk at once and ordered 0.5 g. to be given 4-hourly, and had the body dabbed with 1% aqueous solution of gentian violet wherever the skin was broken. The temperature was normal, as is usual, and fortunately the baby was breast-fed and sucked well. The next day the condition was subsiding, though fresh places were breaking out and the lips and the mucous membrane of the mouth were infected. The child had not been sick, took its food well, and was comfortable—in contrast with the previous evening, when it had screamed most of the time. I continued the prosectasine for 5 days, reducing the dose from 0.5 g. every 4 hours to three times a day after the second day, and allowed a bath with a weak solution of potassium permanganate on the fourth day of infection. After 3 weeks the child was putting on weight, the skin was returning to normal, and I could foresee no further trouble.

Case 2.—This child was attended by the same district nurse and was 13 days old. I saw it the day after I had seen Case 1. The condition was not so pronounced, the skin coming off mostly on the flexors and face. The eyelids were affected and the eyes were gummed up. I gave similar treatment, and also anointed round the eyes with yellow oxide of mercury. This child had also nearly returned to normal 3 weeks later.

The second patient was perhaps infected by the nurse before the extreme infectiousness of the condition was realized, and the infection lessened in transit. Both cases recovered after large doses of prosectasine and a 1% solution of gentian violet.

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Reviews

THE MEDICAL ANNUAL

The Medical Annual, 1942. A Year Book of Treatment and Practitioner's Index. Sixtieth Year. Editors: H. Letheby Tidy, M.D., F.R.C.P., and A. Rendle Short, M.D., F.R.C.S. (Pp. 396; illustrated. 25s.) Bristol: John Wright and Sons; London: Simpkin Marshall, Ltd.

Once more in the familiar green cover the *Medical Annual* makes its yearly appearance, suffering, as so many of us have done during this war, from a slight loss of weight due to rationing. Nevertheless all the familiar features are preserved. The customary "Introduction by the Editors" puts into focus the medical events of the past year, and at the same time gives the reader valuable guidance to the detailed contents, which are arranged, as usual, alphabetically. Subjects which have come to the fore during the war, such as mass radiography and dyspepsia in the Forces, the application of psychology to the selection of personnel, the treatment of burns, and blood transfusion, are all naturally given prominent place. An article on shelter health by Lord Horder reminds us of the turmoil of about two years ago, and the Editors take the opportunity to commend the part played by the Horder Committee in the solution of shelter difficulties. We note one small point, and that is the editorial use of the word "oestrin" as if it were an accepted physiological term, whereas it is in fact a proprietary term.

It is, as the publishers remark, now no secret that their works at Bristol, together with valuable plant and a large quantity of stock, were destroyed by enemy action, and the present volume has been produced at Weston-super-Mare. The medical profession will wish them well in the valuable part they continue to play in medical publishing.

NON-PULMONARY TUBERCULOSIS

Non-pulmonary Tuberculosis. By Michael C. Wilkinson, M.B., B.S. (Pp. 174; 12 figures. 12s. 6d.) London: Hamish Hamilton Medical Books. 1942.

This book embodies the experience gained by the author in the observation and treatment of cases of non-pulmonary tuberculosis in a sanatorium over a period of seven years, and a follow-up survey of 593 cases treated in this institution. The whole field of non-pulmonary tuberculosis is covered, including glandular, abdominal, genito-urinary, and parietal thoracic tuberculosis, as well as tuberculosis of bone and joints. Treatment of the last-mentioned conditions is therefore not dealt with in anything like so much detail as it is, for example, in Mr. Girdlestone's book on tuberculosis of bone and joints, published in 1938, the author concerning himself with general principles of treatment and the indication for and timing of operative intervention rather than with details of operative technique, which are, however, not entirely omitted. Stress is rightly laid on the paramount importance of prolonged and adequate constitutional treatment before surgical intervention is undertaken. The latter is necessary in most cases, but should be considered only as an adjuvant measure to be used at the right time in each individual case.

The author regards the lymphatic glands as a defence mechanism, and notes that children who develop tuberculous adenitis do not, as a rule, subsequently get haematogenous infections, though he admits that the defence may break down in debilitated patients or those exposed to massive infection. This is somewhat at variance with Mr. Girdlestone's contention that heavily infected tuberculous glands cease to be protective and become themselves a source of bacillaemic showers and haematogenous infections. Tables of end-results are given for each class of case and these are interesting and valuable, but their value would be greater if brief details were given of the clinical, x-ray, or laboratory findings on which the diagnosis was made rather than a general statement that it was made on good evidence, especially in cases where good movement of a tuberculous joint is claimed. Diagnosis by excision of a regional gland is mentioned in the case of the knee, but not of the hip-joint, though excision of iliac glands has already given a number of positive results in the latter cases.

The book, though it contains nothing actually new, is of undoubted value as a first-hand record of practical experience