PANIC IN WARTIME

BY

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In his last message (*British Medical Journal*, February 17, p. 270) Wilfred Trotter warned us against the dangers of panic thinking. So far as this warning is directed to statesmen and administrators a private citizen can merely note it. Trotter explicitly said that "we should not be concerned in the distribution of blame. There is none to distribute. We have discussed a natural phenomenon and its results." In our attitude towards the Government (and its officials) we may do well to follow the advice of Burke: "I may be unable to lend an helping hand to those who direct the State; but I should be ashamed to make myself one of a noisy multitude to halloo and hearten them into doubtful and dangerous courses." But we can, as private citizens, try to profit from Trotter's teaching in certain ways. That is my excuse for discussing what may well seem a minor evil of war.

Immobilization : Boredom : Crowd Psychology

At the present time thousands of young men and women are immobilized in civil defence and may continue immobilized for months or years. Even if panic estimates were reduced this immobilization must be of wide extent. An assurance company does not merely provide funds to cover average liabilities; it provides a margin. We may be confident that many A.R.P. workers will never give first aid to a wounded civilian or play a hose upon a burning house, however furiously the enemy rages.

The young A.R.P. workers are in a dangerous psychological situation. Their ordinary lives are broken; their work, their education, even their means of amusement are interrupted. The first fine careless rapture of September has faded. Bandaging one another, even pumping water out of a pond, ceases to be exciting after the twentieth repetition. They are becoming visibly bored and there are signs of discouragement. The very same people who six months ago were the most panic-stricken of all are the first to jeer at our expensive precautions. A.R.P. workers, even with the smartest of uniforms, have none of the emotional prestige of the fighting services. So we have boredom and incipient discontent—a wholly favourable soil for the cultivation of psychological crowd disease. The clinical forms may be various: odd rumours of the machinations of spies (we remember the gun emplacements of the last war), of inefficiency, or enormous damage (in some other district), and so on.

An Idea for Prophylaxis

The question I wish to discuss is whether members of our profession, as individuals, can do anything in the way of prophylaxis. My belief that we can do something is based upon the following experience. In the early days of this war, when the local practitioners were very busy over emergency matters (not forgetting the perusal of a spate of documents) I took a first-aid class of A.R.P. workers (acting on the rule *unoculus inter caecos*) and to some extent concealed the excessive clumsiness of my fingers by taking pains to make the elements of physiology (the wonderful things which we have known so long that we have forgotten how wonderful they are) a little less dull than they are in first-aid manuals. It seemed to me that the class was interested. So when, in the darkness of December, my friend the local M.O.H. discussed with me the possibility of trying to mitigate the boredom of the situation I suggested that he and I might initiate lectures, to be followed by discussion, on the more general aspects of public health and medicine.

I remembered an incident of my student days. There were two out-patient surgeons, one of whom was, and the other was not, a popular teacher. It happened that Mr. A. had finished early, and a disciple of his drifted

into Mr. B.'s room. "It's no good your coming here, Mr. C.," said Mr. B., "there's nothing for you to see." "But, sir," said Mr. C., "there is nowhere else to go." In my moments of greatest self-satisfaction it would not occur to me that, say, garage hands, builders' assistants, or even clerks would be interested in what I might have to say about the reports of the Registrar-General or even the declining birth rate if a picture house were available. But the times are strange.

We have carried out this plan for two months—two classes a week—and the results have been encouraging. We have certainly succeeded in interesting a fair proportion of young people. There are, of course, practical difficulties. One is that in a service like A.R.P., with many voluntary workers, offers of instruction or amusement must be open to all, and there is an inevitable tendency for the voluntary workers (who will usually be older and better educated people) to do more than their share of the discussing, so that the young people are too shy to intervene. Another is that one must take great pains in preparation. The "doctor" must neither talk down nor conceal himself in an armour of technicalities. What, I think, interests people most is the story of the development of our local and central administrative machinery, as seen from the doctor's point of view, in its relation to the prevention of disease.

Food for the Young Mind

The question, then, I put forward for discussion is whether efforts on these lines may not do something to reduce boredom and encourage young people to think seriously about subjects which they have never before considered.

I do *not* think that the need can be met by peripatetic orators. The first reaction of an administrator to a suggestion of this kind is that "the public" do not want it, and the second to appoint a central committee. In this way much more practised speakers can be secured than if reliance is put upon local efforts. Then spontaneity is lost; what is gained in skill is lost in intimacy.

All of us, even the oldest of us, know many things which are interesting, and some effort to interest bored young people is worth making. It may have a greater prophylactic value than we think.

Reports of Societies

**CHEMOTHERAPY IN RELATION TO
WAR WOUNDS**

This subject was discussed at a recent meeting of the Medical Society of the British Expeditionary Force, the opening paper being given by Colonel L. COLEBROOK.

He said that the outstanding lesson of the great war (in the bacteriological field) was the predominant part played by haemolytic streptococci in wound infections (Fleming and Porteous, 1919; Stokes and Tytler, 1918-19; *Medical History of the War*, 1923). Although no critical analysis of deaths was made in the light of bacteriological findings it was probable that this one microbe was responsible for not less than 70 per cent. of all the deaths due to infections of wounds. The same microbe gave rise to most of the complications such as erysipelas, cellulitis, and septicaemia, which in turn were responsible for incalculable delay in recovery of the wounded and ultimate impairment of function. He recalled that out of forty-nine positive blood-cultures obtained from men with septic compound fractures of the femur, no fewer than forty-four were pure cultures of haemolytic streptococci (Fleming and Porteous, 1919).

Unfortunately we did not learn during the great war when and why these infections occurred—whether in most cases the organisms were carried into the tissues at the time of wounding, or whether they were transmitted from case to case