THE CHRONIC MEDICAL CASE IN THE ARMY

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Types of Cases and their Treatment

Of 500 consecutive chronic cases which I recently saw in the out-patient department of a military hospital there were 146 with frank psychoneurosis, 95 in which the complaint was chiefly of dyspepsia, 60 with some kind of "rheumatism," and 101 with bronchitis. 40 men had neither apparent disease nor appreciable symptoms, and had mostly been referred because of the accidental discovery of some such benign phenomenon as a systolic murmur. Of the remaining 58 cases, 6 had migraine, 5 pulmonary tuberculosis, 4 asthma, 4 syncopal attacks, 4 epilepsy, 4 the sequelae of concussion, and 3 the sequelae of meningitis. There were not more than two examples of any other condition.

Of the 146 psychoneurotics, the main manifestation of 90 was the "effort syndrome." Of the 95 dyspeptics, 19 had radiologically demonstrated peptic ulcers, 17 of which were duodenal, one pyloric, and one jejunal following gastro-enterostomy. Many of the radiologically normal cases had marked neurotic traits. Of the 60 cases of "rheumatism," the symptoms of the majority were wholly or partly psychogenic. The 101 bronchitics were the most "organic" group of all, and many of them had demonstrable chest disease. However, the conclusion that I often reached was that a man's chest was no worse than that of thousands of his fellows, and the real reason which had brought him to the out-patient department was his associated psychogenic symptoms.

Such cases as these are sometimes admitted to hospital for investigation and treatment, and they may remain for a long period. It is not uncommon to see men who have previously spent many months in one or more hospitals. Although hospital treatment may cause a temporary relief of symptoms, I have yet to hear of a single soldier with one of these chronic complaints whom it permanently benefited, except those with such conditions as peptic ulcer, for which they were discharged from the Service. If any actual medical condition is unimproved by a stay in hospital it can hardly be doubted that the psychological state is sometimes made worse by it. The men may become bored, depressed, and hypochondriacal, since they tend to think that as they are being kept in hospital they must be very ill. Their presence in a ward, too, would seem to have a bad effect on the more acute and recoverable cases there.

The conclusions from these considerations are, then, first, that the main trouble in many soldiers suffering from what are usually considered chronic medical complaints is psychiatric; and, secondly, that, whatever be the nature of their disease, they should rarely, if ever, be admitted to hospital, except in a few cases, merely to await discharge from the Service.

Disability and Diagnosis

When a man's condition is being considered by specialists or medical boards it is the usual practice to expend much effort in deciding whether or not he has organic disease. If his symptoms are thought to be psychogenic a soldier is often reported as having "nothing the matter" or that "he only thinks he is ill." This attitude of minimizing the psychological condition is curious, for it seems obvious that among the qualities which are of quite supreme importance to the fighting man are the psychological ones. Of such qualities, those which are involved in a man's efficiency as a soldier may be roughly divided into three—his intelligence, his knowledge, and his character. The quality a deficiency in which will result in the greatest military disability is character, and most men with neurosis manifestly do have a gross character defect. If, on the other hand, organic disease is found to be present in a soldier he may be lowered in category or discharged from the Service even when his actual disability is slight. Among chronic medical cases the commonest examples of this are probably recovered pleural effusion, healed pulmonary tuberculosis, hyperpiesia, persistent albuminuria which is thought to be due to chronic nephritis, and the presence of a heart murmur deemed to be organic.

There should here be only one reason for lowering the category—that although the man in question has little disability now, he is likely to develop disability in the near future. In the conditions I have mentioned it would not as a matter of fact be probable—indeed, it would be quite unlikely—that such men would soon become disabled, and therefore they should not be put into a category lower than their actual disability warrants.

Another reason which is put forward against retaining such men is that, small as the chance of their breaking down may be, it is more likely to happen in the Army than it would be in civilian life. Even if this be true, when one considers that the Army is in being to fight a war in which thousands of its members will be killed or maimed this argument seems to show the lack of a sense of proportion.

Organic diagnosis thus seems commonly to occupy too prominent a place in the consideration of the chronic case, to the exclusion of disability, which is what really matters. The principle which should lie behind diagnosis is merely the decision whether progressive or severely recurrent diseases are present. If they are not, the subtleties and refinements of diagnosis can be forgotten. It follows that any investigation which does not help to make that decision is superfluous. A good example of such an investigation is the gastric analysis which merely provides an opportunity of labelling a man with an absurd diagnosis like "hyperchlorhydria." Many psychoneurotics undergo investigations directed to the stomach, heart, bladder, or other organ the function of which has been upset by the psychological disorder. In such cases it seems that the doctor has failed to look at the man as a whole but has concentrated his attention on some small part of the body.

Most chronic cases really need either no investigation at all or just one. A few need two and very few more than two. Provided that there is co-operation between the clinician and the radiologist and pathologist, it is possible to do all these with a maximum period of one night in hospital. I therefore suggest that no chronic medical case should be admitted to hospital for investigation. I previously concluded that virtually none should be admitted for treatment.

Disposal

The soldier with a chronic complaint may be so obviously unsuitable for fighting that he is discharged or lowered in category, though the official reason for doing this is often the presence of some physical condition and not the psychological defect which is so frequently the main cause of his disability. Many of the bad cases are retained in the Army and given such unilitary duties as cleaning billets, emptying latrines, and picking up paper. When the question of actually discharging men for psychological disorder comes under consideration by a medical board, the members of the board often feel very strongly that it is unfair and unjust that they should be allowed to escape from the dangers and discomfort of a soldier's life. Although such men are usually quite useless to the Army, it does seem very wrong that they should be sent back to their homes with the halo of being poor invalids.

The actual assessment of the degree of military disability is not a medical problem at all. A soldier's officers are in a far better position to judge it than is, say, the medical specialist, who only has time to see him for 10 or 20 minutes in the middle of a busy afternoon. The officers constantly observe the man on exercises and see whether, for example, he can go over an assault course or march 30 miles or shoot to hit. The specialist, on the other hand, has to deduce from the man's condition what he thinks he ought to be able to do. This may at times bring him to quite wrong conclusions, and perhaps to say that a man is fit to carry out all the duties of an A1 soldier when he has actually never succeeded in doing so. The following scheme would, I think, supply a better method for the classification of soldiers than does the present one.

After recruits have been in the Army long enough for those in charge of them to form a proper estimation of their capabilities, those who are in any way unsatisfactory should be put to various tests. For example, it might be determined how far they are able to march in full kit, in what time they are able to run, say, a mile, how accurate they are with a rifle and other weapons, and so on. As is already done, they should also, of course, be given an intelligence test. Every man unable to attain the top grade should be

seen by the M.O., who would supply a certificate stating whether or not he has a progressive or severely recurrent condition. If such conditions are suspected the man should be referred to the specialist. All men not so afflicted, whatever they happen to be suffering from, would then be graded into various lower categories, purely according to their abilities to function as soldiers.

If an officer later on considers that one of his men is unsuitable for his existing category he should again be put through these various tests and an appropriate form filled in. In this case there might be also added a statement as to the number of times he has been in hospital or excused duty during a specific period, whether he is offensive to others (as in enuresis and chronic bronchitis), and an estimation of his character, which the officer should be in an ideal position to judge.

Any man who functioned so badly that it appeared doubtful whether he could be of any value to the Army at all would be seen by a disposal authority. This body would decide whether or not there was any place in the Army which he could fill. If there were none, he would return to civil life. If, later, the needs of the Army were to change he could be recalled. This kind of procedure is already being adopted in the case of permanent Category C men under a recent A.C.I.

The only men who could not be dealt with by this machinery are those suffering from conditions which are rapidly progressive or recurrent. They would form the proper material for a medical board, since the assessment of their likely rate of progression or recurrence is a truly medical problem.

This scheme I have outlined would evidently mean a great saving in medical man-power. If it were in operation the physician would not spend his time in fruitless endeavour dealing with the chronic sick. He would instead be able to spend his days in what should be his proper function—caring for acutely ill men and returning them to their units as soon as possible as fit and fighting soldiers.

Conclusions

Chronic medical cases should never be admitted to military hospitals for investigation and rarely for treatment.

The main disability of most chronic "medical" patients is psychological, whatever diagnosis is attached to them.

Psychological disorders cause more serious military disability than do most of the chronic organic diseases seen in soldiers.

A man should be put permanently into a lower category than his disability would warrant only if he has a rapidly progressive condition or a recurrent condition which is likely to be sometimes severe.

Disability should not be assessed by specialists or medical boards. All men, except those with progressive or severely recurrent conditions, should be classified by the results of tests designed to show how they function as soldiers.

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All German men and women in certain age groups hitherto not employed on national service have been called on to report for duty (*Reichsgesundheitsblatt*, 1943, 21, 351). A large number of these persons, especially women, will thus be entering into a contract of service for the first time. The Labour Controller has issued the following order, which is based on the order of the Reich Health Leader: "The chief medical officer of the Labour Office in each State makes immediate contact with the competent medical chamber. If the necessity should arise, the competent medical chamber can undertake the examination of the medical reports if a local agreement to this effect has been arranged between the chief medical officer of the State Labour Office and the competent medical chamber. . . . It is absolutely essential that no error should occur in allocating women to work which might reduce their fertility. . . . The doctors primarily concerned with this problem are doctors who have placed themselves at the disposal of the centres for childlessness in marriage, the doctors in charge of State and municipal gynaecology and midwifery training centres, etc. Attention is drawn to the fact that even with the most careful investigation of legitimate complaints the present circumstances demand harshness in the employment of women. Also the earlier experiences of the RADWI [Young Women's Branch of the Labour Service] showed that permanent damage is hardly to be expected from amenorrhoea resulting from employment. It is therefore neither a reason for exemption nor an excuse for release from employment. . . . I am convinced that the German doctor also in this new sphere of employment will prove himself as hitherto a political protagonist who serves Fuehrer and people with a sense of responsibility and in this way helps to achieve total victory."

A CLINIC IN THE BUSH

[FROM A CORRESPONDENT]

It all began from laundry baskets. Matron complained that the baskets for clean and dirty linen, which the "mammies" carried on their heads, were too small and that too much time was wasted carrying the laundry backwards and forwards. The markets and the shops of the capital yielded no baskets—or anything else of much use, for that matter—so it was necessary to find someone to make them.

Passing through a large bush village on one occasion, trying to buy eggs to relieve the monotony of beans and bacon or soya slips for breakfast, I asked a "boy" who could speak a little English if there was anyone in the village who could make baskets. "Oh yes, mastah, my father he make fine fine baskets plenty." So I was taken into a compound, and, threading through narrow paths between huts, from which innumerable children ran out, past the women and girls grinding the Koos in large wooden mortars with pestles nearly as big as themselves, I arrived at a very dark hut, inside which a venerable but dirty-looking old man in a ragged shirt sat weaving a mat, with a selection of wives round about, from a buxom damsel of 17, well on the way towards her first-born, to wizened women of 40 or 50, and children from babies in arms to grown-up men like my guide.

The old gentleman spoke no English, but after "plenty palaver" he agreed to make enormous baskets at four shillings a time. Very fine baskets they were too, well worth the money and exactly what was wanted for the laundry. He made about four or five a fortnight and we wanted eighteen. In the middle of making them "he went for bush to buy a cow," so his wives informed me, and this transaction took him about three weeks. All in all, then, my dealings with the old gentleman lasted for a considerable time, but before long the purchase of baskets took a very minor place in my business in this village.

It was on one of my early visits to take delivery of the baskets that the son, my interpreter, drew my attention to his bandaged leg, and asked me for "white man's medicine," as with this bad leg he could not work. I confess that at my next visit I had forgotten all about his leg and had brought no remedies, but his silent reproach that the "great white master" had failed him was such that I could not forget again.

He had a typical tropical ulcer, which seemed to be based on a yaws sore, for he had signs of previous yaws on his feet—fissures and punched-out scars. So the next time I brought a supply of succinyl sulphathiazole powder, a syringe, and a flask of sobita. His treatment was very satisfactory, but even when quite cured he did not return to work, though he often demanded a "paper" of recommendation for a job. Actually he remained my faithful door-keeper and almoner at the clinic until I left the colony. On my next visit eight or ten adults and children with bad sores on their legs presented themselves. They were given "chucks" (injections) and their sores were bandaged up with powder.

The effect was magical—not so much the treatment as the way the news spread. Soon what had begun as a benevolent gesture became a serious moral obligation not only for that village but for all the villages round, whose sick walked quite long distances to get treatment; what at first took three minutes soon became three and a half hours of really hard work. Every Saturday afternoon I spent the time with the villagers, until I was sweating and exhausted, and my medicaments, which had to be increased in quantity weekly, were finished.

One week when I was sick a colleague took my place, "just to see what it was like." He saw all right, but, like me, felt that we could not go back on this self-imposed task, and at the end of my stay in the colony we both went and worked all out for the whole of the afternoon. There is no doubt that the villagers were grateful, and sometimes they tried to express their thanks, and although their efforts were clumsy they were none the less sincere. Our missionary zeal, however, was not without ulterior motive, for we let it be understood that "susikilo" (eggs) and other produce were not unacceptable. For six months we never lacked an egg, sometimes two, for breakfast, and had enough over to give some to our friends. An occasional chicken, in season mangoes, oranges, and pawpaws, more than we could eat, made a lot of difference to the meagre and monotonous diet provided by the supply authorities, who had not the graft of medical skill enjoyed by us.

Crowded "Out-patients"

Our "consulting room" was primitive in the extreme. At first we held our sessions outside a hut, with no table or chair, partially protected from sun and later from rain by the edge of the thatched roof, with literally dozens if not hundreds of men, women, and children crowding round, laughing, talking, gesticulating, so that it was well-nigh impossible to hear oneself speak or to move one's arms. As the numbers grew and the rains came on in earnest this