"HEART DISEASE AND THE SERVICE." SOME FURTHER REMARKS.

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LIEUTENANT-COLONEL R. R. H. MOORE, in his criticism, in the February, 1908, number of the Journal, of my report on "Heart Disease and the Service," printed in the November, 1907, issue, accuses me of drawing conclusions from my examination of the after-histories of many of the men that were invalidated from the Service during the years 1895 to 1901 inclusive, with a want of "disccretion or discrimination," and of casting grave discredit on all the officers of the Royal Army Medical Corps.

I am glad of Colonel Moore's article for two reasons: firstly, because I am pleased to see the Journal a means of eliciting opinions of others; and secondly, because I am given an opportunity of explaining further some points in my report which were very sparingly touched upon.

I think that Colonel Moore, when he states that "it would have been better... if the number of cases taken from the 'Conditional list' had been the same in all the tables allotted to their class," does not understand that, as far as possible, I took every case primarily placed on the "Conditional list," passing over none unless obliged to do so, because of the absence from the man's documents of some point applying to that particular table. The fact is, I wanted all the cases from the "Conditional list" for ten years, and not only 1,280, the total for seven years. Unfortunately, at the end of the seven years, I found I had to bring my labour of collecting and tabulating cases from masses of other documents of invalids to a close. In thinking of headings under which to classify my cases in the tables, I decided on those given, as helping as far as possible to explain, to those who could not see the actual documents, the statements of the medical officers on the condition of the heart, or heart and general health combined, as recorded by them. I gave the terms "improved" and "apparently quite well," not, as suggested, to introduce "elastic terms," but to show that in one case there was a marked improvement, and in the other that it was definitely stated that no heart lesion or other disability could be found. The terms "fit" or "unfit" for duty were, I thought, not so satisfactory; as, for instance, all the
cases under "improved" would have had to be classed as "unfit," which would not have described the condition of most of them at all correctly.

My critic’s reference to my remarks which he quotes (1), (2) and (3), p. 145, do not, I think, require his explanation; my tables speak for their correctness. I do not think either that there is any reason for him to suggest "the Reserve of course" in reference to my statement that 26 per cent. were fit for duty at home one year after invaliding; this was not my meaning, and I had not mentioned "the Reserve."

He gives as his opinion that 9.9 per cent. is the utmost I can claim on my tables as fit for duty in from one to six years after invaliding. I do not agree with this, and consider that I was quite within the mark, as shown in Table X., that the percentages of 26.2 for mitral systolic cases, and 18.2 for all cases of "V.D.H.,” are, for the years in question, fair estimates of those fit for duty by the end of even the first year after invaliding. I would here point out that Table X. merely deals with 917 "V.D.H.,” “Conditional” cases, though in the seven years there were 3,424 cases of "V.D.H..” Had I had the larger number, composed chiefly of men of little service, my argument of loss to the State (possibly by faulty recruiting or training) would have been strengthened.

His statement that "no one would concede him [myself] more than the number found 'apparently quite well' at the end of the first year" is not, I think, a fact. I feel sure that many medical officers will agree that a much larger number than 3.7 per cent. (Colonel Moore’s figures) of invalids for "V.D.H.,” even if only judged by those taken from the "Conditional list," are fit for duty at home at the end of a year after invaliding.

With regard to Table VII., “D.A.H.,” I certainly added those "improved" to those "apparently quite well," but I did not omit the cases "apparently quite well" at the end of two years, as they could easily have come under the heading of "improved" at the end of their first year, and as far as I could judge were fit for duty then, though not certified as "quite well." If my critic were to see some of the invalids for “D.A.H.” that come before us at Chelsea, desirous of getting their pensions extended, and who not only look well, but are doing well on heavy labouring work, he would, I think, be much more likely to agree with me as to the fitness for duty of many of them. In my statement that two-fifths of these “D.A.H.” cases were fit for duty two years after invaliding, it was my intention to show that these cases tend to improve
steadily, and that therefore very little risk is run by the State retaining them in the Army. I quite agree with Colonel Moore's statement that the results in Tables VII. and VIII. show "careful and efficient" invaliding taken as a whole, but I contend that in the years under consideration there was a margin in which greater care had been needed, and that that margin of error plus the other factors mentioned in my "Summary" would, if eliminated, have been a source of much saving to the State.

In reference to Colonel Moore's remarks on Table III. as to my not showing the difference of the 933 (Table VIII.) and 819 (Table III.), viz., 114 "V.D.H." cases, I partly explained this omission in my note on Table III., but in addition there was another cause, namely, that in many of these cases I could not trace from what station the men had been invalided. If I had added the cases that had been doing duty and yet were known by the medical authorities to have had more than one admission to hospital for "V.D.H." (some cases having done a large part of their service under these conditions), I should not have added to the truths that can be learnt from Table III. I may say, however, that these latter cases rather help my contention that slight "V.D.H." is not incompatible with the performance of a soldier's duty, though I do not advocate the retention of these cases in any enervating climate. I still think that it is worthy of notice that 19·6 per cent. (Indian), 40·7 per cent. (Colonial), and 40·3 per cent. (Home) invalids were discharged the Service, having had under two months' total medical observation. My critic does not think the figure 19·6 per cent. invalided from India under two months' total observation is worthy of notice, because all classes of "V.D.H." are included in this number, the grave, the more doubtful, and the mild cases. Perhaps I have laid too much stress on this figure, but I do not think so.

With regard to his calculation showing that the remaining 140 invalids from India, after deducting the 19·6 per cent. from the total 174, were on an average 5·6 months under medical observation, I quite see his point of view, but I still think the time allowed was too short. Colonel Moore, it must be remembered, only wishes to retain in the Army at home men who are absolutely free from "V.D.H." or "D.A.H." He says further on, "I cannot understand such a point being made of the necessity for a long period of observation at home of men who have already undergone a long period of observation abroad." This, and other remarks that follow, do not quite apply to my contention, as I said the "total" observation time (abroad, on the ship, and at home) was
too short; however, it was my intention to show that the time allowed at home was insufficient. I was pleading for a longer time in all cases to enable us to do away with all possible errors of diagnosis, and also so that the "stationary condition of the heart after the man had been given every opportunity of recovering his general health" might be more definitely known. I consider that a total observation of nine months for men from India, and six months for men from most of the colonies or serving at home, would not be excessive, discretion being of course used as to the class of case. Of the home invalids for "D.A.H.," 154 out of 238 had been under observation from one to two months, and 238 out of 591 home invalids for "V.D.H." were also invalided under two months' total observation. I should further like to point out that my figures are not drawn from the total invalids for the seven years (5,144), but from only 1,150 of them.

We are told that cases "apparently quite well" one year after invaliding "would never be passed as fit for active service." I do not know how this point can be argued, and can only state that the medical opinions given by our own officers on the men's documents, in the cases put by me under this heading, definitely stated that these men were free from cardiac trouble, and suffered no disability as to their capacity for work in the general labour market.

I am glad that Colonel Moore feels that he can state that cases with doubtful mitral systolic organic bruits are not nowadays hastily invalided, and that they form the greater part of the cases sent home for "V.D.H.," and discharged to duty at home, and that he can quote figures from the Army Medical Reports for 1903 and 1904 to substantiate his statements. I, however, cannot consider that I was wanting in "discretion or discrimination" when I stated that I thought there had been, during the years 1895 to 1901, undue hurry when invaliding for both "V.D.H." and "D.A.H." He does not agree with me that men with mild mitral stenosis and mild "D.A.H." should be allowed to serve on in the Army at home; well! we cannot all think alike, and he may, of course, be voicing the opinion of the majority of the officers of our Corps, but I cannot think so. He is, I think, unfair to me in his remarks where he tries to show that I contradict myself as to the life a soldier leads when out of the Service, and its effect on him. It is incorrect to imply that I wish to retain any cases of serious heart lesion in the Service, those, namely, that we all know would do badly; but taking into consideration the work many pensioned soldiers, who are suffering from mild cardiac affections, are doing, with no
apparent damage to themselves, I certainly am led to think that a soldier’s duties and life would be very much less trying, and that these men would, consequently, have been able to serve on and so save the country their pension expenses. My remarks as to the early improvement of these mild cases of “V.D.H.” and “D.A.H.” after invaliding, that I am told tell against me, merely, I think, point out that these cases do improve early after invaliding, not that they would do badly had they remained in the Service.

With regard to Colonel Moore’s statement that I have cast “grave discredit” on all the officers of the Royal Army Medical Corps by my remarks on recruiting, training, and invaliding of cases for heart affections during the years under observation, I may say I feel quite sure that he must stand alone in this opinion. I examined a great many documents and found almost invariably the same diagnosis given year after year by different medical officers and medical boards; the exceptions being, apparently, chiefly in those cases wrongly diagnosed, owing, I thought, to too little time having been allowed for their observation. I stated that I thought that the recruiting was not sufficiently followed up, so as to eliminate as far as possible all weaklings in the first three months; this is now practically done. With regard to my remarks on training, surely my statements could not be regarded as aimed against our Corps, as I expressly said that I thought all physical training should be more directly under our supervision.

Those of us who had the advantage of hearing the views of Dr. Pembrey in his paper read at the meeting of the United Services Medical Society on February 13th last, on the “Physiological Principles of Physical Training,” and at the same time of hearing what the heads of the training branches of the Navy and Army had to say in defence of the old and also of the present (more or less Swedish) systems of training, will have been struck by the convincing arguments against all systems of exercises that are not based on a gradual building up of the body to meet its actually known special physical needs, varying naturally as to these needs with the different branches of either Service which the men may be intended to join. The representatives of the Navy and Army agreed in condemning the old system, and stated that the present system was a distinct advance, but that it was on its trial. It was shown that in the Navy the method of training the young lads had greatly improved since 1898, and this appeared to be the case too in the Army, but not to the same extent, it being naturally much more
difficult to train men in a few months than to train boys in a period lasting over several years. I am quoting the above opinions to prove that it was and is admitted that the training of the recruits afterwards invalided during the years 1895 to 1901 was defective; but this was not due to any special faults in the officers of our Corps.

I hope I have shown by the foregoing remarks that I was blaming the system of recruiting that did not follow up weedy lads during the three months after their enlistment; the system that neglected the rational training of the recruit and young soldier; and the system that hurried a man out of the Service directly some slight lesion or other affection of the heart had been detected. To my mind too much weight was given to these mild deviations from the normal, and their effect on the soldier, especially if he were only required to serve at home. Perhaps in my report I laid too much stress on these points as being even now not sufficiently taken into consideration. I must admit that the present system of recruiting is vastly superior to the old, and we have Colonel Moore's statement that there is no hurrying of men out of the Service now; but the question of keeping in the Service men having slight cardiac disabilities is still one that is, I think, worthy of consideration, and I wish to lay whatever weight my opinion may have on the side of keeping these cases in the Army for duty at home.