laboratories and attend meetings of Commissions of the Armed Forces Epidemiological Board. These visits proved as valuable as they were enjoyable.

The advice and assistance of the Army Pathology Advisory Committee which was formed in 1921 have continued to prove of inestimable value. The members, both from their first-hand experience of Service conditions and from their position in their own particular field, are especially well qualified to advise on the wide range of modern problems.

A very successful international practical seminar in clinical hæmoglobinometry, sponsored by the Association of Clinical Pathologists, was held at the Royal Army Medical College in 1957, but perhaps the most memorable event of the period was the celebration in 1955 of the centenary of Army Pathology, the foundation of which dated from instructions issued on 27th April, 1855, by Lord Panmure. This was celebrated by a dinner at the Royal Army Medical Corps Headquarters Mess on 27th April, 1955, and special commemorative articles were published in this JOURNAL and in The Times. By a happy coincidence the centenary of the birth of Sir David Bruce also occurred that year and this was marked by a reception at The David Bruce Laboratories, a centenary lecture delivered by Dr. Muriel Robertson, F.R.S., at the Royal Army Medical College, and by a special number of this JOURNAL.

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ARMY PSYCHIATRY, 1948-1958

BY

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In the ten-year period covered by this short account of the work of Army Psychiatry the Army increased in size from 418,000 to 450,000, the Korean War took place, and the total strength of military and civilian specialist psychiatrists employed by the Army was reduced from 82 to 42. Nevertheless, by the concentration of our potential on the maintenance of mental health and the prevention of mental illness it has been possible to reduce the numbers referred for psychiatric out-patient opinion from 2.7 to 1.7 per 1,000 strength per month.

Factors contributing to this reduction are the measures which have been taken to instruct all medical officers in charge of troops in the elements of simple psychotherapy, and the close liaison maintained between Army psychiatrists and commanders at all levels, so that the contributory causes of neurotic breakdown can be eliminated. These causes are mainly due to the immature, inadequate personalities of men who have never been separated from family and home, and young married soldiers who are over-concerned about the ability of their wives to survive while they are separated.

Much depends on the type of unit in which the soldier is serving; if in a combatant arm and at duty in an overseas command where active service or
similar conditions exist, with in consequence a sense of purpose, it is seldom that a soldier develops a psychological illness.

Young Regular soldiers tend to be referred for psychiatric examination in greater numbers than their National Service counterparts. The reasons for this are plainly the higher incidence of marriage of the young three-year short service soldier and his preoccupation with family cares. The introduction of a six-year minimum period for Regular Service in October, 1957, will reduce this problem to some extent, but, more important, the number of Regular soldiers requiring invaliding due to emotional instability and disorders of character can be expected to fall as a result of raising the standards, both physical and mental, for entry into the Army and by a more realistic approach to measures required to deal with the soldier who desires to terminate his engagement prematurely.

As measures directed towards improving the status of the Regular soldier of the future are adopted, ranging from improvements in emoluments and living conditions to the reduction to a minimum of the number of menial tasks still requiring misuse of military manpower, we can look forward to the day when less time is spent by the Army psychiatrist in the consulting room and more in visiting units to advise on problems and prevent their occurrence. With increasing facilities for family medical care Army psychiatrists, helped by psychologists and psychiatric social workers, are now enabled to treat the military family as a social group as well as the patient as a medical problem. Examples of this are seen frequently in the child who loses his stammer because the home environment, as well as the school attitude, is changed by explanation to all concerned of the many factors that lead to overt signs of emotional instability. In the past year it has been observed, particularly in overseas theatres, that while the number of soldiers requiring treatment has steadily decreased, the number of dependants to be seen has, if anything, increased, and this is not altogether due to more families now serving overseas. Measures are now taken to instruct the soldier's wife and children that a period of adjustment to the new environment and climate is required. Military families overseas must be closely knit into family, unit, and station groups if the Regular soldier is to be unaffected by worries about his dependants, and give of his best in his work.

Army psychiatrists have a part to play in the preventive as well as the therapeutic field: in the past decade over one million young men have completed their period of National Service, some of them undoubtedly helped by a short interview at their Army Basic Training Units. Of the 15 per cent of the fortnightly intake so interviewed, over 60 per cent served anywhere in the world and fewer than 2 per cent required discharge on medical grounds, the remainder being suitable for restricted service. That the effort expended in this personnel selection advisory service has been worth while is shown by the fact that the organisation is to continue in the new Regular Army of the future, and personnel selection officers have been unanimous in their requests to retain the advice of the visiting Army psychiatrist.

In the field of psycho-somatic medicine improved antibiotics and hormones,
and modern surgery, have helped greatly in the treatment of diseases as diverse as exfoliative dermatitis and ulcerative colitis, but here again the Platonian decree against separation of the body (soma) and the soul or mind (psyche) applies. No one today would doubt the need for the study of society from the point of view of emotion, anxiety, and the proper use of leisure, and it is not disputed that a great deal of illness is caused by social maladjustment, the secret to the relief of which may lie in the recapture of former values, such as the importance of the home, and of the family as a social therapy group.

The discovery of a wide range of new drugs, which have been grouped, possibly unfortunately, under the generic title of “tranquillisers,” bids fair to be the greatest advance in psychiatry since the arrival of such now well-established physical methods of treatment as electro-convulsive therapy for depression, and deep insulin coma treatment for schizophrenia. In the acute schizophrenias most commonly seen in the Army the better-known forms of physical treatment remain the first choice, but cases proving resistant to such therapies, or which cannot be exposed to such methods due to adrenocortical insufficiency, are showing a favourable response to some of the new ataraxics. As the chemotherapy of insanity improves with experience one can look forward to the possibility of more soldiers returning to duty after psychotic episodes. In the neuroses our experience is similar to the consensus of opinion in civil life; the tranquilliser is no panacea for this still indeterminate condition.

The Royal Victoria Hospital, Netley, one hundred years old in May, 1956, is one of the first Service centres to which members of all three fighting Services go for treatment of psychosis. The Royal Air Force have requested that in future all psychotic officers and airmen should be treated at Netley. In the past ten years over 5,000 cases have been treated there, including 1,200 psychotic officers and other ranks; as fewer than 1 per cent of these cases have required transfer to civil mental hospitals on conclusion of treatment, the care and attention of the medical and nursing staff have been repaid by the thought of the large numbers of their patients either returned to duty or to gainful employment in civil life. Officers and other ranks of the Women’s Services receive treatment at Holloway Sanatorium, Virginia Water, where there is a full-time Army psychiatrist. This hospital was one of the first to abandon all methods of compulsory detention, as recommended by the recent Royal Commission on the mental health laws, and patients enter and leave without any legal formalities whatsoever.

As the days of compulsory military service draw to a close and the population of the Services changes from adolescents (75 per cent aged between 17 and 21) to adults (the great majority of whom will be married with one or more young children) we must re-orientate ourselves to the need for more military social medicine, with the military family as the unit in the group at home and overseas.

In this sphere we can possibly learn from the new approaches in civil life, where the psychiatrist, in the child guidance clinic and the adult out-patient department, has the services of clinical psychologists, psychiatric social workers, and representatives of other welfare organisations who can help the patient by
effecting changes in the home environment and, at times, in the economic situation. The cost of such additional personnel could be repaid many times by an increase in the number of trained soldiers remaining in the Service instead of leaving to care for their mentally sick dependants. It may well be that child guidance clinics will be established in the major military centres in overseas theatres.

In these days of economies and a reduction by some 66 per cent in the strength of the fighting services one often hears the suggestion that it might be more economic if the care and treatment of mentally sick soldiers and their dependants were handed over to the National Health Service. Overseas, this is obviously impracticable and at home it is considered that the cost is more than justified by the realisation that of all members of the Service, or their dependants, who have the misfortune to fall seriously ill with a disease of the mind, fewer than 1 per cent now fail to return to duty or to useful employment in their home towns. The Army must remain a good employer and look after all its members when they fall sick from any illness, be it of the body or the mind.

**OPHTHALMOLOGY SINCE 1948**

**BY**

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In the Golden Jubilee Number of the Journal of The Royal Army Medical Corps, military ophthalmology was surveyed from the time of Omdurman and though little change has taken place in our organisation since 1948 a considerable output of work has been maintained. A total of some 58,000 patients has been seen annually. The Optical Sections have supplied some 18,000 pairs of respirator spectacles annually in the United Kingdom alone.

The number of Regular ophthalmologists available has been small and the necessity to train officers in the speciality has strained our resources. Few National Service medical officers have been suitable for employment, as most lack pre-Service specialist experience. In 1952 new Standing Orders for opticians were published allowing those qualified to be employed in sight-testing. This is in accord with the organisation in the National Health Service and has been a help to Army ophthalmologists, particularly in dealing with recruit intakes. An important part of the optician's duties is to dispense without delay spectacles for use with respirators so that recruit training is not interrupted.

Since the establishment of the National Health Service, civilian-type spectacles have been available to all ranks at the same rates as those charged to civilians. These spectacles are prescribed by Army ophthalmic clinics and supplied by contract. Spectacles of the respirator type are still an issue and...