SOME PROBLEMS IN RECRUITING.

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Regulations deal and can deal only with main principles, and it remains as part of the task of an officer to acquire such knowledge or skill as will allow him to manage the smaller details in conformity with the general rules. Such problems of detail arise in few places more constantly than in the medical inspection room of a recruiting office. The co-ordination of medical recruiting duties under the Directorate of Hygiene and the provision of instruction at the London Central Recruiting Depot are doing great work towards the institution and teaching of standards helpful in dealing with the problem of the "border-line" case, but there must be much useful experience stored away in the Corps which, if committed to print, would help officers in many a difficult situation, and the object of these notes is essentially to ask questions in the hope that someone who has the knowledge may also spare the time to answer them and others arising from them.

Time and again will combatant officers remark on the strangeness—to them—of the fact that medical men differ in their opinions, and particularly do they stress their arguments by reference to recruits. The answer to such arguments, and indeed to many if not all of the problems of recruiting, lies largely in the ability of either side to appreciate the other's point of view and difficulties. The critic of the examining medical officer sometimes fails to remember that his victim is but human, however, trained; the examining medical officer may fail to estimate correctly the mentality of the man he passes into the Service and find himself responsible for one who, from the start, sets out to drain to the dregs his privilege of medical attendance and who, with his minor unimportant blemish can cause more trouble than several really sick men. This attempted estimation of the mentality—psychology, if you will—of the potential recruit cannot be unimportant. The "desirable" recruit, even though he have minor physical defects, will possibly make a better soldier than the physically perfect specimen who shows what one might call stigmata of undesirability—a surly manner, a shifty eye, a long history of short term employments, or of no employment at all—and whereas, from the medical point of view, there may be no justification for rejecting the latter, with the former a degree of laxity within the recognized standards may even be advisable.

Most old soldiers will admit that there was a time in their service when they hated the Army with a hate perhaps concentrated on one or a few individuals, perhaps generalized to the whole system as they saw it, but at any rate sufficient to obliterate for the time that which stood to them
for a conscience, and most of these will place that period during their early
recruit training. We must be prepared to appreciate the recruit in this
frame of mind; not entirely blaming the man—he is a stranger in an even
stranger land, and to him the devil he knew seems to have been more
desirable than the God he has not yet learnt to worship—but firmly urging
him towards the completion of his training.

It may be perfectly true that an army marches on its stomach, but "flat
foot ranks fourth on the list of disabilities which caused the greatest
number of men to be invalided out of the Army as unfit to serve": this
arresting statement is contained in the Report on the Health of the Army
for 1923.

Definite flat foot, with its eversion and abduction, is usually easy to
detect in a candidate for enlistment, but the degree of "lowered plantar
arch" which we may accept is an extraordinarily difficult thing to estimate,
particularly when we realize that many men know of their disability and
strain every muscle to overcome it temporarily. Some of the factors in­
tluencing this decision are the man's ability to restore the arch on tip­
toes, his ability to hop and jump and the muscular development of
his legs. The elasticity of the normal foot lies in its structure as a
series of arches, longitudinal and transverse, and in the healthiness of
the ligaments and muscles supporting them. The importance of the
longitudinal arches, especially the internal one, is known to and stressed
by all, but is sufficient attention generally paid to the transverse arches,
particularly the tarsal one? The internal longitudinal arch may be dropped
almost to flatness and yet be made recoverable and functionally useful by
muscular action, but it seems worth while trying to find out whether the
same is true of the transverse tarsal arch; certainly the majority of really
flat feet, and of those lowered plantar arches which appear too low, or
do not recover enough, to be acceptable in recruits, feel definitely flattened
over the dorsum of the tarsus. Can we, if it be of value, devise any rapid
manual or visual test to decide this?

The normal prominence on the middle of the inner side of the foot—the
tuberosity of the scaphoid—is definitely anterior and slightly inferior to the
tip of the internal malleolus; when this prominence—be it of the scaphoid
or of the displaced head of the astragalus—becomes obviously more inferior
than anterior to the point of the malleolus, then it would seem that,
definitely, we are dealing with a foot which will go from bad to worse and
with one which is beyond that stage in which such orthopffidic treat­
ment as can be given to a recruit will produce any benefit.

Regarding the musculature of the leg, that on the front must, of course,
be viewed with equal care to that in the calf, and the presence of a reason­
ably well-developed tibialis anticus seen and felt in action may be a
valuable deciding point in a doubtful case of apparently lowered plantar
arch.

Pes cavus, though not so common, is perhaps even more disabling than
pes planus, and there is occasionally met with a pes cavus which is becoming, or has become flattened out; these feet, in their intermediate stages, though not actually flat, are definitely inelastic and useless for marching; there is often an apparent or actual concavity of the inner border of the first metatarsal which looks abnormal and suggests a more careful examination.

Turning now briefly to the heart—that very fruitful source of invaliding—one is faced, in the prospective recruit, with problems at almost every turn. Provision is now made in Regulations for the previously difficult case of the nervous, possibly that day unfed, probably over-smoking, youth with tachycardia, and it is often possible to assure oneself that one or all of these causes is the real origin of the condition, so saving a recruit to the Service. The addition to one's routine of simple effort tolerance tests is of incalculable value—many hold that they should never be omitted; but even these may be temporarily upset by one or more of the above causes to such an extent that the results may be difficult, perhaps useless, to interpret. The mere process of examination, especially if it has to be carried out rapidly, forms a very fair "effort" to which a man may be submitted without his attention being directed to his heart at all, so that the localized nervous effect may be to some extent eliminated. If, however, an effort tolerance test is to be used it would seem reasonable to insist that it be of the heavy rather than of the light order. The recruit, despite any personal views he may hold on the matter, is enlisted into the Army for work, and for work, especially as a recruit, of a very arduous nature, and the not infrequent appearance of the so-called "effort syndrome" or the development of the worse-called D.A.H. may simply be evidence, not of any form of disease, but of the fact that we are trying to get, so to speak, forty horse-power work out of a ten horse-power engine.

Whilst it is common knowledge that every heart that murmurs has not got valvular disease, and that the cardinal tests of cardiac value are the size of the organ and its reaction to and recovery from exercise, yet it is probably unwise to admit to the Army any man with a bruit over the cardiac area; sooner or later he will learn about it, and he is a stout and indeed very intelligent man who, knowing this, can accept his physician's statement (and even physicians differ at times) and disregard the affair. A series of careful examinations and a few days' observation in hospital regarding the condition of his heart will turn all but the staunchest of soldiers at least into hypochondriacs.