## MEDICAL SPECIALISTS' MEETING.

THE second annual meeting took place at the Royal Army Medical College, on October 14, 1936, when there was a large attendance of Specialists in both Medicine and Mental diseases. The Consulting Physician in opening the meeting referred to the very favourable reception accorded to the first one held in 1935 and to the practical value of Dr. Cotton's paper on that occasion.

The proceedings began with the reading by the Chairman of a communication received from Major F. M. Lipscomb, M.R.C.P., on Anxiety Neurosis, which was the subject chosen for this year's discussion. A paper by Dr. E. Mapother, M.D., F.R.C.P., F.R.C.S., followed, after which a general discussion took place, addresses being given by Lieutenant-Colonel H. Gall, Dr. Aldren Turner, M.D., F.R.C.P. (Neurological expert to the War Office Medical Board), and Major J. Bennet.

The Director-General addressed the meeting for a few minutes on the subject of medical training in preparation for active service and the duties of specialists in connexion with that training.

The various papers will be published in this Journal as opportunity offers. The Chairman at the close of the meeting asked for suggestions for subjects for next year's meeting (1937) to be sent in by the end of 1936.

## CONTRIBUTION TO DISCUSSION ON ANXIETY NEUROSIS IN THE ARMY.

BY MAJOR F. M. LIPSCOMB,
*Royal Army Medical Corps.*

SINCE the greater part of my service has been in India may I be permitted to offer observations on certain aspects of anxiety neurosis as it is encountered in that country.

I must make it clear that my conclusions are based on clinical impressions and are not worked out from statistical records. Psychoneurosis is seldom recorded officially unless it is the cause of invaliding. Even then it is often hidden under the name of a symptom, such as "tachycardia" or "hyperthyroidism": and I think rightly so. To label a man "neurotic" does not improve the chances of recovery.

The basic cause of anxiety neurosis is maladjustment to some form of fear: the manifestations in any given case are the result of the interaction of the individual's personality and the kind of psychical strain to which he is exposed. These factors vary enormously, but they seem to fall into groups corresponding more or less to certain classes. A convenient classification is by ranks :—

*Indian Other Ranks.*

Here anxiety neurosis is rarely seen, whereas hysteria, usually in the form of hysterical paralysis, is relatively common. I am inclined to think the reason is a certain fatalistic attitude to illness. The matter would repay study by an expert psychologist whose conclusions might throw light on prevention of the disorder among other classes.

*British Other Ranks.*

The type of personality appears to determine the type of symptoms caused by psychopathic reaction to fear.

The less intellectual and less educated soldier is likely to exhibit the phenomena of hysteria; the more intelligent and better educated individual, typically seen in technical corps, tends to suffer from anxiety neurosis. As a side-note I would remark that I have never encountered any kind of psychoneurosis among Other Ranks of the R.A.M.C. in India. Perhaps recruiting medical officers are careful in selection of suitable types for their own Corps, or perhaps the Corps training gives its members a sane attitude towards physical and mental illness.

Throughout the Service soldiers employed for any length of time as clerks seem prone to suffer. Particularly is this so in the clerical establishments of headquarter formations. The clerks' rooms in military offices in India are not usually notable for brightness and cheerfulness; life spent in them is both physically and psychically unhealthy. Many of these men are married and hold an acting rank or a well-paid appointment: they are fearful lest a period of sickness may involve loss of that rank or of an appointment.

The British Other Rank in India is deprived of home life for a period of years. Even for the *married* man his quarters in the married lines scarcely constitute a "home." In the Punjab, for example, this so-called home is disorganized by a move of his family to the hills for the six hot months of the year. On their return he himself probably goes to camp. In fact he is lucky if he is with his family for more than four months in the year.

The *unmarried* man is practically cut off from the company of the female of his own kind. He is sexually starved—using the term in its fullest sense. Association with prostitutes or homosexual indulgence does not solve the problem. It is not only sexual gratification that is needed—it is feminine companionship of the kind he can enjoy in England. In the rather highly-strung type that is apt to become neurotic nervous strain is often mitigated by feminine influence. Regimental officers have told me that they are convinced that absence of feminine society is a common cause of abnormal conduct.

Another factor is the unsuitability of certain men for military service in the East. An example is the young soldier who comes under observation in India for some disability in which anxiety is a prominent symptom:

his medical history sheet usually shows that during service at Home he was frequently in hospital with minor complaints, and it may contain a remark that he was neurotic or introspective. Such a man is seldom able to pull his weight in the East.

*Officers.*

Anxiety neurosis in young officers differs from anxiety neurosis in senior officers. In the former it depends more on personality ; in the latter more on intrinsic influences.

A few years ago the *young officer* arriving in India sometimes showed excessive regard for his health; he lived with a clinical thermometer in his pocket and, on the least departure from a feeling of well-being, retired to bed and sent for the medical officer. These young men had been born during the Great War and brought up in the period immediately following it. The causation of their lack of psychical stamina was injudicious care of their health in childhood, a "hang-over" of the influence of maternal anxiety at that time. Fortunately many were cured by regimental discipline. Nowadays such cases are rare.

Among *senior officers* the problem is more serious. Anxiety is common and impairs the efficiency of good officers in a responsible position. Colonel Heatly-Spencer has suggested that it is a legacy of strain during the Great War.

The intellectual, highly-strung, conscientious officer is the most apt to suffer. He often has great responsibility and has years of experience to enable him to shoulder such responsibility; yet, in giving effect to his decisions, he is fettered by masses of regulations with complicated amendments and a sense of impotence engendered by the stranglehold of the finance branch. In a recent case of which I am aware, a conscientious officer had discovered that the rate paid in certain contracts for which he was responsible was slightly above that which would have been most economical. In renewing the contracts he secured a reduction. Instead of his being congratulated, his superior was called upon to report what disciplinary action had been taken on account of the previous loss! The senior officer responsible for spending public money is in a constant state of anxiety lest a financial scandal may come to light in his department. One such officer told me that he feels as if he is living on a volcano.

Many officers marry rather late in life so that heavy expenses for education of children come at a time when selection for promotion is of the utmost importance. At the same time their wives, on whom they have come to depend for spiritual support and a comfortable home, may be in England looking after the family.

Confidential reports are another cause of worry to senior officers. The searching and necessary special physical examination now made in the case of colonels and more senior ranks has resulted in unexpected invaliding. Uncertainty as to the outcome of this test is further reason for anxiety.

The strain of all these worries induces a state of nervous exhaustion—neurasthenia—to use that now unfashionable term. Feelings of fatigue, indigestion or what not become prominent; the sufferer begins to fear he is developing "blood pressure" or cancer, and visualizes early invaliding without having secured the pension which will keep his family in comfort. This worry again prevents him giving whole-hearted and care-free attention to his work. And so the vicious circle is complete.

*Women.*

Owing to the medical care of women forming a greater proportion of military medical practice in India than it does at Home, psychoneurosis among them frequently comes to the notice of the medical officer; and it requires special consideration both for the sake of the victims themselves and to prevent deleterious effects upon the military efficiency of husbands. The great majority of European women in India do not suffer from anxiety neurosis any more than they do in England. But among the unfortunate minority who have a neurotic tendency, I think the determining causes are different. While at Home they become over-obsessed by small difficulties in the house, in India their troubles are apt to result from lack of settled home life. During service abroad a woman is frequently separated from husband or children, or both. Celibacy—in the figurative as well as in the literal sense of the word—is not a natural state, but the psychologically stable majority survive temporary periods of it with impunity. Of those not so endowed, some succeed in sublimating the sexual impulse into other activities, others become involved in open or clandestine amorous adventures. The latter relationships are not capable of the fulfilment of happy married life and they result in a state of tension prone to develop into anxiety neurosis. A not uncommon, but specially unhappy example, is the woman whose charms are beginning to wane and who is not receiving the affection she needs. Not only is she in a state of anxiety but subconsciously she may attempt to obtain sympathy by symptoms of physical illness.

As regards Indian women, the younger ones tend to manifest psychoneurosis in the form of hysteria. When they get older and their attractiveness begins to diminish, the same phenomena may be observed as in the case of Europeans.

*Children.*

The "nervous child" is, in my experience, rare in India, both among Europeans and Indians.

Before discussing prevention and treatment two other ætiological factors deserve mention, namely the influence of alcohol and the influence of physical disease.

*Alcohol.*

Efforts have been made to relate the prevalence of drinking with the incidence of anxiety neurosis. As regards India, there is no doubt that the consumption of alcohol has greatly diminished in recent years. It is not so easy to ascertain whether there has been any real increase of anxiety neurosis during the same period. Many officers, medical and others, consider that this relative temperance is the cause of more anxiety. Who can imagine a beery "Old Bill" with anxiety neurosis?

Further, alcoholic psychosis differs fundamentally from anxiety neurosis: in the former (except during the acute stage of delirium tremens) physical signs of fear are absent, whereas in the latter they are a characteristic feature. Prolonged anxiety may make a man take alcohol to relieve mental strain: the drug is not the cause of the anxiety. Under certain conditions a timely dose of alcohol may be a valuable therapeutic measure, but one hesitates to recommend it indiscriminately because the incipient neurotic is of that unstable temperament that cannot be trusted to control its use.

*Physical Disease.*

To assess the influence of physical disease is very difficult. First comes the problem of determining to what extent symptoms are merely subjective. Secondly, when physical disease is discovered, how far is it causative? Is, say, chronic toxæmia so sapping a man's stamina that he has become anxious, or has mental strain rendered symptoms obvious which in normal mental health would have passed unnoticed? Correct solution of the problem in any given case is of crucial importance. If physical disease is the real cause, then its relief may cure the mental disorder; if it is *not*, then elaborate investigations and prolonged treatment will probably make it worse.

Experience in India leads me to believe that physical disease is rarely truly causative. But there are two exceptions to this generalization, namely, chronic amœbiasis and chronic paranasal sinusitis. When either of these is present cure of the infection is often followed by rapid improvement of the mental state.

*Prevention and Treatment.*

I shall not touch upon the all-important matters of careful recruiting and subsequent training. They apply to the Army as a whole and are not peculiar to Eastern service. Special precautions, however, should be observed when sending officers, soldiers and families to India. The first two classes are specifically examined as to medical fitness before proceeding overseas; this examination should be a searching test and should include psychological fitness in view of experience gained during service at home. Surely it is more economical to invalid an unsuitable man straight away than to have him sent back after spending the greater part of a year in and out of hospital in India?

Lectures are given to troops and families before they arrive in India,

and these should embody instruction in tropical mental hygiene, the importance of which has been emphasized by Castellani. Whilst common sense practical lessons in personal tropical sanitation are necessary, care should be taken not to paint a picture of a land seething with fell diseases from which one is lucky to escape with health more or less intact. I have known women and children arrive half starved at their destination up-country because the dangers of enteric, dysentery and cholera have been so impressed upon them that they have been afraid to take food or drink on the train. Those who embark upon foreign service in a spirit of adventure seldom suffer from anxiety neurosis.

Next to the time at the Depot at Home, the settling down to new experience in the East is an important period in preventing neurosis. A happy unit, in which all ranks, including their wives, are on good terms and have the welfare of the whole at heart produces very few cases of neurosis.

The problem, mentioned above, of finding a remedy for the Other Ranks' deprivation of social life is not easy of solution. One regiment I know of has made the experiment of mobilizing all its feminine resources by means of All Ranks' dances. More might be done on these lines.

*Treatment* falls under two headings: namely, treatment in the stage of early symptoms and treatment of the established disease.

*Treatment in the stage of early symptoms* lies almost entirely in the province of the Regimental Medical Officer. If he knows the characters and personalities of officers, men and families in his charge, he is able to appreciate the earliest signs of psychical strain and, with or without consultation with a regimental officer, to devise a remedy. He should occupy the position of a trusted family doctor who is friend and counsellor in many difficulties besides actual illness. On him must fall the responsibility of deciding how far physical disease is the cause of symptoms. Neurotics should be kept away from hospital as much as possible because they are naturally introspective, and the atmosphere of hospitals tends to increase their interest in themselves. Once introspection is fixed cure is extremely difficult.

As in civil life the neurotic woman is greatly dependent upon sympathy and sound advice from her doctor, a dependence that is sometimes embarrassing. She is a trial to the Medical Officer of the unit; nevertheless, by listening to her troubles, calming her fears, giving encouragement and treating symptoms where necessary, he may prevent establishment of a definite neurosis.

The responsibility of the Regimental Medical Officer is so well known and so clearly laid down in regulations that at first sight it seems unnecessary to mention it; but I have done so because, under present conditions in most large stations in India, a medical officer seldom remains in charge of a unit for more than a few weeks at a time. It is then, of course, quite impossible for him really to get to know the individual components of his

charge and consequently he cannot help them in the way he ought to. A remedy for this unsatisfactory state of affairs deserves the earnest consideration of administrative Medical Officers.

*Treatment of established anxiety neurosis* varies according to the type of patient.

The disorder in the young soldier is determined more by personality than by outside influences. Except in the comparatively rare case with a temporary or removable cause it can only be relieved for a while, and the victim soon relapses into a worse state than before. Such a subject is never likely to be fit for active service in the East, and, under peace conditions, invaliding to the United Kingdom is the only course.

In older individuals, and in certain cases young people too (for example those who endured the Quetta earthquake experiences of 1935), the anxiety state is due not so much to inherent psychical defect as to prolonged or exceptionally severe nervous strain. With this class of case the essential measure in treatment, in India as anywhere else in the world, is to restore and maintain the patient's morale and confidence in himself. In addition he needs prolonged mental rest and this involves a period of leave. Leave to England is usually the more beneficial though leave in India may suffice for slight cases. It is all important that confidence in complete recovery should be established before the leave begins. It is no use recommending leave in India unless it is certain that the patient is going to enjoy some form of recreation, for example, shooting, fishing or sailing, on which he is really keen, and which, without overtaxing his physical strength, will give him mental relaxation and rest. Vague search for amusement in a hill station does more harm than good.

With women the causes are so often connected with conditions of life in India that, in an established case, nothing short of a period of change out of the country is of real avail.

In conclusion, may I suggest that, while hygiene has achieved remarkable and solid progress as regards the *physical* well-being of officers, troops and their families in India, there still remains much room for advance in *mental* hygiene.

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## WAR NEUROSIS.

By E. MAPOTHER, M.D., F.R.C.P., F.R.C.S.

Morbid anxiety is the tendency to the occurrence of fear which is either independent of events that would cause fear in a normal person or out of proportion in duration and intensity to any such events.

Various aspects of that definition will need elaboration later. It may be well in the first instance to distinguish between the mental disturbance of morbid anxiety and on the other hand the physical disturbances which accompany these, although it should be emphasized that these are only the same thing from different view-points, that of the sufferer and of the onlooker.