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Journal
of the
Royal Army Medical Corps.

Original Communications.

SOME RECOLLECTIONS OF ARMY PSYCHIATRY.

By "ALIENIST."

[Received November 13, 1944.]

It has been my fortune to serve some thirty years in the Royal Army Medical Corps. I was employed as a Specialist in Mental Diseases for some seventeen years, of which thirteen years were spent in India. There were then only four such appointments open to R.A.M.C. officers: two at Netley and two in India. Another two in India were held by officers of the Indian Medical Service.

Circumstances were such that our time was occupied almost entirely with the diagnosis, treatment and disposal of psychoses and the more acute types of psychoneurosis. We were "alienists." As time went on and our experience increased, more and more did we become concerned with the importance of Mental Hygiene. For many reasons little was done but it had become obvious, at least to some, that a very close liaison between the Specialists in Mental Diseases and the Hygiene Department was very desirable.

It is a good thing to look back occasionally so that the mistakes and omissions of the past may be rectified. This is, therefore, a very brief and incomplete survey of conditions in India as they appeared to a Military Alienist in the years between the two wars.

The environment in which troops lived in India varied greatly from isolated "men only" stations, such as Razmak and Landi-Kotal on the Frontier; the large cantonments such as Rawalpindi, Lucknow, Quetta, Poona, Bangalore and Secunderabad; the small isolated stations such as Multan, Dinapore and Nasirabad; to the modern cities of Calcutta and Bombay. The hill stations again had their distinctive characteristics not solely climatic. Kasauli may be contrasted with Bangalore.

In some, the population was almost entirely military, in others officials and civilians equalled or exceeded the soldiers, while in the cities the military population was but a small fraction of the European total.

It was very obvious that the military population tended to live a community life, in the country but not of it. The very existence of "cantonments" perpetuated this. The reasons for the origin of this system—hygiene, security, and so on—are obvious. This system emphasized the isolation of the Military community not only from the life of India but also from the rest of the European population. In other words, it brought about a Military caste and, whatever we may wish to believe, the caste system has been almost as deeply ingrained in the British as in the Hindu.

One advantage was that wherever a British unit went, it took its own society with it and the routine life of the soldier was much the same in either Aldershot or Poona. His off-duty life was vastly different. In theory, a unit took with it most that was necessary for the general life of its members and a good station completed the amenities.

I had noticed, over a period of years, that the mental invaliding rate from the south of India was always higher than from the north. It is of interest to compare the typical inhabitant of Northern India with the southerner. Compare the virile Sikh, Punjabi Mussulman and Frontier tribesman with the Bengali Babu or the softer man of South India; but, remember, the south of India also produced the Mahrattas and the cultivators of Deccan are a virile type. There are factors of diet, climate and comparative wealth to be considered. The factor common both to the indigenous Indian and the British soldier is climate. No matter how burning the heat of the Punjab hot weather, there followed the invigorating cold of the finest winter climate in the world. The more constant climate in the south was trying and even the monsoon did not make any great difference. Many found the moist, damp heat much more trying than the dry heat.

Military life in the north was more active than in the south. In the Frontier stations the Army was always ready to deal with the ebullitions of recalcitrant tribesmen. In the "Internal Security" stations of the centre and south the greatest source of trouble was political unrest. The soldier was happier dealing with a fighting enemy than he was in trying to subdue Congress-inspired agitators.

There is no doubt that with the great advance made by general hygiene, both mentally and physically, the health of the soldier was steadily improving. That there was something still wrong was shown by the steady invaliding rate for mental illness and also by the steady suicide rate which, latterly, showed a tendency to rise.

Cholera, typhoid and smallpox epidemics were things of the past and isolated cases were few. The dysenteries were under control. Malaria was, at least, held in partial subjection and the principles underlying eradication were understood. That they were not always carried out with the desired thoroughness was due in part to remediable shortcomings in authoritative outlook which, *inter alia*, neglected the psychological approach to preventive methods. There were, also, financial difficulties.

To the newcomer, the necessity of attention to the minutiae of preventive detail was apt to prove a burden to the flesh and a weariness to the spirit. It soon became a matter of routine and habit once the necessity for such detail was recognized. Sleeping under a net, boiling drinking water, protection of food from flies and so on, all became accepted as part of the daily routine. So also did one's daily onslaught on, and protective measures against, the mosquito. The mosquito was, in peace as in war, Enemy Number One. Enemy Number Two in peacetime may well have been the Brain Fever Bird! In latter years the importance of an adequate and balanced diet was generally appreciated and steps were taken to ensure its availability. Units were paying greater attention to the quality of food, its preparation and cooking and, wellnigh as important, its serving. In some instances the restaurant system of serving meals had been introduced with outstanding success. In a country such as India, the attractively served meal in cheerful and bright surroundings is even more important than in England. There were Government Dairy Farms for the supply of pure milk, cream and butter. A very promising Cold Storage Scheme for meat was nipped in the bud only at the last moment by unfortunately aroused Communal difficulties. Every cantonment in India had been electrified with the resultant electric fan and household refrigerators. The eviction of the kerosene butti by the electric lamp was a milestone in progress. The psychological effect of these improvements was incalculable.

To be sure the use of refrigerators was not universal outside the cities, but they were becoming a practical possibility and no longer a curiosity. They should be in every regimental cookhouse in peacetime.

Barracks and quarters were steadily, although slowly, improving. Housing conditions for officers in Bombay left nothing to be desired, but the smaller up-country station was not

quite up to that standard. Mosquito-proofed barracks and fly-proofed kitchens were coming into being; tentative experiments were being made with air-conditioning.

All this was to the good and there is no question that general conditions of life in India were improving and that this was leading to an improvement in the mental outlook. Many causes of anxiety and worry were being steadily removed by a Hygiene Department who did not always realize the psychological value of their work.

There were other improvements. The regular sea mail was supplemented by the all up letter air mail. The general amenities of barrack life were improving. A Major-General of the Indian Army once told me that, in his young days, the only place in which a British soldier could secure quiet was in the Prayer Room. There are now canteens, recreation rooms, Serjeants' and Corporals' Messes and other amenities. There are good games grounds and, occasionally, swimming baths. The cities and larger cantonments have good cinemas and the standard of itinerant concert parties was improving, but there were marked inequalities between stations. It may be left at that.

Probably conditions for the officer caste had improved more than for the other ranks (there is still an Indian Army Form which refers to Officers' Ladies, N.C.O.s' wives and Other Ranks' women).

Again, conditions varied greatly but I have never lived more comfortably and been better housed than in an Army flat in Bombay, but Bombay is not "India." It is a modern, cosmopolitan city set against an Indian background with all the amenities of our so-called civilization—a pure water supply, water carriage, sewage disposal, electric light and power, air-conditioned cinemas, good hotels and restaurants and very good shops with, in peacetime, a plethora of cold storage foodstuffs. To see India one had to be stationed in, say, Multan, Fyzabad, Benares, Ahmednagar or similar isolated communities.

For a variety of reasons there was coming a very gradual breaking down of the barrier between the European and the Indian. The difficulties attendant on this can be fully appreciated only by those who have lived in India.

With all this to the good, there still remained much to be done.

One's daily life in India did not vary a great deal from day to day. Work usually ceased at midday and from then on there was little to do except pass the time away. The method depended on the individual and, in the case of troops, on the interest, keenness and initiative of their officers. In some units a great deal was done with organized games—in others not so much. To describe what was done and the possibilities of more being done is beyond the scope of this brief article.

The greatest difficulty was the lack of any serious attempt at organized intellectual recreation. One's energies tended to be occupied in simply passing the time, and a great deal of energy was wasted in the interminable gossip of Club life. Many officers did a great deal of professional work, considerable research and other useful activities, but the temptation to do little beyond routine was very great. That so much valuable medical research work was done reflects the greatest credit on our Corps, but it tended to be individual. With routine evening visits to hospitals, etc., an R.A.M.C. officer could lead a really active life.

Courses of lectures were arranged at many stations and there was some attempt at organized intellectual instruction—lectures by experts on various subjects, etc.—but this was neither general nor extensive. In some places these courses of lectures were of a very high standard and were attended by officers' wives. So far as the troops were concerned, there was all too little.

Figures, kept over a period of years, showed that there were stations with an incidence of mental cases consistently above the average. There would also be a unit with an invaliding rate higher than the average. When the two coincided there was always trouble.

It was seldom that any attempt was made to do a psychiatric survey of the men in any unit. I tried this, tentatively and not very thoroughly, on two occasions. The Commanding Officers co-operated by allowing access to the conduct sheets and by submitting names of unsatisfactory soldiers. On each occasion I was able to eliminate some half dozen men with

the result that, at least for the next two years, there were no further cases of mental trouble from that unit.

My experience of this satisfied me of the value of what I might call a "Psychiatric Survey" of a unit and of the value of some form of selection and weeding before troops are sent to garrison duty abroad.

It is almost a fact that, in the twenty years between the two wars, the equivalent of two infantry battalions were invalidated from India on account of mental trouble. It may be deduced that many who were really mentally unfit for the stress of active service remained with their units. A scheme for the complete re-organization of the mental side of Army medical work in India was prepared and submitted. It was approved in principle by the Medical Directorate and the Adjutant-General but "funds did not permit" and it doubtless now languishes in a file at Army Headquarters unless the "poochis" have eaten it. Stress was laid on prevention rather than cure.

The incidence rate of psychoses among British troops in India over a period of fifteen years was approximately the same as the incidence in the same age-group of the male population in England. It will, therefore, be impossible to eliminate cases of psychotic illness from an Army of Occupation unless a rigid selection is made. Whether this would prove completely effective, I venture to doubt. It would eliminate many potential psychoneurotics.

Once we have our selected soldiers in the tropics, the maintenance of mental as well as of physical health is of paramount importance. The relationship of mind and body is such that a high standard of physical hygiene is essential for mental well-being, but we need to go further.

Note.—The mention of any military station is solely to indicate a type. Such places as Quetta, Karachi, Lahore, Kasauli, Wellington and Deolali had their individual characteristics. In the main there were five main types: (1) The large military cantonment; (2) the Frontier station; (3) the small country cantonment; (4) the city; and (5) the Hill Station. No mention has been made of the "cold storage" scheme by which troops in the Punjab and the Ganges Basin spent most of the hot weather in the Hills. Indeed, anything like a complete psychiatric survey of conditions in India during the inter-war years would need a volume of its own.