

dressing and undressing. Chilling of the abdomen is a definite danger in Africa (it is an important factor in causing diarrhoea) and it is a pity that British troops are not issued with body belts as were the Germans and Italians.

(ii) Again, apart from active operations, officers feed together in a Mess and use communal utensils. This is probably much more important than (i).

TABLE V.—CASES PER 1,000 MEN PER ANNUM

|                     |    |    |    |    |    |    |    |                           |
|---------------------|----|----|----|----|----|----|----|---------------------------|
| Diphtheria          | .. | .. | .. | .. | .. | .. | .. | 13                        |
| Dysentery           | .. | .. | .. | .. | .. | .. | .. | 18                        |
| Infective Hepatitis | .. | .. | .. | .. | .. | .. | .. | 53 (includes 12 officers) |
| Malaria             | .. | .. | .. | .. | .. | .. | .. | 35                        |
| Venereal Diseases   | .. | .. | .. | .. | .. | .. | .. | 13                        |

In the hot season bursitis, conjunctivitis and balanitis were common and, when sea-bathing was possible, there were many cases of otitis externa.

Among comparative rarities there were two cases of erythema multiforme and one case each of the following: battledress dermatitis, angioneurotic oedema (sensitivity to opium), heat-cramps, surgical emphysema of the eyelids of the right eye (after boxing), osteochondritis dissecans and spondylitis ankylopoietica. The highest temperature recorded in the R.A.P. was 105° F., in a case of malignant tertian malaria.

This account is submitted in the hope that similar units, perhaps in the other Services, will send their figures for comparison.

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## THE CORRELATION OF MEDICAL SCIENCE AND PHYSICAL EDUCATION.<sup>1</sup>

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AFTER pointing out that in Ancient Greece intellectual, spiritual, and physical culture went hand in hand, that athletics were intimately associated with the Arts, and that the ideal of the cultured citizen-soldier-athlete died with the Greeks, the lecturer said that since those times many efforts had been made by many countries on a national scale to improve physical welfare, but the motive had usually been immediate and objective and often undertaken for purely military purposes. One had only to cite the instances of Rome, Germany, and Japan.

In our own country the urge had not been lacking, but it had usually lacked Government assistance. From time to time isolated organizations—often voluntary—had appeared and struggled in a parochial way to promote physical fitness. They had usually lacked Government support and co-operation from the different sections of the community interested in the wider problems. In such circumstances their outlook tended to become narrow, their design sometimes faddish, and, like Herrick's daffodils, they tended to "haste away too soon."

It was urged that there was, therefore, a great need to bring together all those services without whose combined interest success was unattainable.

He suggested that medicine had placed too much emphasis on the cure of disease and too little on preventing it; education had placed too great an emphasis on academic and too little on physical distinction; industry, with the exception of certain large and enlightened firms, had failed to appreciate that the health of its employees was an asset and that ill-health yielded a poor economic return; and organizers of sport had been prone to cater for the

<sup>1</sup> From a Lecture delivered at the Royal Institute of Public Health and Hygiene, 28, Portland Place, London, W.1, on Wednesday, November 22, at 3.30 p.m. Mr. Percival P. Cole, M.B., Ch.B., F.R.C.S., in the Chair.

expert, disregarding the needs of the less gifted exponent—hence the adulation of the professional and the tendency of people in general to spend their leisure hours in watching contests rather than in taking part in them.

The lecturer continued: "Such was the position in this country before the war. Characteristically, the Englishman never sees the blow that is levelled at him until it has almost reached his nose, but at that moment he sees it more clearly than anybody else. The strides which we have made in the fields of physical development, rehabilitation, and re-vocation in order to meet a national emergency are very considerable, and have placed this country for the moment in a position of respect. This success has been achieved by the pooling of knowledge of those interested from widely different angles—in other words by team work."

### ABREACTIVE TECHNIQUES—ETHER.

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PSYCHO-ANALYSIS first came into being as the result of Freud's observation that the recovery of the memory of incidents which had apparently been forgotten, in the case of one of his patients, appeared to result in benefit to the patient.

Although extremely little is known concerning the physiology of the higher central nervous system, psychiatrists have speculated as to the beneficial effect of the emotional catharsis resulting from this process of recovery of "repressed" memories.

A further step in this therapeutic attack on buried memories and their attendant emotion was made when their recovery was achieved under intravenous barbiturate narcosis, a technique known as "Narco-analysis."

In handling acute war neuroses it frequently appeared that the patient made considerable improvement following the recovery of amnesic material under both hypnosis and narco-analysis but the methods were time-consuming and it now appears that ether administration achieves similar results.

It is important to consider the possibility that treatment by hypnosis, treatment under intravenous barbiturate administration and treatment by the method presently to be described are not altogether similar in the processes involved.

The technique is as follows: A typical instance would be that of a patient who is complaining of headaches, insomnia, mild depression and general feelings of tension-anxiety, who has returned from the front line as a battle casualty. He appears scared, tremulous and torpid. The patient may or may not recall spontaneously that his symptoms date from being "blown up." On inquiry the history is somewhat as follows: He may or may not have been aware of a gradual oncoming loss of grip and there may or may not have been immediate antecedent circumstances, such as the death of a close comrade, bad news from home, or a "near miss." The patient frequently describes having felt that he was in such a tight spot that there was no way out and he did not expect to survive. Often, under such circumstances, he will have taken cover in a slit trench and become mildly jittery; shells are dropping around him when suddenly he hears an explosion, maybe sees a flash, and then recalls nothing until he is in an M.D.S. being attended to by the orderlies. An observer would, however, probably fill in the details somewhat as follows: Following the explosion, the man may have gone "berserk" or may lie cringing or jittery in the slit trench or lie, apparently stuporose, or he may simply appear dazed and only require modified assistance to reach a truck. On coming to the M.D.S. the symptoms described above assert themselves.

Treatment is as follows: A full and detailed account of all the incident is first obtained. The patient's confidence is enlisted. It is then explained to him that an explosion is not only