(e) Day of disease on which penicillin therapy was initiated varied widely depending on the particular features of the case.

(f) Penicillin dosage was increased in later cases with what was clinically judged to be a better response.

(g) The duration of fever was in no case shortened.

(h) Effects of penicillin were for the most part rather negatively satisfactory in that while improvement was not immediately apparent the anticipated deterioration of condition did not occur.

It is to be noted that in those who commenced penicillin therapy on ninth day of illness or later the improvement was apparent about the same time as would have been looked for in the uncomplicated case.

That four cases showed no evidence of pulmonary complications suggests that the alleged value of penicillin is not solely confined to counteracting or preventing onset of such secondary mischief.

The evidence that penicillin is of value is essentially therefore based on clinical impression and the view is held that while not being curative penicillin exerts a favourable influence which in severe cases may prove just sufficient to enable natural recovery to occur.

**SUMMARY.**

Fifty-six cases of scrub typhus treated in a Military Hospital in Malaya have been described.

Treatment has been discussed with particular reference to penicillin and a plea for further extended trial in high dosage submitted.

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**IMPRESSIONS OF A MEDICAL OFFICER TO A CIVIL RESETTLEMENT UNIT.**

BY

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The problems of the repatriated prisoner of war have attracted the attention of numerous observers, a number of articles having appeared in the medical press in the last few years. Newman, himself an escaped P.O.W., drew attention in 1944 to the prisoner mentality and the problems of repatriation. The psychological stress of captivity was observed during the 1914-18 war (Vischner, 1919). It is only during the late war that the problems of readjustment of the ex-P.O.W. to civilian life have assumed considerable importance. Cochrane (1944) states that those best adapted to imprisonment found the most difficulty in adapting to England. The state, which he happily terms “gefangenitis,” is a normal reaction to an abnormal external environment; so, also the difficulties and anxieties of readjustment cannot be regarded as manifestations of profound psychological illness. It is the problem of all displaced persons generally.
Wilson (1944) stresses the need for large-scale planning adequate to meet the needs of these men in readjusting to civilian life. He states that "other things being equal, the difficulties of social adaptation on repatriation appear to be more severe in the returned P.o.W. than in any other body of men so far studied." It is essentially the problem of men having lived a life of outstanding futility with great emotional deprivations gradually adjusting themselves to normal existence. The problem is all the more difficult in that the post-war world is one vastly different from the nostalgic conception of peacetime existence carefully fostered and nurtured to offset the arid circumstances of the prison camp.

In August, 1944, the Army announced its intention to undertake the resettlement of ex-P.o.W.s who were being released or discharged to civil life and, later, a pilot Civil Resettlement Unit was opened for experimental purposes. With the cessation of hostilities in Europe great numbers of repatriates were dealt with in several C.R.U.s opened up all over the country. Each unit had on its staff at least one medical officer who was trained for this type of work.

**Role of Civil Resettlement Unit.**

The purpose of a course at a civil resettlement unit is to help the repatriate to bridge the gap between his army life and civilian life. It is a "half-way house to civvy street." The scheme is entirely voluntary, the men living as members of a free society, learning and preparing to take their place as civilians. Advice on the nature and object of C.R.U.s was given to repatriates at their initial medical board in this country soon after repatriation by specially appointed Advisory Officers.

The unit is accommodated whenever possible in large buildings with agreeable surroundings and within easy reach of town and industrial districts. Huddled camps and features reminiscent of Stalag life are avoided and the atmosphere carefully prepared to avoid any trace of the unpleasant features the repatriate had come to associate with military life.

The Staff, which includes a proportion of former repatriates and a number of selected A.T.S., help to break down the barriers of social adaptation aggravated by the tendency of old Stalag companions to stick together and reminisce over previous misfortunes. Included in this Specialist Staff are a Ministry of Labour official, who is in constant touch with local employment exchanges and industrial concerns; a female Civil Liaison Officer who is a trained psychiatric social worker and deals with domestic difficulties; a Vocational Officer trained in army personnel selection, who advises on vocational aptitudes and is in charge of psychological and intelligence tests the men obtain on admission to the unit. In charge of the workshops, which contain carpentry and metal work, is a Technical Officer. As with the Medical and Dental Officers the repatriate interviews the specialist by appointment with no question of parades.

Each weekly intake of repatriates is divided into groups or syndicates of 10 to 15 men each. The officer in charge of each syndicate sees each man daily, either individually or in the group and arranges the programme and interviews, and is the personal confidant of his men. The whole course lasts...
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up to three months but can be terminated at any time if the repatriate so desires. The programme includes visits to employment exchanges and factories, and if a man desires to take up an occupation which he has seen and interests him arrangements are made for a "job rehearsal" in that particular line, lasting a few days to several weeks.

Role of the Medical Officer.

The medical department or "wing" is run on different lines from the usual Army arrangements. No sick parades are held. The purpose of the unit was explained to the Medical Staff and wholesale co-operation obtained. The "wing" containing a comfortably furnished "consulting room" is devoid of the so-called "barrack room" atmosphere, and informal discussion is facilitated.

The syndicate is seen first as a whole on the day following admission in order that the men may acquaint themselves with the medical department. The first group meeting is held a few days later and is in the nature of a group talk in which symptoms and anxieties are explained and reassurance given on the ultimate outcome. Therapeutic group sessions are initiated later in the course and consist of men with persistent symptoms of unsettlement and are in the nature of "open" groups where participants leave at different times and are replaced by newcomers. Some of the therapeutic groups are also conducted by the area psychiatrist, who visits the unit weekly. Social groups, which include auxiliaries and male staff personnel as well, are frequently held both by the medical and syndicate officers.

Individual interviews are arranged to suit the repatriates concerned and ample time allowed to each appointment. As each man has an individual problem as close a liaison as possible is kept with the other specialist officers and a weekly seminar is held to discuss the disposal and difficulties of individual repatriates. Domestic problems, for example, fall partly in the realm of the doctor and partly in the realm of the C.L.O. In the first 100 consecutive cases seen, 25 complained of severe domestic upheaval, such as impending divorce, being unwanted at home, etc. Minor domestic upsets in the beginning were almost universal.

The near relatives attend a weekly tea initiated by the C.L.O. and the opportunity which affords itself is utilized to contact wives and parents and in interviews which include the repatriate concerned explanation is afforded for the maladjustments encountered on both sides. Torrie (1945) draws attention to marital problems as being a frequent precipitating factor in neurosis of ex-P.o.W.s and the solution of the difficulties evolves as much on the wife as on the repatriate.

The medical officer, fulfilling the functions of a general practitioner not especially trained in psychiatry, has to deal with general medical problems as well as those peculiar to resettlement. In the early months after repatriation, chronic bronchitis in men who worked in coal and salt mines in Germany, frostbite in those who were forced to march from Poland before the Russian
advance, were two conditions much in evidence. The effects of chronic amebic dysentery, beri-beri and malaria were later seen in repatriates from the Far East.

The greater majority of men desiring interviews with the doctor are, however, seeking a solution to their unsettlement. Inability to concentrate, insomnia, general restlessness, impotence, difficulty in mixing with people and a general feeling of “not belonging” were the most frequent symptoms complained of. Whiles, in an investigation of 100 repatriated soldiers, states that 32 of his series developed this “release syndrome.” In 100 naval repatriates studied by Mallinson and Warren 41 experienced the same difficulties.

A sympathetic attitude to his interview followed by free discussion of these phenomena with a group of men having exactly the same problems is of great value to the individual repatriate to understand why coming back home is not as easy as he thought it would be. His misunderstandings can be explained and his grievances ventilated.

In the course of time it was realized that a number of men, who, although in dire need of help, did not for various reasons volunteer for C.R.U.s. A wide extension scheme was instituted and the repatriates were interviewed with the help of the local Red Cross workers in their own homes and entry to a C.R.U. course or hospital treatment advised when necessary.

The medical officer’s role in dealing with repatriates is mainly in the function of friend and adviser. It is realized that when dealing with men resentful of authority in general, connoisseurs in sincerity, it is vitally necessary to approach them without sympathy or pity. The average repatriate be it emphasized, is not peculiar in any way. It was his experiences and deprivations that were abnormal.

CONCLUSION.

The deep and serious bitterness arising from being out of the picture, being unloved and unwanted in the sterility and enforced passivity of Stalag life, is softened by the essential group spirit of the resettlement unit. The barriers of unshared experiences are not only peculiar to P.O.W. s. In the chaotic post-war world it is of much greater extent, it is the problem of all people removed from their native habits and haunts, and a group spirit which is of so much value in helping their adjustment to normality may well be invaluable at the present time.

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REFERENCES.

NEWMAN, P. H. (1944). Ibid., 1, 8.