NOTE ON CARDIAC MURMURS AS A CAUSE OF UNFITNESS FOR SERVICE.

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To senior officers of the Corps there is no question of greater importance in their day's work than that of deciding as to the invaliding or otherwise of soldiers with cardiac murmurs. To many the finding of a bruit means that its unfortunate possessor is to be immediately discharged from the Service. Their reasons for so doing have a certain amount of weight behind them. It is stated that once a man knows that he is the subject of a murmur, or "V.D.H.," as it is invariably expressed, he can get off any duty that he does not like; that he is unfit for active service; that no medical officer will pass him for the gymnasium, for physical drill, manoeuvres, or any of those duties which requires him to pass that much overrated and overdone medical examination.

Though I should be the last to advocate that men suffering from marked cardiac disease be retained in the Army, I am convinced that a large number of men yearly pass invaliding boards as unfit for further service, who have nothing apparently the matter with them beyond a bruit. A considerable number of these men are anxious to remain in the Service, and a large number might with advantage be retained to complete their period of service with the Colours and in the Reserve.

The question is one, of course, which is much open to criticism, and one of the difficult points that arises early in its discussion is to determine what amount of cardiac abnormality we could accept as not interfering with a soldier's usefulness. For some time past I have held the opinion that a mitral murmur with absolutely no other symptoms should be disregarded entirely, and that "V.D.H." should not be entered upon the patient's medical history sheet. In support of this view I would point out that it is an accepted fact that a systolic murmur at the apex, even when propagated to the axilla, need not always denote mitral incompetency. Osler states that a large group of sounds known as accidental murmurs exist in this locality, the exact origin of which has not yet been fully determined.

I am now inclined to go even a step further than this, keeping in view a large number of these cases that I have seen recently, and I would suggest that in certain cases where there may be some disease, but where compensation is perfect and the patient is in apparent good health and anxious to serve on, that he should be permitted to do so.

The prognosis in cases of valvular disease is in many instances
very favourable as to a capability of doing work, and good work, for a considerable period after definite signs of insufficiency have appeared. It all depends on the efficiency of the compensation established. As long as we have perfect compensation the patient suffers but little inconvenience, and many men are yearly sent out of the Service where this condition exists, and where the man is to all intents and purposes perfectly well, except that he has a murmur. How long this condition of satisfactory compensation persists is difficult to estimate. It varies, of course, according to the life led and to many other influences. Observers have, however, noted cases where it has been unchanged for long periods, even up to fifteen years.

In estimating the value of a cardiac lesion from a Service point of view, the most important point to consider is undoubtedly the valve affected. Aortic disease is certainly more serious than mitral, and although we have all met cases of this lesion where adequate compensation has existed for years, I am inclined to think that aortic disease fully established should be accepted as a disqualification for any further service. On the other hand mitral lesions are frequently associated with the most favourable prognosis. Many instances are recorded where patients, the subject of mitral insufficiency, have lived long lives after the disease has been detected, and the patients met with in the Army who are the subject of this lesion generally present a healthy appearance and frequently declare that there is nothing the matter with them.

The cry may be raised that we are breaking these men down, but I venture to assert that such is not the case. No man is more thoroughly cared for than the British soldier, and if at any time he should develop fresh symptoms it would be quite easy to bring him then before a Board. He would be, in any case, in a better position than if he had been invalided possibly a year or two previously. We do not always realise what we are sending a man to when we turn him out of the Army with cardiac trouble. He is often more or less friendless, work is difficult to obtain, and, when obtainable, is of a far more arduous description for a man of this class than is Army service. From any point we look at it on the man’s side it is better that he should remain on if he is willing to do so. That a man should be willing to serve is of paramount importance, for once brand him with those three letters, “V.D.H.,” and he will never work again if he does not want to—we have already taught him that.

On the side of the Service there are equal reasons why he should remain in the Army. He is trained, fully capable of carrying out all a soldier’s duties, is a willing soldier, and from the fact that he
Cardiac Murmurs as a Cause of Unfitness for Service

knows that his heart is not quite normal, he will probably be
a better man as regards his life generally. The only point against
his retention is that at some future time he may break down. So
may many others with perhaps sounder hearts. At any rate he
might be retained for home service.

In this note I have not attempted to lay down any rules for
the amount of disease or quality of bruit which would disqualify
a man or the reverse. It is difficult to do so. It is more a matter
of the application of special sense to individual cases as they arise.
A standard of efficiency laid down in these cases would be a help,
and might well go further than this class of disease. Why should
a man who otherwise is a useful and zealous soldier be hunted out
of the ranks because he occasionally has an epileptic fit? How
many men in civil life are thrown out of employment for a similar
cause? I venture to say not one; and yet a soldier’s life is not
more strenuous than most of those employed in factories and trades.
We want a common-sense standard initiated in these matters, and
a system introduced that will enable us to retain a number of men
who are now being got rid of and thrown on the unemployed list.

This matter cannot be taken up solely by those on the adminis-
trative staff of the Army, as no good can result. A man is passed
“Fit” by one Board, and shortly afterwards comes before a medical
officer who holds a different opinion. Another Board is convened
who accepts the good old dictum that no man with a bruit, or who
has ever had a fit, can soldier, and the man is invalided. This is
a more frequent occurrence, perhaps, than is generally known.

To do away, then, with excessive invaliding we must start at
the beginning, and every medical officer must try and accept the
fact that men can serve on, and serve well, who may be affected
to some slight extent by cardiac lesions. One of the greatest mis-
takes we make is to educate men to the idea that they have heart
disease. A common occurrence is to find that a young soldier,
going up to pass for the gymnasium or for a short stay in the
detention barracks, is rejected by the examining medical officer
because he finds a murmur or some accelerated action. The first
frequently means nothing, the second is probably due to too many
cigarettes, but the result is that the man for the future believes
that he has heart disease, and acts up to the belief. In either
of these cases it could easily be arranged to sign the certificate
and watch the man. I need hardly point out here that none of
these remarks refer to cases of undoubted marked valvular disease;
the only lesions under discussion at all are those where the disease
is not marked, and these in my experience are by far the largest
class of cardiac disease that we meet with in the Army.