HEALTH EDUCATION IN THE ARMY.

BY

Major H. J. A. RICHARDS,
Royal Army Medical Corps.
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INTRODUCTION

During the past few years it has become increasingly obvious that with an awakened sense of responsibility for individual, family and community health many present public health problems will disappear. Indeed, it is now apparent that all real progress in improving the health of the community, and in the attainment of true positive health, will depend upon the active co-operation of a public opinion educated in health matters to a level far above that which exists at the present time. This is no new phenomenon, the awareness of the importance of health education has gradually been growing over the past hundred years but recent experience, particularly during the Second World War, has emphasized the paramount importance of ensuring that all plans for social advancement are based upon the intelligent co-operation of an enlightened public.

This realization of the necessity for adequate health education is now firmly established, and everywhere spasmodic effort is giving way to a continuous long-term plan. In this plan the Army will play a major rôle, for with the advent of compulsory national service most young men will serve one year in the fighting Services and of these about one-half will serve in the Army. These young men will be in their late teens and will soon become responsible citizens and parents—they are therefore the very people of whom successful health education will produce the best results. It has been shown during the war that the large numbers of men living together acquired new ideas on hygiene, and the habits learned in the Services remain active after their return to civil life [1]. It is now one of the tasks of the Army to ensure that what was done for the wartime soldier is continued and improved for
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the national service soldier in the peacetime Army, in order that he too will learn during his service some new ideas on hygiene which he can carry back to civil life.

HISTORICAL

The Army has always had cause to promote health and maintain the efficiency of its soldiers. For thousands of years men have realized that the most common cause of defeats or disasters in war has been sickness and disease—all the great commanders of history have been preoccupied with the problem of keeping their armies intact, their troops healthy and fit for battle. It has always been a pleasing convention to regard Moses as the first military commander to publish a Manual of Hygiene—with the Book of Deuteronomy and the Levitical Precepts; but all the great military leaders have paid the utmost attention, within their limited knowledge, to the health and welfare of their troops. Caesar, Cromwell, Marlborough and Wellington were particularly outstanding in this respect [2]. However, these were men with a comprehension far above the ordinary; the great mass of any Army, in common with their civilian counterparts of the time, were ignorant of the simple rules of health.

Knowledge about the promotion of health and the prevention of disease was slowly gathered, and as military hygienists the names of Pringle, Munro, Robert Jackson and Desgenettes are outstanding among the pioneers. By the beginning of the nineteenth century this knowledge was of a fair standard, but it was confined to doctors and a few laymen—the wide dissemination of such knowledge was not considered to be either possible or necessary. In 1835 Sir Ranald Martin reporting to the Government of India could write:

"Where the hygiene of an Army is judiciously regulated it may be kept in health and vigour; but allow an ignorant general to encamp on a marsh, let filth stagnate, fatigue excessively the men, crowd them in low damp rooms and, despite of drugs, they will fall as unripe and blasted fruit, not by the sword but by the fever" [3]. It was realized, slowly, that only through a knowledge of the methods of prevention of disease, and their inculcation into all ranks of the Army, would real progress be made. One of the first to realize this was Florence Nightingale; she took up the matter with her usual energy and in 1854 she wrote:

"I have never been able to join in the popular cry about the recklessness, sensuality, and helplessness of the soldier. . . . I have never seen so teachable and helpful a class as the Army generally. Give them schools and teachers and they will come to them. . . . I am struck with the soldier's superiority as a moral and even [sic] as an intellectual being" [4].

It was due to the influence of Florence Nightingale that Sidney Herbert appointed a Commission for the consideration of Military Hygiene in an unrestricted sense. As a result an Advisory Board in Military Hygiene was constituted and an Army Medical School established at Chatham (1860) and later transferred to Netley (1863). The results were immediate and spectacular. Edmund Parkes, Professor of Hygiene at the Army Medical School from
1860–1876, made a study of every aspect of military environmental hygiene and campaigned for the dissemination of this knowledge to all ranks of the Army—but particularly did he stress the education in health matters of all who had control over the feeding, clothing or housing of the soldier. So successful was Parkes that when he died it was said, by Von Moltke, that:

"Every regiment in Europe ought to parade on the day of his funeral and lower their standards in honour of one of the greatest friends a soldier ever had" [5].

By the time of the South African War 1899–1902 the work of Parkes and others was beginning to take effect, but only as regards those who were at the highest levels in the administrative branches—the main mass of the Army had not been reached. In fact this war taught a salutary, though bitter, lesson; driving home how poor was sanitary organization in the field under conditions of active service. Apart from medical personnel neither officers nor men had knowledge of preventive measures and there was little if any co-ordination between the medical and combatant branches of the Army [6]. Efforts were made to remedy the state of affairs revealed by this war and, by Army Order No. 3 of 1908, sanitation was made a compulsory subject of the examination for the promotion to the rank of Captain. The Army Medical School had by now been transformed into the Royal Army Medical College, Millbank, and the Professor of Hygiene of this College played a large part in setting the standards for this examination. There is no doubt that this step was productive of nothing but good, in that military sanitation was recognized as an essential factor in the professional education of soldiers, and enabled them to take an intelligent interest in a subject which they had ignored for too long [7]. Another factor greatly stressed at this time, was that whereas in civil life sanitation was managed by a special department responsible for public health, in military life these responsibilities must be undertaken by the Army itself, and a knowledge of the subject was therefore necessary [8]. This was a very sound attitude to take up, because, *inter alia*, it showed clearly the necessity for the health education of soldiers and thereby made the task easier—only too often in civil life the public have taken for granted the work of the health departments and have seen no necessity for themselves to acquire a minimal background of health knowledge.

Prior to the First World War, therefore, the Army had realized that both officers and men would comply with health regulations promptly as soon as they appreciated their value, and so it ensured that the officers received training in the methods of prevention of disease—in their turn the officers were charged with the duty of instructing the men under their command in these methods. This was the policy of health training which prevailed both during the First World War and afterwards. This policy was a good one, but it did not go far enough. However, it did help to produce a tremendous fall in the incidence of preventable disease, both amongst the wartime armies in the field and in the peacetime garrisons overseas, and in this it achieved its object, the prevention of sickness and disease amongst operational troops—an achievement now regarded as one of the triumphs of modern preventive medicine.
and sanitation. But meanwhile the enormous possibilities presented by the Army for a fuller education in health matters were being appreciated. It was realized that the thousands of men yearly discharged could carry with them to their homes more or less practical knowledge of the prevention of disease, as well as formed sanitary habits, which must be useful to them and to the people with whom they associated; so that military hygiene, as taught every soldier in the Army, could become one of the most valuable educational agencies under the control of the Government [9]. This realization was stimulated during the First World War by the work of the Royal Commission on Venereal Disease appointed in 1916 and of which Sir Allen Daly has stated that:

"The concentration of large numbers of men under the care of medical officers among our fighting forces rendered mass education an easier task than it would have been under normal conditions" [10].

In the interval between the First and Second World Wars it became apparent that all future progress towards the reduction of disease and the achievement of true positive health could only be based upon the education of the public to a sense of personal responsibility in the matter of health. By 1927 it was authoritatively stated that the task before the Public Health Service was to instruct the public in the prevention of the causes of disease and in the simple laws of healthy living, in order to win a high standard of physique for the race [11]. This attitude towards health education had become firmly established by the outbreak of the Second World War in 1939.

LESSONS OF THE SECOND WORLD WAR, 1939-45

Early in this war it was found that among the young men called up for national service the proportion of illiterates and near illiterates was alarming. This proportion was particularly high in the Army because the Navy and the R.A.F. got the pick of the young men for the more highly technical duties. The extent and gravity of the neglected education of these adolescents (soldiers and auxiliaries) has been carefully and statistically assessed, and has recently been published. The problem that presented itself in 1939 and 1940, therefore, was that the Army had to take measures to improve the educational standard, and consequently the morale, of the fighting man and the serving woman [12]. The results achieved were amazingly good, and the whole of the Forces educational programme has been duly publicized as one of the major triumphs of the war. Included in this programme was a large measure of health education.

Briefly the health education programme during the war may conveniently be considered under two headings:—(a) Of a general or topical nature, and (b) of a more specialized nature, for a specific purpose.

General or Topical Health Education.—This type of information was disseminated by such agencies as the Army Bureau of Current Affairs, or, ABCA as it was usually known, through their successful fortnightly publications. These covered such topics pertaining to health as "Social Insurance;" "The Population Problem;" "The Naples Typhus Epidemic," and included a
masterly symposium on National Health contributed by the Chief Medical Officer to the Ministry of Health early in 1943, entitled "The Health of the Citizen" [13]. In addition numbers of short films and cartoons were produced for inclusion in the ordinary entertainment film programmes given by ENSA. Topical health lectures were given by visiting lecturers and by the regimental officers using the ABCA publications as a basis for such lectures or discussion groups. There was also a certain amount of general writing on health matters in Forces newspapers and magazines. All the education given by these means was of a very topical nature and dealt with matters which were the subject of current talk or Press comment.

Specialized Health Education.—This was of a much more definite and factual nature. It was confined to those matters which cause a high source of wastage in military life, some of which have little relation to civil life but others which have their exact counterpart amongst the civilian population. The type of health education considered under this heading was on such subjects as General Personal Hygiene; Prevention of Scabies; Care of the Feet; Field Sanitation; Tropical Hygiene; Prevention of Malaria; Prevention of Venereal Disease; Prevention of Typhus Fever—and very many other similar subjects. For this type of work great reliance was placed upon the use of short films and humorous cartoons followed by a lecture given by the Unit Medical Officer or by a special medical lecturer (such as the Divisional Hygiene Officer). Particular care was taken to ensure that the films on tropical hygiene were shown, on board the troopship, to every draft proceeding to the tropics. The other methods adopted were too numerous for a detailed recording, but they included such measures as local educational campaigns organized wherever any local hazard assumed major proportions, courses organized by Field Hygiene Sections or Anti-Malaria Units, "travelling circuses" with teams of lecturers and model teaching material—and many other methods.

Such measures of health education were continued throughout the war and their part in helping to maintain the health, morale and fitness of the armies has been acknowledged, but it is not perhaps fully realized how great was the necessity for constant repetition. It was found during this war that the knowledge of simple measures of sanitation and personal hygiene possessed by the British soldier was of a low order. This fact may be explained away by saying that as a nation we have become over-urbanized and that, as a result, the bulk of our population has had no necessity to concern itself with health problems or with matters of sanitation—because these things were dealt with promptly and expeditiously by the local health department. It may be said with truth that the British soldier's sanitary habits were as good as those of any other nation—and better than most—but the fact remains that it was only by the constant repetition of propaganda and health education measures that even a tolerable standard of hygiene was achieved. This was particularly noticeable in tropical theatres, where trained and experienced troops easily maintained themselves in health and efficiency, but where raw troops straight out from Europe were constantly falling victim to disease until they had been properly trained in health matters.
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The Present Position

With the end of the war in 1945 came many changes in the Army due to demobilization and re-organization for a peacetime role. One of the most far-reaching of these changes was the introduction of conscription or compulsory national service, which meant that every year many thousands of young men would pass through military training establishments. This was an opportunity for the Army to teach them, as part of their military training, some of the elements of good citizenship and healthy living. This opportunity was seized to the full and a planned scheme of further education and training was put into operation. The intellectual and moral aspects of this educational programme will not be discussed here, their achievements have been related elsewhere, but the part played by the Army Medical Services in the health education of the young man called up for national service will in time be recognized as one of the major advances towards better national health.

The health education of the present-day soldier may be considered under several different headings. There is, first of all, the training given to every soldier, and this includes both formal training and the continuous inculcation of good habits over a period of months. There is the further advanced training given to officer-cadets before they are considered fit to command men. There is also a specialized training given to certain officers and men by means of special courses at the Army School of Hygiene; and there is the training of substandard recruits at special centres. Finally there are the varieties of health education which are being tried out but have not yet been fully established—such as sex education, and other experimental schemes as noted below.

It may be profitable at this stage to consider in some detail the health training given in the Army at the present time.

Formal Health Training

For All Recruits.—In considering the more formal training given to the recruit in the earlier days of his service it should be stressed that all the health training of the soldier has a dual purpose. It is so designed as to, first of all, enable him to live the communal life of the Army, in this country, or overseas, and to live that life with safety—without acquiring infection from disease and without spreading disease to his comrades. In the second place, it is so designed as to show him a healthy way of life which will achieve real physical and mental health, in the hope that such knowledge as he may acquire and such habits as he may form will be carried back to civil life when he leaves the Service.

Various differing types of health training are given to the soldier throughout the whole of his service, but the bulk of the formal training is given during the “recruit” stage. Every man on entering the Army undergoes a course of training of six weeks’ duration at a Primary Training Centre; this is a basic training, and during this period he undergoes selection procedure. The basic training and selection procedure completed, the recruit is posted to that arm
of the Service which selection has indicated as being most suitable. He then undergoes a further, and more advanced, course of training at a Corps Training Centre which is also of six weeks' duration.

It is at these two training centres therefore that the young soldier receives most of his health education, and it is perhaps worth while to consider this training in some detail. The training is given by N.C.O. instructors. These instructors have themselves been carefully selected and given a very full training at the Army School of Hygiene—their training lasts two weeks and qualifies them to give health training at both Primary Training Centres and Corps Training Centres. A further provision made is that the officers commanding and second-in-command of both these types of training centre go to the Army School of Hygiene for a short series of lectures and demonstrations on the purpose and nature of the health training which is being given at the units under their command. The N.C.O. instructors work from a précis, or syllabus, and the précis for each lecture has been prepared with the greatest care by the medical department of the War Office in collaboration with the various military medical training establishments. Such a précis does not restrict the instructor to minute detail, and so does not tend to cause a "parrot-like" repetition, but it does lay down the factual content of the lecture to be given.

The scope of these lectures is rather different at each training centre. At the Primary Training Centre, the recruit receives four lectures each of about forty-five minutes' duration. These lectures deal mainly with personal hygiene, they aim at showing the benefits to be derived from the adoption of a healthy way of life and correct habits. They explain in detail the correct daily routine of washing, eating, sleeping and enjoyment of leisure; they explain the structure and functions of the body in very simple terms—including the function of reproduction; they conclude by giving a simple explanation of the causes of disease, the methods of avoiding disease, and place great emphasis on the value of immunization, inoculation or vaccination. They also draw attention to the work of those who are continually functioning to protect the community from disease—sanitary inspectors and other health workers. Each lecture is illustrated with a film or film strip and a list of the suitable films is included in the précis given to each instructor.

At the Corps Training Centre the recruit receives six lectures each of forty-five minutes' duration. These lectures deal with communal hygiene and stress the relation of the soldier or citizen to the rest of the community, the services he receives from the community and his duties in return; whilst in the wider field of administration they include details of the military hygiene organization and its relation to civilian Public Health organization. They describe the methods of spread of disease, including droplet diseases, insect-borne diseases, parasitic infections, excremental diseases, venereal diseases and in every instance teach ways in which each individual can help to reduce these diseases. They also teach the simple individual methods for protection of food and water, details of correct communal habits, some elementary tropical hygiene (with a repetition of the value of special inoculations) and malaria
prevention. There is some elementary nutrition taught and a short mention of dietary deficiency. The series of lectures concludes with an exhortation to make use of this health knowledge just learnt, to become “positive health conscious” and to pass on such knowledge to others, in the Army or in civil life, whenever the opportunity or occasion arises.

For Officer-Cadets.—So much for the formal health training of the recruit; with certain modifications a similar plan is followed for the further, and more advanced, training of officer-cadets. The training of these young officers is carried out either at officer-cadet training units, in the case of national service men; or at the Royal Military Academy, Sandhurst, in the case of regular officers. Before cadet training is commenced each man must have served at least six months in the ranks, and so the recruit’s health training, as noted above, will therefore have been received by each cadet during this period of service in the ranks. The training given to the cadets can thus be built on this foundation, it is given a different bias and is of a much higher standard. It is designed to ensure, first, that the junior officer has a better knowledge of health matters than that which is required by the men under his command and secondly, to ensure that he is aware of the special responsibilities, with regard to promotion of health and prevention of disease, which he must assume once he is put in command of men. The training at both establishments is essentially the same but that at Sandhurst is longer and more detailed.

At the Royal Military Academy, Sandhurst, the cadet receives training in health matters for twelve periods each of forty-five minutes’ talk followed by discussion. The scope of these talks includes a description of the working of the hygiene services of the Army, the officer’s responsibility for his men, the care of the soldier, the mental health of the soldier, some basic principles for the prevention of disease, more advanced instruction in nutrition and the feeding of the soldier and, finally, an explanation of the importance of personnel selection and the wastage of manpower due to disease—with special reference to the lessons learnt during the last war.

At the Officer-Cadet Training Units the same course of instruction is given but it is, of necessity, compressed into six lectures of forty-five minutes each (instead of twelve). As far as possible the cadets are taught the more essential facts about their responsibility as officers, the care of the soldier and wastage from disease, in exactly the same detail as at Sandhurst but less time is taken up in descriptions of the preventive measures for each individual disease.

Informal Training

The formal training of the soldier, on the lines indicated above, is essential; it forms the basis on which all else rests, but while it teaches the simple rules of health and explains the reasons why certain things are necessary, this in itself is not enough. The formal lecture or talk must be followed up and “hammered home” by practical application in daily routine, and it is considered that this is just as important as the formal lecture. Having learnt correct habits as a recruit the soldier practises these habits in his daily
routine—he must appear in public properly washed and shaved, he is able to bath regularly, he eats balanced, well-cooked and well-served meals, he must work hard, and on some occasions he is subjected to severe strain; but he also enjoys facilities for recreation and sport. The young soldier soon develops correct habits in relation to the community in which he lives; in this he is supervised and corrected by N.C.O.s and officers, but much more powerful is the herd instinct which compels conformity with the conduct and habits of the group in which he is living—and in the Army it can be ensured that the conduct of the group maintains a high standard.

It is well recognized by educationists that the mere learning of a lesson does not ensure knowledge, they agree that there must be repetition and also the bringing to bear of outside influences before the content of the lesson is retained and translated into habit or conduct. It is from this aspect therefore that the real value of the Army as an influence in health education must be judged. The recruit not only receives health training which has been carefully designed and properly delivered, but, in addition, his conduct is regulated throughout the rest of his service so that he daily puts into practice the high standards of hygiene which he has been taught. The communal life stresses the necessity for all to conform to a common code and it requires only a short while, as a rule, for the young soldier to develop the habit of living properly. This habit will persist as long as he remains in the Service. After he leaves the Service other influences may be too strong and he may forget these habits, but it can be safely assumed that some proportion, at least, will continue to maintain the standards they have acquired; whilst even of those who relapse the majority will retain some of their new habits and might even effect some change on their neighbours and friends before mutually reaching a common level.

In this type of informal training the Army Education Authorities play a large part. Their Education Officers and men take a great interest in the general topical and everyday education of the soldier and use an extension of the methods which proved such a success during the war. The ABCA publications have been replaced by a similar series called “Current Affairs” and the technique of instruction is the same as that used in wartime—the publication of the pamphlet, followed by a lecture and a discussion using the facts given in the pamphlet as a basis. As an example of the use of this method of teaching for health educational purposes one can quote the recent publication entitled “Fight Against Infection” [14] which deals with the infectious diseases, the work of Chadwick and the early sanitary reformers, the present position as regards prevention of infectious disease, vaccination, immunization against diphtheria and so on. It concludes with a plea for better health education in schools and for all citizens, and it gives a list of eight books for further reading by those whose interest may be awakened by the pamphlet, by the lecture or discussion.

In conjunction with these publications a series of wall maps are produced for use in unit information rooms and these often give a great deal of information
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on health matters, such as one excellent number on Food, Health and Children [15].

It is by such methods that information on health matters is presented to the soldier in a manner which facilitates easy and casual absorption and which includes in his general knowledge a certain amount of health education on matters which may be of topical interest.

Specialized Training

The health education which has so far been considered is that which is given to every soldier and officer, and because it is given on this 100 per cent basis it is undoubtedly the most important. But while this modicum of health training is given to every soldier, much more detailed and specialized training is given to certain special groups, of which the following is the most important:

Regimental or Unit Sanitary Personnel.—Specialized training is given, at the Army School of Hygiene, to what are termed “Unit Sanitary Personnel.” It is laid down that in every unit of the Army a certain number of men must be trained in sanitary duties and water duties, whilst one or more officers shall receive hygiene training by means of a special Regimental Officers’ Course. This type of training serves a dual purpose—it provides a number of men in each unit who have a certain amount of additional knowledge and who should be propagandists of the cult of health, whilst in addition it means that a certain proportion of soldiers receive a fairly advanced course of training which may benefit them later, in civil life.

It is regrettable that much excellent training of this nature is a waste of time and energy due to the fact that the units often send their most unsuitable men on hygiene courses—men of poor intelligence and limited ability. However as will be shown later in this paper steps are being taken to counteract this tendency, by making a knowledge of hygiene one of the requirements for promotion and increases of pay. It is also possible that unit sanitary personnel may eventually be given a higher status with a R.A.M.C. serjeant in charge.

Training in Tropical Hygiene.—This training is given to sanitary personnel who have been posted overseas as reinforcements and to the sanitary personnel of units proceeding overseas. Such training includes a great deal of anti-malaria instruction in addition to general tropical hygiene. Apart from these obvious differences the same considerations apply as have been noted for the general training of unit sanitary personnel.

Physical Training Instructors.—In the Army, physical training is taught by regimental soldiers who have received special training and also by personnel of the Army Physical Training Corps. Both types of instructor receive their training at the Army School of Physical Training and during this time they receive an intensive course on health matters including lectures and demonstrations on elementary anatomy and physiology and visits to the Army School of Hygiene. These instructors become some the most active propagandists of the need for living a healthy life, they themselves are so fit as to be a concrete example of, and advertisement for, bodily fitness and health whilst in addition.
they are teaching the young man useful arts or popular games such as boxing or football and so their words carry some weight with the pupil. It is therefore of the highest moment that such instructors are well versed in health matters—this, as has been shown, is ensured during their training and there is no doubt that some valuable work on health education is carried out by these instructors.

Substandard Recruits.—These are a small, but highly important section of the Army intake. Field-Marshal Lord Montgomery has stated that of the national service intake, of each group eligible, about 34 per cent would be below the standard required for the Regular Army—19 per cent would be unfit for the Regular Army and a further 15 per cent would be unfit for full military duties even as national service soldiers [16]. It has been found that of these unfit men a large number can be made fit after a carefully graduated programme of training, under medical supervision, at special physical development centres. These centres deal with recruits suffering from such defects as pes planus, bad posture, kyphosis, scoliosis, and the like—often accompanied by the effects of malnutrition and a poor general physique. The course lasts eight weeks and includes graduated physical training, special remedial exercises and a general educational programme, all of which are given by specially selected instructors. The results of such training are remarkable, about 71 per cent of the trainees are raised to a higher medical category, of which 69 per cent are upgraded to the highest category of A1; these figures are the results of experience with over 35,000 trainees [17]. In addition a recent follow-up of 2,000 men who had undergone a course at such a centre showed that after two years or more about 80 per cent remained in the higher medical category to which they had been upgraded, notwithstanding the fact that of the 20 per cent who broke down many had done so through injury or other diseases than that which caused their original disability [18].

At the present time provision is made for the training of 10,000 substandard recruits every year at one large physical development centre.

It is apparent that this type of training is health education in a very real sense, for these young men are literally trained back to health. The correction of faulty habits, instruction in the correct technique of healthy living, supervision of work and recreation plus graduated physical training—all these act together to make a fit young man from a weakly one. Such facilities should be open to every young person under the direction and guidance of the Ministries of Education and Health. It is to be hoped that, as soon as circumstances permit, this very valuable form of health education will be taken up by these civilian ministries and offered to all children or young persons.

Future Developments

The programme of health education which is in operation in the Army is, as we have seen, a comprehensive one, and there is little doubt that it is more than adequate for the task it has to perform. However, in spite of this, efforts are constantly being made to improve the system still further and consideration
is given to new procedures or administrative measures likely to further this end, whilst new experimental ventures are continuously being tried. It is also inevitable that future changes in Army organization and training will have repercussions on the programme of health education. To illustrate the present trends two proposals under consideration may be quoted, and the effect of one major reorganization noted:

**Hygiene Qualification for Promotion.**—After some discussion it has been accepted in principle that in future hygiene and sanitation will be included amongst the subjects for promotion examinations for the Regular Army. It will be necessary for all regular soldiers to pass such examinations before being promoted to Serjeant and all regular officers before promotion to Captain. Similarly under new rules now coming into operation a soldier's pay depends upon the number of qualifications he possesses according to the so-called “star-system.” Under this system every combatant soldier both regular and national service, before he can qualify in the important subject of battlecraft, must satisfy the approving authorities that he is trained in personal hygiene.¹

These rules for the “star system” of grading are already in operation. The rules affecting promotion will, it is hoped, be in operation in the near future. In either case the anticipated result will be to awaken a new interest in hygiene training and health education in the keen young soldier and junior officer. It is perhaps worthy of note that, as has been already mentioned, such a system was tried out with some success in 1908, although then it only affected officers whereas the present proposals embrace all ranks and affect both promotion and rates of pay.

**Sex Education.**—Three experimental courses in sex education have recently been carried out by the education authorities of London District. Both the Archbishop of Canterbury and the Secretary of State for War have approved these courses as an important preliminary to an Army-wide consideration of this vital subject. The first students were carefully selected from those about to be married, both military and A.T.S., and the lectures were given by experts from the Marriage Guidance Council. It is possible that before long soldiers or A.T.S. auxiliaries may be able to attend with their civilian finaces, at lectures on the responsibilities of marriage. The immense benefits which will result from such lectures will be at once apparent, the great advantage of having them organized by the Army will be to ensure that each lecture is properly controlled and brought to the notice of an audience of young men and women preparing for marriage.

**Reorganization of Training Units.**—It is apparent that during the next few years many changes will be effected in the Army, its organization and particularly its training. It was announced by the War Office on October 14, 1947, that Primary Training Centres will eventually be abolished and each arm of Service will have Basic Training Units to which the recruit will be sent after a modified form of selection procedure, carried out before call up, has

¹Army Council Instruction No. 721 of 1947, dated August 30, 1947.
indicated the arm for which he is most suitable. This reorganization will inevitably affect the present system of health education, because, as we have already seen, the bulk of formal health training is carried out at Primary and Corps Training Centres. It has been decided that the future Basic Training Units will, in effect, be an amalgamation of the Primary and Corps Training Centres, but will give a course of training lasting ten weeks instead of the twelve weeks previously given at the Primary and Corps Centres. This new unit will therefore give the health training previously given at the present training centres. Such reorganization may necessitate certain administrative adjustments in the training programmes for the recruits’ health education, but it has been agreed that the amount of this health training will be maintained at its present level and the full number of ten lecture periods will be allotted in the revised programmes.

**Integration With Civil Organization**

An attempt must now be made to assess the place of the Army’s scheme of health education in relation to that which is being offered to the community as a whole, and also to indicate how the Army, together with the other Armed Services, has special opportunities for the training and education of the young men such as are not offered to any civilian organization.

Although there are many differences of opinion regarding the methods which should be employed the aim of health education is to bring to all, and especially to children at each stage of their development, the necessary knowledge to obtain a state of well-being [9]. Any system of health education must therefore be based upon the intellectual level of the population, or any given section of the population, to whom the education is being directed. With this basic fact in mind, the Central Council for Health Education considers that at the present time health education should be directed along two lines [20]:

(a) A **long-term policy** of health education based upon a gradually rising intellectual level of the whole community and which aims at presenting the facts to the people, whereupon they will of their own volition select the correct course of action to follow and so achieve a healthy way of life.

(b) A **short-term policy** which is based upon the theoretically less desirable principle of dogmatic education whether conducted on a planned or an *ad hoc* basis.

It is obvious that the long-term policy is dependent upon marked improvements in our educational system, which will not be achieved for several generations—in the meantime this type of health education must attempt first of all to “educate the educators.” The primary need at the present time therefore is to concentrate on reaching a moderate standard of health education in the population as a whole, by more dogmatic teaching methods. In this connexion one should note that it has always been difficult to obtain accurate evidence of the intellectual standard of any given population, but that some data is now being accumulated by the Army from its figures on the intellectual ability of national service recruits. These recruits are a cross-section of the nation at the
age level of about 18 years, and it has been found that of those who enter the Army, about 26 per cent are below the school-leaving standard of the elementary school [21]. This reinforces the argument that while the long-term policy of health education must be continued, the main need of the moment is for a wide and comprehensive system of dogmatic health education for the whole country. The Central Council for Health Education is the accepted organization for work along the lines of the long-term policy, concentrating on doctors, nurses, health visitors, teachers, youth leaders and industrial welfare workers—thus "educating the natural educators"—who will themselves spread the gospel of health.

The Local Authorities and Education Authorities will probably concentrate on the mother and the school child but will also try to give general health education from time to time. Various other agencies will deal with the broader aspects of film, broadcasting and press publicity in conjunction with the Central Council for Health Education [22].

There can be no doubt that the best agencies for the health education of the young man will be the Armed Services, during his period of national service, and the Army will deal with the majority of these young men. It is because of this period which most young men will spend in the Armed Forces that the health educational system employed therein is of such importance to the country as a whole. This fact is becoming generally recognized by informed opinion in both medical and lay circles, whilst the Lancet recently stated that: "The opportunity for promoting 'positive health' is nowhere greater than in the Armed Forces; for here, as in no other walk of life, groups of fit young men are brought together in an environment where they may be ordered, instructed or guided in the way they live" [23]. We can see, therefore, how the health education as given in the Army has its place in the overall scheme of health education for the nation as a whole, its particular importance and concern being the young national service man—who can be influenced and trained to health consciousness at a critical stage in his development just before he reaches full adult maturity. Furthermore, it must be realized that the Army, together with the other Armed Services, is in fact the only possible agency which can be sure of reaching the majority of young men of this age. It is therefore suggested that in any national system of health education the Armed Services, through their Medical and Educational Branches, should be recognized as the best agency for giving health knowledge and training to the young man until such time as our educational system provides adequate health education in the schools, and until some additional training is provided for those between the ages of 16 and 18 years.

One final point to be made is that whereas the same conditions obtain for the Service woman as for the Service man, the much fewer numbers of women involved means that, although the women's Services are powerful agencies for the education of the young woman in health matters, their influence in any national system must remain small, in view of the small proportion of young women to whom such training is available.
CONCLUSION.

The promotion of positive health in the soldier, the maintenance of such health and the prevention of disease are the primary duties of the Army Medical Service. In the furtherance of these duties the paramount and basic importance of health education is recognized, and a comprehensive programme of training in health matters, evolved over the past one hundred years, is given to each soldier commencing in his recruit days and continuing throughout his service. Subsequent to this training the soldier’s environment is such that he may be ordered, instructed and guided towards a healthy way of life throughout his military service.

In addition to the purely military necessity for such health education the institution of national service has given the Army an opportunity to assist in the promotion of a better national health. With this end in view the system of health training has been reorientated since the end of the Second World War to place a greater emphasis on the duties of every citizen towards the promotion and maintenance of health, and as a result some excellent health education is now received by many thousands of young men every year. This much-needed health knowledge will be given by the Army, and the other Armed Services, to practically every young man in the country during his 18th year—the young men who could not in all probability be reached by any other educational agency. These young men having learnt a healthy way of life in the Services and having lived in such a healthy environment for a year or more, there is every possibility that this will persist, to a greater or lesser degree, after leaving the Service to return to civil life.

SUMMARY

The system of health education in the Army has been discussed and an attempt made to show:

1. Its evolution and growth over the past one hundred years.
2. The scope and nature of the training at the present time.
3. The influence of a controlled military environment on the formation of habit.
4. The beneficial effects on the health of the nation through the health education of the national service soldier.
5. That the Army and the other Armed Services are the only certain agencies which can reach this important age-group of young men at the present time.

REFERENCES

[4] Ibid., p. 46.
Health Education in the Army


[15] Ibid., Map Review No. 3.


[20] Sutherland, R., Central Council for Health Education.


[The Change in Selection Procedure mentioned in this article has now taken place.—Ed.]