COMPETITIVE HEALTH PRESERVATION IN THE ARMY

BY

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The value of the competitive spirit in maintaining the efficiency of individuals and units is well known in the Army, and is recognized in the encouragement of competitions in rifle-shooting and all sporting activities. Formations, units, and subunits vie with one another in smartness. During the war salvage was encouraged by competitions in which points were allotted for the amount and value of salvage delivered to the depots; and War Savings were stepped up by publication of the amounts saved by units, and sometimes even by rewarding the best units. Field Ambulances vied with one another in efficiency and in the comfort given to their patients to an extent which often imposed a considerable strain, not only on the ingenuity of their members, but on the carrying capacity of their transport. Perhaps this suggests the need for standardization of such things as welfare equipment in order to control the snowball accumulation of things aimed at "going one better," but that is outside the scope of this article. A useful way of raising the efficiency of units’ transport is to organize unexpected road checks on long moves; to award points for convoy discipline and to publish the results in unit or Brigade orders. In Field Ambulances interest and original thought in training can be stimulated by competition essays for money prizes, which may not only produce useful ideas but reveal those who have alert minds and initiative and often help in the selection of potential N.C.O.s. It is even possible that in formation exercises higher commanders may be actuated not solely by motives of pure academic research but also by the desire to get the better of one another.

There are various ways in which the soldier’s competitive instinct can be applied to improving the standard of health preservation in units and formations.

ANTIMALARIAL MEASURES AND FLY CONTROL

In a Brigade in Palestine in which antimalaria discipline was lax I organized road patrols from my Field Ambulance, who made a note of anyone seen wearing shorts or rolled-up sleeves after dusk. The results were analysed and the culprits shown as mild or severe casualties—the worst being those whose sleeves were actually cut short. The casualty rate amongst officers and men was published in Brigade Orders.

In a camp in Sudan where fly infestation was very bad and made life intolerable despite intensification of all the usual measures and the efforts of a strong daily fly-swatting patrol almost unbelievable results were achieved in little over a month by a fly-killing competition. The unit was divided by tents and other convenient groups into teams of ten to twelve men and a running total of the number of flies killed by each team was published weekly. A standard tin of which the fly content was known was kept by the Q.M. Havildar to whom
the teams brought their daily bag to be counted, recorded, and burned. The results soon became apparent and it was not long before the 100,000 mark was passed. The I.H.C. sepoy would do a lot for a few rupees and a good curry bat, and enthusiasm soon rose so high that the best hunting grounds had to be allotted on an official programme like the blocks in a shooting jungle. Finally the few remaining flies were being stalked by the more resolute competitors and one could see none where recently they had been swarming. This may all sound rather ridiculous but I was later discussing it with a man who had lived in Rumania, where, he said, flies had been innumerable. A similar competition on a village basis for big money prizes was organized by the Government, and the results, he assured me, were so remarkable that flies virtually disappeared from the country and the disposal of the rubbish which the flies would have eaten became quite a problem. I accept no responsibility for this statement which may have been merely a dramatic way of emphasizing the success of the scheme, but it is a stimulating thought for medical entomologists.

**The Health Ladder**

As I had been struck by the success of pitting the companies in Battalions and the units in Brigades against one another in the preservation of health I introduced the method in 15 (Scottish) Division towards the end of the war by a device which I called “The Health Ladder”—a term suggested by the Squash Ladder often seen in officers’ messes.

A table was published, and seen by all ranks, showing units’ figures for Attendance at Sick Parades, I.A.T. and Skin Sepsis, V.D., Scabies and Lice. Two separate tables were used, one for major units and one for smaller units; and during active operations the numbers of cases of exhaustion in units were also shown. The whole thing including some simple hints on health preservation based on current trends in sickness easily went on one sheet of foolscap; and on the back of copies sent to Brigade Commanders there was a graph comparing the three Brigade Groups. The first table published was for the first quarter of 1945 and it was explained that similar tables would be published monthly, so that “good” units should strive to maintain their high places, and “bad” ones should try to climb the ladder.

References to the Health Ladder and simple health hints were published regularly in the divisional newspaper. The following is a sample of the notes on preservation of health which were shown on the monthly health ladder.

**The Above Table Shows Units in Order of Health**

**The Healthiest at the Top**

You can help your unit to gain places on the ladder by keeping your skin and hands clean, and reporting to have antiseptic applied to cuts and scratches (I.A.T. and Skin Sepsis), by keeping your teeth clean (Gingivitis and Digestive Disorders) and by avoiding contact with civilians (V.D., Scabies, Lice and Gingivitis).
After two months the column for pediculosis was omitted and the following note made:

"Pediculosis: There is very little of this, and there should be none if AL 63 dusting is properly done. In future this column will be omitted and only units having cases will be shown."

The conditions shown on the health ladder and dealt with in the notes would of course vary with the season and the conditions prevalent at the time.

To give units something to work on in their efforts to improve their position, advice on health preservation on the usual lines was circulated. This dealt with the prevention of V.D., scabies, lice, respiratory infections, with fly control and so on; but the main attack was on septic conditions, which are always with us and seem to be too often taken for granted although a lot can be done in prevention.

As an R.M.O. I used to think it unreasonable to punish men who took no precautions against V.D. and not similarly to punish men who took no precautions against sepsis. I kept a book in which were recorded the names of men who reported for acriflavine to be put on cuts and scratches, and a man who became septic was liable, if his name was not in the book, and if the M.O. thought that he had neglected himself, to be punished. Disciplinary action was taken against any man whose underclothes or body were neglected, and all were encouraged to keep a separate outfit to sleep in or, if this were impossible and sheets were in use, to sleep naked. Many Regimental Officers nowadays do not seem to know in what clothes their men sleep, nor do they always take enough interest in the state of their underclothes; and they are satisfied if a man possesses a toothbrush whether he uses it or not. This is as unreasonable as to regard the possession of a pullthrough as an excuse for a dirty rifle.

Sick wastage will be reduced when as much attention is paid by all officers to dirty underclothes, dirty hands with grime under the nails ready to inoculate germs by scratching, and dirty teeth, as is normally paid to dirty equipment.

The results of our competition soon became apparent and graphs for the various conditions seemed to confirm our impression that the attention which was focused upon the prevention of sickness was having remarkable results. Even if we had been able to get accurate rates per 1,000 to compare the figures before the scheme began with those after it, figures can be so juggled and conditions vary so greatly that accurate statistical comparisons would be difficult. Our strength remained much the same and the rates of sickness greatly improved, and the results described in general terms can fairly be said to have been excellent.

In 1944 the Division had had hardly any V.D. or scabies and no gingivitis at all, but despite the very great increase in those three conditions in 1945 especially after the end of hostilities, despite the generally recognized tendency of the soldier to report sick more readily when the fighting was over, and despite the fact that during most of 1945 all accidents were included amongst "Sick" (whereas in 1944 many of these were shown as "Battle Accidents" amongst the Battle Casualties), we had only a total of 28,204 men reporting sick in the
whole of 1945 compared with 18,217 in half of 1944. Excluding V.D., scabies, and gingivitis, which all formations were finding it difficult to control, our figures were 25,186 for all 1945 and 18,022 for half 1944.

Injuries at games increased after the end of hostilities and if we had extracted all accidents from the sick rates for both years the comparison might have looked even more encouraging. Of course with the end of hostilities morale improved and men lived more comfortably, and if they had more time to report sick they also had more time to devote to personal hygiene and health preservation, and many of them would have done so without our propaganda. Some will say—the worst units sometimes did say—that M.O.s will be persuaded by C.O.s to "cook" their figures. We looked out for this and did not believe that it occurred, but even if M.O.s did treat more minor cases out of working hours and without the absence from duty involved even by "Attend A" that meant a saving of man-power which was the aim of our scheme. If M.O.s could "cook" figures for attendance at sick parades they could hardly "cook" those for admissions to medical units, and despite the tendency to admit more of the slighter cases after fighting ceased we had only 4,293 for all 1945 compared with 5,528 for half 1944, a reduction of more than 50 per cent and fairly good evidence of a healthy Division.

No claim is made to have proved the value of the method by accurate statistics but commanders and medical officers agreed that it seemed to work wonders by focusing universal attention and keen interest on health preservation. If it caused occasional ill-feeling this was only apparent in units with poor figures, and it is not uncommon for the losers to criticize the rules and method of running of any competition. Indignant C.O.s who swore that the others did not play fair could often be shown at a visit where their own methods could be improved. Never a month passed without many enquiries on the subject from Brigade Commanders and unit C.O.s, all of whom were keenly watching their rates of sickness; and R.M.O.s reported that not only officers but N.C.O.s and men watched their position on the Health Ladder and were keen to improve it.

A year's experience of the method in a Division, added to previous experience in Brigades and Battalions, convinced me that interest in Health Preservation can be greatly stimulated by competition. In present conditions the methods described may not be easily used in formations but should be of value within major units.

Prevention of War Neuroses

It may be thought that it was a little unkind to show in a separate table on my health ladder all units which had cases of exhaustion; but two months before such cases were given publicity the whole Division had been advised how to reduce the incidence of such conditions, and the competitive spirit had been invoked by urging units to regard it as a disgrace to have many such cases and to strive to make our Division the best in the Army. Certainly such an attitude may be hard on some cases but the condition is largely preventable and to take the opposite view is defeatist and may be disastrous. Thus whilst
investigating the problem in another Division I had been told by one C.O. that he had been told by a senior medical officer that he need not reproach himself for having 150 cases in his unit since nothing could be done to prevent it; and in another unit the men had heard that a Corporal evacuated for exhaustion was being feted in his home town as a wounded hero.

Much has been written about exhaustion and I may have little new to say, but my experience of these conditions from 1941 to 1945 convinced me that not nearly enough was done in prevention; so I hope that as a mere dabbler in "drawing room psychiatry," as a real psychiatrist would probably describe one who follows in a rather vague way the teachings of Alfred Adler, I may be forgiven for describing my methods and their results.

During the severe fighting in Eritrea and in minor operations in the Western Desert in 1941 I did not see much of the kind of states of which we saw so much in Normandy. The Indian soldier, fine fighter though he was, was not immune from conscious or unconscious desires to escape from the battle, but he tended when things got too much for him to escape from them by more direct means than by the flight into neurosis which the British soldier sometimes adopted. One saw self-inflicted wounds and actual flight occasionally, and both amongst Indian and British soldiers in those days I saw more of hysterical conditions than of the various other states included in the unsatisfactory term exhaustion. I was struck by the ease with which by simple persuasion and explanation of the cause of the condition even an inexpert practitioner like myself could cure these patients if they were caught on the battlefield itself. It seemed that if one caught them whilst the emotions which caused the condition were still operative they were like a jelly which had not set, and if one could pour it into a mould of one's own choosing they recovered, whilst if allowed to pass the C.C.P. they set firmly into the hysterical or neurotic state and were lost to the Division. We had a rest station at the foot of Mount Dologbrodoc, near Keren, where such cases could spend twelve to twenty-four hours before returning; without any loss of face, to their units. Attempts to cure them on the spot amongst those who had seen the condition develop were not successful, presumably because this would have demonstrated that the condition was not to the lay mind a "genuine" one, and loss of face would thus have been involved so that cure was consciously or unconsciously resisted. For example a soldier seen in the wide trench surrounding the summit of Mount Dologorodoc, which was part of the fort, had a hysterical paralysis of both legs after a mortar had buried his friend at his side. He had to be removed as a stretcher case but once out of sight of his friends and in the C.C.P. some 200 yards away he was easily convinced of the true nature of the condition and walked down the hill to the rest station. In another theatre an officer suddenly called on to take command of his battalion woke next morning with a hysterical drop wrist. It was his left wrist so that he was still able to carry on and one felt justified in telling him that his surrender to his feelings of inadequacy was only a partial one. When it had been explained to him that the condition was a self-protective mechanism which had developed when he was confronted by a situation which he unconsciously felt unable to face he recovered, though not so quickly as
had been the case in some private soldiers with similar conditions, perhaps because his disability had naturally been more widely known about. After his recovery he asked whether the incident denoted some inherent weakness in his make-up and if therefore under future strain some similar breakdown might be expected. He was assured that the insight which he had gained on this occasion would protect him from further trouble, and whatever the most scientific prognosis should have been the answer given him was I feel sure the best one and his subsequent career amply proved this.

These very ordinary cases are mentioned only to stress that the results which followed simple explanations of the nature of their trouble to cases caught early enough clearly indicated that widespread teaching on these lines could do much to prevent these conditions. I discussed this in 1941 in Palestine with a psychiatrist, and together we planned a campaign in the Brigade with which I was then serving. At a guest night to which the Brigade Commander and staff, and the Commanding Officers of the Regiments and their seconds in command and medical officers were invited, after a preliminary alcoholic softening process the psychiatrist delivered a surprise attack in the shape of a ten-minute talk. The interest aroused by this finally led to a whole morning devoted to three short addresses by the psychiatrist on Fear, the genesis of War Neuroses, and their prevention, which provoked many questions and a lively discussion. This meeting was attended by all officers and N.C.O.s in the Brigade Group who then disseminated the teaching in their units. This Brigade, as the armoured brigade in the 2nd New Zealand Division, subsequently played a most important role in the Battle of Alamein and, despite heavy casualties in tanks in very severe fighting, had virtually no cases of neurosis. We were dealing here with regular soldiers and with the flower of the English yeomanry but the results were sufficiently promising to encourage me to try similar methods in a Brigade of 49th Division destined to take part, less than two months after I joined them, in the Invasion of Normandy as a follow-up Division. Time was short but, although I gathered that morale in the Division was high and that such cases were not expected to become a serious problem, I was given a free hand in the Brigade and everyone in it quickly became interested. A leaflet on the regimental officer's part in the prevention of neurosis prepared for me by the Corps Psychiatrist, Major J. Wishart (see Appendix A), was circulated to units with a letter from myself in which amongst other things I suggested that to have many cases of this preventable condition should, like gas cases, be regarded as a disgrace. I also gave some short talks on the subject and C.O.s took it up with enthusiasm. Fear and individuals' reactions to it were treated as proper subjects for discussion with all ranks, being sometimes treated as an "ABCA" subject, and so were brought out into the open and kept there throughout the fighting.

It is common knowledge that the incidence of exhaustion became quite a problem in Normandy and at one time my Field Ambulance whilst out of the line ran an exhaustion centre where we were able to study the cases. The low incidence of cases in the units which had been subjected to the propaganda mentioned above emphasized the value of such methods in prevention. In
August 1944 as chairman of a board of officers I was given the task of studying the problem in the whole Division and visited every battalion to discuss it with C.O.s and officers, R.M.O.s, Chaplains, N.C.O.s and men. Our report is an interesting one, although hastily prepared, because it combines the medical with the regimental officers' views on the subject, but it is too long to be included in this paper which is not intended to be a detailed contribution to the literature on exhaustion.

Finally I had the opportunity of trying my methods in 15 (Scottish) Division which I joined as A.D.M.S. twelve days before the Reichswald battle (Operation "Veritable"). After that battle I circulated to all units Major Wishart's notes with a letter embodying some of my own ideas (see Appendix B), in which it will be seen that the idea of competition was introduced in somewhat flamboyant language for which my apology is that it seemed to produce results. C.O.s also received a copy of the report referred to above, on which in one Brigade they were required to submit their views to the Brigade Commander. That particular Brigade led the assault across the Rhine, took part in several stiff encounters in the fighting advance to the Elbe, and was an assault brigade at the Elbe crossing, and in all these engagements had only one mild case of exhaustion.

Statistical comparisons in this particular condition are clearly difficult, and the best guide is a study of the ratio of cases of exhaustion to battle casualties; and even this may be misleading when comparing one unit with another since certain units such as the Reconnaissance Regiment or Divisional Regiment R.A.C. may be subjected to the maximum mental strain without a liability to heavy casualties and others such as Royal Engineer units may be exposed to casualty risks without the elation of actual combat.

Our figures were as follows:

<table>
<thead>
<tr>
<th>Operation</th>
<th>Exhaustion</th>
<th>Wounded</th>
<th>Exhaustion</th>
<th>Killed, wounded and missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veritable</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>9.6</td>
</tr>
<tr>
<td>Torchlight</td>
<td>1</td>
<td>19</td>
<td>1</td>
<td>24.9</td>
</tr>
<tr>
<td>Advance to the Elbe</td>
<td>1</td>
<td>24</td>
<td>1</td>
<td>35.0</td>
</tr>
<tr>
<td>Enterprise</td>
<td>1</td>
<td>13.3</td>
<td>1</td>
<td>16.8</td>
</tr>
</tbody>
</table>

These figures show the improvement after the inauguration of the campaign in Prevention, which was begun after Operation "Veritable"; and they would have been still better but for an unfortunate incident during the Elbe Crossing (Operation "Enterprise"). During that battle a large number of cases from one Field Company R.E. were sent back by an officer who was himself somewhat shaken and at least twelve of them were believed to be not true cases. This fact was reported to me not only by the O.C., A.D.S., but by the D.D.M.S., who was in the A.D.S. when all these cases came in and who gave me the name of the officer and directed me to enquire into the matter. We found that many of the cases had not wanted to be evacuated at all, but some of them had suffered severe concussive experiences. The officer had acted
in good faith but he had been on leave when my letter and the leaflet on exhaustion were circulated, and he had omitted to read them in the officers' file of his unit. Careful analysis of those cases led to the conclusion that 9 were definitely not cases of exhaustion and if those 9 cases are excluded our ratios for this last battle of the war would have been 1 : 25·3 and 1 : 32, i.e. the steady improvement was maintained.

In considering these figures as proof of the value of prevention many more or less imponderable factors have to be considered. We were not enduring the stalemate conditions of the Normandy bridgehead but were advancing in the ever surer belief that victory was in sight, and although the opposed night crossing of the Rhine with its noise and confusion may well have daunted the fainter hearts there was the feeling that it might be the last big battle; later there was the inspiring sight of the mighty airborne force passing overhead; the weather was fine, and though there were heavy counter-attacks and periods when troops were pinned down by fire these did not last for days and the operation was short and sharp. The advance to the Elbe was rapid and exciting but included some severe fighting against fanatical battle groups and a stiff siege at Velzen; the Elbe, though a smaller river, was in many ways a harder nut to crack than the Rhine, there was much less air support, and shelling and bombing of our crossing was much heavier. Before that battle there had been much talk of peace overtures and the desire to keep a whole skin over the last fence might well have led to an increase in cases of exhaustion; as might certain other factors which emerged from a careful analysis of 58 of the 68 cases which occurred after our preventive methods were introduced—the other 10 cases were not treated in our own F.D.S. 45 per cent of all our cases were returned to units, the figure in the case of our own F.D.S. being 47·5 per cent; and the Corps psychiatrist said that a case which reached him from our Division was always a genuine one. Commanding Officers and R.M.O.s protested against our policy of returning so many cases, and indeed evacuation of more cases would have pleased them and enabled us to show better figures, for 48 per cent of our cases were recurrences. Units had been warned of the tendency of these cases to relapse and asked not to employ them forward of "A" Echelon, but this was often impossible. It is possible that we did return too many of these men to their units, but at that time the conservation of man-power was vital and reports from units indicated that many of them did do useful work. 48 per cent of our cases were aged from 18 to 21 and 10·3 per cent from 37 to 40. The older men, mostly sappers, had endured prolonged physical and mental strain, and in this group and in the men from 21 to 30 the progressive strain of the war and the fact that many had been wounded once or more in previous operations and had not fully regained their self-confidence were causative factors.

The younger men were a more serious problem for we were at that time getting reinforcements of a very poor quality indeed, some of whom were found to be suffering from exhaustion when they joined their units and some had suffered from the condition in other formations. Most of them, however, had had no battle experience before; and many had less than six months’
total service, 40 per cent having had between one week and three months' service with their units. The tempo of the operations did not allow of training these men nor of introducing them gradually to their job and to the corporate family spirit of the Battalion which is so important in preserving the high group morale which is essential to the reduction of cases of exhaustion. They had had no time to absorb the unit esprit de corps or to form sound friendships which have a steadying influence and help men to trust themselves and their comrades, and so to have their personal instincts of self-preservation balanced by herd instincts directed to a common resolution to overcome danger. From the more limited point of view of this enquiry many of them had not been indoctrinated with the principles upon which we based our attempts to prevent breakdowns.

Our analysis of these cases further convinced me that the adoption of the term "exhaustion," more properly described as an administrative label than as a diagnosis, was most unfortunate. It provided the busy medical officer with a ready diagnosis for cases which a more careful clinical appraisement might have placed in some category not associated with the slight stigma which a diagnosis of exhaustion involved. Thus 29 per cent had suffered some effects of blast, some even had ruptured ear drums, and these some medical officers felt should have been called concussion or post-concussional syndrome; and careful reconsideration of other cases suggested that they were not true cases of exhaustion. In one series of cases from units which had been pinned down by fire and had not been supplied with water for considerable periods in hot weather, quite severe dehydration was a feature of the cases. It was not only to the doctor that this "label" gave an easy way of dealing with a difficult case, for regimental officers and N.C.O.s often sent a man to the R.A.P. with this diagnosis when he was more properly a problem for themselves, perhaps even a disciplinary problem. Men frequently wandered back to the R.A.P. and quite jauntily announced that they were suffering from exhaustion and the average case clearly felt that no stigma was attached to his failure to stand up to conditions which he had left his comrades to face. In the 1914-1918 War the condition was called shell shock and was treated as a battle casualty and it was widely recognized in the Second World War that this had been an expensive mistake which must not be repeated; yet that mistake was perpetuated in a lesser degree by the use of the term exhaustion with its suggestion of the tired soldier who had fought hard until he could fight no more. Many cases were indeed entitled to that description but many were not and a few were even cases of pure funk. The term used in Eritrea was "fear neurosis" which seems to be a reasonably accurate description, and was at least a diagnosis with which the average soldier would not want to label himself.

To sum up the results of our efforts to reduce this condition it may be said that, however misleading figures may be, the value of our methods, as was the case with the health ladder, lay in keeping attention focused on the many aspects of man management which can reduce these cases.

The experience of one Brigade has already been mentioned and there was every evidence that the problem was constantly watched throughout the
Division. Very few cases indeed ever drifted back on their own, and nearly all came to the R.A.P. with a note from an officer which helped the R.M.O. to make a diagnosis and to decide upon disposal. Many were treated at the R.A.P. by rest and sedation before evacuation.

Notes were sent periodically to medical officers and commanding officers giving the incidence of cases in various engagements and describing apparent causative factors, such as the dehydration already mentioned. Tables showing the ratio of exhaustion to casualties were circulated to the units affected thus further keeping alive the spirit of competition. That interest in all aspects of prevention was stimulated was proved by the many questions and requests for advice which were received.

**Summary**

Most of the conditions which were included in the administrative label "exhaustion" are caused by the more or less unconscious adoption of some sort of hysterical or neurotic symptom as a self-protective mechanism when the man is confronted by a situation which he feels it is impossible to face.

Broadly speaking they are cured by laying bare and explaining their origin and by giving the sufferers insight into the true nature of their condition and the earlier this can be done the better the prognosis; and my experience in various formations convinced me that they can often be prevented by giving as many men as possible that insight, before they are exposed to the precipitating conditions. As indicated in Appendix B much of this must be done by deliberate teaching by medical and regimental officers in which fear and the soldier's duty to face and to overcome it are discussed; and *esprit de corps*, team spirit, determination and confidence in oneself, one's weapons, one's comrades and commanders, and in the supporting arms are fostered. When all ranks understand the problem and how it can be overcome then it is proper to introduce the competitive spirit and to aim at being the unit, Brigade, and Division with the fewest cases; and to teach that to have many cases is a disgrace, the blame for which must be based mainly upon the officers as the custodians of unit morale.

**Prevention of Neuroses Between Wars**

Having said all that I have to say about the competitive pursuit of health it would probably be wiser to stop, but, at the risk of being thought the kind of person who rushes in where better-balanced individuals fear to tread, I want to suggest that some of the methods by which I have found that war neuroses can be prevented could be extended to an attempt to improve the mental health and moral standards of the Army in peacetime. This would simplify the task of preventing war neuroses should war come again, and since morale is one of the most important factors in war anything aimed at improving it is as important as weapon training.

If the fear which leads to a breakdown is less the fear of the enemy or of being wounded than a fear of being afraid and of being thought to be a weakling and a coward, a fear that one's moral and physical fibre is less able to stand
up to the strain than is that of one's comrades, then clearly anything which gives rise to feelings of inferiority or inadequacy—the popular "inferiority complex"—must be an important predisposing factor. In studying these cases I found that most of them had such feelings of inferiority, usually derived from a false evaluation of their own personalities. No one who has attempted to deal with such cases will be surprised that many of them suffered from what is sometimes called "masturbation guilt"—from morbid fears about the fancied evil results of that practice whether it was being practised at the time or had been abandoned since earlier youth. So common was this finding that the first draft of my letter (Appendix B) included a brief paragraph about it, which the Divisional Commander, very wisely as I now believe, preferred to have deleted.

The inclusion of teaching on so thorny a problem for general consumption as part of an attempt to reduce exhaustion in the last lap of the War might have been unwise, but it is a different matter in peacetime when we are responsible for the moral welfare of the National Service Soldier, often in circumstances in which he is exposed to difficulties, doubts and temptations.

Alfred Adler taught that the happy well-integrated man must be properly adjusted to the claims of Society, of Occupation, and of Sex.

Good man management aims at adjusting the soldier to the first two of these, but the attitude of the Army to the third is not always so sound, and it is probably the most important of the three and the one in which maladjustment is most common.

Many lectures on V.D. and the average officer's and man's way of talking about this subject tend to imply that occasional or even regular sexual intercourse is the normal practice of the healthy virile young soldier, and without doubt the apostles of this creed are more confidently vocal in the barrack room, as indeed they are in most male society, than are those who may hold that continence and pre-marital virginity is a Christian virtue and a desirable thing in itself. Thus many young men joining the Army quite ignorant of the subject are led by such talk either to promiscuity or to a belief that they are, as they usually put it, "undersexed," or even to an unfounded fear that they may be homosexual, and they may withdraw into a life of masturbation with consequent feelings of guilt and inferiority. That such reactions do occur is no mere surmise and most doctors in the Army must have encountered cases illustrating these and other results of the lack of clear teaching on this subject. The Army draws its men from every stratum of society and no uniform standard of sexual behaviour is to be expected, but it is only fair to those adolescents who are in a state of uncertainty that the other side of the picture should be presented, and that the common omission of parents and teachers to give instruction on the subject should be remedied. Certainly most lecturers on V.D. do advise continence, and this point is stressed in the pamphlet "The Medical Aspect of the Moral Welfare of the Soldier" in use in the Middle East Land Forces, but I think that it is commonly suggested to the audience more as the best way to avoid V.D. than as an aim in itself and a factor in an eventual happy marriage which shall be an ideal relationship into which both partners enter upon an
equal footing without secrets to conceal. The idea of continence can hardly be presented without some sound teaching on sex in general aimed at dispelling the many false beliefs which surround the subject such as the imagined effects of continence upon potency and virility and the even more widespread fears of the fancied evil effects of masturbation. This is a subject which bristles with difficulties, dangers and prejudices. Any doctor can guide individual patients in these matters but mass teaching is very difficult if some are not to misunderstand it. I have attempted to tackle the problem since my very first lecture on venereal disease as a subaltern at which a vast audience was present, surprisingly enough including a general. I shall never forget my feelings of impending dissolution, or at the least impending resignation, when I huskily announced that I was finished, nor my relief when, as the audience stood up to go, from the third row of the stalls a popular and bull-voiced officer bawled "Well doctor you've certainly taken a load off my mind" (sensation! followed by roars of laughter).

I know how I tackle the problem, and have had evidence that men have been helped by it; I have submitted my views in writing to my betters; and have discussed them with many colleagues—some have agreed with me and some have not.

No two doctors will use the same approach, and this is not the place in which to stuff my views down people's throats; but to be sufficiently widespread this important teaching cannot be left entirely to doctors. What is wanted is a pamphlet produced by psychiatrists assisted by chaplains from which sex, and perhaps other subjects of importance in moral rearmament, can be taught as a current affairs subject.

The medical officer's help will always be valuable and one of the aims of the teaching will be to remove the reticence usually felt about discussing sexual problems, and to make men realize that it is as easy, and just as important, to consult the doctor about sex as about sore feet. Such an approach to the problem should not merely help to prevent venereal disease, but should lower the incidence of psychosomatic illness, and so lead to a healthier Army and one which in wartime would have little war neurosis. It has become quite a platitude to say that moral standards always decline during and after a war and a campaign which had as its aim a raising of moral standards and an improvement in our young soldiers' psychological adjustment to life might even have more far-reaching results in this post-war world. The opinion of a winner of the Nobel Peace Prize must always carry weight and in a review of Sinclair Lewis' book "Cass Timberlane" the following words are quoted as stating the book's thesis.

"If the world of the Twentieth Century... cannot succeed in this one thing, married love, then it has committed suicide, all but the last moan, and whether Germany and France can live as neighbours is insignificant compared with whether Johann and Marie can live as lovers."

It has been said that a nation's sexual and its social activities are in inverse ratio, and, although one must not forget the bibikhanas of the ripe old John Company days and the villages peopled by the Anglo-Indian descendants of
some of our greatest soldiers of those times, it is not improbable that much of our Empire was built by men who could keep their sexual emotions in control, and who perhaps by the process of sublimation derived therefrom some of the driving force which enabled them to accomplish what they did.

Field-Marshal Lord Montgomery has said "Anything which weakens the national character weakens the Army" and "The Army must be woven into the social fabric of the nation."

The Army in the coming years will be handling a very big proportion of the nation's young men at an age when they need education, and widespread teaching on the various subjects included in the term mental hygiene will help us to return good sound material to be woven into the social fabric of the nation.

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APPENDIX A

NOTES ON THE PREVENTION OF WAR NEUROSES

BY

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Modern war is primarily a contest of morale. Victory lies in demoralization of the enemy. Morale is based on a sense of worth and power directed towards a goal. War neurosis is, in the last resort, a failure of morale—in the individual or in the group. Promotion of high morale is thus the best preventive of neurotic breakdown.

Individual morale, assuming average constitutional stamina to begin with, is supported by:

1. Knowledge of the Aim.—Men grasp concrete and limited aims better than abstractions. Whenever possible, tell them what is to be attained and what their part is to be. Rumours engender doubts and uncertainty. Foreknowledge dispels rumour.

2. Positive Health.—Not just absence of disease. Fit men fight better. Basically this depends on food, sleep, and activity of mind and body. See that food is ample, and, whenever possible, hot and appetizing. Practise acquiring the ability to sleep at unaccustomed time. Allow short breaks for recuperation, e.g. brewing up. Physical exercise aids general fitness, but exhaustion lowers resistance.

3. Contentment of Mind.—The soldier fights for his home. His photographs are precious. If his home is disrupted, he feels insecure. If there is sickness, or financial distress, he becomes anxious and may be resentful, his morale is undermined, and he is predisposed to breakdown. Spare no pains to help him through the Welfare organizations. Herein lies the paramount importance of a swift and regular mail service.

4. Competence at His Job.—See that each man can do his job well. If he