A NATIONAL SERVICE MEDICAL OFFICER'S IMPRESSIONS OF THE EXAMINATION OF RESERVISTS RECALLED TO THE COLOURS

BY

Lieutenant N. JONES, M.R.C.S., L.R.C.P.

Royal Army Medical Corps

INTRODUCTION

It must be understood that the impressions gained are limited and the views expressed in this report are only personal. They are necessarily so, because the report is based on only one intake of approximately one hundred men, and the facilities for examination were influenced by existing local conditions.

We were fortunate in that both the A.D.M.S. and the unit concerned, gave us complete freedom to plan our work as we wished. We specified our requirements and were given everything we wanted.

It was essential that our own work dovetailed closely into the rest of the programme, and that there would be no hold up in one department due to stagnation in another.

Three communicating rooms were given us and a plan of this system is appended (fig. 1).

EXAMINATION OF RESERVISTS

<table>
<thead>
<tr>
<th>DOCUMENTATION ROOM</th>
<th>URINE: EYES HEARING: HEIGHT WEIGHT</th>
<th>MEDICAL OFFICER (Assisted by two clerks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Each man fills page 1 of his F. Med. 1 under clerk's supervision)</td>
<td>(Two Orderlies)</td>
<td></td>
</tr>
</tbody>
</table>

IN. | OUT.

FIG. 1

It was essential that the closest collaboration existed between ourselves and the other unit officers. A means had to be found whereby a liaison officer with no medical knowledge could assess whether a man was to be retained by us or not. If the man was below the standard of fitness required then the time...
and man-power would be wasted if a reservist was issued with kit, Army papers, and so forth, only to be relegated back to the reserves half an hour later. This difficulty was easily overcome by allowing his medical examination to take place first and by issuing each reservist with a medical certificate, which we designed, immediately we had finished with him. This certificate was then taken by the man to the liaison officer, who directed his subsequent disposal.

A specimen of this pro forma is shown in fig. 2.

**MEDICAL CERTIFICATE**

**NAME** .............................................................

**No** ..................................................

**Rank** .................................................. *PES* ...........

This is to certify that I have examined the a/n. His PULHEEMS employment standard is as shown above.

†Medical examination is now:

1. COMPLETED ..............................................

2. NOT COMPLETED ..........................................

If examination is not completed state whether this is due to:

(a) Further investigation required.

(b) Case requires review in ..................................

Signed ........................................................................ R.A.M.C.

UNIT STAMP and DATE

*If PES = O, it must be understood that this is temporary ONLY.

†Mark appropriate box with a tick.

**FIG. 2**

**GENERAL OBSERVATIONS**

The entire intake, bar one man, had been relegated to the reserve, four years previously, in category A1. The general impression gained was that there had been a marked deterioration in their overall physique, it being implied that their earlier release category denominated a standard of fitness equivalent to FE troops, serving with the colours today.

This deterioration was apart from any absolute disabilities that had appeared during their sojourn in civilian life, and which will be described later in more detail.

One must assume that Service conditions play a decisive role in bringing out and improving latent physical development in most men.
EXAMINATION OF RESERVISTS

A return to active training conditions will undoubtedly re-equip these men with a greater capacity of physical endurance than can be expected of them at present.

The standard of general hygiene was very good, an improvement upon that seen in normal National Service intakes which we see each fortnight, and was far better than that seen in a recent draft of serving soldiers from another theatre, which was staged through us. In the latter, the standard of the men's feet was so appalling that it necessitated a severe censure of the men and their re-education regarding the care of the feet.

It is hoped that the good standard of cleanliness shown by these Reservists from civilian life, and which has become a habit with them, will be maintained by them during their recall to Service conditions, and will serve as a good example to some of the younger soldiers. Their mental outlook on being recalled to the colours will also play an important part, since many of them are going to lose their civilian occupations. This seemed to be their greatest problem. However, they are also aware of their Service liabilities, and one felt that provided they are employed on tasks or training which impresses them that their services are required and essential, and they are not kept unoccupied for any marked period of time, then they will be content. They feel they have been called back to do a job and they want to get on with it.

THE UNFIT GROUP

Some 20 per cent of those examined could not be classified as FE, and fell into one or other of the following groups:

(1) Psychiatric.—This group constituted 6 per cent of the total examined and included the man who had been relegated previously as Bl. These cases were eventually diagnosed by a psychiatrist as anxiety neurosis. Their symptoms varied from those who stated that they could not face any combatant duties again, to one who claimed he was oversexed.

(2) Gastric Disorders.—5 per cent claimed disability due to gastric disorders either duodenal or peptic ulceration. My impression was that some of the histories were false, nevertheless a complete investigation, including a barium meal, was undertaken in each case.

(3) Surgical Cases.—Only 2 of the total intake could be classified under this heading. Both were cases of hernia; one inguinal and one femoral. The inguinal hernia was the third recurrence after previous operations.

(4) Referred for further investigations were 7 who did not readily fall into any of the above groups.

(a) T.B. history, in two men. One of these showed X-ray evidence of an active pulmonary lesion. He was admitted to hospital.

(b) Chest X-ray for pneumoconiosis in a miner, which later proved negative.

(c) One case of albuminuria, confirmed by a complete pathological investigation; one case of glycosuria.

(d) One case of V.D.
CONCLUSION

A deferment of approximately 20 per cent must be regarded as high; in most cases had the individual reported his illness or condition early on to the military authorities then he would have been found unfit by a Medical Board and discharged from his obligations.

The examination of these men differs from that normally undertaken for National Service recruits, in that the former constitute a much older age-group, who have had no recent pre-military examination.

It was also noticed that the help given us by the unit during this minor emergency was directly proportional to the help we had given them in the past, under normal working conditions. We were given an excellent clerical staff, and anyone who has worked with a unit knows what that means. We were given priority of choice in everything, and that played no small part in the efficiency of the organization.

To National Service Medical Officers in particular, a word of warning. If you should be called upon to examine any of these reservists, find out exactly what is expected of you; make sure you have everything you need well before the appointed day, and discuss these needs with your unit. You will not be the only one working to an urgent time-table, and you will be expected to give a precise answer to most questions. "Perhaps," "Maybe," or "I don't know," will not be accepted. It will have to be YES or NO.

If you want your task to be simple, find out individually what is going to happen and don't expect to be told everything. The old hands, both medical and non-medical, have been at this game much longer than any of us, and they usually know the answers. Seek them out and enlist their aid. They are there to help you as much as they can.