material for publication, both actual and potential; but due to the simple fact, which has been already emphasized, that publication cannot continue indefinitely at a loss. The income is, in fact, not covering expenditure. The costs of paper, printing and production have trebled in the past fifteen years; the selling price of the Journal has not; and some of the subscription is used by the Gazette. The present income will not meet expenditure.

That income is even now falling steadily because all Officers of the Medical Services no longer support their Journal by their subscriptions.

If every reader had made sure that he was a subscriber and if every subscriber had made sure that every friend in the Medical Services also became a subscriber the present volume would not have been the last.

If you wish for this Journal to survive, even though only in the spirit of a Phoenix rising from the funeral pyre of our old Journal, then it is up to you, up to every subscriber to ensure that every member of the Medical Services becomes a reader and every reader a subscriber.

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**Correspondence**

**Command Psychiatrist's Office,**
**The Q.A. Military Hospital,**
**Millbank, London, S.W.1.**

12th December, 1951.

**Dear Sir,**

It is regrettable that after seeing fit to publish in a Service journal "A Criticism of Military Psychiatry in the Second World War," by Captain H. J. C. L'Etang, R.A.M.C. (T.A.), the editorial policy should have been to issue this article in three instalments.* This effusion, which is extremely provocative and itself open to severe criticism, could not be effectively answered until the concluding part appeared in print. By this time most of the readers have either lost interest or have been so confirmed in their anti-psychiatric preconceptions that they are unlikely to be swayed by opposing arguments.

As interesting as it would be to know the unrevealed personal grievances which motivated the author, this aspect must be disregarded in favour of a few general criticisms. In Part I he quoted a few sketchy case histories of unit personnel who he feels had been mishandled by psychiatrists. The fact appears to be that this officer had not benefited from his long service as an M.O., and was as inexperienced in dealing with men at the end as he was at the beginning. Most of these people could have been dealt with adequately in the unit by a

* This extremely welcome and usefully critical letter was unfortunately received too late for the make-up for December.

The reason why the article was published in three parts was simply a matter of length and the interests of many types of reader.
Correspondence

Medical Officer with some “Know-how” before even being referred back to a military psychiatrist. Secondly, he complained of the lack of liaison between the R.M.O. and the specialist psychiatrist. In my own experience, any R.M.O. who has had the drive and initiative to discuss his cases personally with the psychiatrist has received the most sympathetic consideration and willing cooperation. It is the combination of inadequate case histories, lack of any helpful guidance from the R.M.O. and the tendency to regard the psychiatrist as a mixture of lie-detector and wet-nurse which occasionally forces the psychiatrist to recommend some arbitrary disposal. Part II is hardly worth criticism. The author has taken a carefully selected number of cases from all the services, apologizes for his unscientific and fallacious approach, and then gives his own personal criticisms, unsupported by any specialist psychiatric training, of the disposal of patients years after their return to civil life. He admits that his methods of investigation were open to doubt and that he had no detailed knowledge of the circumstances in which these men broke down.

Part III consists of some confused arguments and a hotch-potch of references entirely divorced from their contents, assembled with the idea of supporting in a pseudo-scientific manner the ineradicable preconceived theory of the author. He has carefully ignored the articles and authoritative follow-ups which demonstrated that the psychiatric policy in World War II had many points in its favour.

However, my immediate concern is much more with your anonymous contribution, “At Random—Psychiatric Wastages” (November, 1951), which is presumably an official expression of editorial opinion.* This is so full of misconceptions and sonorous platitudes that it appears to be the creation of somebody who scans a table of statistics, glances over a few graphs, and then makes didactic pronouncements without having any genuine knowledge of the practical problems which are being discussed, or the very real difficulties placed in the way of the man-on-the-spot who has to solve them.

The point which both authors make and nearly belabour to death is that too many soldiers were invalided out of the Army, or were rendered ineffective as combatants, on psychiatric recommendations. I do not think anybody could cavil at the statement, but what is objected to is the unfair emphasis placed on the psychiatric disposals, when nearly every other branch of the Medical Services was equally at fault. Psychiatrists do not create psychiatric disability, they only recognize what is already there, and do their best with the human material and the Army facilities to make the Army a reasonably well-integrated machine. Hypodermic syringes and scalpels and professional slovenliness amongst inexperienced, untrained and incompetent medical officers were of more danger to the well-being and effectiveness of the Army than the pen-in the hand of any military psychiatrist. It is absurd to talk of the specific liability of the psychiatrist in manpower

* The “At Randoms” which at present appear in this Journal do not give official opinions. The Editor alone is responsible and his name is readily available. “At Random” is an endeavour to provoke critical articles and correspondence.

We like the “full of misconceptions and sonorous platitudes” and “a few woolly and unconstructive suggestions.”—Ed.
Correspondence

wastage, when it was perfectly obvious in overseas commands that large numbers of officers and men, with no suspicions of physical or emotional disorder, were being permanently retained in employment of a nominal nature and contributed a negligible amount to the war effort, even at its most critical periods. The psychiatrist had little to do with those cases of professional incompetence and neglect, particularly amongst officers, which should have been dealt with on a disciplinary basis, but which not uncommonly led to promotion and wider scope for their powers of disorganization, on the usual instructions from a senior officer, "I don't care what you do, as long as you get rid of him."

Furthermore, this extraordinary habit of comparing various wars in order to pontificate over psychiatric breakdown in the British Army in World War II is characteristic of those blinkered, obtuse minds which readily draw illogical conclusions from invalid data. Almost in every way, apart from actual combat, the circumstances under which the British soldier lived out his war service were different in the two World Wars and certainly were different again from those of the American Expeditionary Forces. Because in the First World War, or any preceding one, nobody commented very much on psychiatric disorder, this does not mean that it did not exist. The peculiar hazards of trench warfare, concealed suicide, and diseases about which knowledge was rudimentary and empirical did a lot to eliminate the potential psychiatric casualties before they became recognized as such. The point which everybody appears to miss is that in 1914 the Army had the pick of young and enthusiastic volunteers. From 1939 to 1945 the Army in Britain was left to reconstitute itself from a rather doubtful reservoir of manpower, after the reserved civilian occupations, the Royal Navy and Royal Air Force had taken their choice of the most obviously suitable applicants. It is not necessary to emphasize the facts that in 1939-1945 indiscriminate bombing in U.K., disintegrated families and long absences overseas, associated with a recognized increase in neurosis in the civilian population at large, did much more to affect the serving soldier with dependants than any distaste for military service.

This article bears out the frequently made observation that psychiatrists generally receive much more support and encouragement in the performance of their duties from combatant officers than they do from executive and unit medical officers. Again with an air of patronage the author states that the psychiatrist is possibly of some use in certain critical war situations. It probably has never occurred to him that the whole function of the psychiatrist in selection procedure is not to prepare himself to give first-aid in a desperate situation, but to make sure that those men who are likely to be exposed to extreme stress, should be, as far as one can ascertain, able by their own efforts to resist emotional disintegration. The preparatory work of the psychiatrist should have been finished before these situations occur. After he has repeated to his own satisfaction a few truisms, which have been long appreciated by every reasonable sociologist—who, however, does not ignore the fact that some men will never become efficient soldiers or respond to unimaginative regimentation—he makes a few woolly and inconstructive suggestions, and then settles back comfortably to let somebody else get a headache.
Military psychiatry is the newest of the service specialities, and by force of circumstances it is learning by bitter experience and from its mistakes, which when taken against the whole complicated background of Army administration are neither as many nor as serious as its detractors would have hoped. The small group of Regular officers who practise full-time psychiatry does so under conditions in which prejudice and unnecessary criticism play no small part. They also realize that in the event of another war they would probably be relieved of their specialist duties in order to take some administrative appointments, or unit commands commensurate with their age, rank and seniority. This policy does not promise a co-operative attitude towards those civilian psychiatrists who will have to bear, inexperienced in military matters as they may be, the future burden of the psychiatric services. These men will have to do the job, and unless they have a clear and definite policy, laid down from the very beginning, with co-operation and guidance from all branches, particularly the senior executive medical officers, they will be forced, as frequently occurred in World War II, to recommend such disposals as they think fit within the limits of their own specialist and military knowledge.

H. POZNER, D.P.M., Lieut.-Colonel, R.A.M.C.,
Command Psychiatrist, Eastern Command.

TO THE EDITOR, JOURNAL OF THE ROYAL ARMY MEDICAL CORPS

THE WAR OFFICE,
LONDON, S.W.1.

From The Director of Army Psychiatry.

20th December, 1951

SIR,

Many military psychiatrists would, I think, agree with much of the survey of psychiatric wastages given in “At Random” (November, 1951, page 389). Some of “At Random’s” inferences, however, may be questioned. For example, the disproportion between the number of active service overseas divisions in 1945 and 1918 may well be due to reasons other than a totally disproportionate loss of serviceable men in the second war.

The number of men pensioned for psychiatric disorders in the First World War indicates only the number awarded pensions. All psychiatric casualties did not receive pensions, and an unknown number may have been discharged with a medical or surgical diagnosis, i.e. D.A.H., etc.

“At Random” stresses that all the pensioned psychiatric casualties had served on an average eighteen months in an active theatre. There are ways of spending time in an active theatre other than those gainful to the service, and, in any case, one would expect that considerable service in an active theatre would in most cases be necessary in order to qualify for a pension.

“At Random” compares the incidence of psychiatric casualties in the 1939-45 war with other wars in the past forty years. Presumably, the implication the writer had in mind was that the incidence in the 1939-45 war was due to the magnified attention which he stated they received in that war. It is suggested
that the writer read the “Report of the War Office Committee of Inquiry into Shell-Shock,” with its description of the large numbers of such casualties evacuated in 1916, and this at a time when no psychiatrists were functioning as such in the British Army. It is questionable whether medical science had advanced to a reasonable discerning stage in the wars of the years immediately prior to World War I, as the writer of “At Random” asserts. A perusal of the medical literature of that day does not support the claim.

It would seem a pity that, although the writer of “At Random” has directed strong criticism towards Army psychiatry, he does not seem to have adopted the same attitude towards Captain L'Etang’s articles. Captain L'Etang has tried to achieve his criticism by omitting all references to investigations made which did not comfortably fit in with his thesis. For example, though he quotes extensively from the literature, he omits all reference to Professor Lewis’s careful follow-up in 1942 of 120 neurotic soldiers discharged to civil life (Lancet, 1943). This follow-up showed that many had not recovered their health or become capable of doing useful work. A systematic investigation was then instituted by the Ministry of Health and a larger sample of discharged soldiers followed up. The results confirmed the earlier investigation.*

It is, on occasion, extremely difficult to decide on a psychoneurotic soldier’s correct medical category at the time of examination. Captain L'Etang admits that his examination of a patient in 1945 or 1950 may not reveal his mental condition in 1940. Nevertheless, he does attempt to do this, and is not diffident in criticizing recommendations made five or more years previously. It would be a rash psychiatrist who would claim ability to do this.

When considering the incidence and the disabling effects of neurosis in the Army, the evidence one may bring forward on either side is naturally not entirely free from a suspicion of bias. It is fortunate, however, that an impartial statistical survey was made at the end of the last war into the incidence and disabling effect of neurosis in a sample of the civilian working population in England. The Medical Research Council entrusted this to Dr. Russell Fraser, who conducted a systematic investigation into the incidence among workers in light and medium engineering over a period of six months. It was found during that period that 10 per cent. suffered from definite and disabling neurotic illness and that neurotic illness caused between a quarter and a third of all absences from work due to illness.

It also seems a pity that the writer of “At Random” has not stressed to a greater extent the importance of good management in the prevention of psychiatric disorders, whether at the base or at the front. Faulty group morale, * Note.—Surely this finding backs up one of the points at which the “At Random” was aimed ?—i.e. that in a total war, when the civilian must do some useful work for the nation or be a dead weight to be carried by a probably overburdened civil medical service, every individual should be used to a maximum capacity while he is capable of any type of work for which he is trained regardless of possible or probable eventual breakdown. A reasonably ruthless use of every individual may well become essential. —Ed.
Correspondence

poor discipline and indifferent training provide a fruitful soil for the development of these disorders. In the last war, different battalions fighting side by side under similar conditions and made up apparently of the same human material often showed startling differences in their incidence of psychiatric casualties. In almost every case of a contrast of this kind it was found that it could be related quite directly to the state of training, discipline and morale. The incidence of psychiatric casualties generally reflects on the quality of unit leadership and on the quality of unit medical care, and therein lies one of the keys to their prevention.

Yours faithfully,
R. Rosie, Brigadier.

THE EDITOR, JOURNAL OF THE ROYAL ARMY MEDICAL CORPS

MEDICAL DIRECTORATE,
HEADQUARTERS,
BRITISH ARMY OF THE RHINE,
20th November, 1951.

DEAR SIR,

I am delighted to see the letter in the October issue of the Corps Journal, Vol. XCVII, by Major Lewis. I fear that my previous criticism to which he refers may not have been clear, and take this opportunity to explain and answer some of his comments.

1. With regard to the correlation between "illiteracy" and low intelligence, the emphasis is not on the word "correlation" but on "significant." I do not dispute the fact that illiteracy and low intelligence may be found in the same person. Illiteracy is, however, found in those who have average intelligence but who for various reasons have been denied the opportunity of education. In my limited experience I have had no illiterates per se referred for psychiatric opinion. Such in the Army are detected by Personnel Selection Officers and given the benefit of education at Primary Education Centres. Those who fail to improve are referred to psychiatrists and the few I have seen were found to be either emotionally or intellectually impaired. This seems to be the experience of other psychiatrists with whom I have discussed this point.

2. In my previous letter I emphasized that the restricted employment of men of low intelligence does not endanger hygiene in a unit. There are many duties which men of low intelligence can do in messes, kitchens and cookhouses without actually handling food prepared and cooked for human consumption. The point I wish to emphasize is that if men of low intelligence are eliminated from these jobs, where are they going to be fitted into the Army? Those employed in cookhouses in the preparation and handling of food are specially examined and passed by the medical officer before employment.

3. Major Lewis supports his contention that there is a correlation between low intelligence and personal hygiene by referring to the fact that outbreaks of gastric and intestinal diseases are commoner in mental institutions. This no one
will deny, but my remarks did not refer to mental defectives but to men who were able to support themselves and their families in civil life, who had come into the Army to make it a career or to carry out their National Service, and who were not defectives in the technical sense.

It is possible that the incidence of scabies may have been higher in men of low intelligence than in the rest of the community. The point at issue is whether this is a significant correlation and whether all other factors which lead to a lowering of personal hygiene were excluded. I am most interested in his own personal observations in Aldershot District and trust the Journal will be favoured with an article on this subject against a control group in the Army population.

4. I would subscribe to the view with regard to those who show by their behaviour and misconduct an unwillingness to carry out their normal duties in the Service, that the psychiatrist may be a help. The article by Major Lewis may have been misinterpreted by me, but gave me the impression that the role imputed by the psychiatrist was that of getting such invalided out of the Army. This certainly is not the duty of the psychiatrist, who must be entirely objective in his findings. After weighing up all the evidence he may in his "opinion" express the view that the case might be suitable for disposal under K.Rs. 390, section xii, and thus assist the Army authorities regarding this disposal. There are many factors which have to be considered in the "getting rid of such men," not the least of which is the effect on other men in the unit. To discharge any dissatisfied soldier through medical channels without clinical evidence will only bring the medical services into disrepute and lead to a lowering of morale. The disposal of such is an administrative procedure which can be supported by the negative findings of the psychiatrist.

5. Obsessional neurosis is a recognizable psychiatric disability and there is no demonstrable borderline between an "obsessional trait" and actual neurosis. Obsessional traits can be either normal or abnormal. It is the latter that are found in those suffering from obsessional neurosis. The normal obsessional trait causes no worry to the patient. Perhaps I can make my point clearer by referring to the definition of an obsession in the pathological sense as given by Schilder. "An obsession is a content of consciousness which is accompanied by a feeling of compulsion which the individual tries to resist but cannot get rid of, though on quiet reflection he realizes it to be senseless." The important part of the definition is the _element of compulsion_ and the _resistance of the patient_, and this serves to distinguish true pathological obsessions from motor stereotypies and autochthonous ideas.

6. I subscribe to the emphasis made by Major Lewis on co-operation between hygienists and psychiatrists. Each has from his special experience a very important function to ensure the promotion and maintenance of good mental and physical health in the Army.

In conclusion I would like to thank Major Lewis for his remarks and regret that I should have caused him any offence.

Yours sincerely,

J. T. ROBINSON, Lieut.-Colonel.
Correspondence

SOUTHAMPTON.
5th November, 1951.

DEAR EDITOR,

On going through the Corps Journal for July, I see the obituary regarding
Major F. P. Rankin.
This is incomplete and in case you care to print a short "follow up" I attach
a note which you can carve as you wish.

One other point—reference page 148 of the Journal for August. Several
Officers, with whom I agree, consider it is bad taste to publish the Estate of
Officers in the Journal—it may give a completely false impression. Such items
are best left to the popular press.

Yours sincerely,
T. J. L. THOMPSON.

TO THE EDITOR, JOURNAL OF THE ROYAL ARMY MEDICAL CORPS

EDITOR’S NOTE

Thank you, indeed, for the note on Fred Rankin. It is with a mixed feeling
of thankfulness and pleasure that we receive any additional notes or information
to amplify and clothe the bare bones of an obituary notice. Where we have any
personal knowledge, sufficiently intimate, of a deceased member of our Service
we give it in the hope that it may help to amplify the bare-boned obituary. But
there are many times when we cannot add anything useful. At such times any
additional information would be most welcome.

As regards the publication of Estates of Officers, this has already been stopped
in deference to a majority opinion canvassed at lunch time in the Central Mess.

ROYAL ARMY MEDICAL COLLEGE,
MILLBANK, LONDON, S.W.1.
9th January, 1952.

DEAR MR. EDITOR,

May I draw your attention to page 497 of the December Journal published
today. There is a letter from Major-General Barnsley about the future of the
A.M.S. Magazine, which I feel may need an urgent amendment in the January
issue of the Journal.

The impression given is that the Journal will cease publication with this
number and that the Magazine is then "on its own." Subscribers are asked to
place orders separately for the January issue of the Magazine.

Of course, since the Journal is continuing publication for six months from
the January number, subscribers to the Journal will still continue to receive
the corresponding issues of the Magazine for that period. It is only when the
Journal actually dies that the Magazine will—presumably—be a separate
publication.

Yours sincerely,
H. W. PECK,
Major, R.A.M.C., Manager.