BRITISH MEDICAL JOURNAL

LONDON SATURDAY JANUARY 2 1943

THREE YEARS OF MILITARY PSYCHIATRY IN THE UNITED KINGDOM

BY

J. R. REES, M.D.

Brigadier; Consulting Psychiatrist to the Army

The remark of Napoleon that "war is three-fourths a matter of morale; physical force only makes up the remaining quarter,"* if applied to modern warfare, might have seemed far-fetched to many of us in 1939. Now, however, we have lived through the day-to-day stresses and rituals of total war; we have watched and felt the successes and the failures of our own Forces and of our Allies; and, having dealt with men and women of all types under strain, none of us can doubt the general truth of this dictum. Probably it would be equally true if we said something similar about civil life in peacetime.

Certainly the sample of ordinary men and women who compose the Army in wartime have presented issues which have challenged psychiatric thought and practice. The Army doctor, perhaps more obviously than the civilian physician, concerns himself primarily with health and efficiency, and only secondarily with what one may call "salvage." The psychiatrist finds that in Army work his contribution to the total war effort is made far more effectively by varying prophylactic procedures than it could possibly be were he solely concerned with diagnosis and therapy. It may therefore be useful to present a general survey of the work of Army psychiatry, setting out its developments and present tendencies. Many excellent reports on clinical matters have been published from Army and E.M.S. hospitals, but no effort has as yet been made to give an inclusive picture of the work that is being undertaken in this country. Clearly, any attempt to do this in the space of an article for the *Journal* will leave out much that should be said, and there will be scope for separate reports on almost every topic when it is possible for these to be produced.

Pre-war Planning

The psychiatric problems of this war have, most fortunately, not presented themselves in the form that we had anticipated. Our pre-war planning, both for the Army and for the civil population, was based fundamentally on our 1914-18 experience, and we conceived that the stresses we knew then would be "hotted up" by incessant, relentless air attack on the civilians and the Army in this country. Reference will be made later to the incidence of acute war neurosis, but this has, in fact, been one of our minor problems.

We had at our disposal before the war the Report of the 1922 War Office Committee on Shell Shock, and the even more valuable Vol. X of the U.S. Army Medical History of the last war. Throughout the 1922 Committee report there is emphasis on the need for better recruitment and better selection of personnel. It stresses also that unstable and neurotic types do badly under any war conditions, and it emphasizes the need for early effective treatment and for medical training in the psychiatric handling of these men. The American Vol. X on Neuropsychiatry provided us with a complete textbook on both the clinical and administrative sides of Army work, and much of the history of our allies contained in that volume has repeated itself in the British Army in this war. There was therefore a considerable amount of material to aid us in making plans before the outbreak of war, and we were faced with one inescapable fact—that after 1918 there were over 100,000 pensioners with overt psychiatric disorders, quite apart from those men who drew pensions for psychosomatic illnesses which were given "organic" diagnoses.

Shortly before the outbreak of war a conference called by the Ministry of Pensions expressed the intention of providing treatment but not giving pensions, save in exceptional cases, to men who broke down with neurotic symptoms. This policy has to a considerable extent materialized, although up to date the moral situation which it was hoped to combat by this decision has hardly arisen, since there has been no epidemic of true war neurosis.

It was clear enough, however, that even before the outbreak of war the prophylactic approach to the problem was by far the more important, and that scientific selection and placing of men would do more than anything else to avoid the development of a large-scale problem. Unfortunately, it was not till much later that adequate measures could be instituted.

Two psychiatric consultants were designated for the Army before the outbreak of war, one for this country and one for the B.E.F. What concerns us in this account is the development of psychiatric work at home. This has been gradual and progressive, keeping pace with the numerical growth of the Army though influenced by the need for developing new techniques to meet changing situations. The Consultant, by himself in the first few months of the war, could do little more than see certain patients, lecture to the staffs of hospitals which were mobilizing and to groups of medical officers in training, make contact with the medical administrative services throughout the country, and begin to lay plans and develop the conviction necessary for them to be carried out.

Early War Measures

Early in 1940 specialists in psychological medicine were appointed to each command in this country. They very quickly found it impossible to get round their large areas, dealing with all the out-patients and with the other problems that they were asked to solve. Gradually more psychiatrists were added, either full specialists with the rank of major or "graded" specialists who had had rather shorter experience in the specialty, so that eventually there came to be in each command from three to ten area psychiatrists whose work was co-ordinated by the command psychiatrist at command headquarters. Their main task has been to provide an out-patient service for every area where there are troops or military hospitals. They visit units to discuss with regimental officers the military value of men who are referred to them, and to advise about a great many of the problems put up by units. They help in the selection procedure (this will be referred to later) and give a good deal of advice and teaching to unit medical officers over the handling of difficult men. More than any other group in Army psychiatry, area psychiatrists have succeeded in getting "inside the Army." They need to under-

* *Correspondance de Napoléon*, **18**, 14276: 1808.

stand something of all the jobs, the training methods, and the intimate lives of soldiers. They have also to be very much *au fait* with all the administrative procedures and the techniques for disposal of the various cases that they meet from day to day.

Alongside the growth of this out-patient service came the growth of in-patient treatment. With the encouragement and help of the Boards of Control—help which has always been given most unstintingly to the Army—military hospitals were opened up for psychotic patients. In 1914-18 many difficult situations arose in which serving soldiers had to be taken to civilian mental hospitals; further, a large number of men in such hospitals were granted pensions which would probably never have been given had it been possible to make a closer investigation of the origin and constitutional nature of their illnesses. A mental hospital which is military as opposed to civilian can detain a patient without any need for certification, and a procedure has grown up in the Army by which officers or other ranks of either sex suffering from a recoverable psychosis can be kept in a military mental hospital before discharge for three or six or, in exceptional cases, nine months. This has the great advantage of allowing for effective treatment to be carried out while there can be thorough investigation of questions of attributability. The policy of the Army in this matter seems to have justified itself.

Most of the hospital treatment of psychoneurotic disorders has been provided by the special neurosis centres of the Emergency Medical Service, which have co-operated well with the Army. Inevitably, however, there had to be special wards in military hospitals. At first these functioned largely as observation wards or collecting centres, and gradually there have been developed special Army hospitals for neurotic disorders, which have the advantage over the E.M.S. hospitals of being military in their organization and atmosphere.

After the first eighteen months of the war it was becoming increasingly obvious that administrative procedures were fully as important as clinical or purely professional questions in Army psychiatry, and eventually early in 1942 a Directorate of Army Psychiatry was set up as part of the Army Medical Services, with a senior Regular R.A.M.C. officer as Director and three psychiatrists working with him. The Directorate is responsible for the development and control of the psychiatric services in this country and with the Over-seas Forces, and for the ever-increasing number of questions which are brought up for psychiatric help or opinion.

The Consulting Psychiatrist works with the Directorate, but is now freer to get round to commands and to undertake the various exploratory and co-ordinating jobs which come his way. He, like the other consultants to the Army, is an adviser to the Director-General, who has very wisely given his consultants much freedom of action.

Psychiatric Problems of the Army

The problems that have faced the Army have, from a psychiatric angle, been numerous. If continuous military action had been nearer to this country the problems might have appeared different, though they would fundamentally have been the same. Some may be puzzled as to why the Army should contain such a large proportion of men who have psychiatric problems; but the reason for this is not difficult to explain. Partly, there has existed for very many years a tradition that men who were immature or unsatisfactory, or whose social records were not above suspicion, could under Army discipline be made into "men." The Army in peacetime has always had a good many backward otherwise unemployable men, and in the majority of cases in the past they have turned out pretty well. Modern war, unfortunately, demands a different quality of man. A more important reason, however, for the accumulation within the Army of men whose mental background is questionable is that the man-power situation of this country has been so arranged that very large numbers of intelligent and able men are reserved in industry. The Royal Navy and the Royal Air Force have a priority of choice; and the Civil Defence Services have claimed a great many men. The Army comes last in the list, and consequently a large proportion of what has been called "the psychopathic tenth" of the country's man-power finds its way into the Army if the mesh of the recruiting boards is too wide. The Army has therefore to deal with very considerable numbers of dull, neurotic, and unstable men who have got on reasonably well in civil life, whenever employment was plentiful: thrust into the stresses of Army life, they become difficult in various ways. These no doubt are the men who, when times are hard, become a problem to the National Health Insurance scheme and to the Ministry of Labour; and very many in the same group would after the last war have found themselves on the books of the Ministry of Pensions. One of our aims has been to avoid repetition of the pension situation which arose after 1918.

Recruitment

It is possible that there has been insufficient understanding and inadequate co-operation between the medical officers who have given so much good service on the recruiting boards and medical officers in the Army. At times there has certainly been a feeling in the minds of some of the medical officers in the Ministry of National Service that the Army's standards were too high and that in consequence too many of the men they had passed in were being boarded out and sent back to civilian life: and here we are concerned, of course, only with the cases in which there is some psychiatric disability. It is perhaps more important, however, to record the great difficulty in recognizing and assessing the neurotic constitution and the intellectual status of men in the short time that they are before the boards, even for board members with a specialist training, and still more for those who have not had special experience. The introduction of intelligence testing at the time when men are called up for their medical board examinations appears to have been of help to the boards in the detection of some of the men whose dullness was hidden by a good façade. Better liaison between the boards, private doctors, and the School Medical Service would probably have been valuable. On the whole the neurotic man, more than his defective fellow, tends to give a reasonably truthful account of himself and his disabilities to a doctor. There is, of course, the obvious difficulty that such a man, fearing military service, may exaggerate or even make quite untruthful statements about himself in order to prevent his calling up. The other danger is that men wishing to join up may give too rosy a picture of themselves, and later on, finding themselves in difficulty, may then take the opposite line and "tell the tale" in order to get out of the Army. These are universal tendencies that nothing is likely to eradicate. If we had no shortage of man-power it would clearly be better rigidly to exclude any men who were not cheerfully prepared to give their services; in this country, however, we have never been in that happy position. Only improved understanding and better investigation can meet the problem of decision about the less willing and the relatively rare instances of the unwilling soldier. It is certain that, in recruiting, a penal attitude, such as occasionally has emerged in the statement that "no one must be allowed to get away with it," is not likely to produce the Army we should all like to see.

At the present juncture it is inadvisable to give exact figures or percentages of the psychiatric disabilities, apart from the classified figures which have already been published of limited groups in hospitals in this country. It is permissible, however, to say that the invaliding or discharge from the Army from all psychiatric causes has been approximately one-third of the total invaliding, a figure which is comparable to the incidence of psychiatric illness in civil life in this and other countries.

Intellectual Defect

There are many fallacies which creep into the assessment of defect by intelligence testing, and the estimation of mental age is by no means a straightforward matter save in the hands of very skilled workers. Broadly speaking, it has turned out during this war that few men whose mental age is below 10½ are fit for Army life except in special unarmed labour sections. It would be folly to attempt the placing or rejection of men simply on the basis of an intelligence test, whatever the safeguards; and, in fact, no one in the Army ever has been recommended for discharge solely for this reason. Investigation of the social and employment histories of all men is essential, and a general psychiatric assessment is made in each case. In the modern Army there are far fewer simple routine jobs than there were in the old Army with its "horse lines" and its slower tempo. There still are plenty of vacancies for the not-so-bright man in the modern mechanized Army if he is properly placed; but

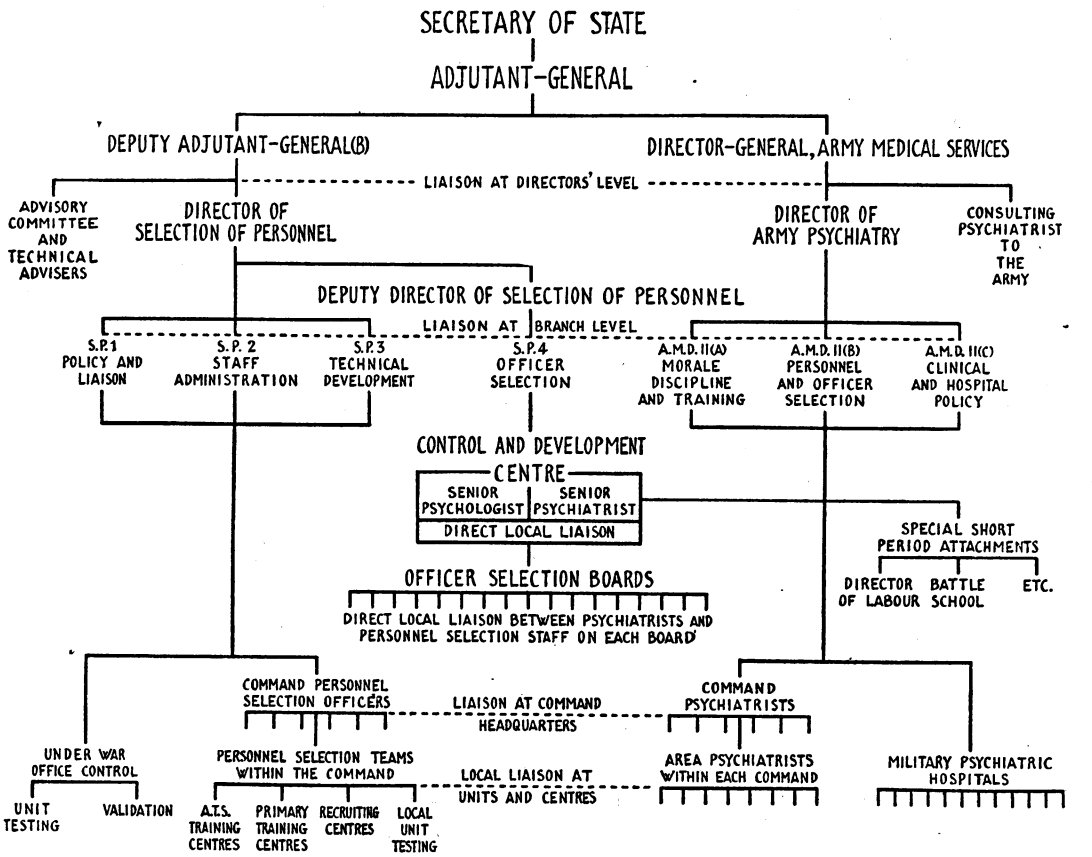
unless he is recognized and fitted to an appropriate role he is likely to become a consumer of man-power rather than a strength to the Army. The dull man is a drag on training and rarely becomes efficient in any technical task. He feels himself out of things and hence inferior; he gets anxious and breaks down far more easily than a man of normal intelligence, and, through difficulty in morale-development and failure to understand regulations and the reasons for them, he is extremely liable to Army crime. The United States Army demonstrated in the last war that the worst soldiers were often the best diggers, a fact once more convincingly demonstrated in the British Army in this war.

Whatever the exact incidence in the ordinary population of the country of those groups who have a low capacity to learn—the dull and backward, the feeble-minded, the imbeciles, or idiots whom Prof. Burt in one inquiry totalled at 25.1% of the population—it is clear that they are numerous. The men with the greatest degrees of defect are for the most part recognized and excluded from the Service by recruiting boards. There remain, however, some 8 or 10% of the whole Army intake who need special consideration in their employment; approximately 2% of these are men who, after a short trial period in the Service, may well turn out to be impossible of employment in any combatant or operational role. The dullards, with whom the Army has had so much concern, might many of them well be called "one-job" men. They have very often found niches for themselves in civil life where they have been able to give first-class service on one particular routine job. If a similar or an equally appropriate niche can be found for them within the Army, then their work can be of great value to the war effort. Experience has shown that where they go unrecognized and are put in units of ordinary men they quickly begin to present problems.

The employment of those men who have a very low capacity to learn but who can be expected to remain emotionally stable in unarmed labour sections has been notably successful. Without this provision the majority of them would have been lost to the Army, and some would have been unemployable in civilian life even in the present time of labour shortage. In these special groups, with wise officers and N.C.O.s, they give splendid service in a variety of occupations, relieving more intelligent men for other tasks and in many cases doing the jobs very much better than they are normally done by the more intelligent type of individual. These men are proud to be in the Army, and they are happy because they have found friends on their own level. Disciplinary troubles are almost entirely absent, and these units provide a striking indication of what can be done in the way of employment of a group in society which in pre-war years had certainly been a problem from many angles.

The women with an equally low capacity to learn seem on the whole to be rather more stable and to be less inclined to break down; but they too present a problem in Service employment, and, in fact, for some time past those who on preliminary intelligence tests fell into the lowest 10% of the population were not taken for service in the A.T.S.

Illiteracy by itself does not prove a bar to military service, though clearly so long as it persists it would exclude men from many units in which they might find themselves in a responsible position that demanded literacy. Approximately 50% of the illiterates are intellectually defective, while the other 50% come from specialized groups such as barge-workers and gipsies.



Selection

After the failure of a pre-war attempt (March, 1939) to get selection-testing introduced into the Army, it was clear that the psychiatrists would have to begin weeding out unsuitable men, and in the first year of the war a good many were transferred to labouring jobs, though after Dunkirk this was stopped for a time. After much discussion it was decided to start special groups for men who were not fit to bear arms, and consequently the number of those who have to be discharged from the Army on grounds of intellectual defect has fallen as the facilities for their employment within the Army's structure have improved. In 1940 the psychiatrists who were then at work in the Army began to employ such familiar methods of testing as the modified Binet–Simon test and the Herring revision. Kent's oral norms, Koh's blocks, and a number of other tests were brought into use, and the Penrose–Raven matrices were employed on an experimental basis. The matrix test proved to be particularly valuable, being a non-verbal method. In 1940, with Dr. Raven's help, it was introduced as a group intelligence test at one of the R.A.M.C. depots, and its careful

standardization and validation was begun. As a group test it proved to be extremely useful. It was possible to squad men for training according to intelligence, and the lower group on the intelligence scale were very properly referred for psychiatric interview, as also were those who made unreliable scores, often for some reason connected with instability. A little later on, through the Director of Military Training and the Army Education Corps, a series of verbal tests was introduced under the guidance of Mr. Farmer of the Cambridge Psychological Laboratory; these were widely employed, and when properly used proved valuable. In June, 1941, after much preliminary work, a Directorate for the Selection of Personnel was set up under the Adjutant-General, and its work, guided by industrial psychologists of experience, has accomplished a great deal for the efficiency of the Army and for safeguarding mental health. The matrix test was introduced at all recruiting boards. Large groups of men whose work in the Army was being changed were put through group tests and given a percentile rating in relation to the whole population. Recently, since conviction of the value of this work had grown sufficiently, the administrative difficulties were overcome and the General Service selection procedure was introduced into the Army at the beginning of July, 1942. All men are now taken into the General Service Corps, where alongside their basic training they are put through a battery of intelligence and aptitude tests, interviewed by specially trained officers, and posted to the most appropriate possible duties in the Army.

The Directorate for Selection of Personnel had undertaken a complete job-analysis of the multitudinous tasks in the different arms of the Service, and as a result was able to lay down the standards of intelligence and other aptitudes necessary for each job, thus providing a basis for the correct posting of men in certain proportions to each type of unit. The accomplishment of this work produced a revolutionary change in the Army's utilization of man-power and has set a standard which will certainly be applied in industry and in social life in the post-war world. The matching of men to suitable work is as valuable a means of psychiatric prophylaxis as anything that could well be devised.

In this mass selection of men psychiatry is perhaps the handmaid of industrial psychology, whereas in other fields—e.g., officer selection and with other groups in which temperamental factors must be assessed—psychology is the handmaid of psychiatry. In fact, in the Army the psychologists and the psychiatrists work together as a team in the best possible way, and their interdependence is fully demonstrated. The accompanying diagram showing the lay-out will be of some interest. In dealing with large groups of men who are put through the General Service selection procedure, in which a battery of intelligence and aptitude tests are employed, the psychiatrist sees all those men who are low scorers, and in addition all whom the trained personnel selection officers regard as unreliable or puzzling, whatever their intelligence. In this way many of the potential psychiatric problems are brought to light at the very beginning of Army life, and it is possible to ensure the wisest employment of these men within the Army machine.

Table showing Details of Disposal Recommended by Area Psychiatrists for All Cases Examined as Out-patients during the Six Months preceding April 30, 1942

Recommendations	Referred through Personnel Selection	Referred through Unit Medical Officers				
		Neurosis and Psy. Pers.	Dullness and Defect	Psychosis	Other Diagnosis	Total
Return to unit: no action ..	14,374	1,844	2,127	9	1,485	19,839
Observation in unit	1,040	1,701	48	21	374	3,184
Out-patient treatment	883	375	9	6	52	1,325
E.M.S. neurosis centres ..	68	3,291	28	59	108	3,554
Army neurosis centres ..	16	1,502	7	27	19	1,571
Army mental hospitals ..	47	529	6	742	81	1,405
Other hospitals ..	28	350	5	58	270	711
Reduced category	213	1,788	81	17	106	2,205
Pioneer Corps, including unarmed sections ..	12,504	563	3,365	8	83	16,523
Other corps ..	3,832	786	853	1	208	5,680
Other disposals ..	1,579	1,123	401	46	811	3,960
Discharge ..	1,180	3,786	1,108	114	260	6,448
Total ..	35,764	17,638	8,038	1,108	3,857	66,405

The figures set out in the accompanying Table, of work done by area psychiatrists in the period just before the introduction of the General Service scheme, give an idea of the types of disposal recommended or advice given in these psychiatric interviews. A detailed discussion of these figures will be the subject of a further paper.

Psychosis

Reference has already been made to the organization of special mental hospitals within the Army. There are ten of these. For the most part they are in separate blocks of civilian mental hospitals, taken over by the Army and renamed. The superintendent of the mental hospital and his deputy are given honorary rank for disciplinary purposes, and the superintendent is O.C. the military hospital. The number of beds in these units varies from 74 to 400. Medical staffing is, so far as possible, on the basis of one Army psychiatrist to 50 patients. Fortunately these beds have never been completely filled, although certain units have worked under great pressure with a very big turn-over. The incidence of psychosis has been less than was anticipated, and constitutes a small though important part of the psychiatric work of the Army. The R.A.F., our various allies, and the prisoners of war have to be accommodated, and one hospital is entirely devoted to officers and other ranks of the Women's Services. The average duration of stay in hospital for psychotic cases is about 75 days, and the results obtained by active treatment—continuous narcosis, shock therapy, insulin, P.T., and occupational therapy—are good. As in the Middle East, there seems at home to be some evidence that psychotic breakdown in the Services clears up rather more quickly and satisfactorily than in the equivalent age groups in civilian life. Some 95% of the psychotic patients in military mental hospitals are returned to the care of relatives as recovered or to public assistance institutions, while the remaining 5% are discharged to civilian mental hospitals. In this way it is clear that one purpose of these hospitals has been realized and that the civilian mental hospitals have been saved an additional burden. A follow-up scheme is at present being devised so that we may learn the after-histories of these patients in so far as further breakdown is concerned. Three of these hospitals are staffed entirely by mental nursing orderlies (male). There has been some difficulty in getting for this type of work enough nursing sisters of the Q.A.I.M.N.S. with a double qualification.

A new classification of mental disorders is now about to be adopted by the Army after much deliberation, and it should help in clarification of statistical returns when these come to be made at the end of the war.

Neurosis

The "psychopathic tenth" of the population, who, as was said above, so largely find their way into the Army, provide us with a very considerable number of men and women who are constitutionally predisposed to neurosis and whose histories reveal evidence of chronic neurotic tendencies from childhood. In active warfare some of these men might have carried on and given good service, as some such men no doubt did in the last war. The inaction and relative monotony that have been forced on so many units of the Army in this country have tended to bring out neurotic tendencies which already existed, and much of our work in Army psychiatry has been concerned with such cases. Only a small proportion of these men are likely to benefit by hospital or out-patient treatment sufficiently to warrant their being kept in the Army. In civilian life they were able to carry on in their own particular niches, going to the doctor when they felt it necessary. The very fact of giving up their individuality and becoming cogs on a large wheel appears to weaken resistance to their own emotional difficulties. Separation anxieties affect most men in the Army to some extent; while boredom, which is at times almost inevitable, produces an immediate increase in sickness rates, neuroses, and disciplinary troubles, which are, indeed, indices of bad personal and group morale.

The special neurosis centres of the E.M.S. and the hospitals devoted to these cases in the Army have all of them found that one of the main difficulties centred round the problem of

individual morale. It has recently been decided to attempt a rough classification of these men according to the probability of their return to the Army, and to devote particular hospitals to them, while those who are more likely to need rehabilitation and discharge to civil life go to other hospitals. The constitutional neurotic certainly reacts badly to the close proximity of a medical board with a steady trickle of discharged men leaving the hospital in metaphorical bowler hats.

A good deal has been written, particularly from E.M.S. hospitals, about the clinical work with these cases, but little that is new has emerged save a modified insulin treatment which helps on the physical side, and some experimental work in occupation which seems likely to prove valuable in wartime. In a hospital for neurotics the ordinary methods of occupational therapy are less appropriate than military occupations. There are Army physical training instructors in each of these hospitals, including the E.M.S., and military training with various modifications is being used with considerable advantage in certain of them. The principle behind this is that to learn to strip a Bren gun properly may be more valuable than to learn carpentry or rug-making, since it is obvious that a patient who recovers is in a stronger position if he can go back to his unit direct from hospital as a fit man who has had further military training than if he needed a convalescent depot for hardening before his return to duty. Whenever it has been possible, spare-time occupations that have some relation to the war effort have been tried, such as making toys for children in day nurseries and the use of simple machines which assist in such work as is admissible in a hospital under the Geneva Convention.

So far as concerns the men who return to duty in the Army, there is a follow-up system which makes periodic inquiry regarding the men's military efficiency and their fitness, and the figures thus provided form some guide to the accuracy of the clinical judgments made in the various hospitals.

Unfortunately as yet there is no means of following up the progress of those men who have been discharged and gone back to civilian life. Despite all the difficulties in the way, after visiting the various hospitals one is always left with the impression that something of value is done even for this group of men who cannot fit into the Army, and that in consequence they may, as a socio-medical group, be rather less of a problem in the future.

An extremely useful experiment in the placing of men occupationally has been carried out for the past eighteen months. Those patients who after treatment in hospital are considered unfit to go back to the units from which they came, but who in the opinion of the doctors have a good chance (75%) of giving efficient service to the Army in some special trade or in some special job which is in line with their pre-war interests or abilities, can be appropriately posted. Each of the neurosis centres and special Army hospitals has direct access to the War Office about these men, and the follow-up inquiry carried out by the administrative branch concerned shows that only 9% of the men so dealt with have turned out failures, while over 70% have been very successful. This figure deserves, and is to have, a more careful check made in the near future. This large-scale individual employment agency is certainly providing a very valuable method of rehabilitation as well as maintaining the man-power of the Army.

As would be expected, the tale of the acute war neuroses resulting from enemy action is very much more cheerful. Since a large number of these men have a good constitution and good medical records the results have been very satisfactory wherever treatment has been undertaken early. Men from Norway and Dunkirk who broke down as a result of prolonged stress have for the most part been got back to duty satisfactorily, many of them to full combatant status. It is a matter for much regret that many men were invalided back either with wounds or with physical diagnoses, and consequently in general hospitals their anxiety tended to go unrecognized, with the result that no specific treatment was provided until the condition had become almost ineradicable. The physical and psychological methods employed, which have proved necessary and valuable in this country, have been fully described in the medical press. In the Middle East Forces the results of treatment seem to have been still better, as one hoped.

Education

The first psychiatrists selected for work in the Army were chosen partly on the grounds that they were experienced teachers who could when necessary give formal instruction and could more often teach without any special appearance of so doing. A satisfactory proportion of the large number of men and women psychiatrists who have later been appointed have shown themselves well able to carry out the same important functions.

The numerous contacts of Army psychiatrists give them day-to-day opportunities of discussing with regimental, legal, and administrative officers problems of morale, discipline, training, "man management," and other topics bearing on mental health. A great number of formal lectures have been delivered to small and large groups in Divisions, Army Schools, H.Q. Conferences, etc. Lectures on psychiatric work in the Army are given to M.O.s in the depots when they are beginning their Army career and on various other occasions later on. Some short systematic groups of lectures have been given and regular tuition has been provided at some E.M.S. and Army hospitals. Further attempts are being made to keep every M.O. of the Field Force *au fait* with the latest methods of dealing with true battle neuroses.

The shortage of medical man-power emphasizes in every branch of the profession the need for specialist training, and in none more than in psychiatry. At one of the Army's special hospitals for neurosis the sixth course (now of three months' duration) is just being completed. Courses of this length cannot produce specialists; but they can widen a previous experience in psychiatry, and they can make a well-balanced M.O. of good general experience a better Army doctor or even start him on a most useful career as a "psychiatric assistant" so that he may ultimately become a specialist. All Army psychiatric hospitals at home and abroad are approved for resident experience for the D.P.M.

Every type of psychiatric experience and approach is of value in the Army once it has been broadened or deepened where necessary and the essential military orientation has been developed.

Medico-Legal Work

It is most satisfactory that the relationship between psychiatrists and the Judge Advocate-General's Department is increasingly one of understanding and co-operation. Medicine and the Law have often been at cross-purposes, and such a situation would be disastrous in the Army. Military crimes are easy to commit, and especially is this so for the dullards and the neurotics. We have aimed at avoiding conflicts of opinion, waste of psychiatric time through appearance at courts martial, and the undertaking of legal procedures in psychiatric cases, where no good purpose was likely to be served either for the group or for the guilty individual.

Much discussion has resulted in an agreed pro-forma (here reproduced) for use by the psychiatrist in reporting. This is

FORM OF REPORT BY PSYCHIATRISTS IN DISCIPLINARY CASES

This report is intended as a guide for the Commanding Officer in considering disciplinary action where the question of the accused's fitness to plead, sanity, and responsibility has been raised. Where in the opinion of the psychiatrist a man is clearly fit to plead and clearly responsible for his actions at material times, a brief report to this effect may replace parts B and C of this report. If the accused is remanded for court martial this report must accompany the application for court martial. The Convening Officer should submit the papers including this report to an officer of the Judge Advocate-General's Branch before ordering trial.

To: *C.O.*

Man's number. Surname. Initials. Rank. Age. Service.

A. The above-mentioned, who is charged with .....,
has been referred for psychiatric examination.
He complains that:
He states that:
On examination I noted that:
In my opinion he is suffering from (Official nomenclature)
i.e. (Translation into everyday language)

(When answering in detail questions in B, C, D, and E below, a clear distinction should be drawn between (i) facts observed by the officer making the report: (ii) statements made by the man himself; and (iii) alleged facts communicated by others.)

B. *Unfitness to Plead due to Insanity.*
(i) Is he able to understand the nature of the proceedings at a court martial?
(ii) Is he able to object to any member of the court?
(iii) Is he able to instruct his defending officer?
(iv) Is he able to understand the details of evidence?

C. *Criminal Responsibility.*
(i) Was he at the time of the alleged offence suffering from a defect of reason from disease of the mind?
(ii) Did such defect of reason prevent him from knowing the nature and quality of the act he was doing?
(iii) Or, if he did know, did he know that what he was doing was wrong?

D. *Evidence as to Character.*
(i) Was the accused suffering at the time of the offence from any illness which might have affected his behaviour?
(ii) Is punishment likely to diminish the chances that he will repeat this or similar offences?
(iii) Is punishment likely to increase or diminish his efficiency as a soldier?

E. *Medical Disposal.*
(i) Is any treatment required immediately, during detention, or after release?
(ii) Is any other action (e.g., transfer after sentence) recommended?
(iii) Any other relevant information:

sent to the convening officer, whose responsibility it is to decide whether a court martial shall be held. The psychiatrist is thus in every case playing his proper part as expert for the Crown—briefed neither by prosecution nor by defence. This scheme works well. The J.A.G.s often attend and take part in psychiatric meetings in commands. The close contact thus established makes it possible to discuss difficult cases, to the benefit of both professions.

Arrangements exist whereby dull men in need of psychiatric care or disposal after the court martial are notified, and the detention-barrack problems are thereby eased.

Social Psychiatry

Very largely because of the excellent and close co-operation with industrial psychologists it has been possible to achieve a number of advances in social medicine and prophylaxis in the Army. The efficiency of the Army for the primary purpose of winning the war is the concern of everyone, and from this angle prophylactic measures are infinitely more important than the provision of treatment, valuable and interesting as that is. If any demonstration were needed that the neurotic tendencies of men can be best controlled when they are doing suitable work, that proof has certainly been provided by the scheme for misfits mentioned above. The personnel-selection work of the Army is a major contribution to its mental and physical health as well as to its fighting efficiency and out of the present General Service procedure it seems probable that there will develop a method for use in industrial selection in the future and for the sorting of any large groups of men or women.

Army psychiatry took the initiative in investigating and applying tests for personality and character studies. From this work has developed the specialized technique of the War Office Selection Boards for choosing officer candidates. Here selection is made after two days of observation by a team reminiscent of a child guidance clinic! The team consists of the president and military testing officers (regimental soldiers), psychologists, and psychiatrists. It is not surprising that the character assessment made as a result of the psychiatric interview is in many cases the most valuable of all the various opinions which are presented to the final board before its verdict is given. At present these boards are aiming to discover certain qualities which are particularly necessary for a good officer in different arms of the Army. Follow-up work has been undertaken, and this it is hoped will be carried on right through the Army service of each of these men. It seems as though there had been established a valuable principle for the selection of specialists for various professions and occupations, though for each particular group special techniques will have to be scientifically designed. There has been, and will still be in the future, much resistance to be overcome before the principle of selection by scientific procedure is accepted. Selection pays, but it also carries a threat; for the more accurate it becomes the more it explodes the pleasant and universal fantasy that each of us has a Field-Marshal's baton in his knapsack.

War aims are necessary for us all, and psychiatry has certainly some visions of what can be brought about after the war and where it can slowly but surely make a very considerable contribution to the national life.

Psychiatrists in the Army have not been content to stop short either at clinical psychiatry or at selection, and fortunately they have increasingly been asked to give help and advice with a large number of other problems, such as the multitudinous aspects of morale. In nearly all of these problems there is some way in which the psychiatrist, thinking in terms of the emotional life, can give useful help; later he has the satisfaction of realizing that once his plan has been grasped and carried out it is regarded as "just common sense." In military training there are many problems which concern the industrial and educational psychologist and many in which the psychiatrist also can assist. Accustoming or "inoculation" of men to those battle stresses that menace morale has been one main way in which psychiatrists have helped. To give guidance on questions of the stirring up and effects of hate, on "debunking" battle noise, the tank, and the morale-destroying aspects of the dive-bomber and other alarming techniques of war, makes a very sure contribution to the mental stability and the battleworthiness of men under training. In these and many other ways psychiatry is concerning itself with the task of the Army just as it is concerned with the health of individuals and groups through wiser disposal and posting and through its experiments with the constitutional neurotic and the dullard.

From all these lines of work there open up further possibilities for help to the Army during this war and to the community after it.

My thanks and acknowledgments are due to Lieut.-Gen. Alexander Hood, D.G.A.M.S., for his permission to publish this article, and still more for all his support and backing; to Major-Gen. S. Kyle, who in 1939 gave to the three consultants then appointed at home the opportunity to contribute to the war effort and to the efficiency of the Army; and lastly to my colleagues who, "conspiring to win the war," have by their thorough grasp of matters military, medical, and sociological provided the ideas and the drive for the work of Army psychiatry.

OBSERVATIONS ON INJURIES TO THE SEMILUNAR CARTILAGES IN SERVICE PATIENTS*

BY

S. ALAN S. MALKIN, M.B., B.S., F.R.C.S.Ed.

Surgeon-in-charge, Harlow Wood Orthopaedic Hospital, Nottingham

The object of this paper is to analyse the facts obtained as a result of treating injuries to the semilunar cartilage and to see whether any useful information can be drawn from them. The observations are the results of the combined work of the staff of the Harlow Wood Orthopaedic Hospital.

From the beginning of the war until April, 1942, there were admitted and discharged from the hospital 185 patients suffering from injuries in the region of the knee-joint (excluding wounds and fractures). These were diagnosed as follows:

Synovitis	9	Loose bodies	3
Strain (various types)	16	Dislocation of patella	3
Pre-patellar bursitis	1	Osteo-arthritis	7
Semimembranosus bursitis	2	Post-operative cases (I.D.K.)	8
Subsartorial bursitis	1	Injuries to semilunar cartilages	135

In times of peace some men, as a result of athletic activities, injure their knee-joints, and, unless they are professionals, give up the game in which they have been injured and may be able to carry on without very serious disability. It is probable, therefore, that only a small proportion of these cases are ever seen by surgeons and have surgical treatment. In wartime, however, those who are unfit to do what is required of them in the Services must necessarily report sick, and sooner or later they are referred to an orthopaedic centre for advice and treatment. It may therefore well be that the incidence of the various lesions in injured cartilages in Service practice differs widely from that in civilian life.

An inquiry into the position in wartime has been made possible by the establishment of these special orthopaedic centres, in which relatively large numbers of certain types of case, including injuries to the knee-joint, have been segregated. With uniformity of hospital records and notes which this segregation makes possible, it is easier to analyse cases than

* Read at the autumn meeting of the British Orthopaedic Association at Nottingham, September, 1942.