THE PROMOTION AND MAINTENANCE OF MENTAL HEALTH IN THE MILITARY COMMUNITY

BY

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PART II

SECTION VI.—THE ROLE OF MEDICAL OFFICERS, ADMINISTRATORS, COMMANDERS AND LEADERS WITH REGARD TO THE PROMOTION AND MAINTENANCE OF MENTAL HEALTH

Medical Officers

The Regimental Medical Officer (R.M.O.).—A major part of the work of the R.M.O. is concerned with the prevention of disease and the promotion of health. Stress has always been laid on his duties in relation to the promotion of physical health; his responsibilities with regard to mental health must not be overlooked.

The R.M.O. should watch continually for changes in the state of mental health of the troops for whom he is medically responsible. By virtue of the fact that he is a trained observer, as well as "family doctor" and "unit medical officer of health," he can often be the first to note changes in morale. Having noted such changes he can collaborate with the other officers in the unit in determining the causes, and can give his commanding officer the appropriate professional advice.

The R.M.O. should maintain a "watching brief" concerning the multitude of factors which affect mental health. He should take note of those matters which affect work, such as hours of work, duty rosters, training programmes, the design, use and availability of equipment, general working conditions and the suitability or otherwise of various individuals for their particular employment. He should also concern himself with those matters which affect the soldier's everyday life, routine and general environment, such as organized medical care, accommodation, food, clothing, ablution facilities, laundering arrangements, sanitation, rest, sleep and the provision for mental and physical recreation. In addition, he should pay attention to all matters which have a particular bearing on the soldier's personal circumstances, such as pay, promotion, postings, leave, mail and the welfare of his family. All these matters are concerned with mental health in some way or other.

The R.M.O. is, of course, unable to take executive action regarding any but a few of these items. Yet he can, by offering diplomatic advice in the proper quarter at appropriate moments, do much to improve circumstances.
which have an important bearing on the soldier's mental health. His success in this matter will largely depend upon his status in the eyes of the unit, particularly the unit officers. His status will be high if he shows a proper degree of professional skill and ability, an interest in the traditions and customs of the unit, an understanding of the work done by the unit, military bearing and behaviour appropriate to his rank and a desire to live and work as a member of the unit instead of as a mere "tame doctor" whose only interest is in curative medicine.

The R.M.O. has also an important part to play with regard to the handling of potential "misfits," particularly cases of incipient separation anxiety; such mild cases of neurosis should be dealt with in the unit. In this respect the R.M.O.'s own attitude is important. Impatience with regard to a patient who repeatedly reports sick only brings out his negativism, and he has to prove to the R.M.O. as well as to himself that he is really ill, therefore his symptoms increase. As well as giving calm reassurance the R.M.O. must be a good listener, and the patient should be encouraged to discuss his worries. Co-operation with the Padres and Welfare Services is valuable in certain cases. Help from the R.M.O. will often give support to emotionally immature and dependent youngsters and will assist them to develop normal independence and individuality. The R.M.O. should also educate the unit officers and N.C.O.s in the handling of these men, and enlist their aid in getting such sick men fit for duty.

The Specialist in Army Health.—The Specialist in Army Health is concerned with mental as well as physical health; if a Specialist in Psychiatry is not available he must be prepared to advise on all matters pertaining to mental health.

If a Specialist in Psychiatry is available the Specialist in Army Health works in close co-operation with him, for their respective spheres of activity are closely linked and liable to overlap.

When giving advice to medical administrators, to the staff and when visiting units in the field, the Specialist in Army Health must bear in mind his responsibilities regarding mental hygiene.

The Specialist in Army Psychiatry.—He is, among other things, the technical adviser on all matters affecting the mental health of the military community. Command and Area Psychiatrists examine all cases referred to them at Army Basic Training Units, which is usually about 12 per cent of the total intake. The Psychiatrist recommends the retention or discharge of such men and, if a man is to be retained, he indicates the type of Army employment suitable to his intelligence and personality.

The Army Psychiatrist has duties to perform in connexion with disciplinary cases. Every soldier admitted to an Army Detention Barracks is seen by a psychiatrist to decide whether or not he is fit for transfer to a Military Corrective Establishment; the soldier must be considered suitable for rehabilitation for further Army service in order to qualify for such a transfer.

In addition, the Army Psychiatrist interviews and recommends the disposal
of all cases of instability referred from units; this includes the disposal of cases of psychopathic personality with anti-social trends.

_Specialists in Surgery, Medicine and Allied Clinical Subjects._—Although they are primarily concerned with curative medicine in respect of physical disease, clinical specialists need to practise a considerable amount of mental hygiene in relation to their patients. Disabilities of a physical nature due to disease or injury are rarely limited by pathology alone, as a "functional" element is nearly always present.

A field of mental hygiene which affords great scope for the clinician is concerned with rehabilitation, as by improving the patient's mental health the course of physical disease can be ameliorated and its effects mitigated.

_The Administrator._—Administrators at all levels, from those working in the smallest units to those in the largest formations, exert important influences on the mental health of the groups which they administer. Bad administration can lower morale as quickly as any other factor.

In general, bad administration results from a neglect of matters concerning prevision and provision.

Lack of prevision and provision results in the soldier finding himself in a situation for which proper administrative arrangements have not been made; hence men may arrive at units unannounced, their rations may not have been indented for, accommodation may not be prepared, there may be insufficient cash available for the issue of their pay, their mail may not have been forwarded from their previous units, transport may not meet them at transit points and so a state of muddle, confusion and frustration results. These are only some examples of the way in which the soldier may be affected by bad administration; it is easy to think of others.

Bad administration will often result in the soldier having to put up with unnecessary discomforts and hardships. Unavoidable difficulties will always occur in the administration of any community, and when things go wrong it will not always be possible to put them right; but it is important that the soldier should be made acquainted with such difficulties, and that he should be made to realize that everything that can be done is being done.

_Commanders and Leaders._—During the recent war a pamphlet was put out by the War Office called "Suppose you were a Nazi Agent."

It projects the situation that an enemy has been commissioned as a British Officer in a British unit, forbidden to employ actual sabotage and told to keep within King's Regulations. It then gives under three headings a list of actions damaging to morale which this enemy agent might take.

This list forms a useful summary of those matters which affect the mental health of the soldier and which come within the sphere of the Commander and leader, and is as follows:

A. _Damaging trust in leaders._

1. By display or abuse of officer privilege at a time when conditions for the men are bad.
(2) By failure to explain the significance of orders, so that they appear inhuman or arbitrary.

(3) By failure to explain sudden interference with leave or other privileges.

(4) By failure to take adequate disciplinary action where necessary.

(5) By taking severe disciplinary action without investigating the cause of the delinquency or the defect of morale which lay behind it.

(6) By sarcastic comment and criticism.

(7) By failure to give praise where it is due.

(8) By building up a façade of discipline without a basis in morale.

(9) By being too close on the heels of the Non-Commissioned Officers in their work.

(10) By ignoring Non-Commissioned Officers in their work.

(11) By over-estimation of the enemy, or by inaccurate estimation of our own values.

(12) By displaying ignorance of our aims, and a lack of interest in the Army and its history.

(13) By display of social or political bias, disguised, if possible, under a different label.

(14) By dodging questions and discussion.

(15) By making it clear in behaviour rather than speech, that Service is an unwelcome interruption in life.

B. **Damaging group morale.**

(1) By breaking up group of friends in platoons and barrack-rooms.

(2) By changing men over, so that they never get time to settle in one job.

(3) By keeping an intelligent man in a boring job, and by putting an unintelligent or unsuitable man in a position of authority.

(4) By boring men with parts of training they already know well.

(5) By being bored with training instructions yourself.

(6) By instructing men more frequently and more intensely in the maintenance, rather than the use, of weapons.

C. **Damaging individual morale.**

(1) By failure to show interest or to encourage a man regularly.

(2) By ignoring minor requests in relation to leave.

(3) By refusing to listen to men's grievances or, better still, by paying little attention when they do come with them.

(4) By making men be excessively fussy about relatively unimportant affairs.

(5) By writing to men's families in an inaccurate or offhand way, or by not writing at all.

Most of these actions are damaging to the convictions of competence, power and worth already discussed in Section III, and in their avoidance lies the key to good man-management.
SECTION VII.—THE MENTAL HEALTH OF THE SOLDIER’S FAMILY

In discussing the mental health of the soldier’s family I shall refer in particular to his wife and children, although we must bear in mind the mental health of parents and other relatives with whom he may have strong emotional ties.

This subject concerns mainly the family of the Regular Soldier, since the National Serviceman is only in the military community for a short period and, because of his youth, is not likely to have serious family responsibilities.

In recent years, much has been done to promote the mental health and welfare of the soldier’s family, and to minimize the soldier’s domestic worries. The state of affairs in this respect is better in some military stations than in others; on the Continent the provision of furnished quarters for families, and arrangements for the care and education of the soldier’s child, has reached a very high standard. But there is still much to be done in many stations, both at Home and abroad.

In general, good mental health must be founded on a happy and united family unit. This is just as important when the breadwinner is a member of the military community as when he is engaged in some civilian occupation.

The maintenance of the mental health of the soldier’s family is no easy task, as by virtue of the work he has to do his place of duty has to be changed many times during his career. Thus, the family is often faced with a choice between two alternatives. It may remain settled in one place, while the soldier travels about the world in the course of his duty, or it may lead a nomadic existence accompanying the soldier wherever he has to serve; in many cases the family is prevented from choosing this latter alternative, either on account of lack of accommodation or because the situation in the area to which the soldier has been posted contra-indicates the presence of women and children.

Both these alternatives have their “pros and cons.”

If the family remains settled in one place it at least has somewhere to which it can refer as “home.” This is a point of particular importance, especially with regard to children who need the sense of security provided by a fixed and settled home environment. In addition, if this alternative is adopted, the family is spared the upheavals of frequent moves; such upheavals have important psychological implications, as they give rise to considerable worry and anxiety, and call for fresh efforts of adjustment to new environments on each occasion.

On the other hand, the absence of the father for long periods has a bad effect on the mental health of the family. The wife finds herself shouldering all the responsibilities relating to the management of the home and the upbringing of her children; her husband is not at hand to advise and assist her, neither can he fulfil his role as a father in any practical sense.

In these days the work of the housewife and mother is quite arduous enough even when her husband is at hand to help her, but when he is away the tasks which confront her are difficult in the extreme. The interruption of the normal marital relationships also has a bad psychological effect and must not be
overlooked. Much depends upon the mental and physical constitution of the mother of course; some will be able to cope alone with all these family responsibilities in a manner worthy of the highest praise and admiration, yet even then the situation can never be as satisfactory as when the father is at home to play his part.

The fact that the absence of the father has a bad effect upon his children is well known. The father has a vital part to play in the upbringing of his children; if he does not play this part the mental health of the children suffers inevitably in some way or other. A considerable amount of emotional instability in young recruits can be traced to the father's absence during the war years, and there is evidence to suggest that this factor continues to be one of the causes of juvenile delinquency today.

The solution to this problem is difficult to devise and still more difficult to put into practice.

I think all will agree that it is best that the family should accompany the soldier wherever he has to serve, provided that considerations relating to the military situation and climate, etc., permit this. If we accept this principle there are certain requirements which must be fulfilled if the mental health of the soldier and his family is to be kept at its optimum level.

First and foremost we must see to it that the married soldier is not posted to a new place of duty unnecessarily or too often. This statement may sound so obvious as to hardly merit discussion; yet, in the past, frequent examples of such unnecessary postings have been quoted. Once we can offer the married soldier security of tenure in a particular place of duty amounting to several years, plus accommodation for his family, we shall have done much to offset a factor which has an extremely adverse effect on the mental health of the military community.

Secondly, we must consider the vexed question of accommodation for the soldier's family. Admittedly this matter is closely associated with the general housing shortage which affects the whole Nation. Yet the soldier is at a particular disadvantage because he is seldom more than a "bird of passage" in any particular locality so cannot obtain a house through a Local Authority in this country. Both at home and overseas attempts to solve the problem by setting up special communal camps for military families have been made. While such camps are certainly better than nothing, they constitute a most unsatisfactory environment for any family, and we must see to it that they do not become accepted as an easy way out of a difficult problem and a permanent feature of military married life.

Finally, we must do everything possible to assist the soldier and his family with regard to their travels around the world. Warning-orders concerning future postings must be issued in good time so that the soldier and his family may prepare for the domestic upheaval which is to follow; and the soldier himself must be given adequate leave so that he may assist in the domestic preparations for the move. The problem of packing and transporting family goods and chattels must be eased by providing family quarters which
The Promotion and Maintenance of Mental Health

are fully furnished in the widest sense. Such quarters should be provided with all essential items, including crockery, cutlery, cooking utensils, linen, blankets, children's cots, cradles, perambulators, and a full scale of nursery equipment. These items should be issued on loan to the soldier who would be liable for any loss or damage incurred while they were in his charge. The problem of the inevitable minority of "bad tenants" would be solved by providing an alternative and more frugal scale of "unbreakable" essentials. Provision for the journey itself involves many detailed administrative arrangements. Transport for the soldier, his family and all baggage must be provided between transit points, and adequate arrangements for meals and refreshments must be made to cover all stages of the journey. Arrangements for reception at the destination require particular attention. On arrival, the soldier and his family must first be provided with a cooked meal. The quarter must be fully prepared for occupation by the incoming tenants. It should be clean throughout, and curtains, linen, blankets, etc., should have been washed; a supply of hot water for baths and ablutions should be ready. Soon after her arrival the housewife should be given official detailed information, either directly or via her husband, concerning those matters which affect housekeeping and domestic life in the new environment. Such details include information regarding the sources of supply of food and fuel, the location of the nearest shops, schools, child-welfare centres and hospitals, and the provision of medical care.

The structure, design and furnishing of the family quarter merits detailed consideration. It must be borne in mind that a home, and not merely living accommodation, is to be provided. Every consideration must be given to the needs of the housewife, so that all modern improvements which aim to reduce her work and encourage good housekeeping must be incorporated. At the very least, the quarter must be in all respects fit for human habitation, which, by modern standards, entails proper structure, decoration, heating, lighting, ventilation, sanitation, bath, wash-basin, sinks, hot water system and modern food storage and cooking facilities. The problem of home laundering needs special attention. In this country well over 60 per cent of all washable domestic items are laundered at home; this work places a great strain on the housewife, particularly if she has young children to look after. The quarter must have sufficient space to enable her to carry out these tasks satisfactorily; there must be a plentiful supply of hot water, a copper is required, a special sink for laundry purposes should be provided, and there must be adequate arrangements for the drying of clothes and the use of an electric iron. Even if a cheap laundry service is provided there are still many items which the conscientious housewife will prefer to wash at home, and she should be given every facility for doing so.

The care and education of the soldier's child presents some special problems. Child welfare centres, day nurseries, nursery schools, primary schools, secondary schools and arrangements for "further education" are all being made available for the civilian population at Home. We must ensure that the soldier's child does not miss any of these facilities merely because his or her father happens
to be in the Army. Frequent change of school is a common cause of educational retardation, and the soldier's child is specially at risk to being retarded in this way.

It is inevitable that, owing to the exigencies of the Service, and for other reasons, every soldier is liable to be separated from his family for some part of his career. Provisions for the welfare of those families who are unable to reside in the soldier's duty station are therefore important. Such provision is not only important for the well-being of the soldier's dependants, but also for the mental health of the soldier himself. Geographical isolation tends to cause a soldier to magnify home worries to such an extent that his efficiency is impaired.

In concluding this Section I must reaffirm that much has been done to improve the welfare of the soldier's family in recent years, and I must admit that a large number of the important points I have discussed either have been, or are being, attended to. Nevertheless, we must bear in mind the standards at which we should aim, and must not be satisfied with "second best."

SECTION VIII.—THE MENTAL HEALTH OF THE MILITARY COMMUNITY DURING WARTIME

Once war breaks out the status of the soldier is immediately increased, and he suddenly finds himself specially important. Marked changes occur in the attitude of the Nation as a whole towards the soldier, and he is accorded preferential treatment. People go out of their way to entertain him, some places of entertainment offer him seats at reduced prices. The soldier is applauded in the Press and on the wireless. His friends and relatives openly admire and flatter him; the girls abandon their civilian acquaintances in his favour. Politicians woo him, because the necessary expansion of the Armed Forces make his vote a powerful factor to be reckoned with in an election.

All these things strengthen the soldier's conviction of worth, and he is propelled forcibly in the positive phase of mental health.

The aim of the military community becomes more obviously identified with that of the Nation as a whole, that of defeating the enemy and ensuring the country's survival. For this reason the soldier's work and training develops a more concrete purpose, and it becomes easy to endow even minor military tasks with a new found importance. This strengthens the soldier's will to work; it gives him an increased incentive and enables him to tolerate hardships more cheerfully.

During wartime, the soldier expects to be uncomfortable and is pleasantly surprised when he is not. Most difficulties and hardships are easily rationalized as being due to the war; grumbles and grievances are frequently countered with the question, "Don't you know that there is a war on?"

In addition, a large number of the soldier's relatives and friends are also in the Services, therefore the soldier finds himself identified with a large group composed of individuals who are "all in the same boat."

For these reasons it is easier in some respects to maintain the mental
health of the Army in wartime than it is in times of peace. This applies particularly with regard to the Regular Soldier, who, as a member of an experienced minority, acquires increased status in a community with an inexperienced majority.

On the other hand, because of the need for a rapid expansion of the Armed Forces the net of conscription is spread very wide, so that the "call-up" involves age-groups normally unaffected by peacetime conscription. This brings a train of factors detrimental to mental health. Older and less adaptable men experience radical alterations in their duties and rights. A greater percentage of married men have to leave their homes and families, and abandon their professions. Many men suffer reductions in income with consequent economic hardships to their dependants, and disappointments regarding their professional hopes. The influence of all these factors results in there being in the military community a large number of men suffering from various degrees of mental tension.

Overseas service in wartime produces additional causes of mental tension. Domestic and other worries become enhanced by distance. Isolation and homesickness, extremes of climate, unfamiliar hazards to health and physical hardships all add to the load of mental stress.

Last, but by no means least, war risks in themselves result in men being faced with the prospect or actual experience of acute personal danger. "Battle exhaustion" is the term now used to describe the condition of mental breakdown precipitated by battle conditions.

It is said that the etiology of battle exhaustion is concerned more with the psychological background of the individual than with the actual circumstances of battle. Hence the prevention of this condition is concerned mainly with the basic facts of mental health already described in this paper, especially in connexion with the psychological and physical environment, personnel selection, man-management and the part played by medical officers, administrators, commanders and leaders in the maintenance of mental health.

The early detection, disposal and treatment of cases of incipient battle exhaustion, and the management and rehabilitation of fully developed cases, belongs more properly to the sphere of Army Psychiatry rather than Army Health. However, these matters have an important relationship with mental hygiene; in the recent war it was shown that much wastage of man-power could be prevented by the early diagnosis and simple treatment of these cases in forward areas. Consideration of the techniques involved do not come within the scope of this paper.

SECTION IX.—THE MENTAL HEALTH OF THE MILITARY COMMUNITY DURING TIMES OF PEACE

In peacetime, as compared with wartime, many factors having an adverse influence on mental health are lacking; but many beneficial factors are lacking also.

In peacetime the soldier and his problems tend to disappear from the
conscious day-to-day thoughts of the Nation. Once a war is over, national effort becomes wholly diverted to the re-establishment of peacetime routine, and the Army becomes an easy target for those who wish to effect economies in the national budget. Naturally enough, the Nation has become weary of war and military matters, and wishes to be concerned with them as little as possible.

For these and other reasons it is not easy to maintain the military community's conviction of group worth in peacetime.

Once the emergency of war is over the soldier's main incentive, that of defeating the enemy, is lost; for this reason the position of the soldier with regard to incentives becomes practically identical with that of the civilian. Matters concerning pay, general conditions of service and family welfare assume a relatively greater degree of importance than they did during the war.

But, if the soldier feels aggrieved on account of pay or conditions of service there is little he can do about it. On return to peacetime conditions the soldier takes stock of his personal circumstances and compares his position with that of his colleagues in civilian life. His wife and family aid and abet him in this stock-taking procedure, and will frequently question the wisdom of his decision to remain in the Army. This, too, is a normal occurrence in an immediately post-war period.

It is therefore important, for reasons of mental health, that members of the military community in peacetime should enjoy material circumstances and status which is not inferior to that enjoyed by those performing similar grades of work in the civilian community.

SECTION X.—SUMMARY

Concepts of Health in General.

(1) The terms "positive health" and "optimum health" are discussed.

(2) A dynamic concept of health, involving positive and negative phases, is elaborated and discussed.

(3) It is pointed out that health is made up of two components, mental and physical, and that this paper is concerned with the mental component.

Concepts of Mental Health in Particular.

(4) Five components of mental health are described:

(a) The ability to discharge mental tension.

(b) The effective functioning of the mental processes of cognition and memory.

(c) Intelligence.

(d) Morale.

(e) Moral capacity.

(5) A dynamic concept of mental health, involving positive and negative phases, is elaborated and discussed.
Factors which Influence Mental Health.

(6) Constitutional factors are discussed. It is noted that heredity is an important factor determining mental constitution, and that environment also plays a part.

(7) The psychological environment is discussed in general, and under the following headings:
   (a) Competence.
   (b) Power.
   (c) Worth.
   (d) Security.
   (e) Identification with the group and its aims.

(8) The physical environment is discussed under the following headings:
   (a) Physical health.
   (b) Basic physical requirements:
      (i) Food and drink.
      (ii) Shelter.
      (iii) Rest and recreation.
      (iv) Sexual adjustment.
      (v) Other physical requirements.

Personnel Selection.

(9) "The rock on which good mental health in the military community is built is personnel selection."

(10) A short history of personnel selection in the British Army is given.

(11) The system of personnel selection used in the British Army today is described in outline and discussed.

The Employment of Individuals who are Potential "Misfits."

(12) The characteristics of the following types of individual are discussed and suggestions are made concerning their employment or disposal.
   (a) Dullards.
   (b) Psychopathic personalities with antisocial trends.
   (c) Other unstable personality types:
      (i) The obsessional.
      (ii) The hysterical.
      (iii) The overanxious.
      (iv) The paranoid.
      (v) The cycloid.
      (vi) The schizoid.

The Role of Medical Officers, Administrators, Commanders and Leaders with Regard to the Promotion and Maintenance of Mental Health.

(13) The parts to be played by the following individuals are suggested and discussed:
(a) Regimental Medical Officer.
(b) Specialist in Army Health.
(c) Specialist in Psychiatry.
(d) Specialists in Surgery and Medicine.
(e) Administrators.
(f) Commanders and Leaders.

The Mental Health of the Soldier's Family.

(14) Domestic difficulties in relation to family life in the Army are discussed, and the effects on mental health are stressed.
(15) Suggestions concerning the welfare of the soldier's family are made.

The Mental Health of the Military Community during Wartime.

(16) The fact that the status of the soldier increases with the outbreak of war is noted, and the effects on mental health are discussed.
(17) The fact that a large number of older men are called up for military service during a war is noted, and the effects on mental health is discussed.
(18) Other wartime factors affecting mental health are discussed.
(19) The problem of "battle exhaustion" is considered very briefly.

The Mental Health of the Military Community During Times of Peace.

(20) The fact that the status of the soldier diminishes once a war is over is noted, and the effects on mental health are discussed.
(21) The question of the soldier's incentives during peacetime are considered.
(22) It is noted that, for reasons of mental health, members of the military community in peacetime should enjoy material circumstances and status which is not inferior to that enjoyed by those performing similar grades of work in the civilian community.

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