LETTERS TO THE EDITOR

FOLLOW-UP OF PSYCHIATRIC PATIENTS RETURNED TO DUTY

SIR—This paper, jointly submitted by Lieutenant-Colonel L. J. F. Warnants, R.A.M.C. and Surgeon Commander D. H. Marjot, R.N. and published in the current issue of the Journal of the Royal Army Medical Corps, should stimulate some hard thinking in psychiatric circles. Some of the ideas formulated in it are unorthodox and cut across accepted practices of Service psychiatry.

But what is traditional or practised is not necessarily good and by the same token neither is that which is preferred in exchange until proved valid. It would seem a pity therefore that the scope of the authors' follow-up was limited largely to the examination of medical documents. The fact that the scrutiny of these records did not reveal any further psychiatric material does not exclude subsequent psychiatric morbidity adversely affecting either general health, military efficiency or conduct. Might not indeed this sort of negative evidence reflect the reluctance on the part of a commander to refer the problem again to a psychiatrist, having earlier experienced a "dusty answer"? Also it is well-known that less appropriate methods, such as SNLR or even discharge by purchase, are sometimes used in the disposal of mentally disabled servicemen, especially those whose problems are presented as "administrative".

In support of their opinions, the authors quote figures concerning the evacuation of psychiatric casualties during the Korean conflict. Flood (1954) writing of his experiences there as the 'Command' psychiatrist in 1950 and 1951, attributed this dramatic improvement in the R.T.U. rate to the posting of a psychiatrist into a forward F.D.S. in August 1951. Any large reduction in the total number of psychiatric patients evacuated will inevitably lower the ratio of the non-psychotic to the psychotic, since the latter are rarely retained in a war theatre. I doubt if there was a change of policy concerning the disposal of psychiatric casualties in Korea; more probably it was found possible at this time to put the existing one into practice. This policy was firmly established during the north-west European campaign of 1944 and 1945 when R.T.U. rates for battle exhaustion patients of 80 per cent were not uncommon. Also, it is important to remember that this was achieved only after these Servicemen were accepted as being in need of medical intervention, relieved of military responsibility and given adequate treatment before being returned to duty. These soldiers were undoubtedly suffering (in the authors' words) from "problems involving unrealistic emotional responses towards unpleasant events, etc.", although I very much doubt the relevance of the adjective "unrealistic"!

It comes as something of a surprise that the authors should claim that their findings support a policy of returning Servicemen to duty in the absence of psychotic illness. This principle applied for example to Servicemen suffering from alcoholism could not be justified by experience, as indeed the authors tacitly admit. Neurotic illness can be more intractable to treatment than forms of psychotic illness and in the long-term more damaging to military effectiveness. It is, of course, an important function of the Service psychiatrist to conserve manpower in the Forces by properly returning men to duty, but it is equally his duty to give whatever treatment or support that is required before doing so. And in those cases where no psychiatric disability is judged to exist, it remains the psychiatrist's responsibility to use his experience and his expertise in human relations...
to offer all possible and relevant advice to those doctors or commanders who have paid
him the compliment of seeking it.

Every experienced psychiatrist will fully support the view of the authors that the
psychiatric discharge, as a matter of administrative expediency, of Servicemen or women
not suffering from psychiatric disability must be firmly resisted and that such tactics
of disposal of "difficult", unwilling or poorly motivated soldiers cannot be accepted
as alternatives to improved standards of man-management and leadership. This is a
first principle that all aspiring young psychiatrists must learn.

I am, etc.,

DESMOND MURPHY

Professor of Army Psychiatry,
Royal Army Medical College,
Millbank,
London, S.W.1
16 July 1968

REFERENCES


MALARIA IN HONG KONG

Sir—This letter is written as a postscript to my article in the R.A.M.C. Journal, May
1930 "Echoes of the Past, Hong Kong", which dealt with the malarial history of the
Island and the Mainland. That article finished with the words "one feels that the day is
not far distant, when, at last, the administration will be in a position to declare that the
danger of paroxysmal fevers no longer exists within their territories".

The History of the Second World War, The War against Japan, Vol. 1, on page
115 states "The Royal Scots were unfortunately in an area much infested by mosquitoes
and malaria took a considerable toll of both officers and men. Although the invalids
recovered quickly, the work of digging and wiring undoubtedly reduced the fighting
efficiency of those who were hardly past the convalescent stage."

The Army Medical Services Campaigns, Vol. II, Defence and Fall of Hong Kong
states: "Prior to moving into Gin Drinkers Line, The Royal Scots had been stationed
in a highly malarious area and in consequence had suffered badly. At this time, there
were over a hundred of them in hospital or in a convalescent depot that had to be
established for their benefit. Undoubtedly malaria had sapped the efficiency of this
battalion."

In his comprehensive history of The First of Foot, Augustus Muir, in the chapter
on The Hong Kong tragedy, states:—"men had been working in the most malarious
area in the district, many men had had to be sent to hospital during the previous weeks,
in spite of the precautions of the Medical Officer, and the strength of C Company had
been reduced to thirty-five other ranks."

Recently a second printing (1968) of a paper-back "The Fall of Hong Kong", by Tim Carew, has been on sale. It was published first in 1960. This book was reviewed
by Augustus Muir in the Scotsman on 14 November and was followed by a letter from
him on 26 November 1960 as a book "full of many errors" and "a book for those
readers who like their facts and fictions hotly seasoned."
In the same paper on 25 November, Brigadier J. E. F. Willoughby, O.B.E., Colonel of The Middlesex Regiment, whose First Battalion was also in Hong Kong, wrote thus:—“I would like clearly to disassociate my regiment from anything in this book that reflects in any way on the honour of this famous regiment: remembering only, as we do with pride, that it was with their brothers in arms of The Royal Regiment that members of my regiment fought and died for their country in Hong Kong as did their forefathers at Mons and in the Peninsular”.

I am, etc.,
W. K. MORRISON

11 Mayfield Terrace,
Edinburgh, 9
5 May 1968

THE TREATMENT OF LEPROSY BY A SULPHONE DRUG

Sir—The first account of the treatment of leprosy by a sulphone drug was published in America by Faget et al (1943). Sulphones have since become the standard treatment for leprosy. It might, therefore, be of interest to readers of the Journal to know that a patient with leprosy had been treated with a sulphone drug in a military hospital in Great Britain early in 1943.

Mr. X, an Army pensioner, had contracted leprosy in India in 1936. He attended Shenley Military Hospital in 1942 with severe lepromatous lesions of the face, and a constantly positive nasal smear. It happened that we had been supplied with a substance known to us and recorded in the patient’s notes as “sulphone T.S.” for clinical trial in a group of patients with pulmonary tuberculosis. Between January and March 1943, Mr. X was given 200 g. of this substance by mouth and by intramuscular injection. His facial appearance improved and his nasal swabs were negative on one or two occasions, but, thereafter, remained positive. Mr. X has since received treatment and is now well and active, with only slightly defective vision in one eye and some loss of sensation in his feet.

We, ourselves, think that Mr. X was one of the first patients with leprosy to be treated with a sulphone drug in this country, but as our account of the event has taken some time to appear we claim for it no more than anecdotal value.

We are grateful to Professor George Brownlee, then of the Wellcome Physiological Laboratories, for supplying us with the drug in 1943 and for identifying it in 1968. “Sulphone T.S.” was sulphone-tetra-sulphonate, later registered as sulphetrone and marketed as Solapsone. Professor Brownlee and Dr. Harkness (1948) had in fact started the treatment of another patient with leprosy with it, in October 1942.

We are also grateful to Mr. X for his consent to the writing of this letter; to Dr. M. F. R. Waters of the National Institute for Medical Research, London, without whose encouragement it would never have been written; and to Dr. Lee and Sister Gloria of the Homes of St. Giles for giving us an extract of Mr. X’s notes. We would
also like to pay tribute to the late Colonel O. J. O'B. O'Hanlon, AMS, a tolerant and much loved Commanding Officer.

I am, etc.,

Peggy BALL (now Mrs. MacLeod)
Dick BOMFORD
Janet NIVEN

59 Philpot Street,
London, E.I.
1 August 1968

REFERENCES


LACTOSE INTOLERANCE

Sir—In addition to the lactose tolerance tests on Cypriot subjects previously reported (Bradford, Lansdell-Smith and Hardy, 1968) we have now performed this test on 22 Maltese Soldiers who were recently visiting Cyprus.

The results (Fig. 1) are again significant in that 18 had a blood sugar rise of less than 20 mg per cent. Three of the soldiers, who produced no rise in blood sugar after lactose loading, described themselves as regular milk drinkers.

In Cyprus, we feel that many minor disabilities, such as abdominal cramps and diarrhoea, which are diagnosed as gastro-enteritis, are due to lactose intolerance. An association between bowel upset and cheese has long been recognised by local practitioners, but up to now had been attributed to infected cheese. In Cyprus and in Malta most of the available milk, mainly that of the goat, is converted to cheese and it is this food and not milk which provides the main source of lactose. Goats' milk contains an average of 4.5 per cent lactose (Winton and Winton, 1937) while analysis of two samples of Cyprus Chaloumi cheese made from this milk gave results of 0.5 and 1 per cent.

There is certainly evidence for a racial difference in the incidence of lactose intolerance (Bayless and Rosensweig, 1966, Cook and Kajubi, 1966) which appears to be high in people of oriental and Negro extraction. Its incidence in other non-Caucasian populations can only be assessed by the widespread use of the lactose tolerance test. As far as we are aware, these 18 soldiers are the first indication that lactose intolerance may be common in the Maltese.

We would like to acknowledge the assistance of Mr. B. J. Murphy, Armed Services Food Chemist, Cyprus, who arranged the estimation of the lactose content of Chaloumi cheese.

We are, etc.,

D. E. BRADFORD
ELIZABETH D. EDGINGTON

British Military Hospital,
Dhekelia,
British Forces Post Office 53.
30 July 1968.
**Letters to the Editor**

![Graph](image)

**Fig. 1.** Maximum blood sugar rise following lactose loading in 22 Maltese soldiers.

**REFERENCES**


**THE PULHEEMS SYSTEM**

Sir—I can understand Lieutenant-Colonel David Hamilton’s doubts about the PULHEEMS system, but to suggest that the armed forces can do without a system of medical categorisation is unrealistic. I think I am right when I say that we borrowed the PULHEEMS system from the Canadians in 1946.

As is well known, the Canadian Armed Forces have been amalgamated and this process started with the amalgamation of their Medical Services. I have recently had the opportunity to study a publication on the medical categorisation of the Canadian Armed Forces; it is called Medical Standards for the Canadian Forces. The publication runs to about 100 pages and clearly it would not be possible to go into it in detail. Its purpose is to communicate to administrative and employment authorities a concise medical opinion of the employment capabilities of recruits and serving members of the Canadian Forces. The medical classification includes year of birth and six factors. It is expressed as V—Visual Acuity, CV—Colour Vision, H—Hearing, G—Geographical Limitation, O—Occupational Limitation and A—Air Crew Standards. There are defined numerical gradings under each factor.

The important advance in this system is that it does away with the need to use a PULHEEMS Employment Standard, which varies in our three Armed Services. Has the time come for the British Armed Services to re-assess the PULHEEMS system, to
Letters to the Editor

study the Canadian system, and possibly to adopt what appears to me to be a more logical approach?

I am, etc.,

R. G. MACFARLANE

British Military Hospital,
Iserlohn,
British Forces Post Office 24.
8 May 1968.

ROYAL ARMY MEDICAL CORPS OFFICERS' WIDOWS' AND ORPHANS' FRIENDLY SOCIETY

SIR—I would be grateful for space to draw the attention of your readers to the advertisement for the R.A.M.C. Officers' Widows' and Orphans' Friendly Society which appears in the advertising section of this issue. This illustrates forcibly the size of the support to the families of its deceased members which the Society now offers.

The Society wants to attract new members, certainly, but the Committee of Management regard it as equally important that officers should be aware of the remarkably favourable terms on which they can join, particularly if they are young. Thus may be avoided the occasional case in which a young officer dies without having made adequate provision for his family.

At 31st December 1967 the Society’s investments at current market prices were valued at over £288,000 and others besides members may like to know that the assets and liabilities will be valued actuarially at 31st December 1968, following upon which a further distribution of any surplus funds thereby disclosed will be made, free of income tax.

I am, etc.,

D. C. BOWIE

Royal Army Medical Corps Officers’
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8 August 1968.