

PSYCHIATRIC AND ALLIED ASPECTS OF THE PROBLEM OF VENEREAL DISEASE IN THE ARMY.

With particular reference to S.E.A.C.

BY

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It has been common experience of the two World Wars that, whereas the venereal diseases rate amongst the civilian population rises steeply during the war period, the most marked increase in the Army incidence is, in all Armies, in the immediate post-war period.

In South-East Asia Command, in which theatre this present survey was made, the end of the Japanese War had seen a remarkable and steady fall in the incidence of malaria, dysentery, and, indeed, in all admissions to hospital. The only major blot on the preventive medicine picture was the steadily rising incidence of venereal diseases amongst both British and Indian Troops.

In the period just prior to this survey the average admission to hospital rate of troops with V.D. was 140 per thousand per annum for all Allied Land Forces, South-East Asia. In certain Commands within the theatre the incidence rate reached rather more than double the overall figure, whilst one Unit on one return reached the unenviable record of an incidence of 1,621 per thousand per annum.

It was, therefore, decided to make a survey of the psychiatric aspects of this problem, so that a strong and fresh attack could be made upon it through both Medical and "A" channels.

Whilst some of the findings are specific to the particular theatre, it is felt that they have sufficient general application to make their publication of interest.

METHOD OF SURVEY.

The psychiatric survey was planned in three stages—a questionnaire, detailed psychiatric interviews with groups of patients in hospital, and a personal investigation into the views of as many officers as possible.

In the course of planning an Opinion Survey on V.D., No. 1 Special Research Section, R.A.M.C., had already given a questionnaire to a group of British Other Ranks in Transit Camps in Ceylon Army Command. The results of this preliminary questionnaire were later correlated with the initial findings of the Opinion Survey carried out in Transit Camps in Rangoon.

Psychiatric interviews in hospital were carried out on an unselected group of British and Indian Other Ranks in Singapore, Rangoon, Saigon, Bangkok, Batavia and Kuala Lumpur. The majority were in hospital with V.D., but a control group was also chosen of men who, so far as was known, had not had V.D. The interview was to assess the individual's general intelligence and personality; and his medical, psychiatric, social and service history, and to

discover his attitude towards V.D., its social ætiology and its prevention. The results of the interview were entered on a special form.

The assessment of officer opinion was made as wide as possible, both geographically and as regards rank and nature of experience. Information was sought both, formally, in Command and Unit V.D. Conferences, and informally and individually, from officers.

It is not practicable to give the detailed or statistical results of the survey within the scope of this article. A general résumé of the findings, with the conclusions and recommendations drawn, is, however, given, and an assessment made of the relative importance of the various factors.

LENGTH OF TOTAL AND OVERSEAS SERVICE.

Total length of service did not appear to be of special significance.

Amongst the group of V.D. patients interviewed, length of service did not appear as an important factor, but a good deal of other evidence was available to show that there were two main periods of increased risk—the “homesick” phase and the period after three years overseas.

There was a remarkably high incidence amongst troops in Transit Camps awaiting return to U.K.; this was especially marked when factors, such as shipping delays, were present with a resulting fall in morale.

SOCIAL AND SERVICE BACKGROUND.

Since a venereal infection can be regarded as an “anti-social” trend, it was to be expected that a higher proportion of patients with such a disease would show evidence of past social difficulties or maladjustments than in the control group. Taking such factors as delinquency, both Army and Civil, poor work record, inability to settle in the Service or gross resentment towards it, home background and failures to adjust to environment, as pointers, this expectation was confirmed by the survey. Allowance must be made for racial and economic differences, but, whereas 53 per cent of the control group showed a wholly satisfactory background, only 4 per cent of the Indian and 14 per cent of the British troops with V.D. could make the same claim. This point will be discussed again under the heading of personality.

PRESENT SERVICE EMPLOYMENT.

There was a significant predominance of “unskilled” employment amongst the V.D. group; this was especially true of the British Troops. This can be correlated to some degree with the distribution of general intelligence levels in the two groups. Discrepancy between capabilities and type of employment did not appear as an important factor, though some cases were seen where dissatisfaction with a particular type of duty was a causal factor.

It has been generally considered that the V.D. incidence rate is directly and conversely related to the degree of active employment within a Unit. At the time of this survey, re-deployment and liquidation of Units was producing an unavoidably high incidence of relative unemployment; this factor was not, however, reflected in our figures. Nevertheless, from surveys of individual units it does appear certain that prolonged unemployment of troops,

or their employment in apparently pointless tasks, affects the V.D. incidence rate, as it does morale.

PERSONALITY FACTORS.

The classification of personality types for statistics is unsatisfactory since, apart from gross deviations, personality traits in any individual are usually of mixed type. It was, therefore, decided to accept as "normal personalities" those types where no marked deviations were present, and to classify the remainder into sub-groups, largely on the basis of their degree of maturity and environmental adjustment. Table I gives additional detail of this classification and indicates the distribution amongst V.D. patients and Controls interviewed.

TABLE I.

<i>Personality Group</i>	<i>V.D. Patients</i>		<i>Controls</i>
	<i>B.T.</i>	<i>I.T.</i>	
INADEQUATES—constitutional inferiority; maladjusted physical and intellectual inadequates	20%	24%	23%
IMMATURE—maladjusted physical and psychological immatures; separation anxieties	14%	16%	18%
OVER-CONSCIENTIOUS — obsessionals; over-anxieties; marked guilt reactions	3%	8%	6%
PSYCHOPATHS—true constitutional psychopaths of anti-social type	7%	Nil	Nil
AGGRESSIVES*—excitable; quick-tempered	1%	4%	Nil
SOCIAL-MALADJUSTERS*—men with poor unstable work and social records; inability to settle; minor delinquents	15%	24%	12%
SCHIZOID types	8%	Nil	6%
NORMAL PERSONALITIES	32%	24%	35%

*Not amounting to psychopathy.

Previous psychiatric surveys have tended to show a high proportion of inadequate and immature personality types amongst V.D. patients; in the present series the distribution does not show this feature. A general survey of the problem suggests that inadequacy and immaturity are factors of importance when the infection occurs in the homesick phase on first arrival overseas, but that it cannot be regarded as a major factor in the majority of cases.

It will be noted that all the true psychopaths were found in the V.D. group; the proportion of psychopaths (7 per cent) must be regarded as disproportionately high compared to the Army as a whole. The number of men who showed other evidence of past social-maladjustment was significantly higher in the V.D. group.

The proportion of "normals" is rather higher in the control group; this difference is almost certainly too low since the control group were men in hospital and probably included a higher proportion of abnormal personality types than would a cross-section of fit troops.

No officer patients were included in our series of interviews, but such officers with V.D. as were seen at other times were almost invariably either socially maladjusted or inadequate personalities with poor Service records.

It is of interest that ward disciplinary problems were reported to be more common amongst V.D. cases than with other patients. In at least two Centres

these problems were very severe and did not respond well to any form of handling. In general the characteristic attitude of the patient with V.D. towards his disease and position was one of bravado or apathy.

Almost all the cases of repeated infection occurred amongst the psychopaths, aggressives or socially maladjusted groups.

SOURCE OF INFECTION.

All three phases of the survey showed evidence of importance in connexion with the sources of infection, though it is probable that these points are specific to the particular theatre.

With Indian Troops the prostitute formed the main source of infection, though brothels, as such, were relatively little used. It was the general experience that the enforcement of Out-of-Bounds areas was of little value, and that a high proportion of infections occurred during the hours of daylight, especially the afternoon.

The prostitute was the source of infection in half the cases of British Troops, taking the theatre as a whole, but in some areas the principal danger lay with the "girl-friend." Here the story was of an attractive local girl, met at a dance-hall or cinema, with whom the soldier would "walk-out" for several weeks before intercourse took place. By this time the soldier was convinced that the girl was safe and, as a result, took no precautions. It was hard to convince these men that a very high proportion of the willing native female population was infected. It must be considered also that intercourse with a "girl-friend" under these conditions is a stage higher in the level of normal social adjustment than is intercourse with a prostitute. Many men who for ethical, æsthetic or other reasons would not approach a prostitute will willingly expose themselves to risk with a "girl-friend." This factor is, therefore, of considerable importance in planning any campaign to reduce the V.D. rate, though it was a factor that had never been stressed previously in our propaganda.

Our results showed that the risk of infection for each time of intercourse was extremely high in this theatre; this again was a point requiring special stress in any propaganda campaign. There was no doubt, at this particular period, the ease with which promiscuous intercourse could be carried out; and the encouragement given by the willing female native population was, in many areas, abnormally high. The degree of infectivity amongst this population had reached abnormally high figures, thanks largely to the period of Japanese rule. In the two areas from which figures were available, 90 per cent of the willing female population were known to be infective.

Another important factor in determining the source of infection amongst British Troops was the absence, at least in the early post-war months, of any British women, with whom the O.R. could have normal social contacts. This point will be raised again later.

It is beyond the scope of this article to discuss the psychopathological aspects of prostitutism, though this is clearly an important factor. Preliminary work on the rehabilitation of infected women undergoing compulsory treatment was commenced in Batavia, but an extensive follow-up would be necessary to confirm the results obtained.

Similarly, the value of compulsory treatment of infected women as a preventive measure was not surveyed. It was regarded by Administrative Officers as a necessary measure in those areas where it was in force. It was noted in Batavia that its introduction led to a marked, but not sustained, fall in V.D. incidence amongst troops. It has the same psychological dangers as the controlled brothel, namely, the often mistaken conviction that intercourse can be carried on without risk, and therefore without precautions.

There was little doubt that the introduction of penicillin therapy, and the wide publicity that had been given to this "wonder drug," was a factor in encouraging exposure to risk. The high relapse rate on penicillin treatment alone had not then been publicized and it was commonplace to hear the view that an attack of V.D. "no longer mattered or meant more than a few days in hospital."

REASONS FOR INTERCOURSE.

It is clearly of importance in planning a campaign to reduce the V.D. incidence rate that we should know the main motives which lead to exposure to risk of infection. It is, of course, true that the detailed motivation will vary in each case, and to some degree with the same man on different occasions. It proved possible, however, to group the motives under a number of general headings. The objection was raised that men would be unwilling, or unable, to give the exact motives for their exposure to risk. This objection would probably have been valid had the survey been based on simple question and answer alone. A full psychiatric interview served to determine the man's whole general attitude towards the problem and, in this instance as in others, what remained unsaid was sometimes of more significance than any direct reply.

Very few men attributed their exposure risk to any one single motive, and there appears little doubt that there are commonly a number of associated motives acting together. There was in addition a correlation between motivation and personality types; for example, almost all those men who gave as their reasons "led on by other men," "I wanted to prove my manhood" or "domestic trouble with an unfaithful wife" were of the inadequate or immature groups.

The largest factors were the two closely associated, "it's the obvious thing to do" and "I just wanted to." The frequency of these factors was of course largely self-evident, but this does not mean that they have always been given the important place they warrant in our anti-V.D. propaganda.

Amongst British Troops, alcohol was quoted as a very frequent factor; this rarely amounted to drunkenness, but it was very evident that moderate quantities of alcohol produced three important results—an increase of desire, a weakening of normal ethical or æsthetic restrictions and a failure to take adequate precautions during or after intercourse. Almost all those men who gave alcohol as a major factor admitted also that they had failed, for this reason, to take any, or adequate, precautions.

"Led on by others" was frequently given as a cause, though it is to be noted that it was rarely quoted as the only factor; its most common association was with the taking of alcohol.

Homesickness, with or without domestic worry, was given only as the sixth most important reason. Nevertheless there were definite cases where news of a wife's unfaithfulness, or other home worries, were the direct precipitants of an exposure to risk of infection. It became very clear that there was often a failure to give adequate and immediate welfare help and advice in these cases at unit level; it was felt that, in some at least of these cases, really good welfare help given by the sub-unit commander would have avoided the risk of infection.

Only a small number of men stated the view that it was unhealthy to go for long periods without intercourse, but the questionnaire revealed that this was, in fact, a quite commonly held view. It was in some cases related to the fear of impotence which enemy propaganda had laid at the door of suppressive mepacrine therapy, a fear that was very real to most Indian, and to a small number of British Troops.

The commonest factor suggested by the control group was "being browned off," though this reason took fourth place only amongst the V.D. patients. This question will be more fully discussed later.

PROPHYLACTIC METHODS.

One of the most striking, but not altogether unexpected, findings of the survey was the relative infrequency with which prophylactic measures were used by men contracting V.D. The value of prophylactic measures properly used is without doubt; in one large Medical Unit which I visited, an average of 15 men per day were known to have used the Unit P.A.C., but in three months only one case of V.D. occurred in this unit; that is one infection per 1,350 known exposures to risk.

What was more alarming was the sometimes total ignorance of prophylactic measures shown by many men, and the great reluctance to use these methods especially amongst Indian Troops. Even experienced Indian Army Officers have admitted that the education of their men in the use of these methods is almost impossible, and it was clearly shown that results could be hoped for in most cases, only when instruction had been given to very small groups of men by their own V.C.Os. or N.C.Os. whom they knew well.

There were other factors which contributed to this failure to use precautionary measures. Many of the condoms which had been distributed during the last months of the war period had proved grossly defective, with the result that much faith in their efficiency had been lost, even after all defective batches had been withdrawn.

In most areas accommodation was at a premium, and great difficulty was found in providing suitable premises for P.A.Cs. in the large centres. Very few of these P.A.Cs. had running water, adequate sanitary facilities or good lighting; what was more important is that they were frequently unsupervised and ill-kept. It has been argued that a man who is willing to use a native

brothel will have no scruples over a dirty, dark P.A.C., but it is clear that the whole question of motivation is so different that this view is entirely mistaken.

For these reasons great stress was laid in this theatre on the provision of good unit P.A. Rooms, where post-exposure ablution could be carried out as well as E.T. packets obtained. Here, too, special difficulties appeared. Too often supervision fell down between the joint responsibilities of O.C. and M.O., and a good unit P.A. Room was often the best indication of a low unit V.D. rate and of a keen and realistic approach to the problem. Staffing of unit P.A. Rooms raises difficulties, for it was clearly shown that men are less likely to use these facilities, and admit to the risk-exposure, when they know they will be seen by others of their own unit. This was especially true in those units who kept records of the men using the P.A. Room. A combination of publicity for the whereabouts, function and value of the P.A. Room, with anonymity in its use, is essential for good results. This factor applies with equal force to the arrangements for the distribution of E.T. packets. In one unit, where the O.C. interviewed every man asking for an E.T. packet, it was not surprising that there was little demand for these facilities—and a high V.D. rate.

In some areas disciplinary action was taken against men who had contracted V.D. and could not prove that they had taken precautions. This was considered of value in the areas where it was in force, but it is clear that it has many loopholes and, in addition, the necessity for proof destroys the essential anonymity of the P.A.C. Punishment is of doubtful psychological value in these cases, unless it has the stamp of inevitability, consistency and justice; in the special circumstances these are difficult to achieve.

Encouragement, when deserved, is often of greater psychological value than is continual criticism, and good results were obtained in those areas where the publication was made in Command Orders of the names of those units whose V.D. figures were low or were consistently falling.

PROPAGANDA.

In theory propaganda, varying from unit lectures to active advertising methods, plays a big part in the Army's anti-V.D. campaign. It was, therefore, all the more alarming to learn that in practice the quantity and quality of our propaganda fell far short of requirements.

Both our interviews and the questionnaire showed that it was the exception rather than the rule for regular effective talks to be given in units. Too often there was a lengthy stereotyped lecture on the purely medical and anatomical aspects of the problem; rarely were talks given to small groups of men, with an opportunity for discussion and questions afterwards. In some units it was clear that no attempts at all were being made to give the men information even about local P.A.C. facilities, or prophylactic measures. This was reflected in the observation that many unit P.A. rooms had ablution instructions in small print only and often in a dark, inaccessible corner of the room.

The medical officer has a very important part to play in unit V.D. education, but on psychological grounds talks on the general aspects of V.D.

are accepted more willingly and convincingly from a well-briefed and good junior combatant officer, who is intimately known to his men. Talks must be brief, striking and to the point, and it goes without saying that the speaker must have a sound viewpoint himself on the morale and sociological implications of the problem. Set, routine, lectures will produce only boredom, resentment or frank disbelief.

The British and Indian V.D. films available were of a high standard and, when shown, were reported as being well received. It was, however, surprising to find what a very high proportion of troops had never had the opportunity of seeing these films, either overseas or in a home command.

In the early post-war months, posters designed to reduce the V.D. incidence were entirely unavailable, except in Singapore itself. Later a number of excellent posters did appear, largely as the product of local talent. It was found that command competitions for the best poster produced not only some excellent designs, but stimulated at the same time unit interest in the problem. This method had the additional advantage that it made a frequent change of posters possible; as in all forms of scientific advertising, a constant re-awakening of interest is essential. The tattered poster still left on the notice-board after many weeks cannot hope to give results.

There was at first considerable resistance to the exhibition of these posters in unit recreation rooms, canteens, etc., but it is clear that to restrict them to a dark corner of the latrine is to defeat their purpose and give a distorted viewpoint on the whole problem. We were fortunate that Command Education Officer agreed to take over this side of our propaganda as a responsibility of his department, and he was latterly able to organize a series of striking photographic displays with Ministry of Health and R.A.F. propaganda material.

Since each form of propaganda has its own particular audience, it is essential that we utilize all the methods at our disposal in order to reach the largest possible number. There is ample scope here for a strong propaganda drive based on known scientific methods.

EMPLOYMENT OF LEISURE TIME.

For reasons outside the scope of this article, South-East Asia Command faced at all times a chronic shortage of troops amenities, entertainment facilities, canteens and clubs. This was especially true of the immediate post-war months, and it was reflected both in Command and Unit facilities.

A great deal was done in some areas to utilize local resources and to carry out the old-established Fourteenth Army slogan of "improvisation." Shortage of accommodation, of cinema projectors, of games material and above all of willing voluntary workers from home were only being met after this survey was completed, and there was little doubt that these shortages were determining factors in the high V.D. rate both by direct effect and by their effect on morale.

It is an obvious fact that exposure to V.D. risk must normally take place during the men's off-duty time, and anything that can be done to occupy this period in alternative pleasant ways must inevitably reduce the V.D. incidence rate. Such a method alone will never abolish V.D., but it can do more

than any other factor to reduce its incidence in an overseas command. If we can offer no adequate alternatives, the men off duty must be thrown on to local native resources, and these carry with them in a theatre such as the Far East a high temptation risk for promiscuous intercourse.

A survey of unit recreational facilities was especially striking. Too often unit commanders and medical officers, for this is a joint responsibility, were content with a single bare recreation room for their men, devoid of any attempt at comfort, devoid of reading or games material and certainly not tempting as a place in which to spend one's leisure hours. Other units which successfully utilized the limited resources available were amply rewarded by improved morale and a lowered V.D. rate. I saw two units in adjacent, and identical, accommodation; one had organized excellent games and recreational facilities whilst the other had done little or nothing in this direction. At the time of my visit the V.D. rate of the first unit was 12 times lower than that of the other.

As regards non-unit facilities there is little doubt that the non-military club, run by voluntary workers, has many advantages. Here the inevitable monasticism and routine of Army life can be modified and normal social contacts with the opposite sex are possible. The soldier of a citizen conscript army must be able to feel part of the community of his overseas club, as he would towards his own favourite pub or cinema at home.

MORALE.

The results of this survey amply upheld the view that the prevention of V.D. in the Army is a morale, rather than a purely medical, problem and that factors which lower morale will inevitably increase the V.D. rate in the force.

A post-war period must always lead to grave morale problems, and there was no exception in this theatre at this time. The inevitable unemployment of troops used to active purposeful duty; the natural desire to return to civilian life now the war is over, the loss of the powerful war-for-victory incentive, the loss of many experienced officers and N.C.O.s on release, the gradual withdrawal of free amenities and entertainments all produce an adverse effect on morale. All these factors are closely interwoven and cumulative; the very loss of experienced officers will in turn lead to errors of man-management, to impaired welfare facilities of troops and to added strain in the individual promoted beyond his experience and capabilities—each potent sources of lowered morale.

It is no coincidence that a unit with a low sick rate, an empty guard-room and few cases of V.D. has also a high morale; the precipitating factors are the same in each case.

Morale has been defined as the driving force of a group of people working together for a common purpose under common leadership. Where leadership and man-management are good, with all that entails in welfare, amenities, discipline, understanding and mutual respect, each man will form part of the group; he will be proud to be a member of that group and the common purpose of the group will become pride of unit and service. Without good leadership and example at all levels good morale is impossible. Without a satisfactory

approach to this whole question of morale and man-management, we are doing no more than applying superficial palliatives to the problem of V.D. prevention.

CONCLUSIONS.

It seems clear that we have to deal with three large sub-divisions of the Army population :—

- (i) The "no-risk" group—men who are unlikely to expose themselves to the risk of V.D. infection under any circumstances, whether for moral, aesthetic or other reasons.
- (ii) The "incorrigible" group, who are likely to risk and get V.D. despite all efforts at prevention; this group will include most of the socially maladjusted and the psychopaths who are already of doubtful value to the Army.
- (iii) The "preventable" group who may respond to one or other of our methods of reducing the V.D. rate.

Group (iii) represent the greater proportion of the total population of a conscript Army overseas, and is that part against whom all our efforts should be directed.

The approach to the problem of reducing the V.D. rate must be sixfold :—

- (i) Measures directed to maintaining high unit and Army morale.
- (ii) Measures to ensure the best possible use of leisure time by the provision of adequate and suitable recreational amenities.
- (iii) Propaganda measures to stimulate a sound sociological opinion on the problem.
- (iv) The popularization of adequate preventive and prophylactic measures for those who still expose themselves to risk.
- (v) Direct medical action against the source of infection.
- (vi) The elimination of grossly unstable individuals from the Army group, to which they are in all ways more of a liability than an asset.

The problem requires the constant and enthusiastic attention of Administrative and Medical Authorities, Venereologists, Psychiatrists and Regimental Officers; the approach must never become stereotyped but must be constantly kept up to date with the situation.

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