

Longevity

SIR,—Most statisticians would agree with the conclusions reached by Dr. A. Forster in his interesting letter (Oct. 20, p. 545). We have not at present enough accurate data of survival to reach statistical results much better than guesses. There is a small point, of no practical importance but biologically interesting—namely, Is it *impossible* or only *very improbable* that a human being should live to the age of Methuselah?

Some years ago Dr. J. O. Irwin and I made a study of the bio-statistics of senility (*Human Biology*, 1939, 11, 1-23). The most exact data we had related to 240 female and 50 male annuitants who had attained the age of 90 in the years 1920-2 and were under observation until death. None of the males survived to 100; 4 females lived to 100, and one to 102. Of course, graduating such scanty numbers is not much more than an amusement, but we found that they were not badly smoothed by a formula which involved the ultimate constancy of q_x —i.e., the probability of dying between the ages of x and $x+1$, for a value of q_x much below unity—0.439 for women, 0.544 for men. Now if this were verified by an experience of not 240 but hundreds of thousands of lives observed from the age of 90 to death, it would imply that the length of days of Methuselah is not an impossibility but merely a very improbable event. If the limiting value were 0.5, then the chance of a centenarian beating old Parr's alleged record would be 0.5 raised to the 52nd power—a rather small fraction, but still finite. It would be interesting if someone with leisure would collect more data. Modern annuitant experience no doubt does not run to hundreds of thousands of lives beyond 90, but surely to some thousands.—I am, etc.,

Loughton.

MAJOR GREENWOOD.

Psychiatry in the Services

SIR,—I read Wing Cmdr. K. G. Bergin's letter (Oct. 13, p. 508) with great interest. As a neuropsychiatrist working in an E.M.S. hospital for the past five years I have had ample opportunity of assessing the reactions of Service personnel to psychiatric interference. It is a well-known fact that attempting to cure neurosis is an almost hopeless task when the patient is obtaining some advantage in his present environment by being ill.

However, I would not agree that such individuals "have, by conscious or unconscious deception, achieved their object." In my experience actual deception is rare, and in the vast majority of cases the symptoms are truly neurotic—i.e., expressions of disordered emotion over which the sufferer has no control unless given further insight. Had the psychiatric reports referred to gone a little deeper they might, in nearly all instances, have given evidence of unhealthy emotional attitudes in childhood, usually engendered by unsatisfactory home influences, and leading to the acquisition of fixed modes of reaction which the individuals are doomed to carry with them for the rest of their lives. It would appear that childhood experiences act as a prototype for future orientation to society, and just as trained animals bring forth their conditioned responses on the slightest provocation and without thought, so may it be truly said that the child is father to the man.

Since neurosis is thus usually a lifelong complaint with recent exacerbations due to excessive stress, it is not surprising that it takes a long time to eradicate, and anybody who hopes to be able to do this under the limitations of time imposed by the necessities of Service life is not a psychiatrist but a fool.

However, there is always the other aspect—social adjustment, which in the case of the Services means the ability or otherwise to make a useful contribution to the common effort. Most neurotics are capable of so contributing provided the motivation is strong enough, and as the mere fact that they are not doing so is an indication that the usual motive of duty to country is not effective with them, some other—i.e., escaping punishment—might well prove an effective substitute. If this line of approach were to prove a success under wartime Service conditions one cannot help wondering how far it would act in peacetime.

During recent years it has been very noticeable how many hospital out-patients have imposing symptoms which, on careful investigation, prove to be without physical foundation.

During an inquiry into possible psychological factors one usually gets the request for "a note for the Labour Exchange" recommending transfer from the present job, to which they have been directed, to another, usually more pleasant, of their own choosing; compliance with such a request nearly always results in a dramatic relief of symptoms. But it is still a fact that nearly all such cases are true neurotics and that deliberate malingering is rare. Is one to take the attitude that such people are not pulling their weight and are therefore enemies of the State, to be dealt with by harsh methods, such as the suggested imprisonment, until they decide to stop making capital out of their weakness? If so, the results might be amazingly good from the point of view of checking invalidism, but does this not imply an altered medical outlook—i.e., the patient is no longer entitled to health for its own sake and as a means of helping him to enjoy life more, but only so far as it fits him for contributing to the total effort of the State?

There is an unpleasant element of totalitarianism about such methods, which are also not without their dangers. For example, I know of at least two soldiers whose complaints had been dealt with after the manner suggested by Wing Cmdr. Bergin who confided to me that they had obtained a loaded rifle and lain in wait for their oppressors, fortunately changing their minds at the last moment. Mass outbursts of delinquency among the general public are not pleasant to contemplate. Is it not possible that the incidence of neurotic breakdown in the Services is largely determined by the restrictions on personal liberty which have necessarily to be imposed?—I am, etc.,

Bromsgrove.

J. L. CLEGG.

SIR,—I was very interested to read Wing Cmdr. K. G. Bergin's letter, as it raises problems which some of us have been trying to solve for some years past. Let me assure him that the average Service neuropsychiatrist is as cynical as himself, and only too well aware of the fact that his patient may make a rapid recovery just as soon as he is sure of his "ticket." But whether it be pandering or no, it is surely good, sound common sense to place "bad psychiatric bets" in low medical categories. Constitutional inferiors and hysterics have not been wanted on active service during the war as they have an unpleasant tendency to break down at awkward moments and exert an undesirable effect on the morale of their comrades. That they are encouraged thereby to persist in their symptoms, with invaliding as their eventual goal, is unfortunate, but probably inevitable. It is no new thing to discover that punishment will frequently succeed where other forms of treatment have failed; but the punishment must represent something worse to the patient than the ordeal which he is hoping to avoid. For example, it is not going to cure a hysteric to send him to detention for twelve months if thereby he misses a series of Russian convoys.

In 1942 the Navy opened a special camp to which those who were suspected by psychiatrists of making the most of their symptoms could be drafted. They were under executive command and subject to ordinary Naval discipline; their symptoms were ignored so far as possible, and no limit was set to their retention in the camp. By such means it was found possible to save many who would otherwise have required invaliding, but careful placing in various forms of restricted service was necessary in the majority of cases to achieve this result. But the chief value of this unit lay in the fact that the depot psychiatrist could assure the "non-trier" that there was no "ticket" for him, but a draft to a nasty place if he did not begin to help himself. Even so, a large number of hysterical and inferior personalities proved resistant and required invaliding.—I am, etc.,

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SIR,—The letter of Wing Cmdr. Bergin contains just that kernel of truth that so often makes so much mischief in generalities. There is none amongst us who has spent the years of war in the Services who has not seen just the case he describes: the man bordering on the anxiety state, a constant burden to his medical officer with his manifold complaints, until finally he is invalided on psychiatric grounds, often to recover with amazing rapidity as he returns to his more normal environment. Must the psychiatrist and the system be condemned if this man