

is happily healed and the Service rid of one who can never be other than a liability?

Wing Cmdr. Bergin, writing no doubt as a medical administrator, treads on dangerous ground if he further inculcates in others the unjust attitude of mind that the Service doctor should think of those who complain of such symptoms as he describes first as scheming "racketeers" and only secondly as the sick in search of relief. There is no essential difference between the symptoms and the ills of those in the Services and those we treated in days of peace. A few, a very few of each, in both the Services and civilian life, make much of their malady with an end in view; the remainder, the huge majority, have aches and pains for which an organic cause may or may not be found, perhaps depending not a little on the diagnostic acumen and enthusiasm of their doctor, but for which they earnestly and rightly seek help to be rid of. What matters it whether the surgeon or the psychiatrist succeeds? Let us as doctors in the Service remain clinicians primarily, seek for our cures first through the science of medicine, retain the spirit of detached sympathy, and leave the cynicism to others.—I am, etc.,

Inverness.

G. A. JAMIESON,
Wing Cmdr., R.A.F.V.R.

SIR,—Wing Cmdr. K. G. Bergin (Oct. 13, p. 508) should be very careful. He is on dangerous ground. He talks great wisdom when he speaks of "a system which lays too much stress on psychological illness and not enough on a man's responsibility to his fellows," because lack of this responsibility, or, more positively, the weakness of selfishness, is probably the most common fault of us all, beginning in childhood. But of all systems to-day modern psychiatry is not the offender to be taken to task. An experienced medical psychologist is very much concerned with responsibility to one's neighbour, for this is the very essence of his definition of sanity.

If the individual Army psychologist happens to invalid out of the Army some cases which Wing Cmdr. Bergin finds curable by the no less worthy psychological method of punishment, then indeed we may claim the converse to be true—that a future suicide might be punished instead of being discharged to "carry on a greyhound business" or "cycle merrily home five miles to work in his garden." It may be some years before he joins the ranks of those poor wretches who blow their brains out in the Army or reach the overcrowded mental hospitals. Indeed, Wing Cmdr. Bergin might never hear of the incident, but if the decision were his then his responsibility to that individual, his neighbour, would remain.

Furthermore Army psychiatry is a child of 5 years of age; its members are many of them inexperienced. If its inexperience leads to the lame leaping for joy, the blind seeing, and dyspeptics eating large indigestible meals, then it has a powerful future. But I feel that even psychiatrists cannot produce this Christ-like scene of joy. The majority of the men and women discharged from the Services for neurosis are now being treated under the after-care scheme of the Board of Control.—I am, etc.,

Surrey.

JOHN A. McCLUSKIE.

SIR,—I am sure that Wing Cmdr. Bergin's eminently sensible and vigorous letter crystallizes the views of many serving medical officers who have had to treat "those unwilling to bear the heat and burden of the day." As an Army dermatologist I have wasted much time attempting to treat such patients; those whose somatic manifestation of a disturbed psyche takes the form of a rubbed and excoriated dermatosis are known to all dermatologists. There appears to be no answer to cases of this type. Continuous narcosis, occlusive dressings, and appeals to their non-existent better natures may lead to a temporary remission, but there is an invariable relapse once they return to their uncongenial environment. A number of these patients spend a period under detention for absenteeism, but many escape from this with their lesion conveniently secondarily infected (they avoid reporting sick until it is in this state), and spend the remainder of their sentence in the comfort and security of a military hospital skin department, where they enjoy the same amenities as those invalided from operational theatres over-seas.

A few months of military dermatology make one realize that these patients are a liability to the Army Medical Service, and they are eventually written up for a medical board which will invalidate them out. While awaiting their board one observes, in the less astute, the transformation to which Wing Cmdr. Bergin draws attention. The hang-dog look disappears, and the traumatized skin heals with amazing rapidity. Should the medical board decide, however, that the patient's disability does not warrant discharge there is an equally rapid relapse. In brief, these patients literally scratch their way out of the Service. Unlike those of their brethren with vague headaches and dyspepsia of nervous origin they have something "to show," which enables them to preserve their ego; at the same time they possess a most effective lever for escape.—I am, etc.,

PATRICK HALL-SMITH,
Capt., R.A.M.C.

Hove.

SIR,—I was touched by Wing Cmdr. Bergin's cry from the heart, and would beg the hospitality of your columns in order to offer him a little solace in the difficult formative period through which he is now passing.

It should comfort him a good deal, in the first place, to make him aware of some of his more glaring factual inaccuracies. In all Services during the war the rate of return to full duty of psychiatric cases has been about 80%, and far from this being "most disappointing" it has sustained mightily those whose work has lain in this field. In the second place, he himself gives, with admirable clarity, the chief reasons for disappointing results. If Wing Cmdr. Bergin always ensures that every psychiatric patient has a "clean bill of health" from every other specialist to whom he has access, and then refers his case to a psychiatrist in a spirit of "diagnostic destitution," then he must not be surprised if results are not always what they ought to be. Promptness of diagnosis, early treatment, and disposal are the keystones of management in these cases, as has been emphasized in the war literature over and over again. However, I think it would be a great mistake to assume that this practice, mentioned by Wing Cmdr. Bergin, is widespread or even common. A very large majority of medical officers with Service experience can diagnose these cases quickly and competently, and, where an ill is a minor one, treat them very satisfactorily. All psychiatrists would agree that it is no more desirable to refer every psychiatric case to a psychiatrist than it is to refer every sprained ankle to a surgeon or every case of wax in the ear to an E.N.T. specialist.

I could not understand why Wing Cmdr. Bergin should be troubled by an autogenous cynicism because his patients showed a decent and restrained jubilation at the prospect of being invalided. I have not observed deep depression as a common phenomenon in the pre-invaliding phase in any type of patient, whether psychiatric or not. It is worth recording, indeed, that great unhappiness at the prospect of invaliding is a very common feature of schizophrenia.

I would whole-heartedly agree with his observation that imprisonment is beneficial in many psychiatric reactions. There is little that is novel in this observation, for it was observed many, many years ago that the regular routine life, good food, and open-air conditions of a well-ordered prison might produce beneficial results in the psychoneurotic. There are, however, certain difficulties about adopting this as a consistent mode of therapy. In the first place, psychotic reactions have not been observed to benefit, nor do the more severe types of depression appear to improve, under these conditions. There is also the trifling matter of the ethical justification of such procedure. I do not doubt, of course, anything Wing Cmdr. Bergin says, but I can only wonder at the truly remarkable spirit of co-operation shown by his executive colleagues, who will collaborate with him in this novel mode of treatment.

Finally I would like to commend the thesis of incapacity, as opposed to unwillingness, as an object of Wing Cmdr. Bergin's most serious study, for there is a very definite school which accepts the existence of mental illness as opposed to the thesis of calculated villainy. I should estimate this school as amounting to some 99% of the medical profession, and it must, therefore, if only by virtue of numbers, command some respect.—I am, etc.,

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GERALD GARMANY,
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