

## APPENDIX No. 4

OBSERVATIONS BY COLONEL H. C. MAUDSLEY,  
SEPTEMBER, 1919. ON MEMBERS OF THE A.I.F.  
BOARDED BY HIM IN ENGLAND DURING THE  
YEARS 1916-1919

TO MAJOR-GENERAL SIR NEVILLE HOWSE, V.C., K.C.B.

I have the honour to submit to you some observations on my experience on a part of my work as Consulting Physician, namely that of reviewing the men invalided to Australia for medical reasons. The first part of my report deals with cases whose disability ante-dated military service in England or at the Front, *i.e.* on active service. The second part with the cases whose disability was acquired and caused on active service:

### PART I. MEN WITHOUT SERVICE AT THE FRONT

In June, 1916, in a report I made to you I stated my opinion that men suffering from certain diseases should not have been enlisted and I advised that in future such men should not be sent from Australia on active service but still they are sent. I will deal with them under the categories of my first report. . . .

1. Diseases of the Circulatory System.
2. Diseases of the Respiratory System.
3. Diseases of the Abdominal System.
4. Diseases of the Nervous System.
5. General Diseases.

(a) Cases of organic valvular disease of the heart of long standing and often known to the man before enlistment have been too many. In most cases the disease should have been detected at the time of enlistment. In some of these cases the heart disease has been detected either on examination before going up to the line or when under treatment for wounds or infections and they may have had no symptoms of heart disease and may have gone through their training and have been on active service for months. These cases form a small fraction of the group. More frequently symptoms have developed during training or on active service and have led to their being invalided. Occasionally the symptoms have been those of "effort syndrome" and not due to real heart failure but none the less a cause of unfitness for active service.

#### **1. Diseases of the circulatory system**

(b) Enlarged heart. Hypertrophy and Dilation. A few such cases of doubtful causation but of long standing.

(c) Congenital Heart Disease. Two or three such cases.

(d) Arteriosclerosis. Due to wear and tear or to infection in men between 30 and 45, has furnished a fair number of cases. These men had the appearance of men nearer 50; their vessels were thickened; their hearts were enlarged, and the symptoms developed when in training or after a short time at the front. In many cases there was a history pointing to the cause of the conditions and to the condition ante-dating enlistment.

(e) Functional Derangement of the Heart. D.A.H. There were too many cases of this kind giving a history of symptoms prior to enlistment, some of them had been in civil life treated for "Heart strain" some for "Heart attacks", and had never been able to do any hard work before enlistment. They broke down in their training or after a few weeks at the front.

*Recurrent Bronchitis, Emphysema and Bronchitis, Fibrosis of the Lung, Old Pleurisy.* Some of these cases were miners but by no means

all. There were too many and most of them broke down either in the early part of their training or later before going to the front. Some of these cases had been obliged to change their occupation on account of their disease prior to enlistment. *Asthma* cases were frequent. Some had been several months at the front but they were the exception. *Old Tuberculosis of the Lungs.* There were examples of men who had been under Sanatorium treatment and others who gave a history of Tubercular Bacilli in their sputum prior to enlistment.

**2. Diseases of the respiratory system** Cases of *Gastric and Duodenal Ulcers, of Recurrent Indigestion* of a severe type of long standing and causing loss of work in civil life, of *Hydatids* of the liver or abdomen. Some of these cases had the scars of operations for the cause of the condition.

**3. Diseases of the abdominal organs** Cases of *Epilepsy*, essential and traumatic, some with deficiencies in the skull from trephining. Mental enfeeblement with a clear history from childhood, of severe head injury causing concussion and unconsciousness for days requiring weeks or months of hospital treatment, of severe neurasthenia requiring treatment in special homes, of mental disease requiring treatment in asylums were

not uncommon.

**4. Diseases of the nervous system** Cases of tuberculosis of the lungs requiring sanatorium treatment before enlistment were too frequent. Cases of recurrent, acute, or sub-acute rheumatism up to a few months of enlistment were reviewed and such cases developed attacks when in training or on active service in France. Too many men evidently over 45 and some immature youths, and many of poor physique and some of poor mentality were reviewed.

**5. General diseases**

PART II. MEN WITH SERVICE AT THE FRONT

A great number of men suffering from War Neurosis were

reviewed. They had been afflicted for months and had been under treatment in British Hospitals and in our own Auxiliary Hospitals. It was evident that most of them were permanently unfit for general service; a small minority might be fit after six months' rest. A great proportion of them should be fit for duty away from the front, or in civil life in a few months.

**War  
neurosis**

These cases fell broadly into two clinical groups. (a) The conversion hysterics and (b) anxiety states sometimes termed neurasthenia. A third group comprised the cases in which the manifestations of the conversion hysterics and anxiety states were combined. In some few cases there were signs of organic disease of the nervous system, generally slight. Some of them had been wounded, some had been gassed. In a minority of cases only was there evidence of physical concussion of the nervous system; in a fair number, however, the symptoms dated from and were attributed to shell explosions and burials. Probably the neurosis was developed before the shell explosion or burial and the emotion was the exciting cause of the fully developed condition. In some of the cases the symptoms became manifest after the healing of a wound or after an infection requiring treatment in a hospital, during convalescence.

(a) *The conversion hysterics.* The most numerous were of the usual types described in Medical War literature. Mutism, aphonia, stammering, deafness, blindness occasionally; paralysis or paresis (monoplegia, hemiplegia, paraplegia); contractures, curved spines, gaits, convulsions, tics, tremors, hyperaesthesia, paraesthesia, anaesthesia. Cases of this kind are all curable and should be cured by psycho-therapy as regards their disabilities, but I am of the opinion that few of them would ever be fit for general service. For civil life they should be as fit as ever they were.

(b) The cases of *anxiety states* were the minority. Often there were no marked objective signs beyond general nervousness or rapid heart or profound sweating. *Insomnia, war dreams, and exhaustion* were usually complained of. From the aspect of the man and from his history it was generally easy to satisfy oneself of the genuineness of his illness. Most of these cases in my opinion would never be fit for general service. A fair number of these cases of war neurosis were of good physique and judging from their previous history were of good "mental make-up", but there were many of poorish physique and with histories pointing to a poor mental make-up. Men were ready to suffer from neurosis on the slightest provocation. Some failed before completing their training and a considerable number had not been to the front.

*D.A.H. and Effort Syndrome.* In this category, effort syndrome, a fair number of cases attributed their symptoms to shell-shock. It seemed to me that the instinct of self preservation with the emotion of fear acting unconsciously, sometimes consciously, with the excessive fatigue was a great factor in the genesis of many of these cases of War Neurosis especially of those of the conversion hysteria type. It was found impracticable to secure admission of any number of these cases of hysteria into special War Neurosis Hospitals in England. Some few were sent back to our Auxiliary Hospitals and were cured of their present symptoms while awaiting return to Australia. A great number will require treatment in Australia.

A large number of men suffering from these symptoms were

reviewed. In the last six months or longer the term "effort syndrome" has taken the place of D.A.H. The condition itself requires no explanation. It is not a pathological diagnosis but a term applied to a group of phenomena observed in physiological conditions after severe exercise in healthy men; but in these invalidated men the symptoms manifest themselves on slight exercise or exertion. The heart is not diseased and such men as have had an infection have been at rest and under treatment for longer periods than are necessary for the recovery of strength, etc. from the infection. Broadly speaking they may be arranged in groups. (1) One well defined group consists of men poorly developed physically or nervously or both, many have flat chests or long narrow chests or deformed chests. Some were nervous weaklings in childhood and adolescence. Most of this group had never done any hard work before enlistment. Many failed in their training or soon after going to the front. (2) Another group consists of men who have been at the front for a long time and have developed their symptoms after long and arduous service. They present no signs of poor development, physical or nervous. (3) Another group comprises men who have suffered from some infection—acute rheumatism, tonsillitis, pneumonia, trench fever, enteric, dysentery, and have not recovered their strength after the average time for such recovery. (4) Another group comprises men still suffering from some chronic infection of the throat, of the appendix, or oral sepsis. (5) Another group comprises men who had been gassed some time previously, (6) and another a few who had been shell-shocked. (7) A few cases were the subject of incipient tuberculosis, of Graves disease, of constitutional syphilis, (8) and a few probably of incipient heart disease. Except in the man over 40 or those with a history of rheumatic fever or syphilis, there was no reason to fear any myocarditis. All these men were either too ill to be trained or the attempts, sometimes repeated on several occasions to train them by graduated exercises and drills, etc. had signally failed. Most of the cases will never be fit for active service though most will recover and be fit for ordinary civil occupations. In some of these cases the symptoms were exaggerated; in a few they may have been feigned. Generally speaking one may say there was no wish to go back to the front. I doubt if any returned to Australia would be fit for active service within six months. The cases of organic valvular diseases and of cardiac vascular degenerations I have already referred to.

A fair number of cases of recurrent or chronic bronchitis were reviewed and a larger proportion than I should have expected were under 30 years of age. Of the cases over 30 some were miners. In many of the cases of the younger class there was a history of bronchitis in childhood. In some the bronchitis had developed on active service.

*Fibrosis of the lung with Bronchitis, a sequel of Bronchitis and Broncho-pneumonia on active service* was not uncommon. A good number of cases of fibrosis probably of tuberculous origin were reviewed and in many cases it was not clear when this condition had developed. No bacilli were detected in the sputum in such cases. Active tuberculosis of the lungs with a clinical history pointing to the development when on service was frequent. Probably in most of these cases service strain and other infections of the lung had activated latent tubercular mischief of long standing.

*Asthma.* Most of these cases were of long standing, ante-dating enlistment. A few had developed for the first time on active service. There were several cases of men who had left England for Australia on account of asthma, who had been free from the condition in Australia, but on their return to England on service their asthma recurred.

*Disease of the alimentary canal.* A fair number of cases of "gastritis" were reviewed. In a considerable number the condition was mainly one of neurosis following "shell-shock" or **Sundry diseases** gas poisoning.

*Recurrent diarrhoea* following dysentery was not infrequent. Also dysentery carriers whose health generally was below par.

*Rheumatism and Myalgia.* A great number of chronic recurrent muscular rheumatism and fibrositis have occurred. (1) In the largest groups of this section were the men over 40 who have had a considerable time at the front. These included many men invalidated on account of their age. (2) Another group comprising younger men. Some of these had suffered from rheumatism in civil life before enlistment. (3) In another group were men whose so-called rheumatism seemed to me to be a manifestation of neurosis, and there were a few whose symptoms were exaggerated at any rate. (4) In many of all these groups there was evidence of some slight chronic infection, oral sepsis being not infrequent. (5) Recurrent acute and subacute rheumatism provided a certain number for Australia. (6) Some of these had Cardiac affections; some were neurotic. Of the latter some might be fit for service after a lapse of a year without a recurrence. (7) Cases of recurrent sciatica were reviewed and considered permanently unfit for general service. (8) Some of the cases of sciatica were not bad cases but were of the nature of neurosis and (9) a few were probably feigned.

*Trench fever.* Some cases of recurrent trench fever, with asthma and debility or with marked effort syndrome were reviewed and returned to Australia. Many months would elapse before many of them would be fit for active service.

*Gas Poisoning.* Cases under this category mostly suffered from effort syndrome. Later there were a number who were suffering from bronchitis and fibrosis of the lung and emphysema, and some from asthma without any history prior to gassing. Some were suffering from neurosis.

*Nephritis.* A fair number of cases of nephritis contracted at the front were returned to Australia as permanently unfit for active service. In some of these cases there was no albumin and no evidence of any cardio-vascular or senile changes. Most of the history pointed to a very definite attack of acute nephritis. In many of the cases albumin persisted but the general health was fair. In a few of the cases the nephritis was still active. A few cases of albumin of somewhat uncertain origin were reviewed. The general health was decidedly poor and they had been under treatment for months. They were returned to Australia as unfit for service for more than six months.