THE NEUROTIC DYSPEPTIC SOLDIER.

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RECENT observers have differed considerably as to the incidence of neurosis among dyspeptics in the services. Whereas Hinds-Howell (1) only found about 8 per cent. of neurotic dyspepsia in a group of cases, Hartfall (2) considered that 60 per cent. of his cases, with or without ulcers, had a neurotic basis. A leading article in the *Lancet* on June 20, 1942 (3), stated that dyspepsia is often a manifestation of neurosis, that anxiety neurotic features are frequently associated, and that most patients are constitutional neuropaths.

We have made a psychiatric survey of 50 soldiers with prominent gastric symptoms, who were in-patients at an E.M.S. Neurosis Unit between April, 1942, and July, 1943.

No relevant organic disease was found; 37 were referred to medical specialists, and barium meal X-rays were carried out on 45. A control study employing similar methods of investigation was made on 100 neurotic soldiers in whom gastric symptoms were inconspicuous or absent. Evidence of autonomic imbalance was common in both groups, e.g. fine tremor of outstretched hands, flickering of closed lids, increased pulse-rate, and free sweating. No particular type of build predominated. All the soldiers were "other ranks," mostly of Army Class. The average age of the gastric cases was 27·5 years, and of the controls 30·2 years. Whilst the intelligence levels varied from dull to superior, the intelligence of the majority in both groups was average:

Gastric symptoms were generally vague and variable in character and combination. A few features, however, deserve notice:

(1) Pain often came on from half to one hour after meals, frequently immediately on taking a meal. It was usually dull, and not relieved by taking more food.

(2) Nausea and/or vomiting were common.

(3) Alkalis and vomiting were variable in the relief they caused.

(4) Emotional factors—fear, worry, excitement—and also exertion often brought on or made symptoms worse, especially pain.

(5) There was a tendency to select diet, and particularly to avoid fatty foods.

(6) Appetite was generally good, but bulimia rare.

Gastric symptoms had been conspicuous in 86 per cent. of the gastric neurotics before joining the army, and appeared to have become definitely worse in 44 per cent. of these within three months of joining.

Many gross neurotic traits were evident in the past and present histories. The following forming part of the complaint on admission were much more frequent than in the controls:

	Gastrics.	Controls.
Morbid anxiety	92%	61·5%
Depression	76%	36·5%
Poor concentration	28%	12·5%
Dizziness	30%	12%
Cardiovascular and respiratory symptoms, e.g. precordial pain and dyspnoea	56%	21·5%

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The average period of Army service since the outbreak of war was 2 years 2½ months in gastrics and controls.

Army efficiency prior to breakdown (charitably estimated) had been poor in 34 per cent., fair in 54 per cent., and good in 12 per cent. of gastrics, as compared with 18 per cent., 27 per cent., and 55 per cent. respectively in controls. Overseas service, mainly in France, had been experienced by 12 per cent. of gastrics and 20 per cent. of controls.

Examination of the past history showed the following evident differences :

	Gastrics.	Controls.
Some degree of stomach trouble for many years	52%	27%
Frequent vomiting when emotionally upset	30%	21%
,, fainting	36%	22%
,, dizziness	36%	28·5%
Timidity	62%	42%
Solitariness	54%	39·5%
Frequent nightmares in childhood	56%	27·5%
Marked childhood fears (of the dark, animals, etc.)	72%	51·5%
Unnecessarily frequent rechecking of common actions (turning off lights, shutting doors, etc.)	44%	15%

A questionnaire was also sent to the mothers or near relatives who had known the gastric patients in childhood. Enquiries about breast-feeding showed that 5 patients had had weaning difficulties, and one had " refused " the breast at birth. 38 per cent. of the 50 patients had vomited easily when upset and 44 per cent. had been very " fussy " about food. The very high figure of 74 per cent. of gastric disorder occurred in one or more of the immediate family. This compares with only 5 per cent. in the controls, and in three-fifths of these the patients themselves complained of stomach trouble as a minor symptom on admission to the hospital. In one of the gastrics' family history, father, mother and four of six brothers (there were no sisters) had suffered from chronic stomach trouble. The father suffered from ulceration and a perforation. Three brothers had been operated on for ulcers, one four times. The following other features of the family background are of interest :

	Gastrics.	Controls.
Mother obviously neurotic	66%	40%
Father obviously neurotic	54%	20%
One or more siblings obviously neurotic	68%	31·5%
Obviously over-strong mother-son relationship	44%	30·5
Marked childhood fear of father	34%	23%
,, parental friction	26%	11·5%

From a general survey of the patients *predisposition to neurotic breakdown* was considered to be marked in 12 per cent. and moderate in 88 per cent. of gastrics. In the controls it was marked in 9 per cent., moderate in 59 per cent., slight in 17 per cent. and not evident in 15 per cent. Amongst the *precipitating factors in breakdown* in both gastrics and controls, two, as expected, stood out predominantly. These were homesickness and inability to adapt emotionally to the conditions of army life. To some degree these appeared to have been present in most patients, and especially in the gastrics. The factor of recent worry about near relatives is difficult to assess. It is not necessarily pathological, and the neurotic often uses it as a justification after the event, his main concern so commonly being with himself. A recent appendicectomy had been a precipitating factor in the breakdown of four gastrics. Other difficulties, e.g. injury, intercurrent illnesses, exposure to enemy action at home or abroad and matrimonial disharmony played only a very small part in our series. It would, therefore, appear that the constitutional

neurotic factor was highly predominant. A markedly dependent attitude to life was present in 70 per cent. of the gastrics. At least 75 per cent. of the gastrics had had satisfactory civilian work records. 78 per cent. of them were married, and 70 per cent. of these appeared to have had happy married lives. They had adapted fairly well to life in comparatively sheltered circumstances, but broke down in the army. We conclude this section with two case-histories.

A signalman, aged 33, complained of dull pain just below the umbilicus about half an hour after meals ever since childhood. It had been worse for two years—since he had been worrying about his wife giving birth to a child of which he was not the father. She went to live with the other man, taking his little girl of 8 with her. A divorce was pending. He also complained of headache since joining the army, feeling miserable and unsociable for 18 months and insomnia for 6 months. He had volunteered for the army owing to the domestic trouble 2½ years before. He fainted on parade from fear of making mistakes in his first week, and remained full of fears. Had been employed mainly on light duties. His family history showed that his mother, who suffered from recurrent depression, died when he was 9 from gastric ulcer. His father married again, and his stepmother disliked his father's three children by his first wife. The father supported her attitude. There were two step-sisters, with whom the patient repeatedly quarrelled. The patient and his two brothers—he was the youngest—finally left home when he was twenty. The stepmother was removed to a mental hospital with delusions of persecution 18 months before he was admitted to our unit. The maternal grandmother, who lived with them, became violent and also had to go to a mental hospital as an old woman. The patient felt when he was a child that there was " all illness " in the house, and he was also looked on as delicate by both parents. He was not allowed to play games or swim in case he got hurt. He has always been very scared of the dark, and as a child frequently sleep-walked and had many nightmares of falling. At school he had been very shy and quiet, and poor at standing up for himself. On leaving school he did a number of odd jobs, though for three years before joining up had averaged £8 a week on assembly work with a motor car firm.

In hospital he was found to be of average intelligence. His barium meal X-ray showed no lesion. He remained mildly depressed and tremulous and was recommended for discharge from the army. A follow-up questionnaire a year later showed that his general condition was unchanged, and that he was working as a warehouseman, only earning £3 10*s*. a week, after giving up a factory post at a better salary because of intolerance of noise and depression. He had taken no further steps about his divorce.

The second patient, a private, aged 22, gave a four years' history of a feeling of his stomach turning over, " like when you are frightened," coming on about 1½ hours after meals. It also was sometimes associated with headache and dizziness. In addition he sometimes vomited food about 20 minutes later. Just before joining the army three years earlier he began having headaches " together with the heart-beats," and these had continued. For a similar period he had felt miserable, unsociable, tense, and restless. His recent memory and concentration had been poor, but energy good. He had originally joined the Supplementary Reserve with others in his firm in August, 1938, and was called up at outbreak of war as a fitter, but was merely employed on odd jobs. Was categorized C for neurasthenia and dyspepsia in April, 1940. Was always very upset by rules and regulations, frightened of the dark on guard, scared of the noise of firing, and when a raid was on had to remain stationary and trembled all over. Had had punishments for absence without leave owing to homesickness and for striking an N.C.O. who criticized his work. His father was invalided out of the army with gastric ulcer and his mother was a life-long sufferer from asthma. His mother stated that he was breast-fed and weaned at 9 months, but there was difficulty in finding suitable food for the next three months. Then at 2 he had a period of vomiting, and in childhood often refused cooked meals, saying they made him feel sick. He was the second of nine children, and his parents also adopted a boy of 7, who patient preferred to his siblings. He was enuretic most nights until 8, and as a child had frequent nightmares of falling or passing water. At school he made no friends, and lost about two months every year through bronchitis. He played no games for fear of being hurt and was poor at standing up for himself. All his life had been easily disheartened, dizzy on heights, and scared in crowds and narrow spaces. He had always been very violent tempered, and had had counting and cleanliness compulsions for many years. He had been happily married for three years, and had worked apparently competently and with great interest in civilian life as an apprentice fitter. Four months before admission a medical specialist had found no organic disease, including barium meal X-ray examination. In hospital he was found to be of good average intelligence and on admission was moderately depressed. His gastric symptoms improved somewhat and he became more sociable, but his attitude remained slightly paranoid and his morale poor. He was recommended for discharge.

A follow-up 14 months later showed that he had made slight general improvement at first, but he had finally given up his skilled work and was thinking of taking outdoor work, at which his prospects were much poorer.

Diagnosis.

Neurotic patients in general show a variety of neurotic trends. We apply the term " diagnosis " to the most prominent features of the illness at the time we saw the patient. Our classifications of the gastrics were as follows :

Anxiety neurosis	68%
,, ,, with marked obsessional trends	20%
,, ,, with hysterical marked trends.	4%
Depressive neurosis	6%
Hysteria	2%

Treatment.

We agree with Morton Gill *et al.* (4), Stungo and Charlton (5), etc., that long stay in hospital is very uneconomical and a worsening factor in prognosis. We found that the average period in hospitals prior to admission was six weeks in our gastrics, five of which had been for stomach symptoms. In the controls it was 3·7 weeks. We first excluded from these figures visits to M.O.'s, out-patients, and periods in Camp Reception Stations and hospitals abroad awaiting transfer to the United Kingdom. Injuries were also excepted, though it is well known that a number are psychologically determined. Also when " organic " illness occurs in many neurotics, the convalescent period is unduly prolonged. In our unit each patient was treated primarily for his neurosis. The main lines, as elsewhere, consisted of psychotherapy, occupational therapy and drugs as indicated. Exercises were graduated, with preliminary rest in bed, where necessary. A psychiatric social worker gave valuable additional help. We did not actually have occasion to use such other psychiatric methods as continuous narcosis, but found small increasing doses of insulin very helpful to improve appetite, weight and general condition.

Dietetic measures or gastric mixtures were rarely advised. It is quite impossible for those who return to the army to be treated systematically on these lines.

We tried to persuade all our patients to avoid these measures. It was, however, felt that most of them in or out of the army would become periodical visitors to the doctor or chemist for a " bottle " or would treat themselves. In this they would resemble the gastric neurotic so familiar to all general practitioners.

Method of Disposal.

Whilst a number of mild gastric neurotics are doubtless able to remain efficient in the army in relatively protected work without ever coming to the notice of the medical specialist or psychiatrist, we felt obliged to recommend 80 per cent. of our patients for discharge. The same percentage of controls was also recommended for discharge. It may seem surprising that, whereas 55 per cent. of the controls had records of good army efficiency, as many as 80 per cent. of the whole were recommended for discharge. This is explained by the fact that most of this 55 per cent. managed to carry on relatively well, though gradually breaking down. In the end they were unable to recover sufficiently to give further service. More marked evidence of the inefficiency of most gastrics is obtained by comparison with the discharge recommendations for all neuroses at our Unit between January 1, 1942, and June 30, 1943. These amounted to 64 per cent. Change of employment was recommended in one-third of the 20 per cent. of gastrics returned to the army. The Annexure A scheme for employment in a specific trade was utilized for two patients. Follow-ups sent to M.O.'s elicited replies in 90 per cent.

In only one case was a report obtainable after 12 months, and this man was performing full duty efficiently and willingly as a draughtsman. Replies received after an average of six months for the remainder showed that with one exception they were performing full duty efficiently and willingly and the exception was moderately efficient at light duty.

However, in most cases there had been complaints of gastric or other neurotic

symptoms, and one patient had had a further two weeks' hospitalization for his stomach.

A questionnaire was also sent to the 80 per cent. of gastrics discharged from the army after an average period of 12 months. Replies were only received from 42·5 per cent. Allowing for the limited value of the questionnaire these conformed to the general impression that the neurotic is very slow to return to his pre-army level of mental health and work efficiency.

To sum up, we agree with J. R. Rees (6) that in general, neurotic soldiers with frequent gastric symptoms have a bad prognosis.

Summary.

1. A psychiatric survey was made of 50 soldiers with prominent gastric symptoms but no relevant organic disease, who were in-patients at an E.M.S. Neurosis Unit.

2. A control study was made of a series of neurotic soldiers, in whom gastric symptoms were inconspicuous or absent.

3. The gastric symptoms were generally vague in description and variable in character and combination. A few features, however, deserved notice, e.g. relationship to emotional stress and exertion.

Gastric symptoms had been conspicuous in 86 per cent. of the "gastrics" before joining, and appeared to have become worse in 44 per cent. of these within three months of so doing.

4. Army efficiency in the gastrics had been much poorer as a whole than in the controls.

5. Many gross neurotic traits were evident in the family, past and present histories of gastrics and controls, but a number of these were much more prominent in the gastrics.

6. 74 per cent. of gastrics gave a history of gastric disorder in one or more members of the immediate family as compared with 5 per cent. of controls.

7. 75 per cent. of the gastrics had had satisfactory civilian work records. 78 per cent. of them were married and 70 per cent. of these appeared to have had happy married lives. They had adapted comparatively satisfactorily to fairly sheltered lives.

8. A markedly dependent attitude to life was present in 70 per cent. of the gastrics.

9. Homesickness and inability to adapt emotionally to the conditions of army life were the main precipitating factors in ultimate breakdown in both gastrics and controls.

10. A diagnosis of anxiety-neurosis was made in 68 per cent. of gastrics, and anxiety neurotic features were very prominent in a further 24 per cent.

11. The disadvantages of long stay in hospital and the part it played in our patients' histories are reviewed.

12. 80 per cent. of gastrics were recommended after treatment for discharge, as compared with 64 per cent. of all patients at our Unit over a corresponding period.

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