# MASQUERADING IN UNIFORM: A WARTIME FORM OF PSYCHOPATHIC BEHAVIOUR.

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THOSE who read the Police Court reports in the newspapers—and every psychiatrist should!—will have read, since the war, of persons guilty of unlawfully wearing military uniform or medals. Often the crime appears to be due, not to ordinary motives of gain, but to motives of personal prestige. Seven cases of this disorder of behaviour have been observed at the Royal Edinburgh Hospital for Mental and Nervous Disorders, and in these cases at least the problem has been one of gravely disordered personalities. It seems worth while reporting the cases, as so far little psychiatric interest has been taken in them. Petrie (1942) and Rossiter Lewis (1942) have each referred briefly to one case. Three of the cases were included in the figures in a previous paper on psychiatric states in ex-service patients (Stalker, 1944), but in one of these the masquerading was not known at the time. Their case-records were not reported in that paper.

CASE 1.—A man, aged 20, attended the Out-Patient Department of the Jordanburn Nerve Hospital in 1944. The paternal grandfather lost his business through alcoholism; a paternal aunt was a chronic neurotic; the maternal grandmother is hypertensive, and a maternal cousin had an illegitimate child. The father died eight years ago, after cholecystectomy; the mother then became depressed and sleepless and had a functional weakness of the right hand. Before long she was able to look after their small business, and was out most of the day. In the last war several cousins served, and an uncle lost his leg.

The patient did not walk until he was two years old. Between 8 and 12 he was very fond of playing with guns, of which he collected 24. He never had friends, and was only popular when he shared his guns with other boys. He was at school to age 16, but his progress was very poor. His I.Q. was found to be 97 per cent., but the masters thought him a day-dreamer. At 12 he put the teacher's scarf in the ashbin and overturned all the chairs in the cloakroom. His mother questioned him daily about his school work, and now fears this may have led him to lie. He told lies to get to the cinema, and was keen on detectives, gangsters, cowboys, etc. He was frequently unfit for school owing to chest trouble and "rheumatic pains." On leaving school he was idle for some months and then had three short jobs in domestic service, his admitted desire being to come into contact with the upper classes.

He tried to join up several times, but was rejected as being too young, lacking educational qualifications, etc. Then he went to a Wireless College, but ceased to attend after a week, as he could not keep up with the work. He continued, however, to travel daily from his home town to Edinburgh. Then he bought and wore a Merchant Navy uniform, and told his mother he had qualified and was to have a job. In the meantime, at an ordinary recruiting medical examination he was found unfit owing to poor physical development and some minor physical defects. He continued to make efforts to enlist. Then he told his mother he had been transferred to the Royal Navy, was working in the Intelligence Department, would receive no pay for a year, and asked her to advance him money. This she did for over six months. He wore the uniform of a sub-lieutenant, of which he bought three; travelled daily to Edinburgh on the noon train, reading the *Times* and carrying books under his arm; had his meals in hotels and restaurants; went frequently to cinemas, theatres, concerts, and art galleries, and reached home about midnight. Several times he travelled to London, Glasgow and Aberdeen to attend concerts. At home his mother received telephone messages and telegrams almost daily, ostensibly for him from the Admiralty. He telephoned his headmaster, representing himself as the Admiral at a local base, and asked for his own character.

When he was arrested the police opened a locked cupboard in his room. In it were found 569 gramophone records ("all high-class stuff—not a single jazz record among them"), American magazines, books (e.g. *Who's Who*, *Sherlock Holmes*, books by Kipling, books on Lawrence of Arabia, Tolstoi's *War and Peace*, and books in French and German), first-aid kit (including scalpels, syringes, antiseptics and analgesics), and holsters, belts and whistles. The mother found her total outstanding indebtedness to be over £1,000, and had to sell her house to meet it.

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The patient was sent to prison for 30 days. On examination he was meek and unimposing in his manner and gave a detailed account of his delinquencies. He said that at one stage he had worn bandages on his head and told people he had been hurt; that he had bought the uniforms to be the same as his contemporaries who were serving. He alleged that he had purchased popular books on psychology and that he had, during his masquerading, thought of consulting certain well-known psychiatrists in Edinburgh and in London; he certainly knew their names and addresses correctly. He claimed to have been always quite alone during his misdemeanours; to have had no relations with women and, in fact, to have had no sexual knowledge until enlightened by his own doctor six months before.

The patient remained unemployed for some time. He still wanted to join the Forces, and kept applying for " para-military " work with the Red Cross, Church of Scotland Canteens, etc. Eventually his mother insisted on his taking a job as a labourer on an aerodrome. A few weeks later he went straight from his visit at Jordanburn to a Government Department. There he convinced a senior official that he had served 3½ years in the Fleet Air Arm, had crashed and been treated in a Head Injuries Unit in England (name given correctly), and had been discharged; that he was now working at an aerodrome as a labourer, but the officers were not pleased that he, a discharged officer, should be employed in so humble a capacity, and had advised him to consult this Government Department.

CASE 2.—A man, aged 21, was in Jordanburn in 1941. The father served for 3½ years in the last war, but poor vision prevented him from going overseas. He died of coronary thrombosis soon after the patient's discharge from hospital. The mother is very nervous, worries to excess, and is subject to fatigue and alleged heart symptoms, said to have been brought on by the patient's serious illness 12 years before. The eldest brother is asthmatic. The second was in the Army before the patient's trouble began; he always got on well with this brother and tended to hero-worship him. The patient is the third surviving sibling.

As an infant the patient was bad-tempered, cried a lot, and was difficult to care for. As a child he was afraid of crabs, was a nail-biter, and a schoolmaster said he looked as though he had chorea. At 9 he was dangerously ill with rheumatic fever following scarlatina, and his parents were told there was no hope of his survival. After six months in the fever hospital he was an invalid in bed at home for two years, his bed being in his parents' room. He had to have everything done for him and was thoroughly spoiled; " he got anything he wanted so long as it would keep him amused." He had a big collection of toy soldiers, with which he played at battles. " Every time his mother went out he wanted more soldiers." In retrospect, he alleges that he was unskilfully treated during this illness and is antagonistic to the medical profession. He still has a fear of again being confined to bed.

After returning to school he was twice absent for three months with rheumatic symptoms and was not allowed to play games, and left at 18 without matriculating. He had two posts as a laboratory boy, being discharged from each as unsuitable within a few months. His parents then sent him to a college for a year and he matriculated. The next year was spent at a technical college, where he did not achieve pass marks. His instructor thought him queer, pathetic, and rather grandiose in his ideas. At this time the war began and the patient again became a laboratory boy, and was later in the Home Guard and in the A.R.P. service. He was upset on hearing that friends had been killed at Dunkirk.

His serious delinquencies apparently came on suddenly, a few days before his admission, but there was some evidence that for a time he had been speaking in a grandiose way of himself and of his academic achievements. He had made repeated attempts to join the Forces, but was always found unfit because of heart disease. The last attempt was only three weeks before his offences. He stole £18 from his father's desk and obtained a cheque book from the bank, saying it was for his father. He went to a town in the west and made several unsuccessful attempts to obtain a uniform from tailors. Returning home, he succeeded in purchasing from a well-known firm the uniform of a full lieutenant in the Royal Artillery. This he wore during the rest of his escapades and he stayed in hotels. He bought a motor car, presenting a cheque forged with his father's name, but the firm took the car back when they saw he could not drive it away properly. In another town he actually got a car by the same means, and also bought a typewriter and a wireless set. He managed to drive a considerable distance before he was arrested. After a psychiatric examination in prison the Court agreed to his admission to hospital. On the way out of Court he said to his lawyer, " Will I lose my degree over this ? "

With complete assurance he told the physician, who already knew the true story, the following things, which were all untrue: That he played rugby and did cross-country running; that he had taken some classes at the University, had walked the wards of the Royal Infirmary, had gained the London External B.Sc., and was working for the A.I.C.; that he was doing research, had evolved a patent gas detection substance, and was writing papers on " The Structural Comparison of Adrenaline and Nicotinic Acid " and on " Micro- and Semi-Micro Estimations of Metals of the Tungsten and Tantalum Groups." He claimed to have a partial amnesia for his delinquencies. He found his way to the hospital laboratory and offered to assist the biochemist, saying he had the London Triple Honours B.Sc., the A.I.C., the A.M.I.C.E. and the Medical First Professional. He referred by their first names to various local biochemists, and was able to say (correctly) what subjects they were doing research on at the time. He concluded with a partial account of his delinquencies.

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The patient gradually said less and less about his alleged achievements. He claimed to have been very embarrassed and ashamed of himself because he was a civilian, and to have thought that people were criticizing him for this. While he had worn the uniform he had felt very elated, could look his fellow beings in the face and felt as if he were a real officer in the Army. There is no evidence that he utilized the uniform to glorify himself in the eyes of those who knew him, except once, when he went to his former Technical College and spoke of the military work he was doing. Physically his general development was poor, and a cardiologist found a definite, but well-compensated, mitral valve lesion.

In October, 1944, his people were interviewed. They said the patient had stayed at home for a year, doing very little work, and still tending to speak in a grandiose way of himself. He had then left home and had not been heard of for two years.

CASE 3.—A man, aged 22, has been treated in both Jordanburn and West House Mental Hospital. The mother has many anxious and hysterical symptoms, and is probably psychopathic in her behaviour. The father volunteered in the last war, concealing that he was under age, saw service in France and became a lieutenant, although he was only a working man. He re-enlisted at the beginning of this war, was in France again, and is now a captain in the Army abroad. The mother neglected the children, and finally deserted them when the patient was about 5. She is now divorced and married again.

As a child the patient was frequently ill with chest trouble, and he is still of poor physical development. At 15 he was involved with a gang of boys who stole cars; they had an accident and appeared in the Juvenile Court. At the father's suggestion the Court suspended sentence to allow the boy to enter the R.A.F. At the outbreak of war he trained as an air-gunner and was soon involved in a forced landing in 6 ft. of water; no one was seriously injured. Returning to flying duties, he took a panic attack when, during a routine patrol, he found his gun was out of action. He was in a military psychiatric hospital suffering from depression, sleeplessness, and an occasional hysterical convulsion; and was discharged unfit in the summer of 1940. Soon he succeeded in joining the Army. A week later he became depressed and tremulous after an air-raid and was admitted to another military hospital, where he attempted suicide.

To his friends and to the physicians in the military hospitals and in Jordanburn he averred that he joined the R.A.F. as a career; that the crash was in the middle of the North Sea, after the petrol tank had been punctured by an air attack; that other members of the crew were killed or wounded; and that he had a head injury with unconsciousness and was adrift for some hours. The second episode became an attack by a German plane, in which his gun jammed and they only escaped by getting into clouds.

Discharged from the second military hospital to his mother's house, he made repeated attempts to join the Air Force again. He did act as an instructor in the Air Training Corps in the evenings, and wore the A.T.C. uniform when he was not on duty. He stole from his mother and step-father; drove his step-father's car without permission, having no driving licence, and damaged it; drank heavily; was unable to keep a job; and was absent from home for a time, and came back alleging that he had been in the Navy. Then he was arrested for stealing overcoats from restaurants and was placed on probation. He repeated the offence and was sent to Jordanburn by the Court. On admission his first act was to produce papers about his Air Force career, photographs of himself in uniform, and a newspaper photograph of himself instructing A.T.C. cadets. He claimed to have mistakenly "recognized" the "killed" members of his crew in the street and expressed a strong desire to re-enlist. He was depressed, sleepless, very off-hand about his delinquencies and claimed a partial amnesia, which probably did not exist. He was very proud of his father's military record, and embellished it by saying his father was now a colonel.

Soon after his discharge he was again arrested for theft and for wearing an Air Force uniform —he had had to resign from the A.T.C. because of his offences. It was his A.T.C. uniform which he had altered to an R.A.F. air-gunner's uniform. In prison he attempted suicide by cutting his throat with a razor blade the morning he was due to appear in Court and was sent to West House under certificates. Four months later he escaped and has not been traced.

CASE 4.—A man, aged 22, was under treatment in the beginning of 1940. The father was a very wealthy man and the patient had every opportunity in life, such as education, that money could buy. When the patient grew up his father settled a large sum of money on him so that he was financially independent. The elder sister has shown certain manic-depressive traits. The younger brother was an officer in the Army before the patient's trouble began.

Little abnormal was admitted in the patient's childhood. He was at boarding-schools, where he was quite popular, but his work was very poor and the headmaster advised against University studies. His father advised a business career, but the patient had wished to take up medicine since he was a boy and decided to do so. He entered a medical school, where he did his preliminary sciences and then, having passed the examinations in Physics, Chemistry and Biology at Oxford, reported to his Dean that he was proceeding to residence at that University. He did not do so, but for the next three or four years, however, he pretended to his father that he was attending the medical school, and from time to time gave glowing reports of his progress. The father was very pleased with this and gave dinner parties in his honour, to which the local gentry and the family doctor were invited. In 1938 the patient claimed that he had

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gained honours in the classes of medicine and surgery and came home with a silver cup, engraved with his name as the most distinguished student of his year. During these years he stayed in a club where his father had friends, and the father received reports from these friends that he was behaving quite satisfactorily.

Next the patient told his father that he wished to study medicine in Germany, as many of the references he required in his work were German and he wished to learn the language. The father took him to Germany and placed him in the household of a business friend. The patient ostensibly continued his studies there. After his return he bought a motor boat and a racing car. In October, 1939, he went to another medical school—again for the alleged purpose of pursuing his studies. All this time the father had no suspicions.

About two weeks before his arrest in December, 1939, he called on the family doctor, wearing the uniform of a Naval Surgeon-Lieutenant. When the doctor expressed surprise at this, the patient said that a few of the more promising students had been given a special Final Examination. The day before his arrest he 'phoned his mother, on the occasion of her birthday, and regretted he could not come home as his convoy was about to sail. He was arrested in a leading hotel, for wearing a naval uniform unlawfully. The police found he possessed the complete kit of an Army officer as well; it was also alleged that he had pretended to be a spy. After a psychiatric examination in prison he was transferred to psychiatric care. He claimed to have a partial amnesia for his recent escapades, and he seemed to lack appreciation of the seriousness of his conduct. He expressed a strong wish to join the R.A.F. as a pilot, saying he did not know the meaning of fear and had always craved for adventure.

Physically there was a (verified) history of several nasal operations during his "student" years. At one point he had been very ill with septicaemia and had required a blood transfusion.

Case 5.—A man, aged 25, was in Jordanburn at the end of 1943. The father, an engineer, was employed abroad for many years, so that the patient saw little of him until his latter years; he was in a reserved occupation during the last war; he died of hypertension six years ago. There is one brother, nine years older than the patient, who has been very successful in business. The patient was very attached to both his father and brother, and admired them greatly. He later formed strong attachments to male friends at school and at work.

All his life the patient had a severe stammer, which caused strong feelings of inferiority. Between 2 and 8 years he had several operations for inguinal hernia and for abscesses of the buttocks. He was afraid of the dark, of being left alone and of confined spaces. From childhood he indulged in day-dreams in which he was always the hero, impressed his father and brother, and was able to help them. As he grew older he tended to spend more money than he could afford and to tell stories which were not true.

When the patient was 19 his father died, and this was a great blow to him. As a result he absented himself from his work as an engineering apprentice, but hid this from his mother. When she was informed by others, he had a phantasy of committing suicide and of how that would make her suffer. He was attracted to a young woman who was socially superior to him. He obtained £60 from his mother by telling her it was required to patent an invention of his; the money was spent on presents and outings for the young woman.

In June, 1939, he volunteered for the Royal Navy, but was found medically unfit; he was very depressed about this. In 1940 he volunteered for the Merchant Navy, concealing his previous unfitness. He sailed as a junior engineer and the ship was attacked from the air. The patient acted as a gunner, and another junior officer, to whom he had formed an attachment, was killed before his eyes. On getting home he was ill for two months with nervous symptoms, especially fear of aeroplanes. Later his convoy was attacked by submarines. The patient admired his Captain, who had won the O.B.E. for ramming a U-boat; his girl-friend's brother had been decorated in the Army. He decided to buy an O.B.E. ribbon on landing, to bolster up his courage and to compensate for his stammer. He wore this ribbon for eight months, telling one of two stories: (1) That the ship was torpedoed, all the crew were struggling in the sea, and he supported his exhausted captain in the water for several hours; (2) that in a convoy to Russia the ship was abandoned after an attack, but the captain and he took the initiative in returning to the ship and salvaging it. He said he nearly believed the stories himself. While wearing the ribbon he felt more confident and had less stammer and thought people respected him more. After his next voyage he also wore the ribbon of the George Cross. At this time he felt unable to continue the association with his girl friend, and arranged for friends to tell her that he was interested in another girl. He was arrested for wearing the decorations without right, was fined £3, and claims an amnesia for the three days concerned. On his next voyage he was again upset nervously by air attacks, and on his return had operations for bladder stone and for chronic appendicitis. Again he wore the same two ribbons, was arrested and fined £15. He came for treatment on his own initiative and was very co-operative in an analytic type of treatment. When he heard an aeroplane he had anxiety attacks and visions of the young officer being killed beside him.

Up to September, 1944, he was apparently making good progress in civilian engineering work. He had, however, made a nuisance of himself by making advances to a girl who was already engaged.

Case 6.—A woman, aged 22, was a voluntary patient in West House in 1944. The mother has

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an anxious temperament and has recently had asthma; a maternal great-uncle was asthmatic. There is a strong military tradition in the family. Seventeen relations or relations by marriage have served in the Forces—mostly as N.C.Os., a few as commissioned officers. Of these three were killed in this or the last war, and seven in all were regular soldiers. The father volunteered in the last war and had fighting service in France for nearly three years; he continued in the Regular Army until January, 1939, was recalled at the outbreak of war and is still serving as a sergeant-major. The brother has been ten years in the Regular Army, and served in France and in Burma. Almost all her life the patient lived in married quarters in barracks, but she did not play at soldiers, with guns, etc.

Owing to rickets she did not walk till aged 3½, but there is no residual deformity and her intelligence is normal. She was always solitary, unconfiding, quick-tempered, vain, and fond of expensive clothes. In childhood she was afraid of confined spaces, of the dark, of deep water and of diseases and her appetite was capricious. At 13 she ran away from home and three days later was found in a friend's house. She never applied herself at school, and insisted on leaving as soon as she was 14. She had several jobs, none of which she kept long. At times she suffered from angioneurotic oedema.

The patient joined the Women's Auxiliary Air Force as a volunteer in June, 1940, on her own initiative because she felt restless and wished to get away from home. She was in many air-raids, and volunteered for fire-fighting rather than go down to the shelters, where she had claustrophobia. From this time she frequently attended the Medical Officer with minor functional complaints. At one stage she wore the shoulder-badges of a wireless operator, although she had failed to complete the course. Posted to another aerodrome, she arrived wearing U.S.A. shoulder-flashes; the W.A.A.F. officer was suspicious, but, according to her father, the patient insisted so cogently that she was an American citizen born in New York that her deception was not proved until her papers arrived. She absented herself without leave to escape the consequences, and repeated this offence several times, especially when she did not feel disposed to do her duties. Later she was sent for a Medical Board, and on the way again absconded, having, this time only, an alleged amnesia.

Discharged at the beginning of 1943, she soon stole some clothes from a workmate. She disappeared, and two weeks later was arrested for obtaining hotel accommodation without payment. The Court sent her to a voluntary training home. After some months she ran away. She told a woman in a hotel that she was an Atlantic ferry pilot and could bring this person cosmetics, stockings, etc., from America. The woman gave her money to do so. Arrested again after two weeks for board and lodging fraud and for false registration, she was admitted to West House. She ran away once more, was missing for six weeks, and was again arrested on the usual charge. Fuller details of her escapades are not available, as she tearfully refuses to reveal them.

The patient is a good-looking young woman, with a pleasant manner and a good command of words. She has told both physicians and magistrates that her parents, especially her mother, brought her up unkindly, but we do not believe this. In fact, the patient domineers her mother so much that the latter "will do anything for peace." She threatens to commit more offences if her mother does not buy her lots of clothes, cosmetics and such like.

CASE 7.—A woman, aged 22, was in Jordanburn in 1942. There is reason to believe that other members of her family are psychopathic. The patient had sexual relations before she was sixteen and the mother forced a marriage with the man concerned. There were three children. Rows were frequent in the home, and finally the husband left and the patient's mother took charge of the children. She left her own district, masqueraded under a false name, and undoubtedly led an immoral life. After being arrested for theft she was transferred from prison to a municipal hospital with a view to certification as a mental defective. She ran away from the hospital and joined the Women's Auxiliary Territorial Service. In this she proved most unsatisfactory, defaulting frequently and leading an immoral life. She was discharged, and was later found in a stunned condition in the street. Again admitted to a general hospital, she remained there for four months, complaining of vaginal bleeding. She was treated by dilatation and curettage, irradiation of the ovaries, supracervical hysterectomy, and massive doses of vitamin C, before it was discovered that the alleged vaginal bleeding was due to self-inflicted excoriations. She also complained of retention of urine and was catheterized several times, anything from 1 to 30 oz. of urine being obtained. The abdominal distension disappeared under anaesthesia, and it was found that she went to the water closet unobserved or micturated into her hot water bottle.

Transferred to Jordanburn, she tried to malinger as before. She made open advances to male patients and claimed that she was pregnant. Her account of her past life varied from day to day. She was totally lacking in insight or appreciation of the seriousness of her behaviour and showed no remorse. She continued to utter numerous fabricated stories. I.Q. on the Terman-Merrill Form L was 89 per cent. While in hospital she made an application to join the W.R.N.S. Transferred to a poorhouse, she soon reappeared at the hospital untidily dressed in an A.T.S. uniform without a cap. She claimed that she had never been discharged from the A.T.S., and that she had returned to the depot and been given the uniform. We learned that she had stolen the uniform, and had committed the same offence several times before.

The patient was arrested and was examined psychiatrically in prison. She told a fantastic

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story of having been married to a high-born foreign officer, who was, however, according to her tale, now serving a prison sentence for assault. She was admitted to a mental hospital under certificates.

## Discussion.

The fundamental factor was that each patient suffered from a psychopathic state, as described by Henderson (1939). A similar disorder of behaviour might occur in hypomanic or exalted paranoid reactions, but no instance of this was seen, although the diagnosis of hypomania was at first considered in Case 2. All the patients showed a serious disorder of the personality, existing long before the war, and this personality disorder was the prime cause of that form of abnormal behaviour with which they reacted to the war situation. The purposelessness and futility of this behaviour, to the ordinary observer, and the very serious consequences it had for the patients and for their families, illustrate once again the grave problems of the psychopathic states. For the sake of a false prestige they compromised their own, and sometimes their families' futures. In most of the cases arrest and treatment had no remedial effect, similar behaviour being repeated when opportunity came.

These cases belong to Henderson's " predominantly inadequate " class of psychopathic states, described by him as " almost more consistently abnormal or immoral, more malignantly involved in their individual tendency than the members of the more definitely aggressive group. . . . It is . . . a self-centredness which takes no thought of others, and has for its aim the individual's self-gratification and glorification, irrespective of what consequences may follow. . . . They are both narcissistic and exhibitionistic ; altruism has little or no place, but in their own mild way they take a delight in their morbid fancies in relation to others. . . . Such states of mind exhibit a detachment from reality, an altered consciousness, a form of split-mindedness where attention is difficult to gain, and where phantasy and romance lead up to situations which are more or less obvious over-compensations for the failure to adapt to actual conditions."

From this small series little can be learned about the *general* aetiology of the psychopathic states. In each case there was some family history of psychosomatic, psychopathic or general psychiatric disorders, but not enough to show that the patients' conditions were hereditary, although most were what one calls constitutional.

Some things can be learned about *specific* causes in these cases. The state of the patient's health was important. A history of more physical ill-health than the average was obtained in six of the cases ; and the general physical development was poor in three. One can see here a mechanism on Adlerian lines of over-compensation for physical inferiority. Not only the masquerading, but also many other aspects of the patients' behaviour showed this over-compensation. Six of the cases were medically unfit for military service for either physical or psychiatric reasons—three at the recruiting examination and three after a period of service. All seven patients were of military age. Again we can infer that a sense of inferiority —this time a specific one in relation to their contemporaries who were serving—conditioned the special form of behaviour disorder which they showed.

Only in Case 5 was much information obtained about the patient's phantasy life (and " he nearly believed the stories himself "), but we may assume that in most there was a complicated, unrealistic and wish-fulfilling phantasy system which almost took on the value of reality. Yet it did not entirely do so, which distinguishes these psychopathic states from psychotic conditions. The existence of a phantasy system can be inferred from the persistent and repetitive nature of the disorders—as opposed to the episodic and impulsive acts seen in other psychopathic states.

In Case 1 the patient as a child had an unusual degree of interest in guns ; in Case 2 there was a similar interest in toy soldiers. In most of the other cases there is no information on this point. It is possible that in Cases 1 and 2 there was a connection between the military phantasies of childhood and the later disorders of behaviour.

The social circumstances of the war situation itself probably determined the choice of symptom. Masquerading as a soldier must have been very rare in this

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country before the war, and I, at least, never saw an example then. Similar disorders of behaviour, such as impersonating titled persons, were of course quite common. All the cases in this series were so seriously involved that, apart from the war, they would probably all have exhibited other types of psychopathic behaviour.

The family record of military service was noted in each case except No. 7, although in Case 4 the data on this are incomplete. In five cases relations had served in the last or in this war. The amount of service in the whole group is perhaps not more than that of average families in the population, but one can note some special points. In Case 6 there has been an outstanding family tradition of military service and achievement. In Case 3 the father's success was much greater in military than in civilian life, and the patient greatly admired this success. In Case 2 a brother, whom the patient hero-worshipped, was serving. In Case 4 the younger brother was already an officer, while the patient's civilian career had been one long deception. One may infer that admiration or emulation of the military achievements of other members of the family was another—admittedly superficial—mechanism in these instances.

In conclusion one may repeat that the psychopathic make-up was the fundamental factor in all cases; that a sense of bodily inferiority was probably of considerable importance; and that some superficial reactions to the war situation can be recognized; but there must be other fundamental factors which we do not understand in these cases any more than in the psychopathic states generally.

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