Psychoses in the Expeditionary Forces. By O. P. NAPIER PEARN, M.R.C.S., L.R.C.P., Temp. Capt. R.A.M.C.

AT the present time, to investigate fully the psychoses of those in military service would necessitate an inquiry into the mental health of the male moiety of the entire British nation. Admitting the truism that the war has not produced any new form of mental disease, it is nevertheless interesting to bring forward and accentuate the differences and similarities found in psychiatric military and civil institutional practice.

When it is considered that a soldier on active service abroad requires observation on account of his mental condition he is sent away from his unit, usually with the diagnosis of N.Y.D.—not yet diagnosed (mental). After a varying, but, as a rule, comparatively short stay at various medical units in the country in which he is serving, he arrives at one of the specially selected hospitals in Great Britain.

At the time of writing, one of these, the Lord Derby War Hospital, has admitted over 6,000 such cases, who have all seen some form of service with an expeditionary force. Of these I have personally investigated 2,000. With such a large amount of material a medical staff varying in number with the exigencies of the service, and an amount of time varying in inverse proportion to that number, one is liable to retain only vague generalities. In order to avoid this I have thought it well to collect and tabulate some 200 cases, and use them as pegs on which to hang my facts, endeavouring at the same time to refrain from wandering in an arid desert of figures. I have selected cases which have made a sufficiently good recovery to warrant their being returned to duty, as being those concerning whom it is easiest to obtain some form of after-history either from their friends or from their regimental records, and also because the non-recoverable cases (dementia præcox, general paralysis, paranoia, etc.) resemble more closely those met with in ordinary civil practice.

Before considering these in detail it is advisable to make some remarks on the question of the war psychoses as a whole, as regards ætiology, diagnosis, and treatment.

"Stress of campaign," which is so often, and so justly, given as a primary causative factor, is by no means synonymous with stress of battle. To the popular mind, which generally figures the soldier as "driven mad" by terrifying scenes of carnage and rapine, it would come as a surprise to hear that 20 *per cent.* of the 200 cases have never been under fire, but the psychiatrist will have no difficulty in realising other pathogenic constituents inseparable from active service in a foreign land. The forcible divorce from the familiar entourage, the separation from home and family, the anxiety as to how the latter are faring, only

https://doi.org/10.1192/bjp.65.269.101 Published online by Cambridge University Press

temporarily alleviated by correspondence, and the fear of the unknown, all serve as pabulum to the seed of mental ill-health which may already have found suitable soil in which to germinate. The effect of an entirely strange environment is emphasised by the comparative frequency of psychoses in men of alien nationality who have enlisted in colonial contingents.

Heredity only figures among the causative factors in 10 *per cent.*, although special inquiries were sent to the relatives of each patient. This is obviously too low a figure, but I have long since come to the conclusion that the investigation of family histories can only be satisfactorily carried out with the co-operation of someone working outside the walls of the institution dealing with the cases concerned.

A history of excessive indulgence in alcohol was obtained in 10 *per cent.* of the cases also, and it is probable that the percentage here approximates more nearly to the truth, as the physical signs of the patients and the absence of any report to the contrary in the vast majority of them supported their affirmations of temperance. A few were seasoned topers who would have obtained means of getting drunk in the Desert of Sahara, and I have some remembrance of one who actually did. A few others had forsaken the beer of their forefathers, and followed after Bacchus in the strange and seductive guises he assumes in foreign lands.

A more frequent manner for an alcoholic psychosis to arise is in the case of the man who has been home on leave. After a period of enforced abstinence at the Front a man takes advantage of his furlough to indulge, and is found wandering about the port of embarkation on one or other side of the Channel in a confused state. This may occur even if he has taken only an amount which formerly would have had no gross effect on him, owing to his resistance having been lowered by his period of abstinence and stress. Syphilis does not figure as a causative factor in the selected cases, who are mostly too young for cerebro-spinal syphilitic affections. It may be noted in passing that general paralysis seems to have its onset hastened and its course accelerated by active service. This is in accord with the finding of Shaikewicz during the Russo-Japanese War. Syphilophobia is not infrequent, and will probably be met with more often while the education of the public in venereal disease is in the transition stage between ignorance and knowledge. Other infective diseases figure rather prominently. Of 60 cases from eastern theatres of war, 30 *per cent.* gave a history of malaria and 16 *per cent.* one of dysentery. It is remarkable, considering its prevalence, that in only two cases was trench fever considered connected with the onset of the psychosis, but the comparatively short duration of the acute stages of this infection is probably the explanation. As regards the front line, apart from the

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obvious causes of stress, a factor frequently met with is the fear of being thought afraid.

The question of diagnosis is a very difficult one, and it is for this reason that the headings in the table are so indefinite. Incipient, aborted, and mixed psychoses all occur frequently, and borderland states are often met with. The so-called functional nervous diseases daily contribute intricate and fascinating psychological problems. It is, in my opinion, natural that the nosology should be more puzzling in military cases than in asylum practice, when the differences in the circumstances under which they are brought to observation are considered. In civil life friends and relatives co-operate with the patient in concealing eccentricities indicative of incipient mental troubles, with the result that the patient not infrequently remains without medical advice until he becomes a danger to himself or others. The doctor is finally confronted with a subject violently excited or acutely depressed, with delusions rationalised, and hallucinations of the reality of which he is firmly convinced. On the other hand, the non-commissioned officer, who in the Army stands *in loco parentis*, looks with no friendly eye on any deviation from the normal in conduct or conversation, so that the embryo psychotic finds himself receiving attention from his company or medical officer at an early stage, and the result is that he is in the hands of the specialist before many days have elapsed. The patient himself often seems to realise that a state of confusion is incompatible with the handling of lethal weapons, and reports sick at times when he would not have consulted a medical man in civil life. Difficult as it is at the best of times to pigeon-hole the infinite variations from the indefinite normal of mind, it becomes still more difficult when such variations are, as it were, half fledged.

The effect of this early attention manifests itself in results which amply compensate for any diagnostic difficulties, for these cases respond to treatment in a very gratifying way. The following summary of the cases discharged to duty does not reveal very brilliant results, but it must be remembered that these represent quite a small proportion of the total recoveries, as the majority are returned to civil life. It will be universally admitted that it would be unwise to put a recovery from a tubercle sanatorium to work in any place where he stands a chance of reinfection, and it is equally unjustifiable to subject the ex-psychotic a second time to the stresses and strains under which he broke down. The 200 exceptions instanced herewith are mostly men who have manifested a strong desire to put on khaki again, and signified their intention of re-enlisting if discharged to civil life. It will be noticed that about 26 *per cent.* are regular or re-enlisted soldiers. These return to a familiar environment, and are often men more at home in the Army than anywhere else who are less likely to be subject to the very real

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mental pain of nostalgia. Home service for twelve months is the rule for these cases, but it is difficult to keep a man back when his friends are going to the front, and this doubtless accounts for the large proportion noted as having found their way overseas again. In spite of the discrimination employed the percentage of definite recurrence is 15, a number of others (12 *per cent.*) have been subsequently discharged from the Army, and the quota known to be doing well at the time of inquiry is but 47 *per cent.* In view of these facts, it is doubtful whether, from the national point of view, the occurrence of a psychosis should not be an absolute bar to any form of military service. It seems questionable whether the good work done by those who remain stable is enough to compensate for the trouble and expense involved in dealing with those who have a second attack, while if returned to civil life the latter would probably be useful assets to the State.

With reference to treatment, it will be found that the soldier is, broadly speaking, a good subject for institutional care. Subject as he is to a disciplined life, he does not find routine irksome, and is appreciative of privileges. A system of parole for convalescent patients does much to re-establish self-confidence. Comparatively few sedatives are found necessary, many of the patients being at a stage when a drachm of psychotherapy is worth an ounce of paraldehyde. I have found a popular exposition of Claparède's theory of sleep useful in some cases of insomnia. The visits of a kindly and tactful committee of ladies are much valued, and contribute, I think, towards doing away with any feeling of being sequestrated from the outside world. Such adjuncts as massage, electrotherapy and hydrotherapy are found useful from time to time.

In exhaustion cases mental and bodily treatment should go hand in hand; as the patient's weight increases his mental readaptation should be aided by psychotherapeutic conversations. Without this cases of "institution cure" will result. The patient appears so rational and well-behaved that it is not thought necessary to detain him any longer, but he has never obtained any real insight into his condition, and breaks down again on the slightest provocation after his return to the outside world. In the psychoneuroses I incline to explanatory methods rather than to suggestion *per se*. The latter yields excellent results as regards isolated symptoms but does not touch the root of the matter. Intensive suggestion is very valuable in patients too opinionated or feeble-minded to appreciate explanations.

Occupation is essential to recovery; but it must not be of such a kind as cannot be done automatically, and is congenial to the patient. Patients are told to aim at the ideal of being always interested and never tired. Such things as fancy needlework, artistic work, mat- and basket-making are very valuable as being easily graduated employmen

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at which the patient can recover self-confidence as he sees his output increasing. As soon as his fatiguability has sufficiently decreased he may be put to some outdoor occupation.

Summary of the 200 Cases.

Care has been taken to exclude cases whose history was incomplete, and those in whom the difficulties of diagnosis were so accentuated as to make it doubtful as to where they should be placed in the very elementary classification adopted.

Excluding professional soldiers, the composite picture obtained by taking averages of these is that of a man, æt. 27, who has had eighteen months' total service in the Army, ten of which have been spent on active service abroad. He has then had an attack of mental trouble which has lasted about four months. In connection with the duration of the psychosis, it is interesting to note that of 149 cases discharged from the London County Asylums in 1913, in only 63 did recovery take place in less than six months. I refer, of course, to cases of parallel age to those forming the subject of this article. In all but 12 *per cent* I have been able to obtain some data as to their career after leaving hospital, and have embodied some of the findings. The time of inquiry varied between eight months and two years after their leaving the institution.

States of excitement.—Under this heading have been placed all cases presenting the physical signs and mental symptoms of mania, but it is quite likely that some have been included who really belong to an exuberant phase of an exhaustion or other psychosis.

States of depression.—Striking similarities occur between the figures relating to these cases and those referring to cases placed in the foregoing category. It will be noticed that the average age is slightly higher. Men previously in the Army form a considerably higher proportion here, and I suggest that the subconscious comparison between service in the present times of crises and in peace time may have an influence in the direction of depression. It is possible that in some cases included here the depression is but secondary to a delusional state, which in those noted as not doing well after discharge has reasserted itself. The fact that in only one out of six cases with an alcoholic history was the subsequent progress satisfactory rather supports this view.

States of confusion.—The majority of the exhaustion psychoses are placed here, together with a few cases of acute delirium. A source of endogenous or exogenous toxæmia is traceable in most of them. It has been stated that neurasthenics never become insane, but when it is considered how much real fatigue is associated with a state of neurasthenia, and the amount of mental energy expended on processes

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that are normally automatic, it seems only reasonable that they should be more, rather than less, liable to the ill-effects of fatigue products. It is certain that many definitely psychotic cases are met with who have been what is now generally described as neurasthenic prior to the onset of their psychosis, and remain so after their return to their apparent normal.

It is amongst confusional states of exogenous toxic origin that the cases most fitted for further service are found, as would be expected from consideration of the incidental nature of their most important ætiological factor.

Psychoneuroses.—Every variety of mental affection, from general paralysis of the insane downwards, has at some time or another been admitted with the label "shell-shock." The cases classified here under that heading are those who have exhibited acute functional symptoms such as paraplegia or aphonia immediately following on some source of extreme emotional excitement, such as being buried, or knocked down by the windage of an explosion. In many cases a source of worry antedating this for a variable period of time is discoverable, and the shock has only acted as the culminating factor—the final crystal to the supersaturated solution, to use a hackneyed simile. The great preponderance of cases from the Western Front shows what a definite relation the frequency and intensity of shelling bears to the incidence of these troubles. Some of those classified here under neurasthenia commenced their psychopathic career with similar symptoms, but these had passed off at the time of their admission, leaving them in a condition the most salient features of which were tremulousness on the physical side, and lack of concentration on the mental. In other cases the onset took the form of a period of amnesia. It will be seen that these cases have not done very well after discharge, but it must be remembered that only those bad enough to be considered "mental" have been admitted, and that limitations of time have prevented that "following-up" treatment which is so desirable.

Delusional states.—Exclusive of a few alcoholic cases these have been mostly of a paranoidal nature, and such as one would have ordinarily regarded as unlikely to improve. With explanatory treatment many of these clear up even when they have had definite ideas of reference with some attempts at systematisation. Cases of paranoia proper have been comparatively rare. The average age, total service, and foreign service are all higher in this class than in any other.

Mental defectives.—Those considered here are naturally of high grade, men of poor general mental development who have been considered capable of coping with manual labour on home service. Two cases of "mental instability" have been included—subjects who developed attacks of irritability and intolerance of discipline due to

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	States of excitement.	States of depression.	States of confusion.	Psycho-neuroses.	Delusional states.	Other psychoses.	Mentally defective.
Number of cases { western theatre of war	32	28	35	20	12	8	8
Number of cases { eastern theatre of war	11	13	21	2	4	—	6
Average age	28	30	27·5	25	32	25	24
,, total military service (in months)[1]	21	19	20	19	22	18	16
,, service overseas (in months)	9	10	12	10	14	8	9
Number of regular or re-enlisted soldiers	8	14	16	7	4	3	2
Average duration of psychosis (in days)	128	126	121	123	121	151	107
Cases with history of previous attack	5	7	4	2	1	1	—
,, who had either { old wounds	3	7	7	3	1	1	1
,, who had either { recent wounds	1	1	3	1	—	—	—
,, with history of excess in alcohol	6	7	3	2	4	—	—
,, with psychopathic family history	6	5	2	2	2	—	2
,, who had not been under fire	11	10	9	1	6	—	2
,, still presenting symptoms at time of inquiry	5	8	3	4	1	1	1
,, who had a relapse or second attack	5	5	8	4	3	4	1
,, doing well at time of inquiry	22	16	38	3	7	2	6
,, discharged from the army subsequently[2]	3[3]	8	3	5	2	—	4
,, sent on foreign service again	15	9	14	1	2	1	3
,, not traced since discharge from hospital	5	4	4	5	3	1	2

[1] Excluding regular and re-enlisted soldiers.

[2] In the majority of cases invalided with some such disability as "neurasthenia."

[3] Two others in hospital at time of inquiry. Nature of complaint not known.

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failure of adaptability. Both of these have had fairly long service, as also had one man whose defect was chiefly on the moral side. Excluding these, it is remarkable how little active service causes a mental defect to become obtrusive even in those who have done fairly well in the Army at home.

Other psychoses.—Five cases of dementia præcox are included under this heading. Although the average time under treatment has been a month longer than that of any other class, none of these have done really well. In spite of an apparently complete recovery, their subsequent history shows that what was obtained was only a remission. There have been many cases which at first seemed to be dementia præcox, the catatonic, hebephrenic, and paranoid forms being simulated, but which have cleared up very quickly without leaving any mannerisms or psychopathic aftermath. These I regard as cases of "regression"—an attempt at adaptation on lower psychic levels when the superior functions are in abeyance. Capt. Maurice Nicoll, in the *Lancet* of June 8th, 1918, summarises them well in the following words: "Persons who showed a greater or less degree of infantility, with abnormally reinforced fantasy or dream life." In the present paper they have been placed with the confusional states. Two cases classed as impulsive insanity were unstable subjects who had committed impulsive actions through increased irritability under strain rather than under the influence of true obsessions or imperative ideas. In the one case of stupor the condition was preceded by a short period of excitement.

Conclusions.

While laying claim to no new discovery, I think that the facts presented in this article furnish additional arguments in favour of three propositions which have already received some support.

(1) That the early treatment (compulsory or voluntary) of psychotics is very important.

(2) That the presence of a psychiatrist on medical recruiting boards is very desirable.

(3) That careful consideration before returning a man who has suffered from an established psychosis to military service is very necessary.

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