SOME EXPERIENCES AMONGST NAVAL PERSONNEL.

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[*Abstract.*]

RETURNS have been available since the early days of the war of naval cases diagnosed as suffering from neuropsychiatric disorders admitted to the various R.N. hospitals and sick quarters in Great Britain. The following table gives an indication of the relative frequency of the different diagnostic groupings for the year 1940. These figures are in certain respects misleading. For example, uncomplicated cases of head injury would seldom be included.

A. *Psychiatric*—72 per cent.

Mental defect	3 per cent.	
Psychoses	7 ,,	(schizophrenia 1·75 per cent., mania 0·5 per cent., melancholia 4 per cent., " psychosis " 0·75 per cent.).
Psychopathic personality	5 ,,	
" Neurosis "	57 ,,	

B. *Neuropsychiatric*—18 per cent.

Epileptic suspects	7 per cent.
Head injuries	7·5 ,,
Cerebral vascular disease	1·0 ,,
Neurosyphilis	0·75 ,,
Alcoholism	1·0 ,,
Other	0·75 ,,

C. *Neurological* (*various*)—10 per cent.

As regards disposal and relapse, some indication is given for the same year (1940) in the following table. The first column indicates the proportion sent back to some form of duty, and the second column indicates the proportion of those sent back to duty who were known to have relapsed within that year as judged by readmission to hospital:

Psychopathic personality	32 per cent.	14·5 per cent.
Epileptic suspects	23 ,,	17 ,,
Alcoholics	59 ,,	14 ,,
Neurosyphilis	6 ,,	50 ,,
Head injuries	52 ,,	6 ,,
" Neurosis "	60 ,,	7·5 ,,

The numbers concerned in certain groups were too small for these figures to possess much meaning.

During the year 1941 " psychopathic personality " as a primary diagnosis showed a slight but significant increase from 5 per cent. to 7 per cent. of the total. It is probable and indeed almost certain that only the more aggressive types of psychopaths would be included. The incidence of this diagnosis in one of the naval neuropsychiatric units, which now forms an integral part of most of the main naval hospitals, would probably give a more accurate picture of the size of the

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problem in men admitted to hospital. In one of these units " psychopathic personality " accounted for 12 per cent. of all the neuropsychiatric admissions during the year 1941.

Turning to men seen as out-patients or on the " attending list," the figures available from a large series seen by a neuropsychiatric specialist at one of the main naval depots are of some interest and are rather encouraging. One of the main functions of a neuropsychiatric specialist in wartime is to decide what cases should not be taken seriously in the sense that they do not need hospital care. It is unnecessary to emphasize the dangers and loss of man power due to unwise or unnecessary hospitalization. In this particular naval depot, only 6·4 per cent. of all cases seen were referred to hospital, 3·3 per cent. were invalided directly without being admitted to hospital at all, and all the rest were kept at some form of duty. Of all cases seen, 6·8 per cent. were diagnosed as " psychopathic personalities " and 16 per cent. as " constitutional inferiors," whilst the diagnosis of mental defect (or perhaps, as it should be called, " subnormal intelligence," for few or any were certifiably defective in the medical sense) was made in 4·7 per cent.

In this same depot just over 5 per cent. of the cases seen had committed some offence, and were referred for a psychiatric report; and in about 80 per cent. of these disciplinary references, no medical reason was found why disciplinary action should not be taken.

It will be seen, therefore, that what have been regarded as being primarily manifestations of psychopathic personality in some form accounts for a substantial proportion of naval psychiatric work. On the whole many of the men so diagnosed respond to the treatment pretty well and haven't done so badly. It may well be that many of these cases should have been regarded as " psychopathic reactions " rather than as examples of " psychopathic states," and that the latter term should be reserved for those who show a persistent abnormality of behaviour in almost any circumstances. Be this as it may, it would be convenient to have some term to describe these often violent transient episodic but modifiable reactions that are so frequently to be seen in wartime, in which there is little evidence of a persistent affective disorder.

Now although the service prognosis for many " psychopathic reactions " seems to be reasonably good, the same cannot, of course, be said for those who suffer from pronounced personality disabilities of long standing, i.e. men whom all would agree to regard as psychopaths. These cases present an extraordinarily difficult problem in disposal and treatment. It is unfair from every point of view to inflict really unsatisfactory and unreliable men upon a ship's company; but on the other hand, to invalid such individuals creates a bad precedent and is bad for morale. Broadly speaking, the policy adopted in the Navy is to invalid those who show in addition to their abnormal character affective symptoms which by their intensity and duration seem to qualify them as medical cases. It is difficult to see why the possession of an abnormal character without symptoms should be regarded as constituting a medical problem, although this type of personality is, of course, a frequent setting in which symptoms develop. The neuropsychiatric specialists therefore write a report about certain of the men they see to the effect that there seems to be insufficient evidence to justify invaliding on medical grounds, and suggesting that they should be considered by the executive authorities for a special rehabilitation unit. The majority of such cases are deserters who, both in fairness to themselves and others, no reasonable person would desire in their present condition for ordinary duty; many, in addition to desertion, have constantly been reporting sick. This unit is run under strict discipline, discipline of the executive authorities with the assistance of medical officers specially selected for the purpose. The men are sent there for a minimum period of three months. They are usefully and healthily employed and undergo a strenuous physical training. So far the results have been encouraging. Thus of the first 49 ratings who up to June, 1942, had been in the camp for three months and more, 11 had been passed fit for general service at sea, 14 for various duties (coaling, boiler cleaning and the like ashore), 1 was discharged from the Navy, and 3 had been transferred to hospital for invaliding.

One of the main advantages of the institution of such a unit is its imponderable but undoubtedly real influence in preventing others from succumbing to personality disabilities which makes them unfit for sea service; but there can also be no doubt

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about its value for the men who are sent there. Many have attained a degree of physical fitness which they certainly never possessed previously. They have shown others, and above all, have learnt for themselves, that they were quite capable of doing a really hard day's work. There can be little doubt that as the result many of them have gained in self confidence and self respect, and now stand a much better chance of becoming and remaining useful members of the community, even if they cannot become useful members of a combatant unit. This must, after all, be recognized as beyond the capacity of many of the constitutionally timid. From the point of view of psychiatric selection, it is also a striking and encouraging fact that only such a small minority should have developed symptoms which necessitated their discharge on medical grounds.

In one naval depot about 4 per cent. of the men seen have been recommended for this form of rehabilitation.

It is, of course, too early to speak of the ultimate results that may be obtained or of the number that will relapse; but it can be said that so far this interesting experiment has justified itself, and that something on these lines would seem to be the least unsatisfactory solution of the problem of a certain type of psychopath in wartime—and perhaps also in peace.

It has only been possible in this brief presentation to touch upon a few topics, which it is hoped may be dealt with more fully at a later date in the light of further experience and more detailed study.

"**Psychopathic Personality in Officers,**" by Major D. C. CARROLL, M.A., M.R.C.S., L.R.C.P.

"**Experiences Amongst the Royal Air Force,**" by Wing-Cmdr. R. D. GILLESPIE, M.D., F.R.C.P.

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Discussion.

Lt.-Col. A. A. W. PETRIE, who opened the discussion with his paper on "Types of Psychopathic Personality," said before discussing this subject:

I would like to make a digression on a point raised by Prof. Henderson in regard to social medicine. He urged the importance of preventive mental health in any such development, and I would like to emphasize this. It would be a great pity if the selection work undertaken by the Services in classifying and grading individuals and fitting them for the most suitable employment was allowed to lapse, as such work should form an important element in any properly constituted mental health service.

Prof. Henderson also raises the question of the responsibility of the psychopathic personality, and quotes Lord Alness in suggesting that there may be persons only partly responsible for their actions, and the work of Hill and Watterson with the electro-encephalogram supports this. They may be most dangerous, and it raises this question as to how far some form of preventive detention should not be available before they commit murders and other asocial acts against the community. As the law stands they are legally responsible, and must be punished for their actions.

It is interesting to note that a recently executed murderer had an abnormal EEG, but all the medical opinion concerned considered he was responsible for his actions.

Dr. W. H. SHEPLEY (Warlingham Park Hospital): In the face of so many distinguished contributors of opinion, it is only because of my special opportunities for observation that I venture to offer certain views of my own. It is my privilege to conduct in Croydon, in connection with the Warlingham Park Hospital, a clinic exclusively devoted to cases of delinquency on remand from various police courts within the London area. In contradistinction to psychoneurotic or psychotic illness proper, these young people present behaviour problems and dissocial conduct of various grades and kinds. Features such as truancy, vagrancy and larceny are presented as problems for psychological investigation with a view to guidance and advice as to how best they should be dealt with. This clinic also deals with cases presenting features such as inadequacy, emotional instability, impulsive behaviour and inability to profit by experience—in short, cases essentially presenting psychopathic reactions. One may claim also experience of not a few young male subjects who, for various reasons, have proved failures in H.M. Forces. I have especially interested in the study of constitution in its relationship to mental disorder, one has naturally sought for evidence of inherent constitutional defect as a basis of understanding of the problems such as have been enumerated above—that is to say for a defect state dating from birth, and genetically determined. With increasing experience however one has learned to appreciate in growing measure the significance of conditional and developmental factors operative in many of these cases. To appreciate the genesis of these misfits, the importance of early childhood experiences can scarcely be over-estimated. In the case of young males, the influence of the mother is of paramount importance or the absence or defect of such influence, as the case may be. Were I asked what in my opinion is the most significant single factor in the ætiology of Services unsuitability, I would, without hesitation, say persistent unconscious erotic fixation to the mother, either as the result of earlier undue maternal solicitude, or the fostering in childhood, of fear reactions and an undue dependence. That in some individuals a peculiar constitutional susceptibility to such influence exists I have reason to believe. Irrespective of causation, that certain individuals are psychically unfitted for the Services is only too often proved by experience, their psychical weaknesses being only revealed when, for the first time, they encounter in masculine associations disciplinary rigour, which contrasts with their feminine tendencies. To prevent such individuals so largely foredoomed to failure from entering the Services, their recognition is a matter of importance. Features of effeminacy, either of physique, dress or bearing, not infrequently can be recognized. A peculiar sensitiveness, such as may be expressed in aversion to physical examination or to bathing in the presence of their fellows, is worthy of note. Their recognition is the more important, since it not infrequently happens that these individuals show actual anxiety to enter the Forces in compensation for their conscious lack of manly qualities. One of my patients, for instance, with obsessional neurotic traits in particular, deliberately withheld all information that he had been under treatment, in order to enter the Army. To the best of my remembrance he lasted just a fortnight and finally narrowly escaped committing suicide, being prevented from jumping from the window of his barracks. As regards treatment, I feel bound to say that such conditions cannot be successfully conducted under Service conditions. These cases constitute a class psychically unfitted to

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meet physical danger or even the training of the three great Services. Disciplinary action serves only to aggravate their condition; indeed, it not infrequently happens that they provoke punishment in order to satisfy a sense of unconscious guilt. I submit that an endeavour to train such material is a waste both of time and effort, to say nothing of the deleterious effect upon the subject. The solution of the problem lies in their recognition and exclusion at any rate from the fighting Services.

As regards the medico-legal aspects of psychopathic personality, this subject to me is of far greater importance. One deals with young people referred from the courts because the magistrates to-day appreciate that there is more in their behaviour than meets the eye; they have learned to know that many cases of delinquency require deeper understanding. I cannot go into any great detail about this more generally, but will take this opportunity to tell you something about one particular case because of its especial interest. The case in question came under our care at the hospital over four years ago and is with us still. One afternoon a woman came along to Warlingham with her daughter, aged 18, a bright, attractive girl, intelligent and outwardly normal. The girl came as a voluntary patient, but the mother drew me aside and said that the police had told her that the girl should be brought, she being willing to come. They had come from an inquest on a child found dead whilst in the daughter's care, she being the child's nursemaid. The mother said that the girl, Mary, had impulses to do terrible things; that she had set fire to houses, and what was even worse and disturbed the mother more, was the fact that on two previous occasions, in different homes, where she had been in charge of a child, the child had been found dead. In each such case an inquest had been held, Mary being the principal witness. One quickly sensed that one was faced with the probability of triple murder. I admitted the girl in the usual way and talked to her in particular regarding her alleged tendencies. She admitted to having set fire to houses, and said she felt impulses to do terrible things for reasons which she did not understand. She did not at that time admit having been instrumental in the death of the children. Some weeks later she sent for me and said she wished to talk to me alone. She stated forthwith that she had killed the three children, in each case by smothering. Confronted with this confession, no other course than its communication to the police was deemed possible. Through official channels the matter was submitted to the Director of Public Prosecutions, who, in his wisdom, decided on no further action provided the girl be kept safe. For us, however, remained the problem of determining what underlay this girl's conduct. As already stated, she is intelligent, indeed a scholarship girl; moreover she is ordinarily pleasant, and apart from these emotional impulses, which she neither understands nor can control, appears a very normal sort of girl. I have spent a good deal of time trying to analyse her condition, and feel that at last I have reached a basis of understanding which I will now submit to you for your own judgment. The girl has been, and still is, particularly attached to her father; of this there can be no doubt. She has an even greater unconscious emotional fixation on her father, and we know that such fixations in young children, girls especially, are the rule, and that they have a sexual significance. At puberty we know that under the influence of endocrine activity, there occurs a heightening of psycho-sexual tendencies. It so happened in Mary's case that at this vital time, viz. when she was 13½ years of age, her mother presented the family with a baby sister and Mary was sent out to other people's homes as nursemaid. Though repression had withheld from her consciousness recognition of the fact that she hated that baby there can be no shadow of doubt; the baby was her father's baby, and her mother, to whom she is consciously unsympathetic, had at that time become her unconscious rival for the father. The primitive mind knows no morality. She could not smother the baby in her own home without incurring her father's anger and the loss of his love, but in other people's homes she was given charge of children with tragic results, and I submit to you that her actions were the outcome of repressed hate, based on what had happened in her own home. That so long as she retains these propensities she must be kept safe no responsible mind can doubt. You may well ask whether we shall ever know that she has lost them, and further whether anything beyond the achievement of understanding can be done to assist her case. I would say there remains, by entering an emotional relationship with her, the possibility of my assuming a parental role, and ultimately assisting her to self-understanding. Already time has passed; it will soon be five years since she entered Warlingham, and I think it reasonable to hope that the added endocrine activities of puberty are subsiding, and that a balance is taking place. One knows that murder is murder, and that the gravity of her tendencies cannot be over-estimated; nevertheless in the light of understanding one cannot but feel a certain sympathy towards her. One knows only too well also that the delinquent is all too often misunderstood, and indeed does not understand himself. Their actions are anti-social and not uncommonly against the law, but there remains for us as exponents of psychological medicine an increasingly important role, namely, to assist the law to a fuller understanding of those who do not understand themselves.

Dr. A. P. Rossiter Lewis (H.M. Prison Service) felt that since psychopathic personality seemed essentially a disorder of conduct, and, therefore, usually brought to light in that way, he would balance the scales in the discussion by a short reference to psychopathic personalities as met with in prison work. He had been associated with prisons for about five years, and during the last three years he had been largely responsible, as had apparently the previous speaker,

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in dealing with cases from the courts in London, Middlesex, Surrey and Croydon areas, of delinquents between approximately 16 and 23 years of age, and reporting upon their mental and physical states in relation to crime.

The points made by Prof. Henderson seemed to fit exactly the opinions he himself had formed during the last three years. The types one saw in what one might call an adolescent criminal population as seen from within the walls were not necessarily all psychopathic personalities; no one would accept the old view that they probably were; at the same time he had seen an extraordinary variety of these so-called psychopaths. He wished to ask one question of the speakers. He had not heard mentioned the possibility of psychopathic personality following unrecognized encephalitis, and since most people would agree that in post-encephalitics one did get vicious propensities and conduct disorders, it seemed to be a real point—were most of the so-called psychopathic personalities really post-encephalitics?

Encephalitis might occur amongst children or young adults more or less as an influenzal infection and pass unnoticed. This was brought home to him just recently when a case occurred which was reported in the papers of a young man, a soldier, murdering a small child. He was brought up at the Old Bailey and the defence produced an electro-encephalogram, but was unable to show conclusively that he was abnormal. For 12 months he had had that young man under his care at a Borstal Institution, and came to the conclusion that he was of sub-average intelligence plus psychopathic personality. There was a significant history of delinquency after the age of 11, and his foster-mother said that at 10½ years of age he had an illness which was, at the time, diagnosed as sunstroke. He wondered if this was really encephalitis, and perhaps his later stage was post-encephalitis.

Other cases had shown that the intelligence of these subjects might be subnormal or, on the other hand, extremely high. He had one young man in the latter category who joined the Army as a private. He was of illegitimate birth (again, an important point). He was not satisfied with being a private and wanted to become an officer. He went to Victoria Station dressed in officer's uniform, spotted a battalion going on to a train, held them all up and told them to report back to barracks and then disappeared. Subsequently he held a party at a large hotel, costing £300 or £400, and disappeared again. He turned up later and had a term of imprisonment. The speaker went into the case in great detail. The man was well educated and capable, but there was obviously some maladjustment somewhere. Whether psychopathic personality in this instance was inherent or due to environmental causes was extremely difficult to assess.

Dr. J. E. Middlemiss (Leeds Mental Health Service) said that his only justification for making any observations on this subject was derived from three aspects. First of all it was his duty to certify mental defectives for the City of Leeds, which duty he had carried out since the inception of the Mental Deficiency Act. Secondly, he had to attend medical boards as No. 1 Examiner, that is, to examine the nervous and mental system of the patient, and thirdly, in his capacity as E.M.S. psychiatrist.

With regard to the first, his contact with this type of individual in the examination of mental defectives, some years ago he read Prof. Henderson's treatise on psychopaths, and this was his first acquaintance with that particular terminology or realization of it as an entity, and he made the disconcerting discovery that many cases which he had certified as high-grade mental defectives were in point of fact comprised under the term "psychopathic personality." The differentiation between them and the real high-grade mental defective was extremely difficult, but in so far as there was a differentiation it seemed to him to lie in their inability to adapt themselves to social conditions of any kind. That was consistent in many cases with a degree of intelligence which was rather higher than that usually associated with high-grade mental defect. This was rather a confession, but he had no compunction; they had to be dealt with in some way and one felt that they complied with the conditions of the legal definition, although many of the cases would come (more properly) under the description of psychopathic personality.

Some of the speakers referred to these patients' inability to adapt themselves to the social conditions of civilian or military life. As far as his own contact with them as certifying officer was concerned it was with regard to civilian life. The usual history was that the girl (it was usually a girl) was not of low grade, but of fairly high intelligence, although definitely subnormal. She had had a series of situations which she had never held or which she had left for trivial and completely inadequate reasons, also she was emotionally unstable, subject to fits of depression or sulkiness; in fact it was not until the age of puberty or late adolescence that there was any question as to her mental abnormality. She generally passed muster at school, and it was only when she had to adapt herself to an ordinary social environment that she was found wanting. He was not at all sure that the term "psychopathic personality" was not much more fitting for this type of case.

Another aspect was as E.M.S. psychiatrist called upon to examine and report upon cases, either Service or civilian, in E.M.S. hospitals in the West Riding of Yorkshire. There the material was of a very mixed nature. He had no figures and could give no details, and any remarks he made must be regarded as of an impressionistic nature. The outstanding feature of most cases—he thought this applied to some 75 or 80 per cent.—was that one felt they should never have enlisted. He was not implying the least criticism of the medical boards because, as some of the speakers had emphasized, it was absolutely impossible in the space of a quarter of an hour or 20 minutes to form any adequate opinion of the mental status of the examinee.

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A low-grade mental defective could be seen across the room, but they were not discussing that type. A person who could not adapt himself to normal conditions of life could not be diagnosed in that way. The cases in E.M.S. hospitals were very mixed; quite a number would come under the definition of psychopathic personality; he could remember seeing some 50 or 60 cases all told within the last two years. He could only recall seeing two cases of real psychosis; many of them were psychoneurotic conditions, or conditions which they would call constitutional psychopaths. Their histories, as far as one could get them from the patients, showed incapacity to adapt themselves; there was also some eccentricity in adapting themselves to communal conditions. They did not play games; they were often of the type comprised under the term "effort syndrome," this being a purely nervous condition. There was nothing organically wrong with the heart; they were quiet, of studious habits, and often introverts. Many of them described themselves as being "quiet"; their activities did not call for any comment; did not attract notice, under ordinary conditions; it was only when they were up against Army conditions and had to adapt themselves to disciplinary life that they were unable to conform. They often could not do anything active, such as route marches, and for one reason or another they failed.

Another outstanding characteristic was that almost without exception their length of service was extremely short, rarely more than a few months, sometimes a matter of weeks, and one was called upon to make a diagnosis. In the E.M.S. hospital one had plenty of time to do so. They were often referred to the speaker because they had been admitted to hospital for some subsidiary physical condition, some somatic condition. In every case a most exhaustive examination had been gone through, so that one could take it there was no physical evidence of disease; in so far as the symptoms were somatic they were psycho-somatic. Although the cases were mixed, many being of a psychoneurotic type and not conforming to the definition they had had at that meeting, yet there was abundant evidence in the great majority that they were unable to live the normal life of the community.

The only other contact he made with these cases was as an examining medical officer to the medical boards. This was not an apologia for himself or for those concerned, but he thought the meeting should be made aware of the lack of opportunity of real psychiatric examination. It was quite impossible in the short time available to do more than detect the most obvious mental abnormalities. There was usually no medical history available, and except for the obvious defects there was no opportunity for making an adequate mental examination. He believed there was to be an improvement whereby the examiner No. 1 who was concerned with the nerve cases was to be relieved of his duty of examining the eyes, for which relief they were thankful, but it was only going a very little way.

Sir LAURENCE BROCK said that he wished to ask a question which interested him as an administrator. They must have been struck by the experience of the Service representatives, because all the cases discussed had one salient feature in common, in that they were all cases of men who were a very bad bargain for the taxpayer. A great deal of time had been spent in the effort to train these men, and a great deal of time had been spent by other people in the effort to treat them. How many of them returned to service, possibly only for short periods, he did not know. But, even if the proportion of apparent recoveries was fairly high, it was doubtful whether they were likely to be of real value to the Services, and a great many of them certainly represented a definite loss to the taxpayer.

The question he wished to put was what practical steps could be taken to see that men of this type did not get into the Services, or if, as in many cases they did, to see that they were eliminated at the earliest possible stage. It was a difficult problem both from the administrative and the medical standpoint. As far as the mentally subnormal were concerned, a good deal had been done to eliminate them by the use of group testing, particularly by the Raven tests. But in the case of the mentally abnormal, the problem was much more difficult. As Wing-Commander Gillespie had pointed out, there were no tests which could be applied. The Americans were tackling the problem, as far as one could judge from the American journal *Mental Hygiene*, by attaching psychiatrists to medical boards, and they were making a great effort to eliminate the mentally doubtful. It was easier for them because they had a large margin of manpower, and could therefore pick and choose instead of having to be content with eliminating only the obviously unfit. Even so, it seemed very doubtful whether attaching a psychiatrist to a medical board would really help to pick out the cases which they wished to pick out. If it was possible to supply the medical board with a medical history, as appeared to be done in Connecticut, then no doubt a substantial proportion could be eliminated.

The experience of the Service representatives was confirmed by what Colonel Hadfield had told him, that the great majority of cases treated at Sandhills Park would never have been accepted if the examining boards had known their past history. But he did not see how that could be brought about. It was not mechanically possible with the present arrangements for examining recruits, and the pressure of time and the shortage of medical men made it impossible for them to go into the patient's medical history. But whatever the difficulties, he thought more might be done to eliminate at an early stage those who showed themselves to be mentally unadaptable to Service conditions.

Sir Laurence said that he quite realized that if discharge was allowed on grounds of mental

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unsuitability, it might be an encouragement to the malingerer and an annoyance to the other man who felt that these people had "got away with it"; but he thought it was worth facing because a few mentally abnormal men could do a great deal of harm, and they represented in the aggregate a terrible waste of effort.

He wondered whether it would not be possible by more lectures, more education of Army medical officers, who were not, he was afraid, always as psychiatrically minded as one or two speakers suggested, to see that these cases, the taxpayers' bad bargains, were eliminated from the Services at a much earlier stage. Experiments such as the Navy experiment were very interesting, but they did not advance the war effort in the least. How many of those men if they went back to duty would remain in the Service or would be of any real value? He suggested, as a practical question, that they should concentrate more on the difficult problem of how to "spot" the man who would not be any use, and how to get rid of him when he had been "spotted."

Dr. N. H. M. BURKE (Cell Barnes Colony) said that the real problem seemed to him to be one of definition. What did they mean when they spoke of a psychopathic personality or state? It seemed as if it could be made to include anybody who was in any way inadequate in mental make-up. The only practical way in which to use the term was the way in which Carroll and Miller used it, that is for people who had a background of inability to adapt themselves to life, and to exclude from it anybody who had developed one of the recognized syndromes. If the term could be restricted in that manner they would all talk about the same thing at the same time—which they had not done that afternoon.

Those who had mentioned defectives, either to include them or exclude them from their series had all been people who had not spent their lives in deficiency work, and they had given way to the prevailing fallacy of thinking an intelligence quotient had a great deal to do with the definition of mental deficiency. Those who were in the last war came to the conclusion that it was run by the orthopaedic surgeons; now it seemed that the war was being run by the psychiatrists, and he wondered if the psychiatrists of the three Services were allowed to get together to share their opinions and experiences, and produce some sort of common effort, including some common policy on the question of whether a man who is a failure in one Service might be useful in another. He had seen two cases of ex-soldiers, with the D.C.M., in mental defective institutions, so that it was possible to be a useful soldier and yet be defective. It was known that the Services were using some of their better defectives in various suitable occupations. He thought any superintendent of a colony could run a perfectly useful labour unit of defective patients, with N.C.O.'s from members of his own staff.

Dr. A. W. GREGORSON (Chairman, Tottenham Medical Board) said they had heard considerable criticism regarding the number of psychopathic personalities which had been admitted to the Army. The medical boards were allowed 2½ hours to examine 30 men. All the physical conditions had to be investigated; by the time the heart and the constant incidence of gastric trouble had been gone into there was very little time left to investigate even in the smallest way the man's psychopathic personality. It was only within the last few months that the attention of medical boards had been drawn specially to this investigation of the nervous system, and it was a miracle that the figures quoted were so low. It was a very great compliment to the capacity of the average doctor sitting on the boards.

How much could be done in five minutes in investigating the mental stability of a man, whether he was likely to break down under service conditions or not? The plea that they could be referred to a psychiatrist was all very well; it was like referring the man to the tuberculosis officer—a suspicion was created in the mind that was never destroyed. As Chairman of a London medical board he would be very happy to accept the slightest hint from the members of the Association as to how he was to eliminate these potential psychopathic personalities which came before his tribunal.

Dr. HAYNES said he was the Chairman of an Essex medical board. No. 1 did not examine the eyes, and they had 22, not 30 cases in the 2½ hours, which gave a considerable margin. He thought that was now the rule everywhere.

Dr. GREGORSON said the reduction took place three weeks ago in the London area.

Major S. A. MACKEITH wished to make one or two comments on the points raised by the last speakers and also the point made by Sir Laurence Brock. They should realize that it was difficult, not only because of the limitations of time which had been explained, but because the syndrome—if he might call it that—of psychopathic personality was by the definition given to it peculiarly difficult to detect as compared with other psychiatric disabilities. They might reasonably expect a medical board even in their limited time to detect quickly the grosser mental defectives, or a good many of them, or people who were actually psychotic, but they could not reasonably expect a medical board working at a fast rate to detect this particularly subtle kind of psychiatric entity, particularly as it was in the case of the psychopathic personality people, as compared with other psychiatric people, that they were dependent on the history.

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It seemed to him that they should face the fact that they could only, at the medical board stage, hold back a few, mostly on grounds of very low intelligence or actual psychosis. He would be glad to hear that the consultant psychiatrists were used frequently by the medical board. There was a succession of increasingly fine meshes in the Army system and the psychiatric sieve at the medical board should be extremely wide, holding back, so to speak, only those men who were obviously and grossly mentally defective or suffering from the grosser kind of neuroses, or referring them to a psychiatrist because there was a succession of other sieves. The next sieve, and perhaps the most important, was the sieve represented by the new procedure to which all recruits were now submitted when they joined the Army, which included the giving not only of a set of intelligence tests, but a careful assessment of the man's employment; an interview with him by a serving soldier, and a reference to a psychiatrist, and he did not see why it should be thrown back to the medical board.

After that there was another sieve with a finer mesh represented by the man's time in the primary training centre and in his group training centre and his field force unit where there would be a gradually increasing stress of environmental conditions throwing up more and more types as the strain became tougher and the filter became smaller. It was this succession at which they should aim, and not expect the medical board to remove the whole lot at one time.

Dr. SESSIONS HODGE was glad Major MacKeith had mentioned the Army sieve; we had started it late in the war, but it would do some useful work. He would like to re-emphasize Major Carroll and Major Miller's criteria of psychopathic personality, and as Major Carroll was present perhaps he would check up some points; that the condition was endogenous, present from childhood, chronic since puberty, and one of the characteristics was lack of flexibility. To that he added that the psychopathic personality showed difficulty in relating experience, which possibly accounted for extreme indifference when faced with punishment. It seemed to have little deterrent effect—a point of medico-legal importance. What that meant neurologically speaking he did not know, and he would be very grateful if anyone could suggest why this failure of ability to relate experience and incorporate it into the personality made these people show little or no effective reaction to punishment. Why did they become chronic delinquents?

The wider conception of these states, when one began to consider such an entity as they had called psychopathic personality, seemed to have some bearing on the whole of neuro-pathology and psycho-pathology. Could one not consider that one was dealing with a reversible or irreversible reaction, and whether or not that reaction began at some stage as reversible and when it had gone further it became irreversible, except in the presence of a catalyst? If one took Major Carroll's criteria that this was a condition of early onset, was endogenous in fact, one should look for the treatment as being applied at an early stage when the reaction might possibly be reversible; this would mean that the treatment would have to be applied to the child.

He had been concerned with his colleague, Mr. Grey Walter, in electro-encephalographic examination of delinquent children. They were finding that one form of delinquency correlated witn this cerebral cortical syndrome, and that was the temper tantrum. Arson, larceny, sexual offences, truancy,—no relation,—temper tantrum gave a relation which was rather interesting. One swallow did not make a summer, but they had just re-examined a child who was amongst the first batch examined round about six to eight months ago. He was a West Indian and illegitimate. He had appalling temper tantrums in which his remarkable physique rendered him dangerous to any other child. Grey Walter was extremely tentative in his estimation of the findings, and said they were in the position of recording a change of rhythm. They did not know what it meant; it occurred either at rest or with hyperpnoea. This particular child showed what they were coming to recognize as this particular dyscrasia. He was treated in one of the county hostels by psychotherapy, he was given a special environment, certain play therapy, and at the end of about eight months the electro-encephalogram showed normal rhythm at rest, but after hyperpnoea he showed an abnormal rhythm. The speaker did not know what it meant.

What was to be done with the developed psychopathic personality, with the type of service case sent back to civil life? He did not know whether the treatment would require to be something dynamic; he would like to hear what other people suggested. As there were two R.A.M.C. representatives present would it not be possible to have a rather closer *rapprochement* between all the fighting services and the E.M.S.? When he returned he had to see a man who had been discharged from the Navy as a psychopathic personality. He had seen two cases from the Commandos who were discharged as being just "too tough even for them," which disposed of the suggestion that they would do well in such a unit. Both turned to a life of pillage, rape and plunder and were now under the Home Office and came into his care. There was no record sent out with these people; he fully understood the difficulty, but if there could be some closer co-operation in dealing with such cases it would be helpful because they eventually came under some authority, if it was only the police.

Prof. HENDERSON, in reply, wished to answer the question regarding cases of encephalitis. In children it produced extraordinary behaviour disorders, but in the cases for the most part with which he had had to deal he had always carefully excluded such cases from the group of psychopathic states; he regarded them as post-encephalitic states with behaviour disorders.

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It was important in taking the history of these cases that one should be perfectly clear that there had not been any infective illness which might raise the question of post-encephalitis.

The only other point he would particularly mention was in regard to Sir Laurence Brock's description of himself as an " intelligent layman " asking pertinent questions on the advisability of enlisting these people into the Services and how they could be disposed of. One could only look back to one's experience of the last war, when similar difficulties arose. At that time he was responsible for drawing up a report in which he made the suggestion that so far as recruitment was concerned, practically every person in the country had a doctor, and there was no reason at all why when large numbers of recruits were being enlisted they should not bring to their medical boards a statement from their general practitioner as to their previous health. That would not go all the way, but it would go towards it. There must be a passage of this material into the Army, the Navy and the Air Force ; it could not be absolutely excluded, but he thought much more could be done.

He had experience of medical boards in Edinburgh and certain other districts in Scotland that referred cases to him for an examination as to whether or not they were suitable for enlistment in the Forces. He had never found that any of these patients had resented being referred; they had always come rather with the feeling that their nervous condition was being investigated, a special examination was being held, and they had all expressed gratitude that their condition should be so carefully examined, and he did not think these men regarded it in any way as being a reflection on their character or on their personality that they should be referred to the psychiatrist for a further examination of their condition previous to the possibility of enlistment.

Dr. HELEN BOYLE, in moving a vote of thanks to the openers of the discussion, said she felt very much that the day had been most encouraging. They had heard of various definite advances which had been made during the last year or two which had enabled diagnoses to be made. She must admit that the term " psychopathic personality " seemed to be a little vague; they had heard attributed to it almost everything—mental defect, murder, anxiety neuroses, depression—all the cases that they met in ordinary nervous clinics, and she was very grateful indeed to have had definite categories given in which these cases might be put. This helped to some extent, but the really helpful thing was the hope held out that they might base their diagnosis on something more solid than hitherto had been the case.

She was not so sure about psychopathic personality. She had heard many other vague terms used, such as " shell shock." They were very useful for a time, but they were swept up in the course of time, when psychiatrists were able and certain of their diagnoses, correlating them with physical conditions.

She had much pleasure in moving a hearty vote of thanks to all the speakers.

Dr. ABDY COLLINS seconded and added his appreciation of the enormous amount of work undertaken by the speakers in preparing their addresses. He was also glad to hear that " psychopathic personality " was not a sack into which everybody was put. Some of these terms were dangerous.

The vote of thanks was accorded by applause and the meeting terminated.

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