Mental Conditions Disqualifying for Military Service.


In addition to cases of insanity and mental deficiency, all armies have to deal with considerable numbers of soldiers with hysteria and neurasthenia. The prevalence of these disorders increases greatly during war and at times of large mobilization.

In a recent letter from W. Maule Smith, M.D., Major, Superintendent of the West Bromwich Infirmary in England, he informs me that in Great Britain the British have four base hospitals for mental and nervous cases, viz., two in England, one in Scotland and one in Ireland. The Canadians have one and the Australians have three such hospitals in Great Britain. All patients suffering from nervous and mental conditions are returned from France and are then drafted to these base hospitals, where they are reassorted and sent to smaller hospitals which are reserved for them. Cases which are still in the Army are sent to these base hospitals direct. If discharged from the Army while suffering from mental disease, they are sent to the county hospitals, but are paid for by the Government. "Most of these men that I have seen," he says, "are suffering from special sense derangement, taking the form of hallucinations of hearing and sight, also aphasia—or rather aphonia—lasting for a considerable time; amnesia and disorientation from the date of the casualty. The rule is that no case of mental disease resulting from fighting is certified in the ordinary way as insane."

From a still more recent letter from John Macpherson, M.D., Lieut.-Col. and President of the Medical Board, I quote the following: "Until recently all mental and nervous cases invalided from the expeditionary forces had been sent from France and other centers to this country (England). Recently, with regard to France, arrangements have been made for treating certain of the milder neurasthenics at base hospitals in that country. Cases occurring in Mesopotamia and Egypt can only be gradually transferred home after passing through base hospitals there and through hospitals in Malta, finding their way sooner or later to England. There are approximately 2700 beds in England, chiefly in asylums which have been converted into military hospitals. During their stay the patients in these hospitals are not certified. We are under promise to the country through the House of Commons to retain all overseas mental cases which are certifiable except, (1) general paralyses, (2) those with previous asylum history, and (3) bad epileptics. This applies only to those who have been with the overseas force. "With regard to neurasthenics proper," Dr. Macpherson continues, "it is difficult to estimate the exact numbers. They are, as a rule, housed in special military hospitals, under special medical care. These hospitals have been converted specially for these cases. As the
number of casualties increases and the number of men serving the colors also increases, there is a gradual increase in the number of neurasthenies; and, in proportion to the severity of the fighting and the increase in the use of high explosives, the number of neurasthenies and shell-shock cases varies. They include the following classes: (1) shell-shock, (2) neurasthenies, (3) functional paralysis, (4) tachycardia, (5) epilepsies, traumatic and idiopathic, with a sprinkling of hysterias and various other nervous disorders.

"If you estimate that, of all beds for military purposes provided in this country, five per cent. are allocated to mental and nervous cases, you will, I think, have a fair estimate of what you will have to provide."

The report of conditions at Halifax for August, 1917, shows that for each unit of 500 returned soldiers, 30 are tubercular, 25 nerve and mental, 70 amputations. On arriving at the Halifax discharge depot, hospital trains are in readiness for the unloading; and the mental cases, each with an attendant, are unloaded first and are sent to the insane hospitals at Coburg, Ottawa, Col. Alfred Thompson in charge.

Up to January, 1917, there have been approximately 300,000 troops sent overseas from Canada, of which 175,000 have seen service at the front. Of these there have been reported among the Canadian troops in England 4,316 casualties under the grouping of nervous and mental diseases, that is about 15 per thousand. It has cost Canada about $2000 per man to send her troops to the continent and return. It is easy to see what a mistake it is not to eliminate these mental and nervous soldiers, as far as possible, before sending the men overseas; as 18 per thousand of these men never got to the firing line. The nervous and mental casualties of Canadian officers and men were 2.38% of a total of 180,496 casualties of all kinds, including deaths, wounds in action and general diseases requiring admission to the hospital. They were made up irrespective of any question of discharge or permanent disability, such questions being determined at Quebec. Over 11,000 cases have been returned to Quebec and they are now coming in at the rate of 2,000 per month. From 4,000 general diagnoses of returned soldiers, made by the Medical Board at the Quebec discharge depot, a group classification is as follows:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gunshot wounds, all kinds</td>
<td>25%</td>
</tr>
<tr>
<td>Nervous and mental diseases</td>
<td>12%</td>
</tr>
<tr>
<td>General medical diseases</td>
<td>12%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>7%</td>
</tr>
<tr>
<td>Other cases</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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</tbody>
</table>

Thus, in more or less permanently disabled soldiers, nervous and mental diseases divide second place with general medical diseases, and overrank, as they do in our Army, tuberculosis.

"The indetermination of the term 'shell-shock' has contributed to the confusion so common in military statistics on that subject. There seems now to be a strong temptation to designate as 'shell-shock' every medical case with nervous symptoms where the patient has been in the neighborhood of exploding shells. The tendency is to classify such disorders according to the apparent cause, without due consideration of the symptoms, course or, in many cases, the motive. A true concussion effect upon the nervous system, with organic changes, doubtless exists, and sets up symptoms similar to those of Oppenheim's grave traumatic neuritis. Surgeon-General Frothingham, who has been much in France, says that such cases are very rare. Most of the cases now denominated as 'shell-shock' present no features with which neurologists were not fully familiar under the terms 'hysteria' and 'neurasthenia,' and they carry with them the tendency to exaggeration and shaming so common in those neuroses. Near the firing line, the diagnosis of 'shell-shock' is made only when physical evidences of injury are also present or when the soldier's own statement as to what happened to him is fully corroborated.

"It is evident from the case records of returned Canadian soldiers that this new term is also made to cover various mental diseases, notably dementia-præcox, which existed before enlistment, and would have developed in due course without reference to military service."

On Aug. 1, 1917, the War Department issued, from the office of the Surgeon-General, Circular No. 22, which is, in part, as follows: "For the safety, efficiency and economy of the military service, it is highly essential that nervous and mental diseases be recognized at the earliest possible moment. Nervous and mental diseases may, and frequently do, exist in persons who are strong, active and apparently healthy, and who make no complaints of disability. Such persons are, however, less than useless as soldiers, for they cannot be relied on by their commanders, break down under strain, become an incumbrance to the Army and an expense to the Government. Disorders of this character are often demonstrable only as the result of a special and painstaking examination directed toward the mind and nervous system. This circular is published for the special purpose of calling the attention of medical officers to the particular diseases most frequently overlooked on general examination, and the symptoms most important to their diagnosis; and to certain characteristics in personality and in behavior, which might raise the question of mental disease.

Queerness, peculiarities and idiosyncrasies, while not inconsistent with sanity, may be the beginnings or surface workings of mental disease. A soldier is too important a unit for variations from a standard of absolute normality not to be looked into before the recruit who presents them is acceptable for service. To aid
the neurologist and psychiatrist in these ways, the camp surgeon shall direct all medical officers, dental surgeons, instructors, hospital sergeants, barrack sergeants, and others who come into close contact with recruits, to refer to him or to the camp surgeon all recruits who persistently show any of the following characteristics: Irritability, seclusiveness, sulkiness, depression, shyness, timidity, over-boisterousness, suspicion, sleeplessness, dullness, stupidity, personal uncleanness, resentmentfulness to discipline, inability to be disciplined, sleep walking, nocturnal incontinence of urine, and any of the various characteristics which gain for him the name of "hoob," 'crank,' 'goat,' 'queer stick,' and the like."

In detailing psychiatrists and neurologists to special duty with the armies, the Surgeon-General has had in mind (1) the proper care of soldiers who become incapacitated through mental and nervous disease, (2) the special examination of recruits in the training camps, in order that those who, because of neuropathic or psychopathic conditions, are unfit for military duty, may be identified and discharged from service.

Until the troops move abroad, the chief and most important responsibility of the military psychiatrists and neurologists will be the special examination of recruits. It is obvious that no man should be eliminated from the service who is fit to render a valuable service in this emergency. On the other hand, it is quite apparent that individuals suffering from certain forms of nervous and mental diseases should not be permitted to enter into service, as experience with the American armies has shown quite conclusively that such individuals are not capable of military service even in time of peace, and experience in the European armies has shown beyond question that such individuals are not able to withstand the rigors of modern warfare. At critical times they go to pieces, with the result that the military force is weakened, is hampered in the free performance of its function, and the Government is likely to be burdened after the war with the care of a large number of invalids.

It is important that the potential as well as the actual conditions of the recruits be kept in mind. It must be remembered that we have a perfectly definite situation to meet,—which is the elimination of men who, because of nervous or mental instability, are unfit for military service. Experience in the armies abroad shows quite conclusively that mental defect, per se, is often not sufficient cause for the rejection of a recruit. A previous history of insanity, epilepsy, chronic alcoholism, or spinal or cerebrospinal syphilis in any form, or a marked history of nervous instability, or difficulty of environmental adjustment over a long period, should be sufficient cause for rejection.

The duties of the psychiatrists and neurologists at the cantonments are two-fold:

1. Service at the base hospital, under the commanding officer of the hospital, for the care of nervous and mental cases, and for the examination of all cases referred for special examination by commanding officers, regimental surgeons, or others.

2. Service under the Division Surgeon, for the purpose of making general surveys of troops during group examinations or during small formations, and at other times, and selecting cases for special examinations, which give evidence of mental or nervous instability.

Co-ordination and quickness of perception must be gone into the examination of recruits when it is realized what the conditions are to which we are sending these men. For instance, when the enemy use many of the poisonous gases which have been creating such havoc among our troops, they must be capable of quick and intelligent action. Thirty per cent, of all bombs now used by the Germans and Allies are gas bombs. These include the paralyzing gases, that is, prussic acid, which is poisonous in one part to 10,000; and the lachrymating gases, ethyl-chloride, for example, which puts the soldier out of business and eliminates from the service who must be gone into the examination of recruits.

It is obvious that no gas eventually to cause his death, he must be remembered that we have a ly for civil life and is often not much good for that.

Quick action is again necessary in the handling of the hand-grenade. Holding one of these bombs in the right hand, the soldier has to remove a plug or cap, which automatically lights the fuse. If this bomb does not leave his hand and get away towards the enemy in four and one half seconds, he and his companions, or those near him, are blown to pieces. Once again: when the Allies are preparing for a charge or going over the top, a barrage of fire from the heavy artillery precedes their advance; the soldier has to be intelligent enough to time that barrage, and the barrages following it, so as to keep between them and not get into them. Our examination of recruits at Camp Dev-
tems, which include the referred cases from over 30,000 men, have brought out the fact that the general practitioner has not been able to pick out many men whose mental condition disqualified them for service or who were mentally defective.

The Neuro-Psychiatric Unit at Ayer is composed of the following staff: Major L. Vernon Briggs, Capt. Morgan B. Hodgkins, and Capt. Douglas A. Thom. Two wards are nearly completed for this unit, and apparatus for hydrotherapy and electrotherapy installed; and a full corps of nurses and attendants and specialists in hydrotherapy and electrotherapy will soon be actively engaged in the care of neurological and psychiatric cases referred from the Base Hospital of 1000 beds and from the infirmaries of the several regiments. In the meantime we are examining the recruits referred to us. It has been interesting to observe several well-defined cases of general paralysis coming out in the third decade.

When we started our neuro-psychiatric examinations we thought that neurology had but a small part to play in our service, but at the present time it occupies not less than 30 per cent. of all our cases. We find many cases of residual infantile paralysis, neuro-syphilis and epilepsy who have been holding responsible positions; and a large group of epileptics whose convulsions have not been of sufficient severity or frequency to keep them away from work, but which would render them unfit as soldiers.

We have also found many imbeciles who should be committed. Among the chronic alcoholics it has been interesting to note the frequency of convulsions; many cases who have had convulsions have not had delirium tremens, and some who have had delirium tremens have not had convulsions. We have been rather surprised not to find more malingerers, there being but comparatively few among cases referred to our clinic.

The method of examination of troops, be they referred or not, is neuro-psychiatric and covers seventeen questions, which take about six to ten minutes to go over. If these questions bring out abnormal conditions, a further examination is gone into. The seventeen questions are as follows:

1. Name.
2. Age.
3. Civil State.
4. Birthplace. (If of alien birth, length of time in States.)
5. Character and extent of education.
6. Nature of former occupations, and length of service in each. (b) Reasons for abandoning any given occupation.
7. Reasons for entering service.
8. Date of mustering in.
9. Attitude toward duties.
10. Attitude toward fellows.
11. Penetration for misdemeanors.
12. Consumption of alcohol.
13. Venereal infection.
15. Appetite.
16. Digestion.
17. Emotional tone.

This is always followed by a brief neurological examination whereby the tendon reflexes are tested in the usual manner, pupils examined for the accommodation to light and distance, the tongue, facial muscles and fingers tested for tremors. Station, gait, co-ordination, are all tested in the usual way. If any of these tests indicate that a further examination is necessary, it is, of course, followed up to determine the diagnosis.

Soldiers who have had this examination at Camp Devens to date have been specially referred to the Neuro-Psychiatric Clinic by regimental surgeons, regimental officers, headquarters division, and include disciplinary cases and cases from different services at the Base Hospital. To date these number over 500 cases, of which 372, or 75%, have been rejected as unfit for military service.

The rejected cases fall within one of the following groups: feeble-minded, epileptic, and the constitutional and psychopathic states. Two or more of these groups may be associated in the same case, that is, the epileptic may be primarily feeble-minded, and may eventually develop psychotic symptoms.

The four groups may be further divided as shown by the charts, which represent the work of this unit up to November 7. This represents over 1% of the entire 76th Division, and includes officers as well as enlisted men. It is fair to say that over 70% of the rejected cases might have been missed in a general physical examination, as given by the exemption board, but it is needless to say that such diseases as chorea, neuro-syphilis, hemiplegia and paraplegias and palsies should have been easily recognized and exempted.

About 50% of all the cases rejected, in the opinion of the members of the Neuro-Psychiatric Clinic, would be benefited by institutional treatment and care. It is obvious that these cases should be followed up, and endeavor made to institute proper treatment and care.

In closing I would like briefly to mention six cases which appear to us of unusual interest or of social significance.

Case 1. P. M. J., age 27 years, born in Plymouth, Mass. Student at Amherst Agricultural College. At the age of 11 was a student of nature and spent much time in the woods, observing the habits of animals. Acknowledged that he had gonorrhea, but denies syphilis. Referred to our clinic by the Company Commander, on account of statements made in the presence of officers, especially in regard to an invention which would revolutionize the running of automobiles. At our examination he stated that he could furnish the U. S. Army with meat at four cents a pound; that he had a million dollars which he could put his hand on tomorrow, which he could use as capital. He later...
confided to one of us that the million, and as much more money as he wanted, was in South America, waiting for him; that some woman was going to give it to him because of his invention regarding ice, which idea she had put into execution and made millions of dollars. He stated that he had interviewed hundreds of soldiers at Camp Devens and ten officers; also, the same number of soldiers and officers in England; that he added together their opinions as to war, struck an average, got the percentages, and had thereafter dismissed the whole question from his mind. He made other extraordinary statements and was somewhat threatening in his attitude when expressing his impatience at the officers for not giving him a hearing, and said that the hospital authorities were keeping him in the wards when he had so much important business to attend to. The Wassermann showed four-plus reaction. His case was diagnosed as general paralysis, and sent to the Psychopathic Hospital in Boston.

Case 2. H. N. B., 22 years of age, appeared complaining of severe tonic spasms in both the upper and lower extremities. These spasms were more severe when muscles were at rest, and passed off after passive movements had been exercised on the arms and extremities, so that after patient had used either arms or legs for any time he had little difficulty and no pain until they were put to rest. Neurological examination presented nothing worthy of note excepting a marked exaggeration of the deep tendon reflexes. Family history negative, with the exception that the patient claimed that mother and brother suffered from the same trouble. Diagnosis: congenital myotonia (Thornsen's disease). Although this case hardly falls within the realm of other mental or nervous diseases, it appeared to be of sufficient interest to justify reporting, inasmuch as the literature up to the present time reports only about 30 similar cases.

Case 3. W. F. M., 301st Infantry, born Feb. 9, 1899; went as far as the 8th grade in school, but at 14 was dropped on account of truancy. Has a brother in Bridgewater State Hospital for the Criminal Insane; has been arrested once for drunkenness in Dedham, twice in Boston, three times in Roxbury. Was seven years employed in a shoe factory, and was drafted to Ayer from his residence in Boston, Oct. 10. On the following Sunday at 2:30 p.m., he walked out of Camp and all the way extended in a peculiar manner. When spoken to, he sprung up and moved about. He seemed to be dazed, and questions had to be repeated in a loud tone before he would reply. He stated that he had been doped by "George Cohen" and others. Sometimes he would stop in the middle of a speech, and look fixedly at some spot as if he heard someone. A few days later he was up and dressed, and spent much of his time standing in one place, drumming on the door and repeating senseless words or syllables. At night he usually covered his head with the bed-clothing. Physically, there was a positive Wassermann of the blood serum, there was slight inequality of pupils, knee jerks were absent, and there was considerable tremor of eyelids and protruded tongue. According to the records he was diagnosed dementia precox, cata tic form, with a possibility of dementia paralytica to be considered. According to the records he became more compos ed and for some time before his discharge he assisted in the work on the farm.

Case 4. F. E. D., single, age 24; born and resides in East Hartford, Conn. Went to 8th grade in school; says he went "crazy" over one George Cohen, an actor; although he hunted for him he never found him. Claims he was doped and laid in New Haven, and that when he tried to get away they knocked his head on a cement floor. Gives history of residence at the Connecticut Hospital for the Insane, Middletown, Conn. Patient demented and somewhat excited. Was discharged by our recommendation, after diagnosis as dementia precox. After being paid off and his ticket bought he was left at the station, although we had recommended that he be attended to his home in Connecticut. He did not take the train, but returned to the hospital, and demanded that he be sent to the trenches to fight. On account of creating some disturbance, he was arrested and placed in charge of the Provost Marshal in the civilian jail in the camp. Here, at supper time, he drew a knife across his throat, and on this account, and on account of a newspaper reporter getting hold of certain facts regarding the case from the jail authorities, to save further publicity and to care better for the man, he was returned to the Base Hospital, and later sent to the Psychopathic Hospital in Boston in an ambulance.

In reply to an inquiry directed to the Connecticut Hospital for the Insane, Dr. Floyd Haviland, the Superintendent, wrote as follows: "F. E. D. was in our Hospital from Oct. 22, 1912, to April 15, 1913, being on the latter date discharged into the custody of his father as improved. At the time of his admission he was 19 years old. The onset of the psychosis was said to have been five weeks previous to the date of admission. He was first taken to the Hartford Retreat, where he remained until Oct. 18, 1912. According to the committing physicians, he imagined that he was a great athlete and made application to Yale College for the appointment as Assistant Doctor of Athletics. He took off his clothes in New Haven and tried to do various athletic feats on the street; was violent and smashed furniture in his room. The day after admission he was found lying in a nude condition on the floor, with all muscles tense, his extremities extended in a peculiar manner. When spoken to, he sprung up and moved about. He seemed to be dazed, and questions had to be repeated in a loud tone before he would reply. He stated that he had been doped by "George Cohen" and others. Sometimes he would stop in the middle of a speech, and look fixedly at some spot as if he heard someone. A few days later he was up and dressed, and spent much of his time standing in one place, drumming on the door and repeating senseless words or syllables. At night he usually covered his head with the bed-clothing. Physically, there was a positive Wassermann of the blood serum, there was slight inequality of pupils, knee jerks were absent, and there was considerable tremor of eyelids and protruded tongue. According to the records he was diagnosed dementia precox, cata tic form, with a possibility of dementia paralytica to be considered. According to the records he became more composed and for some time before his discharge he assisted in the work on the farm."
Case 5. W. H. P.; arrested while intoxicated, for insulting an officer; three empty Jamaica ginger and one vanilla extract bottles found on him. He stated that he was released from Salem Jail, on condition that he report to the exemption board and accept service in the National Army. He says that he was arrested on July 18, 1917, and sentenced to three months in the Salem Jail; sentence suspended. Arrested again for similar offense about Aug. 12; received a three months' suspended sentence in the House of Correction, Salem. Was serving this sentence when his father received a pink card requesting him to report to the exemption board, Salem, Sept. 18. He said he was pardoned by the County Commissioners on the morning of Sept. 18, and sent to the office of the local board in Masonic Temple, where he said he was told by the chairman to report again on the 23rd, or else he would be sent to jail; this he did. He has been intoxicated twice since coming into camp. He began drinking at 16 years of age; the last six months has drunk abut one quart of whiskey a day. Thinks he has been arrested at least fifty times for drunkenness and once for larceny of crackers from Boston and Maine freight car; has served two jail sentences for drunkenness in Salem, has been sentenced three times to Bridgewater State Farm and three times to Concord Reformatory. Was released from Concord in 1914 for one year, on condition that he go to the Norfolk State Hospital, which he did on Sept. 21, 1915, and was released Nov. 7, 1915.

Case 6. F. S. Referred by Company Commander. Patient came under armed guard, having attempted to run away several times. Has on him the following paper, which he claims to have presented to the exemption board:

"Bangor State Hospital, Bangor, Maine, August 19, 1917.

"This is to certify that F. S. (Correct name ——) has been a patient in this hospital from Feb. 17, 1914, to May 18, 1917. On admission he was 23 years of age; born in Russia; length of residence in United States unknown. During his residence in the hospital he was depressed, agitated, suspicious and suffering from hallucinations and delusions. During the last three months he improved and was allowed to leave the hospital on a six months' parole. Clinical diagnosis: Dementia precox, catatonic type.

L. F. Norris, Acting Superintendent."

This case was rejected.

We have also referred to our clinic the so-called "conscientious objectors." These may be divided into four groups: (1) The objector who is really conscientious, who objects to taking life or entering into combative service, but who is willing to take up any other branch of service, including that of stretcher-bearer from the first-line trenches; (2) the religious objectors, including those calling themselves "Pentecostals," members of the Society of Friends (Quakers), Seventh Day Adventists and members of the International Bible Students' Association. Some of these religious objectors are willing to enter into the service as non-combatants; others refuse to become any part of the military service. (3) The Christadelphians, who have now become exempted in England, providing they agree to engage in work of national importance, such as farming, factory work, etc. These men refuse to don military clothes or to salute an officer or do any military service, even service in military hospitals, and declare they would rather none of them raise a hand to save a soldier if he was dying and such an act would save him, because the soldier is part of the military system; (4) The objector who is deluded, whose abnormal mind has been swayed by stronger normal minds, and who is mentally diseased or defective, and must be promptly rejected.

Following is the classification of those rejected to November 1, 1917, but does not include some 30 whose papers have not been signed, pending the obtaining of histories or further observations in the Base Hospital:

1. Defective mental development. 164
2. Epilepsy. 92
3. Chronic alcoholism. 27
4. Dementia precox. 12
5. Constitutional psychopathic states. 17
6. Neurasthenia. 9
7. Chorea. 5
8. Manic-depressive insanity. 7
9. Hysteria. 4
10. Cerebrospinal syphilis. 3
11. Tabes. 2
12. General paralysis. 2
13. Drugs (morphine 6, heroin 1). 7
14. Toxic psychosis. 1
15. Traumatic psychosis. 1
16. Hemiplegia. 2
17. Paraplegia. 1
18. Contracture. 1
19. Migraine. 2
20. Congenital myotonia (Thomsen's disease). 1
21. Enuresis (exaggerated). 2
22. Psychasthenia. 10

These rejections were made from a total of 1,324 officers and 27,482 men, the military strength of the cantonment to November 1. The total rejections to date for all causes have been 1 in every 8 of the draft sent to Ayer. The figures I have given show only a cross-section, as it were, of our work resulting in the elimination of the mentally and nervous unfit, for our work is far from finished. At the present time we are having referred to us about 15 cases a day, and our percentage of rejections is greater as time goes on, because of the more intimate knowledge of the hospital staff and regimental surgeons of the kind of cases which should be referred.