WAR'S BIG LESSON IN MENTAL AND NERVOUS DISEASES

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The mobilization furnished this country its first detailed information concerning the individual health of young men, and the frequency and importance of various chronic diseases and conditions which disable. It was the first national health survey. The facts of pathological significance were obtained by the rejection of recruits and the discharge of men recently enlisted who were reported by medical officers as unfit for military service. The total of unfitness approximated 16 per cent of all candidates. The unfitness was a static fact, not a production of war.

The neuropsychiatric examinations disclosed an astonishingly large number of men suffering from nervous and mental disease or defect. As compared with other groups of diseases, the nervous and mental group stood fourth in order of frequency, rejection for these causes being exceeded only by rejections classified under diseases affecting (a) eye, ear, nose, and throat, (b) bones and joints, (c) heart and blood vessels.

The nervous and mental group had a sanitary and economic importance its relative standing by no means indicated. Many of the purely physical disqualifications, while making soldiering impossible, were in fact minor and did not imply an inferiority on the part of the individual which would prevent him from competing, on equal terms, in many civil occupations. In contrast to that, rejection for nervous causes not only implied an economic inferiority, but also—and this especially in the most numerous class, the feebleminded—that the individuals were actual hindrances to civilization and were prone to increase rapidly their kind.

AN IMPORTANT HEALTH PROBLEM.

Up to May 1, 1919, the army returned to the civil community approximately 72,000 of these cases. The army returned what the civil community offered it—nervously handicapped men. Although the army statistics refer only to men and to a limited age group, the figures can be used as the basis of an estimate as to what the number would be if children, women, and men outside the military age were counted. Such a total would be large enough to leave no room for doubt that nervous and mental diseases, which are after all a baro-
meter of the mental stability of the people, constitute important problems in public health and, as it will be the purpose of this article to show, in preventive medicine. Yet as national problems they receive scant attention. In public-health programs they are almost entirely disregarded, and there are only two or three medical schools which make a pretense of adequate instruction in neurology and psychiatry. We build institutions and lock up in them to excess of capacity those who cannot live in society with safety to themselves or to others, but we do not study causes nor do we strive to control or prevent what is susceptible of substantial control and prevention.

THE EIGHT CLASSIFICATIONS.

The patients who passed through the hands of the neuro-psychiatric officers of the army in the United States, and who were fully classified up to May 1, 1919, were all unwounded, and may be considered under eight headings, viz.:

1. Psychoses, or mental diseases .................... 7,910 or 11 per cent
2. Epilepsy ........................................... 6,388 or 9 per cent
3. Organic nervous diseases ........................... 6,916 or 10 per cent
4. Glandular disorders affecting growth ............ 4,805 or 7 per cent
5. Neuroses, or functional nervous diseases ....... 11,443 or 17 per cent
6. Inebriety (alcohol and drugs) ..................... 3,878 or 6 per cent
7. Mental defect ..................................... 21,858 or 31 per cent
8. Constitutional psychopathic state .................. 6,196 or 9 per cent

As far as the eight different classes of nervous defects are concerned, a detailed discussion of all of them would be out of place here. The first four are medical rather than sociological problems, and can be dismissed with brief notice. The war showed the economic and humanitarian importance of proper care of the insane. Grave symptoms, under the methods established throughout the military hospitals, would disappear and the patient go on to speedy recovery, whereas the same patients, had they been put into prisons as they used to be, would have met a very different fate. In fact, it was definitely shown that physical restraint is rarely necessary in the treatment of insanity.

The last four classes—namely, the neuroses, inebriety, mental defect, and psychopathic states—are also, like the preceding, intricate medical problems, but they are much more than that. They are social conditions—everyday social conditions. Every employer of labor, every parent, every one concerned with public policies, is constantly encountering, to his dismay, individuals from these four classes, without recognizing them or knowing what to do with or for them.

Such persons are not only ineffective themselves, but they make others ineffective. It is in them that mental contagion, which leads up to hysterical mass movements, spreads with the greatest rapidity, and in their minds sedition finds an easier root than reason. They are sick persons, whose symptoms appear as abnormal behavior.
Their prevalence concerns the health of the country, but still more it concerns the country's morale. No real reconstruction for them can take place until the problem they present is understood by the non-medical community. Doctors must ascertain the facts in the first place, but it is from men who are not doctors that must come the provision for research into the causes of these disorders, on the one hand, and for the legislation necessary to make approved remedies effective, on the other.

The war unearthed a new social problem when it revealed throughout the United States a dissemination of functional nervous disease—i.e., nervous manifestations with sound organs—beyond all expectation. The lurid stories of shell shock, or neurosis, abroad, while they emphasized the significance of lowered morale in soldiers, obscured the real issue and diverted attention for a time from the seriousness of the question as a peace problem here at home. Our present statistics, which represent a cross section of American youth untired by war, showed 11,000 cases and more—one-sixth of the total of nervous and mental rejections, more than the insane and inebriates put together. There were no previous data concerning them. Fairly accurate estimates as to the frequency of insanity and mental defect have been possible for several years, but the neuropsychiatric examinations of the army furnish the first statistics in relation to functional nervous disease. In the mechanism of neurosis is to be found a condition of mind which induces a person to avoid or get out of a disagreeable personal situation because he is "sick." The "sickness" gets worse as the situation becomes more imminent or acute, and improves as soon as it recedes. It is mainly a subconscious affair, and in this respect different from malingering. While some patients of this class must be considered to be trying as hard as they can to put up with or overcome the obstacles in their path, in most there are faults which require correction before they can really help themselves. These faults are in general physical make-up, but especially are the results of faulty training and education. The individuals are thus more or less overpowered and prevented, without help and restraining, from behaving differently. The symptoms are legion, deceiving parents, associates, and (too often) medical men, as a result of all which the neurosis takes a firmer hold on its victim.

CONJURING THEMSELVES SICK.

In the ordinary course of life the patients are those who haunt clinics with vague complaints, who throw up their jobs, who are always more or less idle or ailing. Rich and poor are affected alike. In social movements they seldom are leaders, but go to swell the inert mass of humanity which is easily inflamed, for a time, by untried doctrines.

In the army neurosis prevailed among those lacking in resistance to physical strain, or deficient in those traits of character which may be embraced by the term virility. In the first class were those who failed to recover normally from physical traumata, sudden or long
drawn out, and, in the second, those in whom no cause was apparent, but who did not seem able to keep up a strong heart in the face of trying or even disagreeable circumstances. A strong coloring of unwillingness to serve in the army was spread in both classes.

The cases presented certain differences, depending upon whether they made themselves known in this country or in France. The home patients, many of them, brought their symptoms with them to camp, or else presented them soon after enlistment. They either had not been able to put up with peace conditions, or else the idea of war, as it grew nearer, was too much for them.

These patients gave little or no service and were separated from the service, 71 per cent of them, in less than three months. They ate up hospital beds with voracity. An analysis made of one hundred hysterics at Plattsburg revealed that sixty-one of them had spent more than two-thirds of their total service in the military hospitals. On the signing of the armistice, the symptoms faded away. The situation had ceased to exist.

But those who came under the observation of the special neuro-psychiatric officers by no means represent the totals that strained medical personnel and equipment. In army hospitals many of these patients passed unrecognized by the physicians in charge and were held under some other diagnosis, of which gastro-intestinal disorder was the favorite. Such a state of affairs is not confined to the military hospitals. It is probable that 10 per cent of the patients in medical wards of hospitals throughout the country to-day are those whose chief trouble is functional nervous disease and who receive little or no benefit from the treatment accorded them. The hospitals provide beds to no purpose and the patients lose more than their time.

NERVOUS DISORDERS AND UNPRODUCTIVENESS

Thus the mobilization, in uncovering so much functional nervous disease, has brought us face to face with a social problem far greater than any one could have suspected. We are almost in a position to state that these personality disorders produce a greater degree of ineffectiveness than insanity, and are to be counted among the most important of the pathological causes of unproductiveness.

They have become a pressing subject of reconstruction, not only for ex-soldiers, but for the steady numbers which succeeding years produce.

The remedies depend on all means which provide for the treatment of large numbers, for the classification of types, and especially upon all forces which tend to raise morale and idealism. In civil life, the therapeutic efforts undertaken by medical men have been confined to the individual, and so of not much use to the country at large. Non-medical agencies, such as boys' clubs, boy and girl scouts, settlement agencies, playgrounds, etc., promise most in the line of prevention. These stabilize ideals and standards at a period of life when all habits are formed. The more that these agencies are extended, the more effectually the individualism of neurosis is combated and the fewer cases of this class will be found in our hospitals. The
Efforts should be made to secure sound regulations and laws and the enforcement of them regarding nervous and mental undesirables as soldiers or as foreign-born citizens; standardization of state care of all kinds; community agencies to improve the health and morale of neurotics; common sense in the management of drug addiction and the federal control of the manufacture and sale of habit-forming drugs; state control of the feebleminded, and a careful adjustment between the parole system, colony, and institutional care; the extension of the principles of the psychiatric clinic at courts and in correctional and penal institutions; and the legal denial of full liberty of the social defective.

The basis of the whole sociological program is the recognition and classification of subnormal personalities and a supervision in accordance with the varying needs of the different classes. If there is any one point at which intensive psychiatric and psychological study should begin, it is not difficult to be certain where that point is. It is in childhood and early adolescence. In these periods there is a humanitarian and economic importance in the identification of members of the psychopathic family that is lost in adult age. It is school children, not prison inmates, whom we may hope to reclaim. It is at the time of habit formation that a neuropsychiatric program can promise constructive results. Then, tendencies to insanity, to the neuroses, to delinquency can be recognized, and it is then that they offer a reasonable chance of correction. Well formed habits made at that time are worth more to the individual of subnormal mentality than intelligence. The development of psychopathic and criminal traits are frequently the creation of improper environment. Too many children are left unsupervised in criminal homes, in drunken homes, in divided homes. Twelve per cent of the boys and more than 50 per cent of the girls placed on probation in the state of New York have been brought to the court in the first place on account of improper guardianship. Many normal children become deviates under this, and the subnormal have little chance of character survival.

**TREATING SUBNORMAL CHILDREN**

The principle of classifying subnormal children on the basis of intelligence and personality should be widely extended. It should be followed by assignment to special classes for such as can be benefited by such classes, (90 per cent), and institutional care for others. At the end of the school period, the subnormal should not be turned loose on the community, as they are now, but placed under a parole system directed by a suitable commission, and, in the event of their failure, committed for a time to an organized institution, where many can receive the training denied them at home. With the proper development of the special classes and the probation system, the need of institutional care will become progressively less, as it must, because no legislatures will provide institutional care for all. There are, for example, 41,000 feebleminded in the state of New York outside institutions. The educational departments of our
states and municipalities are therefore the most promising agencies in the control of the menace of nervous and mental disease and criminology.

If all the various measures, or modifications of them, which have been outlined were adopted, one would be safe in predicting an immediate drop in our insane rate, criminal rate, and an increase in our productivity.

Why have they not been adopted? One significant answer to this question will be found in the indifference on the part of the medical profession to nervous and mental disease. What medical school to-day, what general hospital, gives any but the most meager and grudging representations to neurology and psychiatry? Our medical faculties have done so little to encourage interest and knowledge in these subjects that some of the most important social features connected with them have been brought to public interest by laymen. Indeed, we are so behindhand in these matters that there is a question if American neurology and psychiatry will ever attain the position they should have unless there is established a special foundation for research and teaching, to do for the menace of nervous and mental disease what is being done as a matter of course for physical diseases. It really seems that a carefree foundation were the condition for the firmer, broader, more scientific grasp of the subjects which bring us into closer relation with human nature than any others. Trained men are wanted everywhere; a wider dissemination of knowledge is wanted. Men trained in mental medicine are needed at the state hospitals, in the public-health service, in the courts and the schools, to carry on the principles of the few psychiatric clinics thus far established. Where are they to come from? What medical school is in a position to train them?

A great field of preventive medicine is before us, asking for action. Perhaps in the past the proofs of the need have not been plain enough. That explanation no longer holds good. The public-health importance of nervous and mental disease no longer permits of evasion.