WAR NEUROSES.
ENVIRONMENT AND EVENTS AS THE CAUSES.

By LIEUT. COLONEL L. VERNON BRIGGS, M. C.,
Division Psychiatrist, 2d Division, 3d Army, A. E. F.

Reprinted from
AMERICAN JOURNAL OF INSANITY
WAR NEUROSES.

ENVIRONMENT AND EVENTS AS THE CAUSES.*

By LIEUT. COLONEL L. VERNON BRIGGS, M. C.,
Division Psychiatrist, 2d Division, 3d Army, A. E. F.

In the examination of the National Guard of Massachusetts during July and August, 1917, there were very few cases of psychosis or of psychoneurosis discovered. These men were usually examined in the different armories in the localities where they lived, or in the camps in Framingham, Boxford and Westfield. They were from the middle and upper classes of life in the Massachusetts cities and towns, most of them graduates of grammar schools or similar educational institutions. They were what would be called a selected class and were all volunteers. They had been introduced to the militia through friends in the service or had become acquainted with it by investigation for themselves, and had volunteered after obtaining a fairly intelligent idea of the duties involved and the changes of occupation or of environment necessary to carry out the requirements of the service. The local organizations took great pride in accepting only men who would do them credit, and rejected all those found physically or mentally below the usual high standard set by them. Besides myself, there were engaged in the neuro-psychiatric examination of the National Guard, Major May of the Reserve Corps and Contract Surgeons Thom, Myerson, Richardson, Ayer and Coriat.

The examination was hurried and no opportunity was given for observation after examination. The number of men found physically or mentally unfit was unimportant as compared with what we find in civil life. Mobilization did not mean very much to them, as they were used to annual camp duty and to being mobilized for other purposes. It was not until these men had had the actual experience of modern war that they exhibited symptoms of mental instability, and in some cases, of psychoses.

I venture to say that a higher percentage of these men were evacuated from the front lines than of the men who were later

*Read at the seventy-fifth annual meeting of the American Medico-Psychological Association, Philadelphia, Pa., June 18-20, 1919.
drafted and who received a more thorough combing over because of the greater time allotted to the psychiatrists for their examination and observation, and because of the opportunity of seeing them under strange environments and amid the novel experiences of mobilization, which usually laid bare any weaknesses, mental or nervous, which were lying dormant or which had not previously been demonstrated.

The neuro-psychiatric examinations of drafted men at Camp Devens began about September 1, with Major May and Captain Thorn in charge. I succeeded Major May in the latter part of September, upon completion of the examination of the National Guard. Later, Captain (afterwards Major) Hodskins was added to our staff, and we were furnished assistants as the work increased. With the building of the Base Hospital, neurological and mental wards were established. I was appointed Chief of Neuro-psychiatric Service, and in January, 1918, when I was appointed Division Psychiatrist, to the 76th Division, was succeeded by Major Hodskins. He remained in charge at the hospital until after the Armistice was signed. His work at the base hospital is almost classic—I know of no other word to express his brilliant diagnosis of nervous diseases.

At first none but the drafted men from the New England States were sent to Camp Devens, though later we received men from northern New York, from the West and from the South, even several thousand colored troops from as far south as Florida.

For a time we examined only referred cases which were so evidently mental or nervous unfit that the regimental surgeons and even the company commanders recognized them as at least not up to the standard and sent them to us for examination. This procedure allowed many men to get by who were actually unfit for service, and later the Surgeon General’s Office ordered us to examine every man and reject all who were not fit for overseas service and first-line or trench-duty. Still later we had to differentiate between those fit for overseas and first-line duties and those fit for domestic service only, which again changed our percentage of rejections materially.

Our experience soon showed us that the greater change of environment produced the greater number of men who immediately became inefficient for service in the army. Events in the
service while in this country were not significant as causes of nervous or mental breakdown, but change of environment was an important factor. Men who were passed as perfectly capable and fit by the local boards, whose members in most instances had personal acquaintance of long duration with them, were found upon arrival in camp to be totally unfit even for the sort of duties in which they had apparently given satisfaction at home. Although the mental age tests showed many of these men to be feeble-minded or morons, they had nevertheless been more or less efficient in their own communities and home environments, and in some instances had been able to earn more than a living wage. At first doubtless the interest of the community may have prompted these local draft boards to get rid of undesirables by accepting them for the army, and thus a lower type of men were passed by them than by the examiners for the National Guard, whose one object was to establish the highest possible standard for the Service. But as the meaning of the war became evident throughout the country, these local boards, in most instances, rose to the occasion and did their part nobly in selecting the personnel of our fighting forces.

To illustrate the type of case most frequently rejected by us at Camp Devens, I cite two:

I. B. P. was an undersized, poorly nourished and underdeveloped individual, who looked about 15 years old but said he was 30. Arriving with other men from Warren, Me., he was assigned to Co. D of the 303 Field Artillery. He was apparently unable to carry out orders or to perform ordinary duties in the new environment to which he had been suddenly inducted, and was referred to us for examination by his company commander. Examination brought out that he was born in Rockport, Me.; his father was an alcoholic and his mother had died when he was very young. At the age of 11 he had been put out on a farm, where he had lived ever since, working only for one man who was apparently very good to him and had once taken him to Lewiston, Me., for the day—otherwise he had not left the farm during 19 years. He denied ever having taken a glass of liquor or having associations with women. He said he had been unable to get on in school, so had left without having learned to read or write; he never could learn to play games. At the time of the examination he could not answer intelligently any question relating to the topics of the day, of geography or of history. He said he supposed Wilson was President, but he had never heard of Washington or any of our other presidents, and he did not know the country was at war. His movements were retarded and cumbersome, his attention was difficult to hold and he was completely
disoriented. When asked how he would go home when we discharged him, he said he would go to the railroad station, get on a car and ask to be let off at Warren, Me. Mental age tests determined him to be an imbecile, and he was discharged, but held in camp until others, a little more intelligent than he, could be sent home with him.

II. Another case of imbecility was referred to us from Co. D, 303rd Infantry by the commanding officer, as apparently unable to perform any of the duties and drills required. Although 28 years of age, he looked about 17, and was undersized, but otherwise well-developed and the picture of health. He was a farmer, born and residing in Schoharie County, N. Y. He had a speech defect and gave a history of convulsions and said he had a sister who was "foolish." He said he had never been able to get out of the first grade, so had left school. He was devoid of all moral sense, stated that he drank all the liquor he could get and that his wife went with other men and he with other women, and said he didn’t see why they shouldn’t if they wanted to; and he further stated that all the people in his particular town led the same life. He was childish in his behavior and speech, knew nothing about the history of the United States or its geography, and said that no one he ever lived with took a daily newspaper and that therefore he knew nothing about the war, but he seemed willing to do what the other boys were doing. We did not accept him.

During the ten months that I was in charge of the neuropsychiatric examinations at Camp Devens, there were rejected 1172 nervous and mental cases. About half of these were cases of defective mental development, similar to those described above. Two hundred and seventy cases, or about 23 per cent of the total number of discharged cases were of nervous disease or injury; 120 cases, or nearly 10 per cent were psychoneuroses; 108 cases, or over 9 per cent, psychoses; and there were 41 constitutional psychopaths, 3½ per cent—all of the above cases whose nervous or mental condition was then discovered for the first time or had been greatly exaggerated by the conditions of mobilization. We also discharged 57 "inebriates," including alcohol and drug cases—5 per cent of the total number of discharges.

Mental and Nervous Cases Discharged from Camp Devens.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous disease or injury</td>
<td>270</td>
<td>23%</td>
</tr>
<tr>
<td>Psychoneuroses</td>
<td>120</td>
<td>10%</td>
</tr>
<tr>
<td>Psychoses</td>
<td>108</td>
<td>9%</td>
</tr>
<tr>
<td>Inebriety</td>
<td>57</td>
<td>5%</td>
</tr>
<tr>
<td>Mental deficiency</td>
<td>576</td>
<td>50%</td>
</tr>
<tr>
<td>Constitutional psychopathic states</td>
<td>41</td>
<td>3%</td>
</tr>
</tbody>
</table>
In addition to the examination given every man at the time of his arrival, reexaminations were given singly or in groups before they left camp. This careful combing of the 76th Division may account for the fact that of the 27,000 men who left Camp Devens for foreign service in July, 1918, only one case of nervous or mental disease (that a case of epilepsy put ashore at Halifax) developed while they were still under the observation of the Division Psychiatrist and other medical officers, prior to the time when they were ordered to leave the division at St. Amand, France, to serve as replacements at the front. This, I claim, goes to show that the cases affected by a change of environment had virtually been eliminated from the 76th Division.

Cases which were affected by events began to develop when orders to go to the front were received and being executed. Few of these—not over six—developed while still in our Division. What happened to the men after they left the Division, I have not records to prove.

The 76th was finally established with headquarters at St. Amand, Montrond, about 100 miles south of Paris. It never went to the front as a Division, but shortly after its arrival sent more than 20,000 men as replacements to the 26th, 42d and other Divisions, to fill the ranks depleted by casualties. We then began to receive men from the United States to fill our own ranks and be trained to go forward likewise. In all, the 76th Division sent forward as replacements between July and October, 72,000 men, or nearly three times as many as its original quota.

The new men, most of whom came from the Middle and Southern States, had not been gone over so carefully as the men trained at Camp Devens, and my able assistant, Lieut. Harry Bunker, and I were obliged to reject or put into labor battalions a goodly number who ought never to have been sent to France. Change of environment had affected most of these cases so as to render them practically useless as soldiers.

Environment was also responsible for the large number of cases of psychoneuroses which occurred in the Army of Occupation after the cessation of hostilities. When it was announced that the Third Army was being formed to go to Germany, there was a great demand from men in all branches of the service to become part of it. They went up with much enthusiasm, and appeared
to be in a particularly fit condition. For a time being in Germany was a novelty, but, when the newness began to wear off and they realized that there was nothing for them to do but sit tight and attend to routine duties, many of them desired to go home. They were surrounded by people who did not speak their tongue and with whom it was forbidden that they should hold any communication. There was little in the towns where they were billeted in the way of entertainment or diversion, except a repetition of what they had seen in France under the auspices of the Y. M. C. A. Their movements were restricted to occasional truck rides to some near-by town for a few hours, or a sail up or down the Rhine on small steamers from which they were not allowed to land and which accommodated only a few of the great numbers who desired to go. It is not surprising that men soon became depressed and felt that they were of little use; there was nothing individual about their work—they felt that almost anybody could do it. Their requests to be sent back to the United States at first met with no response. Any latent neuro-psychiatric condition found environment for development; many harbored thoughts of persecution and suspicion and lost hope of ever getting home. Expressions we heard from different individuals were not unlike. Three officers high in rank made this statement, unknown to each other, almost verbatim: “I can not sleep. I feel I must get out of this or I shall go insane—I just can’t stand this life any longer!” In almost every case of depression the man was sure he would feel all right if he knew he was to go home at a certain time, but promises, or even the setting of a future date, gave little relief, and the only perceptible change for the better in these cases came when they were actually headed towards home. Their condition was more serious than nostalgia and assumed more the form of psychasthenia, or, in some cases, of the depressive form of manic-depressive insanity, so severe were the symptoms which developed when relief was not given them.

I was ordered to a Division of the Army of Occupation in January, 1919, as Division Psychiatrist, and was immediately assigned to Staff Headquarters and messed with the Staff Officers. Within 48 hours after my arrival, several officers above the rank of major came to me for advice and help, saying they “could not stand it any longer.” When I asked what they could not stand...
they said they could not tell me, but that somehow they felt as if they were going to pieces. They were all Regular Army officers who had been long in the service and who had been able to “carry on” with satisfaction to themselves and honor to their country, but the environment of the organizations to which they belonged at that time was such that they were not able to adjust themselves.

Events which brought about a condition of war neurosis and, in many cases, precipitated a psychosis which might otherwise have passed unrecognized for many years took place mainly at the front and, in a majority of cases, prior to, during or subsequent to shell fire. Fatigue from duty, combined with long marches to the front line trenches and exposed positions, with the excitement of anticipated action and possible death, caused many men to develop war-neuroses, not often from conscious fear or lack of courage, but from overpowering anticipatory ideas or anxiety for those dear to them left at home.

A word here as to the cause of the breakdown of Regular Army officers, under conditions in which many men from civil life stood up. When one realizes that the life of the Regular Army officer, with the exception of the few who went to the Philippines and Mexico under entirely different war conditions than existed on the Western Front in Europe, was a life in forts or at posts under most pleasant social conditions, that their work was cut out for them and was never particularly arduous, that they were relieved of virtually all responsibility and had more social life than falls to the lot of most civilians, it is not difficult to see why many of these men found the maelstrom of modern warfare, with its mustard and other poisonous gases, with its liquid fire and hand grenades—all of which were new to them—and with barrages of artillery and batteries of machine-gun fire such as they had never dreamed of, too much for their mental strength. They found themselves, in many instances, at a disadvantage with the men from civilian life who had had to “scratch for their living” or who had already had tremendous responsibilities, and whose social life had been limited to short vacations in summer and a few dinner engagements or an occasional theater in the winter.

The continual proximity of death in inaction while living in the trenches for days and weeks resulted seriously to the unstable or nervous individual. Almost every company commander gives
testimony to the fact that when his men were lying in the trenches awaiting action for any length of time and one after another showed signs of nervousness even to the point of a neurosis and consequent evacuation, the cure would come in action; for when the word went forth and the order was given to go over the top, every man would grasp his gun and go; and those about whom the commanders were most worried were often the first over the top and led in the advance. And let me here say that our boys held every foot of ground they took along the whole line during their service in the entire war. They never gave up an inch of ground once taken. The loss of comrades before their very eyes, the maiming and mutilation of men near them and other horrible sights caused soldiers and officers alike to attempt to shut out from their vision and from their memories these, to them, intolerable events. So great was the success of their efforts that they often obliterated from their minds all the events of their lives for periods varying from a few days to months or even years. This did not prevent similar events being enacted in their dreams at night, and it was often from clues thus obtained that our skilled psychiatrists were enabled to bring about a cure. Hysterias, resulting in a loss of hearing, of speech or of sight or of the use of some limb were also caused by these repressions, and were promptly cured if the patient got back as far as the Base Hospital No. 117, where I saw Captain Thom and Lieutenant Durkin doing most remarkable work, individually and together. Many cases of neurosis did not get back as far as Base Hospital No. 117, for they were sometimes cured right at the front, by some event following that which rendered them hors de combat, or by a slap on the back and encouraging words with appropriate suggestions from the psychiatrist assigned to the First Aid Station.

A case exemplifying the workings of environment in producing amnesia is the following, which came to my attention at La Fauche:

III. A patient was sent in to Base Hospital No. 117 by the Paris M.P. When he arrived he was entirely amnesic for all his previous life.

The examining officer first eliminated the factors of malingering and alcohol, and the following facts were finally ascertained:

The man was a young artist, 19 years of age, a Hebrew, who had enlisted in the 165th Infantry, formerly "The 69th" of New York, the valiant
Irish Catholic regiment. It seems that the men of the regiment, resenting his different religion and race, had made life miserable for him during the time that he was with them. These unfriendly relationships became intolerable to him; he grew confused and wandered away from his regiment during a change of position, and when arrested in Paris some time later, could tell nothing about himself. At Base No. 117 he completely cleared up in a day or two under strong suggestion. He was quite willing to "carry on," but wished to be transferred to another organization.

In the greater number of war neuroses motives related to fear are involved, but in this instance the examiner was struck by the complete absence of fear and by the working of resentment (anger) in developing the amnesia. The resentment the man felt against the members of his company, coupled of course with the physical trials of army life, was sufficiently aggravated to produce complete amnesia. He was desirous of going to the front, only objecting to doing so as a member of an unfriendly group.

One other interesting case I saw at La Faucie exemplifies the working of events in precipitating a war neurosis:

IV. A soldier who had driven an ambulance in the French Army for 12 months and who had voluntarily undertaken the most difficult and dangerous tasks, on the morning of July 5, while sleeping in his ambulance, was shelled. He escaped unhurt, but his pal, who was in the next ambulance, was killed. The soldier carried on for two days, but on the evening of July 7 he became confused, deluded and hallucinated, his hallucinations and delusions having a typical war coloring. He was taken to a French insane hospital where he cleared up in two or three days, but was very much depressed at finding himself in a ward with what he termed "a bunch of raving maniacs." He was transferred shortly, however, to Base No. 117, and was placed under the care of Dr. Thom. On entering the hospital he was very reluctant to discuss any of his war experiences; he was bent upon forgetting them. He busied himself every moment in an attempt to accomplish this purpose, although it was explained to him that it was an impossibility for him to completely thrust out of his mind experiences which had played so important a part in his life. He said that he could do it and refused to discuss the matter further. On the morning of the second day he said that he was feeling all right and wished to return to his company. Two hours later, while out walking, he suddenly fell to the ground and was apparently unconscious. He was brought into the ward, placed in bed, and almost immediately began to relive his war experiences. He reacted in a most dramatic way incidents which he undoubtedly had experienced at the front. He went through every bodily movement that one would use in driving a car and carried on a conversation exactly as if they were present with his comrade and patients. All emotions that would have resulted from such an experience as his had been were witnessed in this dissociated state. It lasted about 40 minutes. He awoke, got up off
the bed, and stated that he felt perfectly all right, but that the last thing he remembered was hearing the buzz of an aeroplane, which he recognized, by the way, as being an American plane. Three days later he went through a similar experience after having picked up a newspaper in the Red Cross hut, which showed the photograph of a nurse and a group of American ambulance drivers who were serving with the French and with whom he was personally acquainted. After this second attack he cooperated in treatment and advice which eventually resulted in his recovery. After his war experiences became assimilated into his life instead of being repressed, he found he could discuss them without any evidence of emotion whatever. The conflict in a large per cent of these cases is very superficial.