THE FUTURE OF PSYCHIATRY IN THE ARMY

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THE future of medicine or of any branch of medicine in the Army is inseparably linked with the future of medicine in general. The work of the medical officer of the army—whether in the regular establishment or in the emergency forces—is no more special and unrelated to the whole of medicine than is that of any other physician, surgeon or sanitarian who is dealing with one of the more specific tasks of our profession. Anything that emphasizes the distinction between military and civil physicians impairs the solidarity which the whole medical profession must possess if it is to serve humanity in accordance with its opportunities in war as well as in peace.

If the future of military medicine is but a phase of the future of medicine in general, we may gain some insight into the future of psychiatry in the Army by considering for a few minutes the present outlook for psychiatry in civil life. The last few years have seen a rapid extension of the frontiers of all branches of medicine, especially in their social applications. Dealing as it does with the deep springs of human conduct, it is not surprising that psychiatry should have extended its own frontiers in this direction even further than some other branches of medicine have. For many years—indeed ever since the insane came into the hands of physicians from those of demon-exorcisers, jail keepers and poormasters—psychiatry has concerned itself almost exclusively with insanity. Today that term is properly applied to only a relatively small proportion of all the persons in whom psychiatrists are interested, or even of all persons who suffer from mental diseases or other abnormal mental states. It has been proposed by Dr. William A. White to abandon the term “insanity” in medicine and to transfer it, as a gift in perpetuity, to the lawyers, who seem to have much more use for it than we have and really know much more about it. If that were done “the insane” would consist only of people with mental diseases who, in addition, suffer from some such legal disability as enforced detention in an institution or deprivation of certain civil rights. Many mentally sick persons would be still, unfortunately, insane but the majority would not. The effect upon “expert” testimony of such a change in terminology would be startling but very much to the advantage of both the

1 Read at the twenty-eighth annual meeting of the Association of Military Surgeons of the United States, New Orleans, La., April 23, 1920.
2 Recently Senior Consultant in Neuropsychiatry, A. E. F.
medical and the legal professions. Psychiatrists would continue to
differ on the issue of mental disease as physicians do about many other
diseases when in clinical conference, but lawyers could debate exclusively with each other the issue of "insanity," settling it in the end, as they do now, by reference to statutes and court decisions and not to medical facts.

Not only mental diseases among those who are not "insane" (to use this word in the sense proposed) but other disorders that are classified as mental diseases only for convenience have come into the field of psychiatry. Mental deficiency—with its enormously important radiations into poverty, delinquency and crime—lies today very largely within the field of psychiatry as do the psychoneuroses, which originate, run their course and end in the home, the school, the factory and the military camp.

Very few people realize what a vast domain in medicine is actually filled by the three groups of mental disorders that have just been mentioned. I should like to give a few statistics on this subject and so certain am I that they will be received with incredulity as to their soundness or the accuracy of the sources of my information, that I have taken the liberty of giving in detail, for publication with this paper when it appears in the transactions of the Association, the exact data upon which they are based. The number of insane in institutions—and following a strictly medical terminology there are few elsewhere—almost equals the total number of patients in all the general hospitals in the United States. In the Army and Navy, mental diseases have for many years occupied first or second place in discharges for disability. States that make full provision for the care of mental diseases in public institutions spend more for this purpose than they do for any other, except education. In the state of New York, in 1919, one death in twenty-two in the whole adult population occurred in a hospital for the insane. Today, 36 per cent of all hospital patients cared for

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Total number of insane in hospitals, January 1, 1918, was 239,830.

Total number of beds in general hospitals in United States for the year 1918 was 270,209.


5 U. S. Army: "Annual reports of the Surgeon General;"


7 Total number of deaths in New York State in 1919 was 142,447; total deaths, 20 years and over, 107,798; total deaths in hospitals for mental diseases, 4,884.
by the Public Health Service as beneficiaries of the Bureau of War Risk Insurance are mental or nervous cases.8

No one knows how prevalent the psychoneuroses are in the civil population. Some idea may be gained from half an hour's consideration of fifty of the men, and their wives, whom you know best, reviewing in your mind the number of instances in which there has occurred, to your personal knowledge, some kind of "nervous breakdown" or other evidence of a psychoneurotic reaction to the vicissitudes of life. In the World War, the psychoneuroses, as everyone now knows, constituted a major medico-military problem in the armies of our allies. Twenty per cent of the soldiers discharged for disability from the British Army had one or another of the disorders grouped under the terms "shell shock," "neurasthenia" or the better one of "war neurosis."9 Our own military medical officers who were interested in the clinical aspects of chemical warfare will tell you how the "gas neuroses" bothered them in the gas hospitals near the front. The orthopedists will describe the weird aura of functional symptoms that surrounded undoubtedly organic cases and served to retard recovery or to increase disability.10 The internists gave a name suggesting effort rather than lack of it to the functional heart disorders of the soldier but all of them agreed upon the essentially psychoneurotic nature of the reaction.1

In our army in France, the wave of war neuroses among combatant troops rose until it caused no little apprehension among line as well as medical officers and then, under a system of management based squarely upon a psycho-biological conception of the nature and genesis of functional nervous diseases, subsided until it ceased to threaten the morale of troops or to constitute a drain upon our over-taxed hospital facilities.12 In the camps in the United States, as Colonel Bailey has shown,13 these disorders played an even larger part than they did on the battlefields and in the base hospitals of France.

Psychiatry has a task in the diagnosis and treatment of these mental disorders in civil life much too large for the trained personnel available

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13 Bailey, Pearce: "War's Big Lesson in Mental and Nervous Diseases." Reprint from the New York Times, September 14, 1919.
for dealing with it. The workers needed will never be supplied by a
system of medical education that, in the standard medical curriculum,
devotes 30 of the 2,000 hours in the two clinical years to instruction in
psychiatry. The new university psychiatric clinics being established—
in some instances as a direct outcome of the experience of the war—will
afford the best possible means not only for training specialists in mental
diseases but for providing every graduate in medicine with some knowl-
edge of mental phenomena in sickness and in health. In spite of this
shortage in the number of workers in the older and more conventional
fields of psychiatry, there is a constant demand for men in altogether
new fields. The trend toward managing delinquency and crime along
psychiatric lines is one of the most striking and unexpected develop-
ments in applied medicine. A great state is now reorganizing its
correctional system by providing a central classification prison for the
reception of all new prisoners, in which the corner-stone is a psychiatric
clinic. It is hardly necessary to remind the members of this Association
of the pioneer work in this field of Major Edgar King of the Army,
at the U. S. Disciplinary Barracks at Fort Leavenworth, where practically
all that is done in the reclamation of prisoners is based upon the findings
and recommendations of the Department of Psychiatry and Sociology
of which Major King is the head. The demand for psychiatrists
for positions in juvenile and domestic relations courts and correctional
institutions that come to me in my work with the National Committee
for Mental Hygiene would exhaust the entire annual output of men
trained in the few existing psychiatric clinics.

In the field of preventive medicine, psychiatry is represented by
mental hygiene. The preventive side of mental medicine, dealing so
largely with the problems of childhood, is of special interest to social
workers. There has just closed in this city a session of the National
Conference of Social Work, an organization representing every variety
of social work carried on in the United States and Canada. This con-
ference has ten sections and in each there was at least one paper dealing
with mental hygiene, although there is a special section on mental
hygiene which is always very largely attended.

I have not presented these comments on the amazing growth of the
extra-institutional field of psychiatry with the intention of unduly
emphasizing the importance of this specialty. No one knows better
than I do how slender are some of our resources, how few and, in many
cases, how inadequately trained are our personnel or how much we have

28, 1920.

15 King, Edgar: "The Military Delinquent." The Military Surgeon, 37:574-78, December,
1915.
suffered and still suffer from that unfortunate isolation from the rest of medicine which our early work with the insane has entailed. The fact that this isolation is breaking down, that the familiar medical joke about all psychiatrists being a little crazy is not nearly as dependable a laugh-raiser as it used to be, and the slow realization on the part of our colleagues in other work that a psychiatrist may be a clinician working in a special field and not necessarily a mixture of one part introspective philosopher, one part dreamer, and one part humbug—all indicate that the future of psychiatry will be more closely linked with that of the rest of medicine than its past has been. Of all the factors that have served to bring about the important change that justifies this prediction, none can compare with the effect of working side by side in every medical activity of the war from the first steps in picking an army as free as possible from physical and mental defectives to service with troops at the front. Surgeons, internists, and medical administrators saw in the neuro-psychiatric wards of our great military administrators here and in France other medical officers who were neither a little crazy, introspective philosophers, dreamers, nor humbugs, but colleagues working away at clinical problems that were often similar to their own and not infrequently overlapped them.

The future of psychiatry in civil life, then, as far as can be predicted from present indications, will bring an increasing community of interest between psychiatrists and other physicians in clinical work, medical teaching and medical research and the promise of an inspiring advance, together, into the wide field of social medicine. If the future of medicine in the Army is only a phase of the future of medicine in general, it will take but a few minutes to outline some of the features of special interest in the future of psychiatry in the Army.

A surprisingly large number of activities of the medical officer of the Army are shared with advantage by the psychiatrist. In the great task of selecting the human raw material out of which to construct an army for peace or an army for war, the psychiatrist has a particularly useful place. There is no time here to review the results in decreasing military delinquency, lessening the insanity rate and preventing unstable officers and men from being exposed to special stress that resulted from the elimination of 72,000 cases of mental and nervous disease from the Army during the war. Difficult problems in the psychiatric examination of recruits which have a very special military bearing must still be solved. Distinguishing between mental deficiency and the mental reactions determined by deprivation of educational and social advantages is one of these problems. It must be solved, in the Army, by the joint work of psychiatrists and psychol-
ogists and will never be solved by either working alone. There are highly important psychiatric problems involved in the application of tests to determine special fitness and vocational aptitude. If the Army is to be the “free vocational university” that it is the ambition of the Secretary of War to have it become, the “human element,” which is the mental element, must receive the most careful consideration in formulating plans. The administration of military justice, not only in courts-martial but in military disciplinary institutions, requires the aid of psychiatry exactly as much as the administration of justice in civil courts and civil correctional institutions does. The treatment of mental diseases in neuropsychiatric departments of favorably situated permanent general hospitals will demand the services of competent psychiatrists. The same is true of the psychoneuroses. The experiences of the recent war, which will almost certainly be repeated in the next one, show that not only military psychiatrists but every medical officer should know something of the nature of these disorders and of the conditions that, on the one hand, make for their development and, on the other, for their control. When the next emergency comes, if not sooner, the Medical Department of the Army will have to meet squarely the question of its relation to the work for upbuilding morale that is certain to occupy a very large place in military affairs. Of all the sciences that throw light upon the emotional life of human beings and the deep forces that regulate human behaviour, psychiatry, in my opinion, is today able to make the most practical contribution. If that science can afford no aid in an intelligent effort to deal with morale in a military organization, there is some extraordinary difference between human reactions under uniforms and those that occur under civilian clothes.

If the Army is to utilize psychiatry in its varied medical undertakings to an extent anything like that to which psychiatry is being utilized in the world outside of the Army, some provisions must be made for the systematic training of military medical officers to work in this field. Such training must be both general and special. In the great postgraduate school for medical officers which is growing up around the Walter Reed Hospital, a psychiatric clinic, modelled after the very best civil university psychiatric clinics, will form the basis for clinical instruction in mental diseases. When its facilities are available all student officers should be required to take a series of lectures on the modern concepts of medical psychology. After this preparation (which they will find quite as useful in dealing with other sick men, women and children as with those suffering from mental diseases) all student officers should have presented to them, through strictly clinical instruction, the methods of psychiatric examination, and the more important clinical pictures of mental diseases, mental deficiency, con-
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stitutional psychopathic states and the psychoneuroses. To this should then be added practical application of this knowledge, in diagnosis and treatment and in the examination of military delinquents. Such instruction will not make them psychiatrists, but it will give future medical officers, especially if it is colored with constant reference to military situations and the special problems of the soldier, an idea of the ways in which psychiatrists can be used to the best advantage in the Army and emergency measures taken to deal with psychiatric situations when their services are not available. Before the war definite courses in military psychiatry had been established in the French and German armies.

In the light of recent experience, such instruction seems to be the minimum that should be required of all student officers. It is necessary, however, to provide, within the Army, some type of instruction for medical officers or student officers who have had their interest strongly drawn toward psychiatry and desire to fit themselves for special work in the Army in this department of medicine. I imagine that there will be no dissent from the statement that the regular establishment needs to have the important specialties adequately represented at all times in its own personnel. If there were no other reason, the retention of young medical men who enjoy military life, but would leave the service if not permitted to work along the lines of their special interests, would be sufficient, in the present shortage of medical officers. Unless special as well as general tasks in military medicine are systematically undertaken in peace, it will be useless to expect regular officers, who will occupy high administrative positions in war, to know how to use specialists to the best advantage. Hostility or at least skepticism will be their attitude if they are thrown into contact with those working in special fields with no previous association as a basis for mutual understanding and respect. It is equally important that specialists should know how to work in the Army. Many a highly trained specialist from civil life was less able to apply his skill to the actual problems of military medicine because of his insistence upon conditions that could not possibly exist in a military organization. Upon our entry into the World War, the medical officers of the permanent establishment had much more familiarity with some of the practical uses to which psychiatry and psychiatrists could be put than many great teachers in the civil profession who had been working in the most important medical centers of the country. This was on account of the frequent necessity, in the Army, of dealing with mental cases in emergency situations and because, following the recommendations of White, Richards, King, Smith, and others, definite steps had already been taken to provide the nucleus of a psychiatric service. But for the sympathetic attitude
toward psychiatry—when it had practical things to propose—which existed among most regular medical officers, the important services that psychiatrists were able to render during the war would not have been possible.

In the permanent establishment, in time of peace, there are many assignments open to military psychiatrists, and there need be no fear on the part of anyone that a fair proportion of psychiatrists among the specially trained officers of the regular corps will not be kept busy in useful professional work. Recruit depots, the teaching psychiatric clinic at Washington, the neuropsychiatric wards that are essential as collecting stations and treatment centers at all large, permanent, general hospitals, disciplinary barracks and development battalions, all require the services of officers giving their whole time to psychiatric duties. The assignment of division psychiatrists, orthopedists and urologists should be continued during peace, for the duties of these officers are nearly as important in training as in active military operations. It is most necessary for them to be familiar with actual conditions governing military life and specialists from the emergency forces are much less likely to succeed in their work than regular officers who have had special training. Division psychiatrists will be found indispensable if the new regulations regarding the mental examination of men brought before general courts-martial are to be made effective. Not a little special instruction can be given in the Army by psychiatrists filling such assignments as those mentioned, but, before officers without other training are regarded as competent to serve as psychiatrists in any duty which they are called upon to perform, in the military service, they should be given the opportunity of working in some of the more important civil psychiatric centers and of becoming familiar, through first-hand observation, with the psychiatric activities being carried on in children's courts, civil correctional institutions, mental hygiene clinics and industrial mental hygiene conference centers.

With its special advantages of a controllable environment, concrete problems and continuity, under standardized conditions, of all its important activities, the Army offers a field to young psychiatrists in which there are opportunities for making advances in the study of mental diseases and conduct disorders and in the practical application of mental hygiene comparable to the advances in general hygiene, tropical sanitation and sex hygiene which have placed civil medicine under such lasting obligations to military medicine. It would be nothing short of a tragedy if the Army medical service, after having advanced psychiatry in civil life through the splendid work done during the war, should itself reap no substantial gain in one of the most promising fields of clinical and preventive medicine.