

FOREIGN SERVICE NEUROSIS.

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"No man will be a sailor who has the contrivance enough to get himself into a jail, for being in a ship is being in a jail, with the chance of being drowned."—*Dr. Johnson (1759)*.

SINCE Dr. Johnson uttered his opinion a great improvement has occurred in the living conditions of sailors; and, for that matter, jails have improved too, but it is doubtful whether the average potential sailor of to-day would take Dr. Johnson seriously. Times have changed.

On the other hand, some features of sea-going are unchangeable; absence from home and loved ones, irregularities of food supplies and mail, discipline, lack of privacy and the rest, all tend to produce an unnatural environment. This has its effects on the personality, and the present paper, based on personal experiences, attempts to give some idea of the quality of these reactions. It is a series of observations, extending over a period of two-and-a-half years, culled partly from memory and partly from journals and letters written at the time. Much variation in the type of reaction is recorded, even though the conditions of service were similar for all, which is clearly due to constitutional and personal differences in the individuals concerned. The general conditions tending to produce neurotic reactions are described first.

GENERAL FACTORS IN CAUSATION.

The cases studied were part of the complement of one of H.M. sloops operating in the tropics, largely on detached service, from August, 1940, to January, 1943. The complement numbered about 100 at first and gradually increased to 150; as

1940: August	} Monotonous patrols in Persian Gulf.
September	
October	
November	
December	} Five weeks' refit. Ship's company lived ashore in Bombay. Patrols in Persian Gulf. Escorted convoys to occupy Iraq. No fighting seen. Remained up Shatt-al-Arab, usually at anchor. Climate severe. Malaria.
1941: January	
February	
March	
April	
May	
June	
July	
August	} In action for occupation of Iran. Minor casualties only.
August 26	
September	
October	
November	} Patrols in Persian Gulf and Red Sea escort work. Threat of air attack, but no action.
December	
1942: January	} Antisubmarine escort and patrols in Indian Ocean. (Two days' leave to both watches up-country in Ceylon in May.)
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	} Anti-submarine escort and patrols.

a consequence the mess decks became progressively more crowded and the ventilation less adequate. The foregoing table summarizes the main incidents of the period.

It can be seen from the table that the greater part of the time was spent at sea. The longer periods were relieved to some extent by boiler-cleaning, which lasted for a few days and came about once in six weeks. The short spell in harbour thus obtained was, of course, of little use to the engine-room staff and key men, whose duties in harbour were in some cases more onerous than at sea. Certain factors emphasized the isolation of detached service; mails arrived at long intervals, sometimes not for several weeks at a time; there was no wireless for entertainment at first; and, though the best available was provided, the facilities for recreation were poor, particularly for ratings in the Gulf.

In addition to monotony and strain, the fierce climate played a major part in producing neuroses. The summers of 1940 and 1941 were very humid and hot, with malaria in addition in 1941. In June, 1941, for example, the forenoon temperature in the Sick Bay was about 110° F., although the deck above was wooden and kept wet. Sometimes it was midnight before the thermometer registered less than 100° F. The evening fall of temperature was offset by the relative increase in humidity, so that the only respite from sweating profusely came between midnight and morning. Even so, it was usual to wake up on a mattress sodden with sweat. Kata thermometer readings (measuring cooling power of the air) were taken at the worst times, in the full blast of a fan, with the bulb wet, and were 11 to 12 at 10.45 hours and 6 to 7 from 16.00 to 24.00 hours; this indicates that the cooling power of the air was grossly below efficiency or comfort levels. The wet bulb in the shade on deck showed maximum recordings of just over 100° F. on three occasions. It is usually regarded as impossible to work under these conditions, but work went on for weeks on end until the cooler weather arrived. The usual "rig" was a pair of shorts and sandals, and these were permanently wet where they touched the body. Sweat dripped from the elbows, fingers, nose and chin and ran in a rivulet down the spine. It was a difficult task to write a letter without smudging it. A copious fluid intake was, of course, a necessity, and everyone suffered from sweat rashes, often with sepsis. A journal referring to this period mentions the "repeated and powerful mental irritation induced by humidity, heat and flies." Such conditions engendered in most subjects an irritable despair which cannot be adequately described.

In 1942 the summer was spent in the Indian Ocean, where the temperatures were much lower, but the S.W. monsoon caused discomfort, especially to those who were not good sailors. The winters in all cases were pleasant and cool.

Apart from the climate, an important environmental condition was the quality of the diet. Every effort was made to keep its standard high, but it naturally varied according to the facilities available and, in general, it was good when the ship was in harbour and for a few days thereafter, but monotonous and unappetizing at sea. Occasionally the staple vegetable for some days was rice, with corned beef, dried peas and biscuit in addition—nutritious, but exceedingly grumble-producing. Potatoes easily went mouldy, bread was of poor quality when made on board, and meat was inferior and often tainted. Appetites varied with the quality of the diet, and were not improved by the presence of numerous flies, cockroaches and weevils. In 1942 rats were troublesome. Finally, the food was often made unpalatable by uninspired cooking. Nearly everybody lost weight, some as much as a stone.

Physical illness was common, and during the worst period as many as 10 per cent. of the complement were off duty sick at one time. In the worst quarter 43 per cent. of the total complement had an illness lasting, on an average, 7 to 14 days. The main causes were malaria, septic infections and heat exhaustion; all were related to the climate. Accident proneness was also raised during the hot weather.

Another factor operating on individual morale was the general mood or atmosphere of the ship in the emotional sense. This was less satisfactory at first because of maladjustments between individuals, particularly certain key men, but a gradual change for the better occurred as the complement was freshened by reliefs, and by the end of 1942 she could fairly be called a happy ship. Mood was worst when the climate was worst, but some ships under similar conditions remained happy throughout; so that general mood is more than a secondary effect of climate, and depends on the personal qualities of those responsible for discipline, whether officers or senior ratings.

ILLUSTRATIVE CASES.

CASE 1.—Looking back on my experiences as medical officer of the sloop I realize that the conditions already described produced marked temporary changes in my own personality. These changes represent the commonest type of reaction and are therefore described in some detail.

Important events previous to my foreign service, briefly, were: Born, 1915; qualified in medicine in 1938; volunteered for R.N.V.R. in early 1940 and joined in March of that year; appointed to foreign service on May 11, married on May 18, and sailed on June 29, arriving in the Persian Gulf by August, 1940.

On the way out to the Persian Gulf certain special influences began to operate. I was a poor sailor and, though this improved considerably in the course of time, I never felt comfortable in bad weather. I found rolling quite tolerable, though frightening when severe, but reacted strongly to pitching, developing a slight constant headache, anorexia and a feeling of depression. That I could make myself worse by introspection was easy to discover, but I never contrived to cure myself by ignoring the cause. This weakness induced a marked distaste for leaving harbour; fortunately I was never unable to carry out my duties.

On arrival in the Gulf I promptly developed an attack of prickly heat complicated by sepsis. This continued to give trouble until the cool weather arrived in late September. Meanwhile another special factor began to operate, namely, undiluted responsibility. I was only conscious of this acutely on a few occasions when I badly wanted to have a second opinion on a case and could not get one; at other times I did not worry about my isolation except to miss the interest and instruction obtainable from professional discussions.

Yet another special factor was news from home. My wife was living in Plymouth during its blitz, and other relatives needed financial aid on two occasions; information of this sort usually reached me about two months after the event.

After three weeks in the Gulf I began to take alcohol regularly, having previously been a teetotaler. At this time I used it for its sedative effect and to take the edge off the discomfort due to heat; later I also drank for social reasons, sometimes more than enough, but I never noticed any tendency to addiction, and since returning home have felt no special urge to drink.

As the conditions I have already described began to take effect I suffered a steady loss in initiative and enthusiasm. My output of energy remained fairly high, but I progressively devoted my time to things which required less concentration. At first I studied professional subjects, tropical medicine and public health, and took on the duties of mess secretary, wine caterer, censor officer, etc. Later I turned my attention to general subjects which held special interests—economics, history, statistics and shorthand. As time went on my enthusiasm waned still further, and I carried out my extra duties (censoring, etc.) with a resentful feeling that they were none of my business; my studies became very scrappy and an attempt to "rub up my French" was abortive: I found it quite difficult to concentrate. After the three months' rest in the autumn of 1942, however, I regained some lost ground and was encouraged by the belief that my relief would soon arrive. I then took up English with the object of improving my style and, by way of exercise, produced a quantity of verse and prose, mostly of wishful type. At this stage I was relieved. Other forms of activity when opportunity offered were swimming, fishing, and joining in social activities of the mess.

Apart from the steady deterioration in drive just described I became progressively more irritable and less patient. This showed itself in a host of ways. My resentment was easily aroused and I occasionally quarrelled with other members of the mess; I objected to discipline and regulations if they seemed to be unnecessary; I found that colic (associated with occasional bilious attacks) seemed to be less bearable than formerly; I became extremely exasperated if a fly buzzed round in my cabin. At the same time a feeling of apprehension developed, focused particularly on the noise of our own gunfire in practice shoots, shutting myself below decks, possible loss of mail, etc. The real causes were felt at times, but were usually suppressed as "unnecessary worry." At the action in Iran I felt acutely anxious, with mild somatic manifestations, but these cleared as soon as I had something to do and the fear was then forgotten. When I eventually left the ship for home I was very anxious about customs formalities, about being diverted to another job on the way, about losing my luggage, and about a possible change in personality affecting my happy relationship with my wife. I remember no somatic disturbance such as tachycardia or tremor at this time.

On arrival home my worries, being groundless, were all resolved and the symptoms settled down until, at the end of six months, most of them had disappeared. Important curative factors were a shore job and a fairly clear idea of the future—three weeks' leave had a negligible effect.

During the above "illness" the anxiety was quite controllable; it existed mainly as a basic emotional state. Depression was also present in a variable degree, causing undue pessimism and discouragement; one example of this was a fear that the war might be won before I got home again and I would thus miss the armistice celebrations, and possibly be left out East longer than would otherwise be the case. Paranoid features were noticeable, and I was often a little suspicious of things going on behind my back among my messmates, which I sensed were in a vague way to my disadvantage. Mails were so irregular that I unreasonably but firmly believed that the authorities did not take any real interest in our welfare. I felt sure that my relief

was being overlooked at the time when he was on his way to join the ship. Sometimes I thought that we were deliberately kept from our meals by hospitable drinking parties with visitors.

In addition I felt an increased need for sleep, a need for friends (though I had several good ones), and a sense of futility about the future. I lost about 12 lb. in weight; my appetite was variable, but good on the whole. I noticed a distinct lightening in spirit when my relief formally took charge, and also at each successive milestone on the way home.

The last symptoms to subside were the loss of concentration as compared with my former remembered standard, the tendency to object without reflection when asked to do anything, and the paranoid feelings. Some irritability still remains (? my normal degree), but for practical purposes the condition has entirely resolved without ever resulting in more than a slight reduction in efficiency.

CASE 2.—This officer, a man in the middle thirties, developed a mild, chronic depression of the reactive type. The factor of separation from his family was predominant, though climate and type of service were still important in causation. His leading symptoms were a tendency to be pessimistic, feelings of inadequacy, over-conscientiousness, difficulty in concentrating on his work, and paranoid ideas about the service authorities, particularly in his own branch. He displayed no anxiety and his insight was good. He was cheery after a moderate dose of alcohol, but never showed any tendency to addiction in four years' foreign service. Though not very happy, he remained quite efficient and effective throughout. He represents a common type of reaction.

CASE 3.—This was a rating of about 25, who worked long hours in confined spaces when the Persian Gulf climate was at its worst. After some weeks he went sick with heat exhaustion, running a mild evening pyrexia and feeling fatigued and dizzy. With four days' rest he was fit again for duty, but was advised to take it easy and was kept under observation as far as possible. In spite of this, however, he continued to do extra time, for there was much urgent work to be done and the engine-room staff were reduced by sickness. His Divisional Officer sent him away from his work on more than one occasion. After a further five days of desperate endeavour he had a "fit" in his mess immediately after a bout of duty. When seen a few moments later he was cyanosed, with choking-gasping respiration and complaining of blindness. These symptoms quickly passed off, but he was left quite incapable of work, weeping and trembling at the least disturbance. There seemed to be no prospect of getting him well quickly, and he was transferred to hospital. He returned a week later, fit for light duties, and aware of the need to regulate his activity to reasonable limits. He had no further trouble, though he continued to work a little harder than the average rating. His reaction seems to have been an acute affective disturbance due to overstrain.

CASE 4.—This rating, aged 29, developed a marked resentment to the Navy in general. He was above average in intelligence and was promoted to P.O.; later his attitude changed and he felt that the authorities had promoted him in order to get more highly skilled work out of him. He countered by requesting his own disrating on the grounds that the P.O.'s work was too difficult for him, and his request was granted because it was felt that a willing leading hand was of more use than a resentful P.O. At this time it was not possible to tell whether he was "playing up" in the hopes of being sent home or whether he was developing real delusions of persecution. He certainly showed intense resentment to the service.

Towards his wife he had a dual attitude, speaking of her as the reason for his desire to return home and professing great affection for her, but at the same time writing letters to her only about once a month and saying unkind things in them. In particular, he accused her of losing interest in him, of writing infrequently and of being friendly to a rival; the last idea he merely insinuated. As well as this he wrote things he knew would be stopped in censorship, and desisted only after the matter had been before the Captain twice. This seemed to give him a certain satisfaction; that he was, in fact, being persecuted. He finally reacted by not writing any letters at all.

For a long time he refused vaccination and inoculation, apparently more to assert himself than for any ethical reason, and because of this he got very little shore leave (regulations do not allow the non-vaccinated to go ashore where smallpox is endemic). On one occasion he broke out of the ship and received nominal punishment only. After 18 months he decided to accept my advice, regularly tendered, and he was inoculated and vaccinated before he had time to change his mind.

On several occasions I interviewed him and was able to confirm his high intelligence; he was introverted and rather schizoid, and very little concerned about the ideas of others, even of those dear to him. After each persuasion he temporarily improved, but on the whole he got worse. At the end of two years he was relieved and he left for the U.K., since when I have no further news of him. It is possible that he would have developed a serious paranoid state had he been kept much longer in the ship.

CASE 5.—This man, a P.O. of about 30, was a survivor from another ship, and complained that when he went below decks the space he was in seemed to be contracting on to him; this caused a feeling of panic and he usually had to come up on deck again. He showed mild anxiety symptoms and, after being reassured about these, he was persuaded to fight against the tendency to panic by setting himself some task to perform, such as smoking a cigarette before giving in to the feeling. About a week later he again reported, complaining of headaches. He was again reassured and no further treatment proved to be necessary. He made an excellent adjustment,

carrying out a responsible task in an efficient and cheerful way. He was still symptom-free when I left the ship some months later.

CASE 6.—In this case, post-traumatic headaches associated with no demonstrable pathology grew steadily less severe under the influence of suggestion and persuasion. At the end of a month of steady improvement I referred him for a "specialist" opinion, expecting that the extra reassurance he would receive would reinforce my own efforts. Unfortunately a different view was taken at the hospital and the man was told he was unfit for sea service. Next morning he was worse than at any previous time and I had no option but to discharge him for disposal to shore.

It was interesting, if exasperating, to see how his symptoms depended on the way he was handled.

INDIVIDUAL SYMPTOMS.

The above cases have been chosen to illustrate the various reactions seen, and do not represent the total psychiatric material involved. Almost all the personnel showed some chronic symptoms slightly, particularly anxiety, depression, paranoid beliefs or a mixture of these. There was little hysteria, perhaps because there was little sympathy to be had.

Paranoid beliefs.—Quite the commonest phenomenon was the tendency to develop paranoid beliefs. This was also noticed in the 1914–18 war, and Beaton (1918) pointed out that paranoia was never diagnosed until well advanced, presumably because paranoid ideas were so commonplace. In the present series, apart from Case 4, which might have been an early psychosis, the ideas under this heading were moderate in tone and unlikely to lead to serious trouble. Examples of these ideas are given in Cases 1 and 4; the delusion based on mail delays was particularly widely held. The naval authorities admitted that mails were slow and offered explanations about shipping shortages, but the majority of the complement remained unconvinced by this reasonable argument and felt that no serious efforts were being made to speed the mails—that official statements were mere placebos.

Another strong belief, held by all who were about to go home, was that they were likely to be diverted from the journey to some local pool by an enterprising flag officer who wished to increase his reserves. This idea reached absurd heights when a story was circulated, believed by many, that four gunnery officers had been held in one particular camp for some months and that Admiralty had taken action to check the trouble. The basic idea was probably the fact that the ship's company had twice been told they were homeward bound, only to find that the exigencies of the service caused postponement until, finally, hope was abandoned.

Still another paranoid idea was that foreign service leave was reduced as soon as it was realized that people were coming back from the East in small groups and therefore no effective objection could be made by them. The obvious "shortage of man-power" reason was ignored. This, like the other ideas mentioned, was directed at service organization mainly because of inadequate knowledge of the reasons for things being done. If such difficulties could be adequately met by propaganda these paranoid ideas could hardly arise, for contact with reality would abort them. It is possible that the paranoid tendencies would then take other forms, though this would not happen if it is true that they arise from misunderstandings based on mental isolation from reality.

Similar neurotic reactions are recorded in Polar expeditions, attempts to climb Everest and other occasions when strain and isolation interact. It seems to be a dangerous mixture. Newman (1944) reports paranoid ideas in prisoners of war who feel that they are forgotten men and tend to indulge too much in introspection. Introspection was also regarded as a major factor on a ship in the 1914–18 war (Beaton, 1918). In civil prisons, too, ideas of persecution readily arise, but in this case the reaction is occurring in a selected type of person, the delinquent, who is not likely to suffer from mental conflicts concerning duty, and whose troubles are obviously more constitutional than psychogenic in nature.

As regards normal men on foreign service, letters from home, newspapers and the B.B.C. fill most gaps, but the average sailor is left in great ignorance of the intentions of the service towards him and of its methods and organizations. While it is realized that it is not always possible or permissible to foretell the future, it is thought that more explaining of intentions would do good, so far as this can be done.

Anxiety.—Next to paranoid ideas this was the commonest psychiatric symptom, and probably it was present in many cases not showing it openly. Nearly always it was felt to be due to separation from home; no one complained of fear of the sea or service dangers, no doubt because to admit this is a blow to self-esteem. An understanding of the anxiety state, regardless of any specific causative factors, was sufficient to direct treatment of potential breakdowns along correct lines; reassurance was usually all that was required.

Depression.—This was only seen in its minor forms and gave no real trouble. Case 2 is a typical example selected among many.

Hysteria.—No clear hysteria occurred, though some cases showed hysterical features. A firm attitude was taken to all sickness because each man going sick meant added strain for the remainder; it is not feasible to carry extra men to replace those sick in times when man-power is short. Also discouraging hysterical reactions was the fact that all seriously ill patients were put ashore to hospital where possible and left behind on sailing; this prospect disturbed many of them, particularly if the hospital used was remote and infrequently visited. In addition, the extra discipline of being under medical care and the loss of shore leave while sick were potent deterrents. Beaton (1918) also comments on the rarity of hysteria on board H.M. ships.

Apart from hysteria, the exaggeration of minor symptoms, or "near-malingering," was sometimes seen. It was apparently staged to obtain advantages, such as light duty or medical comforts, and it ceased to arise when met regularly with a sceptical, though not cynical, attitude. Sympathetic treatment merely encouraged such patients to try again, especially at times when Church or Divisions was the alternative attraction.

Resentment.—This was a very common state of mind, usually in the form popularly called "chokker" (from "chock-a-block" as applied to a tackle when it cannot be drawn any tighter). It was partly a feeling of irritation at something felt to be unnecessary, partly anger and aggressive feelings, and partly mere sulking. Although a tense frame of mind it rarely gave rise to affective outbursts, mainly because tactfully handled by those in charge; when trouble did arise it was usually because of a lack of such tact. Normally, the tension was released in a thin stream of nattering complaints, "moaning" or "dripping." The state of "chokker" seems to be the natural reaction of people unaccustomed to discipline when they are subjected to it. It improves with time because acclimatization and reorientation occur, but in a rigid personality it is never far below the surface and is easily produced by minor injustices.

Delinquency.—A number of ratings were absent without official leave, some of them more than once, and there was over-drinking and over-eating when opportunity allowed. A certain amount of V.D. appeared as a secondary result, but was much less in 1942 than in the previous years. The improvement was probably due to alcohol rationing, dilution of the complement by men fresh from home, and improvement in the mood of the ship. There was always a tendency to "cast loose" and "let off steam" whenever possible, and this would have led to less trouble if better facilities for vigorous recreation had been available at all ports. The incidence of misconduct was determined by the severity of the reaction to foreign service in the individual concerned, by the opportunities offered and by the absence of immediate deterrents. None of these factors was capable of much modification on the spot, for each was predetermined by the exigencies and customs of the service and the nature of the ports visited.

Alcoholism.—There was less addiction than might have been expected, perhaps because alcoholic drinks were expensive and none too plentiful. Everyone discovered the beneficial sedative effect of alcohol; most used it also on social occasions, and some as a narcotic; but on the whole there was very little abuse. In only one case reactive addiction and a "fugue" occurred, with serious results.

Seasickness.—In one case this caused severe disability; after being twice mistaken for a "ruptured ulcer" he was found unfit for sea service in small ships. As a general rule the reaction showed psychogenic features, namely, an onset under mental stress, a tendency to severity and chronicity in neurotic persons, a marked response to suggestion and persuasion, and spontaneous cure when the stress became an accustomed part of the environment and introspection ceased. Anxiety was a factor, but introspection was necessary also; hence acute fear abolished the

condition because it left no surplus of attention for the stomach. The condition also seemed to have some hysterical features, and these usually disappeared after persuasion. In most cases a firm, apparently unsympathetic attitude and the suggestion that "it would pass off later" were effective treatment. I was not able to adopt this attitude towards myself, however, so that I only overcame the weakness slowly, but I was at least able to believe that I was making slow progress and so maintained it. In the course of time great improvement occurred.

CONCLUSIONS.

As already pointed out, few men escaped with no reaction who had been exposed to foreign service strain for more than two years; at the same time it is proper to say that the number of cases requiring psychiatric attention was small, in view of the severity of the conditions amazingly small, and the bulk of the complement maintained a reasonable standard of efficiency without assistance. A quantitative estimate for the whole Navy cannot be deduced from the experience of one ship, but Beaton (1918) estimated that about 20,000 ineffectives occurred during the 1914-18 war from psychological illness, of which about 41 per cent. were classified as neurasthenia. Certain suggestions are therefore made in the hopes of reducing this type of illness to a minimum.

Firstly, two years are enough to produce marked results in previously normal people if the conditions are severe, three years if less severe. In normal times these periods are used as limits, having been chosen, no doubt, because longer times were found to produce ill effects. The present series of cases confirms that these periods are as long as is safe.

Further, the uncertainty of warfare adds to the strain due to separation; if nothing obvious is happening the duties of the ship seem irksome and futile. Both of these troubles can be met by adequate propaganda in the shape of information as to what the ships are doing and why and, if possible, what is likely to happen next. Even giving a number of prophecies is better than giving none; at least there is something tangible about a statement of possibilities. Of course it is realized that the requirements of secrecy often prevent the giving of such information, but as much should be done as is permissible. In some cases the information available can be repeated in various ways.

Thirdly, it seems desirable that medical officers on detached service should know as much psychiatry as tropical medicine, if not more. In this sense, psychiatry implies a knowledge of human nature, and an ability to handle men's problems and give good advice to them. Serious reactions would often be prevented if tackled early.

Efforts to provide vigorous recreation should be increased, particularly for ships which do much sea-time. The provision of extra dockyard staff might allow the release of key men during refitting periods so that they might benefit by leave ashore.

Under the severest climatic conditions, as in the Persian Gulf and Red Sea in summer, an extra issue of alcohol is of value as a sedative. In view of the need for copious fluid drinks, beer is probably more suitable than rum for this purpose.

Beaton (1918) recommends measures roughly corresponding to the above, which may be summarized as early diagnosis, recreational facilities and propaganda.

Rehabilitation, as suggested by Newman (1944) for prisoners of war, does not seem to be required in average cases, for these improve quickly at home without special treatment. The difference between a prisoner of war and a sailor, however, from the point of view of the psychiatrist, is probably one of degree only; Dr. Johnson's remark, perhaps, camouflages a genuine piece of wisdom.

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REFERENCES.

- BEATON (1918), "The Psychoses and the Psychoneuroses," *Naval Medical History of the War, 1914-18*.
 NEWMAN (1944), "The Prisoner-of-War Mentality," *Brit. Med. Journ.*, January 8, 1944.