

THE
JOURNAL OF MENTAL SCIENCE

[*Published by Authority of the Medico-Psychological Association
of Great Britain and Ireland.*]

No. 259 [NEW SERIES
No. 223.] OCTOBER, 1916. VOL. LXII.

Part I.—Original Articles.

Mental Disabilities for War Service. By SIR GEORGE
H. SAVAGE, M.D., F.R.C.P.Lond.

GENTLEMEN, in providing this paper I have felt many difficulties, for, while wishing in no way to protect shirkers, I wanted to avoid sending men into the army who were almost certain to break down under training, or at the front.

I meet a good many London doctors, who have little experience of mental disorders, who act on the idea of giving the man a chance. As you know it is at times worth running some risk with mental patients: a complete change in mode of life may turn a hypochondriac into a useful worker. But in taking risks one must see on whom the risk falls.

I see patients who might serve as subordinates, but on whom no personal responsibility must rest.

I was first impressed with the importance of the subject when visiting, with Major Miles, Block "D" at Netley, where, as he pointed out, there were many men who ought never to have been enlisted. Such men involved considerable trouble and anxiety as well as cost to the nation. Later, as consultant to Lord Knutsford's homes for officers, I saw other men who were quite unsuited for the positions in which they had been placed. And, finally, I have had many old patients and their relations who have consulted me as to their fitness for military service.

VOL. LXII.

42

As a result chiefly of my experience with this last group, I purpose placing before you my views on the subject.

First, as to men who have already had at least one attack of insanity. As these are all under middle age, hereditary predisposition must influence one's judgment.

I as a rule oppose the enlisting for active service of any young man with direct insane inheritance, who has had an attack of well-marked mental disorder within a few years which required detention.

Some of these men are quite fit for home or munitions work.

Often another difficulty arises. The previous breakdown is unknown to companions and employers, and these look upon the man as a shirker or coward, and may let him know their opinion. I have seen several such patients who were becoming unstable because of the idea that people mistrusted them, and I have even decided to run the risk of enlisting some of these men, as I felt that there was a real danger of their developing delusional insanity with auditory hallucinations.

I have seen a very large number of men who have suffered from previous nervous or mental disorders, in whom the struggle as to what was their duty has produced various forms of mental disorder of a functional character.

One strong, hearty fellow came into my room and at once burst into tears. He was heartily ashamed of this outbreak, but no sooner did he begin to describe his other symptoms than he broke down again. He was sleepless, unable to fix his attention, and I judged him unfit for military training.

In another case—and he represents a special group which I recognise—the patient, who some years before had been unable to follow any definite training for a profession on account of instability, was sent to me as a case of adolescent mental weakness associated with onanism. Out-of-door occupation restored him, and he was able to earn a living; but when the question of enlistment arose, once more all power of making up his mind failed. He was distracted and depressed. He could not sleep, and felt his brain in a state of whirl, so that he could not decide on or start at anything. He was agitated and threatened suicide, as he felt he should go out of his mind if he was called upon to perform duties for which he was unfit.

In another case with a similar history, and with a story of neuropathic heredity, a few years in Canada seemed to have established his ability, and he joined the Canadian contingent; but after a few months' service all the old troubles recurred, and it was a question whether he could be safely treated out of an asylum.

Such cases are suffering from *folie de doute*.

Here I may refer to the recurrence of symptoms of mental disorder in those so-called shock cases. I have seen so many of these patients who, having to all appearances recovered, break down on return to active service. None of these cases should go back to service under six months.

I have met a certain number of cases of simple mental defect in which the weakness, which is often masked, has not been recognised by the examining doctor.

Thus, some years ago I was consulted about a youth who could not be educated in the ordinary way. To begin with, he had a total want of understanding numbers and their relations, he seemed quite unable to remember any abstract thing, and though he could copy, he could originate nothing. He enlisted, but was considered wilfully obstinate and stupid; but punishment did no good, and I did my best to get him out of the army.

A more difficult group of defectives has been seen by me, and as a rule I let them run their risk of enlisting. Thus, in the case of one man, about whom I had been consulted when he was at school for his lying and pilfering ways, no treatment did any good, and perhaps he may make a useful fighter.

Still another difficulty has arisen in relation to homosexuality. I have met several men who, without being actual offenders, have caused trouble by their unnatural attachment to companions. In two cases the friendship grew into an obsession, and apart from the companion the man was depressed, suicidal, and professionally ineffective. Now what could one do with such a one?

I have met a few cases in men already in the army who undoubtedly were suspicious almost to madness before the war, but who later became definite paranoiacs. In the Boer war I saw such a one who was sent out in command of a cavalry regiment. From Africa he sent a very mad telegram to me ordering me to stop the persecutions from which he was

suffering. He was sent back to England, and for a time was under control, but again he wants to be sent out to active service.

I have seen several patients who had suffered from slight but undoubted attacks of *petit mal*. Some of these were anxious to serve, but, of course, I opposed enlistment on active service.

It is interesting, however, to recognise a form of functional epilepsy which may follow shock or injury. I have met several cases of men who, as the result of psychic strain or shock, lose consciousness for short periods, and yet when removed from strain they recover, but relapse if sent back to duty.

There are some cases in which one has to act on one's experience even in opposition to appearances, and perhaps in opposition to the authorities. There is a young man of very high education, a public school and university man of conspicuous ability, who at the end of his university career collapsed mentally, and for over two years was in mental stagnation. He lived a simple labourer's life on the land, and slowly recovered and became physically and intellectually healthy, yet, knowing his past and gauging his present state, I decided that he was quite unfit for trench life. I have opposed the enlistment of confirmed somnambulists.

I should oppose the enlistment of certain men who have hallucinations, though I recognise that some such manage to live fairly normal lives out in the world.

I have met with several rather peculiar cases of obsession.

In one a fine, healthy-looking young man of thirty consulted me under the following conditions. He is a manufacturer, and some years ago he was in a railway accident. Since that time he has never been in a train, and the very fear of a train almost distracts him. He was greatly excited at the fear of having to travel by train. I remembered having seen his mother, who was in an asylum for some time suffering from melancholia. I decided against his serving.

I have seen two men who, from adolescence, have been unable to micturate except in private, and I have also heard of others who have had to leave the army because of this disability. It seems impossible for such men to live camp life. Perhaps hypnotic suggestion might relieve some of

them, but I have met some who had been thus treated without any good resulting.

A large and important class may be called the syphilitic group. In this I place the general paralytic, the ataxic, and some para-syphilitic cases. Directly one is consulted by a middle-aged man for vague and uncertain nervous symptoms nowadays one not only asks if the patient has had any venereal disease, but one is not satisfied unless there is negative Wassermann reaction. I have met with several cases in which the history of syphilis was comparatively recent, and therefore the symptoms were treated as possibly removable, and these have done well. Very many cases of early general paralysis have occurred in the army, and the life of anxiety was just the one likely to start the more active symptoms. It is hardly necessary to say that no man with a clear history of nerve degenerative symptoms related to syphilis should be allowed to enter the army, but there are some of the patients whose symptoms are recent, and who after treatment may be allowed to enter the service.

The Compluetic Reaction (Wassermann) in Amentia: an Original Study of 100 Cases.⁽¹⁾ By HAROLD FREIZE STEPHENS, M.R.C.S., L.R.C.P.

ALL the experiments for this investigation were carried out by me in the Bacteriological Laboratories at Guy's Hospital, and my thanks are due to Dr. Eyre, the Director, for having placed every facility at my disposal, and to Dr. Ryffel, the Chemical Pathologist, for his advice and assistance. I am also indebted to my Board of Management and to my Medical Superintendent, Dr. Caldecott, for their courteous permission to undertake this investigation in the case of patients resident under their care at the Royal Earlswood Institution, at Redhill, in Surrey.

A foreword is, perhaps, necessary in explanation of the title I have assumed for this paper, a title for which I beg your kind indulgence. By the "compluetic reaction" I mean the "Wassermann reaction." It ought never to have been called the "Wassermann reaction," for, as everybody should know,