

## PSYCHIATRIC STATES IN 130 EX-SERVICE PATIENTS.

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ALTHOUGH by now many papers have been published on psychiatric cases occurring in the Forces in this war, few follow-up studies are available of cases discharged to civilian life. Lewis (1943) and Ferguson (1943) found that a considerable proportion of discharged psychiatric patients had required further medical treatment and had difficulty in resettling to work.

The present study is of 130 ex-service patients treated at the Royal Edinburgh Hospital for Mental and Nervous Disorders from the beginning of the war until the autumn of 1943. To keep the series homogeneous, patients who have been able to return to service, members of the Allied Forces, of the Merchant Navy and of the Civil Defence Services have all been excluded. Included, however, are 18 cases admitted direct from their units at the beginning of the war, when no military hospital was available ; these cases were all discharged from the Forces, but have not been followed up ; where this lack of follow-up would interfere with the numerical findings, these cases are separately listed. Excluded also are cases whose records are too brief for full analysis ; these were often patients who received a " diagnostic interview " only. If all the groups of excluded cases were added to the total it may be presumed that altogether about 250 cases have been seen. Therefore the problem of ex-service psychiatric cases is now becoming a big one for civilian hospitals, but it will be seen later that many were under treatment before their service.

This series is a selected one, as it includes only those so seriously affected as to require specialized psychiatric treatment. Otherwise it is a representative series, including in-patients of the two mental hospitals, the Jordanburn Nerve Hospital and the private nursing homes and including out-patients. A numerical method—it hardly deserves the title statistical—has been employed to bring out the various factors. A careful reader will find some slight apparent inconsistencies in the figures ; these are not errors, but are due to cases being switched into different groups for different reasons which are sometimes explained to show their validity. Sixty-six of the cases were personally treated by me. Some of the patients in this series have been previously reported by Service writers or from this hospital in some non-military connection.

### *Nature of the Group.*

There were 110 men and 20 women ; 83 had been in the Army, 11 in the Navy, 1 in the Marines, 14 in the Air Force, 1 in the R.A.F. Regiment and 20 in the Women's Auxiliary Services. Rank was noted as the highest attained, not that on discharge ; Naval and Air Force ranks were entered under the Army equivalents where possible. There were 1 captain, 5 lieutenants, 1 sub-lieutenant, 2 W.R.N.S. officers, 1 skipper R.N.R., 6 sergeants, 7 corporals, 9 lance-corporals and 98 privates. Of the 9 officers, no fewer than 5 were medical officers. Age, when seen by us, ranged from 18 to 40, with 8 patients of 43-53, all of whom had served in the last war and 2 of whom had been discharged in that war as psychiatrically unfit.

*Family History.*

In 8 cases there was no record of this. In 36 cases a family history of psychiatric disorders was denied. In 86 cases a positive history was obtained, 185 relations being affected, as follows: 80 parents, 30 siblings, 3 offspring, 15 grandparents, 40 uncles or aunts, 3 great-uncles or aunts, 8 first cousins, 3 first cousins once removed, 2 great-grandparents and 1 nephew. The psychiatric conditions reported were: General paralysis 1, manic-depressive reactions 6, involuntional melancholia 1, undifferentiated depressions 3, schizophrenia 2, undifferentiated psychoses (in most cases the affected person was in a mental hospital) 13, suicide (not included under other headings) 4, mental deficiency 8, acute organic reaction 1, idiopathic epilepsy 4, traumatic epilepsy 1, chronic alcoholism 39, other psychopathic states 19, anxiety states 4, psychoneuroses not differentiated 15, psycho-somatic diseases 15 (strokes 2, hypertension 1, cerebral arteriosclerosis with depression 1, migraine 1, asthma 5, duodenal ulcer 3, stammerers 2), nervous temperament 49. By nervous temperament is meant a definitely abnormal personality, which often almost amounted to a clinical disorder but which had not usually been treated medically. Often the use of this term was founded on an interview by the psychiatrist with the person concerned. A typical example is a father who could never settle long in one place and had worked in Scotland, South Africa and Canada. He frequently suffered from headaches, depression and sleeplessness, as a result of which he would get up during the night and go for walks. He was a total abstainer and was intolerant of others taking alcohol; he was strict with the patient, quick-tempered, often struck the patient as a child, and often told the patient he was stupid or "lacking." The son was afraid of him and could not confide in him.

The high proportion of chronic alcoholics in the family histories may perhaps have some relation to the frequency of psychopathic states in the patients reported.

Consanguinity was present in 2 of the cases with a positive family history; 7 patients (6 with an otherwise positive family history) were illegitimate (5 psychopaths, 1 paranoid and 1 psychoneurotic).

*Father's record in the last war.*—In a paper on conscientious objectors with psychiatric states (Stalker, 1942), it was found that the fathers' records in the last war had usually been very uninspiring if not abnormal. A similar finding could not be demonstrated statistically in this series. However, where the father was a conscientious objector, in a reserved occupation, medically unfit for service or suffered from psychiatric symptoms alleged to be due to service, such things might in individual cases prejudice the son's adaptation to service in this war.

*Degree of Predisposition.*

Of the 130 cases, 55 should have been rejected by the ordinary Recruiting Medical Boards on the facts of their histories—in most cases, of course, these facts were concealed by the patient. If the suggestion of Henderson (1940a) had been adopted that all recruits be asked to present a statement of their previous medical history endorsed by their own doctor, these cases would have been easily excluded.

Previously treated for psychiatric symptoms: by own doctor or		
	in psychiatric	
	out-patient de-	
	partments .	14
" " " "	in general hospital	5
" " " "	in special psychia-	
	tric or mental	
	hospital .	11
Known mental defective . . . . .		3
" epileptic . . . . .		2
" (peptic ulcer 2, nephrectomy 1) . . . . .		3
Previously discharged unfit from the Forces . . . . .		5
" unfit on recruiting examination in peace-time . . . . .		1
" found guilty in Court of criminal offences . . . . .		7
Alcoholism and prostitution . . . . .		1
Practising homosexuals . . . . .		2
Recognized as general paralytic a few days after enlistment . . . . .		1

These figures are no reflection on the Recruiting Medical Boards in this area. Many of the patients joined before the war, and many were examined in other parts of the country. In fact, in this area informal arrangements exist for reporting to the Medical Boards on at least a proportion of the known psychiatric cases (Stalker, 1941). I take the blame for recommending two of the above cases for modified service; they should have been found totally unfit on recruitment.

A further 47 cases were sufficiently predisposed to have been recognized on psychiatric examination at recruitment had such an examination been available:

Mental defect not previously ascertained . . . . .	3
Psychopathic behaviour (including alcoholism and/or drugs 4) . . . . .	8
Homosexuality not overt . . . . .	2
Early schizophrenic or paranoid development . . . . .	3
Poor work record and a number of psychiatric symptoms . . . . .	7
Many psychiatric symptoms . . . . .	24

To illustrate, this case was considered to have many psychiatric symptoms:

The patient said that his whole life was motivated by fear, and that his volunteering for service was an escapist idea and was an attempt to justify himself. As a child he was afraid of frogs and would not go fishing; of Santa Claus and had to be taken out of Christmas parties; of the dark and had a night-light until he enlisted. He had bed-wetting to age 7, and occasional hypnagogic illusions into adult life. At school he was teased and was poor at games. At work he occupied a subordinate position and "was generally kicked about and made to do the dirty jobs." All his life he was introspective about his personality generally, and especially about his fears, his shyness, the state of his feelings, sexual conflicts, his impossible ambitions and his desire to distinguish himself. "I have lived in my imagination all my life; I have never felt myself; I have never enjoyed life; I feared everything and everybody; I had an inferior face and people at home looked away from me."

There remain only 28 cases who could not have been excluded by psychiatric examination on recruitment, although in retrospect one can find some slight abnormalities in their personalities.

In estimating the degree of predisposition in this way the family history was not unduly emphasized. One then finds that of the 36 cases with a negative family history the degree of predisposition was less:

	No record.	Negative family history.	Positive family history.
Should have been rejected by Medical Board . . . . .	5	13	39
Would have been rejected by psychiatrist . . . . .	3	10	32
No gross predisposition . . . . .	0	13	15

Curran and Mallinson (1940) also found that the family history was important in estimating the predictability of breakdowns in the Services.

#### *Motives for and Methods of Joining.*

Sutherland (1941) found that the proportion of conscripts was surprisingly low and that the motives of the volunteers for joining were often unsatisfactory. Both these findings are confirmed here. Only 38 patients were conscripts; 20 belonged to the Regular Services or Reserves; 20 to the Territorial Services; 48 volunteered after the outbreak of war; 1 was a conscientious objector who accepted non-combatant service; and in 3 cases there is no record of the method of joining. The high proportion of volunteers in this series is probably due to their unsatisfactory motives for joining and to their concealment of their psychiatric states.

Of the 88 voluntary enlistments in all, in 22 the motive is not recorded; in 26 the motives were apparently satisfactory; the remaining 40 had unsatisfactory motives, e.g.:

Because unemployed . . . . .	6
To learn a trade . . . . .	1
Dissatisfaction with civilian employment . . . . .	3
To get into congenial unit . . . . .	1
Because friends joined . . . . .	6
To improve their psychiatric states . . . . .	7
To avoid sentence in Court . . . . .	2
Rows or unhappiness at home . . . . .	9
To wear uniform . . . . .	1
On psychopathic or defective basis . . . . .	4

*Length of Service.*

The figures—which include time spent in military hospitals—show the short service of the group on a whole:

Up to 1 month . . . . .	10	Up to 15 months . . . . .	7
„ 3 months . . . . .	12	„ 18 months . . . . .	9
„ 6 months . . . . .	24	„ 2 years . . . . .	15
„ 9 months . . . . .	14		—
„ 1 year . . . . .	15	Total to 2 years . . . . .	31
	—		
Total to 1 year . . . . .	75		
	Up to 2½ years . . . . .	9	
	„ 3 years . . . . .	10	
	„ 3½ years . . . . .	2	
	„ 4 years . . . . .	1	
		—	
No record 2 . . . . .		Total to 4 years . . . . .	22

*Type of Service.*

100 patients served at home only; 15 in France and the Low Countries; 3 in the Middle East; 1 in both France and the Middle East; 5 at sea; and 1 each in Gibraltar, Iceland and India; 3 were aircrew, but none were on operational flights; 89 patients saw no action whatever, not counting trifling air-raids. In one case there is no record of this. 40 saw some action:

Big air-raids at home or abroad (this no more than millions of civilians experienced) . . . . .	26
Fighting in France . . . . .	9
„ „ plus a little air-raiding in the Middle East . . . . .	1
Ambushed in Palestine pre-war plus a little air-raiding in France . . . . .	1
Shipwreck survivor—four days in Carley float . . . . .	1
In Bismarck action . . . . .	1
Prolonged service at sea with much action . . . . .	1

Some patients who were in France or at sea saw no action whatsoever. Only one patient gained a decoration. The number who served overseas is so small that it is not profitable to extract them from the general group for special analysis. It implies, too, that breakdowns on active service are more recoverable, the patients being retained in the Services or in less need of treatment after discharge. As time goes on this, of course, may become relatively less the case.

*Ordinary Illnesses and Accidents During Service.*

Minor illnesses, such as colds, gastritis and scabies are excluded. One case of duodenal ulcer is excluded as this is entered as the “psychiatric” diagnosis:

None . . . . .	93
Head injury alleged by patient but no evidence thereof . . . . .	4
No record . . . . .	3
Illnesses and accidents occurred in 30 cases—2 double entries:	
Mastoid operations . . . . .	2
Other E.N.T. operations . . . . .	4
E.N.T. conditions without operations . . . . .	2
Operations (chronic appendix 1, acute appendix 1, pilonidal cyst 1, haemorrhoids 2) . . . . .	5
Nocturnal enuresis . . . . .	1
Cerebrospinal meningitis . . . . .	2
True concussion . . . . .	4
„ „ with fractured skull . . . . .	3
Dysentery (type unknown) . . . . .	2
Duodenal ulcer . . . . .	1
Prolapsed intervertebral disc . . . . .	1
Malaria . . . . .	2
Bronchitis . . . . .	1
Bronchopneumonia . . . . .	1
Motor cycle accident with non-bony injury to back . . . . .	1

*Wounds or Injuries by Enemy Action.*

There are very few of these.

No record . . . . .	1
Alleged head injury, but no evidence thereof . . . . .	1
None . . . . .	123
Four days in Carley float, barracuda bite, no food or water, oedema of feet and salt-water boils . . . . .	1
Wounds of limbs from shrapnel, etc. . . . .	4

*Family or Business Anxieties during Service.*

Even these factors were not very common—a further indication of the endogenous nature of the illnesses of the patients:

No record . . . . .	2
None . . . . .	98
Present (6 double entries) . . . . .	30
Parents or wife seriously ill or died . . . . .	14
Financial (1 summons in the early weeks of the war) . . . . .	6
Wife confined (with special reasons for anxiety) . . . . .	3
No letters from home . . . . .	1
Wife of poor intelligence, hence apt to do things wrong . . . . .	2
About spouse's fidelity . . . . .	1
Spouse suspicious of patient's fidelity . . . . .	1
Delusions of spouse's infidelity . . . . .	3
Brother in trouble . . . . .	1
Child delinquent . . . . .	1
About wife evacuated to U.S.A. . . . .	1
About possibility of air-raids on family . . . . .	1
Married unknown to parents . . . . .	1

Sutherland emphasized the importance of "separation anxiety" in military cases in the form of a basically insecure attitude towards the outside world and of excessive dependence on the family. In addition to the above 30 cases who mostly had some cause for their anxiety, another 17 cases showed psychopathological evidence of separation anxiety.

*Military Crimes.*

No record in 10 cases; no crime in 92 cases; present in 28 cases with 1 double entry. One case of attempted suicide and several cases of absence without leave were excluded, as they occurred on a purely symptomatic basis.

## A. Crimes not discovered or not dealt with as offences in the Services:

Practising homosexuality . . . . .	2
Stole and used morphia for himself . . . . .	1
Drew family allowance unlawfully . . . . .	1
Petty arson . . . . .	1
Assaulted comrades . . . . .	1

## B. Crimes dealt with in the Services:

Petty routine charges . . . . .	2
Drunkness (had to resign commission 1, court-martialled and discharged 1, reduced to ranks 1) . . . . .	4
Court-martialled, imprisoned and discharged for homosexuality . . . . .	1
Dismissed the Service for theft . . . . .	1
One month in military prison for assaulting officer . . . . .	1
Reduced to ranks for assaulting civilian lorry driver . . . . .	1
Civilian traffic offence in military vehicle . . . . .	1
Enlisted as a single man, failing to maintain his family . . . . .	1
Absent without leave . . . . .	9
Various offences by one person . . . . .	2

The types of cases guilty of the offences showed the distribution one would expect: Psychopathic states 17, mental deficiency 1, schizophrenia 5, manic-

depressive reactions 2, post-traumatic psychosis 1, symptomatic epilepsy 1, anxiety state 1.

*Emotional Events during Service.*

This covers events not grouped under previous headings and includes both personal and military events; 39 patients were involved with four double, one triple and one quadruple entries.

Sexual (not merely events, but all involving anxiety or conflicts)	15
Hiding illiteracy . . . . .	1
Special emotional difficulties in adapting to Service life . . . . .	6
Anxiety over responsibility of promotion . . . . .	2
Relations prisoners of war . . . . .	2
Innocently involved in misuse of petrol by others . . . . .	2
Saw one comrade attack another with a knife . . . . .	1
Found comrade attempting suicide, who died soon after . . . . .	1
Disagreement with superior officer . . . . .	1
Seeing superior officer break down nervously in air attacks . . . . .	2
Seeing brother in danger . . . . .	1
"    comrades killed in air-raids . . . . .	8
"    civilians killed in air-raids . . . . .	4
Grave risk of aeroplane crashing . . . . .	1
Other . . . . .	1

*Diagnoses.*

These cover the whole range of psychiatry, with a very great predominance of the psychopathic states and with no obsessional neuroses.

Manic-depressive reactions (manic 1, depressed 5, mixed 1, reactive depressions 3) . . . . .	10
Obsessive-depressive reaction . . . . .	1
Schizophrenia (simplex 5, catatonia 5, hebephrenia 2, undifferentiated 4) . . . . .	16
Acute schizo-affective reactions . . . . .	4
Paranoid reactions . . . . .	7
General paralysis . . . . .	1
Symptomatic epilepsy . . . . .	1
Post-traumatic (epilepsy 1, psychosis 1) . . . . .	2
Idiopathic epilepsy . . . . .	4
Post-encephalitic Parkinsonism . . . . .	1
Mental defect (certifiable, and usually accompanied by depression, hysterical fits, etc.) . . . . .	6
Psychopathic states . . . . .	45
Predominantly aggressive types :	
Sex variants . . . . .	7
Alcoholism and/or drug addiction . . . . .	11
Epileptoid . . . . .	4
Other delinquent types . . . . .	1
Suicidal types . . . . .	2
Predominantly inadequate types :	
Psychotic personality types . . . . .	5
"    chotic episodes "    with transitory psy- . . . . .	2
Neurotic types . . . . .	6
Petty delinquents . . . . .	5
Others . . . . .	2
Psychoneuroses (anxiety states 19, mixed anxious and hysterical states 3, hysteria 4, hypochondriasis 3, anxiety states in intellectually retarded persons 2) . . . . .	31
Duodenal ulcer . . . . .	1

*Symptomatology Related to Service Experience.*

This was found in 30 cases.

*Related to ordinary, not combatant service :*

Dreams of (unexperienced) fighting . . . . .	1
Functional continuance of symptoms of organic illness in service . . . . .	3
Delusions and/or hallucinations related to service life . . . . .	9
Emotional problems in service continuing . . . . .	3
Masqueraded in uniform after discharge . . . . .	2
Several in one case . . . . .	1

*Related to combatant service :*

Battle dreams . . . . .	6
Functional continuance of wound symptoms . . . . .	1
Battle delirium in pneumonia after discharge . . . . .	1
Fear of aeroplanes . . . . .	1
Several in one case . . . . .	2

*Work Record since Discharge.*

The total incapacity for work on medical or other grounds was recorded in each case; exact figures were usually available, but sometimes only an approximation which was known to be fairly accurate. For comparison the duration of all cases from discharge from the Forces to the date when last seen is also given, and here the figures are exact. It is clear how much incapacity the patients suffered—more probably than that found by Lewis or by Ferguson, whose cases were selected differently.

	Incapacity.	Duration of follow-up.
No record . . . . .	3	3
No incapacity . . . . .	11	..
Up to 1 week . . . . .	1	1
" 1 month . . . . .	20	8
" 3 months . . . . .	30	15
" 6 months . . . . .	9	9
" 9 months . . . . .	16	18
" 1 year . . . . .	18	14
" 1½ years . . . . .	14	20
" 2 years . . . . .	4	14
" 2½ years . . . . .	1	11
" 3 years . . . . .	2	13
" 4 years . . . . .	1	4

The number of jobs held by individual patients was also noted :

No record . . . . .	7
1 job continuous or with little absence . . . . .	10
1 job terminated or with much absence . . . . .	13
1 job continuous after long initial incapacity . . . . .	10
2 jobs . . . . .	18
3 jobs . . . . .	4
4 jobs . . . . .	6
6 jobs . . . . .	1
10 jobs . . . . .	3
16 jobs . . . . .	1
18 jobs . . . . .	1
"Several" or "numerous" jobs . . . . .	10
No jobs (cases admitted here direct from Forces) . . . . .	18
" (cases last seen less than 6 months after discharge) . . . . .	10
" (cases last seen more than 6 months after discharge) . . . . .	18

Comparison of pre-war and post-service occupations shows the downhill tendency in the group as a whole—as found by Lewis already. Where possible,

members of the Regular Forces are entered under their pre-enlistment occupations. One person of independent means is entered as unemployed, as she would work in wartime if she were able.

	Pre-war.	Post-service.
Medical practitioners . . . . .	5	3
Solicitor . . . . .	1	0
Independent means . . . . .	1	0
Small business of own . . . . .	3	2
At school, student or probationer nurse . . . . .	3	4
Dress designer 1, golf professional 1 . . . . .	2	0
Clerical workers . . . . .	12	11
Skilled workers, including apprentices . . . . .	25	13
Semi-skilled workers . . . . .	11	15
Domestic, institutional and catering workers . . . . .	12	5
Shop assistants and 1 traveller . . . . .	11	3
Unskilled workers . . . . .	29	17
Regular officer . . . . .	1	..
Regular N.C.O's. and men . . . . .	5	..
Mostly unemployed . . . . .	9	10
Cases admitted direct from Forces . . . . .	..	18
Totally unemployed . . . . .	0	28
No record . . . . .	0	1

It was surprising to find that in only 10 cases did we use the Interim Scheme of the Ministry of Labour for the Rehabilitation and Resettlement of Disabled Persons because we generally use the Scheme a lot and find it helpful. Many cases were excluded by being treated before the Scheme was introduced, by being still in hospital or by being already in suitable employment. The Scheme had been utilized in some other cases before we saw them, but again relatively few cases, because many were discharged from the Services before the Scheme was introduced.

Another indication of the lowered working capacity of the group is the time spent in hospital. Only 41 cases were treated as out-patients alone. 18 cases were admitted while in the Services; a further 71 were admitted after discharge. This is a high figure and is partly due to psychotic cases; some neurotic cases were admitted because their homes were away from a medical centre and others because of the acuteness of their symptoms. Of the 89 in-patients 66 were in hospital for periods up to 6 months and 23 for periods from 6 months to 4 years. The time of hospital incapacity is, of course, included in the total incapacity recorded above. Many of the in-patients required follow-up treatment as out-patients.

#### *Circumstances of Discharge.*

This series is a comprehensive one in that it includes a number of patients who were not discharged under the label of psychiatric disability, but in some other way; 8 patients were discharged for ear, eye, or foot disabilities, bronchitis or combinations of these and 1 for wounds. In retrospect, it is probable that the symptoms associated with these disabilities were at least partly psychiatric in origin. Two were discharged for duodenal ulcer; in one this was not confirmed in a civilian hospital. It must be acknowledged that these diagnoses sometimes depended upon the patient's statements only, but none of them appeared to have been examined psychiatrically in the Forces. Six patients were court-martialled and/or discharged for theft, alcoholism or homosexuality. Three patients were discharged as volunteers (two females and one in air-crew training). One man was disbanded from the National Defence Corps. One was placed on light duties for psychiatric reasons and later released to Class W Reserve.

It has been alleged that a discharge from the Forces on psychiatric grounds is an easy way out for the malingerer. No evidence of this was found in these patients, who all required further treatment after discharge. Admissions of malingering were obtained from two patients. One exaggerated residual symptoms of cerebrospinal meningitis, but he is a chronic alcoholic who has required frequent admissions to an observation ward since discharge. The other did his best to fail a flying test after losing his nerve in what was almost a crash and was released as a volunteer,



he is a psychopath with numerous disorders of behaviour. Neither of these patients was seen by a military psychiatrist.

The group of 18 patients who were admitted in the early stages of the war have been commented on by Henderson (1940b). He "brought out the waste of manpower resulting from the short-sighted policy of discharging all those who have been incapacitated as a result of a nervous breakdown, especially men who have been certified as mentally unsound. . . . A large number of wartime cases exhibit transitory episodes from which they recover quickly. There is no reason why they should not be efficient in one or other branch of the Services. The breakdown can be regarded as a failure of adaptation to difficult and strange conditions, and once that trouble has been overcome there need be no further difficulty." These comments of course applied to the early stages of the war, before the military psychiatric services were developed.

#### *Desire to Return to the Services.*

Whereas writers from military hospitals report that many of their patients desire to return home and that the patients claim that they will be better once they are home, quite a proportion of discharged patients express some desire to return to the Services. This is a contradictory statement on their part, and is probably an expression both of the restlessness and changeability of psychiatric patients and of their feeling that a change of surroundings will relieve their symptoms; 37 patients expressed this wish, 73 did not and in 20 cases there is no record. The statements of the 37 patients can be analysed in this way: In 2 cases it was an idle threat; in 5 cases it was an idle threat, whose idleness was confirmed by a co-existent claim of unfitness to serve in the Home Guard or to perform Civil Defence Duties; in 12 cases a wish to return was expressed, but its sincerity could not be judged, most of these patients being still in hospital when last seen; in 4 cases a wish to return was inferred from delusions or from masquerading in uniform. Apparently sincere desires to return were expressed by 14 patients, of whom 7 went to Recruiting Boards or other authorities in an attempt to re-enlist, and of whom 2 others actually served in the Merchant Navy, one for six weeks, and one for three years who is still serving.

#### *Behaviour Disorders.*

Slater *et al.* (1941) found that many "war neurotics" had been social misfits all their lives and that their neurosis was the expression of failure to adapt to the Army; their asocial activities in hospital were usually childish; they defied discipline or broke bounds without reasonable gain; they showed a marked hostility during treatment in hospital. Sutherland wrote "exemplifying the underlying psychopathic trend . . . (of many 'war neurotics') . . . were frequent breaches of regulations."

In this series, disorders of behaviour were disturbingly frequent, but a comparison of the pre-war and post-service figures shows that they were fairly frequent before the war.

	Before the war.	Since discharge.
No record . . . . .	3	4
Not applicable (mostly still in hospital when last seen)		25
No behaviour disorder . . . . .	76	43

Delinquencies before age 14 were not included in the pre-war figures. No disorders of behaviour occurring during in-patient treatment were recorded in the post-discharge figures. The same offence is not entered under both known and not known to the police. Double, etc., entries refer to different disorders of behaviour and not to repetition of the same disorder, which also frequently occurred. Irritability and bad temper were so frequent throughout the series that they are not listed at all. Also not listed are symptoms which in other settings would be called "paranoid." Suspicions, jealousies, resentments going on to ideas of reference even of a delusional quality were found in many cases, quite apart from any true paranoid illness.

*Behaviour Disorders not known to the Police.*

Resentment at Government, etc.	3	20
Lying	1	3
Attempted suicide	3	8
Alcoholism and/or drug addiction	17	15
Assaulting others	3	7
Smashed furniture at home	1	1
Adultery	2	3
Associated with, or married, undesirable women	1	3
Sexual perversions (involving other people)	5	2
Prostitution	1	2
Venereal diseases	5	1
Separation from spouse	3	3
Gambling	1	1
House breaking	1	0
Theft	3	6
Cheating in examination	0	1
Forged prescription	0	1
Illegitimate pregnancy	0	1
Miscellaneous	6	4

*Offences known to the Police with or without charge being made :*

Broke into chemist's for morphia	0	1
Drunkenness	0	4
Theft	5	7
Defrauding Ministry of Labour	0	1
Sending obscene or insulting letters by post	0	2
Assault	2	3
Sexual perversions	1	2
Failure to maintain family	1	1
Masquerading in uniform	0	2
Attempted suicide	0	1
Traffic offence	1	0
Simulation of espionage	1	0
Breach of peace	1	0
Double entries	13	16
Triple entries	2	8
Quadruple entries	0	4
Five entries	0	1

By "resentment at the Government" is meant a dissatisfied, disgruntled, aggrieved or resentful attitude about certain standard subjects—the medical treatment given in the Forces, being discharged from the Forces, not having a pension, or attributing the responsibility for the illness to the Forces entirely. If this disorder of behaviour is excluded in the cases in which it was the only disorder, then in the post-service list the disorders were all due to 30 psychopaths, 3 mental defectives, 2 epileptics, 7 psychotics and 6 neurotics. The pre-war offences were committed by very much the same cases.

*Reasons for Persistence of the Illness after Discharge.*

The 18 cases in which this hospital acted as the military hospital were not considered. The biggest single reason for persistence of the symptoms was that in 79 cases the patient was so affected or predisposed psychiatrically before enlistment that the continuance of the condition was inevitable. One patient recovered very soon after discharge. Some special causes for persistence, related to military service, were considered, multiple entries being made for some of the cases, including those predisposed as above. A fear of re-enlistment was admitted by one patient, and one wondered if this did not sometimes form a motive for persistent symptoms in other cases. In 32 cases the trauma of having been proved inadequate to military life seemed to induce feelings of inferiority, depression, self-reproach and of inadequacy for civilian life and for meeting or competing with others. Related to this

in 8 cases was an apparent motive of face-saving, the patients justifying their discharge to themselves and others by continuance of symptoms; and in 8 cases a masochistic element in persons who had gone through life with a sense of impending disaster; when the disaster occurred, in the breakdown and discharge from the Forces, their conscious or unconscious fears were confirmed and they were unable to readjust. In 21 cases the possession of, or the hope of, a pension seemed to be an adverse influence. In 20 patients, mostly schizophrenics, it was thought that the military age-groups corresponded with the usual age of onset of such conditions.

There were many other, less specialized, reasons for persistence of symptoms such as the natural duration of the illness, the continuance or the development of personal difficulties and excessive hours of work.

#### *Pension.*

It is not correct to say that no psychiatric cases are entitled to a pension. Some psychotic and many head injury cases are obviously entitled, and who shall define where these conditions end and psychoneuroses begin? Psychoneurotic cases are also entitled if the circumstances show that the condition was due to military service. In all types of case the decision whether the condition is wholly, partly or not at all attributable to service rests upon a full study of the individual case, including family history, degree of predisposition, non-service causes, length of military service, combatant experiences and wounds, accidents and illnesses on service. 110 of these patients had no claim, and in 3 the records were insufficient for analysis; 11 were receiving pensions varying from 30 to 100 per cent. In 3 cases no pension was awarded at first, but was later granted, sometimes on representations from this hospital. A further 3 cases who we think are entitled have not yet been recognized officially.

#### DISCUSSION.

This paper demonstrates grave and distressing disorders in the mental health, work records and social behaviour of ex-service patients suffering from psychiatric states. The validity—or rather the general applicability—of the findings depends upon whether this series is a representative sample. It is not truly representative because it includes only those so severely affected as to need further treatment, and because it includes very few patients whose illness was mainly attributable to fighting conditions. Yet it must be fairly representative, as it includes 130 patients and covers four years of the war. Of the 130 patients, 45 suffered from psychopathic states as described by Henderson (1939). It was in this group that most of the disorders of behaviour occurred. They were, in Henderson's words, "individuals who conform to a certain intellectual standard, sometimes high, sometimes approaching the realm of defect, but yet not amounting to it, who throughout their lives, or from a comparatively early age, have exhibited disorders of conduct of an antisocial or asocial nature, usually of a recurrent or episodic type, which, in many instances, have proved difficult to influence by methods of social, penal and medical care and treatment." These socially mal-adjusted persons formed the biggest single group in the series. This is a bigger proportion than has been reported in military cases in the past except by Logan (1941). He found 32 psychopathic states in 44 service men and 6 servicemen's wives with psychiatric states; this was in Malaya before fighting occurred there. Psychotic and psychoneurotic cases may recover more readily after discharge, leaving a bigger proportion of psychopathic states. However, a number of the psychopaths had presenting symptoms of neurotic and sometimes psychotic types, and some had apparently been classified accordingly in the military hospitals they were in. But the underlying psychopathic tendency was the important factor.

In the whole 130 patients, predisposition was so great that 102 of them should never have been recruited. Few were exposed to truly military stress, such as prolonged service or combatant experience. The causes of the psychiatric states being so largely personal and endogenous, the results of treatment were poor. The figures given for work records, disorders of behaviour and hospital admissions indicate the poor post-service adjustments of the group, but the figures apply partly to the time before the patients received their civilian treatment. The final

results have not been separately listed because no follow-up was undertaken, but they may be a little better.

Military psychiatry has a more positive and constructive side to it than the weeding out of the unsatisfactory persons, such as form a large part of this group. Rees (1943) wrote: "The personnel selection work of the Army is a major contribution to its mental and physical health, as well as to its fighting efficiency, and out of the present General Service procedure it seems probable that there will develop a method for use in industrial selection in the future and for the sorting of any large groups of men and women. . . . It seems as though . . . the War Office Selection Boards for choosing officer candidates . . . have established a valuable principle for the selection of specialists for various professions and occupations."

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