177

AN ALIENIST'S POINT OF VIEW.

By MAJOR G. W. WILL, O.B.E.,
Royal Army Medical Corps.

As an Alienist I come into more intimate contact with the inner lives of my patients than I would in any other branch of my profession. I get the tale of their worries and troubles—some imaginary, but many all too real. They tell me of sweethearts who are faithless; of wives who are unfaithful; of fathers and mothers who are ill, crippled, in poverty, or dying while the patient is overseas with no hope of seeing them for years and quite unable to do anything to help. The average soldier is inarticulate on paper and cannot write what he feels to his people. He seems quite unable to do anything in reply to the brief accounts of family troubles and disasters which he receives from home. They tell me, also, of the feeling of depression induced by the hopeless monotony of barrack-room life. They describe the emotional isolation of their lives, units in a machine which seems to disregard their personality. They talk, sometimes, of the indifference of officers concerned only with the battalion and regardless of the interests of the individual. They mention the occasional injustice of the N.C.O. who can never be pleased. The tyranny of the serjeant-major seems to be not wholly apocryphal.

From the patient who has recovered from an emotional episode and been returned to duty only to be again admitted I get, all too often, a story which goes something like this: "I felt all right when I went back to duty but they all knew I had been in the mental section. They called me 'pagal' and said that I was 'barmy.' I stood it as long as I could and then it got too much for me." The average barrack-room soldier, however great his virtues, has not much sympathy for mental weakness and does not hesitate to express himself. This is the result of his inherent fear of something he does not understand. He does not mean to be intentionally cruel.

I know that in one year, in India, there were some men who found their troubles too much for them and chose suicide as a preferable alternative. How many suffer from mental conflicts we do not know but we do know that some sixty cases a year are invalided from India to England. In the Annual Report on the Health of the Army for 1935 it is recorded that the total admissions for mental disease in that year were 517. In all Commands at Home the numbers were 273, in India 168. These seem considerable numbers in what is, on the face of it, a body
of carefully recruited men trained to a high pitch of physical condition and well housed, fed and clothed.

To interview me in my office there come the fathers, mothers, sisters, brothers and friends. All are distressed, some showing it by anger against the Army that has taken, they say, the best of their son "only to leave him like this"; others are bewildered and unable to comprehend; a few are philosophical and resigned; while a rare few accept their son's insanity as something already in the family and a not altogether unexpected part of their earthly troubles. I have recently been impressed by the obvious prosperity and good social position of many relatives and this may suggest that the patient is the weakling of the family. If so, why has he chosen the Army as a vocation? There is many a story behind this.

From other relatives who are unable to afford the expense of a visit come letters—now and then litigious and accusing—"I am unable to accept responsibility for my son—he was fit when he joined the Army and now that the Army has made him like this it is up to them to look after him." Many are puzzled and distressed—"Mother and I are very distressed . . . we cannot understand it as there never has been anything like this in our family . . ." There come also the revelations of long-kept secrets, the accidental discovery of which has sometimes played no inconsiderable part in the production of the patient's breakdown.

Of late there has begun to arrive a new type of letter and at interviews a new reason is suggested for the mental upset. Let me give three examples which stand out clearly as illustrating this:—

1. A mother at an interview. A decent hard-working woman, the mother of ten living—has found life hard and works as an agricultural employee growing tomatoes—toil-begrimed hands, weather-beaten face, and crystal clear eyes with a steady gaze, a woman with personality and character. Her son is a simple-minded youth with strong hysterical tendencies. She said: "You know, Doctor, all the time I was carrying him I was working in a gun-powder factory right up to within a fortnight of his birth (January, 1917). We all had to do our bit, hadn't we? I never knew when I was going to hear that his father had been killed at the Front. Do you think that all that might have had some effect on the boy?"

2. In a letter written by a father, an ex-Warrant Officer of a technical Corps, mobilized in 1914. He is talking of his son: "Of course, he is a War production, having been born in 1915, and you know what that means. I have no use for him at all."

3. In a conversation with a highly educated father about his son: "I wonder if the circumstances of his birth could have had anything to do with this. He was born in January of 1915, while I was in France, and his mother was, naturally, very anxious and worried at the time."
As I was writing this I had on my desk the papers of the last twelve admissions. I find that, of these, eight were born in 1916 or 1917, and that all eight belong to that nervous hysterical type who cannot be placed in any hard and fast classification. To tie an accurately descriptive label on any one of these would be an impossibility. In mental disease where the trouble is so much that of the individual, no two men reacting in the same way, the definite labels given in the Nomenclature of Diseases are, at times, used with only approximate accuracy. In all these cases a diagnosis of "Feeblemindedness" would not be far from the truth, but sometimes the most prominent symptom, such as hysteria, is used.

In these days the question of infantile mal-development as the result of pre-natal maternal dietetic deficiencies is attracting much attention. Great importance is placed on the presence in the mother's diet of such mineral salts as calcium, and of a due proportion of the various vitamins. Pre-natal clinics are as much for the benefit of the unborn child as for the securing of a satisfactory delivery for the mother. I do not wish to begin here a discussion on pre-natal maternal impressions and their effects on the child as evinced by markings resembling crayfish, mice, or aeroplanes, whose presence is alleged to have been determined by some maternal experience.

I do stress the importance to the child of the mother's mental state while pregnant of that child. It is only reasonable to believe that the strain, anxiety, and even fear experienced by expectant mothers during the War years should have had some effect upon the children. Very great importance must also be attached to post-natal impressions, both educational and environmental. These may be even greater than pre-natal influences. Assuredly if the soil be not good the seeds of education will not sprout, while if the environment be bad tares may be reaped instead of corn. In many cases these war-time children were born into an environment of fear and apprehension. Neither must we neglect the possible effects of malnutrition in infancy and early childhood. The combination of these factors does seem to have had some effect. In many cases we find that, on reaching adult age, there is a stopping short of perfect development. We get the slacker, the sufferer from indecision, the lack of ability to pursue a definite course and the drifter from one job to another. We meet, with curious frequency, the highly nervous boy who is afraid of blood, afraid of pain, and afraid of being teased. They do not seem to develop into clear-cut schizophrenics, although they do tend to find relief in phantasy. There seems to be something more than a neurosis or psychoneurosis, although many may be classified in either of these groups. When they come into the quiet calm of a mental hospital they usually recover and remain well just so long as they have no responsibility to shoulder. Their defect is of both affect and conation.
Another type which is met with, I think, in increasing numbers, is the patient in whom there is a definite intellectual defect. This type should always be classified as an imbecile or feeble-minded person. It might be thought that with good food, graduated exercise, regular hours and intelligent discipline, these men would improve in the Army, and it has even been suggested that the Army is the best place for them. Unfortunately for them the Army demands more than a little intelligence and also considerable initiative and a capability to assume responsibility, which latter quality the mental defective sadly lacks.

Among these various types we get many who have been called "shirkers" and "lead swingers." That many of them do tend to make the most of their symptoms cannot be denied. This has long been recognized as a common tendency in mental defectiveness as well as in schizophrenia. That they do dislike Army life is undoubted, but, make no mistake, they dislike it because of their inherent inability to cope with it. Some recognize this in themselves. In others there is a complete inability to adapt themselves to any form of social communism whatever (I do not speak politically!). Their tendency to seek a refuge from their troubles in an exaggeration of their symptoms is but a further proof of their inherent weakness. They are not malingering; that is, they are not feigning disease.

Malingering does occur, but not in the type of case under discussion. The modern soldier has got to know that if he is found to be insane he goes to a mental hospital and he does not wish that to happen. The true malingerer is much rarer than in days gone by. A recent admission who was thought to be a malingerer has turned out to be a case of dementia paranoides completely out of touch with reality, and is now being sent to a County Mental Hospital.

In a recent conversation with the Training Officer of the Royal Army Medical Corps he commented on the lack of intelligence shown by so many recruits. He said, “Some of them do not seem to be able to put enough words together to carry on an intelligent conversation.” Those of us who have to correct many examination papers will probably agree; but is this defect educational or inherent? I am reminded of one patient who was admitted recently. He had tried Canada but did not approve of the Communistic tendencies displayed by his companions in relief camps in British Columbia. On his return to England he was unable to obtain employment and after several curious happenings eventually found himself in the R.A.M.C. Depot. After a fortnight he heard the Voice of God telling him that he had mistaken his vocation and to go elsewhere. This he proceeded to do without delay! That he, like many others of my patients, had mistaken his vocation was only too true, but it seems a pity that the revelation could not come before enlistment.
G. W. Will

I would like, in conclusion, to give as my opinion that amongst our present-day patients we find many who appear to benefit as much from the visits of their chaplain as from the attention of the medical officer. All too often are we investigating and observing while the priest has been able to offer the patient a solution to his doubts, fears and worries. Man must have something outside himself in which to believe. There are some who profess to find it in their Regiment or in their Corps, but in their innermost hearts most men feel the need of God. In many of our younger soldiers religious doubts and fears play a very great part in the production of mental trouble. This aspect is frequently entirely overlooked. When I think it might do good, I do not hesitate to hand the patient over to his priest, and I have never known anything but good result.

It will be noticed that I have as far as possible refrained from giving any statistics to support my point of view. To make amends I offer a suggestion. This is: to institute a mental test on enlistment. This must needs be standardized and carried out by thoroughly trained examiners. I feel sure that many of the patients who come under my care would have been eliminated by such a test. How some of them ever came to be accepted remains a profound mystery.