

## THE FUTURE OF PSYCHIATRY IN THE ARMY MEDICAL SERVICE.

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THE Officers of our Corps will one day recall with pride the courageous way in which the Army has used the sciences as aids to the Medical Service in this war, and none has been more necessary or more widely applied than the lusty youth among the medical sciences that is known as Psychiatry. The Army has been first to provide an extensive out-patient service, has applied psychiatry to the close scrutiny involved in the selection and placing of its personnel, including the choosing of its commissioned leaders. It has been applied by the Army to its medico-legal problems in a most advanced fashion—to the early ascertainment and treatment of mental defect or disorder. Indeed, the Army has applied psychiatry to the close examination of the soldier's everyday life, from his recruitment and training to his progress overseas as a trained soldier; has followed him into battle, in victory and in defeat and even beyond the enemy lines into the bitter term of imprisonment as a prisoner of war. For there has not yet been any fighting Army of the Empire which has not welcomed expert psychiatric help with regard to certain problems raised almost at once by difficult personalities which are seldom understood by the fighting man and his leaders. These personalities express themselves in every sort of curious conduct and impose a great strain upon comrades in war. Such conduct may vary from inexplicable changes of mood to an inability to learn; from a strange failure to settle down in the military machine to downright delinquency. Experience of battle will result in further problems for the fighting leader. He finds that for reasons he does not understand there are men who are quite unable to endure the physical and emotional strains imposed by action and he sometimes resents such men being treated as medical cases.

These and other facts mean that the future Medical Service of the Army must maintain, on more than a purely physical level, the keenest interest in the quality of the human material coming into the Army. It must be recognized by all of us that men and women entering any branch of the fighting Army, or its Services, must be truly selected for service, never admitted to Army ranks because of unsuitability for other work. With the speed and complexity of modern war and its weapons the fighting man has become a skilled technician and must possess the intellectual equipment necessary to the learning of his trade.

It follows that the officers of the R.A.M.C. must acquire knowledge of methods of the testing of intelligence and of assessing the material concerning character that can be collected from a close study of personal histories from childhood to adult life. The study of infancy, childhood and adolescence will often reveal weaknesses rendering a given individual quite unsuitable for acceptance for service in a fighting Army. It is not enough to listen to the heart, to measure chest expansion, and to ensure the absence of rupture and varicocele; something must be learned of the innate and acquired abilities of every recruit. Much of this requires further research which will be assisted by the compilation of careful records and a system of filing enabling the career of the accepted soldier to be followed throughout his service.

Then comes the period of training. The individual must not be drafted casually into this work or that in the Army. Apart from personal predilection, his abilities must be used to the best purpose both for him and for his country. Officers of the Corps must know something of the principles of selection so that square pegs are not fitted into round holes. This will entail some familiarity with what is known as the "job analysis" and a full and detailed knowledge of the many aspects of Army life.

The period of training besides being a great physical adventure to a recruit can also be made a time of potential mental growth. Just as the young soldier grows in stature and in

strength, expands his chest and his powers of endurance, so his mental life should enlarge its horizons, appreciate the acquisition of new skill and the wide national and Empire issues in which that skill may perforce be used. It must be part of the privilege given to medical officers living in close touch with men under training to ensure that as much as possible is done to make the young soldier enjoy and even love the profession of arms, even though his profession may be none of his choosing. The soldier's medical officer must be familiar with the psychological discomforts common to nearly all newcomers to an Army. They include the sense of loss of privacy, loss of individual freedom and, perhaps worst of all, the inevitable loss of the home circle. These matters are worthy of intense and detailed study and it may well be that some form of universal military service may require these and similar matters to be treated with expert psychological insight which will presuppose on the part of the Army doctor a grounding in the mental mechanisms that underlie human behaviour. He must be able to teach in simple terms the combatant junior leaders with whom he lives.

But apart from the principles underlying selection and care in training, the Corps as a whole must take a constant interest in the human problems that arise as a result of action, the final test of the fighting man and the units of which he forms a part.

We know that with a high standard of military training and leadership psychiatric casualties in battle will be low. We know that to secure that confidence in themselves and their leaders which enables men to win battles and campaigns a plentiful supply of the best and latest equipment that science and industry can produce must be assured. We have learned the essential lesson of co-operation between Services, and the vital necessity of air cover for the men on the ground and the ships on the sea. And we ought to know that given all these things psychiatric breakdown will still occur—for man can never be a machine. The conditions of battle on beaches, in close country, in jungles, tropics or arctic cold all have their peculiar stresses and could reduce any one of us to an exhausted confusion of mind which would cry out for understanding therapy. Yet our younger colleagues who are normally attached to fighting units have often seemed strangely unable to recognize and handle such medical cases, no doubt due in part to gaps in medical education which the Corps must set itself to fill. It is obviously impossible to turn every medical officer into a Specialist in Psychiatry. Fortunately such a procedure is quite unnecessary. The ideal to aim at is to try and ensure that immediately psychiatric casualties occur in troops in action the medical officers on the spot have sufficient training and knowledge to apply appropriate treatment forthwith so that no neglect in the important early stages may assist the fixation of the soldier's symptoms. Officers of the Corps must also acquire the ability to seek for and find the most apparent of the causes of breakdown so that, by appropriate advice to his combatant commanders, adequate preventive measures may be taken as soon as the military situation allows. Psychiatric breakdown in fighting troops is so often a lesion of morale—however temporary. Morale in war, and no doubt in peace, is inevitably linked with the mental health of the group. The care of that mental health in the Army is partly the concern of the medical officers and may be regarded as mental hygiene. In many respects mental hygiene is more important than physical hygiene and no one now doubts the importance of hygiene for the physical welfare of the troops in the field. Mental hygiene involves the constant observation and care of the soldier in training, in peace and in war, and in his social relations as a citizen. And should the soldier suffer breakdown, his treatment and rehabilitation are both urgent matters for the soldier's doctor.

How are members of our Corps to attain such knowledge? It is to be hoped that the Royal Army Medical College will in the future accept the task of instructing the young doctor who desires to enter the soldier's Medical Service. The College with its progressive teaching outlook is here on the very threshold of fresh opportunity and endeavour. With the proud position it holds for concern with every aspect of the welfare and well-being of the soldier, the teaching of the principles of military psychiatry should surely be added to the subjects of the newly-commissioned entrant. He should have the opportunity of learning not only the elements of selection, but the current methods by which selection is carried out. He must

be taught to look for the psychiatric danger signals in the history and personality of individuals which should lead to rejection for a fighting role in military service, be they officers or other ranks. The young medical officer should be as familiar with the first-aid treatment of psychiatric casualties as he is expected to be with the first-aid care of physical wounds. He must be taught about what is known as morale and discipline and their relations to each other. He must learn to appreciate the sinister meaning of psychosomatic sickness as having emotional sources which may be of serious import in fighting units.

Some of this work requires practical first-hand experience so that the teachers at the College should have access to a modern psychiatric unit and to the departments concerned with the selection of personnel. The teaching at the College should not content itself merely with treatment and preventive aspects. The common mental mechanisms must be explained and applied in studies of mass movements and national characteristics. The future doctors of the Service may well be asked to submit studies of the character of our enemies, perhaps to advise on the psychological effects of weapons, optimum hours of work and similar problems. The College has a great opportunity for the teaching of social medicine at a time when it exercises a wide and powerful influence; such a step will require courage, a quality the Corps has never lacked. A similar effort will be required to establish mental hygiene as an important feature of the medical officer's training as had to be made to demonstrate the value of hygiene. "What does the soldier want with soap?" asked a senior officer not so many years ago. One can perhaps be permitted to hear his counterpart asking the question "What does the soldier want with this 'trick-cycling'?"