

WAR NEUROSES

CHAPTER I

INTRODUCTION

WAR NEUROSES may be defined as those functional nervous conditions arising in soldiers, which are immediately determined by the conditions of modern warfare, and have a symptomatology whose content is directly related to war. Naturally enough, in any large body of troops, neuroses (as well as psychoses) develop as they do in times of peace, and many of these are determined by factors which are essentially those of civilian life. In these latter the symptoms are the same as those occurring in peace times, and can therefore not be called war neuroses with any clinical accuracy. This group of functional nervous diseases presents no problems that are different from those which have been studied for many years, and they will therefore receive no attention in the preliminary clinical report which follows.

The war neuroses, however, offer problems very new and of great importance both from medical and military standpoints. The term "shell shock" has been adopted officially by the British War Office as the diagnostic term to cover all neuroses arising among officers and soldiers of the armies. This term has an advantage in its picturesqueness that has helped to stimulate popular as well as professional interest, but it is a term which can be defended with difficulty from a purely medical standpoint. There are two reasons why this is so. In the first place it implies a single etiology—the physical effects of high explosive shells on those subjected to bombardment, who suffer no external physical injury—and this is far from being even the main factor in the determination of the symptoms. Secondly, the clinical types covered by this blanket diagnostic term are too various to be safely gathered under one heading. It is therefore

more advisable to use the term “war neuroses,” which gives the desired latitude in grouping together the different clinical pictures that occur, and focuses the attention on those influences which come directly from warfare.

In most countries, at the outbreak of the present war, a situation was in existence that was distinctly inimical to the careful study of functional nervous diseases. Neurotics, with their tendency to superficial recovery and frequent relapses, were insoluble problems to the bulk of the profession who were not especially trained in their treatment, so that they had become the *bêtes noires* of most general practitioners and of many neurologists. Being little understood, the general ignorance as to causation led to the adoption of hypotheses concerning the essential nature of these conditions, which were more strongly held than scientific accuracy would justify. This was, of course, a natural consequence of the multiplicity of physical and psychological factors that are probably always at work in the production of peace neuroses.

Neurotics, too, demand so much time of the physician in treatment that a tendency had developed to regard their symptoms as purely imaginary, somewhat spurious, or at least of less importance than obviously organic medical problems. The average medical practitioner naturally preferred to give his attention to concrete physical disabilities rather than to impalpable and subjective symptoms. When the war appeared, therefore, the medical attitude toward neuroses was one of rather narrow bigotry on the part of most of that small group interested in functional nervous diseases, and of indifference on the part of the bulk of the profession. Naturally then, there were few observers who were really competent to study the great mass of material which the war suddenly produced.

These thousands of cases presented problems which were no less important from a military than from a medical standpoint, and hypotheses as to their essential nature were put forth with as much enthusiasm and as little accuracy as the importance of the problem, on the one hand, and the lack of preparation on the part of the observers, on the other, would naturally be

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expected to produce. Those who had had little sympathy with the neurotic looked on these victims of war as mere malingerers and advised treatment by a firing squad—"pour encourager les autres." Those who had been previously interested in hereditary defects asserted that these new patients were practically all inferior individuals. Those who had emphasized physical factors in peace times were able to demonstrate to their satisfaction that all the cases were suffering from extreme physical fatigue, concussion from high explosive shells, or poisoning with gases from the explosives. On the other hand, there were those, who had worked with neurotics from a psychological standpoint, who took the ground that the war neuroses were essentially psychic in origin. As a result of this, a large literature has grown up which must be rather chaotic for the average reader to whom it is accessible, since few publications are to be found which give any broad survey of the clinical material, or a careful study of all possible factors. It therefore seemed advisable to make a survey of these cases, bearing constantly in mind the possibility of all the above mentioned factors coming into play, in order that their relative importance might be gauged as a basis for the further study and treatment of these conditions as they arise in the American expeditionary forces.

CHAPTER II

TYPICAL CASES

IN order to orient the reader at the outset with the nature of these neuroses, it may be well to note cases representative of the two main types which are to be found. These are conditions of anxiety on the one hand, and of simple conversion hysteria on the other.

CASE I. The following history is typical of the development and symptoms of an anxiety state. The patient was a man of 27 who had never been ill in his life. He had never shown any neurotic tendencies, having been entirely free from night terrors as a child, and had suffered from none of the fears or inhibitions so constantly met with among neurotics in peace times. He had never had any fear of high places, or thunder-storms, or crowds, or entering tunnels, and had had no sensitiveness to bloodshed. He had been a normal, mischievous boy, had played many games, and had been successful in his work, both in school and when he entered business life. The only abnormality to be found in his make-up was a certain shyness with the other sex, from which he had never entirely freed himself. It was perhaps for this reason that he was unmarried and had never thought of taking a wife. It is interesting to note that he always despised those who developed neuroses of any kind, and when he went to France had similar disrespect for those suffering from "shell shock."

He enlisted as a private in October, 1914, and adapted himself pretty well to the training, making many friends among his fellow soldiers and enjoying the work at first, although he became rather bored with the routine before his five months of training were completed. In February, 1915, he went to the firing line in France. In his first experience of shell fire he broke

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out with a cold sweat with fear, then became rather slow and depressed, without any energy, and felt rather sleepy. This reaction, however, was only temporary. He soon became accustomed to bombardment and the sight of wounds and death, and then began to enjoy his work, particularly the active operations. After eight months in the trenches he was invalided home with nephritis. He was convalescent for four months, and was recommended for a commission, which he received after two months training. Two months more being spent in his regimental depot, he returned to France as a lieutenant in June, 1916. Then followed four months of very heavy fighting on the Somme, during which time he developed no symptoms whatever. He was wounded very slightly once. One day he was buried three times by earth thrown up from shell explosions. The last time he was unconscious for ten minutes. He was relieved for three days after this experience, although he had no symptoms. He was very frequently knocked out for short periods by the concussion from shells. About the end of October, 1916, he was sent to the Ypres section where he was working with a pioneer battalion and had to bury many dead. This has been, since the outset of the war, the most trying part of the whole British line. Not only has bombardment been practically constant from the beginning, but to add to the other horrors of the situation it has never been possible to bury all the dead. In this disagreeable situation he began, after a month of these new duties, to dislike the work, and became mildly depressed, although he paid no particular attention to his feelings. Then some fatigue set in, and he found himself for the first time since his initial experience of shell fire with a tendency to jump nervously when the shells came. To keep himself in hand he began to drink. After a couple of weeks he found that his sleep was becoming poor. It took him a long time to get to sleep, during which time the scenes on the Somme front were constantly in his mind. He had a feeling that he had to get up to the trenches on the Somme the next day, and that he did not want to go. During this period of half-sleeping, half-waking, he suffered from "hypnagogic" hallucinations; that is, visions of the trenches, shells,

and so on, accompanied by insight that they were really not there, but only imaginations. These visions produced no fear and at this time he had no nightmares. Matters grew worse. Every week he became more nervous; fear of the shells grew on him, he lost the ability to tell by the sound where each was going to land, and all of them seemed to be coming at him. In the effort to “quiet his nerves” he got to drinking quite heavily by the beginning of the present year. He struggled constantly to prevent any outward signs of his fear betraying his condition to his men. This effort increased his fatigue. The horror that he felt when first confronted with the bloodshed of battle, to which he had long since become accustomed, reappeared at this time. He became sensitive to all the sights that were forced on his eyes, would think of them when alone and not actively engaged on some duty, and would see them before him on falling off to sleep. He was so discouraged that he began to wish he might be killed.

He was able to continue, however, until March, when on a raid one day seven men around him were killed and he was immediately afterward buried himself. After this he felt so much worse that he applied to the doctor, who told him he had some fever and gave him a “pick-me-up.” He “carried on” for two days, but with extreme difficulty; then his condition became so bad that he was forced to report to his physician again, and was sent to a hospital. For two or three weeks he had had bad headaches back of his eyes, and his sleep had become very limited as he would constantly awake with a jump.

As soon as he got into the hospital he began having nightmares which were typical of the anxiety state. In them he was back on the Somme front and being shelled mercilessly. Shells would come closer and closer to him, finally one would land right on top of him and he would awake with a shriek of terror. After a long time he would go to sleep again, to be almost immediately reawakened with another of these dreams, the content being always the same and confined to fighting, in which he was invariably getting the worst of it.

He would awaken in the morning feeling weak, absolutely

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played out. Any noise would be interpreted as a shell and strike him with terror. He was therefore suffering from a combination of fatigue and extreme nervousness, with the war constantly in his thoughts. At night when falling off to sleep he would have “hypnagogic” hallucinations of Germans entering the room, and with these visions, too, there was great terror.

After being a little over a week in different hospitals in France, he was transferred to London. There his condition greatly improved, his fatigue lessened, he became less sensitive to noises and his nightmares largely disappeared. He was next sent to a hospital in the country where he had every opportunity for outdoor exercise and recreation and continued to improve for two weeks. Then came the news of the death of one of his best friends in France, which depressed him considerably. Shortly after this a concert was arranged at the hospital and he tried to sing, but failed. This experience made him much worse. The old dreams began to destroy his sleep with great regularity. He became more disheartened and hypochondriacal, complained that he was in a sweat day and night, that he had lost twelve pounds and that he was never going to get well because his physicians would not give him an opiate. (As a matter of fact, at this time his sleep was fairly good.) He could not be induced to leave the hospital and would not go out of doors for a week at a time. He felt so much weaker that he was no longer able to play golf. He was in general quite convinced that he was physically and nervously a permanent wreck.

This case is typical, except for the occurrence of the relapse with depression.

CASE II. This case illustrates a simple hysterical conversion. The patient is a private of 20 years of age, who is not quite so normal as the individual whose history has just been cited. Although he had never had any neurotic symptoms, he showed a tendency to abnormality in his make-up. He was rather tender-hearted and never liked to see animals killed. Socially, he was rather self-conscious, inclined to keep to himself, and had not been a perfectly normal, mischievous boy, but was rather more virtuous than his companions. He had always been shy

with girls and had never thought of getting married. All of these seclusive tendencies, however, were quite mild in degree. The one physical trouble from which he ever suffered was a sore throat a year or so before the war began. At this time he was unable to sing or to talk loudly without hurting his throat. He had always had a lisp.

He enlisted in May, 1916, and spent five months in training. This proved to be distinctly advantageous, for he adapted himself well to it and was mentally more comfortable than before, as was shown by his increasing sociability. On going to the front, October, 1916, he found himself frightened, as is usual, by the first shell fire he encountered, and horror-struck by the sight of wounds and death, but soon became free from fear and quite accustomed to the horrors around him. After five months of fighting, he was sent to Armentières in March, 1917, and had to fight for three days without sleep. He became tired, developed no anxiety or "jumpiness," but felt a strong desire to get out of the fatiguing situation in which he found himself. This desire did not show itself, as in the previous case, in a wish to be killed, but rather in the hope that he might receive wounds which would incapacitate him from service, for a time at least.

Then he was suddenly buried by a shell. He did not lose consciousness, but when dug out by his companions he was found to be deaf and dumb. On his way to the field dressing station he had a fear of the shells, but this did not persist after his leaving the zone that was under bombardment.

Physical examination revealed absolutely no abnormality, of course, to account for his deafness and inability to speak. It was a purely hysterical condition, and persisted unchanged for a month. He was then transferred to a hospital for the treatment of functional cases, where he was completely and permanently cured in less than five minutes. This cure was effected by demonstrating to the patient that he had not really lost his hearing, the method employed being to make him face a mirror and observe the start he gave when hands were clapped behind him. He was spoken to immediately, and told that the jump he had just given, which he had himself observed in the mirror,

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was evidence that he had heard the hand clapping, and that, as his hearing was not lost, neither was his speech. He promptly replied verbally, and had no relapses during the two months before I saw him. All this time he did not suffer from nightmares or from any other anxiety symptoms.

This case is typical of the simple conversion hysteria that develops under the stress of warfare. Not only the history and symptoms are typical, but the speedy and apparently permanent recovery under competent treatment is equally representative of this group.

With these two cases in mind we may proceed to a few general considerations. Officers are affected in the proportion of five to one as compared with privates and non-commissioned officers, although in absolute numbers there are more in the latter group, of course. Explanations for this discrepancy will be offered later. As to the total number of neuroses developing in the different armies, there are no statistics available for general publication. But I have been informed that "shell shock" ranks with what were previously considered the more important conditions (excluding wounds) operating to remove men temporarily or permanently from active service. This makes it at once evident that functional nervous troubles are an extremely important medical problem. Unlike other casualties, however, there is a military significance in the nature of these neuroses. These do not merely cause the removal of many men from active service. As can be easily seen in the first case quoted, there may be the development of a state of fear which may last for weeks or months before the symptoms accumulate sufficiently to incapacitate the soldier totally. No matter how much any man may try to hide his fear, he cannot but unconsciously betray it, and so weaken, or tend to weaken, the morale of his group. This is not merely a psychological deduction, but has been confirmed by the statements of many officers who have observed these cases, and whom I had the opportunity of questioning on the subject.

Another point of military importance is that war neuroses are apparently a corollary of modern methods of fighting. The first

reports of these conditions came from the Russo-Japanese war, which would indicate that there is something in the modern trench warfare, combined with the appalling artillery fire, which tends to produce a condition of what might loosely be termed neuro-psychic instability. I have had the opportunity of asking several officers who served both in South Africa and in the present war about this matter. The answers are quite consistent. Practically all the officers now in France are familiar with the clinical pictures of the war neuroses, and are therefore competent to say whether they existed in the Boer war or not. None of them observed anything at all similar. It is impossible to consider that the human race can have deteriorated appreciably in a matter of fifteen years, and therefore we are safe in assuming that it is modern warfare which has produced these conditions.

Medical interest in these cases should naturally exceed the interest of the professional soldier. It is the responsibility of the medical corps to treat the sick and prevent diseases from developing. The responsibility of the army medical officer must now, however, go further than this, for the all important discrimination between a definite disease and malingering can be made only by him.

To those who are interested in psychological medicine a new field, and a highly important one, is here opened up. We find in these cases a great simplicity in the psychic mechanisms operating to produce symptoms and the appearance of severe neuroses in people who were apparently absolutely normal before their exposure to the horrors and hardships of this war. We find wishes, fully conscious to the subject, determining symptoms, simple therapeutic measures leading to permanent recovery with astonishing rapidity, and, on the other hand, we see a chronicity of symptoms for which no treatment, or improper treatment, is given.

In all these respects we discover an extraordinary contrast to the phenomena exhibited by neurotics in times of peace. It is therefore reasonable to hope that psycho-pathology can profit greatly by a careful study of the war neuroses. Without minimizing the importance of physical factors, it is safe to say