THE SHAPING OF PSYCHIATRY BY WAR

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COMMEMORATING A GREAT PREDECESSOR

THIS BOOK IS DEDICATED TO ALL

ARMY PSYCHIATRISTS

"The last few years have seen a rapid extension of the frontiers of all branches of medicine, especially in their social applications. Dealing, as it does, with the deep springs of human conduct, it is not surprising that psychiatry should have extended its own frontiers in this direction even further than have some other branches of medicine."

—Dr. Thomas W. Salmon, in *The Military Surgeon,* XLVII, 200, 1920

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FOREWORD

There can hardly be a greater compliment paid to a British psychiatrist than that he should be invited to the United States to deliver these lectures which commemorate that very great man Doctor Thomas W. Salmon. As you may imagine, I am extremely sensible of that honour.

I have always counted myself most fortunate to have met Doctor Salmon on my first visit to this country. Whilst acquiring the habit from some of you of speaking of him as Tom Salmon, I unfortunately never knew him well enough to be on those intimate terms with him. After his death, along with many other modest contributors to the Memorial Fund, I little dreamed that one day there might be the opportunity of paying some public tribute to the man who had impressed me so much. At that time few of us had any prevision of another war, and though it was common knowledge that he had played a big part in shaping and directing the psychiatry of the United States army during the 1914–18 war, I had no conception how great that contribution was. Volume ten of your *United States Army Medical History* had not been published then, or it had certainly not come to England, but in the year that preceded this present war and during the early years of hostilities, that volume, and in particular Colonel Salmon's contributions to it, were a "Bible" for military psychiatry in Britain.

Perhaps it is appropriate that in World War II a psychiatrist from Great Britain, who has been concerned with exactly the same problems that Colonel Salmon faced in the other war, and who has learnt so much from his work, should have this opportunity of saying so and of trying to show where still further progress can be made.

You in the United States have thrown up so many of the leaders in the modern development of our specialty that we in Great

Britain, as indeed psychiatrists the world over, are heavily in your debt. While we have lagged behind in some ways we have not done too badly in others. Our allied experiences will take us forward with you in the postwar world.

Wars have, I suppose, always been wasteful and destructive, yet at the same time, out of the peculiar conditions created by conflict and national effort, there seem to have come some things that are of value. There is no time and no experience in our whole social life in which psychological principles are so challenged as in war, and psychiatry has perhaps matured more as a result of war experience than it could have done in five years of peace. This book and the lectures on which it is based are an attempt to catch some of the lights and shadows of wartime development, and I hope that they will stimulate thought as to how we can best capitalize the tragic experiences of society at war.

You will, I am afraid, not find in these pages any apposite historical references. I am not a historian, and if those things were here they would all have come out of someone else's book. I suspect that anyhow most of you know more of the background of psychiatry than I do. Hence in these pages there are merely the reflections of a physician who has been and still is faced with a very practical job, concerned with the efficiency, mental health and stability of a large and complicated group of his fellows. There is very little that is original in this book; plagiarism has during this war become second nature to me, and not only the ideas but much of the phraseology which I now regard as my own derive, in fact, from my colleagues in psychiatry, psychology and medicine.

These lectures are not an attempt to give a full description of such methods and techniques as have been devised during the war. Most of the procedures that I shall refer to deserve carefully written and well-documented descriptions of a technical kind, for which there is no space here. I propose only to use them as part of the detail of a picture on a fairly large canvas.

I have referred to my colleagues in the army from whom I have

learnt so much. Whether in the War Office, commands at home, or in Africa, India, Italy or France, their work is never-ending. Theirs is the stimulus which has made these lectures possible for me. This is, therefore, the beginning of those acknowledgments which form part of any preface or foreword. My thanks are certainly no formal matter. Lieutenant General Sir Alexander Hood, the Director General of the British army medical services, has done much more than send me across the Atlantic again with permission to give these lectures. He has given enlightened direction, encouragement and his very active backing to our work at all times. The Adjutant General of the British army, General Sir Ronald Adam, has played a very special role which needs public acknowledgment. His vision and courage led to the development, not only of selection procedures of various kinds in the army, but also of a great number of other sociological experiments, some of which I shall refer to in these pages, and his deliberate contribution to social medicine and social psychiatry as well as to winning the war is difficult to overvalue. The third person whom I wish to mention by name is my colleague Brigadier Hugh Sandiford, whom in 1942 we lured from the respectable realms of army hygiene to be the first Director of Army Psychiatry, and whose wisdom and administrative farsightedness in the development of our work have been most significant. To all of these, and to others unmentioned, I owe a great debt of gratitude.

Practically one third of my thirty years as a physician has been spent in uniform. Especially during the five years of the present war I have realized the immensely valuable experience which service life and facilities can provide for the doctor and the sociologist. When ideas and realistic suggestions receive backing, the possibilities for group exploration and experiment are almost unbounded. If psychiatry did not make some interesting contributions as the result of its opportunities in wartime, there would be something fundamentally wrong with psychiatrists.

J. R. Rees

CHAPTER ONE

THE FRONTIERS EXTEND

THERE must always be some definite end in view to justify the preparation of lectures or the writing of a book. Often there are facts to be recorded and always there are certain ideas which are seeking for expression, and often some convictions which the author hopes to implant in the mind of the reader. The speaker or writer has often been compared with the lawyer, one of whose main tasks is to convince his jury and to get from them the verdict that he seeks. That is actually a very useful parallel and imposes on one the necessity to decide beforehand what verdict one is hoping for from the jury, i.e. the audience or the readers of the book. It will perhaps be as well, therefore, to say at the beginning rather than at the end what verdict is sought through the writing of these pages, and it can perhaps be expressed like this.

> The experiences of war are by no means altogether sterile. Some, and perhaps many, of the responses made in wartime to challenging situations are of interest and of a value which has some permanence: the experience can be utilized and developed for the good of the community in peace. Psychiatry has a more important role to play than it has ever had before since there is an increasing awareness of what it can contribute, and consequently there will be an ever-increasing demand for competent psychiatric advice and help. On all psychiatrists, therefore, there is a big responsibility, not only to try to undertake the tasks that are given us but also to see that the standards of psychiatry and of psychiatrists are constantly improved. This is a personal responsibility for each of us.

Having stated in these somewhat vague terms the thesis of these lectures, one must try to fill in the details as fully as possible. It

would, of course, be quite presumptuous to claim or imply that this is more than a partial picture of the changing situation in psychiatry. Of necessity the survey is limited because for one thing five years of absorption in the British army and its affairs has meant a very limited acquaintance with other things that were happening outside. Of much that has been taking place in civilian medicine and psychiatry in my own country I am ignorant. Much has happened in the universities and research laboratories of Great Britain and a great deal more has been undertaken and carried through in the United States, Canada and elsewhere. The knowledge that these developments are going forward does not, unfortunately, make it possible to digest their findings and incorporate them at this stage into one's own presentation. That must therefore be accepted as partial and incomplete.

An interesting phenomenon has made itself evident during this war. Perhaps it results partly from the stimulus of war and partly from the isolation of the times, but again and again one has discovered that the trend of ideas and the development of new points of view in one country have been paralleled almost exactly by similar developments in other countries. This has been especially true in my personal experience as between psychiatric thought in Canada and the United States and in Britain during this war. Possibly it comes from the fact that armies, by the nature of their organization and the similarity of their problems, must stimulate the development of solutions that have much in common. It seems that the issues are by no means limited to matters military but widen out on to social and group situations of all types and in many fields. The fact that this is so certainly leads one to the belief that there must be something true and valuable about the solutions that have emerged quite independently in different continents. What is true of army experience must certainly be true of the other fighting services and is probably indicative of the movement that is taking place in civilian groups everywhere.

THE ARMY AND THE PEOPLE

War has always created situations of difficulty for individuals, and the summoning together, the training and the utilization of armies have always created group problems of a psychological nature, generally recognized as such though the actual terminology may be new. In classical history, in that of biblical times, and all through the earlier wars up to our own day and the so-called Great War, historians have given us factual material in plenty from which we can draw conclusions of psychiatric interest. War pulls men up by the roots and demands new adjustments from people of all kinds and types. Some of these are adaptable and well balanced and we hear little of them; others have a rather tenuous hold on life and their environment, others have never made a satisfactory adjustment to their own peacetime existence so that they can hardly be expected to make an easy or satisfactory adaptation to a new group life.

War does something more than this in that it forces men and women to face many new challenges to instinct: aggression, which has had to be controlled, must now be brought out, trained and used against the enemy; men must learn to kill as well as to face the prospect of being killed. Taking life involves the breaking of taboo, which is no light matter and is liable to leave behind it guilt and depression. Savages had expiatory rituals after battle but modern man, of necessity, has to find a philosophy to meet the situation. He must learn early to face and not to ignore the necessity for killing his enemy, for unless he does he may break in training and he may have a postwar aftermath. Uprooted, and faced by primitive necessities which are especially alarming to many, the soldier must then go further and learn to reshape his existence in other ways. The independence and self-reliance that he has developed during childhood and adolescence have now to be given up (or so he thinks) for the implicit obedience of the disciplined soldier. He feels that he has to become a child again, dependent and as docile as can be. In fact this is what does happen although in every army we have outgrown much of this and can utilize to the full

the independence and self-reliance of the individual within the group. Nevertheless, many difficult adjustments are needed and not every basic training unit is able to provide ideal help in these adaptations. The present war is called total war, and that has meant that the civilian population is more involved in the army's life and the army's difficulties and dangers than has ever happened previously. Appropriately, as I write this my room shakes, for a ton of explosives in one of our "flying bombs" has gone off nearby. We cannot forget that the civilian population is in the war. Just as the civilian has had many similar adjustments to make, so the soldier finds his anxieties increased by the very fact that his family at home has to suffer these difficulties and stresses—this apart from and in addition to his own inner separation anxiety. The army certainly provides problems which would be difficult enough to solve even were its human material of perfect quality.

The British army has necessarily contained a proportion of men—and women in the women's service—who could never be said to be of perfect quality or anywhere near that. The manpower problem is very real and has through most of the war been very difficult. Consequently the army has had to take into its service many who were not fully adequate, either physically or mentally, and has dealt with rather more of this group proportionately than its sister services the Royal Navy and the Royal Air Force. For this reason the psychiatric experience of the British army, upon which these lectures are largely based, has come from the management of many difficult problems. Psychiatry has had more to do just because of the poor quality of some of the men and women taken into the army.

This war has been different from other wars, a fact which has brought out psychiatric factors of some importance. The enthusiasm and sense of easy conviction, for example, have been less marked in this war than they were in the last war. Twenty years of industrial and social difficulty, of international crises, and disillusionment no doubt provide the major explanation for this. Ideologies are not easy things to explain, and yet this war has had to be fought on a much

more rational, unemotional basis, and that greatest of all psychological problems, the morale of an army, has consequently been very much in our minds. New techniques have had to be devised for educating and orientating men and women to the war and to this changed attitude to war as a phenomenon. It would seem as though the German attitude to war had changed very little but in the democratic countries the reverse is true. Where men are actually in the battle these issues do not arise so much as when they are waiting and training and waiting, and there has been a good deal of that in this war. Fortunately the concepts of a police war and of killing as an almost "surgical" necessity have been accepted very much more widely than in earlier days. Though no answers can be provided at the present time for many of the questions and difficulties which confront us in this changing social structure, it is certainly true that psychiatry has on the whole proved to have a partial answer to some of the problems. Probably we have a more effective set of concepts than most groups of men, and it is for that reason that psychiatry has been able to make some contribution to the solving of many of these situations and has been able to offer new points of view to many people.

THE DOCTOR AND HIS PART IN THE WAR

In our army some 6 per cent of the medical men are regular soldiers or permanent force, and all the rest came straight in from civilian life. Like other men in the country, some came willingly and intelligently, some grudgingly and some reluctantly. Since the medical officer in the army has at least as much to do with the morale and efficiency of the men as anyone else, any kind of unwillingness handicaps him from the start. Fortunately, however, there has been little of this. Most doctors are individualists and proud of it, so that it is not an easy adjustment for a medical man, who comes in with a direct commission as an officer, to fit into the complicated army machinery. The doctor, also, is a humanitarian in his interests and he finds it somewhat difficult to adapt himself to his new task of

maintaining efficiency, keeping the maximum number of fit men on duty, and there is at times a tendency on his part to go too far the other way and to become a martinet, and, possibly a malingerer hunter.

Those of you who have read Montague's *Disenchantment,* written after the last war, will remember his description of the medical board which sent you back to duty if you said you had any symptoms and which if you said you were quite fit put you on prolonged duty at the base. The doctor in the army has in many cases got to learn afresh to know and value human personality, and there is no place where he has better opportunity of coming to know and to understand and to respect his fellow man. The "interesting cases" and rare diseases with which we are so concerned in civil life are, in fact, so very unimportant in the larger purpose of the army that the world would hardly be altered in its course today if all the people with interesting and rare diseases died; but the less romantic and exciting conditions, as for example, flat foot, venereal disease, hernia, neurosis and bronchitis, matter tremendously, and to deal with these efficiently is to make a major contribution towards winning the war.

The doctor has certainly to concern himself both with health and with prophylaxis. It can almost be said that the main function of the medical services in battle is to sustain morale. Men fight better with an efficient medical service behind them safeguarding them from mutilation or death, and whilst not all of the wounded may get back to active service the fact that the medical services are there plays a very important part. The doctor is not really a noncombatant. True, he does not fire weapons at the enemy, but unless he regards himself as having an essential part to play in preparing and sustaining the men who fight and a vital interest in their task—that in fact he is a combatant in spirit—he will not find himself very happy in his job nor be very effective.

This combatant spirit that is necessary comes from a deep sense of conviction about the values for which we fight and it leads the doctor to an attitude towards the enemy which might be described as that of

a "social surgeon." Hatred and other sentimentality play no useful part in this. They may indeed be very harmful.

The medical officer in the army has to think in terms of groups and group welfare rather than of the individual patient. He has also to decide to some extent which of the particular medical problems that confront him are to have priority. Possibly both of these are attitudes which should find their counterpart in civil medical practice also. The good medical officer makes himself an essential part of whatever unit he is with. He works and plays with the men when opportunity offers. He has an essential welfare function, indeed sometimes he may be regarded as the mother of the unit with the commanding officer as the father. His essential medical role, his readiness to listen, his sympathetic understanding coupled with kindly firmness give him an enviable position in which he is trusted and respected by nearly everyone, and in that role he can influence the well-being of the whole group. Welfare is inseparable from medicine and in any planning for health services for the future it must be recognized that welfare procedures, as an extension of medical social services, must play a part. The psychiatrist shares this life with all other army doctors and equally it is clear every doctor in an army needs a psychiatric viewpoint.

The task of the doctor in the army, with its influence over individual officers and men, his special position of confidence and leadership, points the way to the position that medicine as a whole should occupy in the management of larger groups, in the planning not only of methods for maintaining health but also of the larger sociological issues that concern groups, communities and nations.

THE PSYCHIATRIST IN THE ARMY

In World War I the British army had a "consulting psychologist" and a number of neurologists. Many of them, in fact, were psychiatrists. They were brought into the army's machinery in response to the critical situation created by the wave of battle neurosis at first

called "shell shock." As you know, Doctor Thomas Salmon came over to England in 1917 and was largely instrumental in forming the wise and statesmanlike plans that eventually came into being for the United States army. These included a much more liberal establishment of psychiatrists, or neuropsychiatrists as you called them even then. The main concern of psychiatrists in the last war was with treatment and they were very successful in treating battle neurosis just behind the lines and in tackling the more resistant cases in base hospitals. Those men who had to be evacuated out of the theatre of war to hospitals at home proved more of a problem.

This was probably the first time psychiatrists had ever been used deliberately in war and their work, which is detailed in many volumes apart from the formal medical histories of the war, produced a very great effect upon the development of psychiatry as well as making a considerable contribution at the time to the successful prosecution of the war. More will be said about this later on, and at this moment it seems profitable to look at our most recent experience and learn something about the type of psychiatrist and the type of training that seem most valuable.

War experience is a valuable testing ground for most of us and certainly this is true for psychiatrists. Under army conditions one perhaps discovers more easily and more rapidly than under any other situational stress what the personality and quality of a man are. For many, war has meant leaving the almost cloistered seclusion and static efficiency of the mental hospital and getting out into the field to do work for which they had little experience and learning many completely new applications of their basic knowledge and skill. In psychiatry there is so much ground to be covered that of necessity there has been a good deal of specialization. In Great Britain rather more than in America there has tended to be separation among the groups of men and women responsible for the different aspects of psychiatric work—in mental hospitals and in mental-deficiency institutions, in psychopathic clinics and outpatient departments, in dealing primarily with the neuroses, whether by analytic methods or not, and

in child psychiatry. Whilst these divisions have been far from complete they have been too marked and one effect of wartime experience for those who have been in the services is that these barriers are, we hope, permanently removed. Granted that on the top of a good personality, which is the first essential, the specialist has a sound foundation of general medicine and general psychiatry, every specialized interest and technique can be used in caring for the mental health of a community such as the army. Whether the training has been in the main psychoanalytic, psychotherapeutic, or that of the orthodox mental hospital matters little. What is really important is that the psychiatrist should be a man who has a striking interest in his fellows and how they live, that he should have good psychiatric judgment and, above all, the ability to see behind the façade, what one might call some "feeling for depth"—that something in the personality which is as important as any formal training for a psychodynamic approach to the task presented. It is not surprising that a number of good general physicians, general practitioners for the most part, should have shown that after several years of acquiring army experience as regimental medical officers they could appreciate and profit by comparatively short psychiatric training and then become immensely valuable members of the psychiatric team. Naturally their value lies more in the wider sociological jobs of psychiatry, selection, etc., rather than in dealing with the more difficult and subtle problems of individual diagnosis. The contribution of those with an analytic background, who have also had the necessary stability and width of approach, has been very considerable. Yet many men from routine mental-hospital jobs, whose acquaintance with dynamic psychology has been largely theoretical, have found that they, too, could play a very full part in the development of new and valuable work. The army, like the wider community, cannot always pick and choose and yet there is sufficient variety of work to allow for the use of every type of psychiatrist. Those well trained in modern methods of treatment of the psychoses, who have little interest in or knowledge of the psychoneuroses, function most efficiently in the psychiatric hospitals.

There always will be men who are primarily workers in institutions and who are far more suited to them than to the roving work of an "area psychiatrist," outpatient work or research and the development of new techniques in social psychiatry. In our choice of men for psychiatric work in the future we shall need to provide for all types and we can use them, but for the growing edges of psychiatry we shall need men and women with the qualities that have been hinted at above: stability, human interest and social curiosity.

Doctors, unfortunately, come into the army ready-made and in the British army at present they are practically the only group of men or women who get direct commissions. The rest all come through the ranks and nowadays pass through the testing ground of the Officer Selection Boards so that there is a many-sided check on their quality and abilities. It is very regrettable that we, as doctors, should not have the same opportunity of selecting ourselves that the laity has, and it is still more regrettable that selection of men and women who are to begin their medical studies has not been made much more thorough, for that, after all, is one of the places where selection is of paramount importance. That the medical profession as a whole is moving towards the idea of wiser selection is illustrated by the following quotation from the leading article of the *British Medical Journal* of the 27th May, 1944:

> It is a curious fact that until the advent of dynamic medical psychology, textbooks of "pure" psychology were almost devoid of information or even of speculation about human motives. Knowledge of this kind has until recent years been reserved for men of the world. There is no reason, however, to suppose that this worldly wisdom cannot be comprehended scientifically, and more exactly and usefully. The scientific study of motives, temperaments and attitudes is the subject matter of psychological medicine, which, beginning with the exaggerated and more easily detected processes of disease, is now, especially under the impact of war, coming to be concerned with the normal person and his aptness for special tasks, such as holding a commission or flying an aircraft; in brief, with "positive health" in the mental field, in the same way as general

medicine is being stimulated in the maintenance of physical fitness. . . . It is of the utmost importance, if psychiatry is to play its proper part in building up and maintaining the health of the community, that it should attract recruits from among those with the best brains and the soundest character in the medical profession.

Figures collected during the war give some grounds for thinking that the intelligence of the medical profession is not as high as it should be, enough grounds, at any rate, to justify the hope that serious investigation with absolutely valid samples will be made. There is a lot of evidence that medicine attracts people for various reasons which are not always conscious and that there is much instability and psychopathy amongst doctors.

As the services have shown in every country, we in psychiatry can take a lead in this matter, and we must first set our own house in order and show that we really believe enough in the possibilities of thorough selection to start with ourselves. Later in the book there follows some description of the selection methods that have been developed in the British army, which constitute a considerable advance on anything that has previously been attempted.

SPECIAL TRAINING FOR PSYCHIATRISTS

Whatever training, academic or practical, the psychiatrist has received before he comes into the army, it is our experience that his civilian skill and interests do not of themselves fit him to be of anything like his optimum value in the service without extra experience. Would that every doctor coming into a fighting service had to pass through the ranks and there learn something of army life and of the men for whom he will later be responsible, and the jobs they do. Where universal conscription holds, this situation is presumably met by the fact that every man has had a period of ordinary recruit service in the ranks. Since, however, psychiatrists like all other doctors are immediately granted commissioned rank, it has been found that their competence and value can be greatly enhanced by suitable plan-

ning of experience even in the short time that can be allowed. After the routine period at the depot, where some basic facts and elements of training are given to them, the men who are going into psychiatry go off for a month (it should be at least three) to serve an attachment to a combatant regiment. There they have no medical duties to perform and their task is to learn as much as they can about the army.

To fit in well with the men and with the officers is in itself something that takes time. They should try their hand at all the routine and other tasks of the officers and men, so that they may have some better knowledge on which to assess the men's fitness for the future whether it be on marches, assault courses, humping shells, firing weapons, servicing guns, or indeed any other of the multifold occupations of the soldier in which they can share. After this period, which incidentally has a considerable effect (generally good) upon the opinion held of doctors and more particularly of psychiatrists by the officers and men he is mixing with, the trainee goes off as an apprentice to an experienced area psychiatrist so that he may learn all the various administrative methods and details and see where he can most usefully fit in to the medical and administrative organization. He makes contacts with selection procedures of various types and learns how he can be of use to all the various agencies at work in any area for the training, welfare and education of the soldier. When he starts to operate on his own in some area he finds himself feeling really *inside* the army, understanding its point of view, difficulties and reactions, and without any question he makes a much more effective contribution to the health and efficiency of the group in consequence. In civil life, save for the industrial medical officers, there are few doctors who to begin with have acquired much insight into the occupations and method of living of their patients. This comes with growing experience but it may well be argued that comparable training could very well be introduced in the early stage of a man's professional career. It pays in the army: it would also pay in industrial or indeed any other civilian medical work.

THE ATTITUDE TO PSYCHIATRY

However good psychiatrists are, they will be criticized and at times very bitterly opposed. And this topic is of some interest and importance in considering the development of psychiatry. The majority of valuable, constructive criticism of our work comes from nonmedical sources and with us at any rate in Great Britain the main part of the useless and purely destructive criticism seems to have come from members of the medical profession. This should certainly give us to think furiously about the question of medical education and closer co-operation between ourselves and our colleagues.

The main opposition to selection procedures is based on the fact that the average man rather dislikes to have his phantasies destroyed. The commonest of all human daydreams is the Cinderella motif or, translated into military terms, the idea that every soldier has a Field Marshal's baton in his knapsack. Selection hits at this because it implies that someone can demonstrate that this is in most cases not true. Many people object strongly to facing this reality even though it may be pointed out to them how much better it is to make full use in the best possible way of whatever intelligence and capacity they have got. The objection to psychiatry on the part of many doctors is somewhat similar. Medical training has in the past too often dismissed the neuroses and indeed all psychiatric disability as something hardly worth studying, something which implied a weakness of character, and the doctor who regards himself as a healer and is determined to cure people has to rationalize very heavily about his failure to cure emotional disorder with physical measures. Consequently he objects to those who seem to have rather better insight and perhaps a better therapeutic angle on these disorders. Our medical education in Great Britain more than in America has been unduly materialistic and at the same time bound up with financial considerations, and one might almost say the vested interests of private practice. No physician is likely to be very cordial towards a completely new line of attack on

disorders he has been working with until he begins to understand more fully and realize that he too can do rather more by a different and more personal approach to his patients. In the army we have a medical service in which all the profit motive is removed. No one bothers unduly about *my* patient and it is very noteworthy how people are ready to discuss and to learn and to try new methods. There has been much opposition to and intolerance of psychiatry but there is also greater receptivity, and considerable advances in postgraduate understanding of the psychiatric approach have been made as a result of the army medical service. If similar progress can be made in other branches of medicine and in the acquisition of new points of view and in the better assessment of the real value of medical procedures, then, truly, we have one argument for a state medical service. Psychiatrists, when they have the time to make the necessary contact with their general medical colleagues and with others responsible for the care and management of groups of men and women, have an educative function of no mean order and when we have the wit to see them we find an ever-increasing number of openings for the application of our knowledge.

The psychiatrist is often a stimulator of other people. He should at no time be content with things as they are. Since he is trained to think all the time in terms of human reactions, it is he who is most likely to see and be able to demonstrate the emotional factors and attitudes that are at work or are to be expected in any organization. Just as we have aided the field of psychosomatic medicine, which has advanced much in recent years, so we bring contributions of value to very many of the medical and sociological problems of our colleagues. We ought to be stimulators, investigators and advisers. It is not the job of psychiatry to take over the work of other medical groups: it is our job to add whatever we can from the knowledge and insight that we have gained through our own psychiatric discipline.

I am reminded of an amusing incident. An army psychiatrist had been attached to a military training staff to advise about the development of certain special techniques. After some time, and because

there was a shortage of psychiatrists, I telephoned to the general with whose staff he was serving and said, "Surely you don't want a psychiatrist with you any longer now? He has done the best he can with the original job. I shall find it rather hard to explain why he is left with you." To my surprise the general replied, "For heaven's sake don't take him away. You simply can't think how useful he is to me. I often refer a dozen problems to him in the day. We regular soldiers get rather into grooves about many administrative and executive affairs and this chap, who is always thinking about what he calls the human factor, throws a most astonishing light on many of these problems. No, for heaven's sake, don't take him away." That, it seems to me, is symptomatic of what should occur with any good psychiatrist who happens to be in contact with men who are doing things.

Psychiatry and psychiatrists, of course, get criticism from the combatant soldier just as they must also meet opposition from the industrialist in civil life. Earlier in this present war we were often told that psychiatrists were the fifth columnists of the army, and this because they were advising the discharge of men who were obviously too dull or too unstable to soldier. The administrator who has to produce the "bodies" and is quite out of contact with real live men is critical, and much opprobrium has come to army psychiatrists because there has necessarily been a high discharge rate from psychiatric causes. The fighting soldier is in no doubt at all as to what kind of man he wishes to have with him. The further you get away from the front line the tougher become the comments, the more hints there are that everyone is trying to evade service, and that is and always has been a common experience of armies. To deal with a negative transference is a part of our trade and often it is the soundest basis for a good later relationship. Any suggestion of change may arouse anxiety and so aggression, which the psychiatrist has to appreciate and counter, treating the situation clinically. Patience, tolerance, infiltration tactics, and skill in counterattack, which psychiatrists learn through conditions like these, are of some value for the future. We cannot tolerate the retention of sickness and inefficiency in society just because we wish to

avoid tiresome opposition and criticism of ourselves. It is very striking how few of the really intelligent and valuable leaders fail to appreciate the contribution of psychiatry, but we have to beware of those who become "converts" and thus lose their capacity to help us with real criticism.

It will be gathered from this that psychiatry in the army is of special interest, not only because it is one of the toughest and fullest jobs and definitely related all the time to military efficiency and winning the war, but also because alongside the actual work with the men there goes this friendly running fight against opposition and a constant opportunity for discussion and mutual education. For most psychiatrists, army service provides a new angle to their job and the art of psychiatry itself becomes dynamic.

THE PSYCHIATRIC OUTLOOK

Before the war of 1914–18, in England at least, psychiatry was mainly of the descriptive type, kindly but somewhat mechanical and not as progressive as it might have been. The psychiatrist was in the main an alienist, and he usually called himself that. The small group of men and women who had heard about Freud were thought to be not quite respectable, and indeed, though they were attacked in the medical press, they were allowed no reply in those pages. The considerable incidence of battle neurosis in the war of 1914–18 shook psychiatry, and medicine as a whole, not a little. Valiant attempts were made to provide some respectable organic explanation for the curious phenomena which occurred with such frequency, and the term "shell shock" expressed the general belief that in some way these conditions were the result of structural disturbance. Fortunately there was a growing group of psychiatrists who provided the insight and understanding that were needed for these conditions, and not only were they wisely handled but the efficiency of their treatment increased steadily with the realization that these were the extreme and bizarre manifestations of emotional disorders in every way comparable

in their mechanisms to those of civil life. That war finished with a very large number of neurotic men under treatment or drawing pensions—some hundred thousand men costing ten million pounds a year—and with a much awakened psychiatric conscience in Great Britain.

Experience gained in the war and afterwards in the Ministry of Pensions' special hospitals and clinics for service men led to the establishment of clinics for civilians, and the realization grew that there was in fact a very large problem of civilian neurosis almost untackled. In Britain, the Lady Chichester Hospital at Hove was the only special hospital for neurosis before the last war. After the war, in 1920, the Tavistock Clinic was founded for outpatient psychotherapy. The Maudsley Hospital, built before the war and then used as a military hospital, took on its full functions for civilians soon afterwards; the chair of psychiatry in Edinburgh was founded, and from then onwards an increasing number of clinics and special hospital outpatient departments were opened. Many of the clinics were started at the instigation of the Board of Control, an official body. Postgraduate medical education improved steadily and medicine began to think of neurosis as real illness (not just imaginary illness) and also as something that could be treated. The orthodox psychoanalytic group was somewhat apart. Its work and its teaching were nevertheless all the time permeating the various groups in psychiatry. Out of war does come some good, and psychiatry in Great Britain owes a good deal to the experience of 1914–18. The War Office Committee on Shell Shock, whose *Report* was published in 1922, gave an extremely good summary of the whole situation. They brought together a great many facts, set out very clearly and convincingly the nature of the problem, and suggested prophylactic steps and the remedies that should be prepared should such a situation ever arise again. Unfortunately, as Hegel says, "we learn from history that we don't learn from history." Very little was done by the army to utilize this experience and to implement the recommendations of their own committee in preparation for this war. But the country as a whole through the

medical profession benefited very greatly from that mass experience of neurosis.

This is not the place to attempt to set down an exact record of the developments in psychiatry in Great Britain, let alone in America, but these two decades between the wars have been a time of steady progress. Descriptive psychiatry has done more than flirt with psychodynamic concepts, though I would hesitate to say that their marriage had been finally accomplished and duly blessed. We in Great Britain are often inclined to feel that we lag some way behind you in psychiatry. You in the United States have certainly given us many leaders and you have bred a very outstanding race of teachers and writers. I suppose it is true that America will try anything once—that is what we are always told; if that be so it may explain why you were much readier than your Allies to explore and try out the psychodynamic concepts of illness. Then, I suppose, finding that they worked, you went on and ahead. In 1930, at the Mental Hygiene Congress in Washington, I remember being surprised when one night I found myself sitting with seven or eight very senior colleagues, all superintendents of state institutions, who were discussing psychoanalysis and certain possible applications of the theory and method to their own work. I certainly felt, and I was right, that it would have been difficult to find an exactly comparable group in Great Britain at that time. It would be quite wrong if I gave an impression of decrying British psychiatry, and I certainly do not in fact do so. I would be quite prepared to take a chance in putting up a true random sample of superintendents and other psychiatrists from America and one from Great Britain and comparing them! Nevertheless, I think it is true that you did make greater and more rapid strides in integrating analytic concepts into your psychiatric knowledge, and I suspect, though I have no proof, that this resulted partly from the impact of the last war on American medicine.

THE SOCIOLOGICAL APPROACH

No doubt some of you have done what I did many years ago in a flush of enthusiasm for the methods of analytic psychotherapy—which I still have. I took the most reliable figures and estimates of the number of neurotic or maladjusted men, women and children in Great Britain, say approximately three million, who were in need of treatment and worked out how many trained psychotherapists would be necessary to deal with the whole of this group spread over, say, a five-year period. The number of hours of medical time given to each patient was taken as round about twenty, a figure which is slightly below the prewar average of time given at the Tavistock Clinic. If you care to work out the figure yourself, you will find that the result is somewhat horrifying and quite ludicrous. If you assume that the psychoanalytic method is the only one which gives good results, then the calculation becomes astronomical. Because many people have given some thought to matters like this, the emphasis has been increasingly laid upon the need for rapid treatment, group treatment and above all prophylaxis; and many of us were looking for light on these problems long before the present war. The great work of William Healy, who seemed before the last war to have taken Samuel Butler's *Erewhon* quite seriously, helped to point the way for many of us not only to methods of tackling child delinquency but also to the handling of the much wider problem of maladjustment and psychiatric disorder in children. This clearly was the best form of prophylaxis and the soundest method of achieving a community with better mental health. In Great Britain child psychiatry grew out of this quickened interest in the neuroses after the last war and as a matter of fact the first patient seen in 1920 in the clinic with which I am associated was in the Children's Department. This work grew because it gave obviously satisfactory results, much more easy to follow up than in any group of adults, and very speedily the educationalists, social-care organizations, the courts and other responsible bodies began to register their interest in the matter. They showed

that they were even more alive to its value than the parents of the children and at that time certainly more than the medical profession. The American child guidance movement and the Commonwealth Fund provided us with much further stimulus, trained workers and funds for further experimental clinics. Child psychiatry became established and has never looked back; probably it is in fact the most important contribution to health that psychiatry has made in this century. The social worker and the psychologist began here to demonstrate how great a contribution they had to make to the solution of the problems and we owe much of our growing interest in the sociological and psychological aspects of our work to children's psychiatric clinics. It has often occurred to me during this war how adequate a machine this child guidance team has been. Quite unconsciously the organization of the War Office Selection Boards for officers in the British army, of which I shall have more to say later, has turned out to be on exactly parallel lines. Here also there is a team: a psychiatrist, a psychologist, and the regimental officer whose function is more sociological than strictly military. There are many other instances that could be quoted from the British army and from our Allies which demonstrate the value of this threefold approach and provide confirmation that the teamwork method begun for children, and developed increasingly in the solution of adult problems, is applicable in a still wider way for the future, in which we shall have so many tangles to unravel and such massive readjustments needing our help.

The sociological approach to psychiatry had been carried further in the United States than in Great Britain though there the work of the Industrial Health Research Board, notably that of Millais Culpin and May Smith, demonstrated the value of environmental and statistical studies in the appreciation and solution of problems of neurotic ill-health. In America you were better endowed with industrial psychologists and with sociological workers and even teams of workers who have made most striking contributions to our understanding of group structure and of interpersonal relationships. They have shown that, by and large, emotional difficulties which lead to mental ill-health,

suffering and inefficiency are to be regarded not merely as individual matters but rather as an expression of group maladjustment. It has been interesting to note before the war, and still more during the war, how sterile sociology is without a psychodynamic or clinical approach, and what striking illumination it can throw upon problems of the greatest importance in the hands of those who have this concept and method.

THE PSYCHOLOGIST IN SOCIAL MEDICINE

It was not, of course, from child guidance work that the real importance of the psychologist in our field became evident. It seems certain that we owe that advance in the main to the experience of the last war and in particular to the courageous experiments of the United States army during that war. From having a somewhat limited function, psychology became suddenly a weapon of war, a method by which the efficiency of the fighting force could be improved, the interests of the individual better served and the health of the community in certain ways safeguarded. Testing for intelligence and aptitude was not new, selection of armies was not new, for even Gideon carried this out most effectively (Judges, 7: 1–7).

What was new was the particular application of modern psychological methods to help in the choosing of a great civilian army. It was the first time in which it was demonstrated that the application of selection methods to really large groups was a possibility and, as we know from the records, it was in very many ways an outstanding success. There were a number of derivatives from this procedure. In the first place, in the United States, it naturally led to an increased interest in personnel selection and in the methods of industrial psychology. Outstanding work has been done in this country, and the whole world is in the debt of the United States for the practical outcome of your psychological work, whether it be in industry, as for instance the Western Electric experiments, in personality delineation, or in the larger studies of social groups. The war had stirred up so much in-

terest that you had more trained workers and more appreciation. Industrialists were readier to accept, to help and to support the experiments of industrial psychology. This war is likely to produce still further advances and some of them will derive from the very close co-operation which exists between psychologists and psychiatrists, a fruitful union for the study of all the group problems.

Germany borrowed much of your last war work and built on it the psychological department with its elaborate selection techniques, out of which grew the still wider department of psychological warfare. However disastrous the ultimate aim and purpose of this work in Germany, there is no question that it was thorough and effective though lacking in some of the more imaginative and insightful aspects of work in our own countries.

We in Great Britain have also used the United States' experience and as you have in this war I hope we also have improved on it. Without any question the value of the psychologist in war has been demonstrated so clearly that in peace there will be no question that his help will be demanded. With certain notable exceptions Great Britain has not produced all that it might have done in the field of psychology. Some of our older universities still insist that it shall be classed as "moral philosophy," our university laboratories have been neither well equipped nor adequately endowed, and there was in general little support for the adventurously minded industrial and vocational psychologists such as were trained by the National Institute of Industrial Psychology in London. At the beginning of this war we were much harder put to it than America could have been for suitably trained men of the right calibre to work for the fighting services. All this must change when peace comes.

I have always thought that the four professions most liable to be chosen by those with marked feelings of inferiority are the law, the church, teaching and medicine, all professions in which you can talk down to people and in which they can't answer back. It may be for some reason like this that medicine as a whole has been somewhat superior and exclusive and unwilling to align itself on any basis of

equality or even thorough co-operation with other groups such as psychologists and sociologists whose disciplines are fully as exacting.

It is still true of medical men as a whole, and even of psychiatrists, that they are only prepared to accept limited help from psychologists, and that in the role of technical assistants. Partly this arises, in Great Britain at any rate, from the shortage of well-qualified, competent psychologists, but there are deeper emotional reasons operative at the same time. Psychology has a wide field to cover and in many of its functions there is little of medical interest, but in the educational and industrial fields especially there is no part of psychological work which is not a direct contribution to an efficient system of social medicine and willy-nilly the psychologist is an operative in our health services along with the medical man. In Great Britain it seems certain that, as a result of the close co-operation between psychiatrists and psychologists and the growing appreciation by general physicians and others of the valuable contributions made by the psychologists, there will be a close liaison between our two groups which will be of the greatest value to both. From the psychiatrist especially, the psychologist will learn something more about men and motives and the psychodynamic forces at work in the subjects of his enquiries. From the psychologist, medicine can learn much of the scientific and statistical approach to problems of ill-health and can apply to prophylaxis and to the improvement of therapy many of the facts disclosed by psychological investigation. Psychology is not to the psychiatrist just as physiology is to every doctor. It occupies a more forward and strategic position in the struggle for health. In the army in Canada the integration of the psychologists with medicine is almost complete, and this would seem to be a very farseeing and valuable arrangement since it ensures maximum co-operation and assures the freedom of a technical subject from undue administrative interference, a point of no little importance as all technicians who have suffered from, instead of being able to work with, administrators are aware. Some part of this difficulty between doctors and psychologists will disappear with im-

proved undergraduate education and especially with better psychological and psychiatric training. Some part of the general medical attitude is, of course, based upon ignorance of what the psychologist claims and does not claim and what he is able or unable to perform. Early in 1939 a fairly complete scheme was suggested for the selection of men to be called up for the militia in Britain prior to the outbreak of war. The scheme was put forward to the medical authorities of the army but was rejected completely and when eventually selection was begun systematically two years later it was brought in at the instigation of the administrative side and was not within the medical field. Similarly objections to selection, based on a complete failure to understand its part in social medicine, were advanced by those responsible for the civilian recruiting boards in Great Britain. Somehow or other we must learn from such experiences and from the wastage which occurred because of this action. The future will present us with many parallel situations and it is important that we should be armed with the necessary arguments to carry conviction and so allow for wiser planning.

Reverting for a moment to the concept of medical services becoming in fact health services in the future, there is growing evidence produced by war experience of the need for expansion of our ranks. Physiologists, entomologists, chemists and other scientists have for long enough been regarded as part of the team. From now on we shall need sociologists and welfare workers, and by this is implied something rather more than social work or the medical social services of hospitals. Welfare is essentially a medical weapon and must concern itself with all manner of social phenomena: the welfare aspect of medicine will lead us into the political and governmental field inevitably and it is right that we should go there. Sometimes one aspect of the subject will be to the fore and consequently one member of the team must be in the lead. Just as in selection procedures where group sorting is concerned, the psychiatrist tends to be the handmaid of the psychologist, while in more detailed selection where personality is concerned the position is reversed, so the internist or the surgeon

will clearly be in the lead in some aspects of our work, the sociologist in others. It may take time to achieve a proper synthesis of these various groups into the health services of the future but we at least know from experience in the services that this team method works and produces the results we seek. As psychiatrists we have a special responsibility to consider and take action about changes of this kind and if we take off the blinkers of our individualist civilian practice there will be few of us who do not see the necessity and welcome the opportunity of much fuller co-operation with other adequately trained nonmedical workers.

MAKING PSYCHIATRY WORK

It is not yet quite clear whether the actual treatment methods of the psychiatrist have developed very much in this war. Certainly in my experience the treatment of the psychoses has not produced anything new. This is not at all a large or important group of disorders in the army. The most that one can say about it is that in a community organized as the army is we have the chance of getting our patients under treatment a good deal earlier than often happens in civil life and that consequently the results of various forms of active therapy are somewhat better. A surprisingly good record of recoveries is reported from all armies as far as I know. In thinking of the treatment of the psychoneuroses we must of course divide them into two groups, the chronic and the acute. The chronic neuroses, of which there is a very large group, have to be treated, though in many cases they may be only returned to limited service or even be going out of the army. Methods of group therapy have been devised which are some slight advance on those utilized before the war. Occupational therapy has tended more and more to develop along paramilitary lines since we recognize that, for resocialization of a man, some occupation which sends him out of the hospital a more efficient soldier than he was when he came in is likely to be of greater value than the more standard occupations employed for long-term bed cases. The battle neuroses have

been treated effectively. There has been a tendency to move away from straight persuasion and hypnosis to the chemical methods of sedation, narco-analysis and modified insulin therapy, but the results as judged by returns to duty are little or no better than they were in the last war, although possibly the long-term results may be better. For this work we owe much to Sargant, Slater and other workers in the English Emergency Medical Service. Where most progress has been made is along lines of prophylaxis. Selection methods have improved and a far greater variety of special disposals have been developed which enable us to keep men relatively fit and to avoid breakdown in others.

In order to carry out such procedures not only have we had to indoctrinate and educate regimental officers, administrators and medical officers, but we have had to learn a good deal about administration. Medical men as a rule are bored with administration. They may resent it, they may be contemptuous of it, but in fact an interest in and a knowledge of administrative techniques are a very effective part of our armamentarium. To know what can be done with a man and then, still more important, how our advice is to be implemented is obviously of value. To be a recognized expert in how any particular object can be achieved is as good for our patients' morale as it is for our own reputations. If we take administrative procedures seriously and become expert in using them, we find that the people we cooperate with respect us, and not only can we do more for our patients but we can begin to give help in the shaping of policies which affect them and which affect the efficiency of the whole group. Our help is welcomed, whereas the well-meaning suggestions of the amateur are not often received with applause. The administrator is, of course, often a difficult man, someone who may possibly be running away from real life and real people. This may even occur if the administrator happens to be a psychiatrist—though that should never be so! To work together with the administrator, and to show oneself as knowledgeable and competent as he is, puts us in the strongest possible position to pull our weight in social psychiatry. In army psychiatry this is

proven, and again it is suggested that the parallel should hold between the services and civil life.

Possibly some of those who up to date have been primarily interested in individual clinical problems may find it hard to realize that satisfactory work in curative medicine can be done through administrative channels by social and vocational adjustment. Certainly those who have worked in child guidance will not be amongst this number, and in fact few of us should be because from our patients we all have acquired experience of better health resulting from changes of this sort, whether these changes were the result of diagnosis and prescription or merely a matter of chance. One of our tasks is to discover whether in fact this is for certain groups the method of choice in treatment or whether it is merely a second best. It is worth giving one or two examples of what has been tried in the army since they may make some contribution to the solution of this question.

Early in the war a large number of men with chronic neuroses, those who were constitutionally predisposed, were breaking down and had to be discharged from the service. Many of them were competent and able people who clearly had some contribution to make to the army in war if they could be kept stable and fit. One experiment was tried by which men of this type were drafted into labour companies whose entire job was agricultural. The farmers throughout England and the agricultural committees responsible for improving the output of the land were very short of labour so that agricultural work, for the most part unskilled, was not only welcomed but was a matter of some importance and was easily comprehended as a real contribution to the war effort. These agricultural companies were run on a basis of military discipline less strict than the normal. So far as possible men were allowed to make visits to their homes at week ends and excellent welfare was provided for them. The result was that where men had been reasonably well selected for this job they did good work, went sick very little and had good morale. For various reasons, chief amongst them being that the companies were very restricted in the nature of their work and that the army needed greater

fluidity, this experiment came to an end. It did not produce cures, as some optimists had hoped it might, but it did provide work and an environment that allowed the neurotic men to contribute without coming under greater stress. It is perhaps worth noting for our post-war problems that here is further evidence that the return to beautiful surroundings and to mother earth does not produce cure of war neurosis. It will be tried again and will be said to work, for it is a very popular piece of homeopathic magic. Nevertheless its therapeutic dividend is negligible.

An arrangement was then made for men—who, after treatment in special neurosis centres, were felt to be unfit to return to military duty except in some special occupation—to have that particular job found for them. Under this scheme each hospital concerned had the power of direct access to the posting department of the War Office that was responsible. Careful assessments were made of the men's capabilities and more or less specific suggestions were made as to the jobs they could best do. Often this was something in keeping with the man's prewar occupation or perhaps was related to his hobbies or spare-time skills. Such postings, whether to specified units or to individual extraregimental employment, could only be varied on the authority of the War Office and after further psychiatric examination. That experiment turned out well and the follow-up showed that 50 per cent of the very large number of men so treated have continued to give good service in their new work, neither going sick nor giving rise to any disciplinary troubles. In addition, they were happy. An individual follow-up and recheck of a large random sample of these men confirmed these findings, and brought up one or two other factors of importance. In the earlier months of the working of the scheme, it was thought that these men were more likely to remain stable if posted to the vicinity of their homes and in consequence this was arranged. That turned out not to have been in any way related to the success of the experiment, whereas it was quite clear that a chief factor in successful adjustment is that the man's work is within his competence and something of which he can feel proud: in other

words, we come here, as in many other places, on to one of the cardinal secrets of good morale. The other point that has been demonstrated is that those neurotic men who at the same time have poor intelligence, or as the army calls it a "low capacity to learn," do less well than the more intelligent group. The men who on intelligence testing fall into the bottom 30 per cent of the whole population group, do not repay allocation to specific employment in this way within the framework of the army though they can often be well used for manual labor. This experiment is not only of considerable importance in that it has helped to maintain the manpower of the army and to ensure that certain jobs are well done by men whose employability is limited, so releasing other fitter men, but also it should be of some value to us in planning for the treatment and disposal of the chronically neurotic men and women in civilian life.

This ability to make some approximate grouping of men and women in the services according to their intelligence has helped us to the solution of dozens of problems within the services. When the Auxiliary Territorial Service, that is, the women's service of the army, began to expand, some light was thrown on one of their tiresome problems in a particular locality, that of infestations of the hair. The correlation of nits in the hair with low intelligence is significant and whilst common sense tells us that the woman of low intelligence will take less care of herself than her brighter sister, some statistical proof is needed before administrative action can be taken to put a limit on the intelligence groups which may be accepted for service in wartime.

TABLE I

Infestation with Head Lice among Women Army Recruits

Intelligence Groups *							
	1	2	3+	3−	4	5	Total
Total recruits	23	171	268	348	502	264	1,576
Infested recruits	0	12	49	79	182	120	442
Percentage infested	0	7%	18%	23%	36%	45%	28%

* In this study, which was made before the introduction of routine selection procedure in the army, the percentile limits of the groups differed from those now set for the army selection groups.

Similarly the problem of scabies has been related to intelligence. Lieutenant Colonel G. R. Hargreaves collected details of the intelligence levels and incidence of scabies in thirty thousand consecutive army recruits. In Table 2 which follows, the intelligence levels are shown by selection groups (SG). SG 1 = the top 10 per cent; SG 2 = the next 20 per cent, etc.; whilst SG 5 = the lowest 10 per cent. Here again we have some statistical demonstration of the disease problems which are associated with poor intelligence.

TABLE 2

Scabies and Intelligence Level

	Scabietic Recruits	Strength of Intakes By SG's	Percentage
SG 1	21	3,945	0.53
SG 2	65	6,983	0.93
SG 3+	109	9,389	1.16
SG 3–	89	8,346	1.07
SG 4	123	6,565	1.87
SG 5	46	2,102	2.19
Total	453	37,330	1.214

INADEQUATE MEN

It would be ideal if every man taken into the army to fight or to service those who fill the front line could be entirely fit and have an I.Q. well over 100. Where manpower is easier to come by, as in the United States, the standards for acceptance have been very much higher than we have been able to make them in a country like Britain at a time when the demands from the other fighting services, the civil defence services and industry, have been so insistent. We have had to use our dull men and, in fact, we have been able after much tribulation to do so very effectively. The ascertainment of the defective and the dullard in civil life is by no means perfect, and the group intelligence testing carried out by our Directorate for the Selection of Personnel in the British army has consequently been of the utmost value in bringing these men up for psychiatric examination at the

beginning of their service careers. Where dull men had been incorporated into units either prewar in the regular army or in the early days of the war, they often turned out, of course, to be problems. A static unit when in training can carry quite a number of dullards by increasing the number of its "stooge" jobs. Only when it has to prepare for active service are these men extruded, either by off-loading them on to other units or by some other means equally undesirable and wasteful.

There has been a popular tradition in the past that the dull man made a good soldier, and where he could have lengthy, careful training in a peacetime army this certainly was often so. The stresses of war and its increased tempo make this next to impossible. Whilst the armoured corps must have the bulk of its men over the median in intelligence, the modern infantry also demands men of high intelligence, for they have so many weapons to learn and so many skills to master that an impossible task is presented to the dull man. The dullard amongst men of higher intelligence begins quickly to feel himself inferior and from this he develops anxiety; he may break down or he may malinger, and it is of interest to note that while malingering is extremely uncommon in this war most of what there has been has occurred in dull men, looking for a way out of what is to them an intolerable situation, through conscious exaggeration of some minor disability. Because he doesn't comprehend at all easily the dullard disobeys or ignores regulations and becomes a disciplinary problem to his unit. A high proportion of absence without leave, which is the commonest army crime, occurs in dull men. The dullard becomes therefore in modern war a consumer of manpower rather than a contributor. The bill for instructors' time, orderly room time, courts-martial, record offices, hospitals, etc., which is run up by dull men wrongly placed in the service, though it has never been specifically computed so far as I know, is certainly very great. In civil life we do at least know that the bulk of chronic sickness and of recidivism comes from a very small section of the population. This is the constitutionally inferior group, the psychopathic tenth of the community,

and again its cost to the country is something which needs to be demonstrated. In the last war, as a result of the selection procedures of the United States army, you showed us that your worst soldiers were potentially your best diggers. Learning from your experience we advanced this argument, not only quoting your phrase but copying your histograms, in the attempt to get prewar selection started.

Later, when we were faced with considerable numbers of these backward men, we made many attempts to get them utilized in suitable occupations, and finally reached a very successful result. We have now established sections of our Pioneer Corps which are unarmed. They are limited to men whose capacity to learn is so low that although they are reasonably stable emotionally, or likely to become so on transfer to labour duties, they are not safe to be armed. Certainly they could not profitably be armed or trained for fighting. The less dull, who can bear arms for purposes of self-defence, find their best niche in the ordinary armed Pioneer companies. Every man in these unarmed sections has been investigated psychiatrically, for all those who fall into the lower selection group on the intelligence tests are automatically referred to a psychiatrist for advice as to disposal. Some clearly are unable to be retained in the service at all, but an increasing number are valuably drafted to the Pioneer Corps, and the standard of understanding care given to them by the NCO's and officers has steadily risen.

Because this problem of the dullard—the one-job man—has been insufficiently recognized even by psychiatrists in civil life, these men have tended to form a social problem group. During the war in Britain, hostels for civilian men of this type doing agricultural work have been started and their success has apparently been very comparable to the good results of the unarmed Pioneers. These results are, in fact, striking. Living and working together in a community, these men easily find friends of their own intellectual level. In peacetime, because they are dull, they are lonely and relatively friendless. Too often the tendency for them is from sheer loneliness to find the companionship of some woman, a dull woman, and by her they may

have a large family of defective children. It seems at least probable that the defective is more properly to be regarded as a lonely person wanting affection than someone with a strong sexuality. Indeed the work of Wittkower on proneness to venereal disease has shown clearly that in the man of average intelligence this is also true. It is presumably, too, a fact to be borne in mind with coloured men. Largely because these men make friends in the special units, they have very few sexual difficulties and they have very little army crime. In fact, the health records and the crime records compare very favourably with those of the best units of the field force. Their work is excellent because they are intensely proud of the contribution they are able to make to the war. Once again, their job—road making, hut erection, humping shells, or whatever it may be—is well within their competence. So often one hears the man who has been sent up by his unit as a problem say, "I'm no scholar, sir. Can't I have a pick and shovel?" The army is concerned with groups, but it also rubs into most of us the need of still greater respect for the individual, be he a university don or a dull manual labourer. Experiments such as this one that I have been describing open up the whole question of whether our provision for this handicapped section of the community should not be made much more comprehensive. There are few aspects of social medicine more important than this. Aldous Huxley in his book *Brave New World* was planning to produce a section of subnormal men who would do the dull jobs of the community: we don't really need to produce them for there are too many already. If we can employ them, and if we care for their morale, i.e. their mental health, there will be fewer of them and as a group they will be contributors to the life of the community and not consumers or problem makers.

PRIORITIES IN OUR WORK

Having given two or three instances of therapeutic techniques which depend upon administrative action it may be of some interest to emphasize the types of problem that are met in a society such as the army, nearly all of which demand understanding, handling and

Table 3 which follows gives some hint of the various disposal problems which arise.

TABLE 3

Disposal of Psychiatric Cases from Army *

Recommendation	Neurosis and Psychopathic Personality	Mental Dullness or Defect	Psychosis	Other Diagnosis	Total	Per Cent
Returned to unit, no action	15,995	13,964	162	13,252	43,373	*19.24*
For observation in unit or OP treatment	17,039	1,534	126	2,702	21,401	*9.48*
To EMS (civilian neurosis centre)	19,331	105	228	362	20,026	*8.87*
To military neurosis centre	9,244	31	81	107	9,463	*4.19*
To military mental hospital	3,147	144	5,872	216	9,379	*4.15*
To other hospitals	1,692	59	214	866	2,831	*1.25*
Reduction in medical category	15,583	320	56	359	16,318	*7.23*
Transfer to labouring and manual work, armed and unarmed (5 classes of disposal)	1,950	26,757	406	419	29,532	*13.09*
Other methods of disposal; change of employment, etc. with or without reduction of category	20,056	11,885	335	6,616	38,892	*17.23*
Discharge	26,275	6,742	445	1,000	34,462	*15.27*
Total	130,312	61,451	7,925	25,899	225,677	
Per Cent	(*57.75*)	(*27.26*)	(*3.51*)	(*11.48*)		*100.0*

* Table showing the figures of a series of outpatient consultations on patients referred by medical officers to area psychiatrists. These figures do not cover patients seen from army intakes, selection testing, army selection (misfit) centres, officer selection boards or psychiatric hospitals.

These figures relate merely to outpatient consultation work of area psychiatrists in the British army at home. Perhaps they are in consequence as near as the army can get to comparable figures for civilian life. They indicate the psychiatric problems arising in the ordinary recruit or serving soldier and omit any figures which might be given from special selection centres for misfits or returned invalids from overseas. There are certain points that illustrate the difficulties which face the psychiatrist and also the amount he needs to know. For example many men are returned to their units: it is clearly necessary to assess whether one particular man from any one of the many specialized units is in fact fit for the actual work he will be asked to undertake, and this decision has to be made quite apart from the prognostic aspect of the question as to whether he is going to improve or deteriorate as a result of living and working in a particular environment. The question of the correct medical category is vitally important in the army since it determines the type of unit to which a man will be posted, the duties on which he will be employed and where he will serve—whether in battle, on the lines of communication or at the base, whether overseas or at home. The problem of the psychiatric disorders is considerable in this matter and it is partly for this reason that the British army is beginning to adopt, even at this stage of the war, the PULHEMS System devised in the Canadian army, by which a profile assessment is made of each man—Physique: Upper-limb function, Lower-limb function; Hearing; Eyesight; Mental capacity (i.e. intelligence); and Stability. Under each letter a number is given to him, from 1 to 5, indicating his grading, so that the man in every way perfect would be 1, 1, 1, 1, 1, 1, 1, whereas the man who, let us say, is perfect in every way except that he had suffered from some stress anxieties might be 1, 1, 1, 1, 1, 1, 3. The employability of the man who has certain limitations is much more satisfactorily decided by such a profile than by any of the older and simpler methods of categorization which have been in use.

The psychiatrist sees not only those who score low in an intelligence test, but any other men or women from the army intake

whom the personnel selection officers think may possibly be unstable or in some way unusual from a psychological point of view. This is of the greatest importance in Great Britain because there are no routine psychiatric examinations on the National Service Recruiting Boards which pass men medically for the services. These are civilian boards run by the Ministry of Labour. In an average intake to the army, the psychiatrists may be asked to see perhaps from 14 to 15 per cent of the whole intake and to advise about disposal or posting and occasionally, of course, hospitalization.

It will be noted from the table of outpatient figures how small a part of the problem is constituted by the psychoses. That a considerable number of these men are dealt with not by discharge but by reduction of category, change of arm, etc. is explained by the number of reactive depressions which clear up. These have to be coded as psychoses. To some extent, of course, the group of men going into the army is selected, but even in civilian life the psychoses are but a small fraction of the problems that face us in psychiatry. It is a good thing that groups of figures like these should keep us reminded of the fact that the bulk of our work lies, or should lie, outside institutions. Psychiatry has in the past had so many vested interests in its enormous mental hospitals, and the patients have in these hospitals, in fact, constituted so large an institutional problem that it has been all too easy to overlook the fact that this costly group of humanity was but a tiny sample of the mentally sick and that our undergraduate and postgraduate training must be oriented more and more towards the wider problem.

I suppose that all the world over, as in Great Britain, the word "priority" comes to the fore in wartime. All sorts of lists of priorities are prepared, and this approach has to be made to problems of production and supply and many other aspects of war organization. It might be worth while if we made rather more use of the idea of priorities for our peacetime work, for it has some value. It is clear, even from the figures in Table 3, that in an army the psychotics are of low priority in importance. There are few of them, and in any case practically none of them are ever likely to get back into the line to

fight, however valuable they may be in civilian life. Similarly, treatment of the emotional disorders has a fairly low priority for just the same reasons although treatment of acute battle neurosis behind the lines is a matter of high priority since manpower is saved through such therapeutic provision. We have tended to give highest psychiatric priority to selection of all kinds, in other words the provision of the right material and the attempt to ensure that it is used in the right way. Our second priority has been prophylaxis, whether that consisted of better training methods or better officer-man relationship and "man management" as the British army likes to call it. The study of morale and its maintenance in various ways has been third on the list. In the present stage of the war, treatment which was low in the list has come further up in our judgment and has much higher priority since we are being faced by much more acute breakdown and also by the prospect of the return of men from overseas with varying degrees of mental unfitness which need treatment of some type.

If we are planning for better health facilities for everyone and for an A1 population, should we not be thinking for civil life in terms of the importance and value to the group of some of our patients? A very disproportionate amount of time and effort is often expended upon people whose clinical condition may be interesting but who are of little value to the community, and insufficient effort is made to deal with the larger groups of people with less bizarre psychological disorders who are potentially highly important from a social point of view.

As we look rather sketchily at some of the ways in which psychiatry has occupied itself in the army, it is clear that our values are changing and are bound to go on changing and growing still more in the future. The points that have been touched on and those that are mentioned in the succeeding chapters are only part of the work of psychiatry. In the field of morale we are inevitably led to consider not only the influence of the film but the actual technical details in the planning of films because these, whether they be for training purposes or for entertainment value, have a profound effect upon those who

see them. So much depends upon the presentation of a particular subject. Radio presents an equally big study of which all too little has been made so far, though in the war considerable progress has been made towards helping with the wider problems of morale and welfare through the medium of broadcast programmes. Sociological techniques have been used considerably. These are not new, but perhaps more use has been made of them for purposes of planning than often happened before the war, save perhaps by certain commercial firms. Opinion surveys, social surveys and, indeed, social work as a whole have certainly made some advance.

In considering the impact of war and its effect on psychiatry, it is worth while to remember how challenging to psychiatrists has been the fact that they are working in countries other than their own. I know little of the American work or of developments in Asia and Australasia, but British army psychiatrists have been breaking new ground in every part of Africa, in India and elsewhere. Here in most cases they have been dealing with native races and to some extent affecting the local conditions of civil practice and often, of course, it has not been so much that new advances have come about but that knowledge and procedures familiar to us have been introduced where none existed before. Modern treatment has been introduced, and much educational work is being done, as for example in India where many postgraduate training courses have been arranged, new hospitals have been erected that will serve after the war for the civil population, the standard of nursing has been raised and personnel trained where before there were none. Selection techniques have been introduced, and there are many entertaining and interesting stories of the special tests which have had to be devised for the selection of men in African tribes for training as tradesmen, and of the tests that have been developed for the multifold races of India. Officer selection procedures have been breaking down the old ideas of nepotism and influence in selecting likely material from the peoples of India, and these are foundation stones upon which psychiatry can build something of almost incalculable social value in the future.

We are talking a great deal about social medicine in these days. Psychiatry is largely social medicine and it is certainly true that social medicine is mainly psychiatry, and all its experiments and developments must be coloured by a psychiatric approach. Just at the moment we have a greater need for good medical sociologists than for good clinicians, though we assuredly need both. The good clinician will have his maximum contribution to make to social medicine in a few years when he has grown into a more sociological approach to his task.

The challenges of war bring us out of "our tents," our hospitals, laboratories and consulting rooms. Probably few of us ever accepted the overoptimistic statements of some of the politicians that we were members of nations whose health and constitution were A1. We certainly none of us suffer from that delusion now. We have seen so much of inadequate and unfit men and women that we are almost staggered at the prospect of the jobs that lie ahead of us, though in fact this outlook should be more stimulating than frightening. While it is true that war provides us with problems, peace will provide us with far more. As psychiatrists who have seen the extending frontiers we can say with all humility that we can use our discipline, shape our science and our art to make some greater contributions to the future.

CHAPTER TWO

OPPORTUNITIES EMERGE

IT MUST already be clear that because they create so many vivid and difficult situations wars provide opportunity for psychiatrists more than for other physicians. The actual challenges of war are not new or different in their quality from the stresses of civilian life but they occur with greater intensity and at an increased tempo so that they appear to be quite different. We certainly find that we have uses for all our normal civilian skills and, what matters more, that we are forced to the development of new techniques. This happened in the 1914–18 war and we have rediscovered it in all armies in this war. It certainly is important that we should maintain our interest and our zest for the postwar period. What will technically be called "peace" is not, in fact, likely to be very peaceful if by that one means that the tendency towards war will of itself disappear. The demands upon all scientific men will be great, and psychiatry will have its full measure of problems demanding solution. We shall need a more and not a less aggressive and enterprising spirit in attacking the problems of peace.

The army and the other fighting services form rather unique experimental groups since they are complete communities, and it is possible to arrange experiments in a way that would be very difficult in civilian life. Consequently sociological and psychological aspects of the group can often be better studied within a service than anywhere else. It is unfortunate that to date, whilst many papers mostly on clinical aspects of war psychiatry have been published by civilian physicians, few of those who are working within the services on the development of new procedures have had time to write any full and exact accounts of their work. There will be a harvest to be reaped at the end of hostilities and we must make sure that good use is made of it.

MANPOWER

The basic need of an army is manpower, and in this war that word must also, for the first time, be taken to include woman power. No amount of equipment can make possible the winning of a war without the men to use it, and for its effective use they must be the right men. Before this war the strategists had often debated the question as to what size an army should be: was it important to have vast numbers with less skill, or should an army be smaller but of a very high quality in intelligence and professional training? Probably the Germans from their point of view showed a good deal of shrewdness when, faced by heavy restrictions on the size of their armed forces, they decided to utilize selection techniques to ensure that every single man in that force was of high quality, and consequently got the sort of personnel who later could be used as a framework on which to base the subterranean and illegal expansion of their forces. The allocation of manpower in a country at war is, of course, a question for high-level decisions and the policy in this war has been shaped and reshaped according to the pressing needs of the moment.

In a country like Britain with a limited population and very heavy calls upon manpower for industry as well as three fighting services and a large civilian defence service it was obvious that the point would be reached before long where the quality of the men and women who were available must be taken into account in shaping higher policy. Armoured regiments cannot be manned by men of inferior physique or inadequate mentality, and elaborate radio-location plants are not usefully operated save by intelligent men or women. These issues which have emerged during the war have been sufficiently clear to ensure that should there have to be similar planning in the future they are likely to be heeded and studied from the beginning. It is equally certain that in the reorganization and development of industry these concepts will be more fully appreciated for the future. Whilst it is clear that all men are equal in their possession of emotional needs, however much these may vary indi-

vidually, we are indeed forced to accept the fact that they are not identical in their capacity to learn and to acquire skills.

A mere census of heads does not give us a measure of our potentialities, and we can go further and recognize that to maintain efficient output we must have a large proportion of our people doing the particular job that is within their competence. We have, in fact, very many of us come to accept the fact that the principles of vocational selection and guidance are essential in the interests of both the individual and the community, though we shall still have a great deal of patient work to put in before employers, politicians and others are convinced of this.

The army has always recognized that it must have fit men. In the United States I believe your policy has always been that a man must be fit for anything or he is not fit to be in the army. In the British army, much as we should have liked to take that point of view we have never been able to, owing to our manpower position, and the principle of limited service has always been accepted. The standards of physical fitness have been adequately laid down and maintained, but as the last war showed and this war has emphasized, owing to a failure in our medical training there has been insufficient understanding of what constitutes mental fitness for army life and for war. If men are badly selected then their training must suffer and without good training the value of your army is small. The dull man cannot be trained rapidly nor can he, in many cases, learn the many skills that modern warfare demands of him. The man with long-standing neurotic difficulties may perhaps get through his training satisfactorily, but when it comes to the real stuff of war, the fighting, he will fall by the wayside if he has not done so earlier. We have therefore had to emphasize far more than is ever necessary in civil life the intelligence and stability which armed service demands. Without such selection it would be impossible to maintain the health or the morale of a modern army at high level.

There is a very valuable document familiar to many readers since it has been much quoted, the *Report by the British War Office Com-*

mittee of Enquiry into Shell Shock which was published in 1922. This was the result of a lengthy and very comprehensive enquiry into every aspect of the neurosis situation which had arisen in the last war and makes surprisingly interesting and relevant reading even today. Three paragraphs may be quoted here:

It is clear to us that during 1916 and 1917 the question of the "condition of the nervous system" of the recruit did not receive adequate consideration either in the instructions to recruiting medical officers by the military authorities or in the minds of the officers actually engaged in the medical examination of recruits, though recruits with gross nervous defects, e.g. having been certified insane, or with epilepsy, were rejected when these defects were ascertained. Generally, the evidence we have heard has convinced us that enough attention is not yet paid to the mental and psychological aspects of military service (page 166).

During the first three years of the war, however, it is evident to us that the importance and complexities of this particular aspect of the recruiting problem were not grasped, nor did the procedure in force at successive stages of these years result in any real discrimination between those recruits who were, and those who were not, of normal nervous stability. As a result a great number of men who were ill-suited to stand the strain of military service, whether by temperament or their past or present condition of mental and nervous health, were admitted into the army; there is no doubt that such men contributed a very high proportion of the cases of hysteria and traumatic neurosis commonly called "shell shock."

It seems probable to us that, had a more prolonged period of graduated training been possible, a certain percentage (probably not large) of such men could have been developed into efficient soldiers, certainly for the noncombatant arms, but it is extremely doubtful how far the necessary time and attention, which would have been required for this purpose, would have been worth while. Further, experience shows that once a man is accepted for service, it is in practice impossible to ensure that he will not be employed in the firing line; in periods of emergency, military exigencies override every other consideration. We are of the opinion that the army would have been better off without them (page 169).

The committee also said, on page 135, "all cases of mental dulness or deficiency should be sent home for invaliding." To some extent this situation of the last war has been repeated since 1939 though it has not been so marked. Too many dull men found their way round the Cape of Good Hope to the Middle East or to India and then had to be returned as invalids. A colonel of the Red army medical service when asked recently what happened to dullards in his army said, with the greatest confidence: "There is no place for any dull men in the modern army; we keep them out or if they get in, we send them back to industry at once."

It was recorded in the last chapter that, for reasons which are not clear, the medical services of the army did not implement a scheme which was suggested to them in the early part of 1939 for the development of a selection procedure. This scheme was to come into operation straightaway in the militia, which was then being called up, with the idea that a satisfactory and improved imitation of the United States army work of the last war would be developed and be ready to put into operation by the time general recruitment, then almost inevitable, began. In September, 1939, as an addition to the scattered half dozen regular officers with specialist experience, the only psychiatrists recruited for the British army were two consultants, one with the British Expeditionary Force in France, and one in Great Britain, so that the amount of psychiatric work or prophylactic activity that could be undertaken was strictly limited. As soon as extra psychiatrists were brought into the army early in 1940, they were inevitably faced with large numbers of unsuitable and inadequate men and had to begin combing them out. Many had to be discharged as unfit for service, some could be better placed or more usefully employed in their own or other arms of the service. A variety of intelligence tests was brought into use by the different psychiatrists, each using those procedures with which he was most familiar, and at first the standard of clinical judgment necessarily varied somewhat as among different men faced by the new problem of measuring men for the army. It was perhaps fortunate that there was this flood

of inadequate and dull men because it forced us to do something about selection, and all the early selection procedures had to be operated by psychiatrists since there was no one else to do it.

The Penrose-Raven Progressive Matrices test had just been published before the war. It was worked out as a test for defective children though it had been used on adult groups as well. Through the work of Hargreaves at the Royal Army Medical Corps Depot in Leeds the matrix test was brought into use as a group test and was standardized for the ordinary population group and has been, and still is, one of the main instruments for intelligence testing in the British army. It is a particularly useful test because it is nonverbal. It is so designed that it does demonstrate a man's ability to learn by experience and to argue by analogy. It is easy to give as a group test and easy to score. This was, in fact, pioneering work and I am reminded that so new and strange was this work to the army that all the original copies of the matrix test were paid for out of the psychiatrist's own pocket! From this at a very early stage a great deal of useful information was obtained. Experiments of squadding recruits in training by intelligence were very successful and although the method has never been universally adopted in the British army, the Canadian army, through its Brantford experiment, has demonstrated the value of this grading for training so that it is now adopted at all their training depots.

This method of three-speed training where the above average, the average and the below average are grouped separately is eminently common sense. The three groups need varying times in which to reach the same point of competence and while this adds slightly to the administrative work of posting men on to their next stage of training it ensures better training, it saves the tempers of instructors and it adds to the good morale of the actual groups of trainees who are working with men rather like themselves. So many dull men break down during training because of their feelings of inferiority and anxiety engendered by their slowness compared to their fellows that it seems obvious that this principle in training is susceptible of

much wider application within the armed forces and also in training for industry. There is, of course, nothing new in it, for schools have for many years adopted this principle, but in the training of adults it seems to have been overlooked.

The early experiments in group testing having proved successful it became possible to apply them to complete formations of men, and many such procedures were undertaken by psychiatrists in the early days of the war. Out of this work arose many problems of the disposal of those who were found to be below standard and the development began of suitable instructions for the handling and disposal of the various types of men with psychiatric conditions in the army. None of them had been clearly formulated before that time.

It is interesting to record that somewhat later a parallel experiment was tried, not under medical auspices, of civilian psychologists working in group intelligence testing. This experiment made it quite clear that selection on any adequate scale could not be effective in the army unless it was run by personnel already in the army, knowing and understanding the needs of the situation. Therefore, as the situation developed, since the medical services were still unwilling to concede that this was a part of their function, a Directorate for the Selection of Personnel was set up under the adjutant general, where it still is. The Royal Navy got its selection service going a few weeks ahead of that in the army and has progressed along very similar lines. The RAF was somewhat later in starting selection procedure for its ground staff. The selection of air crews, a different and much more elaborate procedure, had, of course, been operating since the beginning of the war.

This is not the place to present details of the battery of tests which are in use for selection purposes in the army. That is the responsibility of the psychologists, and there is, in any case, a very considerable resemblance between the tests used for intelligence and ability in all the different armies. There are, however, one or two points of interest to record. For selection to be effective it is essential to know the nature

and requirements of the particular job and the number of men required for each special operation within any particular unit. Consequently, one of the first jobs undertaken by the Directorate for the Selection of Personnel was a job analysis for every unit of the army. This provided a basis for the posting of men to any particular unit. It is clear, for example, that while most units can employ a certain number of men whose intelligence comes below the tenth percentile, it is risky to post men below the fiftieth percentile to most specialist duties. Ideally, at any rate, officers and a majority of the NCO's should come above the seventieth percentile.

It is clear that posting on the basis of intelligence and job analysis must immediately do something to add to efficiency. Allowing for the fact that group tests are not infallible and that the individual cases will need to be specially dealt with, it is demonstrated that a sieve such as is provided by a battery of tests does do something towards placing square pegs in square holes. Selection in the army cannot provide for every man the job he would like, nor can it put him into his own job which may not even exist within the army's structure. The main purpose of the army is fighting, and that is not a civilian trade. An important fact from the army's point of view is that the 10 to 20 per cent of potential problem men, the dull and the unstable, are referred at the intake selection procedure to the psychiatrist so that their placing is much more individually tackled and better use is made of them. Selection in the British army, which began on this organized basis, was applied to units that were forming or re-forming for special jobs and is now applied to the whole recruit intake coming into a general service corps for basic training. After being equipped and having their preliminary training they are posted, on the findings of the selection procedure, to the particular corps or arm of the service to which they are best suited. The follow-up and validation of these techniques have gone on steadily. Innumerable variations of the procedure have been devised for special tasks and for special groups of men and women, and in London, as in

Washington and Ottawa, an enormous amount of material resulting from these scientific tests and control experiments has been accumulated for the future.

To this brief sketch of the introduction of selection methods in the army there are a few points that can be added. In the absence of fully trained psychologists with experience in psychometric methods, the British army has made use of regimental officers and noncommissioned officers who have, in addition to their knowledge of the army, some scientific training and occasionally some specific psychological training. As personnel selection officers and sergeant testers they have done a first-class job and one hopes that after the war, with some further specialized training, many of them will continue in this branch of work which interests us as psychiatrists so intimately. The morale value of selection has been very marked. The old grumble that men were badly utilized in the army and misplaced has almost disappeared even though the recruit cannot always get into the type of unit or sort of work he wishes. He does feel an effort has been made; people treat him as an individual and not as a cipher and he appreciates that and reacts to it just as the working people in the Western Electric Hawthorne factory reacted to the personnel management procedures there employed. It is, of course, not only the fact that some objective basis for a man's employment is sought through the use of the battery of tests. The effect of the personnel selection officer's interview is even greater. These regimental officers, after special training, become very adept at interviewing. The survey of a man's past history, his education, sports, work, hobbies, etc., provides the basis for allocation to appropriate training and this gives the recruit his confidence. The personnel selection officer's interviews further provide a screen for the neurotic, unstable or difficult men, who would not be spotted by intelligence tests but who should be referred for psychiatric survey.

One of the most difficult problems of the psychologists has been to produce an adequate validation of their work. It has been easy to prove that training has benefited by having men better selected; it

has, for instance, been clear that tradesmen were chosen better by these methods than by any others. But the final proof, that of battle worthiness, is a much harder thing to demonstrate. There have been a few instances of formations in which selection has been very thoroughly carried out: men had been removed when they were found to be inefficient, and those who were doubtful on grounds of stability or intelligence had been referred to the psychiatrists and disposed of. These formations have put up unusually good performances in battle; the incidence of battle neurosis has been low and the general quality and morale of the units have been notably high.

Unfortunately, as related above, the beginning of selection was delayed in this war and many horses were out of the stable before the door was shut. It is sad but true that no force has yet gone overseas from Great Britain every man of which has gone through selection procedures, and so one of the most important means of demonstrating the value of selection has been missing.

In another way we have missed our opportunity, though not through lack of effort. The three services in Great Britain, Royal Navy, Army and Royal Air Force, are separate in their recruitment and in their internal selection procedures. In consequence some wastage and misplacement of men are inevitable since certain men with particular qualities who cannot easily be employed in one service might be more efficiently employed in one of the other services. With that efficiency for which America is so noted, you have, in the United States and Canada, avoided this by having a large degree of unified selection at your induction and reception centres. Perhaps the Canadian reception centres stand out as the most interesting foretaste of what might be done in civil life. Here the medical investigations are all done on the conveyor-belt system, as in the United States, with the psychiatrist included in the team and the personnel selection officers (army examiners) at the end of the line. Since each of these reception depots serves a military district of Canada and all preliminary posting is done within that district the numbers involved are not so great, and all posting is more individual and, in fact, is

done by hand rather than by mechanical sorting methods. Consequently, there is a better chance for the man's successful posting after adequate consultation among all the specialists concerned. Furthermore, should he break down during training or prove unsuitable he comes back to the same team of medical men and army examiners, who thus see their own mistakes. If selection is to be introduced on any wide scale in civilian life this is perhaps the model for it since it could be so well carried out in a circumscribed but not too small industrial area. Many civil trades and types of occupation will be represented and the available workers could with more certainty be placed in the particular work that suited them. It would indeed lead to chaos if selection methods were only carried out by the larger and wealthier firms who would thus skim off the cream of the workers thereby tending to put intelligent men and women into their unskilled jobs and to leave other quite unsuitable personnel to undertake skilled work in smaller concerns. Only an area distribution with an adequate and well-controlled selection service utilizing the results of proper job analyses can avoid this.

Selection has been demonstrated clearly to be an essential part of social medicine, one of the most important available prophylactic measures against industrial or occupational stress, and it is important to emphasize this aspect. There still is a feeling abroad that any method of selection is a mechanism by which the wicked capitalist aims to get more work out of the worker, and that argument dies hard. The important thing adequately demonstrated in the service is that selection gives to the individual a job that "fits," greater happiness and better health.

SELECTION OF OFFICERS

The methods of group testing coupled with interviews used for the posting of men within the army have many modifications designed for the better selection of specialist groups, such as those who have to operate particularly complicated instruments, those who

need particular mechanical ability and so forth. Except for the 10 to 20 per cent of men who are referred for various reasons for psychiatric examination little emphasis is placed in these procedures on the finer shades of character and personality. When the selection of men to be trained as officers is considered it is clear, however, that these are the sort of points that matter very much and an interesting development has occurred in the British army in the methods of officer selection.

It is certain that any army must have good officers: if it has not got them it can never function as it should. The capacity for leadership, the ability, character and insight of the officer are of paramount importance for the happiness and welfare as well as for the efficiency of the men he commands. Far too many men have broken down because of having indifferent officers. Too many units have failed in their task at some vital moment because they were inadequately led and insufficiently knit together as a team. In peacetime the army chose its officers with some care; those who selected them knew the types of young men coming up through certain schools; they knew and understood their background and were reasonably well able to assess their quality. A long and careful training and adequate supervision produced a very fine type of officer who grew into his job and deserved all the praise he got for the handling of his team. There were, of course, exceptions to this rule. In the last war when the need for officers became marked there were plenty of men who could be judged on the experience of their qualities in actual battle, and men were sent for training as officers because they had actively proved themselves in their positions as noncommissioned officers and were known to possess the necessary qualities. The Royal Navy still has the opportunity of seeing its young men at sea on active service for a time before it considers them as candidates for commissions. The British army had not got adequate opportunity for this kind of experience in the early days of the war. There were, in 1941, considerable heart searchings about the high rejection rate from officer cadet training units, and, because unsuitable men were being sent

up and then having to be rejected, there was a serious wastage in training time and the morale of these OCTU's was obviously affected by the large proportion of failures. What matters more perhaps is that a good NCO who had in fact reached his ceiling, but was sent up to OCTU, failed there and went back to his unit a disgruntled man who would no longer be a good NCO. Candidates were recommended by their commanding officers but were selected at the board by a single interview which has with ribaldry been called the "magic eye technique"! Since the supply of young men from the universities and public schools was drying up, the interviewing officers sometimes found themselves rather at sea since for purposes of rapid assessment they understood too little the background and outlook of many of the candidates whose civil life experience had been so completely different from anything of which they had previous knowledge. A candidate who could "sell" himself well might get past, though unsuitable; the diffident candidate, though potentially admirable, might be failed.

At this stage of the war army psychiatrists had accumulated considerable knowledge of the army and its personnel problems. Amongst other things they were constantly brought up against the fact that psychiatric factors were often responsible for producing inefficiency in officers; the psychiatric breakdown rate among officers was high. A considerable number of officers had been brought back from the reserve but were really unfit. Some of them had even been in receipt of disability pensions for neurosis since the last war. Many had clearly been inefficient on psychiatric grounds for quite a long time before they were sent for a psychiatric interview. Equally, quite a number of men newly commissioned from the ranks had a history of psychopathy which should have excluded them. It was evident that a neurotic breakdown had often occurred because the man was unable to carry the extra responsibility that came with his increase in rank, while his shortcomings in ability and personality might still have been compatible with efficient service in the ranks. It is interesting to note that the effect of increased responsibility has al-

ways been recognized in the army, and many years ago peptic ulcer was commonly spoken of as "sergeants' disease."

It is clear, therefore, that the mental health of the potential officer should have as much attention given to it as his physical health, although this has never been attempted heretofore. Experiments were carried out in which all candidates were examined in great detail by medical specialists to see if the standard physical examinations, through which the men had passed before they were sent up as candidates, were adequate. It seemed that they were and that the main emphasis was, therefore, to be put on the psychiatric aspect of the problem. With the encouragement of the adjutant general various experiments were started to discover possible techniques for the rapid selection of large numbers of candidates. Two psychiatrists, Wittkower [1] and Rodger, did most of this preliminary work making careful studies first of a group of about fifty officers attending a company commander's school. This was a useful group because reputational gradings were available on all of these officers, who had been commissioned and had held responsible jobs for some time, while furthermore the commanding officer and those in charge of the training groups in the school knew their men very intimately and provided the best possible means for comparison and checking with the experimental findings.

In this first experiment an assessment of officer quality was made on the basis of a group intelligence test, a short questionnaire completed by the officer and a psychiatric interview which lasted on the average for about an hour. Some effort was made to reproduce and try out what was known of the German army methods of officer selection. To reveal temperamental and personality factors, laboratory tests were provided. One stress test was by the use of a "chest expander" in which an increasing electric current came through as the candidate made his maximum pull on the strong springs.

The results of these experiments were very encouraging since there was agreement in 80 per cent of the cases between the psychiatric

[1] Not at that time in the army; working on a Halley Stewart research grant.

opinions and those of the staff of the school. A second group of officers who were studied in the same way gave even better results, owing probably to the mutual education of the commanding officer and the psychiatrists in the significance of the personality features relevant to officer quality. The agreement between the two reports rose to 90 per cent. This experiment was instructive with regard to the number of psychiatric symptoms displayed by this supposedly normal sample. In some cases where a clearly defined neurosis existed the psychiatrist could predict the outcome with a high degree of certainty; in other cases where minor phobic disturbances and personality deviations were found they turned out to be of less value as prognostic indices. In these latter cases it seemed that an estimate of officer quality could be reached by weighing the psychiatric evidence along with the observations made by others. The results obtained from the laboratory tests were always rather doubtful; it was difficult to know just what was being tested. They might reveal in certain cases the presence of anxiety but they gave no indication of the psychological status of this anxiety, whether it was from a deep-seated disturbance or from something very superficial. They were eventually, therefore, completely given up.

These original experiments, the data of which will some day be published, were so successful that it was decided by the authorities to set up the first experimental War Office selection board, from which grew the present scheme of boards in every part of the country and in the overseas forces, through which all candidates pass. The staff of each board consists of an experienced regular officer as president, a deputy president, three military testing officers who are line officers of some experience, one or two psychiatrists and a psychologist, and in most cases sergeant testers who act as psychological assistants. Here therefore was a team collected for the first time to carry out an assessment of the whole man and his suitability for particular responsibilities within the army.

It was interesting that at the beginning of this organization it was thought by some of the senior officers concerned that the original

work had been so successful that the whole answer could be given by a psychiatric interview added to the results of intelligence tests. In fact the addition of these other members of the team was said at that time to be largely cover for the psychiatrist and from that angle it certainly was wise that in the army there should be other non-technical members of the selection team. From very early days it became obvious that they were not just there for the sake of respectability but that they had an extremely valuable function to play, and that the three lines of approach to the candidates, when fused, were likely to produce the fairest and best ultimate result. There has always been an objection in the courts to trial by doctor and it is quite right that that should be so. Equally, in selection, the task of the doctor and the psychiatrist is to advise on physical and mental fitness, but the final word and assessment should be given by a man experienced in the particular job for which the candidate is being selected, in this case a senior army officer. That there would be objections raised to the psychiatric contribution to this team was clear from the amusing story which we heard at this time. A certain very senior regular officer who was of the greatest help in the foundation of these special boards had, before the war, the distinction of being the only serving British officer who had seen the German army officer selection work in progress. On his return to this country he had pressed the authorities to start some similar work in the British army, but the suggestion was turned down and he was told, "X—you're the bloody Freud of the British army!" We have not, of course, entirely escaped from the criticism of the less informed who have sometimes assumed that we were carrying out a thorough psychoanalysis of every candidate.

The procedure of the War Office Selection Board which the adjutant general approved was that all the candidates recommended by their commanding officers should come up for either two or three days to the board, where they lived in a hostel or mess in which they had many of the small comforts of an officer's mess. On the first day, after a welcoming and explanatory address by the president, they

went through group intelligence tests and projection tests, which will be referred to later. These provided at the very beginning material for the psychologist or sergeant testers to work upon. Next day their programme was divided between outdoor and indoor tests, situations of varying kinds being provided for them. Tests of military efficiency were clearly out of place since the experience of some of the men varied a great deal; they might have been in the pay corps or the medical corps and have little experience of weapons and tactics. Consequently the problems given to them were designed to demand common sense rather than military skill. Assault courses of varying difficulty were tried but for the most part the original plan was to provide situations that would show what men could do individually and in groups so as to give the fullest opportunity of assessing a man's assets and liabilities with respect to his effectiveness as a leader of a group, dealing with concrete practical situations. Lectures given on various topics as though to a squad of men gave insight into a man's personal attitudes even more than his capability of holding the men's interest or getting some difficult point across to them.

The military testing officers who were responsible for these activities were also living and messing with the men. Indeed the whole professional staff of the board mixed with the men at meals and in the anteroom so that from the beginning, though strenuous, the whole procedure was on a very friendly basis. During the period at the board each man had an interview with the president or later, when the numbers increased, with the deputy president and an interview with the psychiatrist. On the last morning when the men were just going off, the final board conference was held at which the decision on the men's suitability was made. The president would ask for the rating of the psychiatrist, the psychologist and the military testing officer in turn and give his own rating. If they all agreed then that was the conclusion of the board; if they differed materially then each responsible officer read his report and after a discussion a final rating was given which was the conclusion of the board. In large measure this procedure has persisted in all the various boards which have

been set up. A good deal of latitude was given to individual boards to devise their own testing procedures, but with the increase in knowledge and the expert validation of various tests their form has altered and certain well-proven procedures are universal at the boards.

The difficult question of what was being sought for in the candidate to justify his acceptance has given rise to a great amount of discussion. An initial tendency to test for certain qualities was soon replaced by broader conceptions. There is probably no single quality that is common to all successful officers, and the best approach therefore developed along the lines of securing methods which would enable a picture of the person as a whole to be filled in, judgments being based on how well the picture matched the various roles which the officer has to fill. The two main fields of the personality which had to be investigated were (1) that covering his resourcefulness and adaptability or his competence, and (2) that covering the quality of his contact with others. The former is as a rule easier to reveal than the latter, but Bion's "leaderless group" principle marked a notable advance in psychological methods of investigating interpersonal relations. The basic idea underlying the method is that when a group of candidates are presented with a problem that they have to solve as a group, i.e. no leader is appointed by the testing officer nor is any help given, then a situation arises that reproduces the fundamental conflict between the individual and society. At the board, the individual is motivated by a desire to do well for himself personally, but by placing him in a situation where he can only operate through the medium of others, his spontaneous attitudes towards co-operation are revealed. The self-centred man either remains aloof or exploits the group by a dominant attitude in order to show himself off, whereas the man with good contact identifies himself with the purpose of the group, namely to achieve a co-operative solution to the set problem. The method can be applied in various types of tests and has been most often used in carrying out a discussion and in various practical tasks and games.

The situation of course really becomes a social projection test, and

the roles which the various members of the group choose for themselves provide a great deal of material evidence about the personalities. Inevitably certain individuals appear more prominently than others and the acceptance of these "leaders" by the others can be observed. If they are mere "thrusters" without real competence they are soon deposed when the group discovers that their plans are quite ineffective; and even if they should be competent the attitudes of the others often reveals whether or not they are sensed as self-seekers rather than possessors of real team spirit. From the nature of the set problem, e.g. a discussion on a general topic or a practical task such as bridging some obstacle with material provided, much is learned about the general outlook or resourcefulness and competence of the individuals, but the important aspect under observation is how he reacts to the psychological problem of balancing his desires to show off as an individual against the need to be a member of a team.

This method has been found to be most effective when observed by two or three board members, usually the president, the military testing officer, and the psychiatrist or psychologist. Naturally those candidates who are most prominent tend to be most easily assessed but the method is not thought of as a test of leadership. Leadership is not a single quality possessed by some and not by others but is a way of describing the effectiveness of an individual in a specific role within a specific group united for a particular purpose. The method gives data on all the candidates in the group although the observers often find at the end of a leaderless group test that they have been set problems rather than that they have got answers about a particular candidate. This raising of problems is freely discussed by the observer group who are then in a position to decide what further testing methods will be most useful, e.g. whether the candidate should be carefully observed when put in charge by the testing officer or whether he should be interviewed at length by the psychiatrist.

At the end of the board program a useful check on the interpersonal relations of the candidate is obtained by asking each to

write on a strip of paper the candidates he values most highly for certain situations, e.g. a social evening, getting out of a tight corner, platoon leader, etc. This sociometric test is often highly revealing.

The psychiatrist is technically the best trained member of the board, for there have been few fully trained psychologists available, and so he has played a considerable part in the designing of outdoor tests and indeed of the whole technical procedure of each board. The opinions and judgment of the nontechnical members of the team have grown increasingly valuable and the situational tests have themselves provided material for psychiatric judgments which may even be as valuable as the psychiatric interview itself.

From the beginning the work of the psychologists and psychiatrists was well integrated. The first psychologist of the experimental board (Sutherland) was, in fact, a psychiatrist as well as a general psychologist and later, when the present senior psychologist (Trist) appeared on the scene, the same close co-operation was kept up. The experimental board has continued and has become the Research and Training Centre and the team of psychiatrists and psychologists there has been fused into one of the best co-operative research teams that could be imagined, talking the same language and pursuing a common end by the use of their varying experience and training. The validation of tests, the devising of new procedures and the standardization for various purposes of the selection techniques have made an extremely valuable contribution and it is hoped that much of the technical results of their work will begin to be published quite soon for the benefit of those who are interested in this type of specialized selection.

At the beginning of the work it was realized that intelligence tests were certainly necessary and a battery of these was devised and officer intelligence ratings agreed upon so that no candidate should go on to the officer cadet training unit whose intelligence was lower than the fiftieth percentile, i.e. an officer must have an intelligence above the average of the men he is to command. In fact, of course, the intelligence of the majority is a good deal higher than this. Intelli-

gence by itself proved to have a fairly low correlation with the final acceptance of the board after full observation of the candidates, but the value of the intelligence rating was from the beginning quite clear because it helped all the members of the board in arriving at their assessment of the individual. Twenty per cent of candidates with the highest intelligence rating were failed upon personality grounds as might be expected and it was early realized that in selecting men for commissioned rank the personality factor was the major consideration, provided that the candidate had adequate intelligence. In order to assess the personality there was, of course, the psychiatric interview and this was known to be a sound approach, but at the same time it was hoped to find other tests that would supplement the interview and reveal personality factors. The laboratory apparatus referred to above was finally given up and many other forms of test were tried. Group Rorschach tests were used but had to be abandoned because of the time needed and difficulty in administration and interpretation. Finally, three group projection tests were developed which proved so valuable that they have been retained throughout with certain modifications: an adaptation of Murray's Harvard Thematic Apperception test, an adaptation by Sutherland of the Word Association test, and a Self-Description in which the candidate described himself in two or three minutes as his best friend and as his worst enemy would describe him. These, together with questionnaires, one dealing with his experience and the other a medical questionnaire bringing out health and psychosomatic factors, with the intelligence tests, combine to form the battery through which every candidate passes. From the whole battery of written tests, the psychologist and his assistants construct "personality pointers"—a term deliberately introduced to make clear the limited scientific status of the inferences made about the person. The "pointers" can be used as a basis for screening for psychiatric interview and also as psychodiagnostic aids in the conduct of the interview.

Because of the time factor the psychiatric interview proved to be the bottleneck of the procedure and so it became increasingly im-

portant that these personality pointers proved to be of great value and accuracy. They pick out the men in whom there is some evidence of instability or peculiarity of personality who must therefore be interviewed psychiatrically. The procedure provided a method by which the group could be "topped and tailed." Some men who were clearly of low intelligence would be hardly worth a lengthy interview, those whose personality pointers and intelligence were both beyond question were almost sure to be passed and the psychiatrist was equally sure to find nothing wrong. Therefore psychiatric time should, in this way, be saved and the partially trained psychological personnel could be utilized in the giving and first scrutiny of this test material. Should this same plan be followed, there may be in the ideal setup of peacetime, fully trained psychological personnel available and so little pressure on time that a psychiatrist can give interviews as long as he feels necessary to every candidate. Under the pressure of army life, however, the sergeant testers have functioned in relation to the psychiatrists as senior medical students do in relation to the physician in charge of a hospital ward, or the technician in the pathological laboratory.

The psychiatrist at first saw every candidate and while this was possible there were great advantages in it. The candidates, almost without exception, approved highly of this and found the psychiatric interview interesting and convincing. When, partly for reasons of shortage of psychiatrists and partly for political reasons, he saw only a proportion of the candidates, those whom by their personality pointers it was thought should be seen, or those whom the president or military testing officer felt were somewhat doubtful, candidates began to make some criticism of the psychiatric role. This was inevitable because if only certain of the men see the psychiatrist there is an implication that some are a little peculiar and therefore the psychiatrist takes on a slightly more sinister colour than he has when he is just a member of the technical team. It is certainly desirable that where a psychiatrist is used in this procedure he should see everybody even though in some cases it be for a very brief interview. The

psychiatrist in each of these boards has been the senior technical member because in Great Britain we have had this difficulty in producing sufficient psychologists with adequate training and because the main problem has been that of personality and character assessment.

The psychiatric interview has always been regarded as a medical matter and consequently as something confidential. Candidates, therefore, have felt free to discuss whatever they wished, knowing that personal details would not be passed on to the board, though understanding, of course, that a general assessment of their suitability would be given by the psychiatrist. A very typical remark by an intelligent officer, who was up at one of the boards choosing candidates for commissions for the regular army, was made to the psychiatrist. He said, "I think this is the most important part of this board procedure; you know more about me now than anyone has known in my life and I should feel that your judgment of my suitability was worth more than anyone else's opinion." By and large that is true and the psychiatric contribution to this type of selection is of the greatest importance. A comparatively small number of candidates are turned down on grounds of overt psychiatric disability, but mental unfitness of various kinds, especially for particularly difficult roles, is quite often revealed. The most important contribution is through the assessment of the difficulties that a man is likely to develop, which might become liabilities under stress or lead to some serious behaviour disorder which would affect the unit under his command.

The psychiatric interview in officer selection work differs, of course, from that with a patient in a consulting room. The candidate here must take the lead; one cannot pose all the questions that would be obvious in a consulting room and in this particular setting it has been found wise to avoid any direct questions about sexual matters or similar topics which might be resented by candidates. Nevertheless, the facts emerge and the psychiatrist who has a psychodynamic outlook finds that his interview brings out without much difficulty nearly

all the points that should be faced. It matters to the candidates whether they are chosen to be trained for a commission and most of them are entirely co-operative in submitting their personality for scientific scrutiny. They feel it is not only thorough but fair and, in fact, the psychiatrist is responsible more often for strengthening the claims of a candidate than for recommending his rejection. That the board is concerned with a man's personality and mental quality is a demonstration to the candidate that the army is no longer unduly biased by questions of social and educational status. The board procedure is regarded by candidates as being essentially fair and democratic and as something to be welcomed whether they are accepted or rejected.

This sense of the fairness of selection procedure has been very satisfactory and has made some contribution to the good morale of the army. Nepotism has certainly diminished and the sense that men are chosen for their worth and not for their antecedents or their social connections has been all to the good. In fact, although the proportion of candidates accepted under the new board methods was almost exactly the same as obtained under the old interview method, and the two methods were both operative for a period in the army so that comparable groups were available, the new method has been markedly successful. Judging by the gradings at officer candidate training units three above-average cadets were discovered by the new method for two who were discovered by the old interview assessment; in other words, of every three potential above-average cadets who appeared before the old board, one was rejected. A serious loss to the army and an injustice to the individuals concerned have therefore been avoided. The follow-up of this work has been very fully organized. It has been an extremely difficult task especially to get adequate ratings on officers who have actually been through battle overseas. There is, however, no question from the follow-ups so far completed (Bowlby) that the procedure has succeeded in improving officer quality, that it appears to have diminished the number of psychiatric breakdowns in officers and that it has certainly avoided the

discontent and difficulties resulting from failure and returning men to their unit during their training. The full and detailed statistical findings of the follow-up will be available at the end of the war.

Many of us have applied the old saying that "there are no bad soldiers, only bad officers" to spheres of life quite different from the army. We have had visions of how different things might be if our legislators were chosen for character, personality and intelligence rather than for political party; if schoolmasters, doctors and lawyers were chosen with personalities and abilities suitable for their tasks; and, indeed, new vistas open out nowadays since it has been demonstrated that an adequate and acceptable technique has been devised. The general principles underlying the War Office Selection Board procedure seem to be sound and they should be capable of modification to suit many different situations. They have, in fact, already been modified, first of all for the selection of women officers. Here there were difficult problems to be faced since the tasks and quality of an officer in the women's services differ materially from those of men officers in a combatant army. New standards and new test situations were devised after an investigation or analysis of a woman officer's job had been made, and here again there seems to have been a considerable degree of success in selection. Officers for the civil defence organization in Great Britain have been selected by the army boards, and the army has now assisted the civil defence to set up its own board on similar lines. Various special groups of candidates for special arms and for the other services have been put through the same procedure successfully and experiments have been made with the civil service. Some recent modifications have been introduced for the selection of adolescents, senior boys from school who are being chosen for short university courses prior to going into the army. Here special difficulties arose because the whole question of maturation had to be assessed and educational attainments had to be considered as well. The psychiatrist appears as the doctor on these boards, making a medical check up, since it would hardly be reasonable to expect the average adolescent to appreciate the relevance of the psychiatrist in the board assessment, and the individual psychia-

tric interview is replaced by a group discussion conducted by the psychiatrist. This selection technique has also been extended to army officers who, for various reasons, are badly placed or unsatisfactory, and here again it has shown itself to provide a very useful team for the assessment of their qualities and suitability for further service or the reverse.

It is of some importance to remember in thinking of selection, whether it be of men in large groups or of specialists where the procedure can be in greater detail, that in the army one is selected for specific martial roles and that it would be disastrous if gradings or rejections made for these purposes were to cling in any way to the future life and reputation of the men so graded. The man in the lowest selection group, the SG 5, may have a limited value to the army, but he may be a first-class man in his particular niche in civil life. The officer who lacks the kind of qualities to make him a leader of fighting men may be one of the great men in his own subject, for it is doubtful whether many of the leaders in our cultural life would emerge as obvious infantry soldiers or tank commanders. We must never make the mistake of confusing the results of selection for some specific task with the assessment of a man's potential contribution to life as a whole. A man's failure to fit into some particular niche should in no way upset our respect for him as a personality.

THE PSYCHIATRIC CONTRIBUTION TO TRAINING

As psychiatrists most of us have been interested in educational approaches and in theories of learning and the organization of schools. For many of us that has been intimately bound up with part of our professional work. Comparatively few men in psychiatry have, however, had much to do with adult education or the problems that arise in industry in the training and equipping of men and women for specific jobs. We have certainly not been able to do all that we might or all that we should do in this field in the army, and there still remains a very considerable number of problems on which we could throw some light if we had the personnel and the time available

to undertake more work. Earlier, I referred to the training of men of varying intelligence at different rates and in different groups and to the success of the Canadian experiment. Canada has taught us many things and in the teaching of illiterates it has provided another object lesson. At the educational centre at North Bay there has been as clear a demonstration as anyone could wish for that good modern educational methods coupled with good welfare and high morale can produce the most startlingly good results in the education of men who are illiterate primarily through lack of opportunity rather than through innate dulness. The teaching of illiterates in our army, which has had a good deal of experience, is not always so satisfactory. There is a temptation in many units to try to teach men of very low intelligence to read and the optimistic and enthusiastic education sergeant who instructs them is always convinced that there is marked improvement in his pupils. From the army's point of view it would be of little value even if the defective man did learn to read, for his reading would never be sufficiently quick or sufficiently certain to be of much value in the carrying out of his job as a soldier. There is something to be said, of course, for his learning to read and write, however laboriously, for the sake of family and social contacts. It is very clearly demonstrated, however, that for effective work with illiterates it is necessary to select the men carefully, picking out those with a reasonable intelligence and having done that, it is worth while to provide first-class teachers and first-class equipment to produce the right atmosphere and enthusiasm in the students and then you get rapid results.

The widespread nature of illiteracy is a point upon which there are no very accurate figures but the experience of the services has brought it home to many people that here is a very considerable problem. The illiterate soldier is of very little use in the modern army. The illiterate workman in industry may be of more value but clearly he can never realize his full measure of capacity and he should be provided for. The dull man, under war conditions, is incapable of being trained to such a degree as to become a first-rate

soldier. It is therefore highly important that time and money should not be wasted in attempting to train him for jobs that he could not effectively do—he should be trained for work within his competence and thoroughly trained for that. Many men graded down for physical defects and many of the constitutionally inferior type are able to be employed on the routine, semidomestic jobs of the army after they are trained and taught to regard the simple jobs as something that can be done well and efficiently and as having first-class importance for the war effort. For these men we have, in the British army, what might well be called a domestic workers' college, though its "graduates" call it by its proper name, the Army Selection Training Unit. Army experience brings home to one the necessity of training for all sorts of jobs. The simplest occupations can be taught and should be taught because the fact that we have learned a skill and feel ourselves trained in something, however simple, adds greatly to our contentment and consequently to our mental health. There is a material proportion of the population that drifts from job to job whereas, in fact, there are very few jobs which are truly unskilled, though the degree of skill varies enormously. Armies teach men to dig and they teach men to sweep and in consequence these jobs get better done.

Morale depends in part upon good training and it was noticeable at one time in certain primary training centres that men came in with a very good outlook, keen on the army and on their work, while after four or five weeks their morale was perceptibly less high. In consequence a good deal of thought was given to the reasons for this and the introduction of much greater realism into training went far to remedying the difficulty. As an illustration one may cite how some old-fashioned instructors were in the habit of teaching men all about their weapons, how to take them to bits, how to clean them, what the names of all the parts were before they ever allowed the men to fire them. No one would expect a small boy to be interested in his air gun until he had fired it; having done so he is quite keen to look after it, and the same holds true of an adult man. To use

weapons first and then to learn about them afterwards is clearly the right way and though it can hardly be called a major psychiatric discovery it is typical of the small points in which a psychiatrist or a psychologist can make suggestions for the modification of a training scheme. Similarly, in units of young soldiers coming into the army with high enthusiasm, there was a notable change when they were put on to boring jobs, guarding airports and vulnerable points, instead of doing as they wanted, which was to be trained and well trained. The crime and sickness rate of units like this was high but the picture was completely reversed once it was realized there must be a far more adequate place for good intensive training to utilize the enthusiasm and adventurousness of the young men.

Certain problems, more specifically psychiatric, have emerged in other aspects of training. Enthusiasts at the modern battle schools in the army had decided that it was a good thing to inculcate hatred of the enemy and so a liberal use of slaughterhouse material was made; all kinds of aggressive activities were organized during training with the idea of stirring up hatred for our enemies, in the belief that it made better and keener soldiers. The psychiatrist who was asked to go down to help with these projects was fortunate enough to discover within the first few days that what might have been expected had, in fact, happened. Some of the men who had been the best and keenest students going through these battle school courses had afterwards lost interest and become rather ineffective; in fact they had gone into depression. The artificial stirring up of hate is certainly not a good preparation for battle; to stir it up artificially is about as sure a way of producing a reactive depression as any other. Similarly, in the teaching of first aid to soldiers in combatant units there has been a tendency at times to devise models of the most startling wounds, which are then strapped on to the casualties in an exercise, and to devise training films in which the blood from severed arteries spurts out about two feet in the air. Such pictures given to a man of imagination and intellect do nothing but scare him. They may in fact show what war conditions can do, but to confront him

with this is a poor method of preparing him for the realities of battle. A gradual introduction of unpleasant things is necessary in any form of training. The trouble always is that the instructor rather likes to demonstrate the importance of his own subject and at the same time his own toughness. If he can scare people by showing them striking and repulsive sights he feels that somehow he and his skill are thereby magnified.

This same facet of the instructor was revealed very clearly in noise training at battle schools. Some psychiatric experiments (McLaughlin) in the early days of the war during and after the London blitz had shown that carefully made gramophone records of battle noises did help certain people to abreact their experiences, and specially amplified records were used experimentally in commando training, while men were shooting at the miniature range. Little came of that experiment, but later when live ammunition and explosives were more easily available and began to be used as part of training, it was clear that they were being so used that they frightened men rather than the reverse. The psychiatrist at the battle school in consequence devised the principles of "battle inoculation" which have since been followed throughout the army. The important condition for the use of explosives during assault practice is that small "doses" shall be used first so that the men think little of them, and that then the severity shall be gradually increased so that finally, with dangerous major explosions, the men do not react unduly. The purpose of battle inoculation and training with live ammunition is to minimize the morale-destroying effect of enemy weapons that will be encountered in battle. War is an affair of morale and all weapons have, or should have, a morale-destroying effect: the dive bomber, the tank, the mortar, and, indeed, most weapons affect morale more than they take life. In training we want to debunk the noise and frightfulness of these weapons so far as it is safe and wise to do that.

It was interesting to notice how, in the early days of the war, we failed to realize how the Germans were trying to undermine morale with their films. *Baptism by Fire* and the other films prepared for

neutral countries were all showing the might of the Wehrmacht and the terrible plight of those against whom Germany was fighting. We, in some of our films, whether they were news reels or training films, were tending to show big guns pointing at the audience instead of encouraging the audience to visualize themselves behind the big guns; we showed tanks looming up like monsters in front of the camera, reminding one of the civilians and others who were crushed by tanks on the roads of France, tanks running over British soldiers instead of Germans. The psychology of the photographic angle and of teaching through films is exactly comparable to the principles that hold in battle inoculation. There is, in fact, hardly any part of training in which there is not some contribution to be made by anyone who thinks in terms of the human reaction to the training; and what is true in military training is no doubt equally true if translated into terms of civilian training.

MORALE

The actual word "morale" seems rarely to be used in times of peace, though in fact it can be well applied to the state of mind of any civilian group and not only to that of armies in wartime. It is essentially a matter in which the medical man, and, above all, the psychiatrist, is interested because while it might not be quite accurate to paraphrase it as mental health, it is in fact very closely related to it. There is a remark in one of Napoleon's letters which has often been quoted that "war is three-fourths a matter of morale; physical force only makes up the remaining quarter." [1] And few of us who have watched both the army and the civilian population in wartime have any doubt that this is true. The word morale tends to get loosely used and to become a newspaper catchword, but it is quite possible to make a correct assessment of the morale of a nation or a fighting force at any particular time. We have all known it to be outstandingly good in victory or indeed at times of great danger, as in the Battle of Britain.

[1] *Correspondence de Napoleon* 18, 14276, 1808.

Little of value has been written about morale as yet in this war. The book by Munson published in America after the last war was probably the most carefully documented and thought-out presentation of the subject, but from our experience in this war we should be able to provide much more factual material which should be of use for all those who are concerned with the welfare of groups and communities. The war itself is not over and in its later stages, and certainly during the period of demobilization and resettlement, we shall have plenty of further opportunity for studying the meaning of morale and the methods of maintaining and improving it. The word morale is somewhat indefinable though to most of us it conveys the same concept: the individual morale of courageous men who have what colloquially is called "guts" and the team spirit of the group combine to bring about in a unit that effective attitude towards their task necessary for carrying it through. The will to win and the confidence in the purpose for which men are fighting so colour the attitude of the group that they constitute the most important factors in its life. Wars are won not by killing one's opponents but by undermining or destroying their morale whilst maintaining one's own.

The three main factors that make for good morale in wartime are adequate war aim and purpose, a sense of one's competence and value, and the feeling that one matters as an individual in a group of other similar people. This question of war aims has presented many difficulties during the present war and in every country there has been a struggle to translate ideologies and theoretical values into practical and understandable terms. Armies that have been fighting in their own country for the protection of their own homes, like those of Russia, have had less need for concern, and even the German army with its carefully built up propaganda has been given a more obvious and easily understood aim than the Allied armies have had. Hatred of one's enemy is of little value if it is artificially stimulated, and the positive purposes of war, the goals we aim to achieve if they are realistic and can be clearly and simply explained, have a much stronger and more vital appeal. We shall have a lot of practice after

the war during the phase of industrial resettlement in expressing in words the aims and purposes of our countries and also of the industries in which men spend their lives. Those employers of labour who can set out clearly some worth-while objective with which their workers are in sympathy will clearly have gone some way towards getting good co-operation and good morale in their particular organization.

A sense of competence and skill in our work is necessarily dependent upon good training and, behind that, upon good selection. A man who is in the wrong job is never likely to acquire that reassuring sense of his own skill. Whoever the man and whatever the job he is doing, whether in war or in peace, he should be able to feel he is a master of his own particular craft and have a pride in it and he should also be given due appreciation for that skill.

The third factor in morale is that there should be a sense of one's own value as an individual in the group, and this is largely a question of leadership and the officer-man relationship which can do so much when it is good to foster team feeling and the determination not to let the side down. The understanding and management of men with good welfare and individual care and responsibility for every man in the group are the best prophylactic against unrest and a sense of injustice and a consequent antagonism which destroys morale. The unit that talks of its officers as "they" and not "we" is a unit that has never been integrated properly as a team, and in wartime, in the army, this is a major problem, for it is no easy task to teach young men how to become really adequate as officers and leaders and "fathers" of their men. The lectures designed in the Surgeon General's Office in Washington which are to be given to all officers of the United States army provide an outstanding illustration of what can be done by simple mental hygiene teaching to ensure a proper understanding and wiser management of men by their officers. Colonel Menninger will certainly have to write us a new version of these lectures after the war for civilian purposes, since industry is just as much in need of this kind of instruction as are the services.

I quote here a summary from *Fifth Column Work for Amateurs,*

a pamphlet dealing with morale written by Lieutenant Colonel Wilson, in a somewhat bantering style in order to catch the interest of the reader:

SUPPOSE YOU WERE A NAZI AGENT

Reverting to the title of this pamphlet; think of the things which, if done, would damage our army; think it over and don't do them!

Damaging Trust in Leaders

This is a relatively simple matter which may be accomplished
(*a*) By display or abuse of officer privilege at a time when conditions for the men are bad.
(*b*) By failure to explain the significance of orders so that they appear inhuman and arbitrary.
(*c*) By failure to explain sudden interference with leave, or other privileges.
(*d*) By failure to take adequate disciplinary action when necessary.
(*e*) By taking severe disciplinary action without investigating the cause of delinquency, or the defect of morale which lay behind it.
(*f*) By sarcastic comment and criticism.
(*g*) By failure to give praise where it is due.
(*h*) By building up a façade of discipline without a basis in morale. (This is a particularly valuable act of sabotage since it will not be found out until action starts.)
(*i*) By being too close on the heels of NCO's in their work.
(*j*) By ignoring NCO's in their work.
(*k*) By overestimation of the Nazis accompanied by boasting or inaccurate evaluation of our own values.
(*l*) By displaying ignorance of our war aims and lack of interest in the army and its history.
(*m*) By display of social or political bias, disguised, if possible, under a different label.
(*n*) By dodging questions and discussion.
(*o*) By making it clear—in behaviour rather than speech—that the war is an unwelcome interruption in a life of material gain and that one's main personal aim is to get back to the status quo as quickly as possible.

Damaging Group Morale

(*a*) By breaking up groups of friends in platoons, barrack rooms, or detachments, or by blind posting, e.g. on an alphabetic system.
(*b*) By changing men over so that they never get time to settle in one job.
(*c*) By keeping an intelligent man in a boring job, and putting an unintelligent or unsuitable man in a position of authority.
(*d*) By boring men with routine instructions about parts of training which they already know well.
(*e*) By being bored with training instructions yourself.
(*f*) By instructing men more frequently and more intensively on the maintenance, rather than on the use, of weapons.

Damaging Individual Morale

(*a*) By failure to show interest or to encourage a man regularly.
(*b*) By ignoring minor requests in relation to leave. (This can easily be done within the regulations.)
(*c*) By refusing to listen to men's grievances or, better still, by paying little attention when they do come with them.
(*d*) By making men be excessively fussy about relatively unimportant matters so that their interest is lacking in relation to more important affairs.
(*e*) By writing to the men's families in an inaccurate or offhand way, or by not writing at all.

"Suppose you were a Nazi agent . . ." is a valuable game to try in a mess. It has a moral. The moral is about morale.

The indices of morale are somewhat difficult to discover and yet it is of the greatest importance that we should be able to assess the state of morale of any particular community. Where low morale exists it is practically certain that there will be a high sickness rate and also a high rate of delinquency. Absenteeism, whether from a service unit or from an industrial concern, indicates not only possible boredom with a job but also some lack of cohesion in the unit and a lack of purpose. Factors such as these, when they are available and can be charted or noted, undoubtedly give some explanation of the state of mind of the particular group. Opinion surveys are being used with

great advantage in all the armies to discover what men feel and how they react to their particular tasks or circumstances, and the morale committees which exist in all forces are able, by collecting and collating such evidence, to understand better the feeling of their men and so to shape administrative action accordingly. The commercial firm that did no market research before it launched some new product on the public would be unlikely to succeed, and those who are responsible for the welfare and efficiency of armies have adopted similar techniques. Allowing for the manifold difficulties that crop up in the organization of a fighting force, these factors are being taken into account in planning. Though we have gone some way in the right direction here it is quite certain that we shall not be able to obviate all the difficulties of social unrest that will be likely to come in the next few years, but after the war, with the fresh experience gained, it should be possible to do much more effective work in anticipating group reactions and designing the structure and administration of the group so as to ensure a higher state of morale.

Certain special problems have arisen in war in connection with the forces overseas, and here psychiatry has been able to help a little in the designing of radio programmes and films to counter specific difficulties. Men who have been away from their home country for a long period get quickly out of touch; they are liable to be very suspicious, somewhat resentful of what they hear from home or read when papers reach them, and it seems clear that this problem must always arise when men in large numbers have been away for more than two or three years. It became quite clear that for many of these men the greatest possible help would be to show them ordinary, simple pictures of what was in fact happening in England. Elaborate films with a propaganda flavour were resented. It was found that carefully planned documentary films of scenes at home not only showed them how war had changed the state of things, but also gave them a feeling of renewed contact with their own country which brought considerable reassurance and satisfaction. Similarly, radio talks specially designed to be descriptive and given by friendly, fatherly figures or

pleasant, ordinary women's voices were extremely effective, compared to some of the programmes which we have become accustomed to as being typical of the radio. There have been many valuable experiments made in the use of these media both in the United States and in Great Britain which have been highly successful and they have achieved this success because they have been prescribed and designed especially to meet the needs of men who are suffering from separation and a sense of isolation.

It seems quite clear that psychiatrists have a greater responsibility than they have realized heretofore for helping in the future development of films and radio as a means of affecting public opinion. Where our understanding of a situation is sufficiently deep, we can prescribe the palliative or the remedy, and working on that prescription the film writer or the radio producer can get to work. Two excellent examples of films written to psychiatric prescription are *The New Lot* and *The Way Ahead*. The first was produced within the British army as a film for recruits joining up; it deliberately emphasized all their difficulties and grumbles and gradually dissipated them. It showed the way in which the group spirit developed and the gradual mounting of morale amongst recruits, and managed to do this without any suspicion of propaganda. The second film introduces the officer and shows the gradual formation and integration of the group with its interpersonal relations and the right kind of officer-man contact. None of the writing of this latter film, which was made by a commercial firm, was done by a psychiatrist, but the *prescription* was written by a psychiatrist and faithfully followed with a successful result. This probably is one of the first occasions on which this technique has been worked out and it is at least suggestive as a method to be followed to help with some of the problems of social reconstruction.

DISCIPLINE

For long there has been an idea that the discipline of the army is what will "make a man" out of all sorts of inadequate problem people.

The discipline of armies is certainly a very important matter, and quite rightly so, because without first-class discipline no army can undertake the tasks with which it is faced. Discipline creates many problems for the individual who joins an army in wartime because he has necessarily to give up a good deal of his own freedom. It is therefore part of our job to see that the soldier understands and accepts discipline voluntarily and welcomes it and, indeed, prides himself upon his participation in the activities of a well-disciplined unit. While morale is a vertebral column that keeps us erect, discipline by itself is only a corset which can for a while hold a man erect. By that it is implied that without morale, discipline can never be really good, and it may even be dangerous. A unit which through poor welfare and failure in the quality of its officers and noncommissioned officers develops much discontent and crime may decide to tighten up discipline as a countermeasure, failing to see the real cause. What happens then is simply that the number of courts-martial and other disciplinary procedures increases rapidly, and while in the long run the unit may be cowed into a "disciplined" state, its morale and its value as a fighting unit will be destroyed. An increase in disciplinary measures cannot be an alternative to the development of good morale. In civil life equally threats, prosecution, and penalties do little to check absenteeism and strikes.

Of necessity the regulations and restrictions of army life during training give rise to some discontent and in themselves lead to the commission of army crimes. The mentally dull man is, of course, particularly prone to commit military offences, partly because he fails to comprehend the regulations and the reasons for them, and partly because of a natural reaction against an environment in which he feels insecure and unhappy. The unstable man, who has possibly grown up in a broken home, has that same insecurity and he too finds difficulty in accepting willingly the rules and regulations of the new family into which he has come and he often is a major problem in the group. Both of these classes of men can be dealt with and, more often than not, satisfactorily helped within the army. The man whose

psychopathy has led to a bad civilian record of crime is extremely unlikely to do well in the army because he is fundamentally antisocial. He is often supposed to be a good fighter in a tough spot, but he is certainly a headache to his unit since more of the time is spent in training or in living behind the actual front line.

Legal procedure in the British army, the only one which I know at all well is in some ways in advance of civil procedure. A court-martial is in many ways a more humane and understanding court than a police court, and by and large the army is more careful and wise in its justice than a comparable civilian court. Nevertheless there are, of course, many exceptions to the rule and many problems arise because the legal procedure of the army in wartime has to be applied by those who have little knowledge of it and who often have an inadequate understanding of their fellows. Psychiatrists in the army have, of course, a good deal to do with disciplinary cases and some quite useful work has been done in bringing the legal and medical points of view together. The lawyers have quite rightly always objected to "trial by doctor" and the doctors have often felt that the lawyers lacked social conscience and indeed sometimes common sense. There is justice in both these points of view but there is a common outlook which can be reached and to some extent that has been brought about more in the army than anywhere else. There still are lawyers who talk of getting convictions as their "inalienable right" and there still are doctors who sentimentalize about a man's delinquency and fail to distinguish between the offence that has been committed and their respect for the man who has committed it.

The situation in the British army with regard to psychiatric procedures and disciplinary offences is that the psychiatrist is asked to see every man where the commanding officer or the convener of the court-martial thinks there is some reason to suspect that the man is not quite normal or was not so at the time the offence was committed. The report of the psychiatrist is made out on a *pro forma* reproduced below (pages 92–93) that aims to meet all the formal questions which are necessitated by the Army Act and by British law. In fact, of all

men who are brought before a court-martial about 18 per cent have been seen by psychiatrists and in only about 3 per cent of these has there been sufficient evidence to interfere with the holding of the court-martial or any suggestion that the man was unfit to serve a sentence. What does result, however, from this type of report is that full notice is taken of a man's unfitness as a soldier, in fact, of his lack of military value. The dull or psychopathic man may be fit to stand his trial and serve his sentence if convicted, and it may be from the point of view of the army as a whole very sound that he should do so. What often occurred previously was that when he had served his sentence he would return to his unit and once again be a useless soldier, certain to clog the works somewhere and to be in fact a consumer of manpower rather than a helper. Nowadays a man who is unfit as a soldier is recognized as such and is discharged or a suitable alternative posting within the army is arranged for when his sentence is completed or sometimes before that. The psychiatrist is not called for the defence nor is he briefed for the prosecution; he himself may occasionally appear but then as an expert witness and adviser to the court. This is a very desirable advance on the situation which arises so often in civil life where psychiatric or other medical judgment seems often to be warped by the fact that the doctor is called by one or other side in the trial.

British army regulations have laid it down that all men in detention barracks or military prisons who appear abnormal shall be seen by psychiatrists to advise on their posting or disposal at the end of sentence and in certain places committees are set up for the review of sentences with the psychiatrist as a member of the committee.

In the army, military prisons and detention barracks are graded according to the type of man they receive and certain of them have become much more training camps than detention barracks in the old sense of the word. In addition to these there are special units both for young soldiers under twenty-one and for older men who, while not under sentence of any kind, are difficult people in their units. Men who go to these special units are those who have not

responded to unit discipline and do not seem to have learned from court-martial sentences or detention and who in consequence are more of a burden than an asset to their units.

Absence without leave, as in all armies, is a major problem and a considerable proportion of the men of these special units have a history which explains this particular difficulty. They either come from broken homes, are immature people, or they are men with welfare problems that have been neglected or badly handled in their units. First-class welfare and careful, friendly discipline and training produce remarkably good results with these men and approximately 70 per cent of them can be successfully posted after four to six months to ordinary units, not of course those from which they came. The follow-up on these men is carefully made and it seems clear that some permanent improvement does occur. Some attempt has been made to grade these men and send them to particular units which aim at dealing with conditions of approximately the same severity or prognosis, but up to date it has not been markedly successful. Theoretically, if one had a sufficiently well-trained staff for these training camps it would be of real advantage to divide the men up according to the nature of their difficulties and according to prognosis, but it is difficult in wartime to find the staff who can do this.

FORM OF PSYCHIATRIC REPORT IN DISCIPLINARY CASES

Note When, in the opinion of the psychiatrist, a man is clearly fit to plead and clearly responsible for his actions at material times, a brief report to this effect may replace Parts B and C of this report.

Number *Name* *Ref.*

Age *Service* *Unit*

A. The above-mentioned, who is charged with
has been referred for psychiatric examination.

He complains that:

He states that:

On examination I noted that:

In my opinion he is suffering from:

(i.e.)

B. *Unfitness to plead due to insanity:*

(*a*) Is he able to understand the nature of proceedings at a court-martial?

(*b*) Is he able to object to any member of the court?

(*c*) Is he able to instruct his defending officer?

(*d*) Is he able to understand the details of the evidence?

C. *Criminal responsibility:*

(*a*) Was he at the time of the alleged offence suffering from a defect of reason from disease of the mind?

(*b*) Did such defect of reason prevent him from knowing the nature and quality of the act he was doing?

(*c*) Or, if he did know, did he know what he was doing was wrong?

D. *Evidence as to character:*

(*a*) Was the accused suffering at the time of the offence from any illness which might have affected his behaviour?

(*b*) Is punishment likely to diminish the chances that he will repeat this or similar offences?

(*c*) Is punishment likely to increase or diminish his efficiency as a soldier?

E. *Medical disposal:*

(*a*) Is any treatment required immediately, during detention or after release?

(*b*) Is any other action recommended?

(*c*) Any other relevant information?

WOMEN'S SERVICES IN THE ARMY

The use of woman power in the services has been much more developed in this war than in 1914–18 and in the British army it has been an unqualified success. One of the main differences between the fascist and the democratic cultures is in their outlook on women, and the fact that women can be integrated into the structure of the army and be so successfully employed alongside men is evidence of the democratic soundness of the army. It has often been suggested by some people that the acid test for the cryptofascist is his attitude to the employment of women and their place in society.

The Auxiliary Territorial Service has provided women for many types of job and the selection procedures both for auxiliaries and officers have been devised in a very similar way to those existing for men. Many special occupations requiring careful meticulous attention to detail are better carried out by women than by men, and the accuracy and quality of women's work with searchlights, radio location and other tasks in antiaircraft work have been very marked. The mixed batteries of men and women have been very successful. All sorts of doubts were expressed originally about the formation of such units but after a very careful assessment of all the possible difficulties they have been exceedingly efficient and harmonious formations. On the whole, sickness and delinquency rates of mixed batteries are less than for other units. Their morale is very high, there have been very few sexual difficulties and a good deal is being learnt that should be of value in the future for those who have the management of mixed teams of men and women in industrial employment.

Some interesting phenomena arose soon after women began to take over radio-location apparatus. To understand these we should recall that both in the last war and in this it has been commonplace to find that fears of impotence are extremely common both in recruits and in soldiers generally. In recruits it is common for a rumour to spread that "something is put into tea to keep you quiet," and similarly among soldiers one of the greatest difficulties in administering quinine or mepacrine is the conviction that somehow it damages potency. Similar views are often held about such innocuous substances as ascorbic acid tablets. Investigation strongly suggests that the relatively rigid discipline of an army produces in men fears of loss of initiative and competence which not unnaturally emerge in the form of phobias. In women, however, this situation took on a most interesting form. It had been noted that one of the reactions of coming into an operational unit, where the Auxiliary Territorial Service was used not for domestic or administrative duties but was directly concerned with the detection and attack on enemy bombers, was increased interest in what might be called "feminine matters of dress

and appearance." In discussion some of the girls made it clear that they feared that being in the army, especially in an operational role, might somehow harden them or defeminize them. Not unnaturally the complete change of life and customs led in some cases to transient amenorrhoea. The remarkable thing was that in these cases the girls did not make any complaint to the doctor at the time which was likely to arouse maternal or demonstrative anxiety. They complained conversely that radio-location apparatus was producing a sterilizing effect.

It was easy to see that when attempts were made to deal with this by direct channels and reassurance the result was in some cases to spread the rumour further. Obviously the anxiety which gave rise to the rumour was widespread in these girls. The suggestion was made, and where it was carried out it apparently proved effective, that the best way to tackle this anxiety was to discuss the alleged hardening effects of a military life during the elementary hygiene lectures received by girls in early training. It was suggested that at this point it could be said that if any girl who was married wished to leave to have a baby this could be arranged, and that Sergeant X had in fact just returned from having her second wartime baby—or some other example could be given to indicate that sterility was not a necessary complement of operational service in the Auxiliary Territorial Service. With the gradual increase of confidence and the sense of certainty about their place in the whole organization these fears of masculinization dropped completely into the background. In the same way the few waves of criticism of the women's services and the suspicions entertained by husbands and fiancés serving overseas have receded completely, as could have been predicted. The women's service has established itself very firmly and its traditions and experience and acquired maturity will be a great stand-by in the nation's life after the war.

The neurotic difficulties amongst women have been slightly more numerous than amongst men. It is an interesting reflection on the types of work that women undertake that such dull women as were

taken into the army were found to be more employable and more stable than men who were dull to a similar degree. Women who break down with neurotic difficulties are more difficult to employ than men partly because there are more restrictions on the number and types of employment available.

EDUCATION

At first sight it would not appear to be self-evident that wartime and army service provide opportunities for educational work, but in fact a considerable amount has been undertaken. Education in psychiatry has made some little progress. Apart from young medical officers who have had some regimental experience and perhaps a few months of mental-hospital training prior to entering the army and who have had three- or six-month courses at military psychiatric hospitals, other groups have also been given training. A great number of lectures and sets of lectures on psychiatric topics have been given to regimental medical officers and to those in general hospitals. The value of good brief courses for men who are otherwise good doctors has been proved both by the United States army and our own. In the United States army in England as well as in the United States courses of a month were given most successfully to men who were in training as divisional psychiatrists, while five-day courses for medical officers from regiments and general hospitals have proven their value. Reports from the invasion forces in Normandy make it quite clear how successful this kind of education, given to men who are already steeped in the army, has been. A week's course for medical specialists in the British army, which was primarily devoted to lectures and discussions on psychosomatic medicine, paid good dividends. The actual results of it could be seen, for example, in the Tunisian campaign where medical specialists were able to take charge of the treatment of large numbers of psychiatric battle casualties, and with their increased knowledge and interest in psychiatry make a more effective contribution to the general health and efficiency of the army. As was

noted in Chapter One the army in war is a very good place in which to get across to medical officers a sane and practical point of view about psychiatric cases. Perhaps some of our teaching in civil life might be made still more effective as well as still more productive if we could relate it rather more specifically to the more urgent everyday problems which surround the general practitioner or the civilian physician in the same way that neurotic and psychosomatic disturbances, human and manpower problems surround the army doctor.

The training of nurses has also made some progress. I do not know whether this holds in other countries, but nurses who in civil life possessed the double qualifications of general and mental nursing seemed always to be anxious in the army to get on to general nursing, presumably as a change and relief from their prewar occupation of caring for psychotic cases. A considerable number of nurses without mental training have been given practical teaching and experience with neurotic patients and with psychotic patients also in the army, and in many cases have realized for the first time what valuable scope there is for a nurse in psychiatric work.

General educational work for men and for officers also has been developed more in this war than in any other and from our angle as psychiatrists this is a matter of great importance. Not only do educational courses, such as are now available in all the armies, provide a method of occupying leisure time, but they also make a very positive contribution to good morale and to efficiency. The specific training in army subjects is a matter apart, but through the psychiatrist to some extent and the psychologist to a greater extent considerable contributions have been made to the design and supervision of teaching methods and to the development of new techniques of instruction (Stephenson). The more general educational work has spread to every unit in the army, including all hospitals and similar formations. It is as though branches of the Workers' Educational Association or some society for adult education were at work everywhere permeating the life of the whole army. The effect of this on patients in hospitals, giving occupation, interest and incentive, is entirely beneficial and it

seems strange that hardly any hospital in peacetime had an adequate educational organization at work even amongst long-term patients. The army's experience would seem to suggest the value of such procedures for the future.

One section of educational work has been the development of the Army Bureau of Current Affairs which has arranged for definite hours for discussion groups fitted into the ordinary training time. Those have very considerable value. Fortnightly booklets covering the basic features of some particular topic from actual military operations to social reconstruction and economic theory are provided for the officer who acts as chairman and guide of the discussion. The meetings are most productive and democratic. These ABCA discussions provide an opportunity for men to express themselves, to get grumbles off their chests and to learn through talk and argument with others a great deal about subjects otherwise quite foreign to them. Quite indirectly the morale factors are stressed, and nothing but good results from these discussions. It is interesting to find that even before the war is over the same technique has been introduced into industry, in some cases linked with the production committees of factories, and it is understood that there too these meetings are producing excellent results. Perhaps the army is better educated than the last civilian army of 1914–18; certainly it is more thoughtful and there is no question that from many angles, including that of psychiatric prophylaxis, these free discussions, which act sometimes almost as group therapy for unrest and discontent, serve a very useful purpose.

AREA PSYCHIATRY

Of all the opportunities that have been taken in the army none has been more profitable from the angle of mental health than the chance of placing psychiatrists to work in and be responsible for areas or large formations. In America, the replacement training centres undertake this type of work. In Canada there are area psychiatrists and in the British army, in addition to area psychiatrists, there have

been corps psychiatrists, and in some places divisional psychiatrists also. The psychiatrist who is tied down to a hospital routine and whose patients come to him for diagnosis and treatment does very useful work but he is shackled and less useful than when he is free of ward duties and able to get around amongst units and formations, hearing their problems, helping where he can, contacting officers and discussing their men and their difficulties with them. In Chapter One some indication was given of the training adopted for these men and it was emphasized there that the men to do this are those who have a good personality, are good mixers and who have a sound knowledge of psychiatry in addition to sociological interests.

The area psychiatrists work very much as a team in each command at home and overseas and have provided the cutting edge of military psychiatry. Their knowledge of the army is extremely good and the contributions to its efficiency which have derived from their investigations and suggestions have been numerous. Their outpatient work is sounder because of their contact with units and their help in selection procedures is greater because of their understanding of the conditions in which men work. Unless psychiatry in the future is to limit itself to diagnosis and treatment of patients, it must have some equivalent for what we call area psychiatry. The progress of social or preventive psychiatry will be far greater if some such organization be brought into being.

SPECIAL ENQUIRIES

Many opportunities present themselves for special enquiries which are of scientific and psychiatric interest and it is important to take advantage of them. Had there been more time or, conversely, more psychiatrists available, the number of projects which could have been usefully followed up could have been multiplied many times. It has already been recorded that a very efficient research department with psychiatrists and psychologists working together has grown up in connection with the officer selection work of the army; and closely

linked to that is the carefully controlled follow-up work of various groups which will, by the end of the war, provide us with many useful data. Psychiatry can provide some help and occasionally a new slant on the problems of other branches of medicine and in the army this has been possible fairly often. It is not that the psychiatrist has any wish, and certainly no claim, to take over anyone else's job or to magnify his own speciality, but in so far as he can point out or elucidate the psychodynamic factors at work in some disability or group of diseases he makes a valuable contribution to the work of his colleagues. Dermatology and orthopaedics are very typical examples of this since here the emotional factors play a very obvious part in the causation of many of the conditions with which they deal. The army provides so many acute situations where manpower is being wasted that any help in selection, classification or treatment of cases which can be given is of special value.

Early in the war some mild outbreaks or epidemics, as they might almost be called, of dyspepsia were shown to be entirely the result of emotional stresses on first joining the army, and throughout the early days of the war when dyspepsia was a major problem (which it has now ceased to be) there was a growing realization of the part played by emotional factors. In consequence these cases were, to a greater degree, kept out of hospital, many of them were handled much more wisely and much greater emphasis was laid on a psychiatrically oriented approach to them.

Some useful work has been done on limbless men by Wittkower and this is a matter where much more study is needed because the problem of the cripple is going to be a very considerable one after this war. Whereas in the last war so many men with serious limb injuries died, in this war because of the sulfa drugs and penicillin they are recovering; but they will be crippled and as a group they will certainly deserve special understanding. Wittkower's work was largely on the personality types and the varied emotional reactions made to injury and its aftereffects. Some 15 per cent of his patients were primarily depressed, 21 per cent reacted with resentment, 5.5 per cent

with anxiety, 21.5 per cent with defiance, 24 per cent with cheerfulness, while a few more showed merely resignation. About 50 per cent of the patients examined showed psychological reactions sufficient to interfere with their social happiness, adaptation and occupational efficiency. The previous personality of these patients was studied and related to their emotional reaction to injury and clearly it was largely responsible for it. The problems of the attitude towards the artificial limb and towards the job as well as the social situation created by injury were studied and a number of suggestions which are now in course of further trial were made as to the better management and careful choice of employment for these men.

This work on limbless men, other work on the blind and the partially sighted, whether re-employed in the army or going back into civil life, and a more fundamental study of the scientific bases of rehabilitation (Emanuel Miller) are being undertaken in the hope of gathering from war experience something of permanent value for peacetime social medicine.

Studies of men serving sentences in detention barracks (Rudolf) and the problem of the type of man that gets venereal disease and why he gets it have been made amongst many others and they deserve mention. They have been relatively small studies because they were mostly done by one individual, but they reveal a prima-facie case for much wider study on a much larger scale.

PRISONERS OF WAR

Of all the socio-psychiatric enquiries that have been made amongst groups in the army, one of the most useful has been the investigation (Wilson) of the problems of prisoners of war returned from Germany and Italy. Considerable groups of men who have been repatriated have been very carefully studied, their problems noted and a follow-up made on their progress after return. The importance of this group of men with their special difficulties is not merely determined by the fact that there will be a very considerable number of them returning

to Great Britain after the war, but also their problems are in some measure typical of those which will be the common lot of many of the men who have been soldiering overseas for a long period. There seems a consensus of opinion, which is in part borne out by some statistical evidence (a sharp rise in welfare enquiries, marital difficulties, etc.), that eighteen months to two years after separation from home either on active service or in a prison camp marks the beginning of a certain deterioration of attitude. Two to three years of absence would seem to produce the largest group of difficulties.

Our observation of repatriated prisoners has shown that after the first excitement and happiness at getting home there tends in a considerable number of cases to develop a certain depressive apathy, in some cases an actual depression, and that in addition to this there are evidences of discontent, bitterness and awkwardness sufficiently well marked to be forced upon one's notice. There is, of course, a certain proportion, about 10 per cent, who are either physically or mentally so sick that after care in hospital they are thought to be unfit for return to the army and so are discharged on medical grounds. Of the rest, from the samples that have been followed up, one can probably estimate that 20 per cent will have marked difficulty in the process of resocialization and reintegration into life in the army or life at home. There seems to be some evidence for saying that the great majority of the balance of these men experience some difficulty and that there is a lapse of approximately six months before they feel themselves once again settled down securely as part of whatever community they are in.

Separation from home and from any real participation in home life and wartime change is probably the chief factor in creating this difference of outlook between the repatriate and the folk at home. The prisoner has been cut off from news, however good his correspondents have been. He has made all kinds of phantasy pictures of home but has not been able to allow at all adequately for the changes that the passage of the months and years have brought about. He arrives back and finds, after the first few weeks, how different many things are.

The social setting, the habits of people have changed, and this is of course more true in England than it would be in America. He finds, too, that his nearest relations and family have developed to some extent and grown away from him in their interests and outlook just as he himself has changed and grown independently. This is true of the repatriate and it is true of the soldier who has been long overseas. There would seem to be very great wisdom in the plan which one of the dominions has made by which every man on demobilization from the army will have free travel for himself and his wife for a month. Even a brief holiday together may provide, through a second honeymoon, some small basis of common experience and common interest on which to start refashioning family life. During the period of absence a good deal of misunderstanding has tended to develop. The soldier shut away in Germany or fighting overseas becomes naturally rather critical of conditions at home and the way in which people live because the whole background and the setting are different and therefore not appreciated. Though at home they may have worked just as hard or even harder, the soldier feels that they are having an easy time. He is rarely critical of his own relatives in this way, but he thinks of "them," the others who are not having to undergo his stresses and privations.

The prisoner of war has special problems which may lead to his deterioration. In the long, unoccupied hours he has had time to brood and have those tiresome second thoughts that come to most people about what he might have done better, or how he might have been wiser and more adventurous at the time he was taken prisoner. A certain guilt develops and this has been fostered to some extent by the fact that a number of relatives and friends at home have written letters rather implying that they regard a man who is a prisoner as in some way a quitter. Nothing could be more unjust save in an infinitesimal number of cases, but it must be remembered that the fact of separation and loss of any real contact produces a similar effect on those left at home to that produced on the man himself overseas.

The returned prisoner is very much afraid, and sometimes with

reason, that it will be forgotten that during the years of his absence he has grown, got more experience, worked hard at various occupations, either physically or intellectually. It is not merely the prisoner of war, but also the soldier after overseas service to whom this applies and it is one of the many points that will have to be remembered on their reabsorption into industrial and communal life after the war.

The repatriated prisoner, more than the serving soldier, is sensitive to authority and very anxious to get a convincing demonstration of the justice of his own countrymen on his return. He has for a long time been an expert at evading and blocking authority and if on return he gets the sense that he is not getting a fair deal he will certainly turn out to be an expert "awkward." He demands, and so does the overseas soldier, special consideration and understanding although he does not want any obvious fuss or any overt expression of the special understanding. What does seem to help most is the feeling and the proof that people care about him as an individual, that individual effort is made on his behalf to reassure him about his health, to get him into a job, to deal with his welfare problems and generally to build afresh in him the sense of being an individual who matters in a group that cares about him. There are going to be many difficulties in providing the special care that will be needed for these men when they return or are demobilized. They need a bridge provided by special understanding between the overseas station or stalag life and their new conditions at home. If we fail to give them this we shall undoubtedly have a lot of unrest to deal with and though this may very likely be put down to communism or other dissident influences it will, in fact, be due to the community's failure to recognize and allow for the changes in personality and outlook that these men have acquired. Everything that can possibly be done in the way of quiet, unfussy competence with kindly thoroughness in the management and resettlement of these men into civil life will pay handsome dividends.

PSYCHOLOGICAL WARFARE

This phrase has been somewhat loosely used to cover a very varying group of activities in this war designed in part to support the morale of our own forces and in part to undermine that of the enemy. Many of the activities of this type clearly cannot be written about, but it is important to recognize that the psychiatrist has a part to play in this field and that, in fact, he has been able to make considerable contributions. Not only by the introduction of selection techniques of various kinds for particular groups of men for the varying jobs, but also in more individual ways the technique of psychiatry has been found of value. Careful investigations and studies of the psychological factors operating under different circumstances in the German and Japanese forces have been made. Whether these will ever be published for general reading is not certain, but they have been of material value, and could only have been produced by men with a training in analytic psychology. Out of them has come much that is positive for the planning of present activities and for the shaping of postwar activity in occupied territory. The psychiatrist who has learned his national psychologies and pathologies has some contributions to make to the international therapeutics that we shall need to employ after the war if we are to avoid its recurrence. Countless situations will arise in which it would seem that the only way of avoiding errors of judgment in the handling of occupied or liberated countries is by calling on a body of knowledge carefully acquired through the study of the individual and group reactions of the people concerned. We know all too little, and yet we know enough to be sure that not only the work of an organization like UNRRA but many of the larger sociological and political decisions of the future demand this kind of advice.

With the individual neurotic or difficult patient it is all too easy to say "pull yourself together," but the advice is fruitless unless we can tell him what to get hold of and how to pull. That we can only do if

we understand the psychopathology of the man himself. Similarly with groups of nations recovering from a traumatic experience there must be the fullest possible understanding before we can hope for successful efforts at self-cure, and unless we have it there will be a danger that the doctor may cause more diseases than he cures.

BREAKDOWN AND TREATMENT

Since in this chapter we are discussing the special opportunities that have presented themselves to psychiatry in the war, treatment has been left to the end. A good deal has been written about it but comparatively little that is really new or of great value has emerged. Treatment has on the whole been regarded in the army as having a less high priority than the prophylactic tasks of psychiatry such as selection, although when as at the present moment the neuroses arising under battle conditions are to the fore, treatment is a first priority because of the urgent necessity and the high probability of getting men back to their jobs rapidly and usefully.

Of the psychotics there is little that one need say. Their incidence has been lower than was anticipated and in the British army we have been able to keep them in the army for a period up to nine months if necessary while they have treatment in military hospitals. This has avoided certification or unduly rapid discharge. In fact, in areas like the Middle East where the question of transport home was an extremely difficult problem many recovered psychotics went back to duty and did well. The recovered psychotic is often a better bet than the partially recovered psychoneurotic. On the whole, however, the army's ordinary practice has been maintained and most men have been discharged from the service after a psychotic breakdown save that where the man had a previously good personality and a fairly obvious precipitating cause for his illness, made a good recovery fairly rapidly and had qualities that could be well used in the army, he may be retained.

TABLE 4

Disposal of Inpatients on Discharge from Military Psychiatric Hospitals *

	To Duty	To Civil Life	To Care of Relatives	To Civil Mental Hospitals	To Other Hospitals	Died, Absconded etc.	Total
Psychosis	7.4	26.9	38.5	7.5	15.0	4.7	100.0
Psychoneurosis	36.4	47.3	4.7	—	11.2	0.4	100.0

Note These figures bear no relation to the successful work done in hospitals overseas. They concern hospitals in the United Kingdom and the patients were either those breaking down in training in Britain or else those evacuated from overseas forces for disposal in the United Kingdom. They include therefore the failures of the overseas hospitals without their successes.

* The percentage figures are based on a group of twenty thousand patients.

Table 4 gives some idea of the disposal of cases of psychosis, and the low figure (7.5 per cent) of cases which had to be sent to the overcrowded civil mental hospitals of Great Britain may perhaps be an encouragement to us in stressing the wisdom of early treatment for the psychotic. In the army, of course, a man's disability is quickly brought to notice in most cases and once it is recognized he gets active treatment very rapidly. In every army, we are aware that psychotic episodes crop up with apparently greater ease than in civil life, but it is quickly borne in on us that the atmosphere and culture in which the man lives and to which he has become accustomed has a helpful therapeutic effect if he is treated in a military hospital. A follow-up is being carried out which will extend for some years after the war so that we may see how the results of very early treatment turn out when viewed from a distance and over the whole group of the psychoses. Obviously the results will not look quite as cheerful as they do in this table. Nevertheless, at the present time, after nearly five years of war the proportion of pensions awarded in Great Britain to these men is less than one quarter of the figure that obtained at the same period of the last war.

The figures for the disposal of psychoneurotic patients given in Table 4 do not make very cheerful reading. It should, of course, be understood that they do not refer to men breaking down with acute

battle neurosis, though a few serious long-term cases from overseas are included in this group of patients. The figures derive from the group of the more predisposed and chronically neurotic men in the army, many of whom have gone to hospital in order to have their superadded symptoms removed and be brought back to their supposed prewar level, or something better, if possible, before discharge. Where, even amongst this group of men who break down during training or service at home, there has been selection of the more hopeful cases, military neurosis centres have for months on end shown an 80 per cent return to duty. Nevertheless it is as well to accept the fact that the over-all picture for this group of men is not very rosy. The army in wartime has neither got the psychiatrists available nor the time to devote to prolonged individual treatment, and in any case, a high proportion of these men breaking down with psychoneurosis were below the median in intelligence.

Throughout the war the invaliding rate for all psychiatric disabilities has been something over 30 per cent of that for discharge from all medical causes, varying of course according to the frequency and the size of convoys of men sent from the overseas forces for discharge in the United Kingdom. This discharge rate seems to be very comparable with that in the Allied armies.

A good deal has been written about this type of case and except for the emphasis on the factor of separation anxiety in lighting up these neurotic states, there is little new to record. The predisposition of nearly all these men is quite marked though varying in degree. Nevertheless, many of them have given good and prolonged service and it would have been a mistake to exclude all men from military service who had any recognizable predisposition. It will be remembered that in the large group of British pensioners, some one hundred thousand of whom suffered from neurotic illness in the last war, there had been an average of eighteen months of foreign service. While it is better to err on the side of utilizing men with neurotic difficulties, none of us in the army has any doubt about the lack of clinical acumen which allowed a great number of these men to be passed into the forces.

That is a challenge to our medical educators, and from the experience of the armies in all countries there is some note of urgency in the challenge.

The amount of individual treatment that it has been possible to give to men in hospital has been small. Probably very few of those who needed it have had more than six or seven hours of individual psychotherapy during their average of forty days' stay in hospital. Use has been made in most hospitals of continuous narcosis, modified insulin and sedation when necessary, and group therapy has made some small progress in its development. Occupational therapy has proved to be of value although there has been a general tendency to change its form and method of application. That very sound principle of resocialization which is carried out so strikingly by Burlingame in America has been in our minds and we have tended to veer away from the crafts and those other occupations that are best suited to the long-term case in bed or in the wards to more practical occupations which keep a man in an active mood and eventually lead him back to military duty. Paramilitary games and pursuits, physical training, map reading, signalling, etc. have been much used and with considerable advantage. Training officers, educational staff and physical-training instructors play a large part in the reconditioning and reintegration of these men to their military tasks.

Reference was made in the last chapter to the scheme for special posting for neurotic men and women to jobs within their special knowledge and competence. Psychologists and personnel selection officers have been increasingly brought in to help in this procedure. Working within the psychiatric framework, the personnel selection officers can take full cognizance of such limiting factors as the psychiatrist points out for each particular patient. That has proved an extremely successful adjunct to treatment and a method of maintaining a man's efficiency and avoiding further stress and breakdown. Many thousands of predisposed and chronically neurotic men are doing full time effective work in special postings in the army at the moment. Had these men not been fitted into such special jobs they

would have had to be discharged and so become a dead loss of trained men to the army. In civil life where this problem of the chronic neurotic is always with us we shall certainly find that greater use of selection and vocational advice will help us to deal with the social and economic problems where we have to accept our inability to perform the ideal cure by an internal readjustment.

We have had an interesting comparison during this war in England between two different types of hospital. Because of the peculiar stresses which were visualized at the beginning of the war, the powers that be decided that civilian hospitals should be set up under the Emergency Medical Service which would deal with service cases as well as with the large number of civilians who, it was anticipated, would need their services. From the beginning, therefore, we asked ourselves whether civilian doctors and the static civilian setup of the EMS hospital would produce better or worse results than a military hospital could achieve; here I am only speaking, of course, of the psychoneurotic cases. So far as one can judge after five years' experience the EMS hospitals have one great advantage in a stable and adequately arranged staff. Their personnel does not shift like the military personnel, and because they were civil hospitals run by existing civilian authorities they have had certain administrative advantages. The civilian psychiatrists can give their whole time to professional work. In an army hospital there are certain inevitable military duties which take some time. These civilian hospitals quickly found that they needed certain help from the army to deal with these cases and physical-training instructors, noncommissioned officers for disciplinary purposes, educational sergeants and others were introduced. The best of these hospitals where they have made real efforts to understand the army's point of view and to work with and for the army, minimizing the civilian influence, have produced extremely good results, slightly better in fact than the military psychiatric hospitals. But that is not true of all of them, and probably over all it would be better to have any man whom it was hoped to send back to the army under care in a military hospital all the time and only use civilian hospitals for the

necessary rehabilitation of those who are going back to their civil occupations.

BATTLE NEUROSIS

There are still some people, and alas some of them are doctors, who believe that no man should break down in battle and certainly no one should be "allowed" to break down. Behind this belief is the idea that somehow courage and cowardice are alternative free choices that come to every man, overriding all emotional stress, that a man can choose which he prefers or that he can be courageous if he is told he must be. This again is a reflection on our past failures to give a sensible education to laymen and indeed to our own colleagues, but it can be recorded that compared with the last war things are very much better and there is far more understanding in the army with which I am best acquainted. Nearly all training manuals do refer to the fact that fear is a universal and in its right place a beneficent reaction, but it takes a good deal to live down the early teaching of childhood. And the textbooks have been unheeded by those who are themselves ashamed and frightened of their own feelings of fear. It is interesting to note, however, that men are on the whole less scared of being afraid and consequently more inclined, when they do crack, to react by straight anxiety rather than by the development of conversion symptoms. That is certainly some small advance. But we have inevitably got a residual problem that we are never likely to resolve completely in the correct management of anxiety and fear.

There is no doubt that the man who is breaking down with acute anxiety is very bad for his unit and likely to "infect" other men. Those who have up to that time been controlling their anxiety reasonably well must of necessity have it revived since they share to some degree the emotions of their colleagues. The air-raid wardens in London in the early days of the war were often advised, if people panicked in a shelter, to knock them out. The same advice holds true in the front line, and if sympathy and friendly firmness do not work then it is far

better to get rid of the man for a short time and knock him out with sedatives for his own and everyone else's good. Whether it is the task of the doctor to decide where uncontrollable fear ends and cowardice becomes dominant is still an unsolved issue. There certainly are cases of cowardice with deliberate evasion of dangerous front-line duty, but most people are hesitant, and I think rightly so, to attach the label of cowardice or lack of moral fibre to a man showing any of the physical signs of anxiety: they are difficult to create artificially. All of us are nicely balanced between courage and cowardice and we find ourselves with anxiety controlled, expressing itself only through the autonomic nervous system; yet there must for many come a time when courage however well cultivated and maintained fails to operate. There is a story, which I believe is accurate, of Marshal Ney who, standing watching a battle, found his knees knocking together. He looked down at them and said, "Go on, knock, its nothing to what you'd do if you knew where I was going to take you in a few minutes." Whether that is a schizoid or a courageous reaction it is certainly typical of experiences that have come to most of us who have been in battle, though perhaps we were not quite so effective. Broadly speaking, it is true that any man *may* break down, granted that there are sufficient predisposing causes in the way of lack of sleep, inadequate feeding and constant stimuli through enemy bombardment. Obviously the man who has made friends with his fear, the man who has a high personal morale, and the man who is well trained and happy in a well-disciplined group will manage his fear better than the man who has not got those qualities or circumstances. Many men with well-marked neurotic predispositions stand up for a long time to the most trying front-line fighting, but on the whole, the inadequate man and the dullard crack very quickly and are better excluded.

There is a very difficult eugenic problem for which no one as far as I know has found a solution. It is a worrying thought that our best men have to be killed in battle or in many cases mentally broken by their experiences while the inadequate remain unscathed at the base

or at home. If war should ever come again perhaps this problem may be varied since we may rely entirely upon aerial torpedoes, and hand-to-hand combat will be relatively uncommon.

Another serious problem is that of desertion and how it should be dealt with. The abolition of the death penalty for desertion in face of the enemy appears to be linked with the relatively small number of self-inflicted wounds. Those of us who had to have firsthand experience of the men who were shot at dawn in the last war feel that we can perhaps understand that, since these men were in many cases quite obviously suffering from an acute neurosis. Whilst there have in this war been some evidences of men who lightly claimed to suffer from anxiety neurosis there certainly has been no epidemic or any suggestion of that. In the few cases where there have been "mass" desertions, i.e. quite a number of men at one time, there has practically always been some explanation to be found, usually in faulty handling by NCO's or officers. To some of the tougher soldiers who declaim about the supposed kindheartedness of psychiatrists, one is tempted to say, "I thoroughly approve of shooting provided you shoot the right man." The fire-eater who regards all nerves as "fiddle-sticks" and anxiety as malingering normally lives at the base, and in practically every case that I have met is recognizable without much difficulty as a man carrying a considerable load of personal anxiety, and shame about it.

Clearly, the amount of breakdown that is to be expected under battle stress must depend on the kind of war that is being fought at the moment. Fluid war in the desert where we were winning produced very little neurotic breakdown even though there was a good deal of physical fatigue. The figure on many occasions in the desert was as low as 2 per cent of the total casualties. The nearer the fighting approximates to the 1914–18 trench warfare the higher becomes the incidence. Where men are constantly suffering from weapons they dread most, like the multiple mortar or the 88-mm. gun, where they are separated from each other in fierce battle and are without sleep, the rate rises to 10, 15 or even 20 per cent. The better instruction of

regimental medical officers and of combatant officers in the early recognition of signs of strain has been of proven advantage. Where men are sent down to the regimental aid post for a night's sleep before they have really cracked there is a good chance of avoiding that altogether. The organization of divisional rest centres is extremely successful and in the recent invasion of Normandy, the divisional rest centres and the corps exhaustion centres, which took the cases the divisional centre had found too difficult, were together returning 65 per cent of the men to full combatant duty in six to seven days.

Though this front-line treatment may be a doubtful form of "cure" and the bill may come in to these men after the war, it would seem likely that for many men this recovery from one bad attack of anxiety with a certain fresh orientation to fear may have a reasonably lasting therapeutic effect. Hanson with the United States forces in Tunisia found that 89 per cent of a group of men so returned fought well for a further three weeks without breaking. We have found from the Normandy experiences that a considerable proportion of the men who cracked were those who had had marked anxiety in the fighting in North Africa, Sicily or Italy, but had not broken to such a degree as to have treatment.

The importance for the efficient use of manpower of the reallocation of men to suitable jobs is very evident. In all overseas forces the rehabilitation groups at the base where the personnel selection staff can function are doing excellent work with those men who cannot be returned to front-line duty after rapid treatment.

No force has, alas, gone out from Great Britain into battle having been completely through the selection machinery with psychiatric weeding out of the doubtfuls. Selection started late, and a variety of difficulties and obstructions has arisen to prevent the carrying out of the thorough procedures we wished. We therefore cannot produce any clear-cut evidence of the effects of selection procedure upon the breakdown rate such as Gillespie is producing in air crews of the RAF. We do know that particular formations where the commander has insisted upon very careful sorting have done exceedingly well

in battle and have had an outstandingly low rate of psychiatric casualties. We know equally that units that were much below the standard that they should have had on selection testing (i.e. with a high proportion of dull men and too many dull noncommissioned officers) have produced very bad figures with regard to breakdowns. Whether our attitude to the neurotic be "treat 'em rough" or "treat 'em soft" is equally irrelevant. What really matters is the quality of the man, the nature of his job and the type of strain that he is to undergo. The job of the army is to evaluate these and to modify as many as may be possible and so to prevent breakdown. Where prevention fails we must organize the most effective and rapid treatment.

The use of the term "exhaustion" as a euphemism for all psychiatric breakdowns in the line has, on the whole, been very successful. Shell shock or even anxiety neurosis have a much more serious implication of illness than the label "exhaustion." The man who is sent to the division or corps exhaustion centre and after a few days is able to return to duty goes back with no diagnostic label, even though he recognizes that "exhaustion" was actually an alternative name for what he knew he had—anxiety that brought him near to the end of his tether. The proportion of cases of actual physical exhaustion which come back and turn out to have no noteworthy psychiatric features is very small.

Prophylactic sedation for men who are near to cracking is extremely valuable. The barbiturates have averted many a crack amongst civilians in bombed cities and amongst soldiers in action. In small doses the quickly excreted barbiturates have no effect on military efficiency and even if they did they would, like the rum ration, do less harm to the man's efficiency and accuracy as a soldier than the anxiety which they relieve. Sedation for men who have to be sent down to the base or, as in the early days of Normandy, have to be sent across to England is of value in preventing a conditioning to anxiety with consequent reinforcement of the symptoms. Sedation as a method of cure in hospital is more doubtful. It is a very effective splint, like that applied to a damaged limb, but something more than

a splint is needed; with a wounded man the broken bones must be set, and he may need a *débridement* and further active treatment. So, too, the best results with the war neuroses are obtained when they have active treatment. "Psychosurgery" in the shape of abreaction followed by simple re-education should as a rule precede a period of rest under narcosis. Hanson's group abreaction technique has proved exceedingly valuable and a great saving of time. In addition it has the great advantage of raising the group morale of patients who share their experiences and the discussion of those various problems that they all have in common. Whether this method could ever be used in peacetime is more doubtful; its main applicability seems to be with groups of men who have the factor of the army and war experience in common. There is, however, no question that the general method of abreaction followed by sedation is applicable to many cases in civilian life, particularly in psychosomatic conditions, and it is well worth further experiment.

Some recent work (at Mill Hill Neurosis Centre) on the relative value for abreactive purposes of ordinary sedation, pentothal and hypnosis has provided a healthy reminder that the results of all three are fairly comparable and that the pentothal method is primarily of advantage for its speed when the doctor is overworked or for some resistant cases of amnesia.

The neuroses of battle have provided us with certain opportunities. Those who have had to deal with them have a clearer understanding of psychopathological mechanisms than they would get from almost any other kind of work. The regimental officer, too, the ordinary man, has learnt more about his fellows and the way they react to strains and has broadened his sympathy and his understanding. As from the last war we learnt much about the neuroses and changed our attitude to the neurotic, so in this war we shall have relearnt our lessons and gone further in our appreciation of this major medical and social problem.

CHAPTER THREE

THE WAY AHEAD

IN THE last chapter I mentioned the film from which the title above is taken. That film was written to a psychiatric prescription with a definite purpose. It shows how men are taken from their civilian individualistic occupations, and how they are gradually brought together by army service; they learn new skills and gradually become integrated as a group, each man playing his own specific role.

There is much about the idea of this film which seems applicable to our consideration of the future of psychiatry. We cannot stand still and we cannot remain individualists. When peace breaks out, there will be more and not less need for teamwork in tackling the problems of communities and nations. Surely we should be discontented with our grooves, and as psychiatrists be ready for constant rebirth, development and adventure.

In Great Britain we are at present somewhat concerned over the planning of a health service for the nation. Sir William Beveridge's plan suggested that there should be a comprehensive health service available for every man, woman and child, and in that scheme mental health is at least as important as physical health. Similar movements of thought are occurring in other countries, and few people doubt the necessity and the wisdom of such consideration, however uncertain it may be, about the best methods by which the desired goal can be reached. Psychiatry is the leaven in the lump, since it affects the larger part of social medicine, and the development, exposition and spread of psychiatric thought should have more to do than anything else with the success of our planning. We need to look further than the immediate goal of individual health; something better must be provided for groups as well as for individuals, for nations and for the community of nations. The social disorders of the world at

present challenge us as diagnosticians and as therapists, and in the postwar period our consultations must not end in words but in action of some effective type.

In the preceding chapters, which are rather too much like a catalogue of events, I have tried to show how the function of psychiatry may change as the need and emphasis vary, and new situations are presented. It should be made clear also that psychiatrists change, and that men who have come from settled routine jobs find that they grow very easily into a new outlook on psychiatric work once they are confronted with the actual necessities of the situation in the army. Something of the same kind will occur in our ordinary postwar life if we are prepared for it to happen. The urgency and intensity of service life may be lacking, but the problems demanding solution will be fully as obvious, and the opportunities will be even greater. The routine tasks of many psychiatrists will have to continue, for the sick must be cared for and research of all types must go on. There should, however, be few people in settled jobs who do not give part of their interest to the wider problems of psychiatry, and there must be a great many psychiatrists whose whole time is given to the investigation and development of new possibilities. If we become more realistic in our attitude to our work, we may find that certain of the more recondite laboratory researches are excluded, but the time thus saved will be given to much more productive investigation of other problems. We cannot afford to have any good men tied solely to a mental-hospital job, or to a consulting-room practice in the future, if he has the qualities for work on a wider scale.

The status of medicine in the community is a matter that should give us some thought and the status of psychiatry vis-à-vis medicine, and relative to the general social life of the community, is not yet what it might be. The profession of medicine has not altogether escaped from the "barber-surgeon" era, and great as is the respect of society for individual doctors, its estimation of the profession as a whole is not as high as one would wish. It is doubtful whether a whole-time state service, with its escape from the commercial aspects of our re-

lationship to patients, would meet the situation. It seems more likely that far better selection of would-be doctors and an increasing emphasis upon the prophylactic role of medicine would produce greater results. A doctor learning from inadequacy, disease and the abnormal should have a better contribution to make to the planning of the normal life of society than most people, whilst from his intimate contacts with those who are sick or in trouble he learns, and should be the best possible adviser on, the manifold human problems of the day.

The men specially trained in psychiatry have, as Doctor Salmon pointed out, an even greater opportunity than the profession as a whole to move gradually in this direction. If straightaway picked groups can be got together where the standards of experience and outlook are beyond criticism, then it should be possible, without delay, to take on wider responsibilities. We have something of value to say in almost every major problem of society—in the planning and maintenance of peace, in the management of nations and their affairs, and in other questions of this magnitude and importance. If it can be demonstrated that psychiatry can produce effective help for group problems at every level, we shall eventually have the chance of helping in wider spheres. Let me make it quite clear that I am not claiming that we have some magic which can produce a new heaven and a new earth, but that I think we should be foolish not to recognize that our frontiers have widened, and that our particular skill and aptitude do enable us to make a contribution to the solution of all problems in which human factors are involved. We cannot do the work of the statesmen and the economists any more than we can attempt to do the work of the soldier. We can, however, in many cases show them what the true nature of their problem is and so ensure that they fight on the proper battlefield.

PLANNING FOR MENTAL HEALTH

Having just made this excursion into the future with a tentative outline picture of how the functions of the psychiatrist should ex-

tend, we must ensure that our feet are on the ground, and that our normal day-to-day work for the community is so planned that it leads to real progress. Most of the British planning for a national health service is fairly pedestrian at the present time. This is certainly true of such plans as have been put on paper for the future of psychiatry. In part this is due to the fact that we have been planning *in vacuo* since we do not know the shape of the proposals that will be officially made to implement the Beveridge recommendations for a comprehensive medical service. The general tendency at present is to upgrade and link existing services, making them more efficient and more resourceful, and as far as it goes, this is satisfactory. The general line of suggestions that have been put forward in Britain is as follows.

The old separation between the mental hospital and the general hospital, between ills of the mind and those of the body, must be done away with. It has in the past been based largely upon the historical fact that mental hospitals of necessity provided legal custody for some of their patients, and the public has never quite got away from the prejudice against the old idea of the restrictive mental hospital and the asylum. The legal aspects of certification were reviewed already in Great Britain in 1930, when the Mental Treatment Act became law, and are due for further review and simplification now with the advances in our understanding and the changing public attitude towards mental illness. We hope for legislation that will make it possible for people of every social group to have treatment when they need it, even though they do not wish it, without the necessity to invoke the law. There will be many further changes which should come about in the legal situation as it concerns psychotic and defective persons, and these are more likely to happen now than at any time previously. It is agreed that the mental health services are to be integrated with the general health service, and in itself this is a considerable advance which will do much to educate public opinion and medical opinion too.

It will clearly not be possible to avoid all legal formalities since

institutional psychiatry has to be concerned with many protracted long-term cases, and those who are responsible for maintaining the liberty of the subject must of necessity insist upon suitable safeguards. The emphasis, however, will be upon greater freedom in the treatment of mental cases, and a greater similarity between the mental hospital and the general hospital, a much closer relationship between the two and improved arrangements for the interchange of staff. The staffing of mental hospitals will need to be improved greatly. In most cases, there should be a 100 per cent increase in the medical staff, and considerable increase and improvement in the nursing staffs. The isolation of mental-hospital staffs must be ended, and a system of part-time assistant physicians, with visiting men from outside, should be instituted. Every member of the mental-hospital staff should have the opportunity of sharing in the extramural psychiatric activities, and this should have its obvious repercussions on the standards of work in the hospital and in the outpatient clinic, as well as on the ordinary work of the general hospital. The figures of the outpatients seen in the British army given in Table 3 on page 46 keep us reminded of the relative insignificance of psychosis in the whole picture of mental ill-health. Nevertheless, psychiatry is landed with this heavy commitment in the shape of long-term and chronic patients, and, unfortunately, has suffered in consequence. The public has thought of psychiatrists as being primarily concerned with mental-hospital treatment and medical schools have paid far too much attention to teaching on psychoses to the exclusion of the wider aspects of psychiatry. New emphasis must be placed on the preventive aspects of our work, upon early treatment with all the various ancillary measures that are available and lastly upon the more effective treatment and management of those who have broken down seriously or those who are so defective that they must be under care.

A considerable number of recommendations along these lines has been formulated which should gradually be incorporated into the new health plans, so that mental hospitals will alter their character and their status, the staffing and the quality of work will be improved,

and the position of psychiatry in the general hospitals will be advanced. The regionalization of Great Britain contemplated in the health plan should give the opportunity to provide sufficiently large regions or areas, each containing a fairly complete set of facilities for dealing with mental ill-health. It will probably still be necessary to have one thousand mental-hospital beds for each quarter of a million of the population, and the probable figure for bed space for neurotic patients in general hospitals or in special hospitals will be some 5 per cent of the general hospital accommodation. The neurotic patient must have some institutional provision made for him and eventually, no doubt, when mental hospitals have won a new esteem in the minds of the public and their medical and nursing staffs have a much more all-round training, the neurotic patient will be ready to go to the mental hospital for treatment. This already obtains in many instances.

We have moved most convincingly from the lunatic asylum to the mental hospital, and now we must give new meaning to the latter. Whether we keep the name of mental hospital or speak of mental health centres or find some new name matters little as long as they are places to which patients or their relatives go with certainty and alacrity to get the help they need.

On the whole, the man with neurosis is better treated as an outpatient and it is very desirable that he should continue his work while having treatment. Consequently better clinics giving more active treatment with far-better facilities for psychiatric social work and occupational placement are needed. It is visualized that the future development in Great Britain will throw emphasis more and more on to university clinics in various parts of the country which will function as the central point in the mental-health services, making close and intimate relationship with the mental hospitals, the outpatient service and the ancillary activities which will be provided.

The Criminal Justice Bill which had to be shelved in 1939 is, we are told, likely to be brought up again at the termination of the war. It contemplated very considerable advances in the psychiatric care of

delinquents and psychopaths. All the various resources of the judicial system, the approved schools, Borstal institutions, remand and other special homes would have psychiatric advisers and the quality of work done should consequently improve.

Child psychiatry has made considerable advances and will, without question, go much further than heretofore under the new health plans. This is as it should be, since it is clear that it is far more important to recognize and provide satisfactory treatment for abnormalities of conduct or for neurotic difficultites at an early stage than to provide costly care and treatment in the later stages. Child guidance has come to be more and more under the educational authorities in Great Britain. This is partly because educationalists were on the whole more aware of the need for this type of help than doctors, and the early demands for child guidance facilities came largely from them, from the courts and from social agencies. Whilst the child guidance team of psychiatrist, psychologist and social worker has in theory been maintained, there has even before the war and still more during the war been a shortage of well-trained psychiatrists and adequately experienced educational psychologists, so that there is some danger of child guidance becoming regarded as a matter for the psychologist and educationalist rather than for the doctor. The diagnosis upon which treatment must depend necessitates a very wide training, and at present until we have sufficient well-trained clinical psychologists, the doctor is the person who is best equipped for diagnosis by reason of his training and background. It would seem wise that all disabilities, even those which appear to be purely educational, should be checked over by a psychiatrist, because of the possible physical or emotional factors which may be involved. It is to be hoped that all child guidance activities will eventually come under the National Health Service. Perhaps there may be a distinction made between child guidance and child psychiatry, the former coming to be regarded more as the sorting house within the school system for those children who need investigation and special care, treatment being provided by the children's psychiatric clinic. The

name "child guidance" has certainly served a useful purpose but perhaps is slightly misleading since it can be argued that it is the function of the parent and the teacher to give guidance to children, while the functions of diagnosis and treatment of their disorders fall to the doctor. Child psychiatry holds out more hope for the mental health of the community than any other of the facilities so far referred to, but yet it does not go far enough back in the scheme. We need the kind of investigation and care that the psychiatrist can provide to be available in child welfare activities and in antenatal clinics if we are to provide the best chances of prophylaxis in the mental field. Our links with the pediatrician and the obstetrician must be strengthened, and this is likely to come about if the planning of a national health service works out as we hope. The problems of ascertainment of mental defect in children and of the special care and management of defectives involve a much better contact between the educational authorities, the general practitioners and the mental-deficiency experts in the public services.

Very important problems are raised when one comes to consider the structure and organization of the health services—it is not easy to plan for the organization that is going to give psychiatry its optimum chance of developing and coming to maximum efficiency. There are many arguments in favour of psychiatry and its activities being under some central professional direction, and yet it is difficult to escape from the nominally democratic control of locally elected committees of laymen in the various areas and districts concerned. The whole question is of course tied up with the structure of a national health service and not yet decided. The suggestion most likely to be put forward is that there should be in civil life a structure somewhat like that now obtaining in the army by which a department of mental health should exist, advising the chief medical officer centrally and having links with similar departments and advisers in the various regions down to the periphery. That psychiatry has never yet reached its proper position in medicine, there is no question, though its aims and its many ramifications put it in a parallel

position to general medicine, surgery and obstetrics, as one of the four major divisions of medicine. Psychiatry infiltrates and affects all other aspects of medicine, and given the opportunity of developing technically and administratively, it will make a very material contribution. In the present state of medical knowledge, it would be a mistake if for the sake of an apparent integration with general medicine the development of psychiatric activity were to be placed under physicians who are not psychiatrists. In fifteen or twenty years' time that will be perfectly possible, but for the present the development of mental-health activities necessitates a special department, neither a part of clinical medicine nor of preventive medicine. Before long, the administrative necessities will change, and there will be no difficulties, and no claims to be made for the freedom of psychiatry.

EDUCATION IN PSYCHIATRY

Alongside the planning for the national health services, there has been a good deal of consideration given to the improvement of psychiatric education. Great Britain has in this respect been somewhat behind many of the best medical schools of America, and will need to develop more good teachers and a greater range of educational facilities for the future. The probability is that there will be much more uniform standards of psychiatric teaching as between the different universities and medical schools. More time will be devoted to the various aspects of psychiatric training during the preclinical and clinical years of undergraduate training. The aim of any school of medicine is clearly to produce doctors who as part of their skill have an understanding and appreciation of personality and the emotional factors in disease and can apply that knowledge wisely with their patients. It is clearly desirable that physicians, surgeons and all the specialist teachers should, whenever it is applicable, bring in the psychiatric aspects of medicine in their ward teaching and their clinical lectures. Until they are able themselves to do this, more responsibility will be placed on the psychiatric staff of the medical schools. At the very beginning of a medical student's career there

should be certain orientation lectures, some of them from the psychiatric angle, which attempt to give the student some idea of his ultimate aim in medicine, and to show him how some of the relatively duller parts of his work relate to and form a background for the more interesting and realistic work that he will be asked to undertake in the future. The typical immaturity of many medical students which has been notably lessened by the more responsible conditions under which medical students have worked during the war in Britain could be to some extent avoided by better indoctrination at the beginning of a medical career. In this way, too, from the very beginning a rational psychiatric approach to all his problems would be given to the student, and his interest drawn to the human aspects of the whole subject which he can watch throughout his studies. Undergraduate teaching will include modern realistic psychology alongside physiology and a growing clinical experience in the wards with outpatients and through lectures. The emphasis will be placed far more than in the past on personality and emotional disorders with their social implications and the appropriate methods by which they can be handled. There seems little need to amplify greatly the teaching on psychosis, though this can be linked up with the whole scheme of teaching and improved in many ways.

Postgraduate teaching will most often aim at a specific training in psychiatry and not merely the building up of a psychiatric viewpoint. There has, ever since the last war, been a diploma of psychological medicine which has been regarded as part of the training of the specialist in Great Britain. Probably this will be somewhat altered in the future, and it is likely that something more akin to the American plan will be adopted by which, after thorough experience for three years, with an all-round training in the psychoses, mental defect, child psychiatry and the neuroses, the candidate will take his examinations; thereafter he will have two years in which he may have a personal analysis if he wishes, can follow any special branch he chooses, and on the results of his work will get his diploma at the end of five years. This plan will certainly help to raise the standard of the consultant and

specialist group, our teachers of the future, and it should be possible for this to foster the more progressive outlook on psychiatry, since it will give a man a sound all-round background in psychiatry but not tie him down to some one particular institution or one special aspect of the psychiatric field.

On the whole, the feeling in Great Britain has been against the adoption of the concept of neuropsychiatry that has been used in the States. It is undoubtedly necessary for a psychiatrist to have a sound knowledge of neurology, and equally for the neurologist to be well trained in psychiatry, since the majority of his patients will be suffering from emotional disorders. It is generally felt, however, that while there will be some common basis in the training for both subjects, these will be best served by separate courses of study and separate diplomas. There is a good deal of truth in the wisecrack that it is a different personality disorder which leads one man to neurology and another to psychiatry. There is, broadly speaking, a recognizable difference in the two types of men, though of course there are some who are equally good in both fields.[1] If we limit our concept of psy-

[1] The following quotation from a paper by E. Sapir, "Cultural Anthropology and Psychiatry," seems relevant. "The great difference between psychiatry and the other biologically defined medical disciplines is that while the latter have a definite bodily locus to work with and have been able to define and perfect their methods by diligent exploration of the limited and tangible area of observation assigned to them, psychiatry is apparently doomed to have no more definite locus than the total field of human behaviour in its more remote or less immediately organic sense. The conventional companionship of psychiatry and neurology seems to be little more than a declaration of faith by the medical profession that all human ills are, at last analysis, of organic origin, and that they are, or should be, localizable in some segment, however complexly defined, of the physiological machine. It is an open secret, however, that the neurologist's science is one thing and the psychiatrist's practice another. Almost in spite of themselves, psychiatrists have been forced to be content with an elaborate array of clinical pictures, with terminological problems of diagnosis, and with such thumb rules of clinical procedure as seem to offer some hope of success in the handling of actual cases. It is no wonder that psychiatry tends to be distrusted by its sister disciplines within the field of medicine and that the psychiatrists themselves, worried by a largely useless medical training and secretly exasperated by their inability to apply the strictly biological part of their training to their peculiar problems, tend to magnify the importance of the biological approach in order that they may not feel that they have strayed away from the companionship of their more illustrious brethren. No wonder that the more honest and sensitive psychiatrists have come to feel that the trouble lies not so much in psychiatry itself as in the role which general medicine has wished psychiatry to play."—the *Journal of Abnormal and Social Psychology*—Volume XXVII. Oct.–Dec. 1932. No. 3.

chiatry to the bedside or outpatient clinic, the contrast between the two approaches of neurology and psychiatry is not so marked as it would be if one's vision were wider. To discuss the problem of Germany's postwar future in terms of neurology would not be easy.

Postgraduate training will have to be subsidized or else a sufficiency of resident jobs in hospitals will need to be provided to enable men to take the courses that are visualized. It would be a tragedy if specialization became the perquisite of those who had private incomes and were thus able to spend the necessary time in training. The selection of men before they start medicine has already been suggested, but there will certainly be needed a further vocational test for those who are setting out to become specialists or consultants in psychiatry. While there is probably some niche to be found for any man in psychiatry, however shut away or eccentric his personality may be, it would seem a waste of training facilities to allow many men or women of this type to qualify as specialists. From the point of view of the community and the general progress of psychiatry, their contribution is likely to be much less than that made by people who may perhaps have slightly lower "g" but a much sounder and more stable personality.

Postgraduate education in psychiatry will need to be provided for other groups than those who are definitely intending to specialize. Men whose main goal is internal medicine, pediatrics, dermatology, orthopaedics or any one of the many aspects of medicine will need special courses and facilities in getting experience in the most modern psychiatric approach. The general practitioner has now for many years demanded special short courses to orient him in the subject, to improve his powers of diagnosis and to help him in the effective handling of psychiatric problems. There will be an increased demand for this after the war and for ten or fifteen years to come, until undergraduate psychiatric education has made its mark on the profession as a whole. Even then, there will be a constant flow of new ideas and techniques which will need to be made available to everyone in medicine. If the university clinics and the postgraduate

teaching groups can be built up and can maintain a thoroughly progressive outlook, there will be a constant demand for their services and their help in teaching. Since any projected state service visualizes refresher courses, there is no doubt that the teaching function of psychiatry will be amongst the most important tasks of the future.

RESEARCH

There has in the past been some tendency in all branches of medicine for research to be undertaken rather lightly and without sufficient relation to the real needs of the situation. It seems that on the continent of Europe no man can regard himself as properly launched on a professional career unless he has written up a certain number of researches, though their value may be limited and their quality very doubtful. To some extent, that situation also obtains in the Anglo-Saxon countries. In psychiatry, the mechanistic outlooks of the past century still colour some of the research that is undertaken in mental hospitals, and whilst there must without question be a continuance without interruption of basic research in the anatomical, physiological and biochemical fields that impinge on psychiatry, much of the emphasis will shift away from these in the future. If we believe in fact that the sociological and psychodynamic approach to psychiatry is productive, then we must give facilities and encouragement to those men who can employ their training in the study of the many major problems awaiting solution. For example, we want studies of the birth-rate problem to see how far this is in fact dependent upon the possession or lack of a sense of social security and the worthwhileness of life by men and women who are now growing into their positions in society. The foundations of personality and its disorders need profound study. What goes wrong in the earliest days from conception onwards and how are we to record these facts and how are we to remedy what at present is wrong? How can we modify the disturbed internal life and the disturbing external social life of the child as he grows up? How can society be modified to accept and

to make the optimum use of men with neurotic and psychopathic traits, and to avoid adding to their numbers? Here, for example, one has in mind the statement that the change in social structure of the Soviet Republics has led to a marked diminution in the amount of neurosis. How can the particular stresses and mental disturbances that lead to psychosomatic illness or to social unrest be identified and changed? What is to be learned from the more careful study of interpersonal relationships, the development of the life of communities, and how can these be better planned so that instinctive tendencies can be profitably used and cultivated in order to avoid major difficulties such as international clashes which lead to war? How are the psychopaths and the antisocial elements in modern civilization to be better understood and better dealt with? These are just a very few of the problems which occur to anyone who looks round in the psychiatric field as being of major importance. In research as in every other branch of our work, we must think in terms of priorities, and if we can produce the men and women capable of tackling these problems, they will in many cases be more profitably employed than in test-tube and microscope research. "Without vision, the people perish," and we must arrange as we look ahead that our young men see visions that are extensive and not merely intensive, whether in the laboratory, in psychopathology or in sociology.

WIDER FIELDS

As our vision ranges over the problems which challenge us, we pass from the reorganization and revitalization of our existing psychiatric activities to wider aspects of the subject, for clearly we must look further and go further afield than we have yet been. Psychiatry cannot and should not attempt to take on tasks other than its own, but it must aim deliberately at cross-fertilization in every field in medicine and the health services. There is no sharp dividing line between psychiatry and any other branch of medicine nor indeed between psychiatry and any other branch of knowledge that concerns

human beings and their welfare. Psychiatric thought must become part of the ordinary approach to his tasks of every worker in the field of health and human relations. This penetration must not be regarded as the function merely of specialized research units, important though these are; it should be thought of as part of the task of every man or woman who has acquired a psychiatric outlook. Upon our work and our attitude depends the speed with which the human factors will be recognized and understood by sociologists, politicians and statesmen the world over. For most of us this will mean a much closer co-operation with local groups of varying types whom we can contact, but there is no unit so small that it is not worth study and no community that will not repay effort and experiment. Advances in human affairs come far more often from the workers on the periphery than from those who are centrally placed. New ideas which are valid in their application are as likely to come from the outlying workers in psychiatry and medicine as from the high-powered research teams.

DO WE NEED A NEW IDEOLOGY?

Hitching one's wagon to a star need never be an alarming affair provided that we retain some contact with solid ground. We never reach the star but we do get a little nearer to new things in this way, and only in this way. Psychiatrists are specialists in mental health. They should not limit themselves to mental illness as they necessarily did in the old days. In consequence, as has been argued above, psychiatry must be planning in a strategic manner for the mental health of the future. We cannot offer scientific advice on treatment unless we have made a reasonably accurate diagnosis and that must clearly be our first attempt, though it will be only partially successful when we are dealing with the larger problems of society. The disorders of groups, communities and nations have so many aetiological factors that we can only work in with the many other groups who are tackling these problems, add our contribution to diagnosis and then

help to suggest the remedial action. We know from experience with individual patients that we can understand the nature of their problems, that we can prescribe treatment and that when we follow out that plan, results materialize. We know from our experience of groups under more or less controlled conditions, as in the services, that the same procedure can be followed with similar results. It clearly does pay to give a correct prescription for social planning as for individual direction.

Many people who are free to express their beliefs would at the present time be in favour of compulsory service in the armed forces or under controlled industrial conditions for all young people, and there are great advantages in such a plan, which the war has made obvious. For the individual who has passed school age and is starting out on life, the services should be able in peacetime to offer all the advantages they have in war without the disadvantages. The assessment of physical health and ill-health with special physical development centres and remedial techniques of all kinds would be available. Those men or women whose emotional development had in some way gone astray would under controlled conditions be more wisely handled than is usually possible in civil life. The psychopath and the delinquent would have an opportunity of readjustment and resocialization under ideal conditions. It is not merely those whom at present we tend to regard as coming from the psychopathic tenth of the population who would benefit—the more normal individuals would also get the benefits of community life, all the advantages for a short time of a good college existence, and it should be a transition between school and industry to which they pass, knowing their best vocational choices and so with a line on their activities. They should also pass out having some degree of training for their specific occupations in the future. From the point of view of the community these groups would give unparalleled opportunity for experiment and research into the methods by which individuals and groups can be handled. The normal could be studied, which matters more than the abnormal, and a greater degree of national maturity would result

whilst it should be quite possible to guard against undue uniformity or suppression of individual trends.

This, however, is a reflection on what may never happen, though there will be in any case for some years large groups of service men and women who should be able to be helped and at the same time provide the material for forwarding the general development of society. If, to mention only one point, we could employ our dullards in service labour corps, where we could provide ideal conditions for them, they would in most cases wish to stay on. Both they and society would thereby benefit.

If we propose to come out into the open and to attack the social and national problems of our day, then we must have shock troops and these cannot be provided by psychiatry based wholly on institutions. We must have mobile teams of well-selected, well-trained psychiatrists, who are free to move around and make contacts with the local situation in their particular area. There can be interchange of these men with those who are working in hospitals and research centres, but their primary loyalty should be to the common weal rather than to some one particular institution or local part of the service. The schemes of divisional, corps and area psychiatrists in the services have proved how effectively this job can be done. These men are responsible for the mental health of their particular formation, and they are interested and concerned with a very large variety of things which may happen within that formation and they should know and be known by the majority of people in their area. They are not merely dealing with outpatient work amongst those who fall sick, but they are also concerned with the minor indications of instability that link up with disciplinary troubles, with social unrest and with poor morale. Through their emphasis on, and interest in, conditions of work, they can advise on the modification of working hours and conditions, on welfare and the use of leisure, on training and allocation and on all the manifold group problems that are there to be seen by anyone who is in the group but yet has learned to be detached.

Effective group therapy conducted by someone with a sound train-

ing in analytic methods provides a very good illustration of what can be done in the still larger group to bring about better mental health. If there are to be state services, then it is important that we should not forget to plan for psychiatric teams for this type of work. It is not a waste of a man's training to take a good and experienced clinician and therapist and put him on to work of this kind. Just as short methods of therapy are best carried out by those who have training in the prolonged methods, so the same principle operates here, and the most effective work in groups is done by those who have a good understanding of the handling of individual problems.

If there is this "cutting edge" of psychiatry, then there will be a great flow of problems coming in for solution. Procedures, tests and techniques will need to be worked out, validated and compared and for this there will have to be research groups in each area, centres where men have time to think, and where there is an adequate staff. Psychologists, sociologists, those with a sound knowledge of biology and certainly statisticians will form part of these groups, and they will need to make contacts with similar groups working in other areas and on parallel or divergent problems.

Financial endowments from voluntary sources and the support of the great foundations have in the past been given to efforts along these lines. They will still be needed and there will be far greater scope in the future for constructive work to be done by such funds. It is to be doubted, however, whether this is sufficient. It does seem as though there would have to be state support for work of this type, and it will be necessary to tackle, as one of the sociological and psychiatric problems, the structure and relationship of such units to ensure that they provide for freedom of scientific and technical thought while yet acting as servants of the state.

Many references have been made in the past to the relatively insufficient sums of money spent by official bodies and governments on research, whether in psychiatry or other fields, and that is certainly a point upon which conviction must be built up without delay. The total annual cost of the comprehensive psychiatric services of

the British army equals the cost of the British contribution to running the war for an hour and twenty minutes. It should not be so difficult after the war to convince governments that funds made available for progressive, scientific and health activities will pay a positive dividend and much of it quite quickly.

A great advantage of the mental-health service, particularly its research and advisory centres, being related to the government is that they have a much better chance of being consulted on questions of higher policy. Just as material from the periphery will flow in for checking, validation and advice, so requests for help and advice should come to these bodies the more they accumulate experience and knowledge. In this way psychiatry would seem to have its best chance of trying to make some contribution to the bigger problems and policies of a country. Progress on this side of our activities will necessarily be slow. As I said previously, the status of psychiatry can only be built up as it shows that it can produce results and that it does not oversell itself. We can even now give some help to all those who are planning for postwar problems, and without any question we shall be asked increasingly to help. Industry, which touches the life of the great majority of the community, will certainly need help. Men who are being demobilized will go back to fresh units which must provide conditions as good as and better than those provided in the fighting services or in wartime industry. The future of industrial psychology and of industrial psychiatry will need to be watched over very carefully if high standards are to be maintained, wise advice to be given and generally progressive, non-cranky methods supported.

Educational planning is moving forward and again this is not our responsibility, but it is our privilege to be able to help with many of the vital points in such schemes. The most enlightened administrators of educational policy are liable to overlook the fundamental human and dynamic factors involved in their schemes, and the psychiatrist can help here. The whole series of unsolved problems with regard to delinquency, its early recognition and cure, to the management of varying groups of antisocial persons, once their abnormality has

shown itself, and to the question of their social reintegration are problems that demand an immense amount of careful enquiry and assessment and experiment. On every side of our social life, our employment of leisure, the situations that go to create and maintain home life, the care and responsibility of orphans or children separated from their homes (a matter which at the moment is being very fully ventilated in Great Britain) are typical instances of the large-scale problems to which psychiatry, starting from the experience and understanding of individuals, can learn to contribute many things of real value. We shall find ourselves after the war faced with a maelstrom of problems, social discontents following demobilization and resettlement, the necessity to deal with large numbers of awkward individuals, and many other situations which have their political and economic aspects markedly to the fore. The postwar malcontents may well be written down as having been infected by subversive influence, as communists or whatnot, unless we are able to demonstrate that in fact they are men who have been unwisely handled and who are reacting like rebellious and difficult children. The solution is likely to lie more along the lines of social psychiatry than of official suppression. We shall get further experience from our failures and successes in the handling of these problems to help us understand that big problem of international unrest and struggle which is so much in our minds at present. Some years before the war a group of Dutch psychiatrists made an appeal for the study of the aetiology and prevention of war. That apparently met with little success, partly because psychiatrists as a whole were too occupied with problems they believed to have a prior claim on their time, partly because the plan was rather too much in the air, and largely because few of us had an ideology with regard to our profession which led us to accept the social responsibility of trying to contribute on this major issue.

If at first we are not asked into the councils of those who are attempting to re-establish the world, it will not be surprising, but we can at least utilize our experience and begin to make our diagnoses,

formulate prescriptions and implement these prescriptions in well-chosen situations. There is no state department in the democratic countries of the world that will not take notice of suggestions that are well and scientifically based, proven and documented, for the world of affairs is very much more alive now than in 1939 to the fact that irrational emotions can sway whole countries as well as individuals, and that clearer understanding of one's neighbour is essential if one is to help him in the settlement of his affairs. It would seem that we have in the future a chance of *learning* to give advice on these bigger problems. The almost defeatist attitude of those who can only think of progress in terms of the most complicated changes in individuals must give way to planning for groups. Individual upbringing will only be modified through the passage of time. A psychoanalytic type of management, adapted to each particular racial culture and demanding individual change as the basis of progress, involves us in a rather hopeless quagmire, but by the broader application of analytic understanding, we can devise approaches to the problem which are far more hopeful. The social alterations that can be brought about will produce internal and individual change, though they may not be as far-reaching as we desire. Yet they still will produce a more hopeful and a more progressive world. That surely must be one of our aims. In every country there should be groups of psychiatrists linked to each other, studying these problems in as realistic and practical a fashion as possible. Much of the experience of war conditions can be made use of, and within our own national structure or in our contacts with liberated and occupied countries, there are facilities in plenty for the necessary experimentation and validation of ideas. As far as I am aware, UNRRA has yet no advisory body from the psychiatric angle. With the cessation of war we shall be liable to drop into sentimental rather than realistic thinking. Whether we treat Germany and Japan kindly or roughly is as irrelevant and unimportant as whether we treat the individual neurotic in either of these ways. What matters is that we should understand the people, their make-up, their culture and their social setting, and

that we shall devise methods by which these can be modified to the advantage of the world as well as themselves.

Turning once more to our home problems, it has been pointed out that there is some danger inherent in this weapon of selection that is available as a technique for social medicine. It could be used arbitrarily and wrongly from a socio-political angle, just as it could very easily become a racket if it fell out of scientific control and management. A great danger today comes perhaps from the fascist tendencies which exist in our own countries as amongst our enemies. The Wehrmacht has, it is understood, given up the whole of its elaborate scheme of selection, despite the marked success that it was reputed to have had. Presumably the Nazi Party in Germany could no longer stand for a method which kept party men out of good jobs through the effort to put the best men into the jobs for which they were best suited. That may easily happen in other countries also, and only the keen watchfulness that we amongst others can keep on the tendencies that show themselves in our national life can control situations of that sort. It is an illustration of the need for democracy, and to the principles of democracy we among many others have our quota to add. If we can help find the right leaders, if we can make more channels upward and ensure that they carry the right personnel, then our internal problems and our international relations alike will show a response to psychiatric thought and effort.

IN CONCLUSION

Finally, if people think that this is the time to widen our horizon, to increase our activities and to alter some of the emphasis that we have placed on various aspects of our work, we shall certainly have internal as well as external difficulties. Scientifically as well as economically there are "the old men" to be dealt with. There are the vested interests of psychiatry to be met. We are too much dominated by clinical interest, by the burden of the psychoses and by local government. If we are sufficiently enthusiastic and are prepared to select

ourselves, we can fight through these various obstacles and, improving all that now exists, we can add to our work new and more profitable projects, some of which are touched upon in these chapters. There can be, in fact, no conclusion; there really is no end to our task, for all the time we shall find ourselves coming afresh to the beginning.

APPENDIX

THE TASKS OF PSYCHIATRY

THIS appendix constitutes a summary of many of the points that have been raised in the chapters of this book. It seems well that we should list some of the tasks which psychiatrists in the armed forces of various countries have been undertaking, so as to see how much these projects suggest similar needs or possibilities in civilian life. The list which follows is not comprehensive but singles out some of the more obvious aspects of work in the services. It will be clear that many of these are already better done in civilian life than they ever could be in the army. Others had been inadequately stressed before the war, and it will do no harm to set ourselves thinking about their possible development in the future. As civilian psychiatrists, we will still have a responsibility for helping and advising in the maintenance and development of military techniques, while at the same time it will obviously be necessary to think of modifications of these procedures to meet civilian needs. What matters is that any principles that seem of proven value should be considered and possibly integrated into our postwar work.

Most of us could make additional lists and it is to be hoped that we will do so. We must give all encouragement to every psychiatrist and every group of psychiatrists to progress along their own particular line, experimenting and finding their own solutions for the particular problems that crop up. It is much to be desired that all psychiatrists should have the opportunity of being members of a group and that each group should have a session of "progress chasing," say every six or twelve months. Progress reports are vital in all successful production mechanisms, and we have not had enough of these in our work heretofore.

We must see to it that more jobs, with real scope, are available for psychiatrists.

It may be worth while for us to stimulate in some way the younger men, and ourselves too, to more realistic ideas which will force us to find advances both in therapeutic and social psychiatry. The cinema world awards its golden statuettes for meritorious performances of various kinds. Nobel prizes are awarded in a very different field; possibly psychiatry might do well to offer some such recognition for effort and initiative, though clearly the main driving force will always be our interest in humanity and our scientific concern.

PSYCHIATRY IN THE ARMY *

1. Area Psychiatry

This involves outpatient consultations both at clinics and in units. A great advantage of the latter is that it is possible for psychiatrists to obtain an assessment of the man's value to his unit and careful reports from those who live with and work with the man. The visits to units which arise from this need to see patients are of great value since they lead to discussions about unit morale, disciplinary questions, etc. The assessment of morale and the help in education in man management which can be given through personal contacts are very valuable.

Help in selection procedures which involves close working in with the psychologists is an important part of area work, while the following up of men through the various stages of their training to ensure that they are properly placed aand adequately handled is important. Many special tasks come the way of the area psychiatrist, problems of groups taking on new or difficult jobs, special cases of various kinds which need well-thought-out disposal. The job of the area psychiatrist is to be responsible for anything and everything that benefits the mental health of the area in which he works.

2. Selection Procedures

These all involve close co-operation with industrial psychologists and may be regarded as of fundamental importance in military medi-

* For counterparts in civil life, see pp. 147–154.

cine. The psychiatrist sees all those who are referred to him by the psychologist, i.e. those of low intelligence, those of higher intelligence who are unstable and all the doubtfuls; he also refers back to the psychologist many cases for help in assessment and placing. The psychiatrist has to create and maintain an atmosphere in which the psychologist can make good clinical judgments in so far as he needs to do this, and he has also to ensure that the unit medical officer and general medicine as a whole is kept in contact with the selection procedures. The main forms which selection takes are:

(*a*) *Posting and allocation of men on coming into the services.* There is a complete job analysis to facilitate the correct placing of men. There are many who because of mental limitations and special personality difficulties demand particular consideration if they are to give good service and find themselves as square pegs allocated to square holes.

(*b*) *Re-selection.* This is necessary for those who are misfits who may have been improperly placed at the beginning by some accident, or there may have been some physical or mental deterioration which necessitates recheck and fresh assignment. This applies to both men and officers.

(*c*) The placing and arrangements for proper care of the *dullard* form an especially important part of selection procedure. It is vital that he should be got into his proper niche where he can give good service.

(*d*) The man of *very high-grade intelligence* is often an equally great problem since there are a limited number of jobs and special types of employment where the intelligent man with indifferent stability can be properly used.

(*e*) *Neurotic men.* Those who are constitutionally predisposed may need treatment, or they may be dealt with more satisfactorily by the sociological technique of correct environment and occupation. These are all individual problems which need the most careful assessment.

(*f*) *Special jobs* demand special selection techniques, and in al-

most every case the matter becomes more one for the psychiatrist than for the psychologist unless he has had special clinical training. These include particularly difficult and stressful employments, such as jobs involving a high degree of concentration and at the same time a high degree of security; parachutists who have a skilled and at the same time an extra dangerous role; psychological warfare, which demands men of differing qualifications with varying degrees of stability and special qualities of character and personality.

3. Specialist Selection

The emphasis on character, personality and stability which has led to the development of special methods of selecting officers in the British army has called for psychiatric help. Psychiatrists devised this scheme and have been responsible in the main for its development, while there has been an increasing contribution from clinically trained psychologists. There have been a number of derivatives from the original work such as the selection of women officers, whose function is different from that of men officers, of regular officers where long-term development of character has to be considered. Other fighting services have asked for help and have brought a series of fresh requirements and fresh problems. Psychological warfare workers with their varying qualities for many types of work have been selected, as also have those who are to work in civil affairs and later in overseas civil administration. Fire service workers, civil servants and school boys for university grants and training have all been selected by varying techniques based on the common principles referred to in this book.

4. Follow-up

It is probably true that the follow-up procedures in the army have been more thorough than in the majority of groups in civil life. Not only the effect of treatment on patients has been followed up but the results of special employment and the effectiveness of various disposal mechanisms have been validated. The follow-up of selection procedures and especially of officer selection has been and is being

carried out with the greatest scientific accuracy. A great deal of knowledge has been accumulated as to the uses, possibilities and limitations of questionnaires and interview techniques. This is of the greatest value in checking and validating many of the army's procedures and it should prove a great store of factual knowledge which will be of use in peacetime.

5. Education

The army has undertaken, as much as it can, the psychiatric education of medical officers though this has been very inadequate. Attempts have been made to give general orientation lectures on psychiatry to all medical officers. Groups of lectures and short courses have been provided for specialist physicians and others. Courses of three or six months' duration have been provided for the rapid training of those who had some slight bowing acquaintance with psychiatry beforehand, but of necessity all these have been rather superficial. Much teaching of the regimental officer has been undertaken through army schools, officer cadet training units and in various active formations. This has been, much of it, on the lines of simple mental hygiene as the larger part of man management, and in part it has had specific reference to the recognition and better management of battle neurosis. Special groups such as chaplains, welfare officers and educational officers have had some instruction.

6. Training

Psychiatrists in the army have recognized the importance of sound training as one of the facets of morale, and consequently have spent some time in trying to help with the development of more satisfactory and adequate methods. Recently psychologists have quite properly gone further into this field, and considerable advances are being made in the application of sound educational methods. Grouping by intelligence has proved its value in army training. The selection by intelligence and by the personality of illiterates for training has for army purposes proved valuable. Methods such as that of battle inoculation have been introduced alongside collective training, with the idea not

only of improving efficiency but also of safeguarding men from undue (because unfamiliar) stress once they get into battle. The value of discussion groups run in the army by the Education Corps and the Army Bureau of Current Affairs has been demonstrated as an aid to better mental health. This is something that has great value. The art of teaching by films has advanced largely because a good deal of thought has been given to the emotional reaction produced by the film, instead of merely concentrating on the technical efficiency of the production.

7. Special Investigations

Many opportunities arise in service life to carry out enquiry into the nature of the difficulties that produce or predispose to various disabilities and to the type of personality involved. Some of these enquiries can be mentioned:

(*a*) What sort of men get venereal disease and why?

(*b*) *Refusals among parachutists.* Here a considerable number of complex issues had to be studied which involved the study of the men themselves and the various circumstances which were capable of modification.

(*c*) *Mass neurosis.* There have been a few instances which have been carefully studied where symptoms of acute neurosis (one case appearing as an outbreak of religious emotionalism) have made their appearance. As would be expected, the position, structure and leadership of the group have been at fault as well as the individuals concerned.

(*d*) *Desertion and similar crimes.* These have been studied carefully in many individual instances, and on one or two occasions when a group has been affected in this way. As may be imagined, the fault does not always lie with the individuals concerned—"shooting is all right, provided you shoot the right person."

8. Sociological Techniques

(*a*) *Opinion surveys.* These have been carried out in many cases with a view to assessing morale and for administrative purposes. It has been very clear that both in the drawing up of the questions and

still more in the evaluation of the situation, a psychiatrist with a sound analytical experience is able to add meaning to these studies which nothing else can supply.

(*b*) *Sociometric experiments.* Although these have not gone as far as was hoped, a number of experiments with group choice, e.g. the selection of their own potential leaders by the group, have been made. Such experiments, however democratic they may be, have to be handled rather carefully within the structure of the army, though they have great value.

(*c*) *Delinquency.* Experiments made in the classification of delinquents of various types and with differing prognoses have been encouraging. One thing which has emerged very clearly is the need for very special selection and for more careful training for those who have to deal with this type of man.

(*d*) *Returned prisoner-of-war problems.* These have been studied very closely and the findings have bearing also on the problems of demobilization and the questions of displaced communities. Apart from those who actually break down and need treatment, there is a large group of men who need very careful understanding if their resocialization is to be satisfactorily achieved.

9. Morale

Much time has been given to the study of problems in this connection in the army, and in a large measure the work is psychiatric. The devising of indices and methods of assessment of morale, advice as to methods for changing the situation, either indirectly or through direct administrative procedures, the use of the radio and films—all provide methods of attack on certain problems. Morale committees have shown their value in serving as collecting points for a large amount of material and for the education of those who have to implement the administrative recommendations.

10. Rehabilitation

A number of experiments and investigations have been made and still are in progress. It is hoped that something rather more definite

will emerge as to the scientific bases of rehabilitation, so that the general principles for the training of the medical profession and its ancillaries for this work after the war will be better directed. There has been a move away from the old standard ideas of occupational therapy, so far as ambulant cases are concerned, towards more active and practical types of occupation. Studies have been made of the personality difficulties and problems of resettlement of the blind, the partially sighted and the limbless. Reconditioning and rehabilitation work of various types in the services has been studied, and it has emerged clearly that one of the major factors in achieving good results is the individual care and welfare work provided, which build up good individual morale and so predispose to speedy recovery.

11. Psychological Warfare

A considerable psychiatric contribution has been made in this relatively new field during the war. Not only the selection of men for the various types of work, which is certainly a matter of importance, but also the design of some of the principles upon which they work have been shaped by psychiatric thought. Careful analytic studies have helped in the devising of propaganda, and in advice upon the various aspects of military policy. Surveys in occupied countries and elsewhere have provided a great deal of the material which, with psychiatric evaluation, has been used in the planning not only of present but of future activities and postwar situations as well.

PSYCHIATRY IN CIVIL LIFE

1. Whatever they may be called, there would seem to be a place for psychiatrists to be responsible for the mental health of every area or region. It may be tentatively suggested that one such psychiatrist, additional to all institutional and clinic facilities, should be provided for every 50,000 to 75,000 of the population. These men should be in whole-time service, so that there is no splitting of their interest and loyalty. They should always be men with good all-round psychiatric training and they may later on find some more static job to which they

will certainly bring a great accumulation of experience and interest. Probably each appointment of a psychiatrist in any particular area should be limited to a period of three years, which could, if necessary, be renewed. This would ensure the maintenance of live interest in the psychiatrist and would make it easier to replace one who was not quite keeping up to the job. Their work would consist of looking after outpatients or helping with outpatient clinics where necessary, domiciliary visiting, contacting schools and industrial firms, and many other activities in their area. They might take over the ascertainment of defective children, and would be advisers to the responsible administrative officers of the mental-health services and the general health service in that area. They should have close contact with all psychiatrists, whatever their job, who are working in that region, and a very intimate team relationship with other men doing the same work in neighbouring areas. The interchange of experience and ideas gained by regular group meetings is of great value.

2. Job analysis is no new concept to industry. Little work has up to date, however, been done towards complete analysis and evaluation of all the jobs that are necessary and available in the industry of a country. Better selection is certainly going to help to maintain good health and efficiency, though it will probably be best carried out on a voluntary basis so that there shall be no undue sense of regimentation. There are two main dangers to be foreseen—firstly, that selection will be undertaken by people with very limited knowledge who will set up as personnel consultants unless there be some central machinery for regulating and approving such work. There might be an official body under the Labour Ministry which can lay down the standards of training, maintain the level of proficiency, and approve the various activities that are undertaken. Secondly the danger is that individual wealthy firms will set up their own machinery for selection, thereby taking the cream of an industrial population in an area, leaving the less apt to work in the smaller firms. Population groups varying from say 100,000 to 200,000 would seem to be the ideal for the incorporation of selection procedures since many kinds of industries are likely to

be represented, capable of giving proper employment to all the available workers in that area.

The importance of placing dull people has already been stressed. If conscription were maintained and these men on coming into the army were picked out and properly employed many of them would choose to stay on in labour companies where they would cease to create a social-problem group, and we should make some advance towards the solution of the problem of inherited mental deficiency. Similarly dull women could well be recommended for training for suitable domestic and other work. The problem of household help may in the future be met by the organization of women into groups or a "service." The domestic service situation has in the past been increasingly difficult, but the cause has been the "problem employer" with her lack of understanding—"bad officers make bad soldiers."

The proper employment and handling of groups of neurotic men and women in industry, when they cannot reasonably be expected to be cured, is a matter of high social importance. New techniques need to be devised for the medical and social care of such groups, and inefficiency could be checked in this way. There are many special tasks demanded of industry and some of these are dangerous occupations very comparable to that of the parachuting infantry. Coal miners and transport workers, divers and caisson workers suggest the types of employment. Many of the occupational neuroses and much industrial wastage could be cut down by better selection and better care of the working methods and management of these groups. Voluntary vocational guidance centres in every area would provide the opportunity for dealing with those who are misfits, whether by personality or following illness. An important part of rehabilitation after any serious illness is that the man should be properly and adequately employed, and this may involve changes of occupation that should not be left to chance. Too many men have in the past taken to a career of chronic drifting after some illness that made them unsuitable for their particular original job. It is very important that medicine as a whole should be more in the picture as regards selection. And it is not

merely the psychiatric cases that need the help of selection procedures, but also a very high proportion of men and women with physical disabilities and those who are recovering from long-term illnesses. Correct employment is something that needs more than the advice of the hospital social worker, and should come to be regarded as an essential part of treatment provided by the allied service of industrial psychology.

3. In civil life, specialist selection is more complex but more necessary. Certain professions spring to mind straightaway as deserving much careful experiment and work in devising special techniques for the choice of their trainees. Teaching, the law, the church, the civil service, politics, and our own profession of medicine are good examples. A recent article in the centennial *American Journal of Psychiatry* has stressed the fact that selection of men and women in industry for the more responsible positions is best carried out by psychiatric aid, which confirms the experience that has been accumulating from many other sources. The deans of universities and other colleges are in many cases less happy than they should be about the quality of their students, and they are ready for the introduction of improved methods. The importance of such better selection is that not only will there be greater efficiency in these various occupations, but there will be fewer disappointed and disillusioned men tending to regard themselves as failures and to drift from job to job. It is a legitimate phantasy that a truly democratic country may in the future choose its legislators on grounds of personality and character instead of selecting them for those reasons that now obtain. Our present methods of selection for this important work of government can hardly be said to be altogether satisfactory.

4. In many ways, the medical profession whether in specialist practice or in general practice has had a lamentable lack of accurate knowledge of the results of its work. Wishful thinking and a variety of circumstances, such as the ease with which patients can move in civil life from one doctor to another or from one hospital to another, have led to much wastage of effort and material. Our

techniques for obtaining scientifically controlled studies of the later history of patients and of groups needs to be improved, and when we do this a new realism will be introduced into our therapy.

5. Our facilities for education in civil life and our achievement there are, of course, far ahead of those in the army, but one or two points emerge which may be of some importance for the future. The experience of most armies has shown that forward psychiatry, which is comparable to the peacetime first aid of psychiatric breakdown, can often be done as well or even better by the general physician with good regimental experience than by the specialist psychiatrist. The latter is of course essential for the treatment of more serious cases which must be hospitalized for a while. The medical officer of the regiment or field ambulance forms a part of the patient's actual environment—he talks the same language, he shares the same experiences, and, provided that he has a reasonable grasp of the mechanisms that are at work leading to the development of acute neurotic difficulty, he is particularly well suited to the management of it in the forward stage, and his results from the point of view of the army have been extremely good. This seems therefore to emphasize the importance of postgraduate education, short refresher courses and very practical teaching based on the day-to-day problems of the community for general practitioners and all those in contact with patients in their homes and in industry. Provided that this teaching can be sufficiently realistic there will be no difficulty due to unwillingness on the part of the doctors to ask for it. The psychiatrist, too, needs a practical and realistic education. Our hospital and consulting-room techniques are by themselves inadequate for dealing with the ills of society. We need to get into homes and into the industries where men work and to learn their point of view and their language. We shall in the future have to assure ourselves more and more that there is a sounder foundation in specialist psychiatric education especially on the psychodynamic side, which will enable these specialists to undertake short methods of treatment, group methods and the sociological approaches to ill-health and its prophylaxis.

6. Educational procedures, good or bad, affect mental health for good or ill, and consequently education must be the interest of the psychiatrist, and he has an increasing contribution to make to the development of educational techniques. Adult education will need more emphasis, and it is important that in industry there shall be better training for all the jobs which are allocated to men and women. To have pride in one's technical skill is so important that there must be good efficient training for every job, however simple it is. This is not merely a question for the production engineers; it is a matter that affects those of us who are responsible for the mental health of these units. The introduction of discussion groups into industry provides something that is akin to group therapy, and it can be a very effective prophylaxis against unrest and the development of neurotic reactions. Much depends upon how these groups are conducted, and that demands a good deal of thought and study, and a considerable contribution from our side as psychiatrists if full use is to be made of this method. Effective and purposeful training is as necessary in every industry or business as it is for the professions and if it can be provided it will certainly make a contribution to our future social medicine.

7. (*a*) These personality investigations have very obvious importance in civil life, and especially there should be a parallel study of the situation as it affects women. There are so many emotional and sociological factors at work that it is essential to have more knowledge for the better design of educational and prophylactic measures.

(*b*) Coal mining and other dangerous occupations provide situations which are very similar and which can without doubt be solved the better by some clearer understanding.

(*c*) Political groups, subversive movements and many other sociological phenomena lend themselves to such study, and it is a matter of great importance that they should be properly understood from a psychopathological and social angle if they are to be correctly handled.

(*d*) The problems of absenteeism and strikes must provide very similar material capable of similar handling.

8. (*a*) *Opinion surveys.* The special value of these has been demonstrated for many years in civil life and needs no emphasis. What is perhaps new is this additional understanding that can be given by psychiatry.

(*b*) Much more experiment is needed and could be undertaken in civilian groups along the lines of Moreno's work.

(*c*) In civilian life, more is known about delinquency, and more has been done, but clearly not nearly enough. The effect of dealing more adequately with the psychopathic and delinquent group extends far beyond the individual problems.

(*d*) This will be a postwar problem in civilian life, and much more study of similar groups is needed if racial and community problems are to be handled in the best possible way. Many studies have been produced already, and far more are needed.

9. There is almost unlimited scope for similar activities in industrial groups and the large communities. In every community, there should be something similar to the morale committee of wartime, which is particularly concerned with the collection and collation of data from various sources upon which action may be advised.

10. There is a danger of loose usage of this word "rehabilitation," and while results are obtained, we know very little about how they come about or how to speed them up or how to deal with our failures. A large part of rehabilitation is psychological and much more careful study needs to be given to the underlying principles behind the various approaches to differing types of cases.

11. *Planning.* The successes achieved in the work carried out in the armies is sufficient to encourage us in the idea that social and political planning of the future can be very largely helped by psychiatric thought and work. The resettlement of the world and the constant flow of social problems will provide us with unlimited opportunities for attempting wiser direction, and this must be based upon better un-

derstanding of the fundamental nature of the problems. There should be groups and teams at work all over the world collating their findings and working to the common end of solving the social, economic and spiritual problems of communities and nations. Many types of knowledge and experience will be utilized in such groups, but wartime experience has made it quite clear that the psychiatric contribution is at least as important as any that can be made, provided we have the right kind of psychiatrists and sufficient patience to do much backroom work.

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THE THOMAS WILLIAM SALMON MEMORIAL LECTURES

The Salmon Lectures of the New York Academy of Medicine were established in 1931, as a memorial to Thomas William Salmon, M.D., and for the advancement of the objects to which his professional career had been wholly devoted.

Dr. Salmon died in 1927, at the age of 51, after a career of extraordinary service in psychiatric practice and education, and in the development of a world-wide movement for the better treatment and prevention of mental disorders, and for the promotion of mental health.

Following his death, a group of his many friends organized a committee for the purpose of establishing one or more memorials that might serve to preserve and pass on to future generations some of the spirit and purpose of his supremely noble and useful life. Five hundred and ninety-six subscriptions were received, three hundred and nineteen from physicians.

Of the amount thus obtained, $100,000 was, on January 10, 1931, given to the New York Academy of Medicine, as a fund to provide an income for the support of an annual series of lectures and for other projects for the advancement of psychiatry and mental hygiene. For the purpose of giving lasting quality to the lectures as a memorial to Dr. Salmon, and of extending their usefulness, it was stipulated that each series should be published in a bound volume of which this volume is one.

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