

Collier's

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Too Mad to Fight

By Walter Davenport



Three fifths of the disabled veterans of the A.E.F. are mental cases—psychotics who broke under the shock of war. They've cost you a billion dollars since 1926. And the bill next time is going to be a lot higher unless the Army finds some way to eliminate the thousands of mentally unfit that are certain to crack up

THE news from the War Department was received with mingled emotions. It was that the country's draft boards were delivering men into the Army at the rate of 150,000 a month. The newspapers gave it bold headlines. You could almost hear the radio commentators rubbing their hands as they asked Mr. Hitler to take notice and, if he had the sense of a spring rabbit, mend his ways.

But the news was even better than that. The business of raising an army was, said the general staff, so well organized that if it were urgently necessary we could have an Army of three million men in fifteen days. The Selective Service System, machine-tooled by the competent Mr. Clarence A. Dykstra and his deputy, Brigadier General Lewis B. Hershey, was

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running with the precision of a juke box. If need be, it would be necessary only to press a button and the local draft boards the country over would shift into high. A large number of our most vigorous editors wrote simultaneously, and without consulting one another, that, overnight, the United States had become an armed camp standing at Armageddon. And most of them went on to say that every man thus punted into said camp was a savior of democracy. All of which was inspiring news to a world stricken to its bowels with the misery.

There was at least one room in the headquarters of the Selective Service System in which the bulletin was not greeted with hoarse cheering. At the moment several justly renowned neurologists, psychiatrists and similarly minded scientists were occupying that room, their hands clasped upon their stomachs, their eyes focused upon the ends of their noses, their hearts bowed down by a sense of futility. As it is impossible for any group of men of high intelligence and expert training to be in complete accord, they were not as one in everything. But they were unanimous in that whereas two per cent of the young Americans up for induction into military service were being rejected as mentally unfit, the percentage should be nearer fifteen. And if only their ideal soldier were to wear the uniform, rejections would be so numerous that almost nobody without extraordinary political influence would have a chance to struggle into the Army. Not because we are a nation of nuts, understand, but merely that these gentlemen had spent many years at grips with crippled personalities, neurotics, the maladjusted, the borderliners, the frustrated, the depressed, the hysterical and so on up and down the goofy gamut.



Each of these scientists had been summoned from important posts in psychiatry by the President himself and commissioned to lend his skill and experience to the task of keeping our new Army as free as an army may be of the psychopath, the feeble-minded and the frankly insane. They had responded almost joyously, for it seldom happens more than once in a lifetime that psychiatric laboratories, such as the draft boards were establishing, are available. Their job was not to treat and seek cure for the demented enrollee, conjuring him with tests and therapy into good soldier material. Rather they had been asked to spot the potential crackpot as he presented himself with all his deep-seated symptoms before the induction board, thus relieving the Army of his disturbing presence and saving the staggering American taxpayer millions of subsequent dollars in hospitals, pensions, compensations and maintenance.

And now the thing was completely out of hand. The draft boards, spurred by propaganda, whipped up with the martial spirit, were whooping it up with 150,000 a month, a mere corporal's guard to what the boards could do—and would, if that button were pressed. When the boards were just bumbling along inducting a mere 50,000 a month the psychiatrists (to use or misuse a general and convenient term) were able to devote something like four minutes to a suspect—and even then a suspect had to be pretty wacky to be caught in four minutes. These gentlemen to whom the bulletin from the War Department was not a budget of glad tidings are not crazy despite the fact that irreverent and impatient big-army builders refer to them as screwball sleuths. They are giving, or trying to give, without pay, their services to their country. Given a chance they might spare us from a vast enlargement of the ugly picture that is drawn in statistics and graphs in another government agency to which the Army's bulletin did not bring joy—the Veterans' Administration.

We'll not depress you with figures, but that you

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may have a quick squint at the future it would be just as well for you to know that fifty per cent of all casualties for which men were discharged during the training period of the A.E.F. in 1917 and 1918 were neuropsychiatric in nature. If that doesn't impress you with the importance of what the Selective Service System's somewhat frustrated alienists are trying, without much assistance, to do, we'll take you farther. In 1917 and 1918 no very sincere effort was made to keep the goof out of the Army. Unlike today, when we're at least making the gesture, there was no time: conscription did not set in until after we were in the war. Therefore, nobody knows just how many feeble minds and discordant personalities, to say nothing of outright ravers, got in. However, some of them were so obvious that about 70,000 were thrown out soon after reaching camp. *(Continued on page 31)*

And on July 15, 1918, things got so bad that General Pershing sent the following cablegram from France to the chief of staff in Washington:

"Prevalence of mental disorders in replacement troops suggests importance of intensive efforts in eliminating mentally unfit from organizations new draft prior to departure from the United States. Psychiatric forces and accommodations here inadequate to handle a greater proportion of mental cases than heretofore arriving and if less time is taken to organize and train new divisions, elimination work should be speeded."

Practically no attention was paid by local draft boards to the general's prayer. As today, the village idiot, the town card, the big-city clown and all the rest of the motley crew whose mental and nervous fabrics haven't got what it takes were bundled into the Army on the theory that the Army will make men of them—a common belief that is one of the world's major fallacies. Therefore, look at the records of the Veterans' Bureau.

You Can't Laugh It Off

About sixty per cent of the veterans now abed in veterans' hospitals are psychiatrics. Under the law most of the dismal estate of the vast majority of them is presumed to be "service-connected." And that's probably as it should be inasmuch as we have no idea how many latent cases were drafted and enlisted. Also forty per cent of the veterans of the A.E.F. who, as totally disabled men, are drawing pensions, and twenty per cent receiving compensations for service-connected disabilities (many of whom are on federal or state relief, too) are getting their money because they are mental cases.

We're going to keep our promise and be sparing of statistics, but we've repaired to the dispiriting record merely to assure you that it's no use calling us crazy or trying to laugh it off by calling the psychiatrists screwy. Or maybe we are. Anyway, you've got to pay the bill, and to give you some idea we'll spend another moment with the Veterans' Administration's record. Since 1926 you've spent \$283,000,000 for hospitalizing these unhappy men and have given them in cash disability allowances \$642,000,000 more. Add it up yourself. And remember while doing it that this sum does not include out-patient cases and domiciliary care, which means that the poor victims of a sloppy system of picking soldiers are being treated in homes and institutions and not veterans' hospitals. There are seventy-nine veterans' hospitals. Twenty-seven of them are devoted

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exclusively to neuropsychiatric cases. Moreover, the situation of the A.E.F. veteran of the first World War is not improving with age. The waiting list for places in our 27 insane asylums for veterans is hopelessly long. Dr. Martin Cooley, Veterans' Bureau psychiatrist, says that the government is constructing more hospitals, which will give the veterans of the A.E.F. 14,232 more beds, 5,268 of which will be for psychotic patients.

We're pledged not to reveal the source of this additional tidbit, but we may assure you that if war comes to these trembling shores, whether the fighting is done here or elsewhere or both, Congress will be asked to build fifty more hospitals. And these will be for the exclusive use of our casualties of the second World War. Nobody's got around to talking about how much they'll cost, but half of them will be bedlams for madmen. Just to give you an idea, the work of the Veterans' Bureau thus far has cost us only twenty-four billion dollars.

It is the calmly arrived at opinion of the psychiatrists who are now trying to make the War Department and the Selective Service System take more than a historical interest in what happened to the misfits in the A.E.F. that the mental strain upon our new Army will be much more violent—particularly if we go to war and more particularly if we send another expeditionary force. We have no figures to reveal the insanity toll of the British escape from Dunkirk. But our psychiatrists know enough to call it "horrible." We do know, however, that of the casualties lately returned to Canada from the war in the Low Countries, thirty per cent are booked for hospitals for nervous and mental collapses.

This is indeed a dismal tale, but we may as well know what we're up against. Untold, it will be just as dismal. The nerves of the combat troops of today are in for a terrific shellacking. Any war veteran will understand. Anyone, civilian or soldier, who has seen a shell-shock case will understand. What with dive bombers, panzer divisions, parachute troops, new elements of surprise, speed and audacity, aerial high-explosive bombs weighing a ton, mobile pill-boxes bristling with rapid-fire cannon—all these are making the soldier's lot just a bit tougher. Ask the British. Ask Mussolini. Personally we asked Dr. Harry Stack Sullivan, head of the William Alanson White Psychiatric Foundation, and Lieutenant Colonel William C. Porter, psychiatrist at the famous Walter Reed General Hospital in Washington, D. C.

And 300,000 More to Come

Moreover, we read the proceedings of a meeting of Selective Service and Army induction psychiatrists held in Washington. Dr. Sullivan presided. After that we waded into the records of the Veterans' Administration, chin deep in melancholy. If you're one of those persistently cheery fellows, whistling while you work, an indefatigable silver-lining collector, you ought to call occasionally at the Veterans' Bureau. It will even you up a bit. Aside from a new buzzing in the front of our skull, a couple of new frustrations and ob-

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sessions and a twitch or two that we didn't have before, we seem to have come through in fairly good shape. We did blench, however, when told that if we get into this war they're counting conservatively on 300,000 casualties, exclusive of fatalities, in the first eighteen months. Basing their reckoning on experience, domestic and imported, somewhere near forty per cent of these will be neuropsychiatric cases. And whether this 300,000 is based upon actual battle here or abroad they didn't say. They prefer to be reticent on any subject touching on the possibility of a second A.E.F.

There aren't enough first-rate psychiatrists to go around to have at least one available to every one of the six thousand draft boards. What to do in such circumstances was a most important decision to be made by the Psychiatric Advisory Committee. The committee was well selected—Dr. Sullivan, Dr. Winfred Overholser of St. Elizabeth's Hospital in Washington, Dr. Harry A. Steckel of the American Psychiatric Association and the chairman, Mr. Frederick Osborn, chairman of the President's Civilian Advisory Committee of Selective Service. At their call famous psychiatrists arrived in Washington—Dr. Howard W. Potter of New York, Dr. Roscoe W. Hall, Dr. Ross McC. Chapman, Dr. Wendell Muncie, Lieutenant Colonel Charles B. Spruit, Lieutenant Colonel Porter, Captain Dallas G. Sutton and so on through an imposing roster.

It being impossible (and some thought inadvisable) to have a psychiatrist sitting with the local board members, a guide for the physical examiners was written by the William Alanson Psychiatric Foundation. The examiners were bidden to remember that the men they were looking at were not merely candidates for a year of military training but were to be reserves for the subsequent ten years. Therefore, it was important that no lad giving off signs of latent insanity, feeble-mindedness or nervous disorders be inducted. If the examiners had any doubt about the candidate the nearest accredited psychiatrist should be notified and the two should be brought together.

Casualties from the Beginning

There would, of course, be complications. In sparsely settled regions and small towns where the local doctors know everybody and their families, there would be the tendency to accept the local zanies on the theory that they were always a bit wobbly aloft but harmless, strong and willing. Army routine and discipline would make a man of him. Besides, he'd doubtless make a heroic warrior inasmuch as he didn't have sense enough to be afraid of anybody. But the doctors were bidden to reject such merry-andrews because, experience proved, routine and discipline were just what these children don't need. Under the kidding of their buddies and the nervous exactions of modern warfare they'd soon become casualties. Furthermore, there would be a slight tendency of local boards to shunt their town clowns into the Army, knowing they'd break down in uniform. Thus they'd become the problem of the federal government and not a financial bur-

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den on the home community.

Anyway, the psychiatrists told the local doctors what to look for in setting aside the likely neurotics and psychiatrics. They were asked to detect signs of five types—mental defectives or deficient, psychopathic personalities, the morbids and depressives, the psychoneurotics and the schizoids—the fellows likely to come down with dementia praecox.

The list of the signs, omens and portents the doctors are asked to look for is more than merely interesting in considering the personnel of our new Army; they may very well give you a clue to why you yourself, male or female, may occasionally be a public pain in the neck. Are you sensitive about the appearance of your hair or scalp—say, premature baldness? Are you a trifle touchy about the shape of your head? Have you a Durante schnozzle, Gable ears, a Joe Brown—Martha Raye mouth or Eddie Cantor eyes? And do you wilt when your jolly friends rib you about them? Are you scared of the girls? Are you a free weeper like Zasu Pitts or Wally Beery? Well, don't worry. You may not be a prepsychotic personality after all. But the doctors may turn you over to a screwball sleuth just in case of a tie.

Are you a cutup? The unfailing life of the party? A card? Are you so sure of yourself that people begin to yawn the moment you appear? Now don't take on. You may be nothing worse than a first-rate bore—a show-off, an exhibitionist, an All-America halfback who can't get over it. You might become a hero in the Army, barge right into the enemy's middle and get the Distinguished Service Cross from a grateful government. Such success will have a tendency to make you somewhat more of a nuisance, however, and the psychiatrists think that life is already hard enough without adding a number of loudmouthed wowsers with the D.S.C.'s. But maybe you're merely harboring a few harmless delusions. Or maybe it's an inferiority sicklied o'er with a defensive buffoonery.

Anyway, if the doctors follow the suggestions of the psychiatry board they'll ask you to step aside for a moment and have a word or two with the head of the state hospital. How he'll handle you depends upon your accessibility. He may ask you to take off your clothes and be seated. No man, sane or otherwise, is at his defensive best when nude. Peeled down to your hide, you're likely to be a little less of the braggart and more the guy you really are. What he'll ask you once you're shed of your tailored armor depends upon your personality, upon what he's seeking, what he suspects. Go ahead and talk to him. It's all confidential.

These screwball sleuths aren't always right—particularly when they have so little time to give to bug-hunting you. After the Armistice in 1918, when the American and French armies sat down for a bit of rest, the psychiatrists managed to catch up with them. It was great fun. They knew it was much too late to throw March hares out of the service but they did a lot of examining anyway. They did it blind—knowing nothing of the subject's record. Some of their conclusions revived the eternal question, "Who's loony now?" They

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reported as one who should never have been admitted into the Army a fellow whose chest wasn't broad enough to hold all his medals for efficiency and daring. They said they'd have rejected an airman who happened merely to be the most proficient plane tester in America—a fellow with numerous championships and awards. Out of the French air corps they'd have thrown an ace who had downed seventy-three German ships and whose Croix de Guerre carried seventy-three palms. And so on.

The examiners are asked to look sharp for the moody ones, the fellow with scenic railway or chute-the-chute emotions—in the clouds of elation today and in depression's pit tomorrow. They're asked to report the lads who are sure they're misunderstood, unappreciated, discriminated against, who lapse into periods of gloomy silence over fancied wrongs, who are eaten with jealousies, who can't stand criticism. They're likely to be psychoneurotic to the last drop and the Army can get along nicely without them. So can any other organization. They dramatize themselves, are suckers for anxieties and obsessions. They're apt to be hypochondriacal, too. The government wants none such in the Army; it has enough of them in its civil agencies in Washington.

One Personality is Plenty

If you're a morose character, shiftless, untidy, nomadic and, somewhere between the ages of twelve and twenty-five, have gone sloppy in action and thought—if you've abandoned for the worse the social interests and habits to which you were trained by hopeful parents, you're possibly schizophrenic. The word derives from the Greek for "scissors" and it means that you have a split personality. You're a bit queer—pixilated. Of course, we're all a trifle queer and being a schizoid does not eliminate you from some pretty noble company. In the scissors corps have marched such famed ones as Chopin, Wagner, Robespierre, Napoleon, Calvin, Kant, Whistler, Rousseau, Schiller and Spinoza. Also, lest you get chesty about it, were Judas Iscariot, Jesse James, George the Third and numerous other public enemies.

But the Army won't take you schizoids if the psychiatrists can help it. Even without the warning of the doctors they won't let you in if you're an epileptic, although several pretty good soldiers were that way—Julius Caesar, for example, and Peter the Great. They won't accept you even as a bandsman although George Frederick Handel threw fits and was a pretty good musician between them. The Army has no rightful place for you if you're clearly antisocial—a lone wolf, an incorrigibly tough guy, although Gebhard von Blücher, the celebrated Prussian field marshal; Wallenstein, the Austrian general, and others too numerous to mention were personalities on the antisocial side. We could add the names of several American heroes but won't. We've learned our lesson. To name any one of them would be begging for an awful beating which would surely come from patriotic societies.

In proportion to their numbers the classifications most likely to cave in under the nerve and mental strain of

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army life, in peace and combat, are (1) officers, (2) married men, (3) men over forty. To boil it down, it's worry that gets the officers and the married men. Similarly shorn of extras, natural erosion undermines the nerves of the men over forty. Nothing could be much more interesting than to listen to the psychiatrists think aloud along these lines. We did, sitting a little fearfully in their midst, flinching every time one of them fixed a penetrating eye on us. It got so bad that in defense we took the offensive and asked them to give us a phrased picture of what they'd regard as the model recruit. He doesn't sound human, and probably isn't. His like will not be found in all the 16,500,000 enrollees from whom we're picking our new Army and of whom an average of thirty-two per cent are being rejected for physical and mental shortcomings. But here he is:

He must be a moderately social person with no vast ambitions. He'd be a fatalist, a man with an enthusiasm for things as they come. He mustn't be too refined, squeamish. He must be a philosopher in a small way, not resentful of wrongs, fancied or real. He'd have a certain gaiety and a well-disciplined sense of humor—not enough, mind you, to be unable to restrain himself when confronted by a brand-new mail-order-house lieutenant. He must have no undue attachments to the past nor a deep fondness for absent people or distant places. He should be a man to whom nothing he has left behind is essential, who harbors no great idealisms of persons, things, governments or doctrines. And, to stop with a thump, he should be somewhat athletic.

Of course the psychiatrists drawing that portrait for us (and we've quoted them almost verbatim) add that the heroic fellow would have to be a perfect physical specimen without too much brains. Just enough brains to pass the tests which are put officially at the ten-year intelligence level. That's the minimum of course. You can have more and still be acceptable. Of course they won't pass you if you're a dope addict, a syphilitic or a habitual drunk. Some of the psychiatrists would throw out a man who, although not an alcoholic, has been arrested twice for intoxication.

The Revealing Physique

Everyone knows that there is a certain affinity between physical abnormalities and mental layoffs. And even the psychiatrists allow that such connotation isn't exact. But if your legs or arms are unusual in one way or another, if your neck is too, too swanlike, your feet too plankish without being exactly flat, your chest too bullish or spinsterish, the alienist will most likely seize upon such phenomena to engage you in conversation. He's instructed to put you at your ease too, remarking your prize physical peculiarity jokingly. But in no time he'll be digging into your libido and other personal sides—if he has time. In four or five minutes he can't do much alone, but if you'll co-operate he's apt to get a lot of information out of you. And it isn't all solemn.

"They had me up for blinking my eyes," said a rejected enrollee to his pal.

"Wadya mean blinking your eyes?"

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"The physical doctor said I blinked my eyes too much and to see the doc in the next room. This doc in the next room asked me what kind of guy my old man was. Boy, you ought to heard me."

"Wadya say?"

"I said: 'Listen Doc, if you're thinking of taking my old man into the Army you're nuts. My old man's been slap-happy ever since I was born. He only got out of the county flea bag three months ago.'"

What the psychiatrists want, and should have, is more time to examine possible psychotics before they become firmly embedded in the Army rolls. As it is, they are not giving the summoned enrollees even standard tests. If the man is passed by the physical examiners, all of whom are as anxious as the draft boards to make a good numerical showing, he's whisked off to a reception center. He is given an aptitude test which, at best, is no more than a forty-second stepcousin to an intelligence or a psychometric examination. The aptitude test tells the Army what sort of mechanical work the man's best fitted for. In due time, and always too busy to be turned over to a psychiatrist, he's either assigned to a unit or he finds his way into a replacement center. If he goes to a unit the psychiatrist sees him no more—unless of course he becomes a mental or nervous casualty and is broken out of the Army. The psychiatrist claims that such calamity might be averted were he to have fifteen minutes with the registrant. Given that much time per man, they are certain that they could eliminate more than half of all those who are now or presently will become unsuited for Army service.

No Place for Screwballs

Therefore, the hope of the psychiatrists is that they will be given the right to go over the men in the replacement centers—that all men should pass through replacement centers and that neuropsychiatric staffs be maintained there. Thus, after induction but before being assigned to a unit, every draftee could be given complete exploration. But the Army seems to be bent on numbers and speed. The psychiatrists have all they can do to keep out from under the new Army steam roller.

Some of the psychiatrists have an idea that will probably land in the wastebasket although we talked to several general officers about it and they were loud in their applause. The doctors suggest that there be a ten days' cooling-off period between the time that the enrollee is accepted by the draft board and his report to the reception center. The Army argues that this would result in a large number of desertions, that if given ten days to cool off the man would take off. We wouldn't know about that.

But the doctors' idea has appeal. Not only would the psychiatrists have opportunity to look into the background and habits of the recruit during those ten days, but the man himself might be spared a lot of embarrassment. Too often, immediately after being notified to appear before his draft board, the enrollee quits his job, sells his personal possessions, becomes the guest of honor at a purely liquid farewell brawl only

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to return a couple of days later having been rejected for having too few teeth or an unserviceable eye. Bad teeth, one of youths' legacies from the depression, are responsible for 17% of the draft rejections. His pride is hurt, he's kidded almost into melancholy, he's out of work, he has lost his car. The government's lost a friend.

The psychiatrists contend that given the necessary time with each enrollee as he appears before his draft board, they could eliminate fifteen out of every hundred and save the United States millions of dollars to say nothing of saving the Army from unguessed calamities. As it is, with no more than four minutes to a man, they're afraid that they are catching only two per cent of the potentially psychotic. And that means that of every hundred men whisked into the Army, thirteen may sooner or later be shipped back ticketed for the psychiatric ward. Or worse, their latent insanities may overtake them at some critical time in battle. It wouldn't be the first time that a battle was lost because of a screwball.

Ask the general staff.

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