The psychiatric toll of warfare

Illustration by Sarah Riedmann

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After a recent office relocation, I was going through my papers, deciding what to keep and what to discard. Many file folders contained articles on clinical topics printed off to read. It soon became apparent that any article older than 10 years was too outdated to merit keeping. The exceptions were the historical articles collected over the years. As a psychiatrist, I have always been interested in medical history, especially the history of psychiatry. Many of my books date back to the mid-20th century or earlier, hidden out of sight so that my patients will not wonder if their psychiatrist is a practicing phrenologist. In addition to the pleasure that comes from being a collector, there is value in having, and in periodically revisiting, historical medical resources. Psychiatry is a field with very few diagnostic tests to determine the nature of a patient's complaint. Because society changes over time, illnesses themselves can change—not just in how the psychiatric profession understands them, but in how they manifest. Psychiatric specialties change, too, with some innovations proving true advances and others only passing fads.

Holding the actual historical documents, not just the online versions, makes the past feel more real and present. One of my most prized antique documents is a reprint from the December 1943 issue of *Fortune* magazine entitled "Psychiatric toll of warfare: Why breakdowns are higher than expected and what is being done to prevent and cure them." Some areas of psychiatry evoke only a professional interest; others inspire a personal connection. The psychiatric disorders of warfare have a personal connection for me. My maternal grandfather, who served in the Canadian armed forces during World War II, was a driver for officers during the 1943–1945 Italian campaign and was at the Battle of Ortona in 1943. Like so many veterans, my grandfather rarely discussed his wartime experiences, so I only learned about them by asking questions. And

like so many veterans, he came home with symptoms consistent with what we now call post-traumatic stress disorder (PTSD).

The *Fortune* article is now yellowed and brittle, lightly torn around the edges. It is not very long, just nine pages, without any author listed. The data that it provides about the United States is striking:

> Today, twenty-five years after the end of the last war, nearly half of the 67,000 beds in the Veteran's Administration hospitals are still occupied by the neuropsychiatric casualties of World War I. The care of these men has cost the US Government about a billion dollars.

The unnamed author cautions that the impact of World War II will prove even greater: each month in 1943, the US Army could expect to discharge 10,000 men for psychiatric reasons.

The author differentiates between veterans with "war neurosis" and those who are "psychotics," and observes that "in this war anxiety states far outnumber the hysterical reactions of 1917–18." The criteria for war neuroses are recognizable to anyone who has diagnosed and treated soldiers with PTSD: a combat experience that triggers the condition, irritability, and "a state of vigil," with nightmares or an increased startle response. As the author notes, "there is a subtle personality change. Men become depressed, morose, intolerant of argument"—much as my grandfather had become when he came back from the war. According to my grandmother, he changed: he was more irritable and drank too much. My mother, who was a baby when he had left home and six years old when he returned, recalls one night when he awoke suddenly from sleep and grabbed her, not recognizing her for who she was. In the 1970s and 1980s, when I knew him, he was an anxious older man, a worrier, with what we called "bad nerves."

To reduce the burden of mental illness, the author proposes having more psychiatrists involved in screening potential recruits in order to identify those among them who would break down under pressure. The author envisions the psychiatrists "look[ing] for signs of paralysis, epilepsy, psychosomatic disorders such as ulcer, asthma and colitis," and "ask[ing] such questions as: 'How do you feel about entering the Army? Did you vomit as a child? When did you last wet the bed? Have you many friends?'". If screening recruits at risk didn't work (and it is hard to imagine that it would if these were the questions being asked), the author advises, psychiatry could offer hope for preventative care and rehabilitation. Accompanying the article are pen-and-ink illustrations of soldiers with such captions as: "Recuperation in Florida," "Exercise (with Friendly Pups) Encourages Sound Bodies, Which Encourage Sound Minds," and "The Workshop Helps Patients to Think Not of Missing Planes But of Mitered Joints."

The author writes at a time when all of the modern medications and most of the modern psychotherapies now used to treat PTSD were unavailable. The author instead describes the narcosis treatment, in which Air Force physicians would administer so many sedatives to traumatized airmen as to render them unconscious for 72 hours straight. Unconsciousness would be followed by a gradual return to relaxing activities, light massage, and a diet that "abounds in eggs and milk." According to the author, two-thirds of the airmen were able to return to the deadly skies of World War II after this treatment.

Despite the author's optimistic tone regarding prevention, we are still treating those who develop PTSD in combat 75 years later. Many, but not all, patients with PTSD respond to the treatments available today, yet the burden of illness remains high. Would my grandfather have benefited from these treatments? It is hard to say. He certainly would not have sought help from the likes of me (a psychiatrist). Indeed, he avoided all doctors, medications, and hospitals until he died from a ruptured aortic aneurysm, far from the battlefields of Europe, at the age of 79. Still, more open discussion of mental illness at the time may have helped him. Few in our family fully appreciated the psychiatric toll of warfare. Those whose understanding of warfare comes from black-and-white Hollywood films featuring the brave and heroic soldiers of World War II would little expect soldiers to return home from a war changed for the worse.

I slipped the article back into the file folder. Though old, the fragile yellow pages still contain information that is useful and relevant. The article may not provide the best guidelines for treating the psychiatric toll of warfare or the myriad other traumas that walk through a psychiatrist's office door, but it does offer a window into the past that helps put the current understanding of PTSD into a broader context. There is always enough space in an office or on a bookshelf for the insights of the past, and for the pages of more recent history, personal or professional.

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