individual. At times, when dealing with troublesome symptoms, it seemed advantageous, after the soldier's curiosity had been aroused, to postpone the final seance a number of times. A few elaborate consultations were staged wholly for their psychic effect. Such instances as the above might be endlessly multiplied; they merely served to intensify suggestion and were therefore useful.

The employment of simple procedures had several advantages. They needed no elaborate paraphernalia and did not demand lengthy preparation. In the field space and time had to be carefully conserved. Further, it must be remembered that the patients, as they came to the triage, were like closed books. The soldier himself was frequently the only source of information available, and consequently there were many gaps in the history. When dealing with an individual whose potentialities were largely unknown it seemed the part of wisdom to restrict oneself, if possible, to things which could do no harm. Some of the more complex forms of technique depend largely for their suggestive value on the veil of mystery which surrounds them. Unless absolutely necessary, in some unusual instances, their exhibition ought to be avoided. They are apt to prove embarrassing when the time comes to give the patient the explanation of his neurosis, when, of all times, the physician needs to be sure of his ground. This explanation, too, must be as simple as possible. However high the educative and intellectual standard of the enlisted men in our Army might have been, it did not reach the point where an involved discussion of psychopathological mechanism could be appreciated. Even primary ideas and illustrations had to be used with caution, and the test of their efficacy rested on whether they were easily comprehended by the patient and satisfied his needs.

Of 400 war neuroses, embracing all types and occurring in different operations at the front, approximately 65 per cent were returned to front line duty after an average treatment period of four days. During the second half ot the Meuse-Argonne operation, the recovery rate amounted to about 75 per cent; earlier, along the Ourcq, it had dropped to as low as 40 per cent. This fluctuation was governed by military necessity. In other words, there were four separate hospital-evacuation orders which affected about 70 patients who had had less than 36 hours' treatment. It is reasonable to assume that at least one-half of this number would have recovered if it had been possible to retain them 48 hours longer. After the armistice was signed an effort was made to determine the number of times a second attack had appeared. Only nine recurrences were found—less than 4 per cent of the total returned to duty. It is possible, of course, that a few cases may have passed through the triages of other divisions. However, these would necessarily have been restricted to troops on the flanks of the line and their number therefore could not have been significant.

The recovery rate was influenced by certain factors. From the type of symptom presenting one could often predict the ease or difficulty which would attend its removal. Generally speaking, symptoms which occurred in conditions where there had been a definite trauma, or emotional insult succeeded by a stage of relaxed consciousness, responded readily. They were frequently of

a hysterical variety. On the other hand, those which belonged to states which had been evolved in the plane of consciousness were not so accessible. They were apt to have a neurasthenic or psychasthenic coloring. Anxiety symptoms of various kinds presented the knottiest problems, and a relatively high percentage of these had to be evacuated to the rear.

When time is necessarily limited the rapidity with which contact can be established between patient and physician is an important consideration. The degree of inaccessibility in the make-up of the soldier will be reflected in the therapeutic failures recorded in the field. The responsibilities of the psychiatrist were clear. He had to return as many men as possible to duty, and during times of great activity it was not always feasible to give each patient the full amount of attention his condition deserved. In this way, and at these times, the individual whose personality involved careful and extended study in order that his neurosis might be reached, sometimes had to be neglected as a matter of military economy.

The intellectual status of the patient was not without its effect. The relatively ignorant soldier was usually softer clay in the physician's hands than was the one in whom learning and training had sharpened the habit of questioning, scrutinizing, and weighing in the balance. Of course, these two often developed different types of neuroses, but, given the same condition in both, the former could be handled with far greater rapidity and more surety of success.

Finally, the recovery rate fluctuated in response to extraneous and wholly accidental factors. It was appreciably higher at periods when the division was about to be relieved, and it was lowered at the beginning of what promised to be a long campaign. During the three or four weeks preceding the armistice, when victory followed victory on every front and definite success seemed assured, it reached its apex. The psychological effect of such incidental happenings, of course, was complex; but in general they lessened the activity and the need of close surveillance on the part of the preservative instinct by the intrusion of new and attractive possibilities; the anticipation of rest and pleasure in different surroundings under safe conditions in the former instance, and in the latter the prospect of an early return to the United States as a member of a victorious fighting division, and a resumption of all those pleasant relations from which the soldier had been cut off by the war.

A statement of experiences with the war neuroses would be incomplete without some reference to gas hysteria and its treatment. A striking instance occurred during the Aisne-Marne operation, when the 3d Division was in the neighborhood of the Vesle River. One morning a large number of soldiers were returned to the field hospital diagnosed as gas casualties. The influx continued for about eight days, and the number of patients reached about 500. The divisional gas officer failed to find any clinical evidence of gas inhalation or burning, and the psychiatrist was given an opportunity to act as consultant. The patients presented only a few vague symptoms. There were, perhaps, four or five instances of aphonia, but in the average case the symptoms presented were a feeling of fatigue, pain in the chest, slight dyspnea, coughing, husky voice, an assortment of subjective sensations referred to the throat, varying from slight tingling to severe burning, and some indefinite eye symp-

toms. Physical and neurological examination was practically negative, and the mental findings were inconclusive; if anything there was an undercurrent of mild exhilaration. Most of the patients had the fixed conviction that they had been gassed and would usually describe all the details with convincing earnestness and generally with some dramatic quality of expression. Careful inquiry elicited the information that these soldiers came from areas in which there was some desultory gas shelling, which, however, never reached serious proportions. The amount of dilution was practically always great enough to provide an adequate margin of safety. It was further developed that these conditions were always initiated in about the same way. Either following the explosion of a gas shell, or even without this preliminary, a soldier would give the alarm of "gas" to those in his vicinity. They would use their masks, but in the course of a few hours a large percentage of this group would begin to drift into the dressing stations, complaining of indefinite symptoms. It was obvious on examination that they were not really gassed. Further, it was inconceivable that they should be malingerers. They came from battle-tested troops, veterans of the severe action on the Marne and the early hard fighting in the Aisne region. It is exceedingly probable that a number of factors which existed at that time acted together with the general effect of lowering morale and reducing inhibition to a state where any suitable extraneous opportunity was apt to be utilized by many as a route to escape from an undesirable situation. It differed from the manifestation of the personal preservative instinct in that it was in a sense a mass reaction and a subconscious rejection of a situation which, although decidedly uncomfortable, yet was not sharply threatening from the standpoint of physical danger. The troops were more or less inactive, practically merely holding a position, and the small amount of activity which occurred was more irksome and irritating than highly dangerous. Following on the heels of the advance at Chateau Thierry and the first rush in the Aisne region it was comparatively monotonous and lacked all those stirring and dramatic qualities which even in modern warfare attend more important military operations. Further, instead of a definite, easily understood objective such as they had been accustomed to, the minor activity which was not taking place seemed to the soldiers indefinite, uncertain, and apparently not aimed at a clear-cut objective. Again, too, for some time there had been a wide-spread feeling that the division was soon to be relieved and given a well-earned rest. When the day came on which the order for relief was expected, and word arrived that it was to be indefinitely postponed, the feeling of expectation and optimism gave way to disappointment and dissatisfaction. The relative inactivity gave abundant opportunity for endless thought and discussion among the men by which the mental unrest and uncertainty was rapidly disseminated and intensified. Finally the troops were beginning to feel the physical strain of four weeks' exertion under the most exposed and trying conditions. When these factors, no one of which was sufficiently strong to act alone, accumulated and combined they were evidently powerful enough to produce a wholesale effect.

The problem demanded immediate and energetic attention. It was obviously impossible to deal with each patient from the personal angle and give him extended individual attention. The drain on man power was being felt, and

there was a request from military superiors asking that these men be returned to the line as quickly as possible. Each man on admission was examined, assured that his symptoms were not serious, and given some simple suggestive treatment followed by hot food and a brief rest. Some hours later he was again examined, encouraged to feel that the treatment had had the desired effect, complimented on his improvement, reassured about his condition, and convincingly told that he would be able to return to duty on a certain day at some specified hour. From this point on symptoms were practically ignored. The patient now passed to a second tent where the conditions were rigidly military. Soldiers were usually required to wear their uniforms, and to observe all military courtesies, and they were under strict discipline. There was a round of duties to be performed under the supervision of a noncommissioned officer. In short, the hospital lacked about the only desirable features which were to be found at the front, namely, a relaxation of certain elements of military rule and routine duty. The method was successful. Only an occasional case proved refractory and required more intensive action. The basic idea was an attempt to impress on the patient's conscious mind that his ailment was not serious, and on his subconscious mind that the situation in which he now found himself probably offered no greater advantages over the one which he had recently left. No harshness was permitted, but no opportunity was given to lose contact with the life, duties, and responsibilities of a soldier. The wave of gas "hysteria," as the line officers insisted on designating it, receded from day to day, and ceased spontaneously at the end of eight or nine days.

When hostilities ceased, there was some doubt as to whether the services rendered by division psychiatrists were sufficiently valuable to justify their retention in the divisions. In the army of occupation, where there was a possibility that divisions might again be engaged in combat or at least be liable to a long period of service on foreign soil, no such question was raised. The other divisions, however, went back into areas previously used for training, and as rapidly as possible were sent to various concentration centers in preparation for their return to the United States.

During this period of waiting for return to the United States a great many policies which were considered of importance during the period of combat were reversed. For instance, it was unwise to conduct too vigorous a search for mentally defective psychopathic individuals in organizations about to return to the United States, as their discharge from the Army in any case was only to be a matter of several weeks. The mentally sick, of course, were sent, as before the armistice, to Base Hospital No. 214, at Savenay, for return to home territory, there to be hospitalized further or discharged from the service on surgeon's certificate of disability. The war neuroses had ceased to be a problem.