USE OF NEUROLOGICAL AND PSYCHIATRIC INFORMATION IN SELECTIVE SERVICE*

BY COL. RICHARD H. EANES, M. C., A. U. S.

Selective Service considers it an unusual privilege and also a compliment to be invited here today to participate in this discussion of ways and means of improving the neurological and psychiatric examination of registrants. The importance of the problem, of course, is obvious to us all. The problem is one that must be solved: The crucial question relates to how.

I know that you would be surprised, and somewhat dismayed, if you knew of the infinite number of suggestions selective service has had as to the type of psychiatric and psychological examination that should be used in the study of the registrants. Some of these suggestions have had merit and have been adopted; however, the results of the psychiatric program—taking them all in all—are disappointing to date. It is estimated that about 23 per cent of all men discharged from the army for physical and mental reasons, since the beginning of the emergency in August, 1940, were discharged for neurological or psychiatric reasons. Examinations of reports in national headquarters of selective service indicate that approximately 50 of every 1,000 registrants examined, that is 5 per cent, have some mental or neurological defect noted. We have no way of knowing how many beds are actually being occupied at this time by such cases. Nevertheless, our interest in the crucial question still continues.

While we, as medical men, appreciate some of the difficulties involved in psychiatry, General Hershey and our administrative group in selective service have been impressed mainly with the uncertainty that characterizes so many of our efforts in this field. General Hershey's personal reaction has been, that we should seek additional enlightenment prior to undertaking any other major program in this direction.

We all, the writer thinks, are certain of one thing, that better and more effective procedures and methods are needed in determining fitness or unfitness from the nervous and mental point of view.

Another thing of which we are certain is that information concerning the nervous and mental state must be sought from the registrant himself, or intimate information must be obtained from outside sources concerning the registrant. In some instances, official records reveal the patient's earlier performances, his reactions to various situations and his capacity in adaptation.

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It is a function of the armed forces to establish the physical standards which must be met by those who are to enter such forces, and the determination of whether an individual meets those standards, is likewise their function.

It is upon this fundamental principle that selective service saw fit, in conference with the War Department, to bring about the system of examination known now as the single examination. It is the function of the selective service system to go into the highways and byways and bring forth the manpower which is not known to be obviously unfit physically and mentally for service in the armed forces and to present such manpower for acceptance. The Selective Training and Service Act of 1940 did not change these fundamental principles in the least. At the same time, selective service has felt that it has a responsibility to share with the armed forces; that is, the obligation of assisting them in the examination and determination of physical fitness of those individuals presented.

It has been known from time immemorial that there are certain types which have always been least qualified for military service, although they perhaps have no definite organic physical disability. As civilization advanced and as warfare became more complex, more difficult, and more severe, the unfit nature of many individuals became more manifest. Da Costa gave us a description of the soldier's heart, effort syndrome or neurocirculatory asthenia during the Civil War. This description has hardly been improved upon, and we are learning that stress and strain affects systems other than the cardiovascular.

As a result of the last World War with all its horrible mechanisms, we were brought to a full consciousness of the importance of such problems. After that, when full measure was taken of all that had been found and the expense to which the taxpayers were to be put in an effort to bring about an equitable adjustment, it was hoped that we had learned enough to prevent the induction hereafter of as many unstable individuals as possible, thereby precluding them from the stress and strains incident to warfare, and from after-war consideration as social wrecks. No one can deny that this was a stupendous task. Selective service first endorsed a system whereby it was hoped that men trained in the fields of the psychic would find a way to discover these individuals. Unquestionably, there was a certain degree of success attained but not sufficient to justify the effort and time consumed.

It is generally agreed that it is impossible for a psychiatrist to determine a registrant's mental fitness for service in more than a small percentage of cases by use of any examination perfunctory in nature performed in a very limited time. It was proposed that all physicians examining for selective service should be taught certain fundamental principles of psychiatry and