THE NEURO-PSYCHIATRIC WARDS OF THE UNITED
STATES GOVERNMENT; THEIR HOUSING
AND OTHER PROBLEMS.*

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It is obviously impracticable in the time allotted to this paper to discuss the many problems concerning the United States Government in respect to its neuro-psychiatric wards. I propose therefore to confine my remarks to several phases of the problem relating to the neuro-psychiatric cases resulting directly or indirectly from the World War.

Some idea of the scope of the government's activities relative to the care, treatment and rehabilitation of the American disabled of the World War may be gathered from the quite generally-known fact that 6,000,000 casualties and disabilities were directly or indirectly traceable to the World War. In this connection it may be of interest to state that more than 525,000 persons have applied for compensation in accordance with the War Risk Insurance Act. About one-third of these (30 per cent) come within the purview of the neuro-psychiatric group. As to the ultimate number who will apply for compensation, the government actuaries have estimated that in the course of the next ten years 1,500,000 claims will be filed with the War Risk Insurance Bureau. Many of the mental and nervous cases now applying for or in receipt of compensation, had their disability prior to entry into the military service, but in accordance with the law governing their treatment and payment of compensation their enrollment or acceptance is indicative of the absence of physical or mental disability or injury (Sec. 300 War Risk Insurance Act.). Moreover, many such cases have enlisted subsequent to November 11, 1918, and later have

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been discharged from further duty with the military forces. They are now being treated and compensated by the United States Government, although their disability is in no way traceable to actual war service. New cases will therefore accrue from year to year if the present law and regulation continue in effect. The ultimate number requiring federal aid cannot at the present be determined and must be no more than an approximation. As a further indication of the scope of the government activities in respect to the American disabled of the late war, it may be of more than passing interest to mention that the National Homes for Volunteer Soldiers did not reach the peak of their activities until almost 30 years subsequent to the close of the Civil War.

It is a known fact, however, that more than 76,000 neuro-psychiatric cases came under the observation of the Surgeon General of the United States Army and were discharged because of such disabilities. The surgeon's certificate of disability included the psychoses, psychoneuroses, the epilepsies, the mental deficient, the endocrine disturbances, the diseases and injuries of the central and peripheral nervous systems, and others, which for purposes of description, were designated as constitutional psychopathic inferiors—inadequate personality. Based upon the actual number of known cases, the rate of mental and nervous diseases arising among the military forces of the United States Government during the late war is approximately 2 per 1000, or 191.4 per 100,000.

A short review of what has been accomplished by the United States government in respect to meeting this problem may be briefly presented for your consideration. The problem of the neuro-psychiatric wards of the United States Government arising from the World War automatically divides itself into three activities, each of which is intimately associated with and dovetailed one with the other. They are (1) treatment; (2) vocational rehabilitation; and (3) obtaining of medical evidence, and rating of disabilities for purposes of compensation or training.

(1) The War Risk Insurance Act having become a law in the fall of 1917, the number of patients coming within the purview of that act were exceedingly limited and by July 1, 1918, only a very few had applied for compensation or were afforded medical treatment. The United States Government had available at that

time army and navy hospitals which were being utilized to the fullest extent by the military forces, St. Elizabeth's Hospital, Washington, D. C., and the U. S. Marine hospitals, of which there were 23 of the latter with a capacity of 1500 beds. In August, 1918, the Director of the Bureau of War Risk Insurance requested the Surgeon General of the Public Health Service to provide additional beds for the care and treatment of beneficiaries of the War Risk Insurance Act. Pursuant to that request, a letter was forwarded to the Speaker of the House of Representatives by the Secretary of the Treasury, requesting appropriations to provide additional beds for the care and treatment of the American disabled of the World War. A bill was introduced in September of that year and was finally made a law March 3, 1919 (Public Act 326), which provided for the increasing of the capacity of the existing facilities, the transfer of properties from the army and navy and other departments of the government, and authorized the Public Health Service to negotiate leases and acquire additional properties, an appropriation of \$9,500,000, being made for this purpose. Out of this first appropriation, the United States Public Health Service purchased among other properties, an institution of 300 beds for neuro-psychiatric cases and leased eight other hospitals. Diligent search was made throughout the United States by representatives of the United States government and other organizations to locate properties that could be made adaptable to the care and treatment of nervous and mental patients. It was early appreciated that such properties were not available and in September, 1919, the Surgeon General of the Public Health Service and the Chief Medical Advisor of the Bureau of War Risk Insurance, then an officer of the United States Public Health Service, prepared a letter for the Secretary of the Treasury outlining the needs and requirements necessary to meet the problem of adequate hospitalization for the disabled American soldier, sailor and marine. This letter was transmitted by the Secretary of the Treasury to the Speaker of the House of Representatives on December 5, 1919, requesting an appropriation of \$85,000,000 to provide 30,660 beds in new construction, 11,060 of which were to be devoted to the exclusive care of patients suffering from nervous and mental disorders. After extensive hearings, the

Second Session of the Sixty-Sixth Congress adjourned without meeting sufficiently the needs of the disabled man, but made available \$46,000,000 to be disbursed under the direction of the War Risk Insurance Bureau for the leasing of properties and the improvement of existing government institutions. This obviously did not meet the needs of the disabled soldier and appropriations for new construction were again requested of the Congress. As a result of the \$85,000,000 building program presented in the fall of 1919, \$18,600,000 was appropriated at the Third Session of the Sixty-Sixth Congress and made available on March 3, 1921. To date (May 10) none of this money has been expended for the beginning of new construction or additions to already existing plants. But a committee appointed by the Secretary of the Treasury to locate sites and hospitals is making progress in providing additional beds for neuro-psychiatric cases. The hospital facilities now available (May 10) for the exclusive treatment of nervous and mental patients are as follows:

Nine Public Health Service Hospitals.....	2099	Beds
St. Elizabeth's Hospital, Washington, D. C.....	800	"
National Home for Disabled Volunteer Soldiers (1 hospital)....	350	" *

It is obvious that these facilities are insufficient to meet the needs of the mentally disabled discharged man and it is believed that the entire \$18,600,000 could well be spent in providing appropriate and necessary facilities to meet the needs of these patients. There is urgent need for hospital facilities for the care of the psychoses, which represent about 70 per cent of the entire neuro-psychiatric group, while 20 per cent represent the so-called psycho-neurotic class.

I sincerely believe that the United States Government will increase its appropriations to provide adequately for the care of the mentally disabled discharged soldier, sailor, and marine, and that a sufficient number of hospitals will be erected that will be modern in design to provide adequate treatment for all classes of such patients, that their recovery or maximum improvement may

* The 350 beds at the National Sanatorium, Marion, Indiana, will be increased to 1000 in the very near future, as soon as alterations are completed.

be brought about and that those who will require to spend a large part of their life in its institutions will be made comfortable and happy.

These hospitals, and appropriation for which \$18,600,000 was made by the last Congress, following the high standards of the U. S. Public Health Service, are to be modern and spacious and provided with superior equipment and methods for the care, nursing and treatment including (it is to be hoped), special consultation wards and arrangements for shell shock and other special cases, and every provision for thorough classification, as suggested by Dr. Walter L. Treadway, Surgeon U. S. Public Health Service in his excellent address entitled "Activities of the War Risk Insurance Bureau and the U. S. Public Health Service relative to the mentally disabled ex-military men," delivered at the last annual meeting of this Association at Philadelphia.

The construction and arrangement of these hospitals should provide facilities to carry out some suggestions made by Dr. G. Elliott Smith of the Manchester, England, Medical School, in his book on "Shell Shock" who in discussing the nature and treatment of this complex neuro-psychiatric group (shell shock and allied cases) urges that a special hospital construction be supplied and that a more helpful attitude be inculcated in the public mind as to the social aspects of this and other similar mental and psychoneurotic disorders, some of whom are better treated outside of hospitals in connection with out-patient departments and local psychopathic wards, which are included in this plan of hospitalization and care. He also emphasizes the importance of individualizing intensively, the study and treatment of each shell shock case and the intelligent, discriminating use of all useful agencies to effect cures, even induced hypnotism in proper cases. He points out how essential it is, in many of these, who have a form of suppressed delusional state, to induce them to "make bare their subconscious mind" and to facilitate this and other curative measures, he urges that each hospital have quiet consultation rooms and special arrangements for the thorough treatment of this large and interesting but often difficult class of cases. Such a hospital and administrative system would best serve the entire country and the needs of the neuro-psychiatric and other disabled

sick beneficiaries of the U. S. Government, and would rapidly relieve the present pressing demands of the federal neuro-psychiatric service and the serious overcrowding that has necessarily existed in our state hospitals which have gladly met their patriotic duty to the ex-service men.

(2) In order that the United States Government might meet the needs of all classes of disabled men, the United States, for the purpose of administration, was divided into 14 districts, each district being headed by an officer of the Public Health Service, designated as District Supervisor. His duties consisted of obtaining medical evidence in respect to disabilities, for the purpose of the War Risk Insurance Bureau, and placing patients in hospitals appropriate for the care and treatment of their disability. This decentralization was carried out with the approval of the Secretary of the Treasury, although no statutory authority ever existed for it. In order to meet the situation in respect to neuro-psychiatry, each supervisor was provided with a full-time psychiatrist who acted as executive officer in matters pertaining to the administration of the neuro-psychiatric problem of the district. This psychiatrist had associated with him necessary assistants to inspect hospitals, to aid in the development of out-patient clinics, diagnostic and observation centers, and to give appropriate advice to the Federal Board for Vocational Education in respect to the training of improved or recovered neuro-psychiatric cases.

(3) In respect to the rating of disabilities for the purpose of compensation it may be of interest to know that the Medical Division, War Risk Insurance Bureau, was administered by an officer of the United States Public Health Service until the fall of 1920, when the War Risk Insurance Bureau began to develop and organize its medical service for duty in that Bureau in Washington, D. C. Since the District Supervisors' duties were largely concerned with features relating to medical evidence for the War Risk Insurance Bureau, and acted as its representatives in directing patients to appropriate hospitals, the Secretary of the Treasury, on April 19, 1921, authorized the transfer of such officers to the War Risk Insurance Bureau, the commissioned officers of the Public Health Service to continue to serve under the direction of

the Bureau of War Risk Insurance until such time as that Bureau might arrange for the development of its own medical organization.

I cannot refrain from expressing my admiration for the diligence and earnestness with which the commissioned medical personnel of the U. S. Public Health Service have worked under the stress of often insurmountable difficulties. I must further express my appreciation of the fact that the medical officers of the Public Health Service have laid the foundation for any organization that may now or hereafter undertake to administer these problems. It is again demonstrated as every member of the American Medico-Psychological Association appreciates, that medical men are able and capable administrators. It is believed, however, that the administration of the federal activities in respect to the medical problems as they relate to the obtaining of medical evidence or the rating of disabilities, the giving of hospital treatment, out-patient care, and appropriate advice for the training of recovered or improved neuro-psychiatric patients would best and most efficiently be administered by one medical organization.

Quite aside from the medical problems just enumerated, other necessary activities such as appropriate nursing, occupational therapy, physio-therapy, and social service should all be coordinated in one medical organization. The social service work throughout the late war and since, has been of immense economic, moral, and spiritual value. It is therefore natural that the American Red Cross has planned to continue to act as the social service agent for the Government until such time as its own medical social service may be developed. The treatment of the environment to which a mal-adjusted individual is to return, is an important arm or adjunct to the hospital or out-patient clinic.

In the absence of government facilities for the care of the mentally disabled men it has been necessary to utilize the already existing public facilities that are overcrowded and frequently have insufficient beds to meet their needs. One cannot help but express admiration for the manner in which the psychiatrists have aided their government during the late war in the examination of recruits, in the treatment of those developing disorders in military life, and the treatment and care afforded such patients after discharge under most trying and difficult circumstances without

facilities, and with, many times, appropriations insufficient to meet the ordinary needs or requirements. I am sure that an organization such as this will be intensely interested in the development of a national program looking to the appropriate care and treatment of the mentally disabled veteran of the World War and that every man in this organization is interested in doing everything possible in placing the specialty of neuro-psychiatry in its proper place among things medical. There is work for every member of this society in aiding the government to appropriately meet the needs of its neuro-psychiatric wards and of placing psychiatry on a higher plane. Words and deeds, encouragement and help, should therefore be the watchword, ever keeping in mind the adage: "If thou shouldst lay up even a little upon a little, and shouldst thou do this often, soon would even this become great."

DISCUSSION.

DR. TREADWAY.—I am very pleased to have the opportunity of saying a few words in regard to the work so ably and interestingly outlined by Dr. Kindred. It is quite obvious that in an organization so large as that of the Public Health Service and the number of cases that it has been called upon to treat that many men not entitled to treatment would receive it and a small number who are entitled to it in accordance with the law may not receive it. The officers of the Public Health Service, however, have lived up to the traditions of the physician and have provided the best medical care and treatment available in the community. It has been rather unfortunate that the government has delayed so long in providing adequately for the hospitalization of beneficiaries suffering from the psychoses which is the major problem concerning the hospitalization of disabled men. The recent Act of Congress providing funds for the erection of hospitals makes it appear that this delay will soon be obviated. It is hoped that five hospitals for the care of psychoses will soon be provided. There is need, however, for two more in addition.

I cannot permit this opportunity to pass without expressing my appreciation and admiration for the cooperation and assistance which the superintendents of the several state hospitals have rendered the Public Health Service and the mentally disabled men. On many occasions they have gone to considerable inconvenience not only to examine patients, but to afford them care and treatment.

It may not be amiss to say a word or two in respect to the hospitalization of that class of beneficiaries which for convenience have been designated the psychoneuroses. During the year just passed this class of beneficiary represented about 20 per cent of all neuropsychiatric cases applying to the government for relief. It would appear unwise to establish a

large number of hospitals for the treatment of this class of cases and it is hoped that the government will attack the problem of developing out patient clinics for this class of patient in a most militant manner.

After a number of years' experience in the development of measures for the relief of the disabled of the World War, including those activities relating to compensation, insurance, vocational training, and medical treatment, I heartily indorse Dr. Kindred's recommendation that all the medical work in respect to the disabled man should be placed in one organization.

DR. WILLHITE.—I do not know that I have much to say. I have been associated with the ex-soldier and also with the soldier. It has been my misfortune or good fortune to see these cases during the time of war activity. These cases, of course, presented many new features. After I left the army I went into the Public Health Service and have been associated with these cases since. I think you will all appreciate the difficulty under which the Public Health Service has had to operate. It has been impossible to make provisions for the insane men; it is hoped that it can now be done. We have endeavored to do the best we can and I think many of the hospitals that have been done over have answered the purpose quite well. We have endeavored to supply trained nurses, and I think I can speak from my own personal experience—we have been supplied with trained nurses and many of them have been trained in psychiatry; many of them have been overseas. It has been a rather trying problem under some circumstances. I have seen a few cases that come to us with this open declaration, that they were not able to get compensation without going to a hospital and they decided to go to a hospital so that they might get a total disability; they have succeeded in doing so and some have been a source of considerable annoyance to us—those are our problems, but I think in time it will be all adjusted and that conditions will be better organized and we will be better able to take care of these men, especially the border-line cases. As time goes on I feel that the organization as started will be able to do better work and there will be less complaints than we have had in the past.

DR. LORENZ.—Shortly after the return of the troops of Wisconsin we had the same problem to meet. With us the problem was particularly difficult because Wisconsin always expects the very best. We realize that there were no special provision for the care of the soldier and that unless the same were provided, severe criticism and incidentally just criticism would follow. As a consequence, we immediately turned over for the care of the mentally ill soldier the Hospital Department of the Wisconsin Psychiatric Institute. At that time there were available 40 beds. Our medical personnel was inadequate and as you all know difficult to get. At the suggestion of Colonel Salmon, we applied to the Public Health Service for help and were at once assisted by receiving an officer detailed to our institution for the purpose of assisting in the care of these men. Ever since the beginning we have received help from the Public Health

Service and we have felt very much indebted to this service for the efforts made in assisting us in the problem that we undertook.

I am happy to state that our relations with the Public Health Service has been both pleasant and profitable to our State Service.

DR. J. J. KINDRED.—In presenting the paper I desired chiefly to express the importance of hastening the completion of the best system of hospitalization, the system which the government has evolved, and if possible to cut out the red tape and to utilize these hospitals for the large number of neuropsychiatric cases that cannot be cared for in our communities. I also desire to emphasize the splendid sacrificing work of the United States Public Health Service men, and I desire to emphasize the fact that those men have laid the foundation for any other development of work of this kind which may take place in the future.