

4. Nonprofessional clinic assistants should be employed, in so far as possible, to conserve nurse power in performing the following specific duties: (1) Securing specimens and care of specimen bottles; (2) filling hot water bottles and ice bags; (3) bed making; (4) sterilization of instruments and supplies; (5) assistance with dressings; (6) making surgical supplies; (7) care of change rooms, restrooms, and toilets; (8) training of matrons. [It is recommended that] there be written instructions governing the activities of the nonprofessional clinic assistants and that such assistants be supervised by the nurse.

5. One nurse should be employed for up to 300 workers; two or more nurses for up to 600 em-

ployees; three or more for up to 1,000 employees; one nurse for each additional 1,000 employees up to 5,000, and one nurse for each additional 2,000. Other nurses may be required because of hazards present in a particular plant and to supply service for second and third shifts.

6. The use of part-time nursing service should be extended, particularly in plants employing less than 100 workers.

7. The local industrial nurses organization should act in an advisory capacity to other professional groups and to state industrial hygiene divisions in regard to the needs in a local industry and the services of the nurses employed therein.

## Wartime Stresses and Neuropsychiatry

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THE IMPORTANCE OF MORALE, both civilian and military, is well recognized. The will to win is as essential to victory as the required equipment. Nurses as well as doctors have a unique opportunity to stimulate right mental attitudes in that their work brings them in contact with those most affected by the tensions and hazards of war.

No illness can occur without causing changes in the emotional stability of the individual and again even the slightest emotional reaction, such as a feeling of disappointment or annoyance, can effect every function of the physical body. This personality reaction of the patient must be taken into consideration for the reduction of tensions and discomforts tend to promote recovery.

The hospital nurse cares for the mother worried about her sons in service. The public health nurse enters the home disorganized and economically handicapped by the father's absence, necessitating that the mother become the bread earner. She sees not only illness but delinquency too. Herein lies the nurse's opportunity to be a morale builder through health building in its broadest sense. There is no patient upon whom a good nurse looks as an individual human being who cannot be helped in some way through that relationship.

Already the demands of the armed forces have caused a noticeable shortage of nurses and placed a heavier burden on those left in the civilian field at home. It has meant more active duty and longer hours for many, not only the younger ones but the retired ones recalled to active nursing. It has been shown that fatigue and the other effects of overwork are due, not so much to energy used in the work done as the worry over the things that, because of lack of time, cannot be done. One is not tired after a busy day, if much is accomplished and the day's work satisfactorily completed. On the other hand, going off duty, after doing one's best, in a situation where nursing service is inadequate, leaves one weary and discouraged. An attitude of acceptance of such changes in conditions brought about by the war can do much to increase our efforts and efficiency. The same may be said of the difficulties of living and traveling in areas overcrowded because of war production. It is not the physical discomforts which affect us, but rather our attitude toward the change which has denied us the comforts and conveniences of peacetime living. A reasonable acceptance of things, temporarily unavoidable, can do much to make life more satisfying.

This thought has been expressed innumerable times by nurses in overseas service. They

are working long hours and living under all sorts of conditions, denied the comforts of home, but well and happy. In Alaska and Iceland in snow covered huts, in North Africa and New Guinea in tents, in England in barracks, doing their own laundry, stoking the fire, if need be, trudging through mud and snow, these inconveniences fade in the background in the realization of the need and their satisfaction in the service rendered. It is this spirit of acceptance which is needed as much in civilian life as by those in service. Nurses by precept and example, can in this way, contribute to the war effort for attitudes, like many diseases, are communicable.

Military service affords still greater opportunities for the application of neuropsychiatric nursing and mental hygiene. Methods of warfare have constantly changed, especially since the last World War. Armies are not merely composed of physically able fighters, but consist of highly mobile, specially trained technical groups which are closely integrated. The mental agility of the individual is now fully as important as his physique. Furthermore, the theater of operations may now cover not only the so-called front but homes, farms, and factories many miles distant.

Neuropsychiatrists have long recognized that the average American must make a relatively rapid adjustment to military life. He is uprooted from a community tolerant of his shortcomings and transplanted into a necessarily rigid and routine environment where his individuality and personal liberty must be largely submerged. Hope for a peaceful existence must be exchanged for the will and ability to fight.

Although a more careful neuropsychiatric screening has been developed at induction centers than during the last war, it is inevitable that some of the potential misfits will be missed. The neuropsychiatrist in service, therefore, is concerned with detecting and eliminating the mentally unstable who are or may become a distinct liability to military training, discipline, and morale. In this the nurse and especially one with neuropsychiatric nursing experience can truly become the aide of the neuropsychiatrist. The symptoms may be observed on the medical, orthopedic, or skin service as well as on the neuropsychiatric ward and only from an under-

standing of their origin and purpose can intelligent reports be made. Early discovery is paramount to successful treatment.

The training period is extremely critical. Many personality difficulties first appear at this time, due to change in environment, separation from friends and loved ones, anxiety over family responsibilities, strangeness of camp life, change of diet, habits, discipline, and loss of personal liberty. These difficulties, although seeming of relatively little importance, if not handled, may become serious during a critical period of combat when individual failure might mean disaster for a group. Careful handling in this period may prevent a break later. The old adage "A stitch in time saves nine" is well worth considering in this connection.

The nurse in her everyday work should be tactfully observant of personality changes and may by sympathetic understanding prevent more serious developments. The patient who has been found physically or mentally unfit for military service and is awaiting his discharge, presents a problem on the ward. Sometimes he welcomes it, but more often he faces his return to civilian life with a feeling of defeat and incompetency. Much can be done to make him feel that it is not a disgrace and that he can do his part outside as well as in the army.

The policy of keeping men in the hospital until they are ready to return to active duty creates at times disciplinary problems. These men, although not quite back to normal strength, are restless and eager for activity. They must be kept occupied and entertained or mischief will find things for idle hands to do. The nurse in charge is just as responsible for the morale of the ward as the ward officer and should see that her patients are busy and contented and take advantage of the facilities offered by the Red Cross, occupational therapy sections, the chaplain, and others.

Among civilians also they have found that those who seek shelter in the deeper bombproofs are more affected by fear than those who have duties connected directly with the bombings. Those who have devoted themselves to civilian defense have shown an amazingly low incidence of neuropsychiatric disorders and are less subject to neuroses than the troops. Gilles-

pie points out that a citizen is free, a soldier subject to obedience. The greater the sense of individual responsibility, the less the likelihood of neuroses.

The psychoneuroses and psychoses seen in the fighting forces do not differ from those seen in civilian life except that usually cause and effect are brought closer together. Personality traits most commonly seen in those developing a war neurosis seem to be timidity, lack of aggression, and tendency to worry. Aside from a constitutional predisposition, the outstanding causes seem to be a feeling of inadequacy for a specific assignment or the fear of disablement, capture, or death.

Psychoneurotic conditions most frequently observed are dyspepsia, hysteria, "rheumatism," reflex paralysis, anxiety, effort or exhaustion syndrome, and traumatic psychoneurosis. Since a large percentage of these conditions fall in the predisposed group, prevention is the most important treatment and, in acute reactions, rest and nourishment. The most effective help can be given during the early training period and in the front lines where those who have shown no predisposition may break under the stress of action. Careful observation on the part of nurses, if in the hospitals, can be of great help to the neuropsychiatrist. Men nurses who have been prepared in neuropsychiatric nursing could be of inestimable value in recognizing early symptoms if placed for that purpose at the front to work with neuropsychiatrists. Early recognition and treatment are most important and may save many men not only for service but also from returning to civilian life with a definite handicap.

Malingering, a deliberate attempt to evade military service by feigning illness, is also seen. It is not easy to detect, but the symptoms are apt to be overdone and the picture incomplete. The nurse can be alert to the various technics, such as warming the clinical thermometer, and by careful handling help the patient to be a better soldier.

The high incidence of neuropsychiatric conditions in relation to other illness is a well-known fact. In wartime these patients become a vital military problem because they definitely endanger morale and discipline of troops.

In the War Department Technical Manual *Guides to Therapy for Medical Officers*, the outstanding symptoms occurring are classified as follows:

1. Physical—convulsions, paralyzes, disturbances of consciousness, et cetera.
2. Emotional—depression, excitement, fear, suspicion, et cetera.
3. Military misbehavior—spying, insubordination, drunkenness, quarrelsomeness, et cetera.

The diagnosis is rarely obvious. The medical officer must determine the underlying factors and whether the condition is organic or functional. Here again intelligent observations and records on the part of the nurse can be of valuable assistance. Early detection, careful diagnosing, and the best treatment available can do much to return them to military life and, failing that, to civil life without handicaps which will render them incapable of self support.

An attempt is being made to classify those appointed to the Army Nurse Corps according to special abilities; nurses are asked to give their preference of services and specialties. Whenever possible, those with neuropsychiatric preparation are assigned to positions in that service, but the number available is far from adequate. An in-service course in neuropsychiatric nursing for those who have had some experience is contemplated at an Army teaching center where a course for neuropsychiatrists is now in operation. These nurses will become supervisors to instruct others. The necessity of this is evidence again that there are too few nurses prepared in this field.

Nor must we think only of the present. The effects of this world conflict will extend far into the future. The psychological trauma will far exceed the physical or material damage. Already plans are under way for the postwar period of reconstruction and rehabilitation both in this country and abroad. Such work will call for a broad human understanding of peoples of many lands. Health in all its aspects will play no small part in that program and well-qualified nurses will have not only a responsibility, but also a rare opportunity to contribute. Neuropsychiatric nursing is needed in any health program, not only in wartime but at all times, not only in one special field, but in all types of nursing.