NEUROSIS AND MORALE IN THE PSYCHONEUROTIC SOLDIER.

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THESIS

FOR THE DEGREE OF M.D.

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A C K N O W L E D G E M E N T S.

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INTRODUCTION.

"..... a neurosis should make its victim asocial and should remove him from the usual group formations."

Sigmund Freud (1921).
Group Psychology & the Analysis of the Ego.
P.124. Hogarth Press. 1940.

The purpose of this thesis is to consider the relationship existing between symptoms of neurosis and morale in the psychoneurotic soldier. It is hoped to demonstrate that the problem of morale is but a facet of the wider problem of neurosis.

The method adopted in the evaluation of symptoms in the psychoneurotic soldier is both qualitative and quantitative, and to afford some standardisation, the questionnaire technique has been applied. The more common symptoms are considered in detail, particularly that of headache. Some sociological data are presented and considered in their relevant setting of group psychology.

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P R E F A C E.

The Wharncliffe E.M.S. Neurosis Centre had handled some 7548 cases of neurosis in the period comprehended by this thesis (May, 1940 to December, 1944). The psychiatric staff frequently defended their patients from imputations and accusations of a morale lesion brought forward by medical colleagues. However, in the weekly psychiatric staff discussions, and more especially in the Combined Services' Psychiatric Meetings, it was possible to sense that opinion was not undivided, and morale, and its related topic, discipline, was a subject of interest.

In the author's view, bad morale is a symptom commonly, but by no means invariably, found in neurotic soldiers.

There is no more reason why ethical considerations should be raised than in the case of battle repetition dreams, or fainting during inoculation.

Accordingly, morale was examined in the general setting of the symptoms commonly brought forward by the neurotic soldier. The group consideration of symptomatology has necessitated the accumulation of much statistical work, and this necessary but arid mass has been segregated in a separate volume. The symptoms which have emerged from this procedure allow of the presentation of a strongly narcissistic personality with little capacity for altruism, but with the realisation of a sense of being painfully excluded from the usual group formations. The neurotic soldier who so often has bad morale, suffers by reason of this symptom, as indeed

he does from all his other symptoms.

No discussion has been initiated on the improvement of morale. The myths with which man indicates to himself his fate, are clear that man must find an enemy, a scapegoat, on to which he may discharge all his hate, fury and aggression. The neurotic merely makes his own self the target, he requires neither external enemy nor ally. This attitude is termed bad morale. Hence to alter the morale is to recanalise the flow of aggression, i.e. to remould the personality.

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HISTORICAL.

"The man is the first weapon of battle".
(Ardentdu Picq).

It has beenlong recognised, that the morale of the soldier is of more consequence than any other single factor in the military group. That morale and emotional stability are linked, has been understood for well over 3,000 years. In the Old Testament it is related how Gideon, circa 1300 B.C, addressed his army thus - "Whosoever is fearful and afraid, let him return and depart early .... and there returned of the people twenty and two thousand, and there remained ten thousand", (Judges 7-3). Even this reduction to an army of good soldiers was not sufficient, and in Judges 7, 4-5-6-7, we learn how, by the drinking test, the genuine war dogs were selected, leaving but 300 of an original army of 32,000 men.

It might be of value to hazard a psychiatric interpretation of these Biblical passages. The general situation was that the Israelites had suffered military defeats for seven years and had been driven into the mountains. It was abundantly clear that their total destruction was at hand and that their enemies had assembled a vast and well equipped army for this purpose, being "as grasshoppers for multitude; for both they and their camels were without number: and they entered into the land to destroy it" (Judges 6-5). The problem of how best to dispose of this danger was in the hands of a fierce and warlike people, constantly engaged in strife with their neighbours or in civil war, and we must accord to these Hebrews a high degree of military skill, and accuaintance with the art of war.

They recognised that their army must be perfect, that there must be no danger of panic, especially in view of the lowering of morale consequent on seven years of military reverses. As a first step therefore, the fearful and afraid were removed from the ranks.

It is worthy of note that the term "fearful and afraid" is used, as if two complementary classes or groups of soldiers are envisaged. Fearful may be defined as, "full of the painful emotion caused by impending danger". (Oxford English Dictionary). This wording equates with the psychiatric definition of anxiety, usually regarded as a state of unpleasure in the Ego. experienced when a danger situation is threatened. Gideon's Selection Method would thus eliminate the potential or actual neurotic.

The word "afraid" connotes an overt readiness to accept fear. It is a response to an envisaged danger that characterises the inadequate soldier, who attempts to avoid the threatening situation by succumbing to his fear. We may conclude that the poor type of soldier is hereby excluded.

The overall picture is that two thirds of a warlike, experienced but often defeated army, showed neurosis and poor morale and that these two conditions are regarded as linked or parallel.

The ten thousand adequate soldiers were composed largely of men who might bow the knee in satisfying instinctual demands ("....set by himself .... every one that boweth down upon his knees to drink". Judges 7-5). These men were regarded as not being stiff kneed, in the sense of trembling at the knees, or

bowing the knee in the face of danger or maximum stress. With their removal, only 300 men were left. The importance of the leader and of leadership is not overlooked. Gideon is filled with confidence by Divine reassurance and he is therefore able to imbue his troops with optimism and trust. Further, he devises a cunning plan and explains it to his inspired, selected and fearless troops. Victory is assured.

In the war of 1939-45, Field Marshal Montgomery showed a very similar approach. According to Sir James Grigg, Secretary of State for War, "Montgomery's technique rested ... on the supreme importance of morale in war. One of his principal methods ... was to build up a legend that his army .... was unbeatable. He certainly attaches enormous importance to the choice of persons .... and .... explaining on the map directly to the soldiers how the battle is working out".

Of almost startling modernity are the dicta of Sun Tzu (500 B.C). In his 'Art of War' he declares, "attacking .... must include the art of assailing the enemy's mental equilibrium". Not only does he recognise the morale factor but he uses the word 'art' and therefore seems to imply that special ability is required, i.e. the recognition of the function of the modern military psychologist.

This same authority goes on to say "supreme excellence consists in breaking the enemy's resistance without fighting". The Hitlerian technique of a "war of nerves" is apparently no new concept of modern psychology.

Napoleon reflected the spirit of his age and the revolutionary ardour of his troops when he noted that "War is

three fourths a matter of morale; physical force makes up the remaining quarter". Freud arrived at a somewhat similar conclusion on purely theoretical grounds when evaluating the part played by Prussian militarism in Germany's defeat. He goes as far as to say "If the importance of the libido's claims on this score, [the harsh discipline] had been better appreciated ... the splendid instrument would not have broken in the hands of the German leaders".

Karl Von Klausewitz, in Vom Kreige Vol.1, Book 3 dwells upon the influence of moral forces on strategy, and he points out the value of arousing the enthusiasm and other virtues of the common soldier. Even the greatest generals such as Marlborough or Prince Eugene would have earned still greater victories had they considered this factor.

The catastrophic defeat to British arms which culminated at Dunkirk might have been expected to lead to such a fall of morale, that panic and its various subgrades, expressed as neurosis, would have ravaged the British Forces.

Why this did not eventuate is explained by Viscount Gort, C. in C., B.E.F. in his dispatches (1941). He shows how, in addition to the military procedures and technicalities, the troops and their sub-leaders were kept informed of the magnitude of the disaster, of the changing situation, of the various allied defeats and defections, and of the help to be expected from the Navy and the R.A.F. when the Channel was reached. Possibly it was because of so taking his troops into his confidence that he was able to bring 300,000 men to the embarkation points of Dunkirk.

Summary: Opinions culled from sources widely separated in time, space and culture, agree that the foremost weapon of war is the morale of the soldier.

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THE CONTEMPORARY VIEW.

> "... the great concern of the military doctors was to drive the devil of sabotage out of the malingerers, and persons suspected of being malingerers, such as consumptives, sufferers from rheumatism, rupture, kidney disease, diabetes, inflammation of the lungs and other disorders".
>
> (The Good Soldier Schweik - Jaroslav Hasek).

The relationship between military psychoneurosis and the level of morale is a subject of some delicacy. The psychiatrist is conscious of the tendency in the general public to regard neurosis as synonymous with malingering or cowardice, and he restricts himself to making but oblique comment in the current literature on the morale-neurosis balance.

We do find, however, much of an apposite nature embodied in general articles on military neurosis and, in addition, the topic is freely discussed at psychiatric meetings and conferences. These findings however, are but rarely published or made generally available. This caution is understandable in view of medical and lay ignorance and of the general guilt-laden atmosphere in time of war, when hysterical reaction formations and projective behaviour can be so readily aroused.

In order to clarify our own subsequent findings and comments, a picture is first presented on the extent and severity of the morale lesion in military neurosis. The views of a sufficient number of psychiatrists will be stated to establish that the problem does exist. A purposely weighted selection from the 1914-45 literature has been drawn upon for this delineation, although, as stated, the articles may not

deal with the morale-neurosis problem as such.

For our present purpose the findings of C.S. Myers, sometime Consulting Psychologist to the British Armies in France 1914-18, as expounded in his "Shell Shock in France 1914-18" (published 1940) are liberally quoted. The general principles relevant to our argument, thus extracted, will be buttressed and amplified from the sources indicated. Little or no comment will be offered in support or denial, nor will original material be produced at this stage.

A.

The General Statement.

Myers (1940) is aware of the existence of a morale lesion in the military neurotic casualty, as evidenced in his statement "There can be no doubt that, other things being equal, the frequency of shell shock in any unit is an index of its lack of discipline and loyalty"(1). The peculiar delicacy of the matter is expressed as ".... one of the most serious and most difficult problems of the war, viz. to separate the blameworthy weaklings from the rest"(2). The possibility of there being a voluntary factor at work, and thus bringing in some degree of malingering or culpability is evidenced in ".... a voluntary and avoidable surrender by the soldier of his control over his emotions; they are then largely of the nature of self inflicted (mental) wounds".(3) The danger of neurosis to group morale is recognised in the warning "....the contagiousness of the affection within a unit, if shell shock became recognised as an easy means of

escape to the Base".(4) The advantage in treatment of keeping the neurotic casualty in the Front Line area, at advanced sorting centres is given as "... a still higher proportion of the 'shell shock' cases .... could be cured by more immediate attention and by the maintenance of the strictest discipline, which was inevitably lost by transfer away from the Front Line".(5) His views on the morale factor are perhaps best expressed in the blunt ... "I .... had seen too many men at Base Hospitals and Casualty Clearing Stations boasting that they were 'suffering from shell shock sir' when there was nothing appreciably amiss with them save 'funk' ".(6) Myers then, does recognise that the neurotic soldier who dissolves his comradeship in arms may be lacking in group loyalty, in soldierly pride and discipline, in a sense of shame and that he must not be allowed to reach a haven of such safety and ease as will tempt him to exaggerate or prolong his symptoms. The admixture of neurosis and malingering is noted. The spread of neurosis within the group, consequent on a fall of morale, if equality of sacrifice is not enforced, is a noteworthy finding.

B.

Supporting Evidence.

Palmer (1944) considering 12,000 psychoneurotic casualties, states very roundly - "It may be said of all cases of psychiatric breakdown in warfare: that they .... have experienced a breakdown in morale". He further insists

that compassion for the morale casualty must be expressed in terms relevant to the men remaining at their battle posts. Hyland and Richardson (1942) likewise recognise the difficulty in maintaining a just balance between the P.N. casualty and his comrades, in view of the only too apparent fostering of escapism amongst Dominion troops, following on evacuation of P.N. soldiers to Canada. Mira (1939) discussing his experiences in the Spanish Civil War found ... "When a man did not return to his post after a nervous breakdown his comrades were quick to notice it, and there was a tendency for more neurosis to appear" and, further, "... you can always fill your psychiatric beds, no matter how many you decide to have; the supply creates the demand". The importance of these findings is emphasised when we recollect that Mira describes these men as being under 35 years of age and that "The men at the front were a selected and stable group". Thorne (1941) gives a different aspect of the same situation in stressing that "Under a weak medical officer sick parades, instead of consisting of a few genuine cases, might come to resemble a battalion on parade".

Garmany (1944) classes men as of 'good type' and 'poor type'. The good type is willing to endure psychosomatic stress, the poor type is ready to go to any length to avoid it. This dichotomy is of interest when correlated with the Report of the War Office Committee of Inquiry into Shell Shock (1922) where it is stated that the increase and severity of mental disorders in time of war is conditioned by "all those factors by which a soldier, or even a

potential soldier, is encouraged to believe that a weakening or loss of mental control provides an honourable avenue of escape from military service at whatever period of his service".

A similar principle underlies the warning contained in a Memorandum For The Medical Profession (1939) ..."Such was the appeal of the words 'shell shock' .... that it became a most desirable complaint from which to suffer". Somewhat hopefully it is suggested that a diagnosis of anxiety or hysteria might render the complaint less desirable, but even anxiety is later equated with fear, and fear with cowardice, as in the clause "....but these impulses have to be kept under control if an exhibition of cowardice is to be avoided". Nor is the diagnosis of hysteria more kindly treated. The Memorandum ends its discussion of hysteria thus "....it is aggravated by popular misconceptions,....by public opinion, by the sympathy of friends and acquaintances, and if it achieves its aim .... invaliding ... the bad influence exercised is shown by an increase .... of these neuroses. Further, if it should lead to any economic gain, treatment is extremely difficult or often useless".

The despairing note in this Memorandum was borne out in the 1939-45 War, as evidenced by Carpenter (1943) who quotes a U.S. War Department Circular Letter (No.176), wherein the danger of labelling the patient psychoneurotic is stressed lest it should render him an incurable war casualty. A like catastrophic virulence is attributed to the labels "War Neurosis" and "Operational Fatigue". On the other hand the label "Exhaustion" is regarded as a bland, soothing, emollient

and inocuous term. Anderson and Jeffrey (1944) in their examination of the early psychiatric casualties from the Normandy Beach Head, found that ".... a fair number of our more neurotic cases had become firmly convinced that they were too exhausted to leave their stretchers, walk, or ever serve again .... indeed some entertained the notion that they would only be able to do the lightest form of work in the post war world". The conclusion reached is that the neurotically predisposed will use any label that offers an avenue of escape.

Cooper and Sinclair (1942) attempted to solve the impasse by using the label "Fear State". They felt that the moral and morale lesion implication would ".... prevent the diagnosis, like that of 'shell shock' from being taken as a badge of honour". It is of note that the suggested terminology never came into general use and it is possible that only the general setting of the Siege of Tobruk allowed of such psychiatric boldness.

The 'desirability' of neurosis is commented on by Tibbles (1939) who found that in the 1914-18 War "night blindness used to be a good excuse for missing duty". Culpin (1940) suggested that, in the present war, night blindness was not a problem merely because the medical profession had not publicised it, but that if it were sufficiently discussed, an epidemic would certainly occur. The prophecy was fulfilled and Bishop Harman (1941) devised an apparatus to detect the shamming of night blindness.

At about the same time Wittkower et al (1941) clearly

established the underlying psychopathology in functional cases. Michaelson (1943) felt that ".... the phrase night blindness should be strictly avoided. It is a fluent phrase easy to remember and quickly passed from mouth to ear". He further suggests measures to detect any tendencies towards infectious spread. Livingstone and Bolton (1943) were able to demonstrate that practically any anxiety or hysterical neurotic showed a significant degree of night blindness.

This aspect of neurotic infectivity has been specifically discussed by Gillespie (1944). He feels that its aetiology is that the doctor "forms a concept ... of what the disease should be like and proceeds to find it in a surprising number of patients". Thereafter the 'disease' becomes popularised amongst 'progressive' doctors and amongst such patients as find it desirable.

The negative aspect of "desirability" is noted by Sinclair (1944) during the New Guinea Campaign (September,1942 to September, 1943) where there was a significant drop in hysterical escape illness, such as fugues, blindness or deafness. Such illness meant certain death in the individualistic jungle fighting. Bettleheim (1943) likewise has pointed out that, in the terrifying and incredible forced marches inflicted by the Gestapo, no one fainted, since to do so meant being clubbed to death.

Mallinson (1941) emphasises that successful hysterical escape ".... will impair morale by inviting imitation by others". Apart from 'infecting' others, Mallinson feels that auto-infection will appear and entail a permanent reduction

in "... the social efficiency of the individual by facilitating a recurrence in the face of subsequent difficulties". We would here remark that such of our ex-patients as have come into conflict with the civil authorities for offences ranging from black market activities to bigamy, attempt to excuse themselves on grounds of 'war nerves'. They appealed to us hoping no doubt that as we were able to excuse them from military proceedings or service, we could oblige them again.

Sullivan (1941) relates the psychiatric aspect of morale in battle troops and neurosis as ".... symbolic escape by an acute psychoneurotic episode, hysterical paralysis, blindness, attacks of tremor and so on; and various non-hysterical psychoneurotic manifestations." Craigie (1944) considering the predisposing factors in P.N. casualties writes "The question of morale ....was of course of fundamental importance for the development of psychiatric breakdown". Torrie (1944) believes that where there is lack of faith in the leader there will be a lowering of morale and a consequent appearance of neurosis. Craigie (1944) puts it thus "Good leadership, high morale and a low psychiatric casualty rate were synonymous".

Fairbairn (1943) is "in no doubt regarding the intimate connexion of the question of morale and the question of the war neurosis". He continues....."The incidence of war neurosis in an army may thus be regarded

as a criterion of morale" and .....the war neuroses are characterized.....by a definite deterioration in the sense of duty.....".

The very thoughtful setting within which Fairbairn makes these findings gives point to a remark in a leading article in the British Medical Journal 1944 where it is stated".....it is a well established fact that there is an inverse relation between the level of morale....and the incidence of sickness....."

James (1945) is of the opinion that psychiatric illness occurring in combatant troops is often a morale lesion, and he regards morale as being largely a group manifestation. A more objective finding in support is that of Rains and Broomhead (1945) who made Rorschach studies in combatant troops and conclude that "The development of combat symptoms is not entirely governed in intensity or form by the degree of stress or by the pre-service personality. Certain other factors concerned with morale enter into the production of symptoms." Harrisson (1945) is very definite on the dualism of psychological illness and inadequate morale. The especial value of his views are that he is a combatant soldier and is a technical psychologist (mass observation) and during his period in the ranks he was able to apply his skilled knowledge to this problem. Schreiber (1944) is clear that neurosis is associated with an absence of social conscience and inability to personalize the war. This

psychological isolation from the war was more productive of mental illness than was fear or homesickness. As morale improved, neurosis decreased.

The bearing of the morale lesion on the treatment of the neurotic is discussed by Rees (1943). Speaking with the authority of Consulting Psychiatrist to the army he declares that in hospital treatment "... one of the main difficulties centred round the problem of individual morale ... the constitutional neurotic certainly reacts badly to the close proximity of a medical board with a steady trickle of discharged men leaving the hospital in metaphorical bowler hats". Torrie (1944) notes that the effect of invaliding the P.N. casualty "has a hampering effect on successful treatment; the men talk about it and their urge to escape is increased". When 'contagious' neurosis appears he prescribes isolation and "such patients then often find it not worth while to retain their symptoms". Cruvant (1943) is concerned about "... the frequently deleterious effects of hospitalization". He feels that in hospital the "automatic" neurosis is reinforced by voluntary and responsible factors, and at this stage "a cure must be effected". He does not further elucidate the mechanism of the cure, but his use of the phrase "... and that part (of the neurosis) which seems to be consciously simulated" suggests that he might consider the exhibition of disciplinary therapy.

The hospital 'reinforcement' of neurosis has been observed by Jones (1942), who stresses that the men freely

discussed with each other their intense dislike of the army and their desire for discharge. This hope may be openly and shamelessly expressed. Laycock (1943) found that in wounded Chinese soldiers neurotic complications would set in if the hospital was too pleasantly situated or if gainful occupational therapy was permitted. Torrie (1944)states that "men of low morale prolonged their stay in hospital by a hypochondriacal attitude to their condition" and he considered that exaggeration of symptoms could be seen as a conscious phenomenon.

A somewhat novel suggestion calculated to diminish the appeal of the hospital to the neurotic soldier is put forward by Mira (1942). He recommends that the psychiatric centres be so sited, as to receive front line troops coming down the line, and to require that all other troops move up the line to receive psychiatric treatment "this gives many subjects the surprise of being removed ahead instead of being evacuated backwards when complaining of psychiatric disturbance". Sinclair (1944) felt that the psychoneurotic casualty is best treated near the front line and that the prognosis varies inversely as the distance from the front line. He bases this on his experiences at the siege of Tobruk (April - October 1941) and finds corroboration during the New Guinea campaign, where the average length of stay in hospital was 30 days, compared with 90 days in troops treated in the safety and comfort of Palestine. Fribourg-Blanc (1940) is emphatic that evacuation must

not proceed further back than the second line hospital.

Amnesia seems closely related to the morale lesion, Ebaugh (1943) finds that "amnesias occur quite commonly in relation to desertion and absence without leave ..... and there appears to be a large element of simulation". Parfitt and Carlyle-Gall investigated amnesia in 40 R.A.F. personnel and felt that in no case was the amnesia far from conscious levels. Torrie (1944) believed that "many cases were more aware than they would admit and recovered their lost memories with remarkable celerity". Craigie (1944) in discussing the delinquent soldier found that "the commonest type of case, and the type that presented the most difficulty in diagnosis was .... amnesia or fugue .... put forward as a defence for absence without leave or desertion". Kretschmer (1917) deprecates attempts at a sharp aetiological division between hysteria and simulation, he regards them as alternative paths open to those of hysterical disposition. The Lancet (1943) decides that "No sharp division can be made between amnesia and malingering".

The views of Gillespie (1944) on amnesia are: "It is difficult to believe in most of them , perhaps in any of them .....". "The same thing holds for 'fugues' for which patients profess amnesia". Somewhat wryly he writes "It is perhaps as well for the profession's reputation for sense and discernment .... that there exists no society of ex-hysterics eager to publish .... how they had duped their doctors".

Here we may consider the embarrassing position that arose during the Nuremberg trials, when Hess, ex Deputy

Feuhrer of Germany pleaded amnesia. This was confirmed by expert psychiatric witnesses, whereupon Hess immediately confessed that he had been bluffing and proceeded to answer all questions and ceased his peculiar antics and other 'insane' behaviour. Doenitz, Grand Admiral of the German Navy, simulated insanity whilst a P.O.W. in Britain in the 1914-18 war and gleefully recounted how by so doing he secured many privileges.

Another manifestation of neurosis and morale is in the field of exaggeration or prolongation of symptoms. Ballard and Miller (1944) reviewing 2,000 R.A.F. psychoneurotic cases found that exaggeration of subjective symptoms was relatively common and difficult of substantiation in a court of law, civil or military. Here we may ponder on the significance of this remark, it would appear that if the finding could be proved to legal satisfaction, disciplinary measures would be invoked. The implication of a morale factor is clear. Parkinson (1940) feels that the combination of medical boarding and compensation (pension) factors tend to prolong neurotic disability.

A more cautious but none the less revealing picture is given by Slater (1941) who agrees that half-deliberate exaggeration of symptoms is sometimes seen in attempt to escape military service. Debenham et al (1941) similarly find that large numbers are found at times practising semi deliberate magnification of symptoms. Burden (1944) mentions "near malingering" or conscious exaggeration of minor symptoms, as being seen on occasion.

The morale of the group can be adversely affected by the soldier who breaks down with P.N. symptoms. Craigie (1944) noted this in the Middle East theatre and Love (1942) found that at the siege of Tobruk, group psychotherapy was rendered difficult by the presence of the P.N. casualty who gave way to his fear and affected his less ill comrades.

The findings of the naval psychiatrists are of particular interest. Curran and Garmany (1944) observe that psychiatric illness is ten times more common ashore, in naval personnel, than afloat, and consider that "While unworthy motives play an important part in perpetuation, their role in producing the state can be easily over estimated". The treatment advocated is sedation and "early draft to sea before habitation has occurred". The disciplinary element is mentioned by Scott and Mallinson (1944) in discussing the hysterical sequelæ of injuries. They find that after a certain level of improvement is reached progress ceases, but can be favourably effected by driving the patients hard, by restricting privileges or by "threat of transfer to a disciplinary rehabilitation centre". Curran (1943) agrees that the incentive to evade service by an escape into (psychoneurotic) illness should be dealt with through the establishment of a special rehabilitation centre. Garmany (1944) asserts that the patient himself must regain his courage and recommends the injection of a mild degree of guilt sense by dwelling on the ethical and morale implications of fear. Of 1,342 cases 88% recovered for full duties.

Anderson (1942) believes that the psychiatrist should not interfere when the naval code prescribes punishment. He recommends that ..."The way of the hysteric shall be hard and the profit be withdrawn from psychopathy". He is in favour of the penal camp with a psychiatric officer, where since "the conditions are designedly strenuous ... a number will ... after a longer or shorter period there prefer to do their duty in a normal way".

In view of the foregoing we may cogitate on the cryptic statement "the semi-malingerer and man of low morale shall be dealt with according to Admiralty Letter N/MDG/52529/41 Jan. 20th, 1942".

The American Naval view-point shows many parallels. Braceland and Rome (1943) advocate that sufficient discipline be maintained during hospital treatment to prevent the P.Ns. from "luxuriating" in their symptoms. Saul (1943) states categorically that he has "seen many men who have put on acts, or feigned or exaggerated all types of symptoms; but beneath the malingering there has been an unmistakable severe neurosis or infantilism". He is supported by Good (1942) (a British Military Psychiatrist) who in a study of malingering considers that the malingerer is psychopathic or psychoneurotic and masochistic or infantile to the point of being "still psychologically united to the mother by an emotional 'umbilical cord'...." and that he cannot reach any effective standard of morale.

An interesting study has been made by Lipschutz (1943) of neurosis and morale in the 'staging area' (embarkation points).

These troops had been fully trained and psychiatrically screened, but nevertheless "40-50% of all soldiers appearing for sick call are ...psychiatric problems" and if they are hospitalised "the prospect of cure will become greatly diminished". He evaluates the gain from illness and desire for escape and notes that "It is significant that when a staging outfit is alerted, that is, given a definite embarkation time, the percentage of such psychoneurotic reaction trends increases greatly". From the morale aspect he regards these "Goldbricks" as "lacking in spirit and conviction, poorly indoctrinated and low in morale. Their pattern of evasion lies close to awareness". The treatment consists of morale building.

We will close our contemporary review with two sweeping opinions. Fenton (1925) writes,"The psychological organisation of the body expresses this lack of morale in a neurosis, the only way incidentally in which the individual can get out of the situation unwounded, physically normal and yet on the sick list".

Bowman (1942) is clear, "If war neurosis is accepted and glorified as .... during the last war the incidence will increase and when official approval is given to the development of a war neurosis every possible incentive is given to a man to develop it".

Summary. Examination of selected psychiatric opinion shows that in the 1914-45 period there has been a continuum of agreement on the following points:- (1) The P.N. soldier has in greater or less degree a morale lesion. (2) To some

extent the production of symptoms is under voluntary control. (3) Coercive disciplinary measures may be of therapeutic value: this view being held in particular by naval psychiatrists. (4) Neurosis shows infective spread and can disrupt group morale. (5) The conditions of treatment should be less pleasant, more stringent, more forceful, more authoritative and closer to the battle line, than that accorded to the wounded or physically ill soldier. (6) The imbrication of neurosis, exaggeration and prolongation of symptoms, semi-malingering, malingering and poor morale is recognised.

Conclusion. A prima facie case has been established for the thesis that there is a relationship between neurosis and morale.

.....

ASPECTS OF MORALE.

"Dulce et decorum est pro patria mori".

Horace.

"A compleat and generous education is that which fits a man to perform justly, skillfully and magnamoniously all the offices both private and publick of peace and war".

Milton.
Tractate of Education.

Introductory.

The subject of morale shows difficulty best measured perhaps by the plethora of definitions offered as to its nature. It may be said that the number of definitions is limited only by the number of authors consulted. An indirect approach is offered by the two quotations shown above. "To die for one's country" implies the recognition of, and the belief in, group ideals, it is the acceptance of death for something which transcends the self. The Patres and Mores, the Lares and Penates are but expressions of the group ideal. Such behaviour is pleasing (dulce) to the self, and is in conformity (decorum) to the culture of the group.

Milton gives us a well nigh perfect definition of what we nowadays term "morale". The individual, and the individual in the group, are differentiated and the exercise of this quality of morale both in Peace and War is recognised. The nature of morale pertains to justice, skill and magnanimity, and such virtues are to be found only in the highest level of the personality. A "compleat and generous

education" must perforce have commenced in the home, then continued under scholastic discipline, and reinforced or made "compleat" by the continued interaction of subject and environment.

Morale could be tentatively defined as a group and individual function, exercised to further all the aims of peace and war, in such a manner as to afford satisfaction to the individual whilst conforming to the cultural pattern of the group. The exhibition of qualities found only at the highest integrative level of the personality is required.

General Aspects.

Morale has been extensively studied, quantitatively and qualitatively by Rundquist and Sletto (1936), with particular reference to unemployment in the American economic depression. They feel that "morale is by definition an exceedingly generalised trait. The word connotes hope, zeal, confidence in one's self and in what the future will bring. It might be defined as confidence in one's ability to deal with the future. In addition there are symptoms that are commonly assumed to be present when one's morale is poor: distrust of people, the feeling that no one is friendly and the belief that life is not worth living".

This definition might be paraphrased in psychiatric terms as - morale is good when the individual shows no overt anxiety and has externalised a good object image of himself. Morale is bad when there is paranoid or projective thinking and a bad object image has been internalised. More simply:

morale is good in the absence of overt neurosis, and bad in the presence of personality maladjustment. The implication and importance of the definition is that morale could be indirectly measured by estimating the degree of active neurosis.

Miller (1940), using the Rundquist Sletto scale, found that morale, in some part, depends on the social situation that confronts the individual, and on how far this situation is in conflict or in agreement with the purposes and sense of values of the individual. Sherif (1936) expressed a similar view point when he held that the "Frames of Reference" developed by an individual, as a result of his interiorization of certain social norms, values, beliefs, attitudes and desires, will determine or modify his reactions to future situations. BRESLAW (1938) showed that such Frames of Reference are not affected by rational argument and might function at unconscious levels.

These findings mean that, when the individual is faced with an apparently new social situation, such as that of the military sub-culture, his morale will depend on how far he is in conscious and unconscious harmony with that situation.

The relevant factors are further explored by Sandford and Conrad (1943) in noting the importance to morale, of the cultural situation, the group membership, past experiences, attitudes, repressions and present goals. A further contribution on these lines was made by Miller (1941) when he concluded that the morale level was directly related to, financial security, stability of employment, prestige and degree of satisfaction afforded by the occupation, degree of

approval extended by the group to the individual, realistic as opposed to autistic thinking, and to the adequacy of provision made for the future. Miller (1940), also advanced the view that an estimate of an individual's morale might be hazarded on the basis of his general environmental level; good environment, tending to be related with good morale.

We would point out here, that Miller's results were all obtained on college trained adults, subjected to the Rundquist Sletto scale. Diggs et al (1942) have shown that this scale measures only the morale peculiar to the depression and that it cannot be validated against behaviour actually called out by a critical situation. The question arises, are we justified in considering that the above findings are relevant to the morale of the soldier? Our answer is that despite the selected nature of the material and technique, the results obtained can be interpreted in 'holistic' terms.

It has been shown by Pearson (1942) that the reaction to war in general, and to its specific crises, followed on the childhood pattern of response to crises. The response of the individual to environmental stress whether in war or unemployment is in our view determined by the individual's 'set' or 'Einstellung' (Zillig 1925) and is therefore of a holistic and not segmental type. Harding (1941) confirms this in his conception of morale, as "Given a certain task to be accomplished by a group, morale pertains to <u>all</u> factors in the individual's life that bring about a hopeful and energetic participation on his part.....". Using his "Scale of Morale", consisting of 20 items, classified into four clusters,

expressing confidence, tolerance, realism and idealism. Harding found as under :-

	N.	Mean Score.
High Morale group (distinguished townspeople).	44.	83.
Job Seekers.	25.	73.
Vagrants, loafers) under 20	14.	67.
middle aged	32	63.

In effect he confirmed the work of Miller.

An attempt was made by Sandford and Conrad (1943) to correlate the Harding Morale Scale with a number of personality traits. They were able to show that those who possessed strongly narcissistic personalities, or evidenced sado-masochistic phantasies, gave a low morale score. The well educated, who tended to have a greater degree of insight and increased critical and sceptical outlook, do not score as high as the less highly educated. A particularly significant finding was that the men who regarded themselves as resembling the mother in temperament, had a higher morale score than those men who identified themselves with the father.

Briffault (1927), in his monumental work on the influence of the mother, believed that "the social sentiments without which no aggregates of individuals can constitute a society, were the immediate derivates of the feelings which bind the mother and her offspring".

The obverse of this relationship was considered by Flugel (1931). He ascertained that the unsatisfactory parent, either as stern father, or over-protective mother, produce a rebellious son who comes into conflict openly or otherwise with the parent, and with the parent surrogate in later life.

From the morale aspect, we can consider that the Army is a parent surrogate and reflect that the derivation of 'patriotism' is from pater.

The inter-relation of morale and the childhood situation has been aptly put by Glover (1940) as "The greatest danger to our morale is unreal fear ..... a legacy from the fears of childhood". Adler (1933) asks,"Why is it that so many men do not possess an adequate social feeling?" (for community service) and he answers, "the full measure of social feeling is reached in the very earliest years ..." He feels that in many cases the environment is so unfavourable as to stunt the growth of social feeling. Porter (1942) felt that enlightenment would be obtained on the morale of the P.N. soldier from a study of the past and family history.

We may now add to our factors on morale the influence of the parents and of the general childhood situation and resume our interrupted study of the personality characteristics associated with morale.

Vernon (1940), in his Conception of Morale, listed 17 qualities and extracted 3 factors. The main factor "represents stability, optimism and trustfulness, cheerfulness, uncomplainingness and adaptability to hardships. Tolerance, self confidence and determination are also significantly saturated". In a later discussion we will consider the absence of these desiderata in our P.N. soldiers. A rather more indirect consideration of morale was made by Vernon (1942) in his study of War attitudes. Here he extracted a

general factor of optimism and support for the Government, - a Good Citizen Type - and 5 logical secondary factors (1) Cheerful and complacent. (2) Wishful thinking. (3) Anti-Socialistic. (4) Projective (paranoid or retaliatory). (5) Moralistic. He noted the effect on the main factor and on the five secondary factors, of the variables of age, economic status, education and occupational group. Pearson (1942) likewise noted the effect of age on morale, whilst Matthews (1942) considered the part played according to social group. The relationship between Morale and I.Q. was investigated by English (1942). It would seem therefore that these variables will play a part in the conception of morale and neurosis. In brief the conclusion to be drawn from our consideration of the general aspects of morale is :- the stress placed on the psycho dynamics of the interaction between organism and environment.

The architecture of this relationship has been considered in particular by Angyal (1941). He posits three factors. (1) Autonomy, the trend for the organism to dominate the environment. (2) Heteronomy, the tendency for the environment (the object) to dominate the organism (the subject) (3) Homonomy, the tendency for the organism to integrate into superindividual wholes, to be a part of a meaningful whole, of which he feels himself to be a component.

The extent of this integration will determine the level of morale, the soldier of good morale is that soldier who has successfully achieved intergration into the superindividual whole or group. He has controlled his

autonomous (aggressive) drive to subjugate the environment for his own purposes, and, more important, he has assimilated the military or group environment into himself, so that there can be no conflict between the organism (soldier) and environment (army group). They are now a unity, a Gestalt, a completed whole.

This conception of assimilation is of especial importance, it abolishes the solipsistic view that the environment is something external to the organism. The environment is held to percolate the organism and vice versa. Such a relationship allows of a biological formulation whereby the organism is seen to grow and expand by continuously assimilating and transforming environmental matter into functional parts of itself. We have shown how morale may be considered as the sum total of such environmental matter as the hereditary, the home life, the childhood traumas, and the cultural setting and matrix met with at different stages. Hence morale is determined by Ego development and evidenced as Ego function.

We can now consider Good morale and Bad morale. Kurt Lewin has shown that behaviour can only be evaluated in terms of environmental attraction and repulsion, i.e. in accordance with the demand qualities of the environmental situation. The military situation exhibits constant demand qualities that entail maximal adaptation, and there are but two methods. Either adaptation takes place by assimilation, and the resultant behaviour is evidenced as good morale; or adaptation takes place by rejection of the environment, and a pattern of bad morale emerges.

Rejection is seen when the organism strongly expresses its autonomous (aggressive) trend over the environment. The psychopath may do this blindly and so rages against authority, i.e. the external fraction of his environment. The psychoneurotic subjugates his environment by the production of such organised symptoms as will remould the present environment; he rejects the military environment. In essence he only differs from the aggressive psychopath by aiming his autonomous (aggressive) drive at himself, i.e. at the internal fraction of the environment; assimilation or rejection of the environment are but different procedures, subserving the main dynamic trend of the organism - the subjection of the environment, internal and external.

There remains one general aspect of morale to consider, its range, with reference to bad morale. We can visualise a continuous gradation, embracing treason, malingering, self inflicted wounds, desertion, near malingering, exaggeration and prolongation of symptoms, grousing and finally the peculiar type of 'conscientious objector' who objects to any form of military or national service.

Summary. Morale must be considered as of the individual, as of the group, and as of the individual in the group. Morale has been determined before the soldier is embodied in the army. Morale has been formed on the basis of the childhood relationship to the parents, and to the family group. The qualities found to be associated with good morale tend to be absent in the psychoneurotic. Morale tends to be related with

many situational matters such as financial security, job prestige, age and education. Morale depends on and is shown in the organisation and integration of the personality structure. Morale shows a range; a form of continuous variation.

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THE PARTICULAR ASPECTS OF MORALE.

"Out of the matrix of love grow the values which enable man to face the threat to his safety in order to retain his self respect and to serve his ideals".

Kris E. (1944) American Journal of Ortho-Psychiatry V.14. P.155.

We have shown that morale is directly related to personality growth and adjustment. This alignment to the environment takes account of the internal field forces. From this it follows that morale must be considered at the three structural integrative stages of the personality, i.e. the id, super-ego, and ego levels.

McCord (1942) and Chein (1943) agree that morale can be best subjected to a systematic examination on this nosology. Meerloo (1944) felt that when morale is lost it happens at the several levels of the personality. Ekstein (1942) held that Nazi morale was based on Id and Super Ego forces with but fractional Ego derivation, whereas Democratic morale was dependent to a high degree on Ego sources. He also differentiated between the personal civilised Super Ego and the primitive group Super-Ego.

The dynamic tensions existing between the designated triad are of considerable interest, since the shifting pattern shown by the biologically maturing organism in its endeavours to reach a balance in tension between its internal demands and external necessities are portrayed as good or bad mental health; and we have suggested that morale may be measured on this standard. Some part of this balance in

tension is expressed in the homonomous drive to integrate into groups, and Chein (1943) further views the morale levels as they appertain to the individual, to the group,and,to the individual in the group. Child (1941) likewise favours this juxtaposition of individual and group morale. Freud (1921[2]) emphasises a somewhat different setting. He considers that the morale of the individual within the group is conditioned primarily by the attitude adopted to the leader as father surrogate, when the leader or ideal is substituted for the super-ego. Further to this, group morale depends on a limitation of narcissism whereby, on recognising a community of interests, a number of individual egos can identify themselves with each other.

From this triadic trinity of (1) Morale as Id, Super-Ego and Ego qualities; (2) Morale as of the individual, as of the group, and as of the individual in the group; (3) Morale of the individual,as related to the group leader as group super-ego and father surrogate, and of the individual ego identified as group ego; we will attempt a synthesis of a conception of morale. With the aid of this construction an investigation of the morale-neurosis symbiosis will be undertaken.

The group is first experienced in the family situation, and this setting also allows of the study of the individual within the group. As the Super-Ego is developed from the resolution of the Oedipus situation (Freud, 1923[1]) and since this situation occurs within the family group, we may regard super-ego morale as of familial origin. The ego is most

powerfully moulded during the formative years of the home and family environment. Furthermore, the group super-ego is first manifested in the home, and Freud (1929[1]) has shown that what is expressed by the group super-ego is but a reflection of what is unconsciously felt in the individual super-ego. The Leader is first experienced as the Father (power figure) and this is later revived by others holding authority (Freud 1923[2]). In addition Bychowski (1944) felt that the soldier could have anxiety based on the fear of aggression being released towards "... superiors who by their behaviour may elicit childhood memories of powerful persons who had been sources of conflict and hostility". Wilson (1942) discussing morale believed that "group leaders to a larger extent than was sometimes recognised might represent to the individual the parent figures of his childhood". These factors must all relate to super-ego morale. Within the home group too, the instinctive Id forces of Eros and Thanatos, the twin instincts of Life and Death (Freud 1923[3]) are forced to bow to Ananke - external necessity - as expressed in Ego function.

We believe that there is a close parallel between the army group and the childhood or home group. Wilson (1942) puts it that "Military Units should be regarded as a family group of a special type". Within the Army a childhood milieu exists. Krugman (1942) records that in the German army, the soldier is equated with the child, the army with the school, and the officer with the teacher. A closer analogy can be

based on the military routine. The soldier, like the child, eats what he is given, wears the clothing he is given, he retires to bed and arises when bidden, he is given orders and may not question them. His freedom of movement is circumscribed and he must show obedience and respect to his seniors (in rank). He can enjoy no privileges as of a right but as a mark of favour. He is given his money by a power or father figure and he must render due obeisance when it is received. The privacy of the adult is denied to him, he must eat in public, and even excremental function may be a public matter; above all, like the child, he is at the mercy of powerful and punitive forces..

So close is this resemblance that we might expect that the emotional adjustments made in childhood will be re-activated in the military setting, and a transference neurosis develop on to the Army and so revive old and perhaps painful experiences. We might even postulate a similar latency period vis à vis the home group and army group as between the sexual phase of infancy and adolescence, when the oedipal situation is re-enacted. Burt (1941) describes how, in children, the nervous after-effects of air raids are maximal in the age bands 2-5 yrs. and 14-16 yrs, and notes that at these ages the oedipal demands are most urgent. Klein and Riviere (1932[1]) find that in adolescence "The early feelings of rivalry and hatred against the father and mother ... are revived and experienced with full force, though their sexual motives remain unconscious". If there is anything more in our analogy than empty phantasy these findings would allow of a similar

interpretation for the home and army groups in the light of the oedipal situation expressed in terms of the military hierarchy.

At this stage it will be opportune to consider one of our findings as to the childhood home environment of 1,000 of our psycho-neurotic military patients. Some theoretical implications, with particular reference to the pattern of adaptability possible to the military group culture demands, will merit discussion. The table itself will receive full evaluation in a later section.

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Question 13b. Environment.

Parental Characteristics.

Father.		Mother.	
Alcoholic	144	Alcoholic	32
Cruel	112	Cruel	12
Stern	41	Indifferent	3
Indifferent	-	Quarrelsome	36
Quarrelsome	132	Violent	52
Violent	208		135
	637		

.....

THEORETICAL IMPLICATIONS.

The libido of the child is ego cathected, i.e. the personality is strongly narcissistic. Normally object libidinal cathexis takes place, first of the anaclitic type on the mother and thence on the father by primary identification, i.e. there is no sexual cathexis. Later secondary identification takes place with the father figure, the boy moulding his masculinity on the father figure and replacing the sexual mother object choice by feelings of tenderness. Thus the oedipus complex is resolved in a harmonious manner and the introjected parent figures, particularly the identification with the father, constitute the basis of the super-ego.

The findings shown in our table, allows of some speculation as to how far this smooth progression does occur in our series of cases. Freud (1920) has demonstrated that a narcissistic scar, an exaggeration or fixation of Ego cathexis will occur in childhood when there has been a loss or failure in the sphere of the affections. From our table we would expect to find such a narcissistic injury in a considerable proportion of our patients. Campbell (1942) feels that morale is conditioned by childhood circumstances, in particular, early jealousy and failures and similar disturbing instinctual deprivation. It might be held that in general the father figure in our series had shown the characteristics of the primal father, as described in Totem and Tabu (Freud 1913), being all powerful, cruel, supremely narcissistic and a threat to the male child. To this threat the child can

respond by an outburst of hate and aggression, but by so doing he only makes more evident to himself, his own helplessness and, by implication, his dependence on the feared father figure.

The child now turns for love and protection to the mother on whom he has been primarily dependent. The oedipus situation is now entering into a phase of abnormality. The investment of the mother with object libido is exaggerated, it is both anaclitic and sexual. The boy fancies himself as the protector of the mother, he takes the place of the feared and hated father, and in this he may be more or less unconsciously aided by the mother, who is seeking solace for her unhappiness in her "good" children. The boy now becomes over dependent on the mother. Klein and Riviere (1932[2]) find that "Dependence is felt to be dangerous because it involves the possibility of privation" and leads to a desire or phantasy of individual self sufficiency, i.e. to an increase of narcissism. It is felt that the happiness and safety of the individual lie too deeply in the hands of others and so aggression is mobilised to counter the fancied threat. Fairbairn (1943) attaches maximal importance to the factor of dependence, "It is the undue persistence of such an attitude of infantile dependence that I have come to regard as the ultimate factor predisposing to all psychopathological developments;".

The whole emotional situation is becoming pitiable, the only attitude to extend towards the father is of the passivo-masochistic type, perhaps even of a homosexual nature

(the inverse oedipus situation), with its terrifying implication of a readiness to accept the castration punishment. This would be but just since the child's attitude towards the mother involves a betrayal, an act of treason, aimed at the father. But even to the mother aggressive and hostile impulses are felt, partly, as explained from the realisation of dependency, and partly because the purely narcissistic sexual phantasies can never be satisfied, and aggressive frustration is felt.

It becomes therefore that the Ego not only feels itself unloved, but even unlovable, as if some inner wickedness or guilt determined the attitude of the father and the ambivalence towards the mother. There is but one course left, a hyper cathexis of the Ego must take place, an overcharging with narcissistic libido and the only love object is the self, i.e. the possibility of good group morale barely exists. Since the Ego has so signally failed to resolve the Oedipus complex it must now institute massive repression. The Id conflict therefore still rages unsolved with unabated energy. In this setting a ferocious and pitiless Super Ego must emerge and it will be liberally charged with Id-derived libido, such a Super-Ego will produce an abundance of reaction formations in order to justify its cruelty and its impossible demands.

The Id, as a result of the brutal degree of repression to which it has been subjected, undergoes partial fragmentation, as postulated by Freud (1926) and these portions are split off as independent satellites, no longer amenable to Ego

organisational control. The danger is that, as the Id is timeless, old and new danger situations cannot be differentiated. The pattern becomes as if analagous danger situations, old or new, are one and the same, and the Ego must acquiesce to the compulsion of the repetition neurosis.

We have thus outlined a badly organised personality, consisting of an over-narcissistic Ego, a Super Ego built on a poorly resolved Oedipus complex and in consequence over active and prone to moralistic reaction formation, and an Id cut off in part from the control and guidance exercised by the reality-testing functions of the Ego. Two further tasks remain, firstly, to consider the morale functions at the different personality levels, and secondly, to evaluate to what extent group morale demands can be met.

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MORALE FUNCTION AND PERSONALITY LEVEL.

(I). Id Morale. The military basis of such morale is the release of the aggressive drives and tensions. Pleasure is experienced in killing, purely for the sake of killing, such a pattern is close to psychopathic behaviour and carries inherent dangers. Hate has a boomerang effect, it does not necessarily require a constant or fixed enemy and such a soldier can be a danger to his comrades and a post-war problem. When we consider our statement as to the possibility of portions of the id being split off, and regarding new danger situations in terms of the past, we can visualise that surrogate father figures such as officers might well become the target for aroused Id aggression. In any event Id morale cannot withstand an instinctual demand to seek safety when danger looms large or even to accept hardship, since the Id is motivated by the Pleasure Principle.

(2). Super Ego Morale. To a large extent such morale is moralistic, as in the classic saying of Decatur "My country right or wrong". The quoting or the holding of such precepts and principles may be often but reaction formations. The Talion principle is often invoked as in "an eye for eye..." or the destruction or punishment of the wicked and guilty, but it may be that such are but projections of the self. Again, as the Super Ego feels in categorical imperatives, there is the possibility of mutually opposing imperatives, coming to the fore. One can imagine the "crusted Tory" who feels that authoritarian or Fascist discipline would be a good thing for the welfare of Britain, or the single-minded communist might,

on different but parallel lines, be equally inclined to punish his country for its own good. Petain of France was firmly convinced that he was acting in the best interest of his country and was in fact punishing France on the basis of his super ego motivated principles. A morale based on the aggression, guilt sense and reaction formation tendencies of the super ego, however attractive it may appear, can lead to little better than a frangible and quasi good morale. In addition since the super ego is cathected by the Id there is a danger of summation of libido, so that the super ego may be expressing id desires.

(3). Ego Morale. Since the Ego may be libido cathected we must visualise a narcissistic ego morale. When there is object cathexis there is a growth and expansion of the ego, and when the object is the group or the group ideal, we may then speak of good morale, or ego-expanded morale.

Narcissistic Ego Morale is evidenced when the individual chooses to conform to the cultural pattern merely because it is in accord with his narcissistic trends or the environmental demands of the moment. It may be that the war allows of power, rank, authority, or gives the opportunity to make money, or escape from obligations, or to be the centre of attraction. In all such cases, the motivating force is self interest and the morale is only good or bad in so far as narcissistic interest accords with the group demands. Ebaugh (1941) stated that to develop good morale it was necessary to change the attitude, "the self-seeking, self-protective point of view" so commonly found. Riggs (1923) declared that the psychoneurotic

showed over-developed narcissism, with consequent prominence of self preservation, fear and anger.

Ego-expanded morale, or good morale, depends on the personal capacity for the transformation of the egoistic or narcissistic impulses, under the influence of the erotic, into social and altruistic components. The individual has a need to receive love, fellowship, security,and other manifestations of group love,and to obtain this he sacrifices some part of his narcissism. Such morale is innate or instinctual and will survive all stresses up to the destruction of the personality.

Philips (1939) notes that dangers can be faced even to death, if the group tie is sufficiently strong. It is to be noted that morale of this calibre is blended with characteristics of super-ego morale, as acquired by experience and precept, upbringing and environment and fortified by that dread of the community, expressed in terms of rewards and punishments.

Military service, especially in time of war, imposes on the soldier stringent ordinances and regulations, and necessitates the renunciation of instinctual gratifications. The utmost self restraint is exacted and welded to obedience to the point of death. It will be evident that a morale constituted on any appreciable fraction of Id Morale, Super Ego Morale or Narcissistic Ego Morale cannot surmount such uncompromising demands. Only a morale based on instinctual needs, the Ego-Expanded morale, with its transmutation of egoism into altruism, can hope to withstand such stress.

MORALE WITHIN THE GROUP.

Our definition of Ego Expanded Morale noted that narcissistic love is surrendered in order to enjoy the benefits and advantages of group love. This in part agrees with Trotter's Herd Instinct, but in a herd or horde there is not necessarily a leader, nor is there any surrender of narcissism or necessarily any token of altruistic behaviour.

Integration into the group with the development of good morale can only be accomplished on the principle of identification as conceived by Freud (1921[3]). Klein and Riviere (1932[3]) hold that "...this capacity for identification... is a most important element in human relationships in general" and only by virtue of this can we "disregard (or to some extent sacrifice) our own feelings and desires, and....put the other person's interests and emotions first".

In an army, identification must take place with the leader or leader ideal, and also with the fellow memebers of the group. Murray (1943) believes that "The fighter endures the rigors of military life and masters his fears, often by....identifications with his leaders and his stronger fellows". Brosin (1943) holds that the prevention of panic "depends upon strong group identifications, confidence in leaders.....". Harrisson (1942), as a result of an extensive survey of civilian war workers concludes that morale is conditioned by the feeling of belonging to a community, and by serving a common cause. A somewhat wider view is given by Daly (1936) where he relates the morale of the army group to the status accorded to the

soldier in the larger group of the community.

This double identification, this bipolar bond, linking the leader or ideal, and the general group with the individual, carries with it a particular reward, a feeling of ease, of 'goodness' pervades the Ego. Its genesis is multifactorial, basically aggression, of Id or Super-Ego variety, can be readily canalised into socially acceptable channels and the Ego is to that extent eased. Further the unconscious homosexuality arising from our constitutional bisexuality and from the introjected super-ego parent figures, is allowed sublimated expression in terms of comradeship, sacrifice and service. This gratification of Id instinctual demand further diminishes Ego anxiety. A 'good' Ego acquires a sense of invulnerability, since by the above mechanisms it is more or less freed from the dread of internal or projected external punishment, and for a similar reason it is also freed from hypochondriasis. This phenomenon is seen particularly at the end of hostilities when the neurosis centres receive soldiers whose anxiety state is based on a dread of leaving the army.

In brief the essence of good morale is that, because of the conversion of narcissistic libido into altruism, the individual in the army group perceives that he is protected and guided by a powerful and good father figure (the substituted super ego) who will mediate between him and his siblings (his fellow soldiers) with absolute fairness and extend equal love to all. His siblings are clearly demarcated to him, they, like him, are actuated by altruistic motives and he may depend on them in perfect confidence. They and he have accepted the

commandment, "Love thy neighbour as thyself". Finally and most important, his enemies are distinct, they are all those outside the group, on these he may vent all his aggression, fear and hate. Freud (1923[4]) demonstrated that identification carries with it instinctual defusion, hence the good morale soldier has a defusion of the love-hate polarity, he has desexualised love available for his group and leader and free hate, as aggressive and destructive impulses, is released for his enemies. This mechanism can be readily observed in any fanatic or bigot who is full of zeal (love) for the cause, and exudes hate for all who differ from his group.

What then is the position of the psychoneurotic soldier in this benign circle of good morale? In other words, how far can he make use of, or employ this mechanism of adult identification? Here a resumé of the dynamics of identification according to the Freudian dialectic will serve to suggest an answer to our question. Freud (1921) postulates that in the structure of a group, such as an army, there must first be some object held in common, a Leader, or an Ideal as a substitute for the leader. This common object replaces the individual super egos and hence all the Leader's orders and beliefs are felt to concur with, or even to arise from, the individual personality. When a number of men have formed this group tie, they necessarily perceive a community of interests and so identify themselves with one another, i.e. identification has taken place within their Egos, as well as identification of the common leader or ideal within their super-egos. An interesting comment is made by Witherspoon

(1940), he relates that in the German army, group identification is promoted by placing men in homogeneous units, on the basis of common hobbies and other congenial interests. The German High Command is believed to be astounded by the results.

This group ego bond is further strengthened by a reaction-formation process, on the lines of, "If we are jealous of each other and so hate each other or in any other way weaken the group, we will forfeit the love of our common love object, the leader or father figure, therefore we will love each other". When men 'love' each other, when they show regard, respect, tolerance and self sacrifice, they are exercising a limitation of narcissism, they are altruistic. Hence it is clear that the quality of the energy employed in identification cannot be directly sexual libido, it must be sublimated libido, libido inhibited in aim. Our query may therefore be reformulated as - what capacity is resident in the psychoneurotic for the transformation of object libido into libido inhibited in aim?

We have postulated that in our psychoneurotic the Ego feels itself unloved, and even unlovable, and so has been forced to accumulate within itself masses of narcissistic libido. Such object libido as has been cathected, has been as it were, by a pseudopodium still attached to the ego and can be withdrawn back into it, i.e. there has been a secondary narcissization of the Ego. There is therefore little or no object libido available, except in a directly sexual form (to subserve narcissistic object love). There is therefore no adequate available source of libido inhibited in aim and

hence no identification in the group sense. The best morale that could be expected would be based on narcissism.

The narcissistic personality tends to have an illusionary sense of invulnerability which is shattered at the first impact with reality. This is shown in the psychoneurotic soldier's fear of death, injury, ill treatment and hardship, and especially in his reaction to the death of a comrade, if that death takes place spatially sufficiently close to him. After such an occurrence he can be but rarely pressed into battle in a useful capacity.

That the narcissistic personality should be so constituted is not surprising when we consider that narcissism is in reality a part death instinct and so opposed to Eros. The function of Eros is always a group function, whether it be the copulative activity of a group of two, or the grouping of body cells into an integrated organism, or the binding of individuals into groups, tribes, communities, nations and finally, Humanity. The function of narcissism is beautifully portrayed by the legend, where Narcissus withdrew from all biological contact and activity and in the ecstasy of his self love found Death. Perhaps Oscar Wilde (Ballad of Reading Gaol) best expresses the destructive drive of narcissism when he says "All men kill the thing they love".

There is yet another and equally important factor which does not allow the necessary process of identification to be set in motion, even if suitable libidinal cathexis were available. In the army there must be identification with leaders or father surrogates, but this procedure is fraught with difficulties

where the childhood father has aroused massive quantities of fear hate and aggression. Klein and Riviere (1932[4]) in discussing the past childhood situation and present adult problem, put this as "...grievances and hatreds towards his father have influenced his feelings towards men who have come to stand for his father.....", and later Klein and Riviere (5), re-emphasise this and also cover the problem of group identification in the finding "Destructive impulses and phantasies, fear and distrusts.....in the small child are necessarily very much increased by unfavourable conditions and unpleasant experiences. Moreover.....if the child is not afforded enough happiness in his early life, his capacity for developing a hopeful attitude as well as love and trust in people will be disturbed". These authors continue (6) this trend in "The very important part which the father plays in the child's emotional life....influences....all other human associations". Freud (1929[2]) puts it as "That which began in relation to the Father ends in relation to the community", and we may relate this to the hostile identification to the father on the basis of the oedipus complex (Freud 1921[4]). It is reasonable to hold that the father surrogate - the Leader - will assume a similar hostile connation and so will make group identification a matter of peculiar difficulty.

Summary. Morale has been considered at the three levels of personality development, the Id, Super Ego and Ego. Only a morale constructed in the main at Ego level could be satisfactory and this only when Ego development was not of an over-narcissistic type. The importance of the childhood

environment with its repercussions on the various levels of the personality structure is especially noted.

When the group aspects of morale are considered the importance of the mechanism of Identification is stressed. Primary importance is given to the identification of the Leader or group ideal, with the individual super-ego's, since it is only on this basis that identification of the various egos into a group ego can occur. The significance of the childhood father who will later pattern the attitude to the Leader as father surrogate is emphasised, and this theme is supported by quotations from the literature. This re-emphasises the over-riding importance of the childhood milieu, and a close parallel is postulated as existing between the childhood situation and the army routine. On this supposition a revival of the child: father to soldier: officer relationship is considered in terms of the oedipus complex. A table showing the child-parent environment in 1,000 of our P.N. patients is given.

When the child-father tension has aroused massive quantities of hate and aggression and so given birth to a particularly severe super-ego we believe that identification with the father surrogate in the army group presents peculiar difficulties. Identification is only possible when libido inhibited in aim is freely available and in the neurotic soldier the supply is but scant since his libido has developed on over-emphasised narcissistic lines consequent to the maladjusted parent-child relationship.

Conclusion. Morale, whether considered in terms of the

individual, the group, or the individual within the group, is conditioned by the parent-child relationship, which determines how far secondary narcissization of the Ego takes place. The more the factors which determine the degree of narcissism the less potent the morale at all possible settings of the personality and external environment. Narcissism is a part death instinct and as such is opposed to the group binding function of Eros.

ASPECTS OF RESEARCH.

Introduction.

"Prominence of mental disorders in replacement troops recently received, suggests urgent importance of intensive efforts in eliminating mentally unfit from organisation of the new draft prior to departure from the United States".

General Pershing. July,1918.

The neurotic soldier portrays certain symptoms and attitudes and it is our task to present and evaluate them, and then to consider their relationship to the morale-neurosis symbiosis. The data could be presented in the form of 'typical' case histories but such a procedure is cumbersome and does not allow of quantitative findings. Further the choice of illustrative case sheets is largely governed by the errors of subjectivity and halo, and allows of a false emphasis. To some extent these faults can be countered by employing the self rating questionnaire technique. Each patient answers routine questions and by the employment of a sufficiently adequate interview situation, a degree of control and objectivity may be assumed. Such control and objectivity cannot be such as obtains in the more mechanistic sciences, but consonant with the inherent limitations imposed by the psychiatric discipline.

The range of such methodology must be sufficiently wide to allow of the emergence of a representative self portrait and requires the employment of a battery of tests. These should comprehend the symptoms commonly present in

neurotic illness and in neurotic predisposition and should relate them, where indicated, to the temporal situations of (1) Childhood, (2) Pre-Army life, (3) Military Service. Some indication of the social personality should be furnished; is he aggressive or submissive, is he extroverted or introverted, is he emotionally stable? Further to this, some indication as to the adjustment to army life and its particular problems is desirable. The self portrait must include the foreground and background details of the childhood environment, the school record, the familial and hereditary findings, and the past sickness and work record. Perspective is given to the whole by consideration of the socio-economic level, of the intelligence level, of the age distribution and of the length and type of military service and stress.

An analysis of such qualitative and quantitative data, undertaken with some statistical precaution, should yield conclusions worthy of detailed examination.

Rees (1943[2]) felt that 30-40% of service psychiatric breakdowns might have been predicted and he suggested the use of the questionnaire technique. Craigie (1943) noted that 20% of the P.N. casualties in the M.E. theatre could have been rejected for military service on the basis of their past history. Slater (1943) found that "very large numbers of these men,[P.N] who were as a rule useless as soldiers from the beginning might have been kept out of the army had they been given even the most cursory psychiatric investigation". Billings, Ebaugh,et al.,(1943) showed that 88% of their series of P.N. soldiers could have been rejected on enlistment if

four or more of the following criteria were present pre-army: Hypochondriasis, excessive sweating, poor work record, under-activity, disturbed sexual development, difficulty in making friends, lack of definite ambition, two or more morbid fears. Sullivan (1941) stated that in the age band 21 years - 35 years (U.S.A.) up to 50% of those eligible for conscription might be unsuited by reason of psychoneurosis, and that even in the 19 years - 26 years groups as much as 25% might be similarly unsuited. McKerracher (1943) observed, that in troops repatriated to Canada, 30% were P.N. casualties and that the great majority should have been predictable on enlistment. The peculiar value of this and other Canadian observations is that all Canadian troops serving overseas were volunteers, yet their incidence of neurotic illness was no lower than for conscripted British soldiers. Rees (1943) found that one third of the total invalided out of the army are psychoneurotic, and Sutherland (1941) examined 100 P.N. soldiers of whom only 12 were conscripts and noted that 37 men were inadequate on entry into the army. Farrel and Appel (1944) state that, even if the Mentally Defective and the Psychopathic Personality are excluded, the total number discharged from the services on Neuro-Psychiatric grounds equals the number discharged for all other causes combined.

Baillie (1941) examined 200 Neuro-Psychiatric hospital admissions and concluded that 68 should have been rejected at enlistment and a further 60 during their preliminary training. An interesting sidelight is revealed by Simon et al (1941) who studied 183 P.N. casualties, (before America entered the war)

in their finding that 17 men were hospitalised after one day's service, 40 within 30 days and 77 within 6 months. We had one patient, who whilst drawing his uniform, became suddenly paralysed and was admitted to hospital in his civilian clothing. Rosenberg and Lambert (1942) considered 200 psychoneurotic discharges and found that 45% were hospital patients within one month of service and 97% within six months, the average period of military contiguity was three months and 89% of them showed evidence of pre-army neurosis.

Summary. A large proportion of psychiatric casualties should have been predictable and rejected at enlistment.

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THE VALIDITY OF SELF RATING PERSONALITY TESTS.

Vernon (1938) noted that, even amongst the cognoscenti such self rating tests might excite ridicule and distrust, and that to some it seems obvious that candid or truthful answers would be but rarely given. He observes that Burt, and also the National Institute of Industrial Psychology merely use such tests as an introductory to the personal interview. Vernon believes that, in America, too much trust is placed in these tests but nevertheless he concludes that such tests "... are after all making use of an extremely valuable source of psychological data, namely, the testee's opinion about himself and his recollection of his own experiences".

The psycho-analytic school employ very indirect and subtle methods in establishing their data, yet Alexander (1934) admits that there is a place or value for questionnaires in matters of external fact and acknowledges that "they can give us information about a numerical spread of certain relations which we have established formerly by other methods." Rees (1943) considers that "on the whole the neurotic man ...tends to give a reasonably truthful account of himself and his disabilities to a Doctor". Grestle et al (1943) use a Personal Data Sheet of 25 questions based on the Thurstone Personality Schedule, and refer for further psychiatric examination all who score 10 or more "wrong" answers. They hold that the test is of definite value. Line and Griffin (1943) using a Mental Health Sheet of 30 questions express their

confidence in the procedure. Griffin et al (1943) use a Personal Data Sheet of 29 items, which they say is referred to more or less jestingly as "29 easy ways to get out of the army", but they firmly aver,"the answers to these questions are surprisingly truthful" and,"The experience of unbiased experimenters indicates that this procedure was the best way of identifying cases of instability in a large group of recruits".

Mira (1939) found that questionnaire selected troops had a neurosis rate three times lower than that of unselected troops.

Weider and Mittleman (1944) employ the Cornell Selectee Index and claim a predictability of 80-90% as based on 4,000 men, who later were in fact rejected by other psychiatrists in the quoted percentage. Hanna (1934) subjected a group of 250 men to the Thurstone Personal Data Sheet and later compared the findings with the clinical data, he found a much better than chance relationship and concluded that such inventories fulfil a useful function. Of particular note is that Hanna did not test American College boys but a group such as might well resemble in most details a series of P.N. soldiers.

It is commonly objected that self rating tests do not measure what the ratee is, but what he would like to be, or thought to be. Heidbreder (1930) made a special investigation of this and could not establish sufficient evidence to warrant such beliefs. Landis (1936) states that the information elicited by the questionnaire technique is influenced directly by the psychological personality of the

individual, and holds "Despite negative evidence the questionnaire method does present certain aspects which are of real psychological value to any student .... whether he be an academic psychologist, a clinical psychiatrist, or a psycho-analyst". Kelley (1932) feels that "the questionnaire despite its many faults ... will remain an indispensable helper" and Strecker and Appel (1936) found that in assessing personality, reliance could be placed on the questionnaire method. We will conclude by observing that the method has an eminently respectable parentage as evidenced by Galton (1883) who gave instructions and comments on the questionnaire technique. He was probably the first to use such a methodology.

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THE SELECTION OF A TEST BATTERY.

The first and most important desideratum was to find a comprehensive Psychoneurotic Inventory which had been applied to P.N. and normal soldiers, it was clearly desirable that the list of P.N. symptoms had been standardised in terms of military neurosis. We were led to the American literature of the 1914-18 war. This was in fact an advantage since the validity of our data would be enhanced if our findings showed substantial agreement with those pertaining to a military group separated not only in time and space but in culture. Such a result would allow of the possibility of a common factor, the military situation, being present.

Vernon (1938[2]) noted that the majority of self rating questionnaires were but modifications of the Woodworth Personal Data sheet, and that the items of this 'pioneer' had been constructed from an extensive survey of the psychopathological symptomatology of the last war as noted by such eminent authorities as MacCurdy. Pupart (1930) describes the Woodworth Inventory as one of the great pieces of psychological work arising out of the Great War, an objective controlled test for emotional stability and its extensive use in its revised form was only prevented by the armistice. Hollingworth (1920) did use it in the study of P.N. soldiers and Uehling (1934) whilst stressing that the test was devised to detect emotional abnormality in soldiers, also declared its value in prisons and penal establishments. We have referred on several occasions to the Thurstone P.D.S., and Downey (1933) points out that it is derived from the Woodworth Inventory "of

proved value". The test was refined by House in 1927, and he carried out considerable and detailed work with this instrument on neurotic ex-soldiers and normal military cadets.

The very favourable comments afforded to this test, together with the quality and detail of the relevant literature decided us to make the Woodworth-House Mental Hygene Inventory (The Psychoneurotic Inventory) the main feature of the proposed battery. To assess the social personality a composite test, such as the Bernreuter Personality Inventory (1931) and (1933) appeared desirable. These multiple tests are based on the Freyd-Heidbreder (1926), Introversion-Extraversion Tests and on the Allport (1928), Ascendance-Submission Test together with items from Woodworth or Thurstone P.D.S. (1930). All this also applies to the 'Aspects of Personality' devised by Pintner, Loftus, Forlano and Alster for use on school children. Here we felt was something germane to our thesis on the close parallel existing between the past childhood situation and the present army situation, a resemblance so close and fraught with meaning that we even compared it in importance with the latency period between infantile and adolescent sexuality. Inspection of the test, revealed that the items could be very readily transposed into military terminology, and that the testee could be presented with what was apparently his present military environment, but in our view was a composite of his military and childhood milieu. Since we had already committed ourself to what seemed rather an outrè conception it was but logical to continue and see to what conclusions it would lead us. The second constituent of our battery was now incorporated.

For the determination of the attitudes expressed towards the army and its particular demands as an indirect measure of morale we could find no suitable test. The difficulty resides in the considerable guilt sense of the P.N. soldier, he is suspicious and quick to sense any imputation that he is a coward or malingerer, i.e. that he has a morale lesion. We decided that he must be approached with something of sufficient familiarity as to arouse no hostility. We had noted the ease with which, when the initial rigidity of the patient had given way to the plasticity of psychiatric rapport, the soldier would discuss his attitude to the army group in terms of being "browned off" and his further attitudes towards his leader or father figures - the officers and senior N.C.O.s. Some would be forthright in their views on military training. Others would bitterly recall their periods of unemployment and the economic aftermath of the last war and would state they had nothing to fight for in terms of the past and future. At this time there was much Press campaign on the raising of soldiers pay and allowance and this subject was easily called to the fore

All these various topics seemed to us to express very important morale aspects capable of some further interpretation. We made some tentative attempt to draw up a rating scale but found it aroused suspicion. The subject was finally approached in a simple manner, after a sufficient number of men, say 30-40, in the course of their therapeutic interviews, had touched upon the above topics, they were assembled in the Testing Hall. It was then put to them that I wished to conduct a "Gallup Poll", purely as a matter of personal interest, as a light relief from my day to day psychiatric routine, on matters unconnected with

their illness as such, but of professional and private interest to myself. Meantime the 'Morale Questionnaire' was being distributed and scanned by the more or less intrigued patients. It will have been noted that they had been all rendered 'non-allergic' to these questions in their previous interviews. It was put to them quite casually that if they cared to sign the paper it would allow of classification according to age, service and other groups. They were invited to write freely and told that continuation sheets were available, and only those who signed their papers could discuss them later in private with me. Finally they were informed that there was no duress, no need to write anything if they would rather not and that their confidence would have the same medical respect as in my clinic room. No refusals were met with and indeed envy was aroused in the patients of colleagues who were debarred from the exclusive circle. Many of the men wished to read out their answers in public and indeed a form of group therapy arose on this basis.

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ADMINISTRATION OF THE TEST.

The procedure for the Morale Questionnaire has been described. The Woodworth House Inventory and the Pintner aspects of Personality were in all cases carried out as individual tests, the atmosphere being of collecting in one neat set all the symptoms discussed in previous interviews. The mention of the previous interview served to prevent any tendency towards "gilding the lily". Each of these tests takes about one hour and as far as the patient is concerned it was merely one of his routine interviews. The technique bears in mind the importance of the Einstellung as stressed by Vernon (1938[3]) and carries out Vernon's (1938[4]) recommendation to follow the Wyatt technique of obtaining the information as part of an interview rather than as an examination.

The Pintner Modification was carried out from June, 1940 to December, 1941. The Woodworth House Inventory from January, 1942 to December, 1944. The Morale Questionnaire from June, 1941 to December, 1943.

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THE MORALE QUESTIONNAIRE.

A The Format.

Question I. Is your family, or other dependents getting a square deal?

Question 2. Do you feel that Britain will be a better place after the war than before the War?

Question 3. Has your training in the army been good enough?

Question 4.a. Are you "Browned Off" with the army?
b. What makes a soldier "Browned Off"?

Question 5. What do you feel about officers?

Question 6. What do you feel about N.C.O.s.

B Instructions.

Answer these questions as fully as you wish.

C Administration.

This has already been described (P.62 & 63).

D Scoring.

A scoring code was constructed on the findings that Questions 1, 2 and 3 were best scored as Yes, No, or Query. The explanations and other written matter offered by the patients was discounted. In questions 4, 5 and 6 the comments supplied by the patients were of intrinsic value and the scoring code was continued thus: Question 4a. Yes, No. Question 4b. The responses could be classified under six headings - 1. Stupid discipline (red tape). 2. Boredom, 3. Worry, 4. Blanco, 5. Unfairness, 6. Bad Officers.

For Question 5. the answers were first classified under the response headings of Good and Bad. Then Bad was amplified as Bad, Harsh, Incompetent and Snobs.

Question 6 was likewise considered under the group titles of Good and Bad, and further, Bad was examined as Bad, Bullies, Incompetent and ambitious.

In this simplification of the mass of material offered in Question 4, 5 and 6, all the papers were scrutinised by a panel consisting of myself and four other judges. These judges were A.E.C. Sergeant Instructors, holding University degrees. Each paper was scored by the four judges in accordance with the above agreed code and the final score was carried out by the author, who could if necessary clarify dubious answers in an interview with the patient.

E Interpretation: Each question was first considered in its gross score, i.e. the majority-minority opinions expressed as Yes-No, or Good-Bad by the 330 testees. Breakdown scores were constructed according to the suggestions made by Vernon (1938[5]) that socio economic level, intelligence, and age should be assessed before drawing conclusions. In addition we also considered the effect exercised by length of service.

For the intelligence groups we sorted out the test papers according to the testee's score on the Penrose Raven Progressive Matrices. Esher, Raven and Earl (1942) define the Matrix type of test as one in which a subject applies a logical method of reasoning, which he has been given the opportunity to acquire. Raven (1942) believed that the Matrix type of test was very suitable for military purposes since it depends neither on scholastic knowledge nor on acquired skill, but on eductive (creative) mental activity and should evaluate the ability to learn and profit from experience. The matrix score determined, the results were classed in military selection grades (S.G.)

as under.

Selection Grades from Matrices Test.

S.G.			45 Min Test. Score.	20 Min Test. Score.
1.	Top	90%	54 - 60	45 - 60
2.	"	75%	48 - 53	39 - 44
3.+		50%	44 - 47	33 - 38
3.-		50%	39 - 43	27 - 32
4.	Bottom	25%	29 - 38	18 - 26
5.	"	10%	28	17

The occupational groups were classified as (1). Professional, (2). Business, (3). Clerks, (4). Artisans, (5). Semi-Skilled Workers and (6). Labourers. The professional group comprised teachers, architects. musicians, artists and two solicitors. The age groups were taken in 5 yearly bands from 19 years to 44 years &over, thus giving 6 groups. For the length of military service 7 groups were considered in 6 monthly steps. On the basis of these groups and sub-groups the findings given in the questionnaire were evaluated to estimate how far the expressed attitudes were influenced by these various differences. To determine the degree of significance of these differences the Chi square formula (Karl Pearson) was employed and a critical level of P = 0·02 was adopted.

F. Composition of Testees.

The 330 men were tested during the period June 1941 to December 1943. The mean age was 31·6 years, with S.D.σ of 5·45 years, mean duration of service was 31 months with S.D.σ of 13 months. They were an unselected group of our patients, who in turn were an unselected group of the military psychoneurotic population in the Wharncliffe Neurosis Centre. We cannot claim that this population was an unselected sample of the military psychoneurotic, since we received our patients via the

military psychiatrist who selected out such psychoneurotics who did not require hospital treatment either because they were not sufficiently ill, or were so maladjusted to the army as to warrant prompt discharge from the service with a recommendation for treatment (if desired) from a psychiatrist in their home area. The 330 men were composed of:-

Pte.	277
L/Cpl.	11
Cpl.	23
Sgt.	17
W.O.	2

in the following Corps.

R.A.S.C. 67, R.A. 63, Infantry 30, R.E. 29, P.C. 29, R.A.O.C.28, R.A.P.C. 18, R.C.S. 17, R.A.F. 14, R.A.M.C. 11, Tank Corps 10, R.E.M.E. 10, A.C.C. 2, C.M.P. 2,

Of these men 72 (22%) had battle experience.

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THE FINDINGS AND THEIR DISCUSSION.

Question 1. Is your family getting a square deal ?

Implications. This question touches upon very obvious matters, since no soldier, psychoneurotic or otherwise could be expected to give of his highest morale, if he feels that his dependants are receiving shabby treatment. The question itself carries no anti-army bias and is calculated to serve a good introductory purpose. We would expect that the responses would show a heavy negative weighting, both on the realistic grounds of the Press campaigns for higher allowances, and on the psychiatric premises of rationalization, whereby the psychoneurotic soldier would state his inability to soldier in terms of his concern for the economic welfare of his family.

Table I.

Question No. 1 - "Is your family getting a square deal ? ".

Number	Yes	%	No.	%	?	%
330.	202.	61.	121.	37.	7.	2.

This gross result suggests that family allowances did not present a major problem.

Table IA.

The answers to Question 1 were then tabulated as under :- "Is your family getting a square deal?".

S.G.	N.	%	Yes	%	No	%	?	%.
I.	49	15	32	65	16	33	1	2
2.	61	19	36	59	25	41		
3-.	59	18	37	63	22	37		
3-.	56	17	37	66	18	32	1	2
4.	51	15	35	69	14	27	2	4
5.	54	16	25	46	26	48	3	6
Total	330	100	202	61	121	37	7	2

P. = 0·5.

In this table only the S.G.5 group stand out, although with

P - 0·5 it is a difference from the other S.G. groups that might have arisen by chance. Bearing this in mind our conclusions are that intellect, as measured by the Progressive Matrices, plays no part in determining the attitude towards Army allowances but the men of the S.G.5 group might be swayed in the direction of feeling that their families are not being adequately looked after.

Possibly this might arise because the S.G.5 group belong to that fraction of the population whose incomes and prospects of employability are much improved in the time of War. As soldiers they are deprived of this improvement and are aware of the inflated wages enjoyed by their civilian brothers.

Table IB.

The implication derived from our theory is supported when we classify the responses to Question No.I according to occupational groups:-

"Is your family getting a square deal?".

	N.	%	Yes.	%	No	%	?	%
Profession	16	5	12	75	4	25		
Business	39	12	19	49	19	49	1	2
Artisan	80	24	49	62	30	37	1	1
Clerk	30	9	23	77	7	23		
Semi-skilled	84	25	53	63	29	35	2	2
Labourer	81	25	46	57	32	40	3	3
Total	330	100	202	61	121	37	7	2

P = 0·3.

The suggestion is that the clerical and professional classes feel that family allowances are fair, whilst the business man and labourer have a sense of grievance. This would seem to arise from the premises that certain social groups do well financially in time of war.

The artisan and semi-skilled occupy a midway position,

but on the whole are satisfied, possibly because they tend to gravitate towards the Army Trades Corps, and receive extra pay.

The value P = 0·3 for these various differences does not allow of any great stress being placed on the different proportions shown in the table and the finding suggested to them.

TABLE IC.

The effect of age in answering Question I is shown under :-

"Is your family getting a square deal?".

Age In Years.	N.	%	Yes	%	No	%	?	%
19-23	61	19	38	62	20	33	3	5
27-28	83	25	52	63	29	35	2	2
29-33	89	27	51	57	38	43		
34-38	56	17	34	61	20	36	2	3
39-43	34	10	27	71	10	29		
44	7	2	3	43	4	57		
Total	330	100	202	61	121	37	7	2

P = 0·7

The difference here might very well be due to chance. (P-0·7) The suggestion is that the older men, 39 years and over, seem quite satisfied, possibly they are more often N.C.Os or that their children are passing the period of economic liability and are bringing in good wages. The 29-33 years group show a tendency to grumble, but it is to be remembered that they belong to the group who were hardest hit by the period of unemployment in as much as they were then at the impressionable adolescent age. These men generally have a very jaundiced and suspicious view of any government aid.

Table ID.

"Is your family getting a square deal?".

Service In Months.	N.	%	Yes	%	No	%	?	%
0-6	38	12	27	71	10	29	1	2
7-12	39	12	27	62	15	38		
13-18	32	10	19	59	13	41		
19-24	51	15	34	67	17	33		
25-30	57	17	31	54	25	44	1	2
31-36	45	13	28	62	17	38		
37	68	21	39	56	24	37	5	7
Total.	330	100	202	61	121	37	7	2

P = 0.5

The suggestion is that all the longer the service the greater the tendency to feel a sense of grievance. Probably this relates to the factor of separation and general war weariness. Again the differences shown may be due to chance (P = 0·5).

Summary. On the whole the men are satisfied with the manner in which their families are treated. The social classes that have little financial benefit from the war, the older men and the recruits seem to have the least grievances. The value of P from 0·3 to 0·7 suggests that intellect, age, length of service and social class do not singly play a great part in determining the attitude towards the question.

General Discussion. The findings are at first sight unexpected and we are tempted to conclude that there is an absence of projective thinking and rationalisation. It would seem as if our P.N. soldiers have an attitude of trust and confidence combined with a realistic approach to the hardships incidental to war, at least in so far as the welfare of their families is concerned. We feel that such a conclusion should be questioned, however correct it may be as a purely technical questionnaire finding.

If the 'Einstellung' of the patient is considered it is conceivable that the question becomes transposed from the implied suggestion of "How is your family faring in your absence?" to the narcissistic phrase of "How am I faring in the absence of my family?". The question therefore may suggest (unconsciously) to the patient thus "The family is all right, it is I who worry about them, I am unhappy, I am parted from them and thrown into a strange and hostile environment". The position then would be comparable with the anxiety aroused in the child by the absence of the mother. In such situations the concern felt is not for the absent mother but for the self which is threatened with deprivation.

Taylor (1925) believed that the psychoneurotic marries regressively, i.e. for a nurse or a mother substitute or at the urge of a poorly integrated part of his personality, i.e. for the purely narcissistic fulfilment of his instinctual needs. Menninger (1941) noted that the P.N. soldier is adversely affected by his separation from his family and that he reacts unfavourably to the army situation where he is unable to do as he pleases and where he finds himself in a subordinate position. These two views tend to confirm our hypothesis that the P.N. Soldier is inclined to regard the family as part of himself and so will answer to the question according to that frame of reference. Mitchell and Mullins (1944) feel that the main precipitating causes of P.N. breakdown in the army are inability to adapt to the army, and the proneness to homesickness. This homesickness, this over-dependence on the family is put very succintly by Fairbairn (1943) as "It is impossible therefore,

to draw any real distinction between the war neuroses and homesickness".

We are inclined to believe that what our question is measuring, in an indirect manner it is true, is the degree of homesickness by an unconscious transposition of the question in the manner described. Some examination of this problem of homesickness will therefore be undertaken.

Kline (1898) mentions that homesickness is apt to occur when personal liberties are restricted and Estève (1916) noted that those soldiers who were maladjusted to their military environment were more liable to develop homesickness. Hollingworth (1932) perceived the relationship with over-dependence on the mother and corroborated the earlier finding of Widal (1879) who equated homesickness with over-dependence on the love object. We have already considered the part played by over-dependence in the morale lesion and have also noted how hostility to the father and hostility to the mother (by rejection) makes integration into the group a matter of difficulty. It is of interest that De Monchy (1932) believes that homesickness is in part an unconscious desire for the death of the parents.

The relationship between the inability to accept group ties and neurosis was considered by Frost (1938) when he found that in homesickness there was a conflict between the demand values of group and family bonds. In our view if this finding were considered in terms of the military group it would resolve itself into the narcissistic personality who is over-dependent on his home environment and thus shows bad army morale.

McCann (1941) holds that the aetiological factor in homesickness is not the absence from home per se, but that it is merely the necessary setting in which other factors can operate to produce the clinical picture of homesickness. We have sufficiently indicated what these "other factors" might be, in particular the inability to accept limitation of narcissistic libido.

In earlier sections we have indicated that it is generally held that the psychoneurotic casualty is best treated at, or near the front line. Our consideration of homesickness throws some light on this finding, for if the psychoneurotic soldier is largely an over-narcissistic "homesick" personality who 'marries regressively for a nurse' then the base hospital with its female amenities will cause such regression as to make any threat of return to the harsh military environment a problem which will arouse massive quantities of anxiety.

Conclusion:- Question I. "Is your family getting a square deal" is answered affirmatively. The differences shown by the intelligence groups, age groups, occupational groups and length of service groups are not statistically significant. It may be that what we are investigating is really homesickness. The psychopathology of homesickness is in accord with the conception of bad morale as a narcissistic phenomenon, based on hostility to the father and over-dependence on the mother. Such a personality is, as we have shown, unable to integrate with the usual group formations.

Question 2. "Do you feel that Britain will be a better place after the war than before the war?".

General Implication. Here we are impinging on the political aspect of morale. Harding (1941) holds that in this matter the political attitude is of considerable importance. Sandford and Holt (1943) designate this type of question as - Positive Hope for the Post War World plus a sense of progress, and class it as a sword factor in Morale. Vernon (1942) noted that in determining the attitude towards the war, a general factor of optimism and support for the Government was concerned.

Table 2.

Question 2 - "Do you feel that Britain will be a better place after the war than before the war?".

Number.	Yes.	%	No	%	?	%
330	164	50	125	37	41	13

Since this is not a question of fact but largely a matter of political orientation we have the relatively large proportion (13%) who are unable to form any opinion. It would seem justifiable to assume that these men were not particularly exercised as to the future and would be inclined to take an optimistic view. The group as a whole would seem to be biased towards the attitude that the future offered improved prospects.

The breakdown analysis for the different S.G. groups and the social classes are considered together. Both have a $P = 0.01$ and some significance can be attached to these tables:-

Table 2A.

S.G.	N.	%	Yes	%	No	%	?	%
1.	49	15	23	47	23	47	3	6
2.	61	19	35	57	17	28	9	15
3.-	56	17	34	61	15	27	7	12
3.+	59	18	25	42	29	50	5	8
4.	51	15	24	47	17	33	10	20
5.	54	16	23	43	27	44	7	13
Total	330	100	164	50	125	37	41	13

Table 2B.

Occupations.	N.	%	Yes	%	No	%	?	%
Profession	16	5	7	44	7	44	2	12
Business	39	12	20	51	15	39	4	10
Artisan	80	24	45	56	29	36	6	8
Clerk	30	9	11	37	16	53	3	10
Semi-skilled	84	25	51	60	22	27	11	13
Labourer	81	25	30	37	36	44	15	19
Total	330	100	164	49	125	38	41	13

The S.G.1 and S.G.3 plus groups have the highest percentage of pessimists, and also the lowest percentage of those unable to make up their minds. The S.G.5 likewise seem dubious about the future. Is is of interest that it is in the professional, clerical and unskilled workers that we find a similar view point expressed, a correspondence between these social groups and the S.G. groups is suggested. The professional and clerical groups are most likely to find their savings expended, and foresee a rise in the cost of living without a commensurate rise in their salaries. The unskilled worker is well aware that the future is always uncertain.

The age groups findings with a P = 0.02 can be regarded as significant.

Table 2C.

"Do you feel that Britain will be a better place after the war than before the War?".

Age in Years.	N	%	Yes	%	No	%	?	%
19-23	61	19	29	47	28	47	4	6
24-28	83	25	34	41	33	40	16	19
29-33	89	27	45	51	36	42	8	7
34-38	56	17	37	61	14	25	8	14
39-43	34	10	18	53	12	35	4	12
44-	7	2	4	58	2	28	1	14
Total	330	100	164	50	125	38	41	12

The younger age groups, the 19-33 years take a gloomy view of the future. These men belong to the less well established

section of the population, and also will have to bear the brunt of the post war competition. Again it is in this group that marital complications and problems are more frequent and in whom readjustment to civilian life will be more difficult. The effect of length of service with a P = 0.7 does not allow of much significance being attributed to the findings shown as under:-

Table 2D.

"Do you feel that Britain will be a better place after the war than before the war?".

Service In Months.	N	%	Yes	%	No	%	?	%
0-6	38	12	20	53	12	31	6	16
7-12	39	12	21	54	15	38	3	8
13-18	32	10	17	53	11	34	4	13
19-24	51	15	20	39	23	45	8	16
25-30	57	17	24	42	26	46	7	12
31-36	45	13	29	64	11	25	5	11
37-	68	21	33	49	27	39	8	12
Total	330	100	164	50	125	37	41	13

The difference seems to be stressed in the 19-30 months group, suggesting that after 18 months service a period of restlessness and nostalgia becomes pronounced in which the past seems golden hued as compared with the present and the future. Later on resignation sets in.

Summary: The outlook as to Post War Britain depends to some extent on the age, and S.G. of the men concerned. Possibly the S.G. and occupation group refers to the same type of men.

Conclusion. This can be more conveniently discussed in conjunction with the next question.

Question 3. Has your training in the army been good enough?

General Implication. Here the attitude towards the army is being considered but by contrast with the previous question the attitude towards the present is being indirectly measured. We further might expect some evidence of paranoid and projective thinking since an emotional problem is being stated in the guise of a realistic question.

Table 3.

Question 3. "Has your training in the army been good enough?".

No.	Yes.	%	No	%	?	%
330	145	44	185	56	-	-

The S.G. groups and the occupational class group show some parallels.

Table 3A.

S.G.	No.	%	Yes	%	No	%	?	%
1.	49	15	25	51	27	49		
2.	61	19	24	39	37	61		
3.	56	17	23	41	33	59		
4.	51	15	23	45	28	55		
5.	54	16	24	44	30	56		
	330	100	100	145	185	56		

P = 0·9

Table 3B.

Occupation	N	%	Yes	%	No	%	?	%
Profession	16	5	9	56	7	44		
Business	39	21	16	41	23	59		
Artisan	80	24	38	48	42	52		
Clerk	30	9	10	33	20	67		
Semi-skilled	84	25	37	44	47	56		
Labourer.	81	25	35	43	46	57		
	330	100	145	47	185	56		

P = 0.7

The answers in the S.G. group were closely bunched i.e. from 49 - 61% or discounting the S.G.1 from 55 - 61% this together with a P = 0·9 justifies the conclusion that intellect plays no part in answering this question. This is what we would expect from P.N.s who have failed to adapt to the army and who blame the army for their failure. "We are not good soldiers because we are not properly trained". Only the S.G. group scrape a bare majority for the affirmative.

The occupational grouping gives a similar finding, with the professional group giving a slight majority for the affirmative. The clerks felt most strongly that they had been poorly trained qua soldiers. Probably there is some truth in this. However since P = 0·7 little reliance can be placed on these differences.

When considering duration of service groupings we find a larger spread 37 - 79%.

Table 3C.

"Has your training in the army been good enough?"

Service In Months.	N	%	Yes	%	No	%	?	%
0 - 6	38	12	8	21	30	79		
7 -12	39	12	17	44	22	56		
13-18	32	10	10	31	22	69		
19-24	51	15	15	30	36	70		
25-30	57	15	27	47	30	53		
31-36	45	13	35	56	20	44		
37-	68	21	43	63	25	37		
Total	330	100	145	63	185	56		

P = 0·01

Generally the longer a man has been in the army the more confident does he feel in his weapon training. The large group expressing doubt about their weapon training was in the 0 - 6 month group. Possibly the recruit becomes wearied of

the interminable "square bashing". The 7 - 12 month group shows a marked improvement as they come more into contact with weapons and then a drop in confidence sets in from 13 - 24 months. The second year in the army seems particularly trying. A sudden rise sets in thereafter. We may regard these differences as significant.

The age groups show what we may regard as significant differences "(P = 0·01)". From 29 - 43 years the men show a lack of confidence in their training, this correlates the oft heard statement "I can't keep up to the youngsters". Adaptation is most difficult in the older men.

Table 3D.

"Has your training in the army been good enough?"

Age in years.	N	%	Yes	%	No	%	?	%
19 - 23	61	19	30	50	31	50		
24 - 28	83	25	45	54	38	46		
29 - 33	89	27	38	43	51	57		
34 - 38	56	17	14	25	42	75		
39 - 43	37	10	12	35	22	65		
44 -	7	2	6	86	1	14		
Total	330	100	145	44	185	56		

P = 0·01

Summary: The response to the question is actuated on emotional grounds, the older men, the recruits and the unsettled neurotics contributing their difficulties and dislikes of the army to the poor training they feel they receive. The neurotic over 30 years considers himself too old to be a soldier and attributes his breakdown to his physical inability to master the training.

Conclusion. The attitude towards the future tends to be optimistic, whilst the present situation is felt to be unsatisfactory. The future can be viewed with some emotional

detachment, but the present, with its actual problems arouses such emotional tension as to quite disrupt realistic thinking. The future can be judged in accordance with the experience derived from social and occupational criteria, but the present reduces this differentiation to the common level of neurotic anxiety. The future can be viewed in realistic terms by the different age groups, the younger men are justifiably gloomy, they realise that they have not established themselves, that they will enter the era of post war competition with obvious handicaps, their women folk are young and are more apt to succumb to sexual temptation with its consequent complications for the future. The present is viewed irrationally, the mature man, the soldier aged from 29 - 43 years who should lead and encourage the others, in fact behaves as if he were markedly inferior to the callow youth of 20 years. Only in respect to the opinions judged in accordance with the length of service is the position satisfactory, the attitude to the future is not coloured by the duration of service and furthermore the P.N. soldier slowly gains confidence in his training (i.e. his present) as his service increases.

The general implications of these findings is what would be expected. The present situation is felt as a purely emotional problem and the P.N. soldier has difficulty in adjusting to it. He is able to approach the distant future, with its promise of release from his problems, with some degree of objectivity.

Question 4 a. "Are you 'browned off' with the army?"

b. "What makes a soldier 'browned off'?"

General Implications. A direct approach is being attempted to

investigate the attitude of the individual to the army group. The question arouses no hostility or suspicion, the right to proclaim a state of being "browned off" is cherished by the British soldier who thus proclaims that he is no swashbuckler and is merely performing a necessary if distasteful duty. The P.N. soldier thus regards his "browned off" state as quite legitimate and fails to realise that his comrades, despite their vociferous protestations, nevertheless perform their military duties cheerfully, efficiently and with due determination, whereas he, by contrat, tends to translate his dislike of the army into separation from the army.

Table 4.

Question 4 a. "Are you 'browned off' with the army?".

b. "What makes a soldier 'browned off'?".

N	"Browned Off"	%	No	%
330	303	93	27	7

Table 4A

Causes of 'Browning Off':

Blancoing	Stupid Discipline or Red Tape	Boredom	Unfairness	Worry	Bad Officers
9%	57%	17%	8%	16%	3%

The bulk of our patients are in a state of what the army calls "Browned off". In the genesis of this condition the bad officer plays no part. Unfairness and blanco are regarded as very minor problems, stupid discipline 57% plays the major part, with boredom and worry as contributory factors (17% and 16%). These three will be considered under the various breakdown groups of S.G., occupation, age and length of service.

In the S.G. groups the differences found have little statistical importance.

Table 4B

S.G.	N	%	Stupid Disc. or Red Tape.	%	Boredom	%	Worry	%
1.	49	15	31	63	7	14	9	18
2.	61	19	34	56	13	21	5	8
3.-	56	17	32	57	10	18	8	14
3 -	59	18	35	59	10	17	9	15
4.	51	15	24	27	10	20	14	27
5.	54	16	23	61	6	11	7	13
Total	330	100	189	57	56	17	52	16
			P = 0·8		P = ·7		P = ·5	

We may assume that in the assessing of stupid discipline intellect plays no part. The range of difference is from 56% to 63% excluding 47% per S.G. 4 which is probably a chance variation, and P = 0·8 strongly supports the assumption that an emotional problem is being stated.

The least bored appeared to be the S.G. I and S.G. 5 group the value of P = 0·7 does not permit of definite conclusions being drawn, but possibly the S.G. I group find external interest and the S.G. 5 group find and settle to routine and satisfying work. Generally boredom may be regarded as a retreat mechanism when the inability to conquer or adapt to the environment becomes manifest.

Worry, with its very uneven scatter and a P = 0·5 cannot be ascribed as intellectually determined.

The attitude of the various occupational groups towards army life, expressed as stupid discipline with P = 0.01 is of significance, as shown in table 4C.

Table 4C.

Occupation	N.	%	Stupid Disc. or Red Tape.	%	Boredom	%	Worry	%
Profession	16	5	8	50	4	25	5	31
Business	39	12	25	64	4	10	8	21
Artisan	80	24	53	66	17	21	7	9
Clerk	30	9	20	67	5	16	4	13
Semi-skilled	84	25	41	49	14	17	17	20
Labourer	81	25	42	51	12	15	11	13
Total	330	100	189	57	56	17	52	16
			P = ·01		P = ·01		P = ·02	

The business man, the clerk and the artisan feel particularly strongly about red tape or stupid discipline. Possibly since they are practical men who do things, or make and arrange things they feel they would be of more use to the country if they were out of the army and allowed free expression. Boredom seems much more common in the professional and artisan classes and some significance can be ascribed to this, with P = 0·01. Boredom implies that the neurotic would seem to have little capability of acquiring new skills, it would seem that the high degree of skill of the professional and the artisan class has a strong symbolic meaning which will be discussed later. Worry seems to affect the professional class, this may be related to the deterioration of their skill whilst in the army. None of our series had been suitably posted.

Summary: "Browning Off" is experienced as resentment, boredom and worry. The artisan especially is affected.

Table 4D.

The significance of different age groups.

Age in Years.	N.	%	Stupid Disc. or Red Tape.	%	Boredom.	%	Worry	%
19-23	61	19	33	54	8	13	7	11
24-28	83	25	55	66	16	19	6	7
29-33	89	27	60	60	12	13	22	25
34-38	56	17	26	76	8	14	10	18

Age in Years.	N.	%	Stupid Disc. or Red Tape.	%	Boredom	%	Worry	%
39-43	34	10	13	38	8	24	7	20
44	7	2	2	28	4	57		
Total	330	100	56	17	28		52	16

P = .001 P = 0.1 P = .01

The men under 40 years of age resent discipline to a greater extent than the older men, or at least they find that army routine evidences much stupid discipline. (P = .001). Men under 30 years appear to be more affected by worry, this worry is usually expressed as concern for the health or welfare of the family. Boredom shows no particular preference.

Table 4E.

The significance of length of service.

Service in Months.	N.	%	Stupid Disc. or Red Tape.	%	Boredom.	%	Worry	%
0- 6	38	12	19	50	7	18	6	16
7-12	39	12	18	46	12	31	10	26
13-18	32	10	15	47	4	12	4	12
19-24	51	15	34	67	5	10	7	14
25-30	59	17	38	69	8	14	7	12
31-36	45	13	26	58	6	13	11	24
37-	68	21	39	57	14	21	7	11
Total	330	100	189	57	56	17	52	16

P = .01 P = .1 P = .6

Discipline becomes particularly irksome after 18 months service and the following 12 months is particularly trying.

Summary: The neurotic finds army life increasingly irksome after some 18 months service.

General Summary: When an attitude of hostility or dislike towards army life appears it may be expected about the 18th month of service, commoner in the younger men, and in the artisan, clerk, or business men groups. There is no relation to intelligence groups. Boredom is commoner in those of

skilled occupations.

Worry is seen mostly in the men over 30 years of age and somewhat in the technically skilled.

Discussion. Freud (1921[5]) has considered the condition of intra group hostility putting it thus ".... almost every emotional relation between two people which lasts for some time ....leaves a sediment of aversion and hostility .... The same thing happens whe men come together in larger units". This aversion and hostility to the group is probably what the soldier terms as being 'browned off', this expression is often rendered as "I am sick of all this khaki" and we presume that as khaki is of a brown shade, the phrase means that khaki (the army) is struck off his list of interests and it has an unpleasant connation for him.

'Browning Off' may therefore be regarded as a 'normal neurosis' and is a measure of all the normal expression of narcissism or self assertion against the demands of the group. There is however, no disruption of the group, except when by reason of excessive narcissistic demand, the group tie has never existed, or has been of but weak intensity or has ceased to exist. Then we find the neurotic degree of 'browning off' which experiences hostility and aversion to the group to a pathological extent and projects this feeling as stupid discipline and red tape coming from the group and aimed at the individual. As we have shown egoism can only be transformed into altruism with the formation of group ties, and the idiosyncracies of the group individual be respected, when narcissism can undergo limitation. In such circumstances the group and the individuals composing it will only generate a

normal sediment of hostility and distrust.

Another aspect of this matter of stupid discipline arises from the fact that an army must be an organised group and must be maintained as such by the imposition of necessary rules, regulations and punishments. In the absence of such formulations an army would soon disintegrate into an unorganised group. The characteristics of the unorganised group has been described by Le Bon (1920) as weakness of intellectual ability, lack of emotional restraint, incapacity for moderation and delay, impulsiveness, irritability, lack of perseverance, intolerance of, or over obedient to, authority. Now this list might very well serve as the list of symptoms cited by the psychoneurotic soldier in terms of "I can't concentrate, I get easily upset, angered, afraid, worried, depressed and irritable. I can't stand the hanging around, the routine, the discipline, the parades and the being ordered about. I have a fear of people in authority or I am always worried about the correctness of my work". This close parallel suggests that the psychoneurotic soldier is unconsciously stating his refusal to submit himself to group discipline by emphasising his affinity to the unorganised group, the antithesis of the army group. Hence military discipline which has for its purpose the suppression of traits characteristic of the unorganised group, is found to be particularly painful to the psychoneurotic soldier, qua individual, and he accordingly expresses his resentment and hostility.

The second component of "browning off" was boredom, and we noted it to be commoner in the professional and artisan groups, i.e. the highly skilled, and also that there was some inability to acquire the new army skills and to surrender the civilian skills at the behest of the military group. The difficulty is that when work is attended by a modicum of skill it subserves the aggressive function of moulding and controlling the environment, and in those who show fixation at, or regression to anal sadistic levels, the exercise of skill allows of aggression being re-directed from the self to the work. The neurotic may therefore use his skill as a defence mechanism against his internal threats and dangers, and this skill becomes formalised and embedded in a matrix from which it cannot be readily separated and which forbids such a degree of lability as will allow of the acquisition of fresh or foreign skills. Furthermore, such symbolic skills tend to be of a constructive nature as a reaction formation against the internal destructive drives. The military culture with its predominantly aggressive-destructive motif is but an indifferent school wherein the neurotic, as described, may acquire new skills.

Tredgold (1944) has found that boredom in the army is associated with lack of morale and Rees (1943) considers that boredom may be regarded as an index of bad morale, whilst Hocking (1941) holds that morale appertains to taking an active interest in the object.

The third component of "browning off" was classed as worry. This expression covers the wide field of anxiety and we will

only consider the fraction germane to our thesis. It would seem that when libido economy is abnormally organised at the narcissistic level, the inability to receive the group bond arouses a projective mechanism whereby the psychoneurotic soldier experiences a feeling of hostility from his group. This in turn arouses dangerous aggressive tension within himself, as a protective measure against the hostile group. He thus finds himself afraid of the group and of himself. He must return to the safety of his home circle and expresses this need as a concern for the welfare of his family.

The general importance of "browning off" is emphasised by Glover (1942) who found that soldiers who react badly to army discipline are more prone to neurotic breakdown, and Jones (1941) strikes the more warning note that the dissatisfied and insecure tend to be seduced from their group loyalties.

The final section of our questionnaire is directed at examining the attitude towards father figures as in Question 5 "What do you feel about officers" and Question 6 "What do you feel about N.C.Os". This double father figure allows in some degree for the expression of that ambivalence of feeling which is aroused by loved or hated objects. Masserman (1944) notes that this ambivalence will be felt against the group leader or generalised father figure who will be loved as far as he exercises a protective function and hated or distrusted in so far as he interferes with the balance of personal satisfactions

Table 5.

Question 5. "Feelings on Officers".

No.	Good	%	Bad	%	?	%
330	190	58	125	37	15	5

With P = 0·1 the differences expressed in the S.G. groups cannot be stressed.

Table 5A.

"Feelings on Officers".

S.G.	N	%	Good	%	Bad	%	?	%
1.	49	15	24	49	22	45	3	6
2.	61	19	38	62	21	35	2	3
3+	56	17	38	68	16	28	2	4
3-	59	18	28	47	29	50	2	3
4.	51	15	33	65	15	29	3	6
5.	54	16	29	54	22	40	3	6
Total	330	100	190	58	125	37	15	5

P = 0·1

Expansion of table 5A to show qualities of Badness.

S.G.	N	%	Good	%	Bad	%	Harsh	%	Incom-petent	%	Snobs	%	?	%
1	49	15	24	49	12	24	1	2	5	10	9	18	3	6
2	61	19	38	62	6	10	4	7	12	20	7	11	2	3
3+	56	17	38	68	7	13	1	2	4	7	8	14	2	4
3-	59	18	28	47	14	24	2	3	11	19	9	15	2	3
4	51	15	33	65	8	16	-	-	3	6	8	16	3	6
5	54	16	29	54	11	20	1	2	11	20	6	11	3	6
Total	330	100	190	58	58	18	9	3	46	14	47	14	15	5

P=·3 P= ·3 P= ·9 P= ·9

But the suggestion is that the S.G. group 1 and 3 plus tend to be least impressed by their officers, the S.G. 1 men regarding them as snobbish and incompetent and the S.G. 3 plus as incompetent and snobs in these orders. The values for P 0·9 for snobbishness and 0·3 for incompetence and 0·5 for bad gives little weight to these differences. Harshness plays a very minor part in the genesis of ill will against officers.

Question 5. "Feelings on Officers".

The attitude of the occupational group is interesting but the value of P = 0.5 suggests that little value can be attached to the findings.

Table 5B.

Occupation.	N.	%	Good	%	Bad	%	?	%
Profession	16	5	9	56	6	38	1	6
Business	39	12	20	51	17	44	2	5
Artisan	80	24	47	58	30	38	3	4
Clerk	30	9	14	47	16	53		
Semi-skilled	84	25	51	60	24	33	6	7
Labourer	81	25	49	59	29	37	3	4
Total	330	100	190	57	125	38	15	5

P = 0.5

Expansion of Table 5B.

Occupation.	N.	%	Good	%	Bad	%	Harsh	%	Incompetent	%	Snobs	%	?	%
Profession	16	5	9	56	2	12	-	-	3	18	2	12	1	6
Business	39	12	21	54	9	23	2	5	9	23	8	21	2	5
Artisan	80	24	47	59	12	15	-	-	13	16	9	11	3	4
Clerk	30	9	14	47	7	24	2	7	5	17	7	24	-	-
Semiskilled	84	25	51	61	13	15	3	4	8	9	10	12	6	7
Labourer	81	25	48	59	15	19	2	2	8	10	11	14	3	4
Total	330	100	190	58	58	17	9	3	46	14	47	14	15	5

P = .5 P = .2 P = .3 P = .3

The clerical and business groups are least impressed by their officers the one group probably feeling they are doing all the brain work, and the other feeling that they could do it more efficiently and business like. The table to estimate the qualities of badness seems to support this, the business man feeling incompetent and snobbishness almost equally as officer failings, and the clerk stressing snobbishness. However, the value of P must make us very cautious in this assessment.

"Feelings on Officers".

The effect of length of service is illuminating, the longer the service the more the tendency to criticise the officer.

P = .0·01

Table 5C.

Service in mths.	N.	%	Good	%	Bad	%	?	%
0- 6	38	12	27	71	8	21	3	8
7-12	39	12	27	69	7	18	5	13
13-18	32	10	22	67	10	33		
19-24	51	15	30	59	19	37	2	4
25-30	57	17	28	49	27	48	2	3
31-36	45	13	27	60	18	40		
37-	68	21	29	43	36	54	3	3
Total	330	100	190	58	125	38	15	4

P = 0.01

Expansion of Table 5C.

Service in mths	N.	%	Good	%	Bad	%	Harsh	%	Incom-petent	%	Snobs	%	?	%
0- 6	38	12	26	68	5	13	-	-	1	3	3	8	3	8
7-12	39	12	26	67	5	13	-	-	1	3	4	10	5	13
13-18	32	10	21	66	6	19	-	-	4	13	3	9	-	-
19-24	51	15	29	57	7	14	-	-	8	16	7	14	2	4
25-30	57	17	29	51	10	18	4	7	11	19	9	16	2	4
31-36	45	13	28	62	8	18	2	4	6	13	9	20	1	2
37-	68	21	31	46	17	25	3	4	15	22	12	18	2	3
Total	330	100	190	58	58	17	9	3	46	14	47	14	15	5

P = .05 P = .01 P = .3 P = .5

A slightly paranoid element is at work, for it is only after some two years service that the infrequent complaints of harshness are made (P = 0.05). The more experienced soldier too becomes critical and expresses this as incompetence (P = 0.01). In general complaints of incompetence and snobbishness arise only after 18 months service and harshness after 2 years.

"Feelings on Officers".

Table 5D.

Only the youngest group, the 19-23 yrs. resent the officer, although with P = 0.1 this cannot be stressed. Snobbishness (P = .01) and incompetence (P = .04) are equally cited.

Age in Years.	N.	%	Good	%	Bad	%	?	%
19-23	61	19	25	41	31	51	5	8
24-28	83	25	52	61	27	34	4	5
29-33	89	27	54	60	33	38	2	2
34-38	56	17	33	59	19	34	4	7
39-43	34	10	21	62	13	38		
44-	7	2	5	72	2	28		
Total	330	100	190	57	125	38	15	5

P = 0·1

Expansion of table 5D "Badness of Officers".

Age	N.	%	Good	%	Bad	%	Harsh	%	Incomp.	%	Snobs	%	?	%
19-23	61	19	23	38	10	16	1	2	13	21	12	20	5	8
24-28	83	25	54	65	11	13	2	2	10	12	11	13	4	5
29-33	89	27	54	61	19	21	5	6	8	9	15	17	2	2
34-38	56	17	33	59	10	18	-	-	8	14	6	11	4	7
39-43	34	10	21	62	6	18	1	3	7	21	2	6		
44-	7	2	5	71	2	29				1	14			
Total	330	100	190	58	58	17	9	3	46	14	47	14	15	5

P = ·05 P = ·04 P = ·01

Summary. Only 37% of our series felt that officers could be classed as bad. This opinion is not affected by intellect, occupational group or age group. Adverse opinions tend to be expressed by the soldiers with more than 2 years service in this group of 37%. The quality of the 'badness' is experienced as as 'snobbery' by the younger soldiers and as incompetence by the soldier with more than 2 years service.

Discussion. This will be considered in conjunction with the findings on the following question.

Question 6. "Opinions on N.C.Os."

Table 6A

S.G.	N.	%	Good	%	Bad	%	?	%
1.	49	15	25	51	22	45	2	3
2.	61	19	33	54	24	39	4	7
3+	56	17	25	45	28	50	3	5
3-	59	18	25	42	32	55	1	2
4.	51	15	22	42	28	55	1	2
5.	54	16	19	35	30	56	5	9
Total	330	100	149	45	164	50	17	5

P = 0.3

Expansion of Question 6A. "Badness of N.C.Os".

SG.	N.	%	Good	%	Bad	%	Bullying	%	Incomp.	%	Over Ambition	%	?	%
1	49	15	25	51	6	12	7	14	6	12	8	16	2	4
2	61	19	33	54	10	16	11	18	8	13	5	8	4	7
3	56	17	25	45	12	21	7	13	9	16	6	11	3	5
3	59	18	25	42	11	19	12	20	15	25	5	8	2	3
4	51	15	22	43	14	27	10	220	5	10	8	16	1	2
5	54	16	19	35	15	28	9	17	12	22	5	9	5	9
T1.	330	100	149	45	68	21	56	17	55	17	37	11	17	5

P - 0.8 P = 0.2 P = 0.95

The upper S.G. groups tend to feel that N.C.Os are good, and the lower S.G. groups tend to feel that N.C.Os are bad, however with a P = 0.3 the difference cannot be stressed. Possibly the upper S.G. groups are potential N.C.Os and this may sway their outlook. The quality of the badness was considered as being bullying, incompetence and over-ambition, in that order, but the differences in the S.G. groups allows of no meaningful classification. (P = ·8, ·2, and ·95)

"Opinions on N.C.Os".

Occupational Groups:- As in the officer question the business group and the clerks stand out clearly (bearing in mind the value of P = 0·3) allows of little statistical value.

Table 6B.

Occupation.	N.	%	Good	%	Bad	%	?	%
Profession	16	5	8	50	8	50		
Business	39	12	13	33	24	62	2	5
Artisan	80	24	39	49	39	49	2	2
Clerk	30	9	11	37	18	60	1	3
Semi-skilled	84	25	40	49	37	43	7	8
Labourer	81	25	38	47	38	47	5	6
Total.	330	100	149	45	164	50	17	5

P = 0.3

Expansion of Table 6B. "Badnessof N.C.Os".

Occupation	N.	%	Good	%	Bad	%	Bullying	%	Incompetent.	%	Ambitious	%	?	%
Profess.	16	5	8	50	4	25	2	13	4	25	1	6		
Business	39	12	13	33	12	31	9	23	10	26	9	23	2	5
Artisan	80	24	39	49	16	20	13	16	11	14	7	9	2	3
Clerk	30	9	11	37	3	10	10	33	5	17	7	23	1	3
Semi-skld	84	25	40	48	18	21	9	11	12	14	8	10	7	8
Labourers	81	25	38	47	15	19	13	16	13	16	5	6	5	6
Total	330	100	149	45	68	21	56	17	55	17	37	11	17	5

P = ·2 P = ·2 P = .3 P = .05

The business group regarding them as bullies, incompetents and ambition driven in equal measure. The clerks however regard them as bullies and ambitious but do not regard them as incompetent. (P = .2; .2; and .3 allows little positive value to these findings.

"Opinions on N.C.Os".

Length of Service:- Agreement is uniform that the N.C.Os are bad, except for the recruit who think N.C.Os are good.

Table 6C.

Service in mths	N.	%	Good	%	Bad	%	?	%
0- 6	38	12	23	62	11	28	4	10
7-12	39	12	17	43	19	49	3	8
13-18	32	10	13	41	18	56	1	3
19-24	51	15	22	43	27	53	2	4
25-30	57	17	22	41	32	43	3	5
31-36	45	13	21	47	24	53		
37-	68	21	31	49	33	45	4	6
Total	330	100	149	45	164	50	17	5

P = 0.3

Expansion of Table 6C. "Badness of N.C.Os".

Service in mths.	N.	%	Good	%	Bad	%	Bullying	%	Incompetent.	%	Ambitious	%	?	%
0- 6	38	12	23	61	8	21	4	11	2	5			4	11
7-12	39	12	15	38	7	18	5	13	2	5	7	18	3	8
13-18	32	10	12	38	10	31	3	9	8	25	3	9	1	3
19-24	51	15	20	39	11	22	13	25	10	20	10	20	2	4
25-30	57	17	23	40	10	18	12	21	14	25	5	9	3	5
31-36	45	13	23	51	10	22	10	22	6	13	6	13		
37-	68	21	33	49	12	18	9	13	13	19	6	9	4	6
Total	330	100	149	45	68	21	56	17	55	17	37	11	17	5

P - .05 P - .01 P - .1 P - .5

The complaint of incompetence against N.C.Os does not appear with any significance until after the first year of service. The other qualities of badness are not influenced to any significant extent by the length of service. (P = .05 and .1).

"Opinions on N.C.Os".

Age Groups:- The quality of badness is felt independent of age P = 0.2, although the older men seem less intolerant.

Table 6D.

Age in Years.	N.	%	Good	%	Bad	%	?	%
19 - 23	61	19	23	28	31	51	7	11
24 - 28	83	25	36	43	43	52	4	5
29 - 33	89	27	40	45	48	54	1	1
34 - 38	56	17	27	48	25	45	4	7
39 - 43	34	10	18	53	15	44	1	3
44 -	7	2	5	72	2	28		
Total	330	100	149	45	164	50	17	5

P = 0.2

Expansion on Table 6D. "Badness of N.C.Os".

Age in Years.	N.	%	Good	%	Bad	%	Bullying	%	Incompetent.	%	Ambitious.	%	?	%
19-23	61	19	23	36	8	13	12	20	10	16	6	10	8	13
24-28	83	25	36	43	17	20	18	22	11	13	13	16	3	4
29-33	89	27	40	46	23	26	14	16	19	21	11	12	2	2
34-38	56	17	27	48	12	21	8	14	8	14	4	7	4	7
39-43	34	10	18	53	6	18	4	12	7	21	2	6	1	3
44-	7	2	5	71	2	29	-	-	-	-	1	14	-	-
Total	330	100	149	45	68	21	56	17	55	17	37	11	17	5

P = .01 P = .01 P = .01 P = .01

The quality of badness is expressed as bullies and ambition mongers. The age incidents at which these qualities are keenly felt show the older men to be significantly more tolerant. (P - 0.01; 0.01).

Summary: Some 50% of our series felt that their N.C.Os were in some sense bad, as contrasted with some 37% who expressed a similar view in regard to officers. In neither case does intellectual judgement appear to play any significant part.

The younger men possess stronger views, regarding officers as snobs, and N.C.Os as ambitious bullies. The occupational class of the men plays little part in determining their attitude towards officers and N.C.Os, but some influence is exercised by length of service, when incompetence is expressed as an N.C.O's failing by men with over one year of service, whilst this feature is not attributed to officers until after some two years of service has been undergone by our series.

Discussion. Jones (1941) believes that the attitude towards the external person is profoundly affected by the attitude of the Ego towards its own internal objects, and Glover (1941) quoted Mathews to the effect that the emergence of a bad external object allows relief from the sense of guilt associated with the self's internal badness.

On this basis we will consider the feelings expressed towards officers and N.C.Os. The internal objects above-mentioned are but introjected parent figures and function as the Super Ego, and as we have shown it may be taken that the group leader is a father (parent) figure. Hence it would appear that the attitudes we have described in questions 5 and 6, are but projections of the psychoneurotic soldier's super ego. Structurally regarded, the super ego is part of a biologically maturing organism and as such it can be conceived of in terms of remote and recent layers. We will develop the theme that the N.C.O. reflects the more recent strata of the super ego, whereas the officer portrays the early childhood or perhaps even inherited super ego.

When the officer is felt to be 'bad' two traits are evidenced, snobbery and incompetence. It seems sufficiently

clear or plausible to us that in so far as the psychoneurotic had been subjected to a harsh and terrifying father figure in his childhood, and had in consequence been unable to establish his masculinity and independence of the father on the basis of identification, that the psychoneurotic soldier would project his own failure in terms of the incompetence of the father figure or officer. Snobbery however required some further elucidation and a study of the test papers and where necessary further questioning of the men was undertaken. It eventuated that what was meant by 'officer snobbery' was a feeling of being "put down" of being "treated as if we were nothing or not as good as they were" of experiencing a sense of humiliation or of being treated coldly. In brief, the various impressions gained equated with the definition given to the verb "to snub" (O.E.D.) In no case could the behaviour of the officers be termed snobbery in the sense of "snob, person with exaggerated respect for social position and wealth and a disposition to be ashamed of socially inferior connexions, behave with servility to social superiors....." (O.E.D.).

Words have a semantic and solipsistic meaning and this is especially so in the unconscious field. The etymology of snub is linked with the Icelandic snubbatr - with the tip or end cut off, and also the Swedish snopa - to castrate, Skeats (1910). A snob in its archaic sense was a cutter of footwear, a cobbler (O.E.D.) but it is stated that the etymology is dubious. It would perhaps seem fantastic to postulate that the cobbler was termed a snob because he was a "cutter" in the sense of one who castrates, i.e. to cut an animal, is to castrate it. A study

of the literature on the sexual perversions makes clear the part played by shoe fetishism, wherein the symbolic equation of shoe and sexual organ has occurred. It is therefore possible that the cobbler received his cognomen of snob because he was a cutter of a sexual symbol - the shoe, i.e. a castrater.

It would seem that the officer represents that part of the super ego where resides the primal father figure who wields the power of life and death over all young males, but who spares them as long as they refrain from sexual activity, i.e. virtual castration has been effected or threatened. This fear of castration is designated by Freud (1926[2]) as the motive force in certain neurosis and he also points out the relationship between separation anxiety and castration anxiety. We have thus returned to our theme of excessive susceptibility to a narcissistic injury as characteristic of the morale lesion, since separation anxiety depends on inability to accept separation from the narcissistic love object.

The officer as father figure is either, the protecting all wise father, or is the cruel terrifying castrating figure. Where 'snobbery' is alleged against the officer it is possible it is but a projection of the psychoneurotic's own internal bad figure, and the now externalised bad figure may be loaded with all the aggressive intentions which were in fact derived from the "self's internal badness".

Towards the N.C.O. the position is somewhat different, he is never held to be a snob, no matter how 'cutting' his jibes or threats are, they are never more than bullying, i.e.

limited injury. The N.C.O. is a more immediate and less dangerous figure and so arouses more overt hostility. We feel that when the charge of 'ambitious' is made it is but an expression of that failure to achieve a satisfactory balance in the expectation: achievement ratio, so often felt by the psychoneurotic. The N.C.O. qua father figure is incorporated in the more superficial layers of the super-ego, and is perhaps but slightly differentiated from the ego and this would allow the psychoneurotic soldier to readily construct an external bad figure which would become the receptacle for his own feelings of aggression, ambition and inferiority.

Conclusion. If the basis of good morale depends on the capacity to identify the super-ego with an external object as leader or ideal, and so form the primary group bond, then the psychoneurotic is more or less debarred from the usual group formations, because the identification he makes tends to be a hostile one. This identification serves the purpose of relieving his guilt sense by projecting his hostile impulses on to externalised father figures, either as leaders or sub-leaders.

THE WOODWORTH HOUSE MENTAL HYGENE INVENTORY

(The Psychoneurotic Iventory)

This inventory is very fully described by House (1927) in the Archives of Psychology (New York) volume 14, No. 88, Pages 1 - 112. In the previous sub-section "The selection of a test battery" we have indicated our reasons for favouring the questionnaire and have made it the principle feature of our battery. The data on which our tables are based are shown in the appendix. We have made use of House's findings in order to provide some contrasting material.

The questionnaire itself has been left in its original form, in our view it does adequately cover the symptomatology of the illness in the psychoneurotic soldier. However we have made the scoring more detailed by ascertaining for how long each symptom was present in the adult period; in effect we determined whether the symptoms occurred before or after military service was entered upon. As we will show, this procedure allows us to challenge some of the conclusions put forward by House.

We have thus classified the symptoms of the questionnaire as they are related to 1. The Childhood period. 2. The Adult period as a whole. 3. The Adult period up to military enlistment. 4. The Adult period from the commencement of Army life until admission to the Neurosis Centre. When a symptom is acknowledged it can be rated as of severe or moderate intensity.

Administration. When a sufficient degree of psychiatric rapport had been established, a treatment period of about one hour was

allowed for the administration of the test. The patient was furnished with a copy of the inventory and informed that his case, as previously discussed, would now be summarised in a convenient manner by listing his symptoms as they appeared on the form. The patient read each symptom out aloud and then replied either "No, I never had anything like that", or "Yes, I did (or do) have that". Then he estimated the degree of severity. For the adult period he was requested to judge the duration of the symptom. The atmosphere was that of a routine therapeutic interview.

Interpretation. On each test paper the following data had been noted pre-interview; name, age, unit, civilian occupation, Penrose Raven Matrices (S.G.) score, duration of service in months, battle experience, (M.E.F. or B.L.A.), but overseas posting, per se, did not qualify as battle service. When the man left hospital his final category was added to the above list. It was thus possible to calculate a mean score and S.D. dis. for each of the periods, groups, and sub groups and then by application of the S.E. diff. a critical comparison between all the above mentioned classes could be ventured upon. Where indicated the Chi square formulae was employed and a critical ratio of P = 0.02 was adopted. Furthermore the value of each symptom or the number of times each symptom occurred was determined and expressed as a percentage. By thus establishing the percentage incidence of occurrence per each symptom in each of our groups it became possible to evaluate in some measure the extent to which such group factors as army service, or battle experience would affect the symptomatology.

We would here point out that the mass of material is such that considerations of mere bulk forbid their inclusion even in an appendix. We have therefore exercised considerable selection, but the detail is available if required.

In general the groups and sub-groups were constructed as detailed under "Interpretation - Morale Questionnaire".

Composition of Testees. 500 psychoneurotic soldiers and 25 psychoneurotic ex soldiers, were tested in the period January 1942-December 1944. There was a general group of 400 men of whom 105 were from the M.E.F. and had experienced active combatant service. 80 men of the 400 were retained in the army for further military service. Another and separate group was composed of 100 men of the B.L.A., these men were spearhead invasion troops and had landed on the Normandy Beach Head by air and from the sea with the first assault waves. A study was made of these invasion troops by the author in 1944 (Anderson and Jeffrey 1944) and we are quoting the relevant data. Finally we bring forward a group of 25 psychoneurotic ex service men (1939-45 war); these men were either pensioners or pension-litigants. We have drawn some wide conclusions from this very small group but by reference to the literature we have fortified our findings to a sufficient extent to compensate for the numerical inferiority of our sample. Since the cessation of hostilities we have examined another group of 100 psychoneurotic ex service men and in general the findings are comparable if allowance is made for the alteration in the provisions of the Royal Warrant governing pensions.

All the testees were an unselected sample in the sense

given under "Compostion of Testees Morale Questionnaire". The average age of the series was 32.2 years, S.D. dis. 6·5 years. Mean service 28 months S.D. dis. 15 months, 262 were married. 239 were admitted as military category A, 97 as category B, 56 as category C, and 8 as category D. Of the 80 men returned to service the categories were:- category A - 38, category B - 6, category C - 18. Limited service (annexure scheme, home postings etc.) 18 men. Military formations:- Infantry 68, R.A. 72, R.A.S.C. 49, R.E. 40, R.A.O.C. 36, R.C.S. 26, P.C. 24, R.E.M.E. 20, R.A.M.C. 14, R.A.F. 17, P.T.C. 11, R.A.C. 8, R.A.P.C. 7 and miscellaneous.

Findings - Section I. Here we purpose to compare out general group of 400 psychoneurotic soldiers with the 400 normals and 70 psychoneurotics as tested by House (1927). The 70 psychoneurotics (House series) contained 54 ex servicemen and these will be contrated with 25 ex servicemen (Jeffrey series) of the 1939-45 war. The 25 ex servicemen will be further compared with the 400 psychoneurotic soldiers and with the 105 psychoneurotic soldiers of the M.E.F. (Desert army). These various inter-group differences will be examined on the basis of mean scores, but, where indicated, further inquiry will be determined on the percentage incidence of occurrence per symptom, i.e., shyness (in childhood) was complained of by 88% of our series of 400 psychoneurotic soldiers, as compared with 53% of the House series of 70 psychoneurotics. Hence shyness has a percentage incidence of occurrence of 88% in one group and 53% in another group.

Table 7

Mean incidence of psychoneurotic symptoms in 400 psychoneurotic soldiers for childhood and adult life as shown by the Woodworth House Psychoneurotic Inventory. Adult life (Sec. B) is sub-divided in order to differentiate between psychoneurotic symptoms which were present before enlistment (B1) and symptoms arising during the period of military service (B2). Each symptom can be expressed as being of severe and moderate intensity. There are 30 symptoms for childhood and 70 symptoms for adult life. Critical Ratio equals Twice Standard Error of the Difference.

	Childhood		Adult Life					
	A		B		B1		B2	
	Symptoms pres. in childhood		Symptoms pres. in whole adult period.		Symptoms pres. before army.		Symptoms arising in the army.	
	Intensity		Intensity		Intensity		Intensity	
	Sev.	Mod.	Sev.	Mod.	Sev.	Mod.	Sev.	Mod
Mean Score.	6·90	8.45	20.25	22·60	16.5	18.20	4.5	5.4
S.D. dis.	5·65	3·99	11.6	10.35	14.0	10.87	5.7	6.54
Mean diff.	1.55		2.35		1.70		0.9	
S.E. diff.	0.35		0.78		0.9		0.44	

The findings suggest, on the indicated level of significance, that moderate psychoneurotic symptoms are more prevalent than severe psychoneurotic symptoms, at each period. The incidence of psychoneurotic symptoms of severe and moderate degree, arising during military service is significantly lower than for symptoms existing before army service, the mean difference being 12 and 12.8, with respective S.E. diff. 0.75 and 0.64.

Before comparing our series with the House series it should be noted that the 70 psychoneurotic (House series) were made up of 54 ex servicement from the 81st. Veterans Hospital, 4 military cadets (West Point) and 12 non war neurotics.

House does not give the S.D. of his distribution but shows his results as mean frequencies and as % mean frequencies.

We have adopted a similar statistical device in our attempt to compare our 400 psychoneurotic soldiers, with his 400 normals and 70 psychoneurotics and also his 54 ex-servicemen with our 25 ex-servicemen of the 1939-45 War.

Table 8a.

Relationship between percentage mean incidence of psychoneurotic symptoms in childhood for the designated groups.

Groups - Series.	Mean Incidence.		% Mean Incidence.		% Difference.		S.E. Difference	
	Sev.	Mod.	Sev.	Mod.	Sev.	Mod.	Sev.	Mod.
400 P.N. (Jeffrey)	6.9	8.45	23	28				
400 Normals (House)	2.29	9.57	8	31	15	3	2.45	3.23
400 P.N. (Jeffrey)	6.9	8.45	23	28				
70 PN. (House)	1.78	5.16	6	17	17	11	3.55	5
54 P.N. Pensioners ex-service men. (House).	1	4.7	3	16	4	5	5.6	8
25 P.N. Pensioners ex-servicemen. (Jeffrey)	2	3.4	7	11				

Number of Questions = 30
Critical Ratio = 2 S.E.% difference.

Table 8b.

Relationship between percentage mean incidence of psychoneurotic symptoms in adult life for the designated groups.

Groups - Series.	Mean Incidence.		% Mean Incidence.		% Differences.		S.E.% Differences	
	Sev.	Mod.	Sev.	Mod.	Sev.	Mod.	Sev.	Mod.
400 P.N.(Jeffrey)	20.25	22.60	29	32				
400 Normals (House)	4.04	21.05	6	30	23.0	2.0	2.6	3.25
400 P.N.(Jeffrey)	20.25	22.60	29	32				
70 P.N.(House)	13.91	24.21	20	34	9.0	2.0	5.3	6.1
54 P.N. Pensioners Ex-servicemen. (House).	4.3	24.3	20	35				
25 P.N. Pensioners Ex-servicemen (Jeffrey)	12.2	19.6	17	28	3.0	7.0	9.4	10.3

Number of questions = 70
Critical Ratio = 2 S.E. % Difference.

Table 8 a and b shows that our 400 psychoneurotic soldiers have a significantly higher incidence of psychoneurotic symptoms of severe intensity in childhood and maturity, than the 400 normals tested by House. Moderate psychoneurotic symptoms are as common in normals as in psychoneurotic subjects!

When we compare our 400 psychoneurotic subjects with House's 70 psychoneurotics a peculiar relationship emerges. While both groups are equally affected by psychoneurotic symptoms in adult life, our psychoneurotics are more affected in childhood by psychoneurotic symptoms than House's psychoneurotic group.

House was testing largely psychoneurotic ex-servicemen - all of whom were pensioners, and he asked them in effect to contrast their present state with their past childhood state, irrespective of their past adult period.

A pensioner who has admitted nervous illness in his past would enjoy but little success in his application for pension. The suggestion is that the 70 psychoneurotics were falsifying their past, consciously or otherwise.

A comparison was made with our group of 25 present war pensioners or pension claimants and House's series, of 54 last war pensioners. The table shows the probability that they are comparable groups. They both claim a childhood relatively free from neurotic symptoms and adult life relatively equally burdened by psychoneurotic symptoms.

Before drawing conclusions from this data we compared our 400 psychoneurotic soldiers with the group of 25 ex-servicemen as shown in (Table 9a) and (Table 9b), and also compared these 25 ex-servicemen with a group of 105 men of the Desert Army, men who had suffered separation from home, physical hardship and a series of victories and defeats. (Table 10a) and (Table 10b).

Table 9.

Relationship between mean incidence of psychoneurotic symptoms in childhood, general maturity, pre-army adult life and arising during military service for 25 psychoneurotic ex-servicemen of present war and 400 psychoneurotic soldiers of present war.

a.

Psychoneurotic symptoms of severe intensity in 25 psychoneurotic pensioners and 400 psychoneurotic soldiers.

	Childhood		General Maturity		Pre-Army Period.		Arising during Army service.	
	25 P.N. Pens.	400 P.N.	25 P.N. Pens.	400 P.N.	25 P.N. Pens.	400 P.N.	25 P.N. Pens.	400 P.N.
Mean Score	2	6.90	12.2	20.25	2.0	16.5	11.6	4.5
o dis.	0	5.65	9.33	11.6	0	14.0	4.2	5.7
Mean Diff.	4.9		8.05		14.5		7.1	
S.E. Diff.	0.28		1.94		0.7		0.88	

Number of Questions = 30. Number of Questions = 70
Critical Ratio = 2 S.E. Diff.

b.

Psychoneurotic symptoms of moderate intensity in 25 psychoneurotic pensioners and 400 psychoneurotic soldiers.

	Childhood.		General Maturity.		Pre-Army Period.		Arising during Army service.	
	25 P.N. Pens.	400 P.N.	25 P.N. Pens.	400 P.N.	25 P.N. Pens.	400 P.N.	25 P.N. Pens.	400 P.N
Mean Score.	3.4	8.45	19.6	22.60	2.6	18.20	18.0	5.4
o Dis.	3.06	3.99	10.04	10.35	2.24	10.87	11.1	6.54
Mean.Diff.	5.05		3.00		15.60		12.6	
S.E. Diff.	.65		2.2		0.7		2.25	

Number of Questions = 30. Number of Questions = 70
Critical Ratio = 2 S.E. Diff.

TABLE 10.

Relationship for mean incidence of psychoneurotic symptoms in A. Childhood, B. General Maturity, B1. Adult life pre-army and B2. Adult life during military service between 105 men with active service in the Desert Army and 25 ex-servicemen (pensioners or claimants) of the present war.

a.

Psychoneurotic symptoms of severe intensity between 105 men with active service in the Desert Army and 25 ex-servicemen (pensioners or claimants) of the present war.

	Childhood.		General Maturity		Pre-Army Period.		Arising during army service.	
	25 P.N. Pens.	105 P.N. D.A.	25 P.N. Pens.	105 P.N. D.A.	25 P.N. Pens.	105 P.N. D.A.	25 P.N. Pens.	105 P.N. D.A.
Mean Score	2.0	5.43	12.2	17.86	2	11.14	11.6	7.14
o dis.	0	4.93	9.3	12.8	0	11.65	4.2	8.15
Mean Diff.	3.43		5.66		9.14		4.46	
S.E. Diff.	0.48		2.25		1.31		1.16	

b.

Psychoneurotic symptoms of moderate intensity between 105 men with active service in the Desert Army and 25 ex-servicemen (pensioners or claimants) of the present war.

	Childhood.		General Maturity		Pre-Army Period.		Arising during army service.	
	25 P.N. Pens.	105 P.N. D.A.	25 P.N. Pens.	105 P.N. D.A.	25 P.N. Pens.	105 P.N. D.A.	25 P.N. Pens.	105 P.N. D.A.
Mean Score.	3.4	7.43	19.6	26.67	2.6	12.67	18.0	10.0.
o dis.	3.06	4.45	10.04	10.1	3.7	9.4	11.1	9.4
Mean Diff.	4.03		3.07		10.07		8.0	
S.E. Diff.	0.75		2.3		1.2		2.4	

The findings suggest that the pensioners claim, in regard to psychoneurotic symptoms of severe intensity, to have had much less symptoms in childhood and in their general adult life and especially in their pre-army period than the mixed group of 400 psychoneurotic soldiers. Further that they had developed much more psychoneurotic symptoms whilst in the army than the 400 psychoneurotic soldiers. It may be noted that of this 400 psychoneurotic soldiers 320 were discharged from the army, i.e. were potential ex-service psychoneurotics.

When these 25 "pension cases" were compared with 105 Desert Army men (of whom 91 were recommended for discharge from

the army) we get the same odd persistance of a symptom free childhood and pre-army life and then of a marked burden of neurosis arising whilst in the army, significantly higher than for the Desert Army men. Yet only 6 of the 25 men had seen active service.

We do find general agreement between our 25 ex-servicemen and the 54 American ex-servicemen (Table 8). These men, although widely separated in time and culture and very probably in race, agree that they had enjoyed a past remarkably free from neurosis and suffer a present, burdened by an intolerable weight of neurotic illness.

Some further qualitative examination of the difference between our 400 psychoneurotic soldiers and the House series of 70 psychoneurotics and 400 normals was undertaken in pursuance of the quantitative findings. We have tabulated the percentage incidence of occurrence for each symptom for the periods of childhood and adult life.

TABLE 11.

A. Percentage incidence of occurence per symptom for childhood.

Symptom Number.	70 P.N. House % Incidence.	400 normals House % Incidence.	400 P.N. Soldiers % Incidence. (Jeffrey).
1.	20%	30%	1. 52.0
2.	14	19	2. 54.2
3.	15	32	3. 61
4.	23	32	4. 56.7
5.	18	32	5. 48.7
6.	7	4	6. 29.7
7.	8	16	7. 39.5
8.	11	25	8. 54.0
9.	37	54	9. 62.2
10.	21	37	10. 35.0
11.	24	43	11. 45.4
12.	31	62	12. 42.7
13.	30	57	13. 64.5
14.	27	41	14. 51.7

15.	21	36	15.	55.0
16.	18	47	16.	54.2
17.	17	39	17.	36.2
18.	27	42	18.	54.5
19.	17	35	19.	52.7
20.	34	54	20.	49.7
21.	34	53	21.	67.0
22.	45	77	22.	64.2
23.	17	29	23.	61.5
24.	24	39	24.	48.5
25.	11	26	25.	26.7
26.	11	47	26.	31.0
27.	31	40	27.	64.7
28.	27	35	28.	47.2
29.	13	26	29.	20.2
30.	53	74	30.	88.9

Table 11 for childhood shows the significantly higher percentage incidence of occurrence awarded to each symptom by our 400 psychoneurotic patients as compared with the 70 psychoneurotic group of House. It will also be noted that in general the 400 normals show a lower percentage incidence of occurrence for each symptom than do our 400 psychoneurotics. This is the opposite to the relationship holding between the 400 normals and the 70 psychoneurotics of House's series.

When we consider the psychoneurotic symptoms found in the upper 25th percentile for each psychoneurotic group (the 400 and the 70) we find six of the eight symptoms are held in common, the group of 70 psychoneurotics differing only in that they deny having "considered myself to be rather a nervous person" or having experienced "Fright in the middle of the night".

TABLE 12.

B. Percentage incidence of occurrence per symptom for adult life.

Symptom Number.	SERIES. 70 P.N. (House)	400 Normals (House)	400 P.N. (Jeffrey).	Symptom Number.	SERIES. 70 P.N. (House)	400 Normals (House)	400 P.N. (Jeffrey)
31.	53%	22%	55.7%	66.	61%	43%	69.7%
32.	71	31	40.7	67.	68	45	78.2
33.	71	24	72.0	68.	74	33	80.5
34.	77	14	67.2	69.	34	39	35.5
35.	75	19	77.7	70.	75	53	85.5
36.	68	21	62.7	71.	40	36	56.5
37.	75	31	73.2	72.	43	37	62.0
38.	31	7	34.2	73.	55	39	49.5
39.	64	16	69.0	74.	50	29	64.5
40.	81	39	85.7	75.	71	50	80.0
41.	91	35	80.5	76.	78	18	76.7
42.	57	30	70.2	77.	50	30	64.2
43.	34	28	35.0	78.	64	49	72.7
44.	17	20	37.2	79.	41	47	60.5
45.	40	23	61.5	80.	65	65	75.0
46.	28	37	55.2	81.	61	45	70.0
47.	70	54	71.0	82.	54	37	53.0
48.	38	28	54.2	83.	83	81	80.7
49.	67	48	64.7	84.	55	32	56.7
50.	61	47	66.7	85.	31	27	26.0
51.	63	43	76.5	86.	13	12	15.7
52.	71	41	64.5	87.	50	37	48.5
53.	41	37	65.0	88.	35	32	38.5
54.	78	56	68.0	89.	73	51	79.0
55.	50	35	72.0	90.	44	31	53.0
56.	68	32	73.2	91.	83	74	84.0
57.	30	22	43.7	92.	64	35	74.0
58.	60	43	80.0	93.	48	51	73.0
59.	64	66	75.5	94.	31	25	47.2
60.	70	53	74.5	95.	31	23	43.7
61.	64	47	71.7	96.	28	15	39.5
62.	10	43	13.7	97.	80	54	82.2
63.	24	27	35.0	98.	54	44	49.7
64.	20	30	33.0	99.	28	40	47.2
65.	40	35	34.7	100.	23	26	47.5

For the adult period, Table 12 gives the general impression that symptom for symptom our two psychoneurotic groups are in agreement. This suggestion is strengthened when we estimate the amount of correlation between the two groups, ($r = 0.73$ and $SEr = 0.12$).

SUMMARY. Moderate psychoneurotic symptoms are significantly more prevalent than severe psychoneurotic symptoms, but it would also seem that moderate psychoneurotic symptoms are common in normal subjects. In our group of 400 soldiers, the mean incidence of pre-army psychoneurotic symptoms was significantly greater than the incidence of symptoms arising during the term of military service. Furthermore, our group of psychoneurotic soldiers showed a higher incidence of psychoneurotic symptoms in childhood and in adult life as compared with the group of 400 normals.

House found the childhood of his psychoneurotic series was significantly free from neurotic symptoms but we believe that he fell into this error because he was testing not psychoneurotic soldiers but psychoneurotic ex-soldiers who were in receipt of a pension, and the presentation of his test was such that the childhood period became the Past History and the adult period became the Present History. The pensioner tends to stress that his past life (i.e. pre-army) was free from any neurotic symptomatology.

This becomes clear when we consider our group of 25 ex-servicemen (pensioners or litigants) who are in general agreement with the House Series of 54 pensioners, and who also claim that pre-army they had significantly less neurotic pre-disposition or illness than our groups of 400 psychoneurotic soldiers and 105 M.E.F. soldiers. Further, these 25, of whom only 6 had braved the fury of battle, declared that in the army they developed significantly more neurotic illness than our group of 105 battle tested M.E.F. men. When we examine this

picture, symptom by symptom for the childhood (i.e. past life) in our 400 psychoneurotic group and the 70 psychoneurotic(House) group and 400 normal group, we find that the pensioner group(House) claim a super abundance of psychiatric health (until the army or the battle field 'ruined' them). This is in accord with the claims as to super normal psychiatric integration put forward by our group of 25 pensioners, until some fell incident, of army origin, overwhelmed them. When we examine the childhood period of our 400 and the 70 groups we find general qualitative agreement as to the symptomatology common in the upper 25th percentile range, except for two symptoms - childhood nervousness with fright in the middle of the night. The pensioner group (House) repudiate any hint of nerves or fears in childhood. (See Table 11).

A noteworthy finding is that if we compare (in Table 8b) the percentage mean incidence of psychoneurotic symptoms per adult life (without differentiation) into extra and intra army groups, for our 400men and the 70 (House) group, we can aver that there is no significant difference. This finding is of immense interest since we can with some safety assume that the test does measure with adequate reliability the symptomatology of the psychoneurotic soldier, as it is conceived and understood by the psychoneurotic soldier.

DISCUSSION. This will be considered together with the following section.

WOODWORTH HOUSE PSYCHONEUROTIC INVENTORY.

FINDINGS - SECTION TWO.

INTRODUCTORY.

Here we purpose to consider the comparative incidence of symptoms in four different groups of psychoneurctic soldiers. Five hundred men are considered, consisting of 100 men of the B.L.A. and a general group of 400. The 400 were composed of 105 men of the Desert Army and 295 men with home or non-combatant service. Of the 400 men there were 80 who were considered fit for further service. Of these 80 men fourteen were drawn from the 105 Desert Army soldiers. The 400 men were composed of troops of all arms. The 100 men from the Normandy Beachhead were from combatant units; they were glider troops, paratroops, commandos and assault troops who had been in the vanguard of battle, some 20% of them had further, served with the Desert Army. The groups are therefore, 400 psychoneurotic soldiers, 105 psychoneurotic soldiers (M.E.F.), 100 psychoneurotic soldiers (B.L.A.) and 80 psychoneurotic soldiers recovered and fit for further duty. The incidence of psychoneurotic symptoms will be considered for the childhood period and for the adult period. The adult period will be further considered in the temporal divisions of symptoms occurring before and after military enlistment. The symptoms will be considered as of severe and moderate intensity. When comparing mean scores a critical ratio of twice the Standard Error of the difference will be adopted.

TABLE 13.

Comparative mean incidence of psychoneurotic symptoms for the childhood period of the designated groups.

INTENSITY OF SYMPTOMS.

	SEVERE.				MODERATE.			
No. in each psychoneurotic group.	Mean.	σ Dev.	Mean Diff.	S.E. Diff.	Mean	σ Dev.	Mean Diff.	S.E. Diff
400 P.N. Soldiers. 105 " " "(M.E.F).	6.9 5.43	6.65 4.93	1.47	0.58	8.45 7.43	3.99 4.45	1.02	0.48
400 " " Soldiers. 100 " " "(B.L.A).	6.9 5.9	6.65 5.6	1.0	0.66	8.45 9.25	3.99 6.50	0.80	.70
400 " " Soldiers. 80 " " " (Returned to Army).	6.9 6.5	6.45 5.65	0.4	0.71	8.45 8.15	3.99 4.2	0.3	0.51
105 P.N. Soldiers. (M.E.F). 100 " " " (B.L.A).	5.43 5.9	4.93 5.6	0.47	0.74	7.43 9.25	4.45 6.50	1.2	.79
105 " " " (M.E.F). 80 " " " (Returned to army).	5.43 6.5	4.93 5.65	1.07	0.79	7.43 8.15	4.45 4.2	0.72	0.458
100 P.N. Soldiers. (B.L.A). 80 " " " (Returned to Army).	5.9 6.5	5.6 5.65	0.6	0.85	9.25 8.15	6.50 4.2	1.10	.8

SUMMARY. The incidence of childhood psychoneurotic symptoms is less in the 105 psychoneurotics from the Desert Army than in the group of 400. This finding also probably holds for the 100 men from the Normandy Beachhead. The two groups of combatant men, the 100 and the 105 differ only in the incidence of symptoms of moderate intensity. The 80 men returned to service do not differ significantly from any of the other groups in the incidence of psychoneurotic symptoms in childhood.

TABLE 14.

Comparative mean incidence of psychoneurotic symptoms for the adult period of the designated groups.

INTENSITY OF SYMPTOMS.

Number in each psychoneurotic group.	SEVERE. Mean	σ Dev.	Mean Diff.	S.E. Diff.	MODERATE. Mean.	σ Dev.	Mean Diff.	S.E. Diff.
400 P.N. Soldiers	20.25	11.6			22.6	10.35		
105 " " " (M.E.F).	17.86	12.8	2.39	1.38	22.67	10.1	0.07	1.12
400 P.N. Soldiers	20.25	11.6			22.6	10.35		
100 " " " (B.L.A).	13.5	12.25	6.75	1.36	19.7	11.1	2.9	1.3
400 P.N. Soldiers	20.25	11.6			22.6	10.35		
80 " " " (Returned to Army)	17.5	13.55	2.75	1.63	21.7	10.3	0.9	1.25
105 P.N. Soldiers (M.E.F).	17.86	12.8			22.67	10.1		
100 P.N. Soldiers. (B.L.A).	13.5	12.25	4.36	1.74	19.7	11.1	2.97	1.48
105 P.N. Soldiers (M.E.F).	17.86	12.8			22.67	10.1		
80 P.N. Soldiers (Returned to Army)	17.5	13.55	0.36	1.96	21.7	10.3	0.97	1.51
100 P.N. Soldiers (B.L.A)	13.5	12.25			19.7	11.1		
80 P.N. Soldiers. (Returned to Army)	17.5	13.55	4.0	1.88	21.7	10.3	2.0	1.58

Table 14 shows that in adult life the men from the Normandy Beachhead were significantly less burdened by psychoneurotic symptoms than the 105 Desert Army men, the 400 general psychoneurotic group or the 80 men found fit for service. It should be mentioned that of the 105 Desert Army men only 14 were returned to duty, whereas 85 of the 100 B.L.A. men were returned. In regard to the B.L.A. men the hospital acted almost as a front line hospital, but for the M.E.F. men we were

practically a discharge centre.

There is a suggestion that the 105 Desert Army men and the 80 men returned to duty carried less psychoneurotic symptoms than the total group of 400 psychoneurotic soldiers, but this difference does not reach the level of significance required to justify a conclusion being drawn.

TABLE 15.

Comparative mean incidence of psychoneurotic symptoms for the adult pre-army period of the designated groups.

INTENSITY OF SYMPTOMS.

Number in each psychoneurotic group.	SEVERE. Mean	SEVERE. σ Dev	SEVERE. Mean Diff.	SEVERE. S.E. Diff.	MODERATE. Mean	MODERATE. σ Dev	MODERATE. Mean Diff	MODERATE. S.E. Diff
400 P.N. Soldiers	16.5	14.0			18.2	10.87		
105 " " " (M.E.F).	11.14	11.65	5.36	1.37	12.67	9.4	5.53	1.07
400 P.N. Soldiers	16.5	14.0			18.2	10.87		
100 " " " (B.L.A).	8.2	9.7	8.3	1.22	12.05	9.35	6.15	1.08
400 P.N. Soldiers	16.5	14.0			18.2	10.87		
80 " " " (Returned to Army)	11.93	10.1	4.57	1.33	18.0	12.7	0.2	1.52
105 P.N. Soldiers (M.E.F)	11.14	11.65			12.67	9.4		
100 P.N. Soldiers (B.L.A)	8.2	9.7	2.94	1.5	12.05	9.35	0.62	1.30
105 P.N. Soldiers (M.E.F)	11.14	11.65			12.67	9.4		
80 P.N. Soldiers (Returned to Army)	11.93	10.1	0.79	1.6	18.0	12.7	5.33	1.69
100 P.N. Soldiers (B.L.A)	8.2	9.7			12.05	9.35		
80 P.N. Soldiers (Returned to Army)	11.93	10.1	3.73	1.8	18.0	12.7	5.95	1.70

Table 15 shows that the 100 combatant troops (B.L.A) were in all cases significantly less burdened by psychoneurotic

symptoms in their pre-army adult life than any other of our groups. The 105 Desert Army men were likewise less burdened by psychoneurotic symptoms in their pre-army adult life than the general group of 400 psychoneurotic soldiers and to some extent this applied to the relationship with the 80 men returned to duty. These 80 men also showed a pre-army history of less neurotic symptoms than the total group of 400 psychoneurotic soldiers.

TABLE 16.

Comparative mean incidence of psychoneurotic symptoms arising during military service in the designated groups.

	INTENSITY OF SYMPTOMS.							
	SEVERE.				MODERATE.			
Number in each psychoneurotic group.	Mean	σ Dev	Mean Diff	S.E. Diff	Mean	σ Dev	Mean Diff	S.E. Diff
400 P.N. Soldiers	4.5	5.7			5.4	6.54		
105 P.N. " (M.E.F).	7.14	8.15	2.64	0.84	10.0	9.4	4.6	.975
400 P.N. Soldiers	4.5	5.7			5.4	6.54		
100 " " " (B.L.A).	5.6	5.35	1.1	0.61	8.2	6.1	2.8	0.69
400 P.N. Soldiers	4.5	5.7			5.4	6.54		
80 " " " (Returned to Army)	5.2	6.85	0.7	0.82	5.5	7.0	0.1	0.85
105 P.N. Soldiers (M.E.F)	7.14	8.15			10.0	9.4		
100 P.N. Soldiers (B.L.A)	5.6	5.35	1.54	0.96	8.2	6.1	1.8	1.1
105 P.N. Soldiers (M.E.F)	7.14	8.15			10.0	9.4		
80 P.N. Soldiers (Returned to Army)	5.2	6.85	1.94	1.10	5.5	7.0	4.5	1.20
100 P.N. Soldiers (B.L.A)	5.6	5.35			8.2	6.1		
80 P.N. Soldiers (Returned to Army)	5.2	6.85	0.4	0.94	5.5	7.0	2.7	0.99

Table 16 shows that men exposed to active service develop more psychoneurotic symptoms than psychoneurotic soldiers not so exposed.

There is some hint that the Desert Army men develop more psychoneurotic symptoms than the assault troops from the Normandy Beachhead.

Of interest is the finding that the 80 men retained for further service did not develop significantly more psychoneurotic symptoms during service than the general group of 400 men, of whom 320 men were discharged from the army.

GENERAL SUMMARY. Four groups of soldiers totalling 500 are considered. 100 men, all assault troops from the Normandy Beachhead, 400 soldiers as a general group, 80 of the 400 who were returned for further service, and 105 of the 400 who had active battle experience with the Desert Army.

The incidence of neurotic symptoms in childhood is less in these men who saw active service before they broke down with neurosis. The 80 men who recovered sufficiently on treatment to endure further service are not differentiated from the other three groups on the grounds of the incidence of psychoneurotic symptoms in childhood.

In adult life the 100 combatant troops when compared with the other groups showed a lower incidence of psychoneurotic symptoms and this was present before the men joined the army.

In addition to this when we consider the incidence of psychoneurotic symptoms of adult origin in the pre-army period only we find that the 105 Desert Army men and the 80 men found fit for further service showed less of such symptoms, than the general 400 group.

Once in the army, the men exposed to active service develop more psychoneurotic symptoms than the home service groups. Men found fit for further service developed no less or more psychoneurotic symptoms in the army than men found unfit for further service who have had home service only.

DISCUSSION. The material falls into two groups, the psychoneurotic soldier and the psychoneurotic ex-soldier. For the 500 psychoneurotic soldiers the findings have not been unexpected. Neurotic predisposition or illness has been present in varying degree in the childhood and pre-army period. The ability to withstand the rigours of military training, to adjust to the disruption of the civilian pattern and finally to accommodate to battle stress, is of a higher order in those groups who show a lesser incidence of predisposition in the pre-army period. Particularly is this true of the 100 (B.L.A) assault troops, and it may be of interest that psychiatric selection was a well organised military function by 1944. Anderson & Jeffrey (1944) concluded that these 100 (B.L.A) assault troops considered themselves well adjusted and stabilised men and it was only the full impact of modern warfare that revealed their limitations. The high recovery rate of these men is of further interest. The 80 men of the 400 general group who were regarded fit for further duty likewise showed a significantly less incidence of predisposition in their pre-army life. Our personal standard as to fitness for further service was high and a follow-up gave a 73% survival rate. The men who failed and were subsequently discharged from the army, broke down within 6 months of return to duty. The follow-up

covered a period of 2 years and was terminated by the inevitable difficulties of the second front, we can only state that the men who were drafted to the Middle East Forces gave satisfactory combatant service.

Men with a significantly higher quantitative degree of neurotic predisposition or illness required discharge from the army. Such men could not render effective military service, even of non-combatant variety. The cohesion of the findings is such that we can conclude that the test does differentiate between the more or less neurotically ill soldier and furthermore that no gross or deliberate falsification was indulged in by the men answering the questions.

It is not possible to make a direct comparison with the findings of the present war literature but an indirect approach is possible. Our finding is that the psychoneurotic soldier is more neurotically predisposed than the normal, and that this predisposition is variable within the neurotic military population. Schwab and Rochester (1945) in a series of 151 psychoneurotic soldiers found that the combat psychoneurotic showed less pre-army instability than the non-combat group. Hadfield (1942) noted that "of 326 cases there was a predisposition of constitutional or acquired type in 82% ..... moreover in 69% the predisposition was ..... before puberty." Hadfield also observed that 47% spontaneously stated that they had their symptoms before entering the army and "It is obvious that these men were not inventing the story, whether to get out of the Army or not". Van Nostrand (1943) surveyed a three years period in troops without combat stress and found that the

neurotic soldier had a constitutional predisposition in 80% of cases. Minski (1945) examined 54 wounded psychoneurotic soldiers and still reported a constitutional predisposition in 85%. Cook and Sargant (1942) examined a different type of selected psychoneurotic soldiers, i.e. 50 men whose illness simulated organic disease and report an 80% pre-army instability & approximately an 80% history of childhood neurotic traits. Laudenheimer (1940) quoted predisposition in 75% of his series, and Ballard and Miller (1945) give a figure of 80%. Douglas-Wilson (1944) in 202 cases considered that nearly all of them were neurotically predisposed.

CONCLUSION. Our findings as to the mean incidence of neurotic symptoms is in accord with the high degree of neurotic predisposition quoted by various authors.

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THE PSYCHONEUROTIC EX-SOLDIER.

When we consider the psychoneurotic ex-soldier we are forced to acknowledge that the findings revealed by the test suggest a degree of deliberate or perhaps unconscious bias. We are prepared to concede that the answers as to the gravity of the present illness are entirely accurate, but the manifest absence of even the mildest degree of neurotic predisposition is a remarkable phenomenon. In view of this an examination of the psychoneurotic ex-soldier should be of interest. The features common to our series were that they had been referred to us via the Ministry of Pensions and these men were all pension litigants in the sense of either having no pension but strenuously attempting to attain the pensioner class, or having what was considered to be an inadequate pension. Furthermore, they unanimously declared themselves unfit for work, the reasons being protean in their variety and composition.

Ross (1924) in discussing the treatment of the chronic psychoneurotic soldier noted that "many of them did recover until the pensions policy of the Government made it more profitable to be ill than well ...." (We will expand the exact meaning of the word "profitable" in due course). The same author further notes in his treatment of the post war neurasthenic pensioner that he "worked for some time amongst these patients and does not remember an instance of any one of them who recovered completely under his care". The pregnant observation is made that when the threat of certain cure was offered to them by a certain 'miracle' healer of wide renown, then "one after another the men were seized with epileptiform

fits, so that the healer was obliged to leave". The danger of recovery and loss of pension aroused such anxiety that Ross felt that "The terror throughout the hospital must have been extreme ..." Kardiner (1943) feels that once a pension is granted the neurosis is fixed and treatment is rendered impossible, since there is now no encouragement to recover. He further states that a pension should not be granted until after two years of continuous treatment, with the proviso that pleasant surroundings are of themselves bad during this period. On the question of light work or retraining for different work, Kardiner is very emphatic that such procedures are useless since they carry a suggestion of disability. Either the man is fully fit for his usual work or he is fit for nothing, is the gist of the argument. Moir (1944), with a wide experience of placing injured workmen in his capacity of Medical Officer to the Ford factories is equally explicit; the psychoneurotic ex-soldier must be put to work in normal surroundings and as rapidly as may be. There is no place for him in sheltered industries. Rees (1944) felt that even if a pension is warranted in the psychoneurotic the effect was detrimental inasmuch as "pensions were extremely bad for the neurotic case". Prideaux (1944), who as a Ministry of Pensions official was well qualified to speak, held that "There was no doubt that the pension was the worst kind of therapeutic instrument". Thom (1941) noted that more men, after the 1914-18 war, developed neurosis during demobilisation than during the period of hostilities. He attributed this to the unwise distribution of pensions. Ebaugh (1941) considers that there is no solution to the problem of the

psychoneurotic military pensioner. He feels that the generous scales of pensions (U.S.A) will draw many claimants. He gives some interesting data: In 1940 £8,000,000 was allocated for last war pensions, in June 1941 more than half the cases attending the Veterans Hospitals (33,000) were last war psychoneurotics and the U.S.A. was considering a building programme for a potential load of 4,000,000 psychoneurotic soldiers and ex-soldiers! He concludes that the only way to avoid the pensioner liability is to exclude to the hilt all potential psychoneurotic risks. Pratt (1942) however, observes that"active service plays but little part in creating the pensioner since 72,000 men who were psychiatrically screened and removed from the army as potential misfits, nevertheless became a burden on the pocket book of the tax payer". Aita (1941) agrees that the psychoneurotic must not be enlisted, since the sifting out of the psychoneurotic during the earliest possible phase of military training may be too late, a permanent invalid may have been created as a result of minimal contact with the army environment. Pratt also quoted the cost to the U.S.A. of the year 1917-18 in psychoneurotic casualties, some £200,000,000, and Hirschberg (1943) gives the figure of 68,727 U.S.A. last war neurotics as still drawing pensions in 1940. For Britain, according to the Ministry of Pensions report, 1931, our psychoneurotic pensioners were costing £10,000,000 per annum. (Lancet Oct.14th,1944 P.516). Rees (1943) considered that the psychoneurotic pensioners are comparable to the type of man who when times are hard becomes a burden on the National Health Insurance scheme (i.e. sick pay or Lloyd George money). Sir Walter Womersley (1943), Minister of Pensions (- 1944) stated in

Parliament that a large number of Ministry cases were of neurosis and that the problem was difficult. This was amplified by another member of Parliament, Mr. Rhys Davies, 1944, who quoted the latest Ministry of Pensions report to the effect that the largest group of disabled persons remaining on their books was the sufferers from neurosis.

What then is the nature of this illness that is regarded as so intractable and so fraught with social problems? As quoted above, it is clear that battle service is but an inconsiderable factor. In our series of 25, six men had been exposed to battle trauma, and in five of the six, the contact had been of a fleeting or trifling nature. One man in particular, landed in French occupied territory where only token resistance was offered. His wound was also of token variety, a minute scar on his right mandible such as might have been inflicted by a shaving accident. Nevertheless he became a medical nuisance, was boarded out of the army on psychiatric grounds and has never worked since. Of our non-combat group one man had served in the last war and in 1941 volunteered for the R.A.F. (ground personnel). Within a few days he proceeded on his firing course, he fired one burst from a Lewis Gun and then "something snapped in the neck". Total inability to serve or work resulted. Another man was proceeding through the Suez Canal when a mock air-raid warning was sounded. Absolute inability to serve or work was the sequel. A third had been a soldier for five days when he was referred to the psychiatrist, a period of 2-3 weeks elapsed before he was admitted to hospital. He was separated from the army and returned home. He was

re-admitted twice as an ex-serviceman and on the second occasion he showed me a letter from his Member of Parliament, a letter from a Cabinet Minister, besides much correspondence from Regimental Associations, British Legion and 'what not'. He was a border-line mental defective who had never worked pre-war and had only worked for a short time before call-up in a N.A.A.F.I. Nevertheless his "case" had reached Cabinet level. By contrast one of our series had been awarded the Military Medal and was admitted as an ex-soldier some 12 months after his discharge from a Neurosis Centre, during which time he had not worked. He was an hysteric, complaining of poor vision, headaches, anergy and partial deafness. He responded rapidly to psychotherapy and was able to undergo a rigorous course of P.T. without undue fatigue. Vision and hearing became normal and he was on full work during an eighteen month follow-up. He was our sole "cure" in the series of 25, but we suspect that his previous psychiatric treatment may have been inadequate because of the Dunkirk pressure.

Stalker (1944) examined 130 psychoneurotic ex-servicemen and found that only five of them had sustained injury in action. Very few of his series had undergone combat experience and the period of military service given was short. Many had volunteered for unsatisfactory reasons and many had concealed their past history. Results of treatment was poor and in 21 of them pension motives were active. Post army work record was bad. Predisposition to neurosis was seen, in 36% it was marked, 42% showed a past psychopathic history and 66% gave a familial psychiatric history. Lewis (1943) followed up 120 psychoneurotic

ex servicemen and found that 53 of them were earning less than in their pre-army days despite the general rise in wages. Of the 105 in work, 44 were in light or desultory employment. 58 of the 120 were in their pre-army health.

An interesting and illuminating study was made by Wilson (1942). Two groups were compared. A. 63 civilian air raid casualties (Psychiatric) and B. 102 civilian air raid casualties (Surgical). They were asked "How do air raids affect you"?. The results were tabulated as:-

TABLE 17.

	Fear & Somatic Reactions.	Somatic Reactions.	Fear.	No Fear.
A 63.	4%	24%	29%	43%
B 102.	68%	11%	10%	11%

i.e. the psychoneurotic group alleged that they felt ill but were not afraid and the surgical or normal group alleged that they felt afraid but were not ill. The psychoneurotic casualty becomes a sick man and is unable to work. However, the 'fearless' and unable to work group showed a significantly higher incidence of poor work records, recurrent vague illness and a tendency towards "exclusive highbrow hobbies". Of the 102 normals, 18 had a poor work record and the pattern of their responses tended to resemble the psychoneurotic group. This denial of "nerves" is in accord with our finding of statements of super abundant psychiatric health, offered by the psychoneurotic pensioner.

Minski (1942) noted that the psychoneurotic soldier who sustains even a minor injury resembles the compensation neurosis of peace time. It will therefore be of interest to consider the peculiarities of these compensation neuroses. In Owens V

Liverpool Corporation 1939 1 K.B. 394 a tramcar collided with a hearse and the coffin was thrown on the road. The relatives HEARD of this incident and successfully claimed damages for neurosis. In Englestown V Sheard and Harding (Lancet 1941 1 265) a hysterical female happened to witness a motor accident. She had no relevant interest in the parties involved, but nevertheless she claimed that herneurosis had been aggravated and she obtained damages. In Hay or Brownhill V Young 1942 1 K.B. 141, a female HEARD a near-by accident, she then later saw the blood etc., and claimed damages for neurosis. This was awarded and later upheld by a higher court. However, the House of Lords reversed the verdict and it is considered that a similar result would have followed had the other cases been pursued to the Lords. Eliasberg (1941), pointed out that there is an increasing tendency for insurance companies to insert a waiver clause debarring payment for nervous or functional sequelae to accidents and injuries.

In the light of the high degree of susceptibility shown by neurotic psyche, plus the pecuniary character of the medicament believed necessary by the sufferer, one can understand the structure of the Personal Injuries (Emergency Provisions) Act of 1939, sub-section Personal Injuries (Civilians). In this measure it is provided that compensation is not payable for neurasthenia or similar sickness induced merely by apprehension and fears occasioned by enemy activity, in which there is no physical injury. We have no doubt that but for this provision large number of civilians would have developed "headache and dizziness with collapses" as a result of hearing a bomb or

witnessing bomb damage, and the very real and trying accompaniaments of air raid.

In the Sheffield air raid (two severe attacks within three nights), 800 people were killed and considerable damage was inflicted. We saw only two cases of civilian neurosis and in the four subsequent years but insignificant numbers have appeared, this has also been the experience of our colleagues. However, on the two nights of the air raids, 8 soldiers from neighbouring A.A. batteries were admitted. In no case had a bomb fallen within two miles of the gun sites, nor had the men any relatives in the Sheffield area. No doubt the noise of their own guns and the flaming mass of the Centre of Sheffield acted as precipitants to these neurotic soldiers, but the absence of any secondary gain plays its part in the prevention of chronic disabling neurosis in the civilian. It was with this laudable aim in view that Parliament considered applying a like discipline to the psychoneurotic soldier, but the path of wisdom was forsaken for that of political expediency. The possibility of perpetuating a disabling neurosis was thus established in such personality structures as we shall describe in our next section. The neurosis readily becomes unresolvable as a result of the unwise fomentation applied by that exceedingly well meaning but singularly inept body of psychiatric social workers, the British Legion. When the practising psychiatrist hears the words "The British Legion is helping me (or has helped me) to fight my case Doctor", he realises that his arts are as naught against the tremendous counter suggestion exercised by that prestige laden

organisation. How important an aspect of its activities is the extorting of pensions is best put by an extract from the Legion Notes (Sheffield Star, April 16th, 1946) "A school on pensions and appeals is being formed by the Sheffield group of British Legion branches". When the pension has been awarded, the fact that money talks, introduces a competing voice, against which psychiatric utterances are but as a quavering reed.

PSYCHOPATHOLOGY.

The burden of the psychoneurotic pensioner's complaint is that he cannot work, although to do so is his earnest wish and foremost thought. Freud (1929[3]) says of work "..... as a path to happiness work is not valued very highly by men. ...The great majority work only when forced by necessity, and this natural human aversion to work gives rise to the most difficult social problems". We may therefore, on the authority of the Master himself, hold the declaration of the pensioner, in some doubt. Karl Marx sadly decided in Das Kapital that equality of pay would only be possible when work was no longer a necessity but a duty. The natural aversion to work furnishes the comedian with one of his most popular media; innumerable jokes can be thematized on the distaste for work. There is even an account of an idyllic state when man did not work, and only when man became mature and reached the stage of sexuality was he cast forth from the Garden of Eden and condemned to that most condign of punishments, to earn his bread by the sweat of his brow, or in the terminology of the Bench - "Hard Labour".

There is a comparable idyllic stage, the stage of infancy, when we receive our sustenance as a purely narcissistic matter.

There is ideally, an ever bountiful breast, a never ceasing flow ever at our command. The infant eats and sleeps, his wants are attended to, all this he accepts without question as of a right, and should it ever be withheld then we witness an explosion of fear and rage. We may here recall Ross's anecdote of how his hospitalised pensioners re-acted by convulsions to the possibility of their pensions being withheld. The infant is oral erotic, his wants are satisfied through the mouth, i.e. he is a receiver and gives nothing. The pensioner may likewise be regarded as having regressed to the oral level, he shows the oral neurosis.

Abraham (1924) has elaborated the part played by oral erotism in character formation. When the importance of sucking has been over-emphasised, either by excessive gratification or by insufficient satisfaction, then the resulting characteristic of neurotic parsimony may appear. Here there is a morbid fear of losing even the smallest fraction of one's possessions or fancied possessions, and such anxiety is developed as to incapacitate the individual from earning a normal living. A less acute form is seen in the aspirant for a safe job with a pension, who in return, renounces all ambition and hope of adequate renumeration. It is as if there is inability to leave the never failing maternal breast and venture forth for the more ample and satisfying adult fare. The lazy and shiftless show a like attitude, except that they seem to believe that the breast will always be there as of a right, i.e. someone must surely look after them their relatives, friends, charity or public assistance.

When insufficient satisfaction at the breast has been the lot, then the querulous anxious child is succeeded by the hostile, aggressive, suspicious, litiginous adult who is constantly requesting in the manner of one expecting a rebuff, and further is never satisfied with what he may receive. Such personalities are over dependent in a sadistic manner, as in the pensioner who will live on the earnings of his wife or relatives if need be, rather than risk losing his pension by accepting work. Usually they are very vocal, i.e. grumbling, there has been a displacement from receiving to giving 'out' from the mouth, by a pressure of talk and grievances (sadistic speech). They are hostile and malicious and hence must blame the parent figure (the army, the doctor, the Government), for all their ails and importune in a peculiarly aggressive manner the parent figure for sustenance. Money however, is a power symbol and we must consider how far the Government is a father figure who is being deprived of power, (money), i.e. castrated by a revengeful son, who now has the assistance of his siblings (The British Legion) in his revolt.

Pratt (1942) considers the pension neurosis in terms of "The Call of the Cradle". He feels that the present war soldier has been rendered over-dependent by a process of sensitisation to trade unionism, social security, Veterans (British) Legion, War Pensions and similar factors. The philosophy of dependency is latent in all of us, being carried over from our infantile period, and it will burgeon again if opportunity offers. This becomes likely when the State is built up as a bountiful mother figure, calling us back to the cradle and who

undertakes to provide fully and freely and absolve us from the struggle that lies beyond the cradle. This attitude is justified by attributing in part to the state, the properties of the bad father figure who has exploited us and has conscripted us, all for his own selfish benefit and who hence owes us something.

Bergler and Knopf (1944) hold that when the psychoneurotic pensioner attends the psychiatrist, it is not for the purpose of treatment, but in order to obtain confirmation that the illness still exists and that the pension may still be received. Hence to consider the possibility of cure is but fruitless. They also note that no matter how small the pension may be an inordinate value is placed on it, to the detriment of other and more intrinsically remunerative possibilities. They agree that the retirement neurosis is a specific form of the oral erotic or oral sadistic neurosis.

The infrequency with which the pension neurosis is found in the soldier with an adequate combat record and the close relationship to a non-combat short term military record is of note. It would seem as if there is a marked guilt sense at work, and the pension is a reassurance against this sense of 'badness'. When the psychoneurotic ex-soldier 'fights' for a pension he is inciting the power figure to punish him for his narcissistic refusal to endure with the group. If he is punished he can justify his conduct by projective thinking. If he is not punished he obtains some reassurance that he is not as evil as he feels, i.e. he introjects the 'good' as examplified by the pension and so neutralises his 'bad' feelings.

We may conclude that the pensions neurosis or compensation

neurosis is a feature of the over-narcissistic oral personality with its over-dependence and ambivalence on the mother figure. As such the psychopathology is that of the poor morale individual in general. The psychoneurotic pensioner is exhibiting bad morale as so often implied by different observers, but his behaviour is the result of, and not the cause of his character disorder.

.....

WOODWORTH HOUSE INVENTORY.

Section III.

Here we wish to assess the part played by intelligence, age, occupation and duration of military service in the incidence of psychoneurotic symptoms shown by the psychoneurotic soldier who can no longer maintain his comradeship arms.

Section IIIA.

The relationship between the intelligence of the psychoneurotic soldier, as measured by the Penrose Raven Matrices Test and expressed according to military Selection Grades (S.G). Groups and the mean incidence of neurotic symptoms as shown by the Woodworth House Psychoneurotic Inventory.

The psychoneurotic symptoms are considered A. For childhood, B. For adult life, B.1. For adult life before joining the army, B2. For symptoms arising during military service.

Each psychoneurotic symptom can be classified as being of severe or moderate intensity.

When considering mean differences, a Critical Ratio of twice the S.E. of the difference is adopted. There are 30 questions for childhood and 70 questions for the adult period.

A. TABLE 18.

WOODWORTH HOUSE MENTAL HYGENE INVENTORY - Scores in Childhood.

INTENSITY.

Intellect Group.	SEVERE. N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.	MODERATE. N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.
S.G.1	36	6.05	5.5	0.65	1.09	36	8.5	4.5	0.56	0.9
" " 2	63	5.4	4.7			63	7.94	3.96		
" " 1	36	6.05	5.5	0.05	1.04	36	8.5	4.5	0.3	0.9
" " 3 +	83	6.0	4.6			83	8.8	4.4		
" " 1	36	6.05	5.5	2.20	1.14	36	8.5	4.5	0.05	0.9
" " 3 -	83	8.25	6.24			83	8.45	4.4		
" " 1	36	6.05	5.5	1.2	1.16	36	8.5	4.5	0.05	0.92
" " 4	75	7.25	6.1			75	8.55	4.7		
" " 1	36	6.05	5.5	2.1	1.18	36	8.5	4.5	0.15	1.0
" " 5	60	8.15	5.8			60	8.65	5.2		
" " 2	63	5.4	4.7	0.6	0.77	63	7.94	3.96	0.86	0.72
" " 3 +	83	6.0	4.6			83	8.8	4.4		
" " 2	63	5.4	4.7	2.85	0.91	63	7.94	3.96	0.51	0.72
" " 3 -	83	8.25	6.24			83	8.45	4.4		
" " 2	63	5.4	4.7	1.85	0.92	63	7.94	3.96	0.61	0.74
" " 4	75	7.25	6.1			75	8.55	4.7		
" " 2	63	5.4	4.7	2.75	0.95	63	7.94	3.96	0.71	0.84
" " 5	60	8.15	5.8			60	8.65	5.2		
" " 3 +	83	6.0	4.6	2.25	0.85	83	8.8	4.4	0.35	0.73
" " 3 -	83	8.25	6.24			83	8.45	4.4		
" " 3 +	83	6.0	4.6	1.25	0.86	83	8.8	4.4	0.25	0.75
" " 4	75	7.25	6.1			75	8.55	4.7		
" " 3 +	83	6.0	4.6	2.15	0.90	83	8.8	4.4	0.15	0.85
" " 5	60	8.15	5.8			60	8.65	5.2		
" " 3 -	83	8.25	6.24	1.0	0.98	83	8.45	4.4	0.10	0.75
" " 4	75	7.25	6.1			75	8.55	4.7		
" " 3 -	83	8.25	6.24	0.10	1.02	83	8.45	4.4	0.20	0.85
" " 5	60	8.15	5.8			60	8.65	5.2		
" " 4	75	7.25	6.1	0.9	1.02	75	8.55	4.7	0.10	0.86
" " 5	60	8.15	5.8			60	8.65	5.2		

On examination by the critical ratio indicated it will be seen that the childhood of the upper S.G. groups - S.G.I, 2 and 3 + seems to have been characterised by a lower incidence of psychoneurotic symptoms than the childhood of the lower S.G. groups S.G.3 -, 4 and 5.

B.

TABLE 19

Table 19 shows the relationship between S.G. Groups and the mean incidence of adult psychoneurotic symptoms.

INTENSITY

	SEVERE					MODERATE				
Intellect Group	N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.	N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.
S.G.1	36	16.85	12.9	0.10	2.8	36	22.5	9.86	2.1	1.95
" " 2	63	16.75	14.2			63	20.4	8.95.		
" " 1	36	16.85	12.9	1.15	2.5	36	22.5	9.86	1.35	2.05
" " 3+	83	18.0	11.75			83	23.85	11.2		
" " 1	36	16.85	12.9	7.35	2.6	36	22.5	9.86	0.3	1.96
" " 3-	83	24.2	13.9			83	22.8	9.8		
" "1	36	16.85	12.9	4.8	2.7	36	22.5	9.86	0.2	2.0
" " 4	75	21.65	14.6			75	22.7	10.1		
" " 1	36	16.85	12.9	5.65	2.8	36	22.5	9.86	0.3	2.27
" " 5	60	22.5	13.9			60	22.8	12.0		
" " 2	63	16.75	14.2	1.25	2.2	63	20.4	8.95	3.45	1.63
" " 3+	83	18.0	11.75			83	23.85	11.2		
" " 2	63	16.75	14.2	7.45	2.3	63	20.4	8.95	2.4	1.5
" " 3-	83	24.2	13.9			83	22.8	9.8		
" " 2	63	16.75	14.2	4.9	2.45	63	20.4	8.95	2.3	1.58
" " 4	75	21.65	14.6			75	22.7	10.1		
" " 2	63	16.75	14.2	5.75	2.5	63	20.4	8.95	2.4	1.88
" " 5	60	22.5	13.9			60	22.8	12.0		
" " 3+	83	18.0	11.75	6.2	1.99	83	23.85	11.2	1.05	1.63
" " 3-	83	24.2	13.9			83	22.8	9.8		
" " 3+	83	18.0	11.75	3.65	2.1	83	23.85	11.2	1.15	1.7
" " 4	75	21.65	14.6			75	22.7	10.1		
" " 3+	83	18.0	11.75	4.5	2.2	83	23.85	11.2	1.05	1.98
" " 5	60	22.5	13.9			60	22.8	12.0		
" " 3-	83	24.2	13.9	2.55	2.25	83	22.8	9.8	0.1	1.58
" " 4	75	21.65	14.6			75	22.7	10.1		
" " 3-	83	24.2	13.9	1.7	2.35	83	22.8	9.8	-	1.88
" " 5	60	22.5	13.9			60	22.8	12.0		
" " 4	75	21.65	14.6	0.85	2.45	75	22.7	10.1	0.1	1.94
" " 5	60	22.5	13.9			60	22.8	12.0		

Critical examination suggests that the higher S.G. groups, S.G. 1, 2 and 3+ have a lower incidence of adult psychoneurotic symptoms than the lower intelligence groups, S.G. 3-, 4 and 5.

B.I. TABLE 20.

Table 20 shows the relationship between the various S.G. groups and adult incidence of psychoneurotic symptoms of pre-army origin.

INTENSITY.

Intellect Group	SEVERE N.	SEVERE Mean	SEVERE σ Dev.	SEVERE Mean Diff	SEVERE S.E. Diff	MODERATE N.	MODERATE Mean	MODERATE σ Dev.	MODERATE Mean Diff	MODERATE S.E. Diff.
S.G.1	36	13.4	12.12	1.10	2.65	36	16.3	11.3	0.55	2.22
" " 2	63	14.5	14.0			63	16.85	9.4		
" " 1	36	13.4	12.12	0.35	2.32	36	16.3	11.3	1.95	2.25
" " 3+	83	13.75	11.02			83	18.25	10.6		
" " 1	36	13.4	12.12	7.75	2.54	36	16.3	11.3	2.05	2.15
" " 3-	83	21.15	14.3			83	18.35	9.5		
" " 1	36	13.4	12.12	4.10	2.65	36	16.3	11.3	1.8	2.32
" " 4	75	17.5	15.3			75	18.1	11.6		
" " 1	36	13.4	12.12	5.10	2.65	36	16.3	11.3	3.25	2.44
" " 5	60	18.5	13.7			60	19.65	12.05		
" " 2	63	14.5	14.0	0.75	2.12	63	16.85	9.4	1.14	1.69
" " 3+	83	13.75	11.02			83	18.25	10.6		
" " 2	63	14.5	14.0	6.65	2.35	63	16.85	9.4	1.5	1.57
" " 3-	83	21.15	14.3			83	18.35	9.5		
" " 2	63	14.5	14.0	3.0	2.5	63	16.85	9.4	1.25	1.79
" " 4	75	17.5	15.3			75	18.1	11.6		
" " 2	63	14.5	14.0	4.0	2.5	63	16.85	9.4	2.8	1.95
" " 5	60	18.5	13.7			60	19.65	12.05		
" " 3+	83	13.75	11.02	7.4	1.98	83	18.25	10.6	0.10	1.2
" " 3-	83	21.15	14.3			83	18.35	9.5		
" " 3+	83	13.75	11.02	3.75	2.15	83	18.25	10.6	0.15	1.75
" " 4	75	17.5	15.3			75	18.1	11.6		
" " 3+	83	13.75	11.02	4.75	2.15	83	18.25	10.6	1.4	1.96
" " 5	60	18.5	13.7			60	19.65	12.05		
" " 3-	83	21.15	14.3	3.65	2.35	83	18.35	9.5	0.25	1.7
" " 4	75	17.5	15.3			75	18.1	11.6		
" " 3-	83	21.15	14.3	2.65	2.35	83	18.35	9.5	1.3	1.86
" " 5	60	18.5	13.7			60	19.65	12.05		
" " 4	75	17.5	15.3	1.0	2.5	75	18.1	11.6	1.55	2.05
" " 5	60	18.5	13.7			60	19.65	12.05		

The table gives the impression that the three lower intelligence groups S.G.3-, 4 and 5, have had a higher incidence of psychoneurotic symptoms pre-army, than the groups with better intelligence (the S.G's 1, 2 and 3+)

The impression cannot be entirely sustained when examination on the critical ratio is adopted but nevertheless there is sufficient evidence to warrant the statement made above.

B.II. TABLE 21.

Table 21 shows the relationship between the various S.G. groups and the incidence of psychoneurotic symptoms arising whilst in the army.

INTENSITY.

Intellect Group	SEVERE. N.	Mean	σ Dev.	Mean Diff	S.E. Diff	MODERATE. N.	Mean	σ Dev	Mean Diff.	S.E. Diff.
S.G.1.	36	4.78	6.17	1.43	1.1	36	6.60	7.15	1.80	1.33
" " 2	63	3.35	3.2			63	4.8	4.8		
" " 1	36	4.78	6.17	0.53	1.18	36	6.60	7.15	0.75	1.46
" " 3+	83	5.31	5.7			83	5.85	7.8		
" " 1	36	4.78	6.17	0.58	1.19	36	6.60	7.15	1.1	1.42
" " 3-	83	4.2	5.5			83	5.5	7.0		
" " 1	36	4.78	6.17	0.48	1.26	36	6.60	7.15	1.1	1.40
" " 4	75	4.3	6.5			75	5.5	6.3		
" " 1	36	4.78	6.17	0.22	1.34	36	6.6	7.15	2.5	1.43
" " 5	60	5.0	6.7			60	4.1	6.2		
" " 2	63	3.35	3.2	1.96	0.74	63	4.8	4.8	1.05	1.04
" " 3+	83	5.31	5.7			83	5.85	7.8		
" " 2	63	3.35	3.2	0.85	0.73	63	4.8	4.8	0.7	0.98
" " 3-	83	4.2	5.5			83	5.5	7.0		
" " 2	63	3.35	3.2	0.95	0.85	63	6.6	7.15	0.7	0.95
" " 4	75	4.3	6.5			75	5.5	6.3		
" " 2	63	3.35	3.2	1.65	0.95	63	4.8	4.8	0.7	1.0
" " 5	60	5.0	6.7			60	4.1	6.2		
" " 3+	83	5.31	5.7	1.11	0.87	83	5.85	7.8	0.35	1.14
" " 3-	83	4.2	5.5			83	5.5	7.0		
" " 3+	83	5.31	5.7	1.01	0.97	83	5.85	7.8	0.35	1.11
" " 4	75	4.3	6.5			75	5.5	6.3		
" " 3+	83	5.31	5.7	0.31	1.07	83	5.85	7.8	1.75	1.16
" " 5	60	5.0	6.7			60	4.1	6.2		
" " 3-	83	4.2	5.5	0.1	0.96	83	5.5	7.0	-	1.06
" " 4	75	4.3	6.5			75	5.5	6.3		
" " 3-	83	4.2	5.5	0.8	1.05	83	5.5	7.0	1.40	1.10
" " 5	60	5.0	6.7			60	4.1	6.2		
" " 4	75	4.3	6.5	0.7	1.15	75	5.5	6.3	1.40	1.08
" " 5	60	5.0	6.7			60	4.1	6.2		

Inspection shows that the incidence of psychoneurotic symptoms arising during military service bears no relationship to intelligence, as estimated by the Penrose Raven Matrices.

SUMMARY. The childhood of the lower S.G. groups - S.G.3 -, 4 and 5 shows a heavier incidence of psychoneurotic symptoms than found in the upper S.G. groups. In adult life this tendency persists and has occurred before army service. Once military service has been entered upon such fresh psychoneurotic symptoms as occur, do so independently of the level of intelligence.

DISCUSSION. It is commonly held and generally acknowledged that the dull and backward personality has peculiar difficulty in adjusting to the demands of the military environment. Esher (1942) noted that the defective often shows associated psychoneurotic disorders, and again Esher (1941) observed that the dull and inefficient are constant visitants at sick parades and if hospitalised or otherwise relieved from the obligations of military tasks, their fellow soldiers become resentful and show a fall of morale. Cook and Sargant (1942) note the frequency with which men of dull intelligence develop a persistent and confusing pseudo organic symptomatology under stress. Rees (1943) noted that the dullard has difficulty in developing an adequate standard of group morale, whilst Torrie (1944) estimated that about one half of the psychoneurotic casualties attending a main dressing station during the battle of El Alamein were of the dull and backward variety. Gillespie (1943) believed that the ascertainment of the level of intelligence would aid in the detection of the psychoneurotically predisposed. Slater (1943) found that in a neurotic population "the curve is markedly skewed, persons of low intelligence being represented in far greater numbers than those of superior intelligence",

and further that psychoneurotics of poor and superior intelligence are less able to sustain stress than the psychoneurotic of average intelligence. Slater (1945) later confirmed this by noting that the sexually inadequate are more likely to be of poor or of superior intelligence and that "Breakdown in the absence of military stress and inadequate sexuality are themselves positively associated". Eysenck (1943) found that the neurotic tends to occur outside the average intelligence group, and it would therefore seem reasonable to suppose that the neurotic soldier is more liable to be allocated to a task which, is either too difficult for him, or that his military employment may give him a sense of frustration by its denial of opportunity to exhibit his intellectual abilities.

Our findings however, allow of another interpretation. The psychoneurotic does adapt in harmony with his intellectual capacity for moulding his environment, in as far as this may be possible. In his childhood and pre-army life the neurotic who is emotionally at a disadvantage can compensate in some degree by the purposeful application of his intelligence to his problem. When he is enmeshed in the military routine and when he is suddenly removed from his protectively designed civilian milieu, he can only re-act emotionally. His failure to adjust to the rigid military formula is predetermined and is not related to intellectual status. Slater (1943) puts it clearly as "The momentary environment determines the time of manifestation, ... Other factors such as ... intellectual capacity can have an adjuvant effect and may also influence the form of the reaction", and "the finding of greatest

theoretical importance .... is that neurotic constitution and inadequate intelligence operate independently and are clearly aetiological factors in their own right".

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SECTION IIIB.

The relationship between the occupational group of the psychoneurotic soldier and the mean incidence of psychoneurotic symptoms as shown by the Woodworth House Psychoneurotic Inventory.

The Psychoneurotic symptoms are considered for A. Childhood, B. Adult Life, B.1. For adult life before joining the army and B.11. For symptoms arising during military service only.

Each psychoneurotic symptom can be classified as being of severe or moderate intensity. There are 30 questions in childhood and 70 for the adult period. When considering the mean differences a critical ratio of twice the S.E. of the difference is adopted.

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A. TABLE 22.

Table 22 shows the relationship existing during childhood.

INTENSITY.

	SEVERE.					MODERATE.			
Social Group.	N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.	Mean	σ Dev.	Mean Diff.	S.E. Diff.
Professional	19	6.75	4.72	0.25	1.44	9.9	3.7	1.75	1.19
Business	33	7.0	5.5			8.15	4.75		
Professional	19	6.75	4.72	0.40	1.32	9.9	3.7	1.1	0.99
Clerks	44	7.15	5.0			8.8	3.45		
Professional	19	6.75	4.72	0.45	1.19	9.9	3.7	1.2	0.95
Artisans	111	6.3	5.25			8.7	4.42		
Professional	19	6.75	4.72	0.52	1.23	9.9	3.7	2.01	0.96
Semi-skilled	113	7.27	6.4			7.89	4.75		
Professional	19	6.75	4.72	0.05	1.23	9.9	3.7	0.95	0.99
Labourers	80	6.8	5.4			8.95	4.77		
Business	33	7.0	5.5	0.15	1.22	8.15	4.75	0.65	0.98
Clerks	44	7.15	5.0			8.8	3.45		
Business	33	7.0	5.5	0.7	1.08	8.15	4.75	0.55	0.93
Artisans	111	6.3	5.25			8.7	4.42		
Business	33	7.0	5.5	0.27	1.13	8.15	4.75	0.26	0.94
Semi-skilled	113	7.27	6.4			7.89	4.75		
Business	33	7.0	5.5	0.2	1.13	8.15	4.75	0.8	0.98
Labourers	80	6.8	5.4			8.95	4.77		
Clerks	44	7.15	5.0	0.85	0.91	8.8	3.45	0.1	0.67
Artisans	111	6.3	5.25			8.7	4.42		
Clerks	44	7.15	5.0	0.12	0.96	8.8	3.45	0.91	0.68
Semi-skilled	113	7.27	6.4			7.89	4.75		
Clerks	44	7.15	5.0	0.35	0.96	8.8	3.45	0.15	0.74
Labourers	80	6.8	5.4			8.95	4.77		
Artisans	111	6.3	5.25	0.97	0.90	8.7	4.42	0.81	0.61
Semi-skilled	113	7.27	6.4			7.89	4.75		
Artisans	111	6.3	5.25	0.5	0.90	8.7	4.42	0.25	0.67
Labourers	80	6.8	5.4			8.95	4.77		
Semi-skilled	113	7.27	6.4	0.47	0.85	7.89	4.75	1.06	0.69
Labourers	80	6.8	5.4			8.95	4.77		

A. It will be seen that the mean incidence of psychoneurotic symptoms in childhood is much the same for all the occupational groups.

B. TABLE 23.

Table 23 shows the relationship existing during adult life.

INTENSITY.

	SEVERE.					MODERATE.			
Social Group.	N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.	Mean.	σ Dev.	Mean Diff.	S.E. Diff.
Professional	19	15.95	11.75	4.45	3.7	23.3	7.5	2.0	2.1
Business	33	20.4	14.6			21.3	7.8		
Professional	19	15.95	11.75	4.7	3.4	23.3	7.5	0.7	2.08
Clerks	44	20.65	13.7			22.6	8.7		
Professional	19	15.95	11.75	3.75	2.98	23.3	7.5	0.3	1.6
Artisans	111	19.7	13.4			23.0	10.6		
Professional	19	15.95	11.75	4.75	3.05	23.3	7.5	1.65	1.85
Semi-skilled	113	20.7	15.1			21.65	9.7		
Professional	19	15.95	11.75	4.8	3.06	23.3	7.5	0.38	1.98
Labourers	80	20.75	12.9			23.68	10.4		
Business	33	20.4	14.6	0.25	3.26	21.3	7.8	1.3	1.88
Clerks	44	20.65	13.7			22.6	8.7		
Business	33	20.4	14.6	0.7	2.84	21.3	7.8	1.7	1.68
Artisans	111	19.7	13.4			23.0	10.6		
Business	33	20.4	14.6	0.3	2.9	21.3	7.8	0.35	1.64
Semi-skilled	113	20.7	15.1			21.65	9.7		
Business	33	20.4	14.6	0.35	2.91	21.3	7.8	2.38	1.79
Labourers	80	20.75	12.9			23.68	10.4		
Clerks	44	20.65	13.7	0.95	2.43	22.6	8.7	0.4	1.64
Artisans	111	19.7	13.4			23.0	10.6		
Clerks	44	20.65	13.7	0.05	2.5	22.6	8.7	0.95	1.6
Semi-skilled	113	20.7	15.1			21.65	9.7		
Clerks	44	20.65	13.7	0.1	2.52	22.6	8.7	1.08	1.74
Labourers	80	20.75	12.9			23.68	10.4		
Artisans	111	19.7	13.4	1.0	1.9	23.0	10.6	1.35	1.35
Semi-skilled	113	20.7	15.1			21.65	9.7		
Artisans	111	19.7	13.4	1.05	1.94	23.0	10.6	0.68	1.53
Labourers	80	20.75	12.9			23.68	10.4		
Semi-skilled	113	20.7	15.1	0.65	2.03	21.65	9.7	2.03	1.48
Labourers	80	20.75	12.9			23.68	10.4		

It will be seen that the mean incidence of psychoneurotic symptoms in adult life is much the same for all the occupational groups.

TABLE 24.

Table 24 shows the relationship existing during adult life before joining the army.

INTENSITY.

Social Group.	SEVERE. N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.	MODERATE. Mean	σ Dev.	Mean Diff.	S.E. Diff.
Professional	19	13.1	13.0	4.95	3.39	20.41	9.05	2.81	2.85
Business	33	18.05	14.35			17.6	11.1		
Professional	19	13.1	13.0	6.05	3.37	20.41	9.05	0.06	2.5
Clerks	44	19.15	14.0			20.35	9.2		
Professionals	19	13.1	13.0	3.15	3.25	20.41	9.05	2.41	2.35
Artisans	111	16.25	13.4			18.0	11.4		
Professional	19	13.1	13.0	3.6	3.3	20.41	9.05	3.51	2.25
Semi-skilled	113	16.7	15.1			16.9	9.8		
Professional	19	13.1	13.0	4.35	3.35	20.41	9.05	1.01	2.45
Labourers	80	17.45	13.6			19.4	11.7		
Business	33	18.05	14.35	1.1	3.29	17.6	11.1	2.75	2.4
Clerks	44	19.15	14.0			20.35	9.2		
Business	33	18.05	14.35	1.8	2.8	17.6	11.1	0.4	2.2
Artisans	111	16.25	13.4			18.0	11.4		
Business	33	18.05	14.35	1.35	2.86	17.6	11.1	0.7	2.15
Semi-skilled	113	16.7	15.1			16.9	9.8		
Business	33	18.05	14.35	0.6	2.9	17.6	11.1	1.8	2.35
Labourers	80	17.45	13.6			19.4	11.7		
Clerks	44	19.15	14.0	2.9	2.46	20.35	9. 2	2.35	1.76
Artisans	111	16.25	13.4			18.0	11.4		
Clerks	44	19.15	14.0	2.45	2.55	20.35	9.2	3.45	1.67
Semi-skilled	113	16.7	15.1			16.9	9.8		
Clerks	44	19.15	14.0	1.7	2.6	20.35	9.2	0.95	1.91
Labourers	80	17.45	13.6			19.4	11.7		
Artisans	111	16.25	13.4	0.45	1.9	18.0	11.4	1.1	1.42
Semi-skilled	113	16.7	15.1			16.9	9.8		
Artisans	111	16.25	13.4	1.2	1.98	18.0	11.4	1.4	1.7
Labourers	80	17.45	13.6			19.4	11.7		
Semi-skilled	113	16.7	15.1	0.75	2.07	16.9	9.8	2.5	1.6
Labourers	80	17.45	13.6			19.4	11.7		

It will be seen that the incidence of psychoneurotic symptoms cannot be said to show any significant variation according to occupational class, when the various mean differences are examined on the indicated level of significance.

TABLE 25

Table 25 shows the relationship existing in adult life during military service only.

INTENSITY

		SEVERE.				MODERATE.			
Social Group.	N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.	Mean	σ Dev.	Mean Diff.	S.E. Diff.
Professional	19	3.85	3.7	0.2	1.05	4.4	4.1	0.6	1.3
Business	33	4.05	3.53			5.0	5.2		
Professional	19	3.85	3.7	1.25	0.87	4.4	4.1	0.85	1.04
Clerks	44	2.6	1.1			3.55	3.04		
Professionals	19	3.85	3.7	0.8	1.0	4.4	4.1	1.75	1.16
Artisans	111	4.65	5.59			6.15	7.2		
Professional	19	3.85	3.7	1.15	1.04	4.4	4.1	1.35	1.15
Semi-skilled	113	5.0	6.5			5.75	7.1		
Professional	19	3.85	3.7	0.55	1.1	4.4	4.1	0.7	1.19
Labourers	80	4.4	6.3			5.1	6.6		
Business	33	4.05	3.53	1.45	0.64	5.0	5.2	1.45	1.01
Clerks	44	2.6	1.1			3.55	3.04		
Business	33	4.05	3.53	0.6	0.81	5.0	5.2	1.15	1.14
Artisans	111	4.65	5.59			6.15	7.2		
Business	33	4.05	3.53	0.95	0.87	5.0	5.2	0.75	1.13
Semi-skilled	113	5.0	6.5			5.75	7.1		
Business	33	4.05	3.53	0.35	0.94	5.0	5.2	0.1	1.17
Labourers	80	4.4	6.3			5.1	6.6		
Clerks	44	2.6	1.1	2.05	0.56	3.55	3.04	2.6	0.83
Artisans	111	4.65	5.59			6.15	7.2		
Clerks	44	2.6	1.1	2.4	0.63	3.55	3.04	2.2	0,81
Semi-skilled	113	5.0	6.5			5.75	7.1		
Clerks	44	2.6	1.1	1.8	0.73	3.55	3.04	1.55	0.87
Labourers	80	4.4	6.3			5.1	6.6		
Artisans	111	4.65	5.59	0.35	0.81	6.15	7.2	0.4	0.96
Semi-skilled	113	5.0	6.5			5.75	7.1		
Artisans	111	4.65	5.59	0.25	0.89	6.15	7.2	1.05	1.0
Labourers	80	4.4	6.3			5.1	6.6		
Semi-skilled	113	5.0	6.5	0.6	0.93	5.75	7.1	0.65	0.99
Labourers	80	4.4	6.3			5.1	6.6		

Examination of the mean differences on the indicated level suggest that clerks tend to develop less psychoneurotic symptoms whilst in the army than any other occupational group.

SUMMARY. The mean incidence of psychoneurotic symptoms in childhood and in adult life pre-army is independent of occupational group, but once in the army the psychoneurotic clerk seems to develop less fresh psychoneurotic symptoms than any other group of soldiers, classified according to occupational pre-army group.

DISCUSSION. In our experience, we have never known of an army clerk who was not in similar peace time employment. It would seem that the army is well aware of the supreme importance of its administrative machinery and tends to select suitably skilled men. A certain prestige seems to attach itself to the army clerk and in particular is this seen in the nickname of 'Nobby' applied to all whose surname is Clark. The nickname means one who is a superior type, one of the nobs or swells, the army clerk usually having the air of a person of some consequence. When one reflects on the tremendous amount of 'paper work' in a military unit the consequent importance of those engaged thereon is understandable. The soldier's privileges and necessities issue forth from the office and he becomes aware, as does the inky clerk, that the pen is indeed mightier than the sword.

Not all our clerical group were employed as army clerks but this was always because such employment had been refused in favour of an open air life. These men were also adjusted to army life in a limited manner. In general the clerical group complained of exacerbation of pre-existing symptoms. This aggravation was attributed to domestic stress or to army overwork plus insufficient appreciation from their seniors.

The personality of this group tended to show mild obsessional features, they were often prone to worry, overwork, and showed some rigidity of personality structure and it appeared to us that in their pre-army life that they had tended to be 'shut in' introverted types. In the army they had difficulty in forming group bonds except on the basis of their work and their illness expressed in terms of difficulty with their work, really expressed their emotional problems. Further proof of their over conscientious personality was furnished by their excellent work record in the hospital. The various hospital departments constantly required clerical assistance and it was out custom to thus occupy these patients. The patients still complained of their symptoms and difficulties but enquiry usually revealed that in the hospital offices their work was satisfactory.

In general no differentiation seems to exist between degree of neurosis and occupational group.

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SECTION IIIC.

The relationship between the age of the psychoneurotic soldier and the mean incidence of psychoneurotic symptoms, as shown by the Woodworth House Psychoneurotic Inventory.

The psychoneurotic symptoms are considered, A. For childhood, B. For adult life. B.I. For adult life before joining the army and B.2. For adult life whilst in the army.

Each psychoneurotic symptoms be can classified as being of severe or moderate intensity. There are 30 questions for childhood and 70 for the adult period. In considering mean differences a critical ratio of twice the S.E. difference is adopted.

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TABLE 26

A. Table 26 shows the relationship existing during childhood.

INTENSITY

	SEVERE					MODERATE			
Age Group.	N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.	Mean	σ Dev.	Mean Diff.	S.E. Diff.
19-23 yrs.	89	7.65	5.9	1.35	0.83	9.0	4.08	0.75	0.634
24-28 yrs.	93	6.3	5.25			8.25	4.5		
19-23 "	89	7.65	5.9	0.70	0.815	9.0	4.08	0.20	0.62
29-33 "	101	6.95	5.25			9.2	4.47		
19-23 "	89	7.65	5.9	1.25	0.895	9.0	4.08	0.95	0.74
34-38 "	66	6.4	5.2			8.05	4.8		
19-23 "	89	7.65	5.9	0.1	1.2	9.0	4.08	2.2	0.78
39-43 "	45	7.75	6.9			6.8	4.3		
19-23 "	89	7.65	5.9	1.31	1.12	9.0	4.08	1.84	1.86
44 and over	6	6.34	2.36			7.16	4.48		
24-28 yrs	93	6.3	5.25	0.65	0.75	8.25	4.5	0.95	0.64
29-33 "	101	6.95	5.25			9.2	4.47		
24-28 "	93	6.3	5.25	0.1	0.84	8.25	4.5	0.20	0.76
34-38 "	66	6.4	5.2			8.05	4.8		
24-28 "	93	6.3	5.25	1.45	1.16	8.25	4.5	1.45	0.79
39-43 "	45	7.75	6.9			6.8	4.3		
24-28 "	93	6.3	5.25	0.04	1.09	8.25	4.5	1.09	1.88
44 and over	6	6.34	2.36			7.16	4.48		
29-33 yrs	101	6.95	5.25	0.55	0.83	9.2	4.47	1.15	0.74
34-38 "	66	6.4	5.2			8.05	4.8		
29-33 "	101	6.95	5.25	0.80	1.15	9.2	4.47	2.4	0.78
39-43 "	45	7.75	6.9			6.8	4.3		
29-33 "	101	6.95	5.25	0.61	1.07	9.2	4.47	2.04	1.87
44 and over	6	6.34	2.36			7.16	4.48		
34-38 yrs	66	6.4	5.2	1.35	1.21	8.05	4.8	1.25	0.87
39-43 yrs	45	7.75	6.9			6.8	4.3		
34-38 "	66	6.4	5.2	0.06	1.14	8.05	4.8	0.89	1.92
44 and over	6	6.34	2.36			7.16	4.48		
39-43 yrs	45	7.75	6.9	1.41	1.39	6.8	4.3	0.36	1.92
44 and over	6	6.34	2.36			7.16	4.48		

The mean incidence of psychoneurotic symptoms in childhood cannot be said to show any relationship to the age of the serving soldier.

TABLE 27.

B. Table 27 shows the relationship existing during adult life.

INTENSITY.

	SEVERE.					MODERATE.			
Age Group.	N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.	Mean	σ Dev.	Mean Diff.	S.E. Diff.
19-23 yrs.	89	21.6	14.85	3.6	2.07	22.05	10.2	1.95	1.59
24-28 "	93	18.0	13.05			24.0	11.17		
19-23 "	89	21.6	14.85	0.65	1.99	22.05	10.2	1.65	1.46
29-33 "	101	22.25	12.4			23.7	9.9		
19-23 "	89	21.6	14.85	0.9	2.25	22.05	10.2	1.9	1.59
34-38 "	66	22.5	13.1			20.15	9.4		
19-23 "	89	21.6	14.85	1.75	3.0	22.05	10.2	0.55	1.98
39-43 "	45	19.85	17.15			21.5	11.15		
19-23 "	89	21.6	14.85	7.95	5.8	22.05	10.2	2.45	2.78
44 & over.	6	13.65	13.75			24.5	6.32		
24-28 yrs.	93	18.0	13.05	4.25	1.83	24.0	11.17	0.3	1.52
29-33 "	101	22.25	12.4			23.7	9.9		
24-28 "	93	18.0	13.05	4.5	2.12	24.0	11.17	3.85	1.64
34-38 "	66	22.5	13.1			20.15	9.4		
24-28 "	93	18.0	13.05	1.85	2.9	24.0	11.17	2.5	2.02
39-43 "	45	19.85	17.15			21.5	11.15		
24-28 "	93	18.0	13.05	4.35	5.7	24.0	11.17	0.5	2.82
44 & over.	6	13.65	13.75			24.5	6.32		
29-33 yrs.	101	22.25	12.4	0.25	2.03	23.7	9.9	3.55	1.52
34-38 "	66	22.5	13.1			20.15	9.4		
29-33 "	101	22.25	12.4	2.4	2.84	23.7	9.9	2.2	1.93
39-43 "	45	19.85	17.15			21.5	11.15		
29-33 "	101	22.25	12.4	8.6	5.75	23.7	9.9	0.8	2.75
44 & over.	6	13.65	13.75			24.5	6.32		
34-38 yrs.	66	22.5	13.1	2.65	3.03	20.15	9.4	1.35	2.02
39-43 "	45	19.85	17.15			21.5	11.15		
34-38 "	66	22.5	13.1	8.85	5.75	20.15	9.4	4.35	2.82
44 & over.	6	13.65	13.75			24.5	6.32		
39-43 yrs.	45	19.85	17.15	2.6	6.15	21.5	11.15	3.0	3.6
44 & over.	6	13.65	13.75			24.5	6.32		

The only age group who seem to stand out are the 24-28 year olds, they appear to have had a lesser incidence of psychoneurotic symptoms in adult life than the older age groups and there is a possibility that they may also have a lesser incidence of psychoneurotic symptoms than the I9-23 year olds.

TABLE 28

B1. Table 28 shows the relationship existing in adult life before military service.

INTENSITY

	SEVERE					MODERATE.			
Age Group.	N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.	Mean	σ Dev.	Mean Diff	S.E. Diff
19-23 yrs	89	16.85	12.45	2.85	1.83	18.3	10.57	1.3	1.58
24-28 "	93	14.0	12.25			17.0	10.8		
19-23 "	89	16.85	12.45	0.35	1.81	18.3	10.57	2.0	1.51
29-33 "	101	17.2	12.5			20.3	10.25		
19-23 "	89	16.85	12.45	1.28	2.16	18.3	10.57	1.6	2.07
34-38 "	66	18.13	13.87			16.7	14.25		
19-23 "	89	16.85	12.45	1.25	2.88	18.3	10.57	0.1	2.02
39-43 "	45	18.1	17.25			18.2	11.32		
19-23 "	89	16.85	12.45	4.85	5.3	18.3	10.57	1.2	4.0
44 & over	6	12.0	12.6			19.5	9.46		
24-28 yrs	93	14.0	12.25	3.2	1.78	17.0	10.8	3.3	1.51
29-33 "	101	17.2	12.5			20.3	10.25		
24-28 "	93	14.0	12.25	4.13	2.13	17.0	10.8	0.3	2.07
34-38 "	66	18.13	13.87			16.7	14.25		
24-28 "	93	14.0	12.25	4.1	2.86	17.0	10.8	1.2	2.02
39-43 "	45	18.1	17.25			18.2	11.32		
24-28 "	93	14.0	12.25	2.0	5.3	17.0	10.8	2.5	4.0
44 & over	6	12.0	12.6			19.5	9.46		
29-33 yrs	101	17.2	12.5	0.93	2.12	20.3	10.25	3.6	2.02
34-38 "	66	18.13	13.87			16.7	14.25		
29-33 "	101	17.2	12.5	0.9	2.85	20.3	10.25	2.1	1.96
39-43 "	45	18.1	17.25			18.2	11.32		
29-33 "	101	17.2	12.5	5.2	5.3	20.3	10.25	0.8	3.98
44 & over	6	12.0	12.6			19.5	9.46		
34-38 yrs	66	18.13	13.87	0.03	3.08	16.7	14.25	1.5	2.42
39-43 "	45	18.1	17.25			18.2	11.32		
34-38 "	66	18.13	13.87	6.13	5.42	16.7	14.25	2.8	4.22
44 & over	6	12.0	12.6			19.5	9.46		
39-43 yrs	45	18.1	17.25	6.1	5.76	18.2	11.32	1.3	4.2
44 & over	6	12.0	12.6			19.5	9.46		

There is a suggestion, that the 24 - 28 year olds show a lesser incidence of psychoneurotic symptoms than the 29 - 38 year olds in their pre-army period. This suggestion must be treated with some caution since the critical ratio indicated has not been quite reached.

TABLE 29

B2. Table 29 shows the relationship for symptoms contracted whilst in the army.

INTENSITY

	SEVERE					MODERATE			
Age Group.	N.	Mean	σ Dev.	Mean Diff.	S.E. Diff.	Mean	σ Dev.	Mean Diff.	S.E. Diff.
19-23 yrs.	89	4.6	5.9	0.6	0.86	4.9	7.2	2.7	1.21
24-28 "	93	5.2	5.7			7.6	9.05		
19-23 "	89	4.6	5.9	0.65	0.81	4.9	7.2	0.05	0.94
29-33 "	101	3.95	5.2			4.85	5.6		
19-23 "	89	4.6	5.9	0.45	1.07	4.9	7.2	0.15	0.91
34-38 "	66	5.05	7.07			4.75	4.03		
19-23 "	89	4.6	5.9	1.0	1.04	4.9	7.2	0.75	1.04
39-43 "	45	3.6	5.5			4.15	4.8		
19-23 "	89	4.6	5.9	2.6	0.62	4.9	7.2	1.3	2.64
44 and over	6	2.0	0.0			6.2	6.2		
24-28 yrs	93	5.2	5.7	1.25	0.79	7.6	9.05	2.75	1.09
29-33 "	101	3.95	5.2			4.85	5.6		
24-28 "	93	5.2	5.7	0.15	1.05	7.6	9.05	2.85	1.05
34-38 "	66	5.05	7.07			4.75	4.03		
24-28 "	93	5.2	5.7	1.6	1.02	7.6	9.05	3.45	1.18
39-43 "	45	3.6	5.5			4.15	4.8		
24-28 "	93	5.2	5.7	3.2	0.59	7.6	9.05	1.40	2.7
44 and over	6	2.0	0.0			6.2	6.2		
29-33 yrs	101	3.95	5.2	1.1	1.02	4.85	5.6	0.10	0.74
34-38 "	66	5.05	7.07			4.75	4.03		
29-33 "	101	3.95	5.2	0.35	0.98	4.85	5.6	0.70	0.9
39-43 "	45	3.6	5.5			4.15	4.8		
29-33 "	101	3.95	5.2	1.95	0.52	4.85	5.6	1.35	2.6
44 and over	6	2.0	0.0			6.2	6.2		
34-38 yrs	66	5.05	7.07	1.45	1.2	4.75	4.03	0.60	0.87
39-43 "	45	3.6	5.5			4.15	4.8		
34-38 "	66	5.05	7.07	3.05	0.87	4.75	4.03	1.45	2.57
44 and over	6	2.0	0.0			6.2	6.2		
39-43 yrs	45	3.6	5.5	1.6	0.82	4.15	4.8	2.05	2.63
44 and over	6	2.0	0.0			6.2	6.2		

There is no evidence to suggest that the age of the serving soldier will influence the incidence of psychoneurotic symptoms of severe degree acquired during army service. For some reason there is the probability that the 24 - 28 year olds acquire a higher incidence of psychoneurotic symptoms of moderate intensity whilst in the army as compared with the older men (29 - 43 years group)

SUMMARY. There is no relationship between the age of the serving soldier and the incidence of psychoneurotic symptoms in childhood. In adult life the soldier of between 24-28 years old would seem to have been burdened by a lesser incidence of psychoneurotic symptoms of severe intensity than the soldier of between 29-38 years. It is just possible that this difference existed pre-army. Once in the army, however, this same group of soldiers of from 24-28 years seem to acquire a greater number of psychoneurotic symptoms of moderate intensity than do the older men, the group between 29-43 years.

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DISCUSSION. There seems to be general agreement that age and incidence or liability to neurosis are related. Gillespie (1944) feels that soldiers over 40 years of age tend to be a poor risk. Raines and Kolb (1943) believe that soldiers of over 38 years are more liable to psychoneurotic reaction. Torrie (1944) likewise noted a higher psychoneurotic rate in older men. Parsons (1943) found that anxiety depressives were found most frequently in men over 34 yrs. Aiken (1941) noted a progressive liability to neurosis in soldiers from the third decade onwards. Love (1942), Cooper and Sinclair (1942) felt that the incidence of psychoneurotic breakdown was increased

in the over 35 year olds, while Rome (1943) felt that"the 30-40 year old men had a higher representation in the traumatic neuroses than have the teen-age and early twenties group".

Our results show a peculiar finding. In general, the age group 24-28 yrs. are less burdened by neurosis than the older age groups, but once in the army this same group of young men seem to acquire a greater degree of moderate neurosis than the older men. Bradford (1943) has shown that in considering age groups it is necessary to relate them to the period when they entered employment as adult workers, now men in the 30-40 years band in 1943 were entering adult employment about 1922-30, and experienced the bitter years of unemployment. The 24-28 years band in 1943, had at worst but a short period of unemployment about 1932, although they had experienced the atmosphere of insecurity in their childhood home life. For them however, it was a world of promise and rising wages until the army claimed them, and re-awakened their latent fears and anxieties. The increase of neurotic symptoms for the younger men should be viewed in terms of their failure to maintain their apparent superiority in stability over their older comrades. Once in the army it would appear that neurosis will affect the predisposed irrespective of whatever their age may be. In view of the evidence that we have cited to the contrary in our consideration of the literature we would fortify our intransigence by bringing forward some considerations. The British Army in particular, represented in the early war years, a highly selected group in regard to its age band composition. Skilled workers, especially men over 30 were exempt from service.

The R.A.F. and Royal Navy had first call on the available man power. The army had to rely on young men, middle aged unskilled workers, clerks and shop assistants. It also contained a number of reservists who had often enlisted for unsatisfactory motives, such as shortage of work. Amongst the middle aged Supplementary Reservists whom we saw, many had "signed up for the bounty" and were much taken aback when they were called to the colours. The psychoneurotic Territorial Soldier often joined up for the "good of his health" or to get a free camping holiday, "to get a rest from the wife" or because "my pals joined up". These men were usually in the over 30 group. It is possible therefore, that the army carried a disproportionate share of psychoneurotics in the over 30 years age band and so showed a weighted statistical incidence of psychoneurotic breakdown.

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SECTION IIID.

The relationship between the length of military service given by the psychoneurotic soldier and the mean incidence of psychoneurotic symptoms. These psychoneurotic symptoms are considered in A. Childhood, B. In adult life, B1. before joining the army and B2 symptoms arising during military service.

Each psychoneurotic symptom intensity can be classified as being of severe or moderate intensity. There are 30 questions for childhood and 70 for the adult period. When considering mean differences, a critical ratio of twice the S.E. difference is adopted.

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A. Table 30 shows the length of service in months, given by the psychoneurotic soldier and the mean incidence of psychoneurotic symptoms of severe and moderate intensity in childhood.

	SEVERE.					MODERATE.			
Length of Service Group.	N.	Mean	σ Dev	Mean Diff	S.E. Diff	Mean	σ Dev	Mean Diff	S.E. Diff
0:6 mths.	45	7.45	6.3	0.75	1.36	10.0	4.0	1.55	0.92
7:12 "	41	8.2	6.3			8.45	4.45		
0:6 "	45	7.45	6.3	0.4	1.27	10.0	4.0	0.3	0.91
13:18 "	35	7.85	5.1			9.7	4.03		
0:6 "	45	7.45	6.3	0.25	1.2	10.0	4.0	0.2	0.93
19:24 "	50	7.70	5.29			9.8	5.02		
0:6 "	45	7.45	6.3	0.87	1.41	10.0	4.0	2.05	0.92
25:30 "	36	6.58	6.28			7.95	4.2		
0:6 "	45	7.45	6.3	0.09	1.15	10.0	4.0	2.38	0.83
31:36 "	64	7.54	5.32			7.62	4.55		
0:6 "	45	7.45	6.3	1.8	1.15	10.0	4.0	2.33	0.87
37:42 "	44	5.65	4.43			7.67	4.2		
0:6 "	45	7.45	6.3	2.8	1.26	10.0	4.0	2.71	1.0
43:48 "	34	4.65	4.88			7.29	4.68		
0:6 "	45	7.45	6.3	1.3	1.22	10.0	4.0	2.15	0.87
49 & over	51	6.15	5.58			7.85	4.39		
7:12 mths.	41	8.2	6.3	0.35	1.3	8.45	4.45	1.25	0.97
13:18 "	35	7.85	5.1			9.7	4.03		
7:12 "	41	8.2	6.3	0.50	1.24	8.45	4.45	1.35	0.99
19:24 "	50	7.70	5.29			9.8	5.02		
7:12 "	41	8.2	6.3	1.62	1.44	8.45	4.45	0.50	0.98
25:30 "	36	6.58	6.28			7.95	4.2		
7:12 "	41	8.2	6.3	0.66	1.19	8.45	4.45	0.83	0.90
31:36 "	64	7.54	5.32			7.62	4.55		
7:12 "	41	8.2	6.3	2.55	1.19	8.45	4.45	0.78	0.94
37:42 "	44	5.65	4.43			7.67	4.2		
7:12 "	41	8.2	6.3	3.55	1.29	8.45	4.45	1.16	1.05
43:48 "	34	4.65	4.88			7.29	4.68		
7:12 "	41	8.2	6.3	2.05	1.26	8.45	4.45	0.60	0.93
49 & over	51	6.15	5.58			7.85	4.39		
13:18 mths.	35	7.85	5.1	0.15	1.13	9.7	4.03	0.1	0.98
19:24 "	50	7.70	5.29			9.8	5.02		
13:18 "	35	7.85	5.1	1.27	1.34	9.7	4.03	1.75	0.98
25:30 "	36	6.58	6.28			7.95	4.2		
13:18 "	35	7.85	5.1	0.31	1.08	9.7	4.03	2.08	0.89
31:36 "	64	7.54	5.32			7.62	4.55		

Continuation of Table 30.

INTENSITY.

Length of Service Group.	N.	SEVERE. Mean	SEVERE. σ Dev	Mean Diff.	S.E. Diff.	MODERATE. Mean.	MODERATE. σ Dev.	Mean Diff.	S.E. Diff.
13:18 mths	35	7.85	5.1	2.2	1.08	9.7	4.03	2.03	0.93
37:42 "	44	5.65	4.43			7.67	4.2		
13:18 "	35	7.85	5.1	3.20	1.2	9.7	4.03	2.41	1.05
43:48 "	34	4.65	4.88			7.29	4.68		
13:18 "	35	7.85	5.1	1.70	1.15	9.7	4.03	1.85	0.92
49 & over	51	6.15	5.58			7.85	4.39		
19:24 mths	50	7.70	5.29	1.12	1.28	9.8	5.02	1.85	0.995
25:30 "	36	6.58	6.28			7.95	4.2		
19:24 "	50	7.70	5.29	0.16	1.0	9.8	5.02	2.18	0.91
31:36 "	64	7.54	5.32			7.62	4.55		
19:24 "	50	7.70	5.29	2.05	1.0	9.8	5.02	2.13	0.95
37:42 "	44	5.65	4.43			7.67	4.2		
19:24 "	50	7.70	5.29	3.05	1.13	9.8	5.02	2.51	1.06
43:48 "	34	4.65	4.88			7.29	4.68		
19:24 "	50	7.70	5.29	1.55	1.09	9.8	5.02	1.95	0.94
49:& over	51	6.15	5.58			7.85	4.39		
25:30 mths	36	6.58	6.28	0.96	1.24	7.95	4.2	0.33	0.91
31:36 "	64	7.54	5.32			7.62	4.55		
25:30 "	36	6.58	6.28	0.93	1.24	7.95	4.2	0.28	0.95
37:42 "	44	5.65	4.43			7.67	4.2		
25:30 "	36	6.58	6.28	1.93	1.34	7.95	4.2	0.66	1.06
43:48 "	34	4.65	4.88			7.29	4.68		
25:30 "	36	6.58	6.28	0.43	1.3	7.95	4.2	0.10	0.93
49 & over	51	6.15	5.58			7.85	4.39		
31:36 mths	64	7.54	5.32	1.89	0.95	7.62	4.55	0.05	0.85
37:42 "	44	5.65	4.43			7.67	4.2		
31:36 "	64	7.54	5.32	2.89	1.07	7.62	4.55	0.33	0.98
43:48 "	34	4.65	4.88			7.29	4.68		
31:36 "	64	7.54	5.32	1.39	1.0	7.62	4.55	0.23	0.84
49 & over	51	6.15	5.58			7.85	4.39		
37:42 mths	44	5.65	4.43	1.0	1.08	7.67	4.2	0.38	1.02
43:48 "	34	4.65	4.88			7.29	4.68		
37:42 "	44	5.65	4.43	0.5	1.0	7.67	4.2	0.18	0.88
49 & over	51	6.15	5.58			7.85	4.39		
43:48 mths	34	4.65	4.88	1.50	1.15	7.29	4.68	0.56	1.0
49 & over	51	6.15	5.58			7.85	4.39		

The general impression given by the table is that the greater the burden of psychoneurotic symptoms in childhood the less is the duration of military service given by the psychoneurotic soldier.

Examination of the standard error of the various mean differences, based on a level significance of twice the standard error makes some qualifications of this general statement necessary.

(I) The mean incidence of childhood neurosis among the soldiers who break down in any of our designated six monthly periods, within the first two years of military service, does not show any significant difference.

(2) Soldiers who break down within two years of service have shown a greater number of psychoneurotic symptoms in childhood, particularly symptoms of moderate intensity than those soldiers whose breakdown is postponed until between the second and third year of military service.

(3) Soldiers who break down within the first three years of military service show a significantly higher incidence of psychoneurotic symptoms in childhood, of severe intensity, than those soldiers who break down after three years service.

SUMMARY. The incidence of childhood psychoneurotic symptoms appears to influence at what period in his military service the psychoneurotic soldier will break down. Soldiers who break down in the first two years of service cannot be differentiated amonst themselves on the bases of childhood psychoneurotic symptoms but can be differentiated from those soldiers breaking down after two and after three years service.

B. Table 31 shows the relationship between length of military service in the psychoneurotic soldier and the mean incidence of psychoneurotic symptoms of severe and moderate intensity in adulst life.

INTENSITY.

	SEVERE.					MODERATE.			
Length of service group.	N.	Mean	6 Dev.	Mean Diff	S.E. Diff.	Mean	6 Dev.	Mean Diff	S.E. Diff.
0:6 mths	45	21.25	14.8	2.45	3.15	22.55	9.3	0.55	2.14
7:12 "	41	23.7	14.87			22.0	10.55		
0:6 "	45	21.25	14.8	2.25	3.15	22.55	9.3	3.7	2.37
13:18 "	35	19.0	13.4			26.25	11.4		
0:6 "	45	21.25	14.8	0.95	2.7	22.55	9.3	2.85	2.0
19:24 "	50	20.3	11.7			25.4	10.1		
0:6 "	45	21.25	14.8	2.45	3.26	22.55	9.3	2.2	2.2
25:30 "	36	18.8	15.0			20.35	10.27		
0:6 "	45	21.25	14.8	0.10	2.82	22.55	9.3	1.04	1.82
31:36 "	64	21.35	14.75			21.51	9.5		
0:6 "	45	21.25	14.8	2.9	2.82	22.55	9.3	1.25	1.96
37:42 "	44	18.35	12.25			21.3	9.15		
0:6 "	45	21.25	14.8	3.25	3.05	22.55	9.3	2.9	2.25
43:48 "	34	18.0	12.65			19.65	10.37		
0:6 "	45	21.25	14.8	1.6	2.9	22.55	9.3	1.2	2.03
49 & over	51	19.65	13.85			23.75	10.9		
7:12 mths	41	23.7	14.87	4.7	3.22	22.0	10.55	4.25	2.52
13:18 "	35	19.0	13.4			26.25	11.4		
7:12 "	41	23.7	14.87	3.4	2.82	22,0	10.55	3.4	2.18
19:24 "	50	20.3	11.7			25.4	10.1		
7:12 "	41	23.7	14.87	4.9	3.35	22.0	10.55	1.65	2.36
25:30 "	36	18.8	15.0			20.35	10.27		
7:12 "	41	23.7	14.87	2.35	2.93	22.0	10.55	0.49	2.0
31:36 "	64	21.35	14.75			21.51	9.5		
7:12 "	41	23.7	14.87	5.35	2.93	22.0	10.55	0.70	2.14
37:42 "	44	18.35	12.25			21.3	9.15		
7:12 "	41	23.7	14.87	5.7	3.15	22.0	10.55	2.35	2.42
43:48 "	34	18.0	12.65			19.65	10.37		
7:12 "	41	23.7	14.87	4.05	3.0	22.0	10.55	1.75	2.23
49 & over	51	19.65	13.85			23.75	10.9		
13:18 mths	35	19.0	13.4	1.3	3.15	26.25	11.4	0.85	2.4
19:24 "	50	20.3	11.7			25.4	10.1		
13:18 "	35	19.0	13.4	0.2	3.35	26.25	11.4	5.9	2.57
25:30 "	36	18.8	15.0			20.35	10.27		
13:18 "	35	19.0	13.4	2.35	2.94	26.25	11.4	4.74	2.25
31:36 "	64	21.35	14.75			21.51	9.5		

Continuation of Table 31.

INTENSITY.

Length of service group.	SEVERE. N.	Mean	6 Dev	Mean Diff	S.E. Diff	MODERATE. Mean	6 Dev	Mean Diff	S.E. Diff
13:18 mths	35	19.0	13.4	0.65	2.94	26.25	11.4	4.95	2.37
37:42 "	44	18.35	12.25			21.3	9.15		
13:18 "	35	19.0	13.4	1.0	3.15	26.25	11.4	6.6	2.62
43:48 "	34	18.0	12.65			19.65	10.37		
13:18 "	35	19.0	13.4	0.65	3.0	26.25	11.4	2.5	2.45
49 & over	51	19.65	13.85			23.75	10.9		
19:24 mths	50	20.3	11.7	1.5	2.96	25.4	10.1	5.05	2.23
25:30 "	36	18.8	15.0			20.35	10.27		
19:24 "	50	20.3	11.7	1.05	2.48	25.4	10.1	3.89	1.86
31:36 "	64	21.35	14.75			21.51	9.5		
19:24 "	50	20.3	11.7	1.95	2.48	25.4	10.1	4.1	1.99
37:42 "	44	18.35	12.25			21.3	9.15		
19:24 "	50	20.3	11.7	2.3	2.72	25.4	10.1	5.75	2.28
43:48 "	34	18.0	12.65			19.65	10.37		
19:24 "	50	20.3	11.7	0.65	2.55	25.4	10.1	1.65	2.08
49 & over	51	19.65	13.85			23.75	10.9		
25:30 mths	36	18.8	15.0	2.55	3.1	20.35	10.27	1.16	2.09
31:36 "	64	21.35	14.75			21.51	9.5		
25:30 "	36	18.8	15.0	0.45	3.1	20.35	10.27	0.95	2.2
37:42 "	44	18.35	12.25			21.3	9.15		
25:30 "	36	18.8	15.0	0.80	3.28	20.35	10.27	0.7	2.45
43:48 "	34	18.0	12.65			19.65	10.37		
25:30 "	36	18.8	15.0	0.85	3.15	20.35	10.27	3.4	2.28
49 & over	51	19.65	13.85			23.75	10.9		
31:36 mths	64	21.35	14.75	3.0	2.60	21.51	9.5	0.21	1.8
37:42 "	44	18.35	12.25			21.3	9.15		
31:36 "	64	21.35	14.75	3.35	2.85	21.51	9.5	1.86	2.1.
43:48 "	34	18.0	12.65			19.65	10.37		
31:36 "	64	21.35	14.75	1.7	2.68	21.51	9.5	2.24	1.94
49 & over	51	19.65	13.85			23.75	10.9		
37:42 mths	44	18.35	12.25	0.35	2.85	21.3	9.15	1.65	2.25
43:48 "	34	18.0	12.65			19.65	10.37		
37:42 "	44	18.35	12.25	1.3	2.68	21.3	9.15	2.45	2.05
49 & over	51	19.65	13.85			23.75	10.9		
43:48 mths	34	18.0	12.65	1.65	2.92	19.65	10.37	4.10	2.33
49 & over	51	19.65	13.85			23.75	10.9.		

Table 31 gives the impression that the longer the length of service before breakdown, the less the mean incidence of psychoneurotic symptoms in adult life. This does not conform with our level of significance except that those soldiers breaking down from about the 13th to the 24th month of service have a higher incidence of psychoneurotic symptoms of moderate intensity than those soldiers who survive from 25 to 48 months of service before breaking down.

SUMMARY. The length of service given before breakdown occurs, depends to some extent on the incidence of moderate psychoneurotic symptoms in adult life, in so far as men who break down within the second year of military service are concerned.

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Table 32 gives the relationship between length of military and the mean incidence of psychoneurotic symptoms in the pre-army period.

INTENSITY.

Length of service group.	SEVERE. N.	Mean.	σ dev.	Mean Diff	S.E. Diff.	MODERATE. Mean	σ Dev.	Mean Diff	S.E. Diff.
0:6 mths.	45	20.9	14.8	1.95	3.2	21.89	9.7	0.74	2.19
7:12 "	41	22.85	14.65			21.15	10.6		
0:6 "	45	20.9	14.8	3.45	3.2	21.89	9.7	1.81	2.57
13:18 "	35	17.45	13.67			23.7	12.67		
0:6 "	45	20.9	14.8	2.8	2.83	21.89	9.7	1.09	2.1
19:24 "	50	18.1	12.1			22.8	10.8		
0:6 "	45	20.9	14.8	4.7	3.35	21.89	9.7	3.09	2.09
25:30 "	36	16.2	15.1			18.8	9.1		
0:6 "	45	20.9	14.8	2.97	2.85	21.89	9.7	4.82	1.89
31:36 "	64	17.93	14.3			17.07	9.75		
0:6 "	45	20.9	14.8	5.95	2.82	21.89	9.7	5.59	2.0
37:42 "	44	14.95	12.1			16.3	9.25		
0:6 "	45	20.9	14.8	8.9	2.95	21.89	9.7	10.18	2.11
43:48 "	34	12.0	11.4			11.71	8.95		
0:6 "	45	20.9	14.8	10.35	2.8	21.89	9.7	10.97	1.87
49 & over.	51	10.55	12.4			10.92	8.5		
7:12 mths.	41	22.85	14.65	5.4	3.26	21.15	10.6	2.55	2.7
13:18 "	35	17.45	13.67			23.7	12.67		
7:12 "	41	22.85	14.65	4.75	2.9	21.15	10.6	1.65	2.55
19:24 "	50	18.1	12.1			22.8	10.8		
7:12 "	41	22.85	14.65	6.65	3.4	21.15	10.6	2.35	2.24
25:30 "	36	16.2	15.1			18.8	9.1		
7:12 "	41	22.85	14.65	4.92	2.92	21.15	10.6	4.08	2.06
31:36 "	64	17.93	14.3			17.07	9.75		
7:12 "	41	22.85	14.65	7.9	2.94	21.15	10.6	4.85	2.16
37:42 "	44	14.95	12.1			16.3	9.25		
7:12 "	41	22.85	14.65	10.85	3.02	21.15	10.6	9.44	2.26
43:48 "	34	12.0	11.4			11.71	8.95		
7:12 "	41	22.85	14.65	12.30	2.88	21.15	10.6	10.23	2.03
49 & over.	51	10.55	12.4			10.92	8.5		
13:18 mths.	35	17.45	13.67	0.65	2.92	23.7	12.67	0.9	2.63
19:24 "	50	18.1	12.1			22.8	10.8		
13:18 "	35	17.45	13.67	1.25	3.42	23.7	12.67	4.9	2.62
25:30 "	36	16.2	15.1			18.8	9.1		
13:18 "	35	17.45	13.67	0.48	2.95	23.7	12.67	6.63	2.47
31:36 "	64	17.93	14.3			17.07	9.75		

Continuation of Table 32.

INTENSITY.

Length of service group.	SEVERE. N.	Mean	σ Dev.	Mean Diff	S.E. Diff.	MODERATE. Mean	σ Dev.	Mean Diff.	S.E. Diff.
13:18 mths	35	17.45	13.67	2.5	2.95	23.7	12.67	7.4	2.54
37:42 "	44	14.95	12.1			16.3	9 .25		
13:18 "	35	17.45	13.67	5.45	3.03	23.7	12.67	11.99	2.63
43:48 "	34	12.0	11.4			11.71	8.95		
13:18 "	35	17.45	13.67	6.90	2.90	23.7	12.67	12.78	2.45
49 & over.	51	10.55	12.4			10.92	8.5		
19:24 mths	50	18.1	12.1	1.9	3.06	22.8	10.8	4.0	2.15
25:30 "	36	16.2	15.1			18.8	9.1		
19:24 "	50	18.1	12.1	0.17	2.5	22.8	10.8	5.73	1.95
31:36 "	64	17.93	14.3			17.07	9.75		
19:24 "	50	18.1	12.1	3.15	2.54	22.8	10.8	6.5	2.07
37:42 "	44	14.95	12.1			16.3	9.25		
19:24 "	50	18.1	12.1	6.1	2.63	22.8	10.8	11.09	2.16
43:48 "	34	12.0	11.4			11.71	8.95		
19:24 "	50	18.1	12.1	7.55	2.47	22.8	10.8	11.88	1.93
49 & over.	51	10.55	12.4			10.92	8.5		
25:30 mths	36	16.2	15.1	1.73	3.08	18.8	9.1	1.73	1.94
31:36 "	64	17.93	14.3			17.07	9.75		
25:30 "	36	16.2	15.1	125	3.1	18.8	9.1	2.5	2.06
37:42 "	44	14.95	12.1			16.3	9.25		
25:30 "	36	16.2	15.1	4.2	3.18	18.8	9.1	7.09	2.16
43:48 "	34	12.0	11.4			11.71	8.95		
25:30 "	36	16.2	15.1	5.65	3.05	18.8	9.1	7.88	1.93
49 & over.	51	10.55	12.4			10.92	8.5		
31:36 mths	64	17.93	14.3	2.98	2.55	17.07	9.75	0.77	1.85
37:42 "	44	14.95	12.1			16.3	9.25		
31:36 "	64	17.93	14.3	5.93	2.65	17.07	9.75	5.36	1.96
43:48 "	34	12.0	11.4			11.71	8.95		
31:36 "	64	17.93	14.3	7.38	2.48	17.07	9.75	6.15	1.7
49 & over.	51	10.55	12.4			10.92	8.5		
37:42 mths	44	14.95	12.1	2.95	2.66	16.3	9.25	4.59	2.07
43:48 "	34	12.0	11.4			11.71	8.95		
37:42 "	44	14.95	12.1	4.40	2.45	16.3	9.25	5.38	1.83
49 & over.	51	10.55	12.4			10.92	8.5		
43:48 mths	34	12.0	11.4	1.45	2.6	11.71	8.95	0.79	1.94
49 & over.	51	10.55	12.4			10.92	8.5		

Table 32 gives the suggestion in broad outline that the shorter the effective military service rendered the more has been the incidence of psychoneurotic symptoms in the pre-army adult life. Furthermore, throughout the table the incidence of pre-army adult psychoneurotic symptoms shows a steady decrease corresponding to the increased period of service before breakdown.

Examination of these qualities, using as our critical ratio a mean difference of twice the standard error qualifies the general picture in the following terms.

Men who break down within the first twelve months of service have a significantly higher incidence of psychoneurotic symptoms of severe and moderate intensity, in their pre-army adult life, than those who do not break down until after the 36th month of service. Men who break down from the 13th to 36th month of service have also had a higher incidence of psychoneurotic symptoms of severe and moderate intensity in their pre-army adult life, than men who break down only after the 43rd month of service. A clearly similar finding holds for men breaking down in the 37th to 42nd months compared with men breaking down after the 43rd month.

SUMMARY. The length of time a man services before breaking down with psychoneurotic symptoms seems to depend to some extent on the incidence of neurotic symptoms of pre-army adult origin.

It is possible to identify certain broad cleavages.

Table 33. The relationship between the length of military service given by the psychoneurotic soldier before breakdown and the mean incidence of psychoneurotic symptoms of severe and moderate intensity, appearing during military service.

INTENSITY.

Length of service group.	SEVERE. N.	Mean	σ Dev.	Mean Diff	S.E. Diff	MODERATE. Mean	σ Dev.	Mean Diff.	S.E. Diff.
0:6 mths.	45	2.5	1.87	0.35	0.325	2.5	2.0	Nil.	0.43
7:12 "	41	2.15	0.7			2.5	2.0		
0:6 "	45	2.5	1.87	0.215	0.51	2.5	2.0	1.25	0.79
13:18 "	35	2.715	2.5			3.75	4.3		
0:6 "	45	2.5	1.87	1.0	0.52	2.5	2.0	1.2	0.51
19:24 "	50	3.5	3.1			3.7	2.9		
0:6 "	45	2.5	1.87	1.3	1.05	2.5	2.0	0.75	0.56
25:30 "	36	3.8	6.1			3.25	2.87		
0:6 "	45	2.5	1.87	2.0	0.66	2.5	2.0	2.9	0.85
31:36 "	64	4.5	4.8			5.4	6.4		
0:6 "	45	2.5	1.87	2.0	0.7	2.5	2.0	3.4	1.09
37:42 "	44	4.5	4.3			5.9	6.97		
0:6 "	45	2.5	1.87	4.35	1.28	2.5	2.0	6.0	1.49
43:48 "	34	6.85	7.25			8.5	8.5		
0:6 "	45	2.5	1.87	6.7	1.47	2.5	2.0	9.79	1.51
49 & over.	51	9.2	10.4			12.29	10.27		
7:12 mths.	41	2.15	0.7	0.56	0.45	2.5	2.0	1.25	0.79
13:18 "	35	2.715	2.5			3.75	4.3		
7:12 "	41	2.15	0.7	1.35	0.47	2.5	2.0	1.20	0.51
19:24 "	50	3.5	3.1			3.7	2.9		
7:12 "	41	2.15	0.7	1.65	1.04	2.5	2.0	0.75	0.57
25:30 "	36	3.8	6.1			3.25	2.87		
7:12 "	41	2.15	0.7	2.35	0.61	2.5	2.0	2.9	0.86
31:36 "	64	4.5	4.8			5.4	6.4		
7:12 "	41	2.15	0.7	2.35	0.67	2.5	2.0	3.4	1.09
37:42 "	44	4.5	4.3			5.9	6.97		
7:12 "	41	2.15	0.7	4.7	1.26	2.5	2.0	6.0	1.49
43:48 "	34	6.85	7.25			8.5	8.5		
7:12 "	41	2.15	0.7	7.05	1.46	2.5	2.0	9.79	1.51
49 & over.	51	9.2	10.4			12.29	10.27		
13:18 mths	35	2.715	2.5	0.785	0.61	3.75	4.3	0.05	0.84
19:24 "	50	3.5	3.1			3.7	2.9		
13:18 "	35	2.715	2.5	1.085	1.10	3.75	4.3	0.5	0.87
25:30 "	36	3.8	6.1			3.25	2.87		
13:18 "	35	2.715	2.5	1.785	0.73	3.75	4.3	1.65	1.07
31:36 "	64	4.5	4.8			5.4	6.4		

Continuation of Table 33.

INTENSITY.

Length of service Group.	N.	Mean.	σ Dev.	Mean Diff.	S.E. Diff.	Mean	σ Dev.	Mean Diff.	S.E. Diff.
	SEVERE.					MODERATE.			
13:18 mths	35	2.715	2.5	1.785	0.77	3.75	4.3	2.15	1.28
37:42 "	44	4.5	4.3			5.9	6.97		
13:18 "	35	2.715	2.5	4.135	1.32	3.75	4.3	4.75	1.63
43:48 "	34	6.85	7.25			8.5	8.5		
13:18 "	35	2.715	2.5	6.485	1.51	3.75	4.3	8.54	1.66
49 & over.	51	9.2	10.4			12.29	10.27		
19:24 mths	50	3.5	3.1	0.3	1.10	3.7	2.9	0.45	0.63
25:30 "	36	3.8	6.1			3.25	2.87		
19:24 "	50	3.5	3.1	1.0	0.74	3.7	2.9	1.7	0.89
31:36 "	64	4.5	4.8			5.4	6.4		
19:24 "	50	3.5	3.1	1.0	0.78	3.7	2.9	2.2	1.13
37:42 "	44	4.5	4.3			5.9	6.97		
19:24 "	50	3.5	3.1	3.35	1.32	3.7	2.9	4.8	1.52
43:48 "	34	6.85	7.25			8.5	8.5		
19:24 "	50	3.5	3.1	5.7	1.52	3.7	2.9	8.59	1.54
49 & over.	51	9.2	10.4			12.29	10.27		
25:30 mths	36	3.8	6.1	0.7	1.17	3.25	2.87	2.15	0.94
31:36 "	64	4.5	4.8			5.4	6.4		
25:30 "	36	3.8	6.1	0.7	1.21	3.25	2.87	2.65	1.14
37:42 "	44	4.5	4.3			5.9	6.97		
25:30 "	36	3.8	6.1	3.05	1.61	3.25	2.87	5.25	1.54
43:48 "	34	6.85	7.25			8.5	8.5		
25:30 "	36	3.8	6.1	5.4	1.77	3.25	2.87	9.04	1.56
49 & over.	51	9.2	10.4			12.29	10.27		
31:36 mths	64	4.5	4.8	Nil.	0.88	5.4	6.4	0.5	1.32
37:42 "	44	4.5	4.3			5.9	6.97		
31:36 "	64	4.5	4.8	2.35	1.37	5.4	6.4	3.1	1.66
43:48 "	34	6.85	7.25			8.5	8.5		
31:36 "	64	4.5	4.8	4.7	1.62	5.4	6.4	6.89	1.68
49 & over.	51	9.2	10.4			12.29	10.27		
37:42 mths	44	4.5	4.3	2.35	1.4	5.9	6.97	2.6	1.79
43:48 "	34	6.85	7.25			8.5	8.5		
37:42 "	44	4.5	4.3	4.7	1.59	5.9	6.97	6.39	1.82
49 & over.	51	9.2	10.4			12.29	10.27		
43:48 mths	34	6.85	7.25	2.35	1.91	8.5	8.5	3.79	2.07
49 & over.	51	9.2	10.4			12.29	10.27		

Table 33 gives the general impression that there is a steady increase in the incidence of psychoneurotic symptoms of severe and moderate intensity, arising whilst in the army as the period of army service rises.

Critical examination of the table on the determined level of significance, shows that those who break down in the first 18 months complain less of severe and moderate psychoneurotic symptoms, severe and moderate, arising whilst in the army, than those who break down any time after the 31st month in the army. Those who break down between the 19th and 30th months of military service complain less of severe and moderate psychoneurotic symptoms arising in the army than do those men breaking down after the 43rd month.

Similar findings hold good in comparing the group breaking down between the 31st and 42nd month compared with those breaking down after the 48th month.

SUMMARY. The longer the service of the psychoneurotic soldier the greater the incidence of psychoneurotic symptoms of severe and moderate intensity believed to have arisen whilst in the army and due to army service. Certain broad differences according to length of service have been indicated.

GENERAL SUMMARY. The duration of military service given by the psychoneurotic soldier is dependent to some extent on the incidence of psychoneurotic symptoms in childhood. The incidence of adult psychoneurotic symptoms per se does not reveal any definite trend bearing on length of service before breakdown, but when adult neurotic symptoms are classified as symptoms arising before and during military service, some

useful suggestions emerge.

Firstly, as in the incidence of childhood psychoneurotic symptoms, we find that length of military service before breakdown seems to correlate inversely with the incidence of pre-army adult psychoneurotic symptoms.

Secondly, the incidence of psychoneurotic symptoms, arising whilst in the army, steadily increases with length of military service.

DISCUSSION. The importance of the pre-army period with regard to the incidence of neurosis in childhood and adult life pre-army, is made obvious in estimating the duration of military service to be offered by the psychoneurotic soldier. Of interest is the finding that whilst long service depends on a relatively past freedom from psychoneurotic symptoms, it carries with it the danger of a development of psychoneurotic symptoms in direct ratio to the length of service.

Our experience of psychoneurotic soldiers who have given good service and have also believed themselves to be normally adjusted men, coupled with our experience of the psychoneurotic ex-soldier who has given minimal and inadequate service, leads us to believe that the development of psychoneurotic symptoms as a corollary to long service, does not give rise to a chronic or fixed neurosis. In other words, the psychoneurotic soldier with good morale will give adequate service before he does show overt illness and will make an adequate social, if not military, recovery.

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SECTION 4.

In previous sections we have considered the relationship existing between the mean incidence of psychoneurotic symptoms and our four main sub-groups, viz I the S.G. groups. II the length of service before breakdown with illness groups. III the occupational groups and IV the age groups.

Also we have previously estimated the % incidence of occurrence for each symptom, i.e. the number of times (per cent) each symptom has been regarded by our 400 men as being value-laden for himself.

We now wish to consider the following problem. We can assume that symptoms, whose % incidence of occurence is within the upper 10th percentile range, can be regarded as the most common of psychoneurotic symptoms for our total group of 400 psychoneurotic soldiers. We could then estimate whether or not our four main sub-groups as stated above differ within themselves on the basis of these most common symptoms. To give an example, "Headache" is one of the most common psychoneurotic symptoms, is it more frequent in one S.G. group than another? i.e. does intellect play any part in the incidence of headache as a psychoneurotic symptom? Further differentiation could be made on the basis of the most common psychoneurotic symptom present before military service was entered upon, and likewise for the most common psychoneurotic symptoms arising during the period of military service.

SECTION 4A. THE CHILDHOOD PERIOD. (400 P.N. SOLDIERS)

TABLE 34.

Percentage incidence of occurrence for each symptom

Question.	Total	Severe	Moderate
Shyness.	88.0%	51.2%	36.5%
Being "moody" i.e. swift changes in emotional attitude.	67.0	35.7	31.2
Being unable to sit still without fidgetting	64.7	25.7	39.0
Experiencing a sense of inferiority	64.5	29.2	35.2
"Day-Dreaming" in the midst of my work.	64.2	28.5	35.7
Fear of snakes.	62.2	40.2	22.0
Considering myself rather a nervous person.	61.5	27.0	34.5
Fright in the middle of the night.	61.0.	26.7	34.2
Getting tired easily.	56.7	27.2	29.5
Preferring to play alone rather than with others.	55.0	29.5	25.5
Periods of sleeplessness	54.2	15.0	39.2
Mind-wandering, i.e. losing track of what I was doing.	54.2	21.7	32.5
Fear of rats or mice.	54.0	26.7	27.2
Getting bored with amusements easily.	52.7	20.0	32.7
Poor Health.	52.0	22.2	29.7
Being depressed because of low marks in school.	51.7	25.5	26.2
Experiencing swift changes of my interest or occupations.	49.7	23.2	26.5
Pains in some part of my body.	48.7	16.5	32.2
Giving way to "tantrums" i.e. violent behaviour when my will was thwarted.	48.5	20.7	27.7
The habit of biting my finger nails.	47.2	27.7	19.5
Harbouring intense dislikes of people.	45.5	19.0	26.5
Disliking the company of girls.	45.5	21.7	23.7
Wanting to get even with someone.	42.7	17.7	25.0
Fear of Fire.	39.5	15.7	23.7
Being a "crank" about food.	36.2	17.5	18.7
Unfair treatment on the part of teachers.	35.0	11.0	24.0
Being disturbed by a sex fact or some sex experience.	31.0		
Fainting.	29.7	6.0	23.7
Feeling ashamed of myself for having an interest in the workings of my body.	26.7	8.0	18.7
A desire to steal things.	20.2	3.2	17.0

Table 34 shows how often each symptom has been answered. The results are quoted as percentage score. The table shows the scores thus obtained in three columns.

I. Total; i.e., the value of the symptom irrespective of the intensity of severity with which the symptom is invested.

II. Severe; the value of the symptom when considered to have been of severe intensity.

III. Moderate; the value of the symptom when considered to have been only of moderate intensity.

We will further consider the symptoms present in the upper 25th percentile range, in the columns severe and moderate. We have discounted "Fear of snakes" in favour of "Fright in the middle of the night". For the benefit of compactness we have shown only our conclusions. The relevant tables are in the appendix A (Tables 28, 30, 32, 34 and 40 to 47).

Table 35.

Symptoms of severe intensity present during the childhood period in the upper 25th percentile range are :-

30. Shyness.
21. Being moody (i.e., swift changes in emotional attitude.
15. Preferring to play alone rather than with others.
13. Experiencing a sense of inferiority.
22. Day-dreaming in the midst of my work or studies.
28. The habit of biting my finger nails.
4. Getting tired easily.
23. Considering myself a rather nervous person.
3. Fright in the middle of the night.

The frequency with which men complain of having had these symptoms cannot be said to bear more than a chance relationship to the factors of their present S.G. group, occupational group and age group, Appendix A Tables 40, 42, 44 and 46. No. 23 "Considering myself a rather nervous person, hasbeen less common in

childhood in the case of men with 3 or more years service to their credit before breakdown. There is a suggestion that this feeling, and also 3. 'Fright in the middle of the night' were more prevalent in the childhood period of the lower S.G. groups (P = .05)

Table 36

Symptoms of moderate intensity present during the childhood period in the upper 25th percentile range are :-

2. 'Periods of sleeplessness'.
22. "Day-dreaming in the midst of my work or studies'.
27. 'Being unable to sit still without fidgeting'.
30. 'Shyness'.
13. 'Experiencing a sense of inferiority'.
23. 'Considering myself a rather nervous person'.

The frequency with which men complain of having had these symptoms cannot be said to bear more than a chance relationship to the factors of their present S.G. group, occupational group and age group and length of service group, except for symptom 2 (periods of sleeplessness) which shows significant inter group variation for the length of service groups. However the scatter is such that no useful interpretation can be hazarded.

A similar state exists for 27 'Being unable to sit still without fidgeting' in the occupational groups. App.A.Tab.41,43,45,47

Summary. In general the childhood period of our psychoneurotic soldiers was characterised by feelings of inferiority, evidenced as shyness, nervousness and moodiness. There was proneness to nail biting, night fears and day dreaming with a lack of physical wellbeing. The neurotic soldier who regarded himself as a nervous child tends to give less military service than the neurotic soldier whose childhood nervousness was not perceived as an overt manifestation.

SECTION 4B.

The Percentage incidence of occurrence for each symptom in the Adult Period (for 400 P.N. soldiers).

Three tables are shown (Table 37, Table 38, Table 39) in pursuance of our general scheme of considering adult life as a whole and then its sub-divisions of pre-army life and army service. Each table gives the total percentage score per symptom and also the score in accordance with the intensity of the symptom in terms of severe and moderate.

For each of the three temporal sub-divisions the symptoms are considered individually for the different S.G. groups, the occupational groups, the age groups and length of service groups, making up our 400 patients. These tables are shown in the appendix A . Tables 29, 31,33,

Finally selections of the above results, childhood and adult periods are distributed in frequency tables according to the percentage occurrence of the symptoms. It is hoped that this procedure will allow a more easily visualised picture to emerge, of the somewhat unwieldly mass of data, and furthermore, to give some idea of the pattern of distribution. This selection will be found in the appendix A . Tables 25, 27.

Table 37

Percentage Incidence of recurrence per symptom in Maturity for 400 P.N. soldiers.

Symptom.	Total.	Severe	Moderate
Headaches.	85.7%	53.2%	32.5%
Just feeling miserable.	85.5	49.0	36.5
Worrying when I have an unfinished job on my hands.	84.0	51.7	32.2
Feeling sad or low spirited.	82.2	49.7	32.5
Shyness.	81.0	38.5	42.5
Considering myself a nervous person	80.7	41.5	39.2
Getting tired easily.	80.5	52.0	28.5
Getting upset easily.	80.5	53.2	27.2

Symptom.	Total.	Severe.	Moderate.
Difficulty in forgetting unpleasant experiences.	80.0	53.2	26.7
Worrying about little things.	79.0	43.2	35.7
Mind wandering, i.e., losing track of what I was doing.	77.2	39.7	38.5
Dizziness.	77.7	30.0	47.7
Being troubled by sleeplessness.	76.7	32.0	44.7
Getting discouraged easily.	76.5	44.7	31.7
Saying things on the spur of the moment and then regretting them.	75.5	44.7	30.7
Finding my mind troubled by doubt.	75.0	33.5	41.5
Being "touchy" on various subjects.	74.5	28.0	46.5
A queer feeling as though I was not my old self.	74.0	44.0	30.0
Pains in some part of my body.	73.2	36.7	36.5
Fidgeting.	73.2	32.7	40.5
The belief that people find fault with me.	73.0	37.7	35.2
Difficulty in standing disgusting smells.	72.7	42.7	30.0
Things swimming or getting misty before my eyes.	72.0	29.0	43.0
Difficulty in adjusting to new places.	72.0	38.2	33.7
Feeling unable to accomplish my major ambitions.	71.7	35.7	36.0
Getting rattled.	71.0	29.0	42.0
Uneasiness in crossing a high bridge.	70.2	37.7	32.6
Finding myself recalling painful experiences.	70.0	35.5	34.5
Shifts of my moods from sad to happy and happy to sad (without reason).	69.7	37.0	32.7
Pressure in or about the head.	69.0	37.2	31.7
Getting cross or grouchy.	68.0	24.7	43.2
Poor health.	67.2	25.5	41.7
Difficulty in standing "kidding".	66.7	31.2	35.5
Being timid with other fellows.	65.0	30.0	35.0
Getting angry easily.	64.7	34.0	30.7
Losing my temper quickly.	64.5	36.0	28.5
Difficulty in standing the sight of blood.	64.5	34.7	29.7
Enduring pain with difficulty.	64.2	26.2	38.0
Unpleasant feelings in my body.	62.7	26.5	36.2
Being afraid of responsibilities.	62.0	27.5	34.5
Fear of lightening.	61.5	22.7	38.8
Being troubled by conscience problems.	60.5	25.0	35.5
Believing myself unsatisfactorily adjusted to life.	56.7	25.7	31.0
Being unhappy during my adolescent years, i.e., in young manhood.	56.5	27.0	29.5
A poor appetite.	55.7	16.0	39.7

Symptom.	Total	Severe.	Moderate.
Difficulty in making friends.	55.2%	28.0%	27.2%
Slow to be moved to laughter.	54.2	21.2	33.0
Being unenthusiastic about my life's possibilities.	53.0	18.5	34.5
Burdened by a sense of remorse.	53.0	19.5	33.5
Being bothered by some particular useless thought that keeps coming into my mind.	49.7	21.0	28.7
Getting tired of work easily.	49.5	18.7	30.8
Swift changes of my interests or occupations.	48.5	21.0	27.5
Being troubled by thoughts of death.	47.5	19.5	28.0
The feeling that people are reading my thoughts.	47.2	16.7	30.5
Suspecting people of "underhanded" motives.	47.2	17.0	30.2
The feeling that someone was making me act against my will.	43.7	18.2	25.5
Biting my finger nails.	43.7	22.5	21.2
Problem of constipation.	40.7	10.2	30.5
A desire to commit suicide.	39.5	11.2	28.2
Being a "crank" about food.	38.5	15.2	23.2
Fear of dogs.	37.2	15.2	19.7
Having conflicting moods of love and hate for members of my family.	35.5	13.2	22.2
Desire to jump off when on a high place.	35.0	15.2	19.7
Ashamed to talk frankly about my sex life.	35.0	13.5	21.5
Indifference to girls.	34.0	9.0	25.0
Heart trouble.	34.2	8.5	25.7
Being frightened or worried by a sex fact or sex experience.	33.0	15.7	17.2
Finding my home environment unhappy.	26.0	12.7	13.2
Ashamed of myself for having an interest in the sexual workings of my body.	15.7	4.7	11.0
Difficulty in concentrating because of having "girls on the brain".	13.7	3.7	10.0

Table 38

Percentage incidence of occurrence per symptom before Military Service (for 400 P.N. soldiers).

Symptom.	Total.	Severe.	Moderate.
Shyness	77.0%	37.5%	39.5%
Worrying when I have an unfinished job on my hands.	73.7	28.2	45.5
Difficulty in forgetting unpleasant experiences.	68.2	45.5	22.7
Difficulty in standing disgusting smells.	68.2	41.5	26.7
Worrying about little things.	68.2	39.2	29.0
Being "touchy" on various subjects.	67.2	25.5	41.7
Considering myself a nervous person.	66.5	36.2	30.2
Getting upset easily.	66.2	44.0	22.2
Saying things on the spur of the moment and then regretting them.	65.7	40.7	25.0
Getting discouraged easily.	65.2	38.7	26.5
Fidgeting.	64.7	30.5	34.2
Feeling unable to accomplish my major ambitions.	62.2	25.5	41.7
Just feeling miserable.	61.7	34.0	27.7
Uneasiness in crossing a high bridge.	61.5	33.2	28.2
Difficulty in adjusting to new places.	61.5	34.7	26.7
Getting rattled.	61.0	25.0	36.0
Finding my mind troubled by doubt.	60.7	29.0	31.7
Headaches.	60.5	38.5	22.0
Difficulty in standing "kidding".	59.5	27.7	31.7
Being timid with other fellows.	59.5	28.5	31.0
Difficulty in standing the sight of blood.	59.5	32.2	37.3
Feeling sad or low spirited.	59.0	37.2	21.8
Getting tired easily	58.7	38.5	20.2
Getting cross or grouchy.	58.2	21.5	36.7
Fear of lightening.	58.0	21.7	36.3
Shifts of mood from sad to happy and happy to sad without reason.	57.2	30.7	26.5
Pains in some part of my body.	57.0	29.0	28.0
Lsoing my temper quickly.	57.0	32.7	24.3
Mind-wandering, i.e., losing track of what I was doing.	56.7	30.7	26.0
Finding myself recalling painful experiences.	55.7	28.2	27.5
Getting angry easily.	55.5	30.5	25.0
Poor health.	54.5	21.5	33.0
Enduring pain with difficulty.	54.5	23.5	21.0
Dizziness.	54.2	20.2	34.0
The belief that people find fault with me.	53.5	27.2	26.3

Symptom.	Total.	Severe.	Moderate.
Being troubled by sleeplessness.	52.7%	20.0%	32.7%
Being troubled by conscience problems.	52.0	22.2	29.7
Difficulty in making friends.	50.7	25.7	25.0
Being afraid of responsibilities.	50.5	23.5	27.0
Pressure in or about the head.	50.0	28.2	21.7
Being unhappy during my adolescent years, i.e. young manhood.	50.0	23.7	26.2
Things swimming or getting misty in front of my eyes.	49.2	19.7	29.5
A queer feeling as though I was not my old self.	48.2	26.5	21.7
Unpleasant feelings in my body.	48.0	22.0	26.0
Believing myself unsatisfactorily adjusted to life.	46.5	22.2	24.3
A poor appetite.	45.7	12.7	33.0
Slow to be moved to laughter.	45.2	17.7	27.5
Burdened by a sense of remorse.	44.2	17.0	27.2
Being unenthusiastic about my life's possibilities.	42.5	15.5	27.0
Biting my finger nails.	42.2	22.0	20.2
Swift changes of my interests or occupations.	41.0	17.7	23.8
Getting tired of work easily.	38.2	15.5	22.7
Being bothered by some particular useless thought that keeps coming into my head.	37.0	16.7	20.3
Being troubled by thoughts of death.	37.0	16.0	21.0
Suspecting people of "underhanded" motives.	36.2	12.5	23.7
Fear of dogs.	35.7	11.5	24.2
Being a "crank" about food.	35.2	14.2	21.0
Problem of constipation.	34.7	9.2	25.5
The feeling that people are reading my thoughts.	34.5	12.0	22.5
Ashamed to talk frankly about my sex life.	33.5	12.7	20.7
Indifference to girls.	32.5	9.7	22.7
Having conflicting moods of love and hate for members of my family.	32.2	11.7	20.5
The feeling that someone was making me act against my will.	31.5	13.0	18.5
Desire to jump off when on a high place.	29.5	13.2	16.3
Being frightened or worried by a sex fact or some sex experience.	28.7	13.5	15.2
Heart trouble.	27.7	7.5	20.2
A desire to commit suicide.	23.0	4.7	18.2
Finding my home environment unhappy.	22.5	11.0	11.5
Ashamed of having an interest in the sexual workings of my body.	13.7	4.5	9.2

Symptom.	Total.	Severe.	Moderate.
Difficulty in concentrating because of having "girls on the brain."	12.5%	3.2%	9.2%

Table 39

Percentage incidence of occurrence per symptom arising during Army Service (for 400 P.N. soldiers).

Symptom.	Total.	Severe.	Moderate.
A queer feeling as if I were not my old self.	30.7%	17.5%	13.2
Headaches.	25.3	14.7	10.5
Being troubled by sleeplessness	24.0	12.0	12.0
Just feeling miserable.	23.7	15.0	8.7
Feeling sad or low spirited.	23.2	12.5	10.7
Dizziness.	23.2	9.7	13.5
Things swimming or getting misty before my eyes.	22.7	9.2	13.5
Getting tired easily.	21.7	13.7	8.0
Mind wandering, i.e., losing track of what I was doing.	21.5	9.0	12.5
The belief that people find fault with me.	19.5	10.5	9.0
Pressure in or about the head.	19.0	9.0	10.0
A desire to commit suicide.	16.5	6.5	10.0
Pains in some part of my body.	16.2	7.7	8.5
Unpleasant feelings in my body.	14.7	4.5	10.2
Getting upset easily.	14.2	9.2	5.0
Finding my mind troubled by doubt.	14.2	4.5	9.7
Finding myself recalling painful experiences.	14.2	7.2	7.0
Considering myself a nervous person.	14.2	5.2	9.0
Poor Health.	12.7	4.0	8.7
The feeling that people are reading my thoughts.	12.7	4.7	8.0
Being bothered by some particular useless thought that keeps coming into my mind.	12.7	4.2	8.5
Shifts of my moods from sad to happy and happy to sad (without reason).	12.5	6.2	6.2
The feeling that someone was making me act against my will.	12.2	5.2	7.0
Difficulty in forgetting unpleasant experiences.	11.7	7.7	4.0
Being afraid of responsibilities	11.5	4.0	7.5
Getting discouraged easily.	11.2	6.0	5.2
Getting tired of work easily.	11.2	3.2	8.0
Suspecting people of "underhanded" motives.	11.0	4.5	6.5
Worrying about little things	10.7	4.0	6.7

Symptom.	Total.	Severe.	Moderate.
Difficulty in adjusting to new places.	10.5%	3.5%	7.0%
Being troubled by thoughts of death.	10.5	3.5	7.0
Being unenthusiastic about my life's possibilities.	10.5	3.0	7.5
Believing myself unsatisfactorily adjusted to life.	10.2	3.5	6.7
Worrying when I have an unfinished job on my hands.	10.2	6.2	4.0
A poor appetite.	10.0	3.2	6.7
Getting rattled.	10.0	4.0	6.0
Getting cross or grouchy.	9.7	3.2	6.5
Saying things on the spur of the moment, and then regretting them.	9.7	4.0	5.7
Enduring pain with difficulty.	9.7	2.7	7.0
Feeling unequal to accomplishing my major ambitions.	9.5	3.7	5.7
Getting angry easily.	9.2	3.5	5.7
Slow to be moved to laughter.	9.0	3.5	5.5
Uneasiness in crossing a high bridge.	8.7	4.5	4.2
Burdened by a sense of remorse.	8.7	2.5	6.2
Fidgeting.	8.5	2.2	6.2
Being troubled by conscience problems.	8.5	2.7	5.7
Losing my temper quickly.	7.5	3.2	4.2
Swift changes in my interests or occupations.	7.5	3.2	4.2
Difficulty in standing "kidding"	7.2	3.5	3.7
Being "touchy" on various subjects	7.2	2.5	4.7
Heart trouble	6.5	1.0	5.5
Being unhappy during my adolescent years, i.e., in young manhood.	6.5	3.2	3.2
Problem of constipation.	6.0	1.0	5.0
Desire to jump off when on a high place.	5.5	2.0	3.5
Being timid with other fellows.	5.5	1.5	4.0
Difficulty in standing the sight of blood.	5.0	2.5	2.5
Difficulty in making friends.	4.5	2.2	2.2
Difficulty in standing disgusting smells.	4.5	1.2	3.2
Being frightened or worried by a sex experience or any sex fact.	4.2	2.2	2.0
Shyness.	4.0	1.0	3.0
Fear of lightning.	3.5	1.0	2.5
Finding my home environment happy.	3.5	1.7	1.7
Having conflicting moods of love and hate for members of my family.	3.2	1.5	1.7
Being a "crank" about food.	3.2	1.0	2.2
Indifference to girls.	2.2	-	2.2
Ashamed of myself for having an interest in the sexual workings of my body.	2.0	0.25	1.7

Symptom.	Total.	Severe.	Moderate.
Fear of dogs.	1.5	0.7	0.7
Biting my finger nails.	1.5	0.5	1.0
Ashamed to talk frankly about my sex life.	1.5	0.7	0.7
Difficulty in concentrating because of having "girls on the brain".	1.2	0.5	0.7

SECTION 4C.
EXAMINATION OF ADULT SYMPTOMS.

We purpose to direct our attention to two periods, the adult period pre-army and the period during army service, as we have defined them. Within these periods we will concern ourselves only with psychoneurotic symptoms felt as being of severe intensity since we have shown in comparing our 400 psychoneurotic soldiers with the 400 normals of House's Series that moderate psychoneurotic symptoms are as common in normals as in psychoneurotics (the % difference being 2% and the S.E. difference 3.25%).

Of these symptoms we will consider only such as fall in the upper tenth percentile range. Within these limits we will pursue the problem we stated, i.e. to ascertain whether there is any association between the most common psychoneurotic symptoms and each of our main sub-groups (1. S.G. groups, 2. Social groups, 3. Age groups, 4. Length of service groups).

Table 40

The psychoneurotic symptoms of severe intensity present before Military Service, in the upper tenth percentile range are:-

	Incidence.
Difficulty in forgetting unpleasant experiences.	45.5%
Getting upset easily.	44.0
Saying things on the spur of the moment and then regretting them.	40.7

	Incidence.
Worrying about little things.	39.0%
Getting discouraged easily.	38.2
Headaches.	38.7
Getting tired easily.	38.5

The variation shown by the men of each intelligence group suggests that "Headache", "Getting tired easily", and "Saying things on the spur of the moment and then regretting them" are less common the higher the S.G. group. (Appendix A Table 52)

Similar tables are shown for our occupational groups and the various age groups of our 400 psychoneurotic soldiers. Here however, the variations as such as might fairly have arisen by chance as shown by the values for P., and we cannot ascribe any strong relationship between symptoms and the factors of age group or occupational group. (Appendix A Tables 53 and 54)

In determining the part played by length of service at time of breakdown, tables suggest that the more a man has been affected by "Headaches" and "Getting tired easily" in his pre-army life, the sooner he breaks down once in the army. (App. A Tab. 55)

Symptom 59, "Saying things on the spur of the moment and then regretting them" shows significant inter group variation, but the scatter is such that no useful interpretation can be hazarded.

Summary. Of the most common psychoneurotic symptoms present before enlistment into the army, three of them "Headache", "Getting tired easily" and "Saying things on the spur of the moment and then regretting them" have been most frequent in the lower S.G. groups and have presumably some bearing on the rapidity with which the soldier breaks down with neurosis.

"Headache" and "Getting tired easily" are pre-army symptoms

complained of most frequently by these men who break down in the earlier months of service.

It is also worthy of note that "Headache" and "Getting tired easily" are also common symptoms arising during military service. In this latter period however, intelligence plays no part in the frequency of the headache and moreover, the complaint of headache and getting tired easily increases as service is prolonged.

If we attempt to visualise the personality suggested by pre-army symptoms of neurosis or neurotic predisposition, we can see a man who can be but an inadequate soldier. He will go sick with "Headaches" and inability to perform his duty by reason of excessive physical weakness. No form of physical therapy will ease him and he will become a military burden, His difficulty in forgetting unpleasant experiences will be powerfully reinforced by battle stress. The man who is easily upset, easily discouraged and prone to worry over little things, is likely to be most unhappy and inefficient as a soldier. Finally group life and military discipline do not readily tolerate the man who says things on impulse and then is sorry, such a soldier finds himself in conflict with authority and out of favour with his comrades.

Table 41

The psychoneurotic symptoms of severe intensity arising during military service present in the upper tenth percentile range.

	Incidence.
A queer feeling as if I were not my old self.	17.3%
Just feeling miserable.	15.3
Headaches.	15.0
Getting tired easily.	13.5

	Incidence.
Being troubled by sleeplessnes.	12.5%
The belief that people find fault with me	10.5
Dizziness.	9.7

The results obtained by the men of each intelligence group, according to the Penrose Raven Matrices tests, for each of the above symptoms are shown in Table 48 Appendix A.

The value of P. indicated shows that the inter group variations for each symptom are such as might fairly have arisen by chance and we cannot assume that intellect plays any significant part in the incidence of these symptoms.

Similar tables are shown for our social or occupational groups and the various age groups of our 400 psychoneurotic soldiers. (Appendix A. Table 49 and 50)

Again our findings are such as might have fairly arisen by chance and we cannot assume that in the incidence of occurrence of these symptoms any significant part is played by the soldiers age or his pre-army occupational group.

When we come to determine the part played by length of service at time of breakdown in our psychoneurotic soldiers we find that we can with some safety (P. = 0.01) rule out the question of chance variation in the inter group relationships. (Table 51 Appendix A).

It would seem that symptom 92. - "A queer feeling as if I were not my old self" is felt with increasing frequency after the 2nd year of service. Symptom 70 - "Just feeling miserable" becomes felt with increasing frequency as the length of service rises. Symptom 40 - "Headache" that monotonous complaint of the psychoneurotic soldier is least frequent in the

first 12 months of service and become steadily more frequent after the 2nd year of service. Symptom 41 "Getting tired easily" shows a similar trend, it is least frequent in the first 18 months of service and thereafter steadily becomes a more and more frequent complaint.

Symptom 76. "Sleeplessness" is least common in the first 12 months of service. Symptom 93. "The belief that people find fault with me" - possibly a paranoid projection mechanism, is generally least frequent in the first 18 months of service. The next period of 18 months shows an increase of the numbers of men developing this attitude, and thereafter this increase steadily rises with prolongation of service. Symptom 35. "Dizziness" is less common in the first 24 months of service than in any subsequent period.

Summary: Psychoneurotic symptoms of severe intensity arising during military service show a relationship to the length of service in the army. The groups with longer service complain of a rising incidence of these symptoms, especially after about the end of 2nd year of service.

The frequency with which men complain of these symptoms cannot be said to bear more than a chance relationship to the factors of intelligence, occupational group, and age group.

The overall picture suggested by the above is that of a soldier showing marked psychiatric illness. The symptom given most prominence "A queer feeling as if I were not my old self" coupled with "The belief that people find fault with me" give some hint of an endogenous depressive state, and this is suggested by the complaint of feeling miserable and

being troubled by sleeplessness. Headache, dizziness and anergy are particularly subjective symptoms and can be obstinately resistive to treatment. That the illness has been precipitated by military service seems suggested by the finding that more and more are affected as exposure to army life is prolonged.

A more detailed examination of the difference between 105 psychoneurotic soldiers with battle service and our general group of 400 psychoneurotic soldiers, carried out symptom by symptom, indicated that the distribution of incidence among the symptoms is generally identical in the two groups, but with higher frequencies in the 105 battle service groups. (Appendix A Tables 38,39)

Table 42.

Within the upper 25th percentile range these common symptoms are:-

"Things swimming or getting misty before my Eyes"
"Dizziness".
"Pressure in or about the head".
"Headaches".
"Getting tired easily".
"Mind-wandering, i.e., losing track of what I am doing".
"Getting upset easily".
"Just feeling miserable".
"Difficulty in forgetting unpleasant experiences".
"Being troubled by sleeplessness".
"Finding myself recalling painful experiences".
"Worrying when I have an unfinished job on my hands".
"A queer feeling as if I were not my old self".
"The belief that people find fault with me".
"Feeling sad or low-spirited".

The comparative percentage incidence for these symptoms is shown in Table 43.

Table 43.

Percentage incidence of occurrence of symptoms arising during service for 400 psychoneurotic soldiers and 105 men of desert army within the upper 25th percentile range.

Symptom.	% Incidence for 400.	% Incidence for 105.	% Difference.	% S.E. Difference
33	9.0	17.5	8.5	3.92
35	10.0	19.5	9.5	4.15
39	9.0	19.0	10.0	4.09
40	15.0	33.5	18.5	4.93
41	14.0	22.0	8.0	4.4
67	9.0	18.5	9.5	4.03
68	9.0	22.0	13.0	4.28
70	15.0	23.5	8.5	4.51
75	8.0	16.5	8.5	3.86
76	12.0	16.0	4.0	3.92
81	7.0	18.0	11.0	3.95
91	6.0	15.0	9.0	3.68
92	17.5	27.0	9.5	4.72
93	10.5	14.5	4.0	3.76
97	12.5	20.0	7.5	4.24

The higher frequencies for the 105 desert army men can be regarded as significant except for symptoms :-

"Just feeling miserable".
"Being troubled by sleeplessness".
"The belief that people find fault with me".
"Feeling sad or low-spirited".

Table 44.

Other symptoms of interest in our two groups are :-

"Poor health".
"Considering myself a nervous person".
"Getting discouraged easily".
"Feeling unequal to accomplishing my major ambitions".
"Getting angry easily".
"Being troubled by thoughts of death".

The comparative percentage incidence is shown under table (45)

Table 45.

Percentage incid ence of occurrence for the undernoted symptoms in 400 psychoneurotic soldiers and 105 men of the desert army.

Symptom.	%Incidence for 400.	% Incidence for 105.	% Difference.	S.E. of % Difference
34	4.0	11.0	7.0	3.2
83	5.0	12.0	7.0	3.34
51	6.0	13.0	7.0	3.48
61	4.0	11.0	7.0	3.2
49	3.5	11.5	8.0	3.25
100	3.5	7.5	4.0	2.72

i.e. There is lack of confidence, lack of physical and mental feelings of wellbeing and an inability to control aggressive tension, which is of greater frequency in the battle service group.

It is worthy of note that 76 (sleeplessness) and 100 (thoughts of death) whilst more frequent symptoms in the battle stressed groups do not reach a level of significance which allows of clear differentiation between our two groups.

Discussion: In our consideration of the mean incidence of psychoneurotic symptoms we observed how far the score was influenced by such factors as age, occupation, length of service and S.G. group. By examining the percentage incidence of each symptom we have obtained some conception as to which of the more important symptoms have weighted this variation in the mean score. In the childhood period, for example, we obtained some idea of the general personality and observed that length of service may be determined by how far the soldier complained specifically of nervousness in his childhood. Similarly for the adult pre-army period, the symptoms of headache and anergy seem to be related to the duration of effective military service.

An interesting finding arises when comparing symptoms arising during military service for a battle stressed group

and a non combat exposed group. In general both groups complain of a similar distribution of symptoms but with increased incidence of these symptoms for the battle stressed, i.e. both groups are ill in the same way, but more so for the battle stressed. This would suggest that the principal trauma is army life per se, and that exposure to battle conditions are but a continuation or underlining of the trauma inflicted by enrolement into the army group, with its uncompromising demand for limitation of narcissism. Fairbairn (1943) held that the neuroses promoted by war show no different features from the peace time neuroses. In the last war the soldier was driven to gross hysterical phenomena to escape from what was held to be an intolerable situation. Nothing less than the utter and obvious helplessness of paralysis, blindness, deafness or dumbness would satisfy the standards laid down by the cultural pattern of his contemporaries and of himself.

It is worthy to note that in the Russian army of the 1941 - 45 war gross hysterical phenomena did occur in conformity with the cultural pattern instilled by heroic propaganda and by the obvious poverty of pleading headache, worry, sleeplessness, domestic stress, exhaustion and so on in the presence of the appalling anxiety carried by an army surrendering territory, homes, women, children and relatives to the rapacity, bestiality and cruelty professed openly and exultantly by the German army. Zillboorg (1944) noted that the Soviet psychiatrists held the shell shock theory prevalent in the last war and that deaf mutism was the commonest psychoneurotic reaction in the

Russian soldier. Yudin (1944) develops the Soviet psychiatric theory of baro-traumatic illness, where the soldier under bombardment falls unconscious to the ground and has to be carried off the field of battle. The commonest symptom is that of deaf mutism and these casualties require to be evacuated to the rear. No evidence of cerebral contusion can be found. By contrast the emotional shock reactions and hysterics are treated near the front line. Yet it would appear that what are termed baro-traumatics are but really severe hysterical reactions. The neurotically predisposed soldier, inflaned and inspired by slogans, rendered group conscious by the habit of mass singing and the utterance of perfervid national sentiments, ceases to hear and speak when he is exposed to such obvious battle stress as will allow of an ethically satisfactory escape.

Broder (1943) made an exhaustive study of Russian Psychological Warfare with reference to the morale building activities of the U.S.S.R. The immensity of the propaganda programme and psychological indoctrination of the masses was inconceivable. By 1940, 15 million civilians were studying the art of war in all its technical branches and a knowledge of military tactics was general. He quotes Strong (1941) to the effect that highly technical military manuals, such as the 1,000 page "Purposed System of Artillery" were common reading matter. Every soldier and citizen was subjected to constant re-iteration of the theme that the home, the parents, the wife and children depended on him and that their death, destruction, rape and torture would follow on his weakness.

In 1942 it was judged that the morale of the army was indestructable.

It becomes clear why the Soviet soldier could not seek safety and security unless he sustained a manifest physical wound or a gross psychiatric lesion. His illness had to conform to the cultural pattern of his comrades, of his civilian compatriots and of his psychiatrist. The importance of the "Soldiers Public" is we believe the main factor in securing the high rate of recovery in neurotic soldiers treated in an active theatre of war in an exclusively military environment. His problems, his fears and his difficulties are kept in clear focus for him by the attitude of his immediate contacts, his comrades, nurses and physician, who are all attuned to reality.

The importance of the reality situation has been noted by Bellamy (1943) in the shipwrecked merchant seamen who "usually manage to keep themselves under control, in fact, their life depends on it. Then when safety is reached some of the men 'go all to pieces' and experience anxiety attacks with trembling, sweating, palpitation, tachycardia, dyspnoea and weakness or prostration". We do not agree that the absence of symptoms is based entirely on biological necessity, but in some part it is the absence of a receptive public who will 'receive' the symptoms, that prevents the release of symptoms. This does not mean that neurotics can be treated by ignoring them, but it does emphasise that compassion for the neurotic casualty must be expressed in terms relevant to the realistic statement of Bowman (1942) that the attitude of the American

public will determine how many soldiers will develop neurosis. He amplifies this by his remark that a war neurosis is nothing to be proud of.

Symptomatology is likewise influenced by the cultural pattern of the psychiatrist. Rickman (1941) commented on the different theory and practise elicited in the two recent wars and noted that as theory changed so were the symptoms of the patient altered. Gillespie (1944) has considered this occurrence very fully under the heading of "Changing Concepts in Psychoneuroses", and Gallinek (1942) has shown that not only will symptoms of hysteria vary in accord with the times and social environment but even the hysterical personality will reflect its cultural milieu. He quotes St. Columbo, St. Hildegard and many others of forceful, energetic, intellectual and vigorous personalities who yet showed gross hysterical stigmata. The best known example of the influence of the psychiatrist is that of Charcot whose weird and wonderful symptomatology is no longer seen. Chrichton-Miller (1937) makes a valuable suggestion in noting how the philosophies of Freud and Jung are conditioned by the cultural heritage of the authors. It can be surely no accident that the Freudian monism, and its emphasis on the oedipal situation and castration punishment is so closely parallel to the Judaic concept of monotheism with its just but terrible Jehovah calling for sacrifice, circumcision and strict morality. Jung with his mysticism and his racial unconsciousness is portraying his Teutonic background and this reaches its apotheosis in the mystical conceptions of certain human types propounded by

Jaensch in accordance with the cultural demands of his Nazi ideology. Gitelson (1943) noted that the fifteenth congress of the German Psychological Association ended in a scientific cul-de-sac, because of its adherence to the Germanic Culture. The emergence of a British Eclectic School of Medical Psychology is again in accord with the characteristics of the British mode of life. This British moderation has allowed of the development of the anxiety state, rather than of the hysterical neurosis as in the more rigid and doctrinnaire culture of Marx and Lenin.

The symptoms we have noted as being most prevalent for our series are in general agreement with the literature. Thus Stephenson and Cameron (1943) examined the childhood history of their series of anxiety states and found it to be characterised by shyness, timidity, inadequacy and a general tendency to withdraw from the demands of schoolboy life. Torrie (1944) in 1,000 cases of anxiety neurosis noted the common symptoms as Headache 30%, Disturbances of sleep 21.6%, Depression 20.7%, Dizziness 12%, Lassitude 10.4%. Kubie (1943) stressed the importance of sleep disturbance as a warning of impending neurotic breakdown. Braceland and Rome (1943) have studied fatigue (getting tired easily) and neurosis, and note that in the neurotic, fatigue is induced by anxiety and not vice versa as in the normal subject. Parsons (1943) in a group of 200 psychoneurotics found that the most prevalent symptoms were depression, agitation (easily upset) anergy and insomnia.

For our childhood period the symptom of shyness is particularly outstanding, being present in 51% of our 400 as a severe manifestation. Lewinsky (1942) has made a particularly penetrating study of this phenomenon and her conclusions will be considered in detail and referred to our significant findings. Shyness is defined as 'a state of hyper inhibition through fear, shame and mistrust directed partly against the environment, partly against the subjects own impulses, mainly aggression and sexuality.' The character and personality is described as being narcissistic, unable to adapt to new experiences, situations and requirements. In the adult life pre-army, 77% of our series complain of shyness (37% as a severe manifestation) and we may assume that adaptation to the Army will be difficult. The shy person shows incapacity to make contact with others, and this is expressed in symptom 15, "Preferring to play alone rather than with others". The shy show increased reference to the self and tend to associate happenings to themselves, this is expressed as the paranoid outlook and is evidenced in symptom 93, "The belief that people find fault with me", which is one of the severe symptoms arising during military service. The shy show marked ambivalence, they are usually timid and afraid but are prone to sudden outbursts of aggression and the covertly shy are the boastful, noisy, aggressive type. This ambivalence is expressed in symptom 59, "Saying things on the spur of the moment and then regretting them", a severe symptom present before military service is embarked upon. The childhood symptom 26, "Being moody" (i.e., swift change in emotional

attitude) is, another expression of this ambivalence. The shy show mistrust of themselves as well as others, this is expressed in symptom 13, "Experiencing a sense of inferiority", and symptom 51, "getting discouraged easily", a severe finding pre-army. When as in the definition, fear, shame and distrust are directed upon the self and upon the environment such symptoms as 89, "Worrying about little things", and 68, "Getting easily upset", (both pre-army) and 70, "Just feeling miserable", (during service) are readily experienced. Shyness shows itself in the fear of subjecting oneself to an objective judgement, since the stranger is always potentially hostile and hence the judgement may be unfriendly. Hence the separation anxiety of the over dependent neurotic is in some part a manifestation of shyness, the fear of strangers. The shy are abnormally sensitive to the threat of being snubbed, and as we have considered previously, the fear of being snubbed is a derivative of the castration fear and possibly more prevalent in our series who show evidence of hostile and terrifying father figures.

Shyness has been identified as factor 'S' in the factorial study of personality by Guildford and Guildford (1934) and it has been accorded critical recognition by Flanagan (1935) Moiser (1937), Maurer (1941) and Williams (1935). It is held that this factor characterised the inhibited personality and those who have difficulty in adapting to the presence of strangers. A somewhat similar or closely related factor has been designated "hyper-sensitivity" by Reyburn and Taylor (1939)

and Woodrow (1939) to describe the individual whose feelings are easily hurt, who cannot stand criticism and who is easily discouraged. These qualities it will be noted are listed by us as being commonly present in the psychoneurotic soldier.

Summary: The symptom of shyness present both in the childhood and adult life of our series is then a root symptom and from it stem many of the symptoms commonly experienced. Shyness according to Lewinsky is more prevalent in the child who is conscious of his dependence on the adult and it would therefore seem reasonable to suppose that shyness will be a pathological state in the child whose awareness of dependency has been stressed by an unhappy childhood. The narcissistic personality with its illusion of self sufficiency is shy, and Lewinsky has shown that shyness can be overcome by membership of a group, when the individual feels a man among men and no longer the impotent child debarred from the potent adult group who threaten to snub (castrate) him should he presume to assert himself. When the admission to a group involves identification with the group, then the total structure of the personality may render this admission difficult and so force the individual back into his previous group, i.e., his friends and family circle. Steinberg and Wittman (1943) hold that the psychoneurotic soldier and the normal personality differentiate sharply in the evaluation of their adult relationships. The bad risk in the psychoneurotic group being the shy, self conscious, poor social contact type with consequent feelings of depression, inferiority, guilt and mood change.

Two other symptoms merit further discussion, 'Headache'

that omnipresent complaint of the psychoneurotic soldier and "A queer feeling as if I were not my old self", which we found to be the most frequent problem arising during military service.

Headache is shown to have been experienced with some severity both before military service and also arising de novo during service. Pre-army headache was seen to have some prognostic significance with relation to the length of military service before psychiatric breakdown, and furthermore it was found more frequently in the lower S.G. groups. Headache arising during service was unrelated to intelligence and was least frequent in the first year of service, thereafter steadily rising in frequency. In the battle stressed group it shows a significantly increased percentage incidence of occurrence. We found this symptom to be offered with such monotonous regularity and to be so refractory of treatment that we made some investigation of its features in 100 psychoneurotic soldiers whose presenting and most prominent complaint was, Headache. These men were composed of anxiety states, 52, hysteria, 33, obsessional states, 15. Their mean age was 31 years, S.D. dis. 6 years, Mean Service 34 months, S.D. dis. 14 months.

The tables are presented in mass to give an overall picture and will then be discussed. It is hoped that the sub headings are sufficiently explanatory. A critical ratio of P = 0.02 is adopted in examining inter group differences.

Table 46.

(a)

Site of Headache.

Group.	No.	Frontal.		Vertex.		Occiput		Temporal	
		No.	%	No.	%	No.	%	No.	%
Anxiety	52	26	49	8	15	13	25	4	8
Hysteria	33	18	55	5	15	6	18	2	6
Obsessional	15	9	73	1	7	0	-	5	33
	100	53		14		19		11	
		P = 0.7		P = 0.7		P = 0.1		P = 0.05	

(b)

Nature of Headache.

Group.	No.	Throb.		Pressure		Ache.	
		No.	%	No.	%	No.	%
Anxiety	52	27	52	12	23	13	25
Hysteria	33	10	30	17	51	6	18
Obsessional	15	9	60	6	40	-	-
	100	46		35		19	
		P = 0.1		P = 0.03		P.= 0.1	

(c)

Associated Scalp Sensation.

Group.	No.	Heat.		Numbness.	
		No.	%	No.	%
Anxiety	52	29	56	10	19
Hysteria	33	21	64	6	18
Obsessional	15	10	67	5	33
	100	60		21	
		P = 0.7		P = 0.5	

(d)

Associated Internal Skull Sensation.

Group.	No.	Heavy Weight.		Fullness.		Emptiness.	
		No.	%	No.	%	No.	%
Anxiety	52	30	58	10	19	5	10
Hysteria	33	20	61	5	15	5	15
Obsessional	15	7	47	3	20	4	27
	100	57		18		14	
		P = 0.5		P = 0.8		P = 0.8	

(e)

Precipitating Factors.

Group.	No.	Steel Helmet.		Bending.		Jumping.	
		No.	%	No.	%	No.	%
Anxiety	52	49	94	40	77	36	69
Hysteria	33	26	79	26	79	21	64
Obsessional	15	12	80	6	40	7	47
	100	87		72		64	
		P - 0.05		P = 0.01		P - 0.2	

Group	No.	Jarring. No.	%	Running No.	%	Pushing. No.	%
Anxiety	52	30	58	29	56	29	56
Hysteria	33	26	79	23	70	19	58
Obsessional	15	7	47	7	47	8	53
	100	63		59		56	
		P = 0.05		P = 0.2		P = 1.0	

Group	No.	Noise. No.	%	Worry No.	%	Concentration. No.	%
Anxiety	52	24	46	52	100	44	85
Hysteria	33	12	36	30	91	33	100
Obsessional	15	9	60	13	87	15	100
	100	45		95		92	
		P = 0.3		P = 0.1		P = 0.01	

Group	No.	Emotional Stress. No.	%	Parades. No.	%	Discipline. No.	%
Anxiety	52	47	90	44	85	41	79
Hysteria	33	25	76	24	73	23	70
Obsessional	15	11	73	12	80	12	80
	100	83		80		76	
		P = 0.2		P = 0.5		P = 0.5	

Group	No.	Shouted At. No.	%	Fear States No.	%	People Quarrelling No.	%
Anxiety	52	37	71	41	79	39	75
Hysteria	33	25	76	18	55	21	64
Obsessional	15	12	80	12	80	10	67
	100	74		71		70	
		P = 0.7		P = 0.05		P = 0.5	

(f)

Family History of Headache.

Group	No.	No.	%
Anxiety	52	34	65
Hysteria	33	18	55
Obsessional	15	14	93
	100	66	
		P = 0.03	

(g)

Associated Conditions.

Group.	No.	Irritability. No.	%	Giddiness. No.	%	Loss of Attention No.	%
Anxiety	52	48	92	36	69	35	67
Hysteria	33	29	88	30	91	23	70
Obsessional	15	15	100	10	67	12	80
	100	92		76		70	
		P = 0.5		P = 0.05		P = 0.8	

Group	No.	Anger at Self.		Visual Disturbance.		Gastric Upset.		Uncs.	
		No.	%	No.	%	No.	%	No.	%
Anxiety	52	23	44	35	67	12	23	8	15
Hysteria	33	25	76	8	24	6	18	10	30
Obsessional	15	6	40	11	73	11	73	-	-
	100	54		54		29		18	
		P = 0.01		P = 0.01		P = 0.01		P = 0.02	

(h)

Headache Relieved by

Group.	No.	Quiet.		Sleep.		Leave.	
		No.	%	No.	%	No.	%
Anxiety	52	34	65	39	75	40	77
Hysteria	33	23	70	21	64	19	58
Obsessional	15	15	100	10	67	2	13
	100	72		70		61	
		P = 0.05		P = 0.5		P = 0.01	

Group.	No.	Amusements.		Drugs.		Mail from Home.	
		No.	%	No.	%	No.	%
Anxiety	52	27	52	26	50	29	56
Hysteria	33	15	45	12	36	10	30
Obsessional	15	12	80	7	47	4	27
	100	54		45		43	
		P = 0.05		P = 0.3		P = 0.03	

(i)

Headache Aggravated by

Group.	No.	Alcohol.		Having a quarrel.	
		No.	%	No.	%
Anxiety	52	14	27	39	75
Hysteria	33	12	36	23	70
Obsessional	15	9	60	6	40
	100	35		68	
		P = 0.2		P = 0.05	

(j)

Frequency of Headache

Group.	No.	Daily		Twice Weekly		Once per Week or Less Often.	
		No.	%	No.	%	No.	%
Anxiety	52	19	37	12	23	21	40
Hysteria	33	18	55	3	9	12	36
Obsessional	15	9	60	3	20	3	20
	100	46		18		36	
		P = 0.1		P = 0.2		P = 0.5	

(k)

Association with Injury.

Group.	No.	Knocked Uncs. in Past.		Old Head Injury.		Recent Head Injury.		Blast.	
		No.	%	No.	%	No.	%	No.	%
Anxiety.	52	11	21	13	25	10	19	6	12
Hysteria.	33	17	52	12	36	10	30	8	24
Obsessional.	15	3	20	2	13	-	-	-	-
	100	31		27		20		14	
		P = 0.01		P = 0.3		P = 0.05		P = 0.1	

In the interpretation of our findings we wish to introduce some theoretical considerations. Every neurotic complaint has some symbolic reference and this must apply to neurotic headache. What then is meant by Headache, and what is the function of the head? Magnus (1924) has demonstrated that the position of the head affects the body and vice versa. Further the head of the infant is relatively big and heavy as compared with the body size and muscular energy. Hence the horizontal position of the infant is related to the lack of head control. Feldman (1942) has made a most instructive study of the head as an organ of behaviour and holds that, "in addition to its service as a brain case the head is the most important single dynamic agent in behaviour and its development", and also, "the leading factor in the development of behaviour is the changing ratio of head weight to bodily energy". On these important postulates we will develop our argument.

The behaviour of the infant, on this view, must be patterned on helplessness imposed by the horizontal position and we recognise this in our common speech in such terms "stand up to it, like a man", and "I won't take this lying down", and "keep your chin up". i.e., behaviour is literally

head work and helplessness becomes related in other words to the function of the head. The neurotic soldier will justify his behaviour because of Headache, i.e., there is an interference with the function of his head, it hurts him and limits his control over his behaviour and function. Feldman puts this more succinctly as, "many tissues and functions escape control because a body part must exercise a separate and sufficient drag upon the head if it is to be in gear with it". This allows of the conception of headache as a hysterical manifestation just as a soldier might complain of a painful arm which renders him 'un-armed' and hence a non-combatant. If the head is painful then the assumption of the upright position or indeed of any function of the body may "escape control" because the "exercise (of) a separate and sufficient drag upon the head" is interfered with as a consequence of the hysterical head ache. The popularity of dizziness and "black-outs" as dissociative phenomena in association with headaches is well known to the practising psychiatrist, and some hint as to its possible psychopathology is given on the premises of forsaking the adult upright position for the infantile horizontal posture of helplessness. We may relate the predilection of the neurotic soldier for headaches, dizziness and blackouts, in terms of the adventure of the first year in life in assuming the upright position. and so obtaining mastery over the environment, with the well known difficulty experienced in getting out of bed in the morning and facing the obligations of harsh necessity! The pleasure principle tempts us to respond to the "call of the

cradle" and remain horizontal, and only the harshness of the super ego can explain the behaviour of the individual who leaps from his couch in his eagerness to assume the vertical with its mortification of work.

This conception of control may be further extended to include the other regressive phenomena shown by the psychoneurotic soldier understress. He may cry, weep, call upon his mother, collapse (i.e., fall down and assume the horizontal) and even regress to the utter helplessness of the infant who cannot hear, see, or speak and whose muscular power is minimal (i.e., hysterical paresis). He may also lose sphincter control. Feldman (1942) notes that a function can be controlled by making it more difficult, i.e., the Yogi controls his breathing by undergoing burial or periods of submersion in water, and the child likewise has some degree of control over involuntary function, i.e., the ability to hold its breath for a lengthy period. Boring (1939) states, "This juvenile type of body control recurs in the neuroses. In the neurotic nearly every normally involuntary function may become amenable to control and neurotic imperception - hysterical anaesthesia, blindness and deafness - evidences a more than ordinary degree of control over the perceptive functions". In Feldman's terminology there is increased traction upon the head when a function is made more difficult and so brought under control. The position then is this, the neurotic consciously states, "I have headache and so I cannot carry out the functions obligatory on a soldier (or worker)". Unconsciously he is causing hysterical

behaviour by the exercise of the regressive function of excessive head work. In this head work Feldman implies muscular tensions ("the changing ratio of head weight to bodily energy") and the theory of summation of stimuli leading to muscular tetanic cramp could be hazarded if a physiological basis for the headache were desired. The neuro-psychiatrist indeed does regard headache in terms of traction on intracerebral vascular or peri-vascular tissue.

Control in the sense discussed is acquired by the child and again by the adolescence who shows the gauche, gawky, clumsy phase that precedes the adult stage of self control, sustained application and responsibility. This adult control requires further intensification in the army and in part this is the function of military drill and training, hence 80% of our series complain that Parades precipitate attacks of headache, Discipline and Being shouted at, affect 76% of 74% respectively in a like manner (Table 46(e).).

In considering the site of the Headache (Table 46(a).) 53% favour the frontal area and the sensation is described by 57% as of a heavy weight within the head (Table 46(d).) of a throbbing nature (Table 46(b).). In the dynamic terms of Feldman it is as if the head weight balance was so distributed as to flex the head on the neck and so force the whole body into the prone position. From the military point of view this is the position of maximum saftey, expressed as "take cover", lie flat", or "keep your head down". The psychoneurotic soldier feels, in this sense, continuously endangered, whether from within or without by the mere fact

of army life. In no case can our three diagnostic groups be differentiated from eath other (P. from 0.8 to 0.03). It is of interest that only 19% complain of an ache (Table 46(b).) as designating the nature of the headache.

Of the physical precepitating factors 87% complain of the wearing of the steel helmet. Jones (1942) noted that in 42 psychoneurotic soldiers, headache was the most common symptom and that it was always related to the wearing of the steel helmet. The helmet of course is the most distinctive feature of the military uniform, with the weight of the helmet the soldier assumes the immediate responsibilites and burdens of his duty and of his manhood. For the psychoneurotic soldier the weight on the head seems to recall the relatively heavy head of infancy with its helplessness and freedom from all obligations and so he goes sick, the first step towards separation from the military group. For the other physical precipitating factors, Bending, Jumping, Jarring, Running and Pushing, the obsessional group seem least affected, although it is only for Bending that the value of P. 0.01 allows of significant discrimination. The suggestion however is that the obsessional group find psychical factors, such as noise, concentration, parades, discipline, fear states and being shouted at, a more urgent problem. Worry tends to be more frequent as a precipitant factor in the anxiety states, followed by emotional stress, parades, fear states and people quarrelling, the respective percentages being 100, 90, 85, 79, and 75. Why the anxiety states should be significantly less prone to headache when required to concentrate is not clear.

Douglas Wilson (1944) noted in 131 cases of headache that exercise, worry, excitement would aggravate the headache, and McGregor (1944) observed on 112 cases of headache that precipitants were domestic worry, discipline and a sense of grievance. A family history of headaches was found in 66% of our series and this is in accord with the findings of McGregor (1944) "that "once neurosis becomes established in a family, succeeding generations tend, if they suffer from neurosis at all, to suffer from a similar one". In his series he found a familial history in 43% of 112 headache cases. There is a suggestion that a hereditary factor is at work in the obsessionals, in whom 14 of the 15 gave a history of familial headache (Table 46(f).).

The conditions found to be closely associated with headache are of some interest (Table 46(g).), 92% complain of irritability and this affects all the groups without significant differentiation (P = 0.5). Anger with the self is cites by 54% (annoyed at myself) and the hysteric seems to be significantly more affected, probably an expression of the theatrical hysterical personality. Gastric upset is significantly associated with headache for the obsessional group as is Visual distrubance (P = 0.01) and it may be that the obsessional personality tends to show a migraine type of headache. Giddiness and unconsciousness are especially important, they equate with the oft quoted dizziness and blackouts. The words blackout and collapse are used indiscriminately to designate an extension of giddiness in which a sensation of physical weakness is felt, necessitating

the assumption of a reclining position, it does on occasion include a state of physical unconsciousness. As would be expected unconsciousness associated with headache is experienced more frequently by the hysteric, and giddiness (dizziness) likewise, than by the other groups, although for giddiness the figure of 91% does not quite reach a sufficiently high degree of significance. A similar figure of 91% is given by McGregor but he finds this per his total group.

Stephenson and Cameron (1943) corroborates our view as to the infrequency of true collapse, faints or fits, noting that it is frequently alleged and rarely seen. In a period of twelve months attendance at the morning military parade of the hospital neurotic population we only saw one true faint. The parade conformed to a high standard of military discipline and smartness. Dizziness is the physical expression of "I can't stand it (or this) any longer", or in Feldman's terminology there is faulty head work with regression to the behaviour of infancy, the pattern of helplessness of the horizontal position. The neurotic feels as if he is falling and shows this as a sway, stagger or 'weakness at the knees', or he may regress to the ultimate helplessness of a sham death, i.e., he faints, he therefore is expressing gradations of helplessness. Of the 76% professing dizziness, 92% experienced it as a purely subjective phenomenon.

The association with injury (Table 46(k).) shows that Head injury was suffered as a recent or past trauma by 47% of our series and that in 31% it was sufficiently severe to induce unconsciousness. Blast of some severity was

experienced by 14%. The not unexpected finding is observed that a significantly higher percentage of our hysterics than of other groups were rendered unconscious by head injury ($P = 0.01$). We cannot believe that there is any physical relationship between the history of trauma and the incidence of neurotic headache. The data smacks too much of the information invariably volunteered by the mother of the psychotic patient that he fell on his head when he was a baby. Craigie (1944) found that headache was almost always present as a psychoneurotic symptom and that a history of former head injury was offered, but he feels that it was often clear the injury had set the stage for but was not organically responsible for this symptom. Slater (1941) noted that when subjects of head injury develop neuroses they tend to show headache and dizziness, while Debenham et al (1941) point out the common association between head injury and neurosis. Hill (1941) observed that head injury might precipitate any form of neurosis in those so predisposed and listed as symptoms of the post concussive syndrome, headache, giddiness, irritability, poor concentration, emotional instability and lability. All these will be found in our table on headache.

Symonds and Lewis (1942) found that it was impossible to categorically differentiate between organic and physiological causation for many of the symptoms of the post contusional state and Lewis felt that the long standing relatively intractable syndrome (post contusional state) is apt to occur in much the same sort of person as develops a psychiatric

syndrome in other circumstances without a brain injury at all. Neustatter (1942) investigated the effect of blast and found that the symptoms of headache, giddiness, vomiting, irritability, impaired memory, impaired concentration, showed no preference as compared with (i) a group not exposed to blast but to enemy action and (ii) to a further group of psychoneurotic soldiers exposed to neither blastnor enemy action.

The conclusion seems to be that the psychoneurotic soldier will show evidence of impaired head work and that no particular attention need be given to the presence or absence of a history of skull trauma.

For table (46(h).), it is worthy of note that the anxiety states find that their headache is relieved by a period of home leave, (77% with P = 0.01) and that this is possibly also of significance for mail from home.

A final theoretical consideration can be drawn from the anthropological field. Frazer (1922) in the "Golden Bough" notes that many peoples hold the head in especial sanctity, believing that it contains a spirit which is very sensitive to injury or disrespect. The Yorubas suppose that the spirit Olori dwells within the head and that it is man's protector, guardian and guide. The Karens believe that as long as the spirit (Tso) retains its seat in the head no evil can befall. Hence the head must be carefully tended. The Siamese and Javanese would kill anyone who presumed to lay a hand on their heads, lest the head spirit (Kwun) be injured or even insulted.

The study of the head in the child and in the savage has

indicated what rôle will be allocated to the head in the psychoneurotic's struggle to adapt to his environment. The tide of regression will flow in clearly determined channels, whether it be the physical helplessness of the child, or the psychic impotence of the savage deprived of the protection of his over vulnerable head.

In general the findings suggest that headache is, like shyness, a root symptom and it expresses much that his common to the symptomatology of neurosis. The symptom is regressive in type and hysterical in nature.

Symptom 92. "A queer feeling as if I were not my old self"

Why should this symptom with its hint of personality disruption, of schizophrenic omen, be the symptom most frequently complained of as arising during service? We would expect a complaint of a more explicit and tangible nature but detailed inquiries revealed that the key word was the word "queer". It was invested with some significant meaning which the patient found difficult of explanation but nevertheless of particular import.

When the more superficial interpretations had been dealt with it became clear that 'queer' was meaningful in the sense of 'uncanny' or 'expected' as shown by Freud (1919) in "Das Unheimliche", when there is a threatened return of the repressed with consequent anxiety. There is an implication of the return of a fear which has been previously experienced, since only that which has been once conscious can be repressed. Something therefore is expected to happen which in some way is not new but yet not known.

One of the earliest fears is a fear of id libido, arising at the stage of Ego differentiation from the id when when the immature Ego can neither bind nor discharge Id impulses (Freud 1926[3]). Anna Freud (1937) refers to this form of fear as instinctual anxiety, a dread of the strength of the instincts, when the Ego is threatened with disruption by instinctual id demands. Freud (1923[5]) describes how the Ego attempts to counter this threat by converting id libido into narcissistic libido by the regressive technique of withdrawing libido from the external environment and concentrating it upon the self. Symonds (1939) has further developed this conception by considering how an injury to primary narcissism in childhood (loss or denial of love) affects the personality. He feels that there develops a perpetual narcissistic hunger which demands the accumulation of secondary narcissistic libido from converted id libido. This secondary narcissistic libido however can only penetrate into the superficial layers of the Ego and the primary depletion still exists. The Ego is therefore inherently unstable and fears that it may be readily stripped of its centripetally directed libido by some centrifugal or allo erotic libidinal demand. Such a situation does arise when group bonds, i.e., love for our fellow men at the cost of self love, requires to be formed. We can now consider the particular application of our psycho pathological resumé.

In the symptom we are considering, the term 'old self' is employed. This is interpreted as pre army self then as 'own self", and then as the projected self. Now this projected self

the 'as I see myself' is an idealised remoulding of the aggressive, aquisitive, devouring narcissistic self and when this internal self feels itself being deprived of its narcissistically bound libido by the demands of the army for group bonds, its narcissistic hunger becomes acute. It hastily mobilises libido, by the anxiety signal, in part from the id and in part by converting such altruistic libido (libido inhibited-in-aim) as it possesses, into narcissistic libido. The narcissistic self is now overcharged with libido and as such it over-shawdows or even threatens to destroy the illusion of the projected or good (altruistic) self. The awareness of this situation, is experienced as, "as if I were not my old self". The "queer feeling" arises inasmuch as in the past, a similar secondary narcissisation of the Ego had taken place and what is now happening is felt to be uncannily familiar, it is the expected fulfilment of an unkown pattern. Something of this queer or uncanny nature is expressed in the emotionally toned statement, "I was beside myself with anger". Two selves are envisaged and whatever actions occur are at the behest of the aggressive narcissistic internal self that has for the moment destroyed our idealised concept of our self. We behaved as we would have done before the restrictions of the idealised self becomes operative, hence it is expected and not unexpected behaviour; to imagine oneself beside oneself is indeed a queer feeling.

THE PINTNER PERSONALITY INVENTORY.

INTRODUCTION.

We have previously indicated our reasons for including Pintner's Aspects of Personality (1937) in our test battery and would recapitulate that adaptation to the army may be in some measure interpreted in terms relevant to the adaptation to the childhood period. The test is briefly described by Pintner and Forlano (1938) thus - "It requires the child to read a statement and then mark himself as 'same' or 'different'. It is divided into three sections as follows: Section one contains 35 items which attempt to measure ascendant-submissive behaviour. This is the A-S test. Section two contains 35 items which attempt to measure extrovert-introvert behaviour. This is the E-I test. Section three contains 44 items, nine of these are non-significant items which are not scored. The other 35 items attempt to measure emotional stability. This is the E test".

We have taken for our norms the Pintner scores as elaborated within the 13-15 yrs. age band, where 400 boys were tested. The authors (1938) noted that "neither chronological nor mental age plays any important part in influencing the scores of the inventory". We had some difficulty in obtaining the original mean and S.D. distribution scores used by Pintner. In part, this was due to the difficulties of trans-Atlantic communication entailed by the war and in part due to the death of Professor Pintner and the dispersal of the other authors on military service. However, from the percentile tables furnished in the test, manual mean scores could be calculated with sufficient accuracy and the S.D. dis. were estimated from a

table of sigma values on P.96 of "Retests of a Personality Inventory" (1938) by Pintner and Forlano. In Appendix B we show the original test items and also our transposition of these in terms more suited to the idiom of the British soldier. We found that the situations posited in the test could be readily translated to measure adaptation to the military and adult situation, whilst retaining the structure laid down by the original authors, i.e. adaptation to the childhood situation.

We recognise that as our premises are so largely theoretical, and as much of the more relevant ground has been already covered in the immediately preceding chapter, (The Woodworth House Inventory) that our conclusions and findings can only be stated in very broad outline.

THE MATERIAL.

285 psychoneurotic soldiers were tested, a large proportion of these were admitted within the six months following the Dunkirk evacuation. The men were an unselected sample in the sense previously defined.

ADMINISTRATION.

The test was carried out individually, each testee held a copy of the questionnaire and gave verbal answers. The atmosphere was of a routine interview with which the patient was already familiar.

INTERPRETATION.

It will be noted that although 285 soldiers were tested that our diagnostic groups comprise 249 men, i.e. 169 Anxiety States, 58 Hysterias and 22 Obsessional States. We excluded

psychopaths, mental defectives and endogenous depressives who were showing superimposed psychoneurotic symptoms. When considering the relationship between the qualities measured by the test and the level of intelligence (S.G. groups) we found that our original sample of 285 men had increased by eight. These were men who were admitted during the relevant period (June 40 - December 41) but whose testing had been delayed for various reasons.

We have re-labelled the section ascendance-submission as aggression-submission for reasons which are expounded in the text.

SCORING. The highest score in each section is 35. A high score in section I points towards aggression, in section II towards extroversion and in section III towards emotional stability. We have contrasted and correlated the various group scores (diagnostic and S.G. groups) and considered the associations revealed. To obtain sufficiently large numbers we have combined the S.G. groups as S.G.I and 2, S.G.3+ and 3- and S.G.4 and 5. The bulk of the tables are grouped in Appendix B, the more relevant tables and graphs are shown in the text.

MODIFIED PINTNER PERSONALITY INVENTORY.

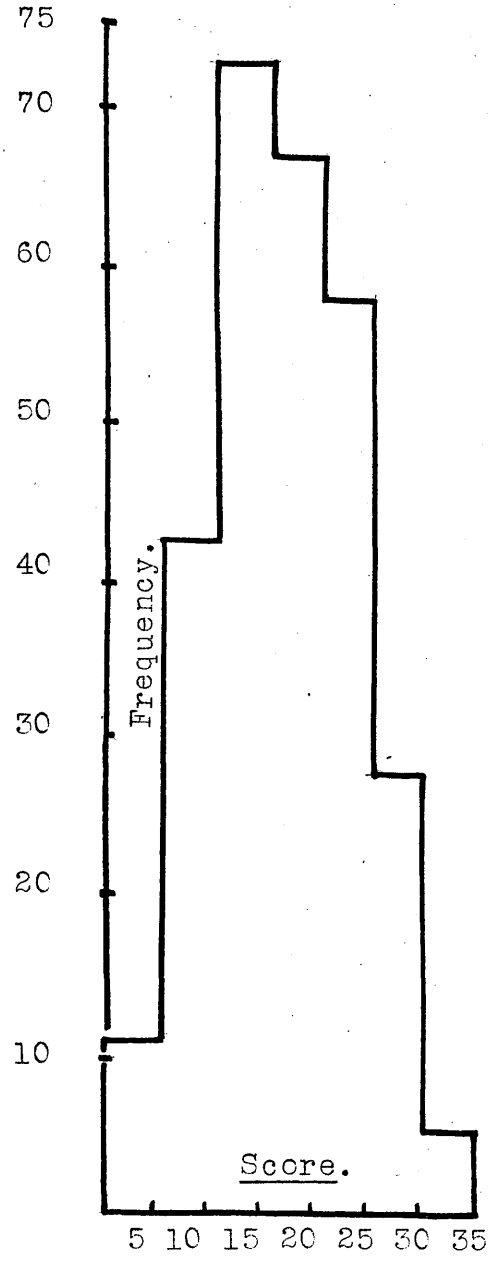
SECTION ONE.

35 Questions.

This section gives a measure of aggression-submission. The higher the score the more the aggressive trends. For Pintner norms the mean score is 16.5 and σ dis 4.4. For our testees the mean score is 16.9 with a standard deviation of the distribution of 6.9 (See Appendix B, table I). Inspection of this table shows a loading of the frequency distribution towards the lower end (submission).

Viewed as a histogram (Figure One) the impression is that the psychoneurotic soldier differs but little from the Pintner norm.

FIG. I.



Mean = 16.9

Median = 17

Another aspect of the relationship between the Pintner norm scores and our psychoneurotic soldiers can be shown by plotting the respective percentile values against each other as in Table I and Figure 2. It is suggested that the psychoneurotic soldier may be either more submissive or more aggressive than the Pintners normal individual. From Table IA it will be seen that this variation is not statistically significant.

Table IA.

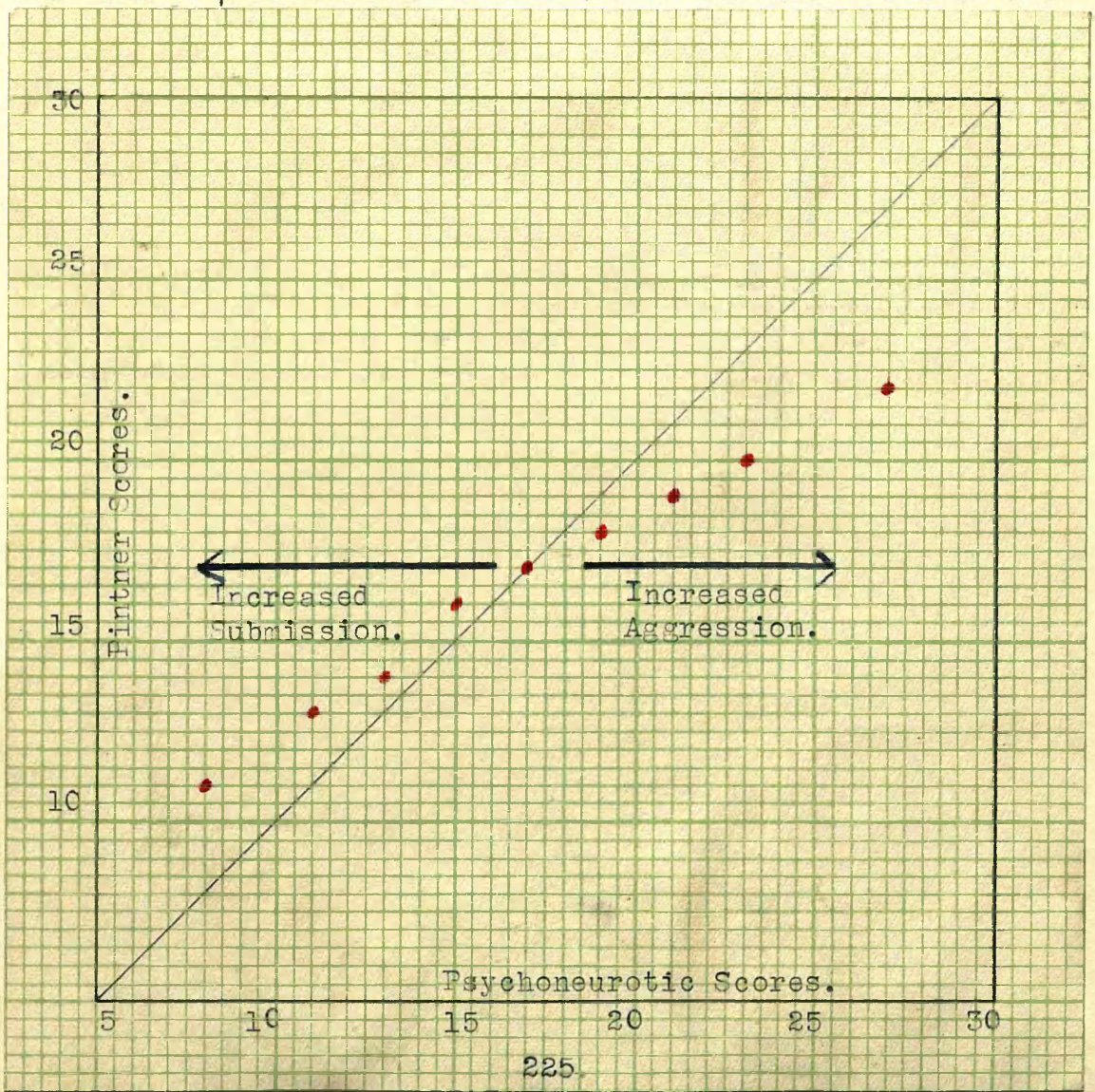
Group.	N.	Mean	o dis.	Mean Diff.	S.E.Diff.
Pintner.	400	16.5	4.4	0.4	0.47.
Jeffrey.	285	16.9	6.9		

TABLE I and FIG.2.

SECTION I (Aggression-Submission). Number of Questions - 35.

Percentile rank and corresponding test score for Pintner's norms and 285 psychoneurotic soldiers.

	Test Score.	
	Pintner Norms.	285 P.N. Soldiers
Percentile Rank.		
10	11	8
20	13	11
30	14	13
40	16	15
50	17	17
60	18	19
70	19	21
80	20	23
90	22	27



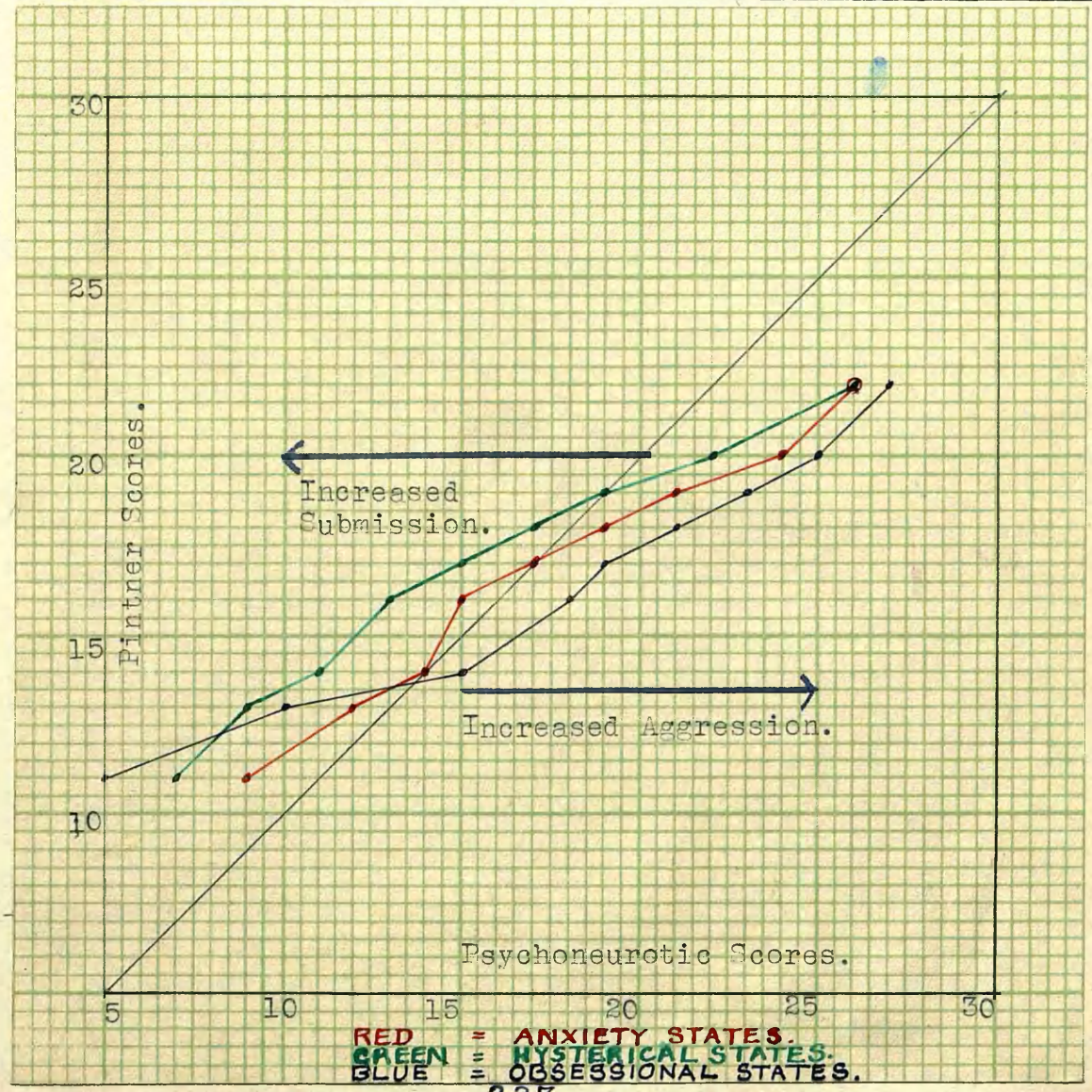
To obtain a finer degree of differentiation the gross group of 285 was broken up into three diagnostic groups 169 Anxiety States, 58 Hysterias and 22 Obsessional States. Percentile values were calculated (Table 2) and each group was plotted against the Pintner norms, in order to view the contribution of each diagnostic component group to the resultant or total group (Figure 3).

TABLE 2 and FIG.3.

SECTION I (Aggression-Submission) Number of Questions - 35.

Percentile Rank and corresponding test score for Pintner's norms and psychoneurotic soldiers, classified as 169 Anxiety States, 58 Hysterical States and 22 Obsessional States.

	Test Scores.			
	A	B	C	D
Percentile Rank.	Pintner's Norms.	169 Anxiety States.	58 Hysterical States.	22 Obsessional States.
10	11	9	7	5
20	13	12	9	10
30	14	14	11	15
40	16	15	13	18
50	17	17	15	19
60	18	19	17	21
70	19	21	19	23
80	20	24	22	25
90	22	26	26	27



The graph (Fig.3) would suggest that the aggressive component was weakest in the hysterias, strongest in the obsessional states and that the anxiety group holds an intermediate position. However, Table 3 shows that these differences are no more than could be fairly attributed to chance (see Appendix B, Tables 4, 7 & 10 for relevant frequency tables).

TABLE 3.

Aggression-Submission - 35 Questions.

Diagnostic Groups.	N.	Mean.	σ dis.	Mean Difference.	S.E. Difference
Combined Psycho-neurotics.	285.	16.9	6.9	0.1	.66
Anxiety States.	169.	17.0	6.7		
Combined Psycho-neurotics.	285	16.9	6.9	1.9	1.008
Hysterias.	58	15.0	6.9		
Combined Psycho-neurotics.	285	16.9	6.9	0.4	1.74
Obsessional States.	22	17.3	7.9		
Anxiety States.	169	17.0	6.7	2.0	1.053
Hysterias.	58	15.0	6.9		
Anxiety States.	169	17.0	6.7	0.3	1.762
Obsessional States.	22	17.3	7.9		
Hysterias.	58	15.0	6.9	2.3	1.918
Obsessional States.	22	17.3	7.9		

The next step was to determine the relationship between intelligence, as measured by the Penrose Raven Matrices, and aggressiveness. Table 4 (based on Appendix B, Tables 13, 16 & 19) suggests, on a critical ratio of mean difference = twice the S.E. difference, that the higher the intellect (in S.G. groups), the more the aggressiveness.

TABLE 4.

Aggression-Submission - 35 Questions.

Mean Scores for the designated groups.

Groups.	N.	Mean	o dis.	Mean Difference.	S.E. Difference.
S.G.1 & 2.	96	19.8	6.4		
				3.2	.90
S.G.3+ & 3-117		16.6	6.7		
S.G.1 & 2.	96	19.8	6.4		
				6.1	.941
S.G.4 & 5.	80	13.7	6.3		
S.G.3+ & 3-117		16.6	6.7		
				2.9	.919
S.G. 4 & 5	80	13.7	6.3		

Some examination of the individual questions in this section of aggression-submission was undertaken at this stage, and we decided to consider the questions most frequently and least frequently anwered, i.e. the questions in the 90th percentile and 15th percentile. The percentage frequency of answers to this section for the combined group of 249 psychoneurotic soldiers is shown in Appendix B, Table 26A, according to symptom number, and in 26B, C & D according to diagnostic group. The questions in the above-mentioned percentile ranges are also shown therein. The detailed data can be extracted from Appendix B, tables 22-25. It will be observed that the composition of the two percentile groups is almost identical for each of the diagnostic groups. Furthermore, diagnostic group is not related to the frequency with which these questions (in the 90th and 15th percentile) are answered, as shown in Tables 5 and 6 where the variations are within the probability of chance, (Critical ratio P = 0.02) and we may conclude that neurotics, as a group, tend to express their aggressive and submissive qualities in similar terms.

TABLE 5.

Scores as for aggression in 90th Percentile.

	Question 36		Question 16		Question 31	
N Group.	N	%	N	%	N	%
169 Anxiety States.	159	94	144	85	140	83
58 Hysterias.	49	84	44	75	44	75
22 Obsessional States.	19	86	16	72	17	77
	P = 0.10		P = 0.50		P = 0.70	

Question 30 - I like to stick up for my rights.

Question 16 - I stick to what I've said, even if other people do not like it.

Question 31 - I like to talk with people about my work.

TABLE 6.

Scores as for aggression in 15th Percentile.

	Question 6		Question 12		Question 19		Question 21		Question 25	
N Group.	N	%	N	%	N	%	N	%	N	%
169 Anxiety States.	30	18	17	10	19	11	22	13	42	25
58 Hysterias.	9	15	2	3	6	10	5	8	9	15
22 Obsessional States.	3	13	1	4	5	22	3	13	2	9
	P =0.90		P = 0.30		P = 0.10		P = 0.70		P=0.20	

Question 6 - I am usually doing the talking in any crowd.

Question 12- I can argue and bargain over prices.

Question 19- I always want to have my own way with other people.

Question 21- I think that people who do not agree with me are stupid.

Question 25- I do not like to organise or start things amongst my friends, I let someone else do it.

As we have noted the Pintner Personality Inventory rates three qualities, aggression:submission,extroversion:introversion and emotional stability. How far do these qualities

go together? Table 7 gives an indication of the answer, based on a critical ratio of twice the S.E.r. (Date in Appendix B, tables 1 to 21).

TABLE 7.

Group.	co-relation co-efficients.	S.E.r.
I. Combined Neurotics.		
Aggression-Extroversion.	.75	
Extroversion:Emotional Stability.	.64	.059
Aggression:Emotional Stability.	.58	
2. Anxiety States.		
Aggression-Extroversion.	.7	
Extroversion:Emotional Stability.	.6	.077
Aggression:Emotional Stability.	.5	
3. Hysterias.		
Aggression:Extroversion.	.54	
Extroversion:Emotional Stability.	.58	.133
Aggression:Emotional Stability.	.39	
4. Obsessional States.		
Aggression:Extroversion.	.62	
Extroversion:Emotional Stability.	.68	.214
Aggression:Emotional Stability.	.66	
5. Matrices S.G.1 & 2.		
Aggression:Extroversion.	.7	
Extroversion:Emotional Stability.	.42	.103
Aggression:Emotional Stability.	.31	
6. Matrices S.G.3 + and 3 -.		
Aggression:Extroversion.	.60	
Extroversion:Emotional Stability.	.64	.092
Aggression:Emotional Stability.	.60	
7. Matrices S.G.4 and 5.		
Aggression:Extroversion.	.67	
Extroversion:Emotional Stability.	.59	.112
Aggression:Emotional Stability.	.50	

We may conclude that aggression, extroversion and emotional stability are associated qualities for our psychoneurotic soldiers. In the obsessional group these qualities are fairly evenly associated, but in the other two groups aggression and extroversion are more highly correlated than aggression and emotional stability. In the S.G. groups, this association of aggression, extroversion and emotional stability is fairly even in the S.G.+ and 3- groups, in the other groups (S.G.I and 2, and S.G.4 and 5) aggression and

extroversion are more highly correlated than aggression and emotional stability.

SUMMARY. I. There is probably little difference in the aggressiveness shown by Pintner's norms and our psychoneurotic soldiers.

2. There is no real difference between the aggressiveness shown by the different diagnostic groups, although the more intelligent tend to be more aggressive.

3. The questions with the highest and lowest rating for aggressiveness do not differentiate the diagnostic groups.

4. Aggression, extroversion and emotional stability are associated qualities. This association is fairly even in the obsessional group and in the S.G.3+ and S.G.3- group. In the anxiety group, the hysteric group, the S.G.I and 2, and in the S.G.4 and 5 groups, aggression and extroversion are more closely associated than aggression and emotional stability.

DISCUSSION. Fairbairn (1939) noted that the harshness of the term 'aggression' is generally avoided by the use of some other term, and Sheldon (1927) discussing Ascendance-Submission is of the opinion that the criteria of aggressiveness are exactly those as used for ascendancy. This is also our view, and in accordance we have designated this section Aggression-Submission rather than Ascendance-Submission.

Allport (1928), in drawing up his A/S test, held that this characteristic trait tended to be constant but that behaviour indicative of the opposite trait could appear by the revival of earlier childhood situations. Fairbairn (1939[2]) has further emphasised the importance of the childhood situation and

aggression as "the main problem of the child's emotional development is the disposal of his aggression, and on the how of disposal depends all psycho-pathological development". He elaborates this in the premises that the measure of aggression is a measure of the state of frustration, and frustration is associated with phantasies that date from early childhood in which the parents are represented as bad objects, especially when the child is frustrated in its desire to be loved.

Now we have made frequent reference to this same problem of the parent-child situation and have indeed made it the centre and pivot of our consideration of morale and neurosis. Furthermore, we had postulated that the military milieu may be viewed in terms of a revival of the parent-child regime and hence we justify the procedure of evaluating the personality of the neurotic soldier in suitably modified terms of childhood aggressiveness.

We have considered that the morale lesion is related to Ego cathected narcissism and that narcissism is a part death instinct. According to Freud (1929[4]) "aggression is an innate, independent instinctual disposition in man" and "this instinct of aggression is the derivative and main representative of the death instinct". It would appear, therefore, that the high morale soldier not only requires to exercise a limitation of narcissism, but also a limitation of instinctual aggressiveness. As a side light on this undesirability of aggressiveness we would mention that in 2,000 military psychoneurotic soldiers, we have had four world famous champion boxers and one boxing promotor of renown. Besides these we have had a disproportionately large number of minor champions, especially army champion boxers. At

one time the Wharncliffe Neurosis Centre entered a team of eight neurotic boxers at a Military Boxing Tournament, six returned with the medals and laurels of conquerors.

Of particular interest, was our impression as to the lack of overt aggressiveness in these pugilists except when engaged in combat. Indeed some of our better known boxer patients were regarded as imposters by their fellow patients because of this apparent lack of aggressiveness.

It would be in accord with this that our test fails to reveal any significant degree of aggressiveness in our neurotic patients, as compared with the Pintner norms. For our other findings we are able to quote corrobatory evidence. Jersild (1930) found a positive correlation between ascendance and emotional stability, and also between ascendance and intelligence Bender (1928) and Sheldon (1927) found a positive correlation between ascendance and extroversion. We have noted that neurotics tend to express their aggressive and submissive reactions in similiar trends and that therefore, no differentiation is possible on the basis of diagnostic groups. Slater and Slater (1944) sum this up in their finding that "Persistent search for characteristics, which will clearly discriminate between different types of neurotics .... has so far proved fruitless". Allport (1928[2]) discussing ascendance-submission gives a like conclusion, as "The trait statistically speaking falls within a normal distribution".

CONCLUSION. Aggression is an instinct, derived from the death instinct; its pattern is determined by the frustrations and deprivations experienced in childhood. Good morale requires its limitation.. It is positively correlated with Intelligence,

Emotional Stability and Extroversion. It is a generalised trait and shows no significant incidence in any of our designated diagnostic groups.

.....

MODIFIED PINTNER PERSONALITY INVENTORY.

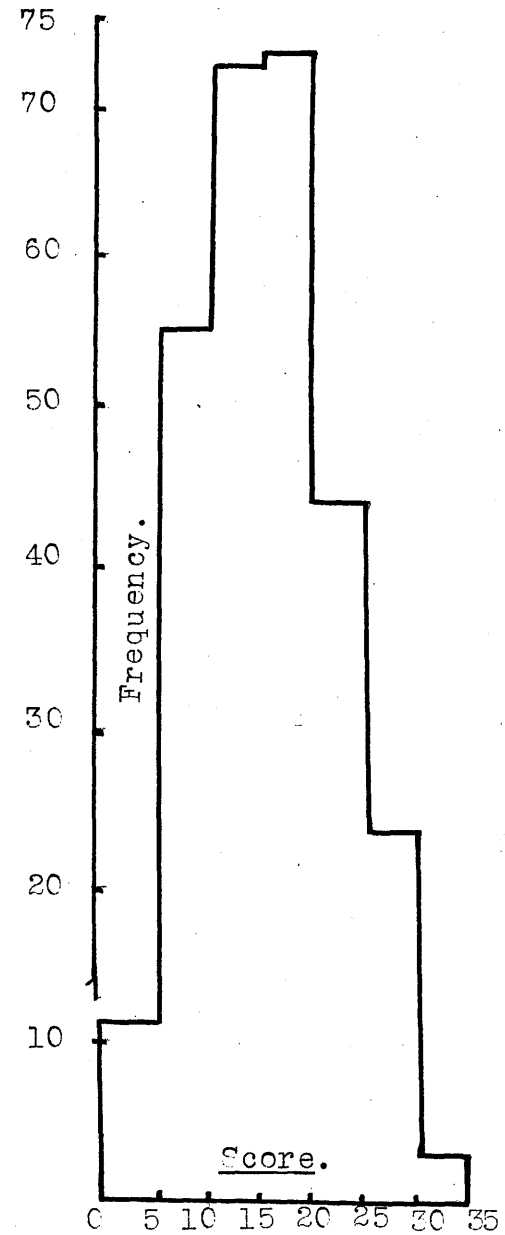
SECTION II.

35 Questions.

This section gives a measure of extroversion-introversion. The higher the score the more the extroversion. For the Pintner norms the mean score is 21.5, and o dis 4.2. For our testees the mean score is 16, with a standard deviation of the distribution of 6.8, (see Appendix B, Table 2). Inspection of this table shows a loading of the frequency distribution towards introversion.

Viewed as a histogram (Fig.4) the impression is that the difference from the Pintner norms is towards introversion.

FIG.4.



Mean = 16
Median = 16

When this difference is expressed graphically, based on percentile values as in Table 8 and Fig.5, it would appear that our psychoneurotic soldiers show a tendency to be more introverted than the Pintner norms. Table 8A confirms that the higher score for introversion is greater than a chance variation.

TABLE 8A.

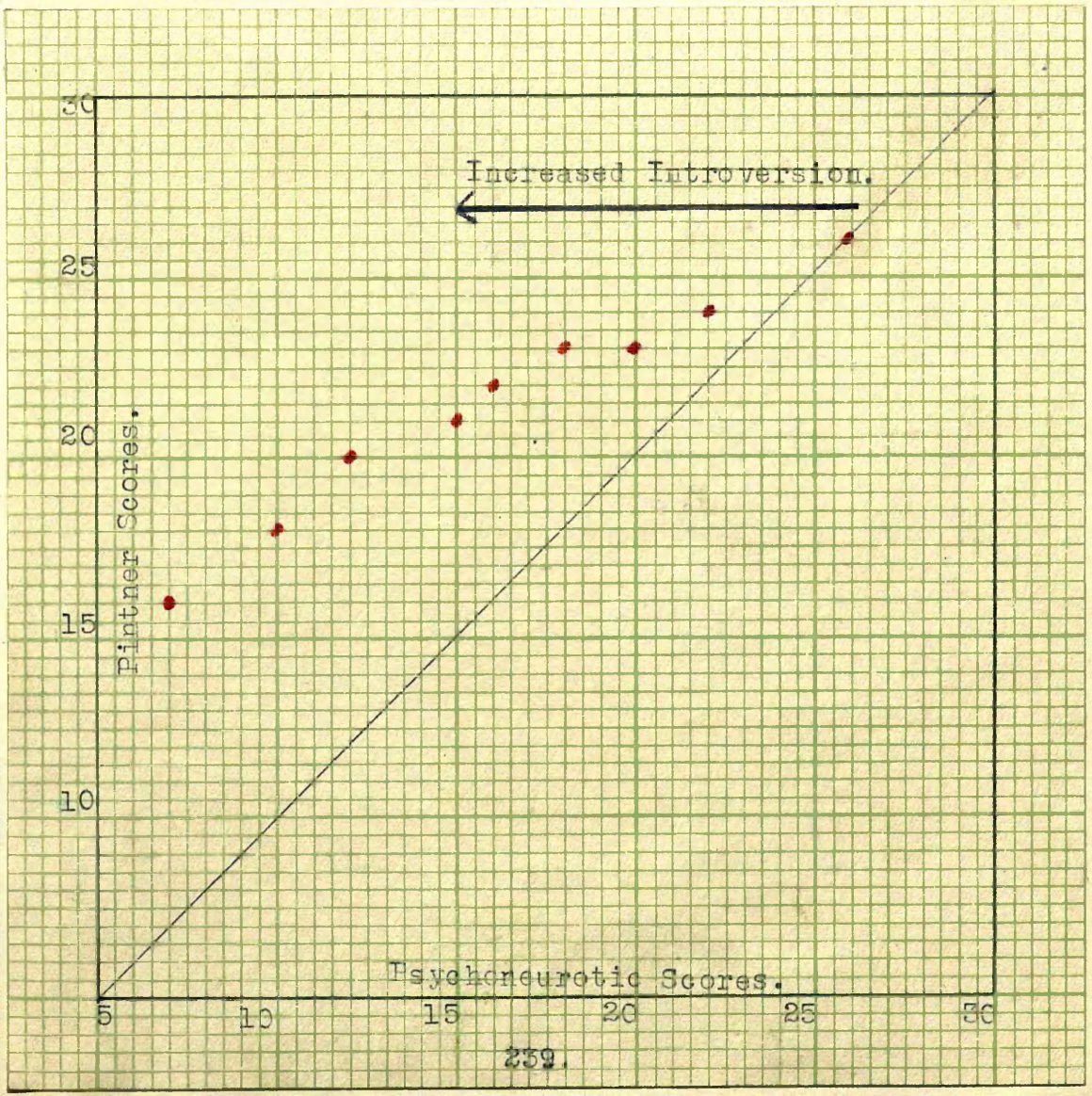
Group.	N.	Mean.	σ dis.	Mean Difference.	S.E.Difference
Pintner.	400	21.5	4.2	5.5	.45
Jeffrey.	285	16.0	6.8		

TABLE 8 and FIG.5.

SECTION II. Extroversion-Introversion. Number of Questions-35

Percentile rank and corresponding test score for Pintner norms and 285 psychoneurotic soldiers.

	Test Score.	
	Pintner Norms.	285 P.N. Soldiers
Percentile Rank.		
10	16	7
20	18	10
30	20	12
40	21	15
50	22	16
60	23	18
70	23	20
80	24	22
90	26	26



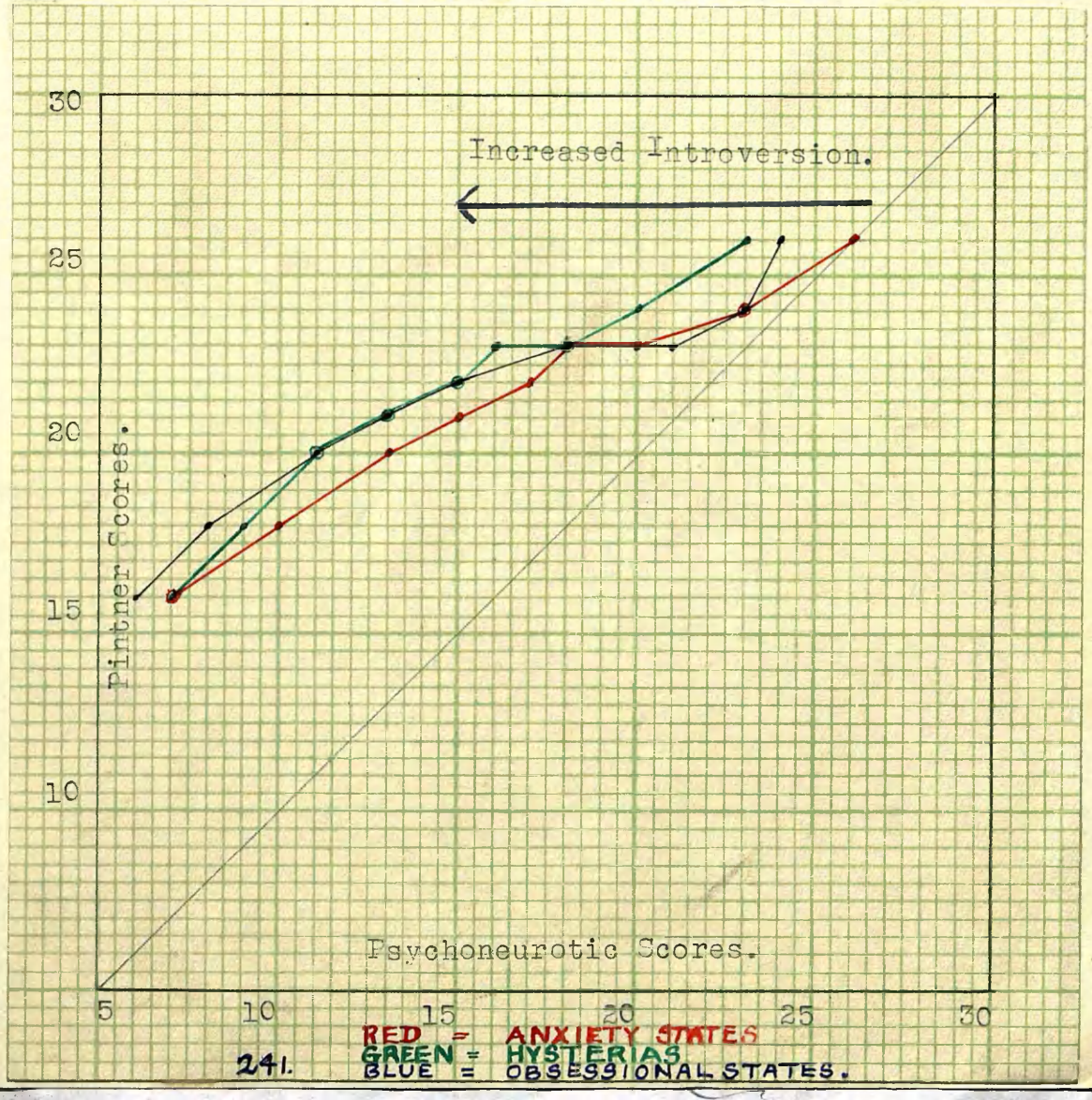
The contribution of each of our diagnostic groups, (the 169 Anxiety States, the 58 Hysterias and the 22 Obsessional States) to the total group is shown, as under, in Table 9 and Fig. 6. The impression is the extent of differentiation between the diagnostic groups is but slight and that the total score is therefore not appreciably loaded by any one group.

TABLE 9 and FIG.6.

SECTION II. Extroversion-Introversion. Number of Questions - 35.

Percentile rank and corresponding test score for Pintner's norms and psychoneurotic soldiers, classified as 169 Anxiety States, 58 Hysterias and 22 Obsessional States.

	Test Score.			
	A	B	C	D
Percentile Rank.	Pintner Norms.	169 Anxiety States.	58 Hysterias.	22 Obsessional States.
10	16	7	7	6
20	18	10	9	8
30	20	13	11	11
40	21	15	13	13
50	22	17	15	15
60	23	18	16	18
70	23	20	18	21
80	24	23	20	23
90	26	26	23	24



This is confirmed by examination of the mean differences between the total group and the various diagnostic groups, (Table 10), which makes clear that such differences as exist in the mean scores, are such as are within the limits of chance variation; on our critical ratio of mean difference greater than twice the S.E. difference.

TABLE 10.

Extroversion-Introversion.

35 Questions.

Diagnostic Groups.	N.	Mean.	σ dis.	Mean Difference.	S.E. Difference.
Combined Psycho-neurotics.	285	16.0	6.80	0	.66
Anxiety States.	169	16.0	6.90		
Combined Psycho-neurotics.	285	16.0	6.80	1.6	.85
Hysterias.	58	14.4	5.70		
Combined Psycho-neurotics.	285	16.0	6.80	1	1.58
Obsessional States.	22	15.0	7.17		
Anxiety States.	169	16.0	6.90	1.6	.92
Hysterias.	58	14.4	5.70		
Anxiety States.	169	16.0	6.90	1	1.6
Obsessional States.	22	15.0	7.17		
Hysterias.	58	14.4	5.70	0.6	1.71
Obsessional States.	22	15.0	7.17		

The relationship between S.G. group and extroversion: introversion shown in Table II suggests that the S.G. I and 2 groups tend to be more extroverted.

Table 11.

Extroversion-Introversion.

35 Questions.

Mean scores for the designated groups.

Groups.	N.	Mean.	6 dis.	Mean Difference.	S.E. Difference.
S.G.1 & 2	96	18.0	6.4	3.0	.90
S.G.3+ & 3-	117	15.0	6.7		
S.G.1 & 2	96	18.0	6.4	3.5	.97
S.G.4 & 5	80	14.5	6.5		
S.G.3+ & 3-	117	15.0	6.7	0.5	.96
S.G.4 & 5	80	14.5	6.5		

For the examination of the individual questions the procedure carried out is as for section one (see P. 229). Inspection of the tables in Appendix B, tables 27 A to D, shows that in the 90th and 15th percentile range for each of the three diagnostic groups, similar symptoms of extroversion-introversion occur and tables 12 and 13 show that diagnostic group is not related to the frequency with which these questions are answered, i.e. neurotics as a group tend to express their extroverted and introverted reactions in similar terms.

TABLE 12.

Extroversion-Introversion.

Symptoms in the 90th Percentile.

		Scored as for extroversion.					
		Question 4		Question 5		Question. 14	
N.	Group.	N	%	N	%	N	%
169	Anxiety States.	125	74	106	63	115	68
58	Hysteria	49	84	36	62	41	70
22	Obsessional States.	15	68	11	50	15	68
		P = 0.30		P = 0.50		P = 0.95	

Question 4 - I would rather play team games than non-team games.

Question 5 - I have many friends.

Question 14 - I like to spend money.

TABLE 13.

Extroversion-Introversion.

Symptoms in the 15th Percentile.

		Scored as for extroversion.									
		Quest. 11		Quest. 12		Quest. 17		Quest. 29		Quest. 31	
N.	Group.	N.	%.	N.	%.	N.	%.	N.	%.	N.	%.
169	Anxiety States.	42	25	39	23	41	24	41	24	41	24.
58	Hysterias.	16	28	13	22	9	16	13	22	19	32.
22	Obsessional States.	1	4	4	18	6	27	6.	27	4	18.
		P = 0.10		P= 0.90		P=0.50		P= 0.90		P=0.50	

Question 11 - I keep quiet when I am with other people.

Question 12 - I like to spend my holidays at a quiet place.

Question 17 - I like to take part in concert parties.

Question 29 - I like to play rough sports.

Question 31 - I worry about the little mistakes I make.

Taking as our critical ratio P = 0.02 or lower, we recognise that the differences in each question for each diagnostic group are within the probability of chance differences.

SUMMARY. The psychoneurotic soldiers would seem to be rather more introverted than the Pintner normals. Inter group variations in the E/I balance are not significant, except that the lower S.G. groups, from 3+ to 5 are more introverted than S.G. 1 and 2 group.

The relationship between frequency of question, answer and diagnostic group is not significant. Extroversion tends to be associated with aggression and also with emotional stability, although perhaps in a lesser degree, (Table 7).

DISCUSSION. Our object was to determine how far the possibility of adaptation to the military culture would be affected by the Extroversion-Introversion balance. For this purpose it made but little difference whether we adopted the Freudian or Jungian criteria of Introversion. According to Freud, introversion can be regarded as a secondary form of narcissism, arising when the libido is prevented from making normal object cathexis and is forced to adopt phantasy cathexis.

Such a process could arise when the normal parent-child love relationship is unsatisfactory and a phantasy love object is set up within the self, with the consequent tendency to seek satisfaction within the self when external reality proves to be painful. The Jungian point of view is summarised in its essential form by Chrichton-Miller (1937), as ".... it will be obvious that the extravert is essentially gregarious and the introvert fundamentally solitary. The introvert tends, therefore, to assume an attitude of self defence against the objective world, including, of course, his fellow creatures."

It will be seen that either definition presents a common

problem in the ability to make the identifications necessary to form the group bond. The gregarious extravert might tend more readily to identify his ego with that of his comrades and also to identify his super ego with the leader or father figure, since he would have been less likely to have experienced narcissistic trauma from his earliest love objects, the parent figures. The introvert, however, would tend to identify his super ego with the group ideal rather than the leader figure, and should this occur then a type of morale characterised by an indifference to hardship and a cold schizoid courage develops. Identification on the basis of an ideal, rather than a father or leader figure presupposes a certain cultural and intellectual setting and will to that extent be more difficult of realisation.

Good morale can then develop in either the extravert or the introvert and the meaning of the trend towards increased introversion in our group can now be considered. Vernon (1938[6]) found that "the average correlation between introversion and psychoneurotic tendency tests are practically identical." Furthermore, tests of introversions agree quite closely with tests of inferiority feelings and with submissiveness, Guilford & Guilford (1936) concluded that tests for introversion were measuring social shyness, the 'S' factor, and an 'E' factor, emotional dependence, characterised by inclinations towards moodiness, worry and day-dreaming. And Vernon (1938[7]) summarises the position by holding that tests for introversion "may be interpreted as lack of self confidence or instability or maladjustment of personality". The 'S' factor of social-

asocial tendency of Guilford & Guilford is probably the factor for good social adjustment which according to Vernon (1938[7]) underlies the morale scale of Rundquist & Sletto (1936). Allport (1938) feels that the 'E' factor of Guilford is indistinguishable from neuroticism.

It would seem, therefore, that the high score for introversion achieved in this section of the test should be congruent with the score for emotional instability in Section 111, and inspection of Fig.5 and Fig.8 does tend to support this view. In general the E/1 section of this test is a recapitulation of the Woodworth House Inventory as, indeed, is the Emotional Stability Section (Sec.111). If this is so, then we are justified in appraising the adult situation within the framework of a test designed to measure aspects of personality in the child.

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THE MODIFIED PINTNER PERSONALITY INVENTORY.

SECTION III.

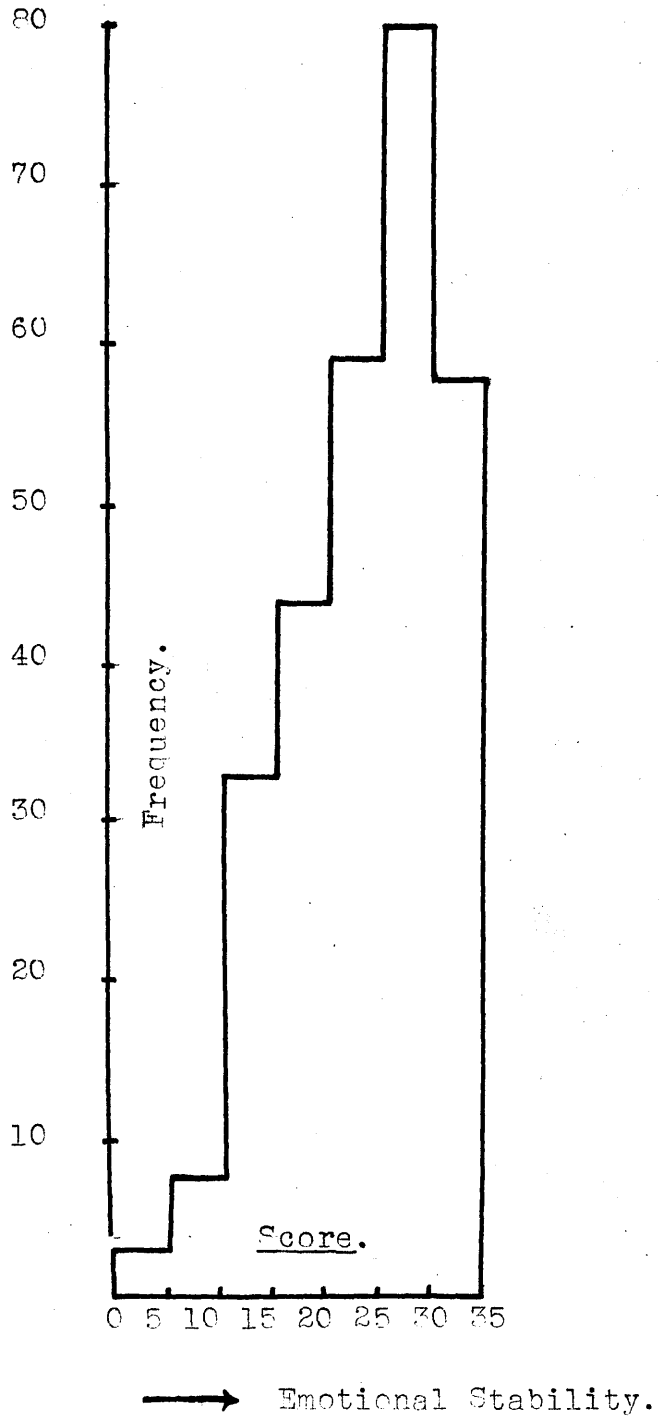
Emotional Stability.

35 Questions.

This section is designed to give a measure of emotional stability, the higher the score the more the emotional stability; the mean score for the Pintner group is 30, S.D. dis. 6.8; for our testees 24 with S.D. dis 7.3. In the original test, Pintner introduced 9 non-relevant questions designed to break up the emotional pattern of the test. We retained these in our practise but have omitted this padding in the presentation of our results. Furthermore, Pintner was testing a sample of a normal population and so scored his test as for normals, i.e. the higher the score, the more the normality. We however, were testing a sample of an abnormal population and were thinking more in terms of evidence of emotional instability than stability. We have therefore, modified or transposed the scoring in one aspect of our inquiry, thus; in our consideration of the individual symptoms, we have scored as for instability and, therefore, in these particular tables headed Emotional Stability, a high score indicates Emotional Instability. In all other tables we have followed the Pintner routine of scoring as for emotional stability.

From the histogram (Fig.7) it appears that there is a weighting in favour of emotional instability for our series and this is likewise evidenced in Table 13 and Fig.8.

Fig.7.



Comparison of the mean differences as in Table 13A, allows of statistical value being credited to this difference in favour of an increased emotional instability in our psychoneurotic soldiers as compared with the Pintner norms.

TABLE 13A.

Series.	N.	Mean	S.D.dis.	Mean Difference.	S.E.Difference.
Pintner.	400	30	6.8	6	0.55
Jeffrey.	285	24	7.3		

TABLE 13 and FIG.8.

SECTION III. Emotional Stability. Number of Questions - 35.

Percentile rank and corresponding test score for Pintner - norms and 285 psychoneurotic soldiers.

	Test Score.	
	Pintner Norms.	285 P.N. Soldiers.
Percentile Rank		
10	23	13
20	26	18
30	27	21
40	29	23
50	30	26
60	31	27
70	32	29
80	33	31
90	34	34

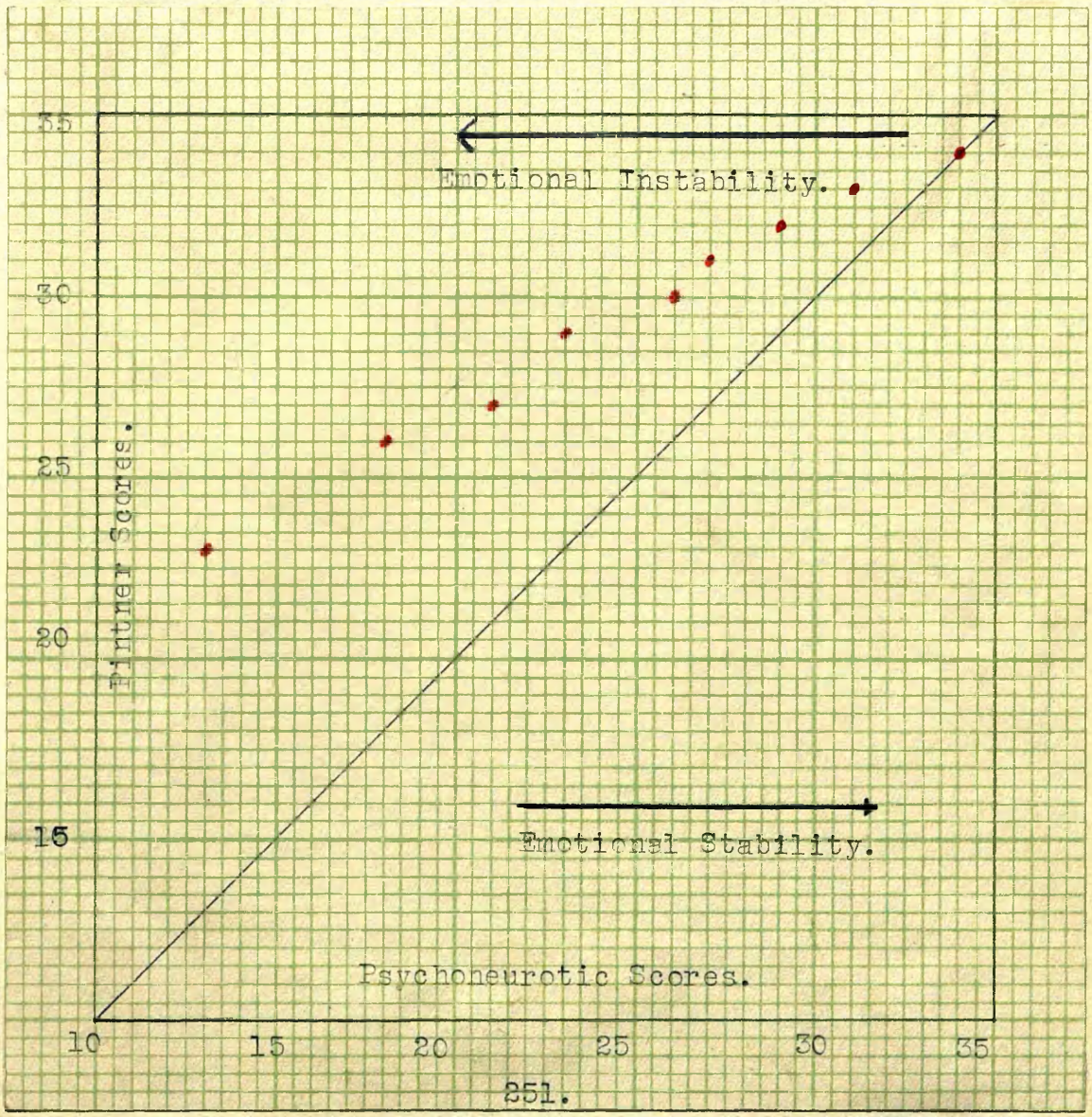


Table 14 and Fig.9 suggests that the diagnostic groups cannot be considered to play any clear role in weighting the total or resultant score for emotional instability.

TABLE 14 and FIG.9.

SECTION III. Emotional Stability. Number of Questions - 35.

Percentile rank and corresponding test score for Pintner-norms and psychoneurotic soldiers classified as 169 Anxiety States, 58 Hysterias and 22 Obsessional States.

	Test Scores.			
	A	B	C	D
Percentile Rank.	Pintner Norms	Anxiety States. (169)	Hysterias. (58)	Obsessional States. (22)
10	23	14	14	11
20	26	18	17	13
30	27	21	20	16
40	29	24	22	22
50	30	26	24	24
60	31	28	25	26
70	32	29	27	30
80	33	31	30	32
90	34	31	33	34

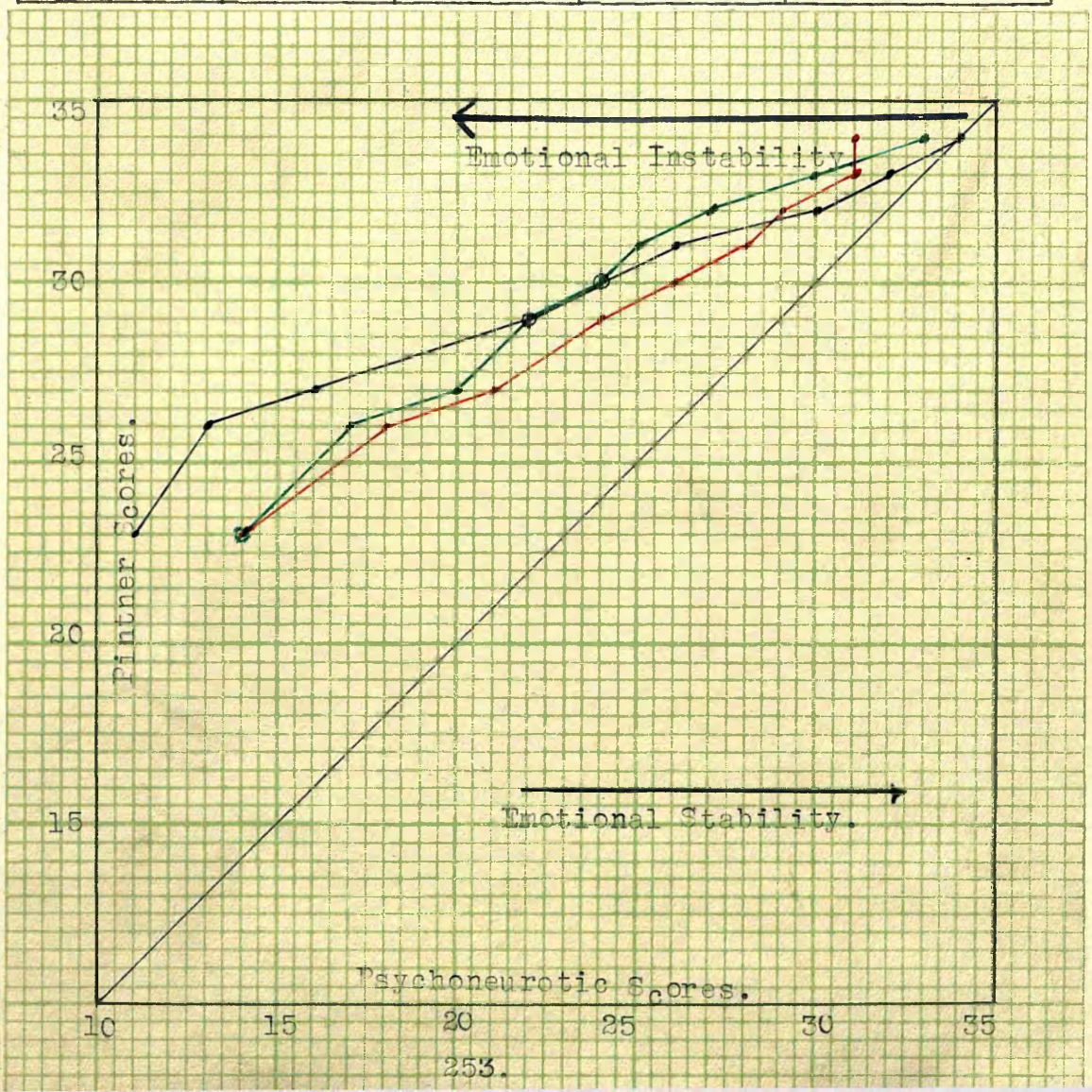


Table 15, as under, allows us to conclude that no diagnostic group is more or less emotionally stable than any other group. Critical ratio is a mean difference of more than twice the S.E. difference.

TABLE 15.

Emotional Stability.

35 Questions.

Diagnostic Groups.	N.	Mean.	σ dis.	Mean Diff.	S.E. Diff.
Combined Psycho-neurotics.	285	24	7.3	0	.503
Anxiety States.	169	24	7.3		
Combined Psycho-neurotics.	285	24	7.3	1.0	.987
Hysterias.	58	23	6.7		
Combined Psycho-neurotics.	285	24	7.3	1.6	1.99
Obsessional States.	22	22.4	9.1		
Anxiety States.	169	24	7.3	1	1.06
Hysterias.	58	23	6.7		
Anxiety States.	169	24	7.3	1.6	2.02
Obsessional States.	58	22.4	9.1		
Hysterias.	58	23	6.7	0.6	2.14
Obsessional States.	22	22.4	9.1		

The relationship between intelligence on the S.G. grouping and emotional stability as shown under in Table 16, allows us to assume that the high intelligence groups, the S.G. 1 and 2 tend to be more emotionally stable than the lower S.G. groups. However, the S.G. 3+ and 3- group shows no significantly higher degree of emotional stability than the S.G. 4 and 5 groups.

TABLE 16.

Emotional Stability.

35 Questions.

Group.	N.	Mean.	σ dis.	Mean Diff.	S.E. Diff.
S.G.1 & 2	96	26.5	5.9	3.3	.932
S.G.3+ & 3-	117	23.2	7.7		
S.G.1 & 2	96	26.5	5.9	5.0	1.03
S.G. 4 & 5	80	21.5	7.5		
S.G.3+ & 3-	117	23.2	7.7	1.7	1.1
S.G.4 & 5.	80	21.5	7.5		

Inspection of Appendix B, Tables 28A to D shows that when the group of questions most frequently answered (75th percentile) as evidence of emotional instability are considered, they will be seen to be symptoms of anxiety i.e. "I find it hard to forget my trouble, I feel miserable without good reason, I often feel sad for no reason at all. I can't sleep for my thoughts, I want to do the right thing but sometimes I can't get myself to do it, and, I can't forget a wrong that has been done to me.

The group of questions least frequently asnwered as evidence of emotional instability show an absence of paranoid trends, i.e. the low score accorded to "I think my friends are against me, I think everybody keeps away from me, and, I like to chaff my friends until they get angry, this last being evidence of substitutive paranoid behaviour.

TABLES 17 & 18.

It would further seem that the above symptoms show no significant incidence in any one diagnostic group, i.e.

emotional instability, as measured by the test, is expressed in terms common to the general rather than the particular neurotic group.

TABLE 17.

Percentage incidence of occurrence of symptoms in the 75th Percentile.

		Scored for emotional Instability.											
		Q.5.		Q.7		Q.9		Q.21.		Q.26.		Q.31.	
N.	Group.	N	%	N	%	N	%	N.	%	N.	%	N	%
169	Anxiety States.	111	66	93	55	90	53	106	63	82	49	88	52
58	Hysterias.	43	74	42	72	39	67	42	72	39	67	28	48
22	Obsessional States.	16	72	15	68	11	50	15	68	12	55	10	45
		P=0.5		P=0.05		P=0.20		P=0.5		P=0.10		P=0.80	

Critical Ratio P = 0.02

TABLE 18.

Symptoms in the 15th Percentile.

		Scored for Emotional Instability.									
		Q.8		Q.10		Q.14		Q.28		Q.32.	
N.		N.	%	N.	%	N	%	N	%	N.	%.
169	Anxiety States.	24	14	20	12	19	11	27	16	17	10
58	Hysterias.	9	16	7	12	11	19	8	12	12	21
22	Obsessional States.	1	4.5	3	14	5	23	3	14	3	14
		P = 0.50		P = 0.98		P=0.20		P=0.95		P=0.20	

Critical Ratio P. = 0.02.

SUMMARY. I. No diagnostic group has a greater measure of emotional instability. 2. The S.G.I and 2 group appear more emotionally stable than the other S.G. groups. 3. Emotional instability seems to be a matter of an anxiety state rather than an inter-personal or paranoid problem. 4. Diagnostic group is not related to frequency of question answer.

5. Emotional stability is associated with extroversion and to a lesser degree with aggression. This association is most even in the obsessional and in the S.G.3 + and 3 - group.

GENERAL SUMMARY.

285 psychoneurotic soldiers were submitted to the Pintner Personality Inventory. The test was designed and standardised for the age band, 13-15 yrs. The items were transposed into the military idiom, and it was purposed to examine the present situation in the light of the past childhood situation. As compared with the Pintner normal children our series show increased introversion and emotional instability in what is apparently their present temporal setting. It is possible that the increased introversion is a manifestation of the 'S' factor (social shyness) and the 'E' factor, emotional dependence as described by the Guilfords (1936). These factors may be regarded as a common factor of maladjustment or instability, or related to a lack of that factor of good social adjustment which Vernon (1938[7]) holds to be the basis of the Rundquist and Sletto (1936) Morale Scale.

Aggression, extroversion and emotional stability tend to be associated qualities. Vernon (1938[6]) however, feels that this might well be due to an overlapping of the traits tested by personality questionnaires, and he shows that tests for introversion, psychoneurotic tendency, submissiveness and inferiority feelings tend to correlate. On this basis the Pintner test is a recapitulation of Woodworth House test, i.e. much the same picture will emerge whether we enquire into the past childhood situation or the present adult problems. This would seem to hold even for the apparently acute battle neurotic as shown by Anderson and Jeffrey (1944), who compared the incidence of childhood neurotic symptoms in 400 chronic neurotics

and 100 men, who, until their unexpected collapse with battle neurosis, had classed themselves as well. Both groups showed a childhood equally burdened by neurosis, although it required different stress in quality and degree to precipitate breakdown.

.....

ADJUVANT DATA.

For the sake of completeness we are bringing forward some data which has a general relevance to the neurotic soldier and has a tangential bearing on morale. The findings are in two sections and have been extracted from the case notes of 1,000 of our patients.

Section One gives the school and work record, the history of skull trauma, fits, convulsions, faints, collapses, phobias, nerves, aches and pains. The period covers the whole life history.

Section Two renders familial and environmental material.

.....

SECTION 1A.

Question 1. (a) HOW OLD WERE YOU WHEN YOU LEFT SCHOOL?

Left school at 14 years - 828
Left school over 14 years - 172

(b) WHAT CLASS WERE YOU IN WHEN YOU LEFT AND WHAT WAS THE TOP CLASS?

TABLE 1.

Class	Frequency
Top Standard	508
Top Standard minus 1	263
Top Standard minus 2	117
Top Standard minus 3	76
Top Standard minus 4 & more	36
	1000

Question 11. SCHOLASTIC SELF RATING.

TABLE 2.

Rating	Frequency
Good	183
Average	529
Poor	288

When an elementary school boy does not progress beyond the top standard minus two it is good presumptive evidence that he is a poor scholar. The total number in this group is 229 and this compares sufficiently well with the self rating of 288 poor scholars (Table 2) to allow of an estimation of 30% poor school record in our group. When we consider this in conjunction with the work record in Table 3 we see that a similar percentage shows an unsatisfactory work record as estimated by the number and variety of jobs or prolonged unemployment.

Question 3. HOW MUCH TIME ARE YOU OFF WORK THROUGH ILLNESS IN THE YEAR?

TABLE 3.

Time in weeks.	Frequency.
0 to 1.9	437
2 to 3.9	185
4 to 5.9	152
6 to 7.9	69
8 to 9.9	80
10 and over	77

Mean - 3.8 weeks.
S.D. dis - 3.5 weeks.

Work Record.

Unsatisfactory - 291

The term illness covered traumatic conditions, and we are of the opinion that an average sickness rate of 3.8 weeks over a number of years cannot be considered as materially contributing to the unsatisfactory work record shown by 30% of our cases.

The importance and bearing of the school and work record has been much commented on. Rees (1945) estimated that in 96 psychoneurotic soldiers 30% had a poor school record and 38% a poor work record (28% considerable unemployment and 10% frequent changes of occupation). Ballard and Millar (1944) noted that of 2,000 psychoneurotics 29% had a poor civilian work record and 15% were educationally backward. Minski (1945) states that in the development of a neurosis "Constitutional predisposition in the form of a positive family history, neurotic personality, or

poor work record is the most important factor". Baillie (1941) in 200 cases found an unsatisfactory work record in 27%, whilst Torrie (1944) gives a figure of 26% for a series of 2,500. Rosenberg & Lambert (1942) note the prevalence of a poor school record and put the incidence of bad work record as high as 54%. Slater (1943) found an unsatisfactory school record in 30% of 2,000 psychoneurotic soldiers and noted that intelligence ratings mirror fairly closely the school record, "A poor work record and poor intelligence as judged clinically are good tests of inadequate intelligence". We may relate this to our finding that 288 men rated themselves as having had a poor school record, and that 291 men were judged as having had a poor work record.

CONCLUSION. There is general agreement as to the importance of the school and work record in the neurotic personality. Possibly a common figure of a 30% incidence is applicable. The bad work record is not related to the sickness rate. It would be reasonable to consider the morale implications of an unsatisfactory work record when military service is undertaken, since the unsatisfactory work record would be related to inability to obtain, to keep or to remain in work. When, as in the army, unemployment is not a method of separation from a routine which is felt to be intolerable, then release can only be obtained via the medical officer.

SECTION 1B.

Question 4. (a) HAVE YOU EVER BEEN KNOCKED UNCONSCIOUS BY AN ACCIDENT?

Yes - 480

(b) FOR HOW LONG WERE YOU UNCONSCIOUS?

TABLE 4.

Time in minutes	Frequency	% of number unconscious
0 to 14.9	192	40%
15 to 29.9	71	15%
30 and over	216	45%
	480	

The word 'accident' excludes trauma resulting from enemy action and in each case skull trauma was specified.

It is a matter of surprise that practically one half of our series should have undergone skull trauma of such severity as to have rendered them unconscious and that in 45% of those so injured the period of unconsciousness exceeded 30 minutes.

It might well be that when the neurotic or the neurotically predisposed receives even a relatively minor skull trauma, there is a peculiar liability to develop an immediate hysterical unconsciousness. Hill (1941) observed that after head injury there was commonly a release of latent neurotic traits. We have quoted other sources in our consideration of headache, on this matter of head injury in neurosis, where we observed the extraordinary liability to concussive injury. We there noted the significance of the head as an organ of behaviour in the schema of the psychoneurotic and the tendency to assume the horizontal position of helplessness. Unconsciousness

is but the ultimate form of retreat and surrender.

CONCLUSION. To the psychoneurotic, actual or potential, the head is one of the principal loci minoris resistentiae. The facile lapse into the behaviour of unconsciousness, the over ready portrayal of helplessness, may be viewed in terms relevant to the morale lesion.

Question 5. HAVE YOU EVER HAD A FIT OR CONVULSIONS?

Yes - 63

Question 6. HAVE YOU EVER FAINTED OR COLLAPSED?

Yes - 548

Fits and convulsions were usually related to the childhood period and largely were based on having been "told so by mother" Faints and collapses are varieties of being more or less unconscious but are not related to head trauma. However, a somewhat similar psycho-pathology may be postulated, and in an investigation extending over six months, we found that fully 30% of recent faints or collapses were related to bus or railway stations when the soldier was returning to his unit from leave. The mechanism is of becoming as the helpless infant unable to leave, or even live without the mother or mother figure.

Prewer (1945) in his very realistic article on Kielder Camp, (a quasi medical-penal establishment for naval psychoneurotics suspected of a morale lesion) says "One more syndrome is sufficiently common to justify special mention; it leaves the patient perfectly well in cinemas, dance halls, street fights, and on the departure platform when going on leave; but it manifests itself in "terrible headaches", dizziness, faintness,

"blackouts" and similar disagreeable symptoms whenever there is a hard job of work to be done, when the patient falls in for drill or P.T, or stands on the departure platform at his home town. We have had a lot of success in treating this disorder at Kielder, though our methods are largely empirical".

In an earlier section we have noted the approach of the naval psychiatrist and we are obliged to agree with Prewer that there is much exaggeration and possibly simulation of symptoms in the service psychoneurotic. There is little doubt that authoritarian methods if available, can be of therapeutic value. The British Navy, with its glorious traditions and its high esteem in the affections of the people, does allow of the exhibition of coercive methods, which if pursued by the Army would result in the destruction of such morale potential as the neurotic does possess.

SECTION 1C.

Question 7. HAVE YOU EVER BEEN TROUBLED WITH YOUR NERVES?

Yes - 656

Question 8. (a) HAVE YOU EVER HAD BAD FEARS?

Yes - 605

(b) WHAT WERE THEY?

Fears	Frequency
Dark	285
Danger	248
Noise	240
Authority	77
Crowds	59

Question 8 is but an amplification of Question 7 since to the layman "nerves" are regarded as fears as opposed to "temperament" or "nature". Fears of the Dark, Danger and Noise may be regarded as Death fears, although the soldier usually ascribes it as fear of being injured. Zillboorg (1943) puts it thus, "It is not difficult to see that the fundamental psychological issue involved in the problem of morale is reduced to the problem of how one re-acts to the fear of death. For behind the sense of insecurity in the face of danger, behind the sense of discouragement and depression, there always lurks the fear of death, a fear which undergoes most complex elaborations and manifests itself in many indirect ways".

Fear of death can be controlled. Sorrow for the dead and hate for the enemy allow of the emergence of guilt free aggressive behaviour which can readily be directed outwards. Hardship and danger now no longer mobilise aggression which constitutes a threat to the Ego - such a soldier shows control over his fear of death.

It is common to see the soldier who dates his breakdown from the death of a nearby comrade. Such a man has endeavoured to maintain his fear of death at a subliminal level by the erection of a fantasy of invulnerability. There is a sudden violent over-correction when he witnesses carnage in his immediate proximity, and then there is identification with the dead, sorrow for the dead but without the necessary hatred for the enemy. Hostile fantasies, i.e. internally directed aggression encompass him, every bomb and bullet is aimed at him, every noise is a threat and when with the approach of darkness he is deprived of that most potent protection - vision, then indeed does the fear of death become omnipresent.

Question 9. (a) HAVE YOU OFTEN HAD PAINS OR ACHES?

Yes - 880

(b) WHAT SORT OF ACHES?

Site of pains or aches.	Frequency.
Head	603
Body	356
Viscera	301
Sense Organ	72

Headache has been considered in detail in a previous section.

Visceral pains can be subsumed as dyspepsia and effort syndrome, and our figure of 30% is comparable with the estimation of 33% given by McGregor (1944), who examined 2,210 psychoneurotic soldiers and found 424 dyspepsias and 313 effort syndromes. It is of some interest that in our series approximately equal numbers complain of visceral and somatic location of pain. It is possible, considered in symbolic terms, that the meaning of the pain can be viewed as either the static "tied up" aggression of skeleto-muscular limitation of function, or the kinetic visceral dysfunction of the 'belly acher' who is 'sick of it', or the sweating palpitating effort syndrome neurotic who is "heart sore", "tired of it all" and afraid. Both types are showing their inability to endure with the group, to put their "heart and soul into it", "to stomach the common lot", to produce or maintain good morale.

SECTION II.

PSYCHIATRIC STATES.

Question 10.

(a) In mothers.

Number of psychotic mothers	40	
Number of psychopathic mothers	24	
Number of psychoneurotic mothers	432	- 496.

Question 10. PSYCHIATRIC STATES.

(b) In Fathers.

Number of psychotic fathers	72
Number of psychopathic fathers	172
Number of psychoneurotic fathers	241
	485

The data shown above depended on the statements furnished by our patients. Certification or residence in a mental hospital was taken as evidence of psychosis. A diagnosis of psychopathy was made, when the patient's summing up of the parent was "He (or she) was a bad lot"; when the information was "I am just like mum (or dad)" neurosis was usually presumed.

Before further evaluating Question 10 it will be of interest to consider Question 11 and so obtain a composite picture of the hereditary and environmental setting.

Question 11. Environment.

(a) Broken Homes.

Death of father	104
Death of mother	57
Death of both parents	13
Divorce	-
Separation	23
Desertion	20
Illegitimate	27
	244

Question 11. Environment.

(b) Bad Homes.

Father.	
Alcoholic	144
Cruel	112
Stern	41
Indifferent	-
Quarrelsome	132
Violent	208
	637

Mother.	
Alcoholic	32
Cruel	12
Indifferent	3
Quarrelsome	36
Violent	52
	135

It should be noted that only one rating was allowed per parent and when a parent showed several undesirable qualities, the patient was requested to state only the feature that had the principal disruptive effect. Mitchell and Mullins (1944) found marked childhood fear of the father present in 34% (of 50 'gastric' neurotic soldiers) as compared with 23% in the control group. Our figure of 63% does not differentiate between 'marked' and 'non-marked' fear, but it does cover childhood unhappiness and distress. Simon and Hagan (1942) give the figure of 42-5% for broken homes or for unhappiness equivalent to a broken home. Gillespie (1944[3]) in 87 cases of war neuroses noted broken homes in 31% as compared with 13% in 44 normals. Eysenck (1944) gives the incidence of unsatisfactory home atmosphere as 32% for 700 cases.

Healy (1930) considering the home environment states "lack of tender response, feelings of not being loved may make it difficult for the child to discard his aggressive impulses, and quarrels between parents .... leads it to experience intensities of love, hate and jealousy. This .... determines the severest predisposition for neurotic diseases." On this basis our figures of 637 unsatisfactory fathers and 135 rejective mothers are of ominous prognostic significance. Bowlby (1940) has stressed the importance of the childhood milieu in the development of neuroses and neurotic character. In particular he cites the insufficiently loved child or the child exposed to the influence of the neurotic mother. Block (1937) agrees that .. "Maladjustments in one or both of the parents ... are often the source of much mental strain and emotional instability in children".

Duval and Hoffman (1941) consider that the mother's boy type, who has lost the other parent, had difficulty in adjusting to army life. Schryver (1945) amplifies this by considering the possibilities of feelings of guilt developing towards the dead parent, or hostility to the surviving parent. Anxiety, hypochondriasis, phobias, inadequacy or over-dependence may result. Newell (1934) feels that the neurotic mother may show rejective behaviour and Pearson (1931) has demonstrated how the child of the rejective mother develops maladjusted personality. The importance of the environment has been frequently commented upon in our text and we have endeavoured to show that group bonds, the basis of military morale, must first be forged in the home. On this pattern suitable identifications can be made with some certainty in the later fields of community organisations. The figures we have advanced do not supply this primary desiderate of a satisfactory environment.

Gardner (1942) is very clear that group solidarity is based on the pre-existing stability of the family group. The child must have been a worth-while member of the family group, entitled to his share of love, consideration and respect equally from his parents and from his other siblings. He should have enjoyed rights and duties; he should have given and received. There should have been strong parent figures allowing of the incorporation of standards and ideals examplified by these parental figures. In the presence of these factors it is felt that the child will not be fearful, insecure or emotionally unstable. Lowrey (1936) is in general agreement and has it thus; "It follows then that healthy affectional relationship

between the parents and the child is one of the essential features in the evolution of the personality" and "The rejection of the father by the child may lead later to the rejection of all men".

Our findings as to the familial or hereditary situation, show that some 50% of the mothers and fathers are affected with varying degrees of mental illness.

It is difficult to obtain complementary figures and we show a table compiled from but a section of the literature.

	Psychiatric Abnormalities.
Sands and Hill (1945)	20% of near relatives.
Craigie (1944)	20% " " "
Torrie (1944)	27% " " "
Rosenberg and Lambert (1942)	39% " " "
Eysenck (1944)	39% " " "
Aiken (1941)	40% " " "
Huschka (1941)	42% (in mothers).
Cooper and Sinclair (1942)	50% of near relatives.
Sutherland (1941)	53% " " "
Hyland and Richardson (1942)	56% " " "
Stather (1944)	66% " " "
Mitchell and Mullins (1944)	(66% (in mothers) 40% in Controls.
	(54% (in fathers) 20% in Controls.

Possibly the figures given by Brown (1942) are the most representative. In the parents and siblings of his propositi he found a 44% familial history of neurosis as compared with a 14% incidence in the control group.

It is at any rate clear that in our series the hereditary factor is of considerable importance and that the early environmental stresses must be evaluated in terms of this genetic bias. Freud (1929[6]) has recognised that this duality is of importance in determining the adaptability to present and future stress and puts it thus "Anyone who is born with a specially unfavourable instinctual constitution

and whose libido components do not go through the transformation and modification necessary for successful achievement in later life, will find it hard to obtain happiness from his external environment, especially if he is faced with the more difficult tasks". Neitzsche expressed a similar view point in his bitter and sweeping generalisation, "What child hath not reason to weep over its parents".

For our purpose we have endeavoured to show that the libido component transformations necessary to develop identifications on a group bond basis have not been successfully undergone and hence there is failure to adapt to the difficult task of military service. The presenting lesion then becomes a neurosis, but since there is poverty of group bonds, a paucity of identification, there is a pari passu, a morale-neurosis symbiosis.

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SUMMARY

Pragmatically, the neurotic soldier is that soldier who is unable to accept the normal demands of army life. Such a man finds that in the face of danger he is not fortified by courage; when oppressed by hardship and stress he can summons no endurance; when overcome by his sense of domestic separation, he finds no sense of comradeship or comfort from his immediate fellows; when subjected to the stern necessity of military discipline, he is neither solaced by trust in his leaders, nor sustained by faith in the cultural ideals of his contemporaries but he experiences his isolation, in some part, as physical dysfunction; pain and emotional distress afflict him and he is rightly assessed as a medical problem. Yet, as we have shown, regard has been afforded to the admixture of a morale lesion, without which precipitation or prolongation of incapacitating illness might well have not occurred.

In elicitating the morale fraction in military neurosis, it is necessary to consider that an army is an organised group, demanding that a bipolar bond be formed linking each man not only to his fellow but also to a common centrum or nucleus, the Leader or the Ideal. We thus must determine how far the military psychoneurotic may be unable to identify himself with his comrades and the group leader or ideal.

A satisfactory examination requires investigation as to past adaptations to comparable circumstances and to what extent the architecture of the personality has been affected. The army environment has many parallels to that of the childhood milieu. There is the patent helplessness of the individual,

in face of power figures. There is the demand to accept pre-determined cultural standards and obligations. There is reward and punishment, the acquisition of painfully acquired skills and above all, there is the demand to intergrate into the group and forsake the narcissistic urge which in varying degree characterises the sucking infant and the self seeking adult. We could expect that the emotional adjustments made in childhood might be reactivated in the military setting and a transference neurosis develop on to the army and so revive old and perhaps painful experiences.

The childhood familial and environmental situation in a series of 1,000 of our military psychoneurotics has been characterised by unhappiness and distress, related to bad father figures in some 63%, whilst 24% showed a broken home life from death, desertion, or illegitimacy. Mental illness was present in 50% of the fathers and mothers. The school and work record was unsatisfactory in some 30% of this series. Because of this childhood milieu, the Ego comes to feel itself unloved or perhaps even unlovable and so in an endeavour to repair this narcissistic injury, masses of narcissistic libido are accumulated within the Ego, by a process of hyper cathexis. There is thus little or no object available, except perhaps subverse narcissistic object love, i.e. directly sexual love. The group bond however depends upon the availabilities of object libido inhibited in aim, i.e. desexualised libido, whereby we can love our fellow men, our country, our religion and other manifestations of that constellation of objects whose purpose it is to allow the individual to receive love,

fellowship, security and other aspects of group love.

We can see that when object libido, inhibited in aim, can be freely and readily cathected then there will be an expansion of the Ego, or good morale based on the personal capacity for the transformation of the egoistic or narcissistic impulses into social and altruistic components. When however, the Ego, as a result of childhood trauma in the sphere of the affections, or of instinctual deprivation, has been forced into regressive narcissisation, then there is Ego contraction because of the paucity of object libido. Morale then must appear to be bad because a firm integration into the group is handicapped in the absence of altruism.

Good morale may be stated in terms of adult identification. In the army good morale depends on two root factors. First, the individual must identify himself with the leader or with an ideal held in common, i.e. identification of the individual super ego with the group super ego. It follows then that all commands and behests from the leader, or the ideal as substitute for the leader, are felt to proceed from the personal super ego. Second, when a group perceives a community of interests or ideals there is a tendency for the constituent individuals to identify their egos with each other. The bipolar bond has been formed. The individual super ego has been identified with the group super ego; the individual ego has been identified with the group ego. The cause and the individuals serving that cause are now integrated. An individual within such a group shows limitation of narcissism, he loves his neighbours as himself. With them he will endure and die, with them he

will rejoice and live. Furthermore he may freely express his aggressive Id and Super Ego drives in a socially acceptable manner, at his clearly demarcated enemies, and his Ego is to that extent freed from its internal stresses. The Ego then experiences a sense of goodness, even of invulnerability, and is also largely freed from hypochondriasis.

The development of group sense can occur but with difficulty when the individual Super Ego is based on a poorly resolved Oedipus complex. The Leader or parent surrogate arouses hate and aggression. The Ideal, as leader substitute, tends to be of a ferocious moralistic content, based on reaction formations. Hence no community of interest can be formed with the putative group members and no identification within the Ego can occur. The other group members are feared or despised. Thus self debarred from the group, only the self and such members of the domestic circle as are comprehended within the extension of the self, can be loved.

For the examination of the morale neurosis symbiosis three questionnaires were used. A consideration of the literature led us to believe that the questionnaire method was a sufficiently reliable instrument for the predictability of neurotic breakdown in the army. For the measurement of morale, the questionnaire had to be constructed and six questions were posited (see page 65).

The answers were evaluated on the basis of four groups, 1. S.G. group (intelligence), 2. Occupation, 3. Age, and 4. Length of service group.

For question 1 the answer was in the affirmative and the

differences shown by our four groups were not statistically significant. We felt however, that what was being indirectly measured was 'homesickness'. The psychopathology of homesickness is in accord with the conception of bad morale as a narcissistic phenomenon, based on hostility to the father and over-dependence on the mother. Such a personality is, as we have shown, unable to integrate with the usual group formations.

For Question 2, it appeared that the outlook as to Post War Britain depends to some extent on the age, and S.G. of the men concerned. Possibly the S.G. and occupation group refers to the same type of men. The S.G. 1, 3+ and 5, are pessimistic as are the professional, clerical and unskilled workers.

For Question 3, it seems that the response to the question is actuated on emotional grounds, the older men, the recruits and the unsettled neurotics contributing their difficulties and dislikes of the army to the poor training they feel they receive. The neurotic over 30 years considers himself too old to be a soldier and attributes his breakdown to his physical inability to master the training.

Possibly Question 2 is approached objectively, since there is no present problem, but Question 3 deals with an acute and immediate problem, the army, and the psychoneurotic soldier reacts emotionally.

Question 4a and 4b resolved itself into the examination of 'stupid discipline', 'boredom', and 'worry'. Our conclusion was that when an attitude of hostility or dislike towards army life appears it may be expected about the 18th month of service, commoner in the younger men, and in the artisan, clerk, or

business men groups. There is no relation to intelligence groups. Boredom is commoner in those of skilled occupations.

Worry is seen mostly in the men over 30 years of age and somewhat in the technically skilled.

'Browning Off' is derived from the khaki brown colour of uniform. The condition itself is a "normal neurosis" as long as it is an expression of normal narcissism or self assertion. When the group tie is weak, the individual, on our thesis, is over-narcissistic and therefore his 'browning off' assumes psychopathological dimensions. The resentment of discipline is in part due to the particular pain caused to the neurotic by the exercise of discipline, which has for its function, the repression of the features of the unorganised group. These features are paraphrased by the psychoneurotic breakdown soldier in the list of symptoms he offers to his medical officer (see page 88).

Questions 5 and 6 were devised to elicit the attitude towards father figures and surrogates. Only 37% of our series felt that officers could be classed as bad. This opinion is not affected by intellect, occupational group or age group. Adverse opinions tend to be expressed by the soldiers with more than 2 years service in this group of 37%. The quality of the 'badness' is experienced as 'snobbery' by the younger soldiers and as incompetence by the soldier with more than 2 years service. For Question 6 some 50% of our series felt that their N.C.O.s were in some sense bad, as contrasted with some 37% who expressed a similar view in regard to officers. In neither case does intellectual judgement appear to play any

significant part. The younger men possess stronger views regarding officers as snobs and N.C.Os as ambitious bullies. The occupational class of the men plays little part in determining their attitude towards officers and N.C.Os, but some influence is exercised by length of service, when incompetence is expressed as an N.C.O's failing by men with over one year of service, whilst this feature is not attributed to officers until after some two years of service has been undergone by our series.

Possibly these attitudes are but projections of the psychoneurotic soldier's Super Ego. The N.C.O. reflects the more recent strata of the Super Ego, whereas the officer portrays the early childhood or perhaps even inherited Super Ego. The officer father figure would then relate to castration anxiety, which is a variation of separation anxiety, which again is but evidence of the inability to accept separation from the narcissistic love object.

The N.C.O. father figure is incorporated in the more superficial layers of the super-ego, and is perhaps but slightly differentiated from the ego and this would allow the psychoneurotic soldier to readily construct an external bad figure which would become the receptacle for his own feelings of aggression, ambition and inferiority.

If the basis of good morale depends on the capacity to identify the super-ego with an external object as leader or ideal, and so form the primary group bond, then the psychoneurotic is more or less debarred from the usual group formations, because the identification he makes tends to be a hostile one. This identification serves the purpose of

relieving his guilt sense by projecting his hostile impulses on to externalised father figures, either as leaders or sub-leaders.

The Woodworth House Psychoneurotic Inventory allowed of the examination of symptoms in childhood, in the pre-army period and in the army period. The groups were considered, a general group of 400 psychoneurotic soldiers, 105 men of the Desert Army, 100 from the Normandy Beachhead, and 25 psychoneurotic exservicemen. The groups and normals examined by House formed the contrasting and comparative evidence. As in our previous section the results were further considered as they pertained to the four groups of 1, S.G.; 2, occupation; 3, age; and 4, length of service.

The more important findings were as under.

1. In the general group of 400, the mean incidence of pre-army psychoneurotic symptoms was significantly greater than the incidence of symptoms arising during the term of military service. Furthermore, our group of psychoneurotic soldiers showed a higher incidence of psychoneurotic symptoms in childhood and in adult life as compared with the group of 400 normals.

2. The pensioners aver that until military service they had super normal psychiatric health. Once in the army, no matter for how short a period and irrespective of battle service, they develop significantly more psychoneurotic symptoms than our most battle stressed patients.

3. Men who break down with psychoneurotic symptoms only after battle stress show a childhood significantly

less burdened by childhood neurosis than men who develop neurosis as a result of mere enlistment into the army group.

4. The highly trained combatant assault (but psychoneurotic) soldier shows, in addition, that pre-army (adult) life was free of overt symptoms of neurosis.

5. Men of the Desert Army and men found fit for further service showed less psychoneurotic symptoms pre-army than the general 400 group, but more pre-army psychoneurotic symptoms than the selected assault psychoneurotic troops.

6. The psychopathology of the pensioner resolves itself into that of the over narcissistic oral personality with its overdependence and ambivalence on the mother figure and hostility to the father figure as such it equates with the poor morale individual in general.

7. The childhood of the lower S.G. groups - S.G.3 - , 4 and 5 shows a heavier incidence of psychoneurotic symptoms than found in the upper S.G. groups. In adult life this tendency persists and has occurred before army service. Once military service has been entered upon such fresh psychoneurotic symptoms as occur, do so independently of the level of intelligence.

8. The mean incidence of psychoneurotic symptoms in childhood and in adult life, pre-army, is independent of occupational group, but once in the army the psychoneurotic clerk seems to develop less fresh psychoneurotic symptoms than any other group of soldiers classified according to occupational pre-army group.

In general no differentiation seems to exist between degree of neurosis and occupational group.

9. There is no evidence to suggest that the age of the serving soldier will influence the incidence of psychoneurotic symptoms of severe degree, acquired during army service. For some reason there is the probability that the 24 - 28 year olds acquire a higher incidence of psychoneurotic symptoms of moderate intensity whilst in the army, as compared with the older men (29 - 43 years group) .

Various reasons are given (pages 160 - 161) to suggest that the army carried a disproportionate share of psychoneurotics in the over 30 years age band, and so, showed a weighted statistical incidence of psychoneurotic breakdown.

10. The length of military service given before breakdown seems to correlate inversely with the incidence of childhood psychoneurotic symptoms and with the incidence of pre-army adult psychoneurotic symptoms. The incidence of psychoneurotic symptoms arising whilst in the army steadily increases with length of military service.

11. The development of psychoneurotic symptoms as a corrolary to long service does not give rise to a chronic neurosis. The psychoneurotic soldier with good morale gives adequate service before showing overt illness and he makes an adequate social, if not military, recovery.

12. In general the childhood period of our psychoneurotic soldiers was characterised by feelings of inferiority, evidenced as shyness, nervousness and moodiness. There was proneness to nail biting, night fears and day dreaming with a

lack of physical wellbeing. There is no significant relationship between these symptoms and the factors of S.G., occupation, age and length of service group.

13. Of the most common psychoneurotic symptoms present before enlistment into the army, three of them "Headache", "Getting tired easily", and "Saying things on the spur of the moment and then regretting them", have been most frequent in the lower S.G. groups and have presumably some bearing on the rapidity with which the soldier breaks down with neurosis. "Headache" and "Getting tired easily", are pre-army symptoms complained of most frequently by these men who break down in the earlier months of service.

It is also worthy of note that "Headache" and "Getting tired easily" are also common symptoms arising during military service. In this latter period however, intelligence plays no part in the frequency of the headache and moreover, the complaint of headache and getting tired easily, increases as service is prolonged.

14. The most common psychoneurotic symptoms arising during military service are :-

(I.) A queer feeling as if I were not my old self. (2.) Misery. (3) Headaches. (4) Anergy. (5) Sleeplessness. (6) The belief that people find fault with me. (7) Dizziness.

These symptoms are significantly related to length of service.

15. When comparing the distribution of symptoms for a battle, and non-battle stressed group, we find that both groups are ill in the same way, but more so for the battle stressed

group. This suggests that the principle trauma is army life per se, and that battle conditions merely underline the demand for limitation of narcissism imposed by the army group.

16. The symptom of shyness present both in the childhood and adult life of our series is then a root symptom and from it stem many of the symptoms commonly experienced. Shyness according to Lewinsky is more prevalent in the child who is conscious of his dependence on the adult and it would therefore seem reasonable to suppose that shyness will be a pathological state in the child whose awareness of dependency has been stressed by an unhappy childhood. The narcissistic personality with its illusion of self sufficiency is shy, and Lewinsky has shown that shyness can be overcome by membership of a group, when the individual feels a man among men and no longer the impotent child debarred from the potent adult group who threaten to snub (castrate) him should he presume to assert himself. When the admission to a group involves identification with the group, then the total structure of the personality may render this admission difficult and so force the individual back into his previous group, i.e., his friends and family circle.

17. Headache. The head is considered as an organ of behaviour and as such its function in the child and in primitive man is studied. From this we have deduced what rôle will be allocated to the head by the psychoneurotic in his struggle to adapt to the environment. The signs and symptoms of headache are patterned on the helplessness of the infant, and show the supreme narcissism characteristics of

that period.

18. "A queer feeling as if I were not my old self". The psychoneurotic soldier is experiencing a conscious revival of the aggressive narcissistic self which is swamping the adult idealised concept of the self. He feels as if his pre-army self (the adult idealisation) is being threatened.

19. The findings of the Woodworth Psychoneurotic Inventory stress the importance of the childhood period in the prognostics of military neurosis. Should the parent-child relationship be such that marked narcissisation of the personality results, then there will be little libido inhibited in aim (desexualised libido) available for group bonds, based on Super Ego and Ego identifications.

The third questionnaire, the Pintner Personality Inventory has been adapted by us on very theoretical concepts. The test itself measures aggression, submission, introversion, extroversion and emotional stability, and was designed for children in the 13 - 15 years age band. We have restated the test items in the military idiom in pursuance of our argument that the army environment shows a close parallel to the military milieu. Hence we believe that it is possible to investigate the reaction to the military setting in suitably modified terms of the childhood period. In other words, in the army the psychoneurotic re-experiences his childhood problems and the modified test will furnish an indirect picture of the childhood personality with its reflection of the present reaction to the army.

The findings show that our psychoneurotic soldiers are

more emotionally unstable and more introverted than the Pintner norms. Hence we suppose that as children our psychoneurotic soldiers would have been emotionally unstable and highly introverted. Introversion is a manifestation of the 'S' factor (social shyness), and the 'E' factor of emotional dependence. These two qualities we have related to the over narcissistic personality.

All our three tests then tend to show that our psychoneurotic soldiers are, and were, strongly narcissistic personalities, and as such cannot but be excluded from the usual group formations.

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APPENDIX 'B'

THE MODIFIED PINTNER PERSONALITY INVENTORY.

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E. For S.G. groups 1 and 2.

D. For S.G. groups 3+ & 3 -

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Percentage Incidence of occurrence of symptoms, shown as:-

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A P P E N D I X 'A'

THE WOODWORTH-HOUSE MENTAL HYGIENE INVENTORY 1926

(Sometimes called "The Psychoneurotic Inventory")

THE WOODWORTH-HOUSE MENTAL HYGIENE INVENTORY (1926)

(sometimes called "THE PSYCHONEUROTIC INVENTORY)

This problem has occurred in my life:	CHILDHOOD (up to age 14) YES	
	Severe	Moderate
1. Poor health		
2. Periods of sleeplessness		
3. Fright in the middle of the night .		
4. Getting tired easily		
5. Pains in some part of my body		
6. Fainting		
7. Fear of fire		
8. Fear of mice or rats		
9. Fear of snakes		
10. Unfair treatment on the part of teachers.		
11. Harbouring intense dislikes of people		
12. Wanting to get even with someone ..		
13. Experiencing a sense of inferiority		
14. Being depressed because of low marks in school		
15. Preferring to play alone rather than with others		
16. Mind-wandering (i.e. losing track of what I was doing)		
17. Being a "crank" about food.		
18. Disliking the company of girls ...		
19. Getting bored with amusements easily		
20. Experiencing swift changes of my interest or occupations		
21. Being "moody" (i.e. swift changes in emotional attitude)		
22. "Day-dreaming" in the midst of my work or studies		
23. Considering myself a rather nervous person		
24. Giving way to "tantrums" (i.e. violent behaviour) when my will was thwarted		
25. Feeling ashamed of myself for having an interest in the workings of my body		
26. Being disturbed by a sex fact or some sex experience		

This problem has occurred in my life:	CHILDHOOD (up to age 14) YES	NO	Severe	Moderate
27. Being able to sit still without fidgeting				
28. The habit of biting my finger nails .				
29. A desire to steal things				
30. Shyness				

This problem has occurred in my life.	MATURITY (at any time since age 14) YES Severe	YES Moderate	NO
31. A poor appetite			
32 Problem of constipation			
33. Things swimming or getting misty before my eyes			
34. Poor health			
35. Dizziness			
36. Unpleasant feelings in my body ...			
37. Pains in some part of my body			
38. Heart trouble			
39. Preasure in or about the head			
40. Headaches			
41. Getting tired easily			
42. Uneasiness in crossing a high bridge			
43. Desire to jump off when on a high place			
44. Fear of dogs			
45. Fear of lightning			
46. Difficulty in making friends			
47. Getting rattled			
48. Slow to be moved to laughter			
49. Getting angry easily			
50. Difficulty in standing "kidding"...			
51. Getting discouraged easily			
52. Losing my temper quickly			
53. Being timid with other fellows ...			
54. Getting cross or grouchy			
55. Difficulty in adjusting to new places			
56. Fidgeting			
57. Biting my finger nails.			
58. Shyness			
59. Saying things on the spur of the moment and then regretting them ...			
60. Being "touchy" on various subjects.			
61. Feeling unequal to accomplishing my major ambitions			
62. Difficulty in concentrating because of having "girls on the brain" ...			
63. Ashamed to talk frankly about my sex life			
64. Being frightened or worried by a sex experience or any sex fact ...			
65. Indifference to girls			

This problem has occurred in my life.	MATURITY (at any time since age 14) YES Severe.	NO Moderate.
66. Shifts of my moods from sad to happy and happy to sad (without reason)		
67. Mind-wandering, i.e. losing track of what I was doing		
68. Getting upset easily		
69. Having conflicting moods of love and hate for members of my family		
70. Just feeling miserable		
71. Being unhappy during my adolescent years (i.e. in young manhood)		
72. Being afraid of responsibilities		
73. Getting tired of work easily		
74. Difficulty in standing the sight of blood		
75. Difficulty in forgetting unpleasant experiences		
76. Being troubled by sleeplessness		
77. Enduring pain with difficulty		
78. Difficulty in standing disgusting smells		
79. Being troubled by conscience problems		
80. Finding my mind troubled by doubt ...		
81. Finding myself recalling painful experiences		
82. Being unenthusiastic about my life's possibilities		
83. Considering myself a nervous person..		
84. Believing myself unsatisfactorily adjusted to life		
85. Finding my home environment unhappy..		
86. Ashamed of myself for having an interest in the sexual working of my body		
87. Swift changes of my interests or occupations		
88. Being a "crank" about food		
89. Worrying about little things.		
90. Burdened by a sense of remorse		
91. Worrying when I have an unfinished job on my hands		
92. A queer feeling as if I were not my old self		
93. The belief that people find fault with me		

This problem has occurred in my life.	MATURITY (at any time since age 14) YES Severe.	YES Moderate.	NO.
94. The feeling that people are reading my thoughts			
95. The feeling that someone was making me act against my will			
96. A desire to commit suicide			
97. Feeling sad or low-spirited			
98. Being bothered by some particular useless thought that keeps coming into my mind			
99. Suspecting people of "underhanded" motives			
100. Being troubled by thoughts of death			

T A B L E I.

Frequency distribution of psychoneurotic symptons, according the The Woodworth House Inventory, for the Childhood period (under 14 years) of 400 psychoneurotic soldiers.

Number of symptons: = 30.

	Intensity of sympton.	
	Severe.	Moderate.
Score Interval.	F.	F.
25-29.	3	-
20-	7	3
15-	34	30
10-	77	130
5-	94	154
0-4	185	83
	400	400
Mean	6.9	8.45
Standard Deviation of Distribution.	5.65	3.99

TABLE 2.

Frequency distribution of psychoneurotic symptoms, according to The Woodworth House Inventory, for the adult period (over 14 years) in 400 psychoneurotic soldiers: The adult period is subdivided for symptoms present before army service and for symptoms arising during the period of army service.

Number of symptoms in adult period: = 70.

	Symptoms present in adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Score Interval	F.	F.	F.	F.	F.	F.
55-59	4	2	-	-	3	-
50-	7	2	-	-	6	3
45-	14	5	-	1	11	3
40-	20	9	2	1	12	5
35-	23	24	2	2	20	10
30-	30	62	1	2	27	48
25-	41	65	2	3	32	46
20-	52	81	4	8	36	61
15-	46	63	15	23	39	64
10-	62	41	24	36	60	56
5-	38	30	46	41	45	61
0- 4	63	16	304	283	109	43
	400	400	400	400	400	400
Mean:	20.25	22.6	4.5	5.4	16.5	18.2
Standard Deviation of Distribution.	11.6	10.35	5.7	6.54	14.0	10.87

T A B L E 3. (a to f).

Frequency distribution of psychoneurotic symptoms (Woodworth House Inventory) for the childhood period of 400 psychoneurotic soldiers; classified according to their Selection Grades (S.G) of intelligence on the R.E.C.I.Progressive Matrices Test: (see Table 4.)

Psychoneurotic symptoms for the childhood period:

	(a) 36 soldiers in S.G.I.		(b) 63 soldiers in S.G.2.		(c) 83 soldiers in S.G.3 +	
	Intensity of symptom.		Intensity of symptom.		Intensity of symptom.	
Score Interval	Severe F.	Moderate F.	Severe F.	Moderate F.	Severe F.	Moderate F.
25-29	-	-	-	-	-	-
20-	1	1	1	-	-	1
15-	2	-	2	2	4	6
10-	4	16	9	21	17	29
5-	11	11	15	27	20	33
0- 4	18	8	36	13	42	14
	36	36	63	63	83	83
Mean.	6.05	8.5	5.45	7.95	6.0	8.8.
Standard Dev. of Distribution.	5.5	4.5	4.7	3.96	4.6	4.4

	(d) 83 soldiers in S.G.3 -		(e) 75 soldiers in S.G.4		(f) 60 soldiers in S.G.5	
	Intensity of symptom.		Intensity of symptom.		Intensity of symptom.	
Score Interval	Severe F.	Moderate F.	Severe F.	Moderate F.	Severe F.	Moderate F.
25-29	2	-	1	-	-	-
20-	1	-	1	1	3	-
15-	11	6	9	6	6	11
10-	19	27	15	23	13	13
5-	19	35	13	30	18	21
0- 4	31	15	36	15	20	15
Mean.	83	83	75	75	60	60
Standard Dev: of distribution.	8.25	8.45	7.25	8.55	8.15	8.65
	6.24	4.4	6.1	4.7	5.8	5.2

T A B L E 4.

R.E.C.I. Progressive Matrices Selection Grades (S.G.) on 45 minute test:

S.G.	Percentile.	Test Score.
1. Top.	90th	54 - 60
2. "	75th	48 - 53
3 +	50th	44 - 47
3 -	50th	39 - 43
4. Bottom.	25th	29 - 38
5. "	10th	28

TABLE 5. (a to f).

Frequency distribution of psychoneurotic symptoms (Woodworth House Inventory) for the Adult period (over 14 years) of 400 psychoneurotic soldiers. The adult period is sub-divided for symptoms present before army service and for symptoms arising during army service. The 400 psychoneurotic soldiers are classified according to their selection Grades (S.G) of intelligence on the R.E.C.I. Progressive Matrices Test.

5a.

36 P.N. Soldiers in S.G.I.

Score Interval	Symptoms present in adult period. Intensity. Severe F.	Moderate. F.	Symptoms arising during service. Intensity. Severe. F.	Moderate. F.	Symptoms present before service. Intensity. Severe. F.	Moderate F.
50-54	1	-	-	-	-	-
45-	-	-	-	-	1	-
40-	2	-	-	-	1	-
35-	1	3	-	-	-	2
30-	1	8	1	-	3	6
25-	3	5	-	1	2	2
20-	7	8	-	2	2	3
15-	4	6	1	3	4	4
10-	4	1	5	4	5	6
5-	5	2	1	3	7	7
0-4	8	3	28	23	11	6
	36	36	36	36	36	36
Mean	16.85	22.5	4.8	6.6	13.4	14.3
Standard Deviation	12.9	9.86	6.17	7.15	12.12	11.3
Distribution						

T A B L E. 5b.

63 P.N. soldiers in S.G.2.

Score Interval	Symptoms present in Adult period. Intensity. Severe F.	Moderate. F.	Symptoms present during service. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate. F.
50-54	1	-	-	-	1	-
45-	3	-	-	-	3	-
40-	1	-	-	-	1	-
35-	3	2	-	-	2	2
30-	7	10	-	-	4	7
25-	2	10	-	-	3	6
20-	6	12	-	1	4	7
15-	7	13	1	4	7	12
10-	9	9	4	5	8	14
5-	5	3	6	9	7	10
0-4	19	4	52	44	23	5
	63	63	63	63	63	63
Mean	16.75	20.4	3.55	4.8	14.5	16.85
Standard Deviation Distribution.	14.2	8.95	3.2	4.8	14.0	9.4

T A B L E. 5c.

83 P.N. soldiers in S.C.3

Score Interval.	Symptoms present in Adult period. Intensity. Severe F.	Moderate. F.	Symptoms present during service. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate F.
55-59	-	2	-	-	-	-
50-	-	-	-	-	-	1
45-	1	1	-	1	1	1
40-	3	2	-	-	-	1
35-	5	8	1	1	3	3
30-	6	6	-	-	6	4
25-	10	22	1	-	7	10
20-	8	18	1	3	6	18
15-	16	8	3	5	12	15
10-	12	7	7	5	12	8
5-	8	4	16	11	10	15
0-4	14	5	54	57	26	7
	83	83	83	83	83	83
Mean	18.0	23.85	5.32	5.85	13.75	18.25
Standard Deviation	11.75	11.2	5.7	7.8	11.02	10.6
Distribution.						

TABLE. 5d.

83 P.N. soldiers in S.C.3.

Score Interval.	Symptoms present in Adult period. Intensity. Severe F.	Moderate. F.	Symptoms present during service. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate F.
55-59	2	-	-	-	1	1
50-	2	1	-	-	3	-
45-	4	1	-	-	1	-
40-	7	1	1	-	6	-
35-	5	4	-	-	7	1
30-	7	18	-	2	4	9
25-	8	7	-	2	8	10
20-	15	22	-	-	14	15
15-	6	12	3	7	5	18
10-	18	8	4	2	14	13
5-	4	8	11	10	8	11
0-4	5	1	64	60	12	5
	83	83	83	83	83	83
Mean	24.2	22.8	4.2	5.5	21.15	18.35
Standard Deviation Distribution.	13.9	9.8	5.5	7.0	14.3	9.5

T A B L E. 5e.

75 P.N. Soldiers in S.G 4

	Symptoms present in Adult period.		Symptoms present during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Score Interval	F.	F.	F.	F.	F.	F.
55-59	1	-	-	-	1	-
50-	1	-	-	-	1	-
45-	4	1	-	-	3	1
40-	4	3	1	-	3	2
35-	7	6	-	1	6	2
30-	5	10	-	-	4	9
25-	8	13	1	-	6	11
20-	10	13	-	2	6	9
15-	6	10	5	2	4	9
10-	9	11	2	13	10	12
5-	11	7	3	5	8	7
0-4	9	1	63	52	23	13
	75	75	75	75	75	75
Mean	21.65	22.7	4.35	5.5	17.5	18.1.
Standard Deviation	14.6	10.1	6.5	6.3	15.3	11.6
Distribution.						

T A B L E. 5f.

60 P.N. Soldiers in S.G.5.

	Symptoms present in Adult period.		Symptoms present during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate
Score Interval	F.	F.	F.	F.	F.	F.
55-59	1	-	-	-	1	-
50-	2	1	-	-	1	1
45-	2	2	-	-	2	-
40-	3	3	-	1	1	3
35-	3	1	1	-	1	-
30-	6	9	-	-	7	11
25-	10	9	-	-	6	7
20-	5	10	3	-	6	8
15-	7	11	2	1	7	8
10-	10	7	2	5	10	5
5-	5	5	6	4	7	11
0-4	6	2	46	49	11	6
	60	60	60	60	60	60
Mean	22.5	22.8	5.0	4.1	18.5	19.65
Standard Deviation Distribution.	13.9	12.0	6.7	6.2	13.7	12.05

T A B L E. 6. (a to f).

Woodworth House Inventory - Section - Childhood (under 14 years)
Number of symptoms: = 30.

Frequency distribution of psychoneurotic symptoms for the childhood period of 400 psychoneurotic soldiers, classified according to their age in years on admission to Military Neurosis Centre:

Psychoneurotic symptoms for the Childhood period.

	(a) 89 soldiers age group 19-23 yrs.		(b) 93 soldiers age group 24-28 yrs.		(c) 101 soldiers age group 29-33 yrs.	
	Intensity of symptom.		Intensity of symptom.		Intensity of symptom.	
Score Interval	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate. F.
25-29	1	-	1	-	-	-
20-	2	-	-	-	2	1
15-	10	8	7	7	6	8
10-	18	31	15	32	25	43
5-	22	39	24	32	24	32
0-4	36	11	46	22	44	17
	89	89	93	93	101	101
Mean.	7.65	9.0	6.3	8.25	6.95	9.2
Standard Dev: of Distr'n.	5.9	4.08	5.25	4.5	5.25	4.47

	(d) 66 soldiers age group 34-38 yrs.		(e) 45 soldiers age group 39-43 yrs.		(f) 6 soldiers age group 44 & over.	
	Intensity of symptom.		Intensity of symptom.		Intensity of symptom.	
Score Interval	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate. F.
25-29	-	-	1.	-	-	-
20-	1	2	2	-	-	-
15-	5	4	6	4	-	-
10-	12	16	7	4	-	3
5-	15	28	7	23	2	1
0-4	33	16	22	14	4	2
	66	66	45	45	6	6
Mean.	6.4	8.05	7.75	6.8	6.34	7.16
Standard Dev: of Distribution.	5.2	4.8	6.9	4.3	2.36	4.45

T A B L E 7. (a to f)

Woodworth House Inventory - Adult period (over 14 years).
Number of symptoms = 70.
Frequency distribution of psychoneurotic symptoms for the Adult period of 400 psychoneurotic soldiers. The Adult period is sub-divided for symptoms present before Army service and for symptoms arising during Army service. The 400 psychoneurotic soldiers are classified according to age in years on admission to Military neurosis centre.

89 Psychoneurotic soldiers in age group 19-23 yrs

TABLE 7a.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate
Score Interval	F.	F.	F.	F.	F.	F.
55-59	-	-	-	-	-	-
50-	3	-	-	-	2	-
45-	3	2	-	-	3	-
40-	7	2	1	1	3	1
35-	6	2	-	1	7	2
30-	9	17	-	-	6	13
25-	12	15	-	1	9	14
20-	9	13	1	1	11	12
15-	6	17	4	3	7	12
10-	9	12	7	5	8	12
5-	8	5	8	7	9	12
0-4	17	4	68	70	24	11
	89	89	89	89	89	89
Mean.	21.6	22.05	4.6	4.9	16.85	18.3
Standard Deviation Distribution.	14.8	10.2	5.9	7.2	12.45	10.57

T A B L E. 7b.

93 P.N. Soldiers in age group 24-28 years.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate
Score Interval	F.	F.	F.	F.	F.	F.
55-59	1	1	-	-	1	-
50-	1	-	-	-	1	-
45-	3	2	-	1	2	2
40-	1	2	-	-	1	1
35-	1	10	-	1	-	3
30-	8	15	1	2	7	9
25-	11	18	-	1	5	9
20-	15	16	2	4	10	13
15-	15	8	4	9	11	11
10-	10	10	9	10	14	15
5-	7	6	15	8	8	18
0-4	20	5	62	57	33	12
	93	93	93	93	93	93
Mean.	18.0	24.0	5.2	7.6	14.0	17.0
Standard Deviation Distribution.	13.05	11.17	5.7	9.05	12.25	10.8

T A B L E. 7c.

101 P.N. Soldiers in age group 29-33 years.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Inten sity.		Intensity.	
Score Interval.	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate F.
55-59	-	1	-	-	-	-
50-	-	1	-	-	-	2
45-	4	-	-	-	3	-
40-	4	1	-	-	3	-
35-	8	8	1	-	5	3
30-	8	18	-	-	8	18
25-	9	17	1	1	11	12
20-	15	22	-	2	10	18
15-	13	18	3	4	9	20
10-	18	6	5	9	19	9
5-	12	7	8	14	14	11
0-4	10	2	83	71	19	8
	101	101	101	101	101	101
Mean.	20.2	23.7	3.95	4.85	17.2	20.3
Standard Deviation Distribution.	12.4	9.9	5.2	5.6	12.5	10.25

T A B L E. 7d.

66 P.N. Soldiers in age group 34-38 years.

Score Interval.	Symptoms present in Adult period. Intensity. Severe F.	Moderate. F.	Symptoms arising during service. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate F.
55-59	1	-	-	-	-	-
50-	1	-	-	-	2	-
45-	3	-	-	-	1	-
40-	3	2	1	-	3	2
35-	5	1	-	-	5	1
30-	5	7	-	-	4	6
25-	7	11	1	-	4	6
20-	12	19	1	-	7	11
15-	7	6	4	4	9	10
10-	12	9	2	7	8	9
5-	6	8	7	10	10	13
0-4	4	3	50	45	13	8
	66	66	66	66	66	66
Mean	22.5	20.15	5.05	4.75	18.13	16.7
Standard Deviation Distribution.	13.1	9.4	7.07	4.03	13.87	14.25

T A B L E. 7e.

45 P.N. Soldiers in Age Group 39-43 years.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
Score Interval.	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate F.
55-59	2	-	-	-	2	-
50-	2	1	-	-	1	1
45-	1	1	-	-	2	1
40-	4	2	-	-	2	1
35-	3	2	1	-	2	1
30-	1	4	-	-	2	3
25-	2	3	-	-	3	2
20-	-	10	-	1	-	7
15-	4	11	-	2	2	10
10-	12	6	1	3	10	10
5-	4	3	5	3	3	6
0-4	10	2	38	36	16	3
	45	45	45	45	45	45
Mean	19.85	21.55	3.6	4.15	18.1	18.2
Standard Deviation Distribution.	17.5	11.15	5.5	4.8	17.25	11.32

T A B L E. 7f.

6 P.N. Soldiers in age group 44 years and over.

Score Interval.	Symptoms present in Adult period. Intensity. Severe F.	Moderate. F.	Symptoms arising during service. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate. F.
55-59	-	-	-	-	-	-
50-	-	-	-	-	-	-
45-	-	-	-	-	-	-
40-	1	-	-	-	-	-
35-	-	1	-	-	1	-
30-	-	-	-	-	-	-
25-	-	3	-	-	-	3
20-	-	1	-	-	-	1
15-	1	-	-	1	1	-
10-	1	-	-	1	1	1
5-	1	1	-	-	-	-
0-4	2	-	6	4	3	1
	6	6	6	6	6	6
Mean	13.65	24.51	2.0	6.2	12.0	19.5
Standard Deviation Distribution.	13.75	6.32	-	6.2	12.6	9.46

T A B L E. 8. (a to f).

Woodworth House Inventory - Section Childhood period.
Number of Symptoms - 30.
Frequency distribution of psychoneurotic symptoms for the Childhood period of 400 psychoneurotic soldiers, classified according to their occupational groups.

Psychoneurotic symptoms for the Childhood Period.

	(a) 19 Professional men.		(b) 44 Business men.		(c) 33 Clerks.	
	Intensity of Symptom.		Intensity of Symptom.		Intensity of Symptom.	
Score Interval.	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate. F.
25-29	-	-	-	-	-	-
20-	-	-	1	1	-	-
15-	1	1	3	3	3	-
10-	5	11	12	11	8	16
5-	5	5	7	19	9	13
0-4	8	2	21	10	13	4
	19	19	44	44	33	33
Mean	6.75	9.9	7.0	8.15	7.15	8.8
Standard Deviation Distribution.	4.72	3.7	5.5	4.75	5.0	3.43

Psychoneurotic symptoms for the Childhood period.

	(d) 111 Artisans		(e) 113 Semi-skilled workers.		(f) 80 Labourers	
	Intensity of Symptom.		Intensity of Symptom.		Intensity of Symptom.	
Score Interval.	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate F.
25-29	-	1	2	-	-	-
20-	1	1	4	-	1	1
15-	11	8	8	8	8	10
10-	16	34	20	35	16	22
5-	26	48	29	39	17	33
0-4	57	19	50	31	38	14
	111	111	113	113	80	80
Mean	6.3	8.70	7.27	7.89	6.8	8.95
Standard Deviation Distribution.	5.25	4.42	6.4	4.57	5.4	4.77

T A B L E. 9 (a. to f.)

Woodworth-House Inventory - Section ADULT Period (over 14 years)

Number of Syptoms = 70.

Frequency distributions of psychoneurotic symptoms for the Adult period of 400 psychoneurotic soldiers. The Adult period is subdivided for symptoms present before Army service and for symptoms arising during Army service. The 400 psychoneurotic soldiers are classified according to occupational groups.

T A B L E. 9a.

19 P.N. soldiers, previously professional men.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Score Interval.	F.	F.	F.	F.	F.	F.
65-69	-	-	-	-	-	-
60-	-	-	-	-	-	-
55-59	-	-	-	-	-	-
50-	-	-	-	-	-	-
45-	-	-	-	-	-	-
40-	-	-	-	-	-	-
35-	1	1	-	-	1	1
30-	3	4	-	-	1	4
25-	2	3	-	-	1	1
20-	2	6	-	-	2	3
15-	-	2	-	1	2	4
10-	3	2	3	1	2	4
5-	4	1	1	4	6	2
0-4	4	-	15	13	4	-
	19	19	19	19	19	19
Mean	15.59	23.3	3.85	4.4	13.05	20.41.
Standard Deviation Distribution.	11.75	7.5	3.7	4.1	13.0	9.05

T A B L E. 9b.

44 P.N. Soldiers previously business men.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Score Interval.	F.	F.	F.	F.	F.	F.
55-59	1	1	-	-	-	-
50-	1	-	-	-	1	1
45-	1	-	-	-	2	-
40-	1	2	-	-	-	1
35-	5	1	-	-	3	-
30-	2	5	-	-	4	5
25-	7	7	-	1	6	4
20-	3	11	-	-	4	5
15-	3	6	-	3	2	9
10-	10	2	5	2	6	6
5-	1	5	8	8	4	9
0-4	9	4	31	30	12	4
	44	44	44	44	44	44
Mean	20.4	21.3	4.05	5.0	18.05	17.6
Standard Deviation Distribution.	14.6	7.8	3.53	5.2	14.35	11.1.

T A B L E. 9e.

33 P.N. Soldiers previously clerks.

Score Interval.	Symptoms present in Adult period. Intensity. Severe F.	Moderate. F.	Symptoms arising during service. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate. F.
55-59	-	-	-	-	-	-
50-	1	-	-	-	1	-
45-	2	-	-	-	2	-
40-	-	-	-	-	-	-
35-	3	1	-	-	3	1
30-	2	7	-	-	1	7
25-	5	9	-	-	4	3
20-	2	5	-	-	3	7
15-	5	4	-	1	2	4
10-	5	4	-	3	8	7
5-	4	2	4	1	4	3
0-4	4	1	29	28	5	1
	33	33	33	33	33	33
Mean	20.65	22.6	2.65	3.55	19.15	20.35
Standard Deviation Distribution.	13.7	8.7	1.1	3.04	14.0	9.2

T A B L E. 9d.

111 P.N. Soldiers previously artisans.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
Score Interval.	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate. F.
55-59	1	1	-	-	1	-
50-	-	1	-	-	-	1
45-	3	1	-	1	1	1
40-	8	1	1	-	5	1
35-	5	10	-	-	5	7
30-	9	16	-	-	8	9
25-	9	22	-	2	10	14
20-	16	18	1	4	10	14
15-	20	16	5	11	17	16
10-	10	14	8	8	11	15
5-	12	5	15	8	10	18
0-4	18	6	81	77	33	14
	111	111	111	111	111	111
Mean	19.7	23.04	4.65	6.15	16.25	18.0
Standard Deviation Distribution.	13.4	10.6	5.59	7.2	13.4	11.4

T A B L E. 9e.

113 P.N. Soldiers previously semi-skilled workers.

	Symptoms present in Adult period. Intensity.		Symptoms arising during service. Intensity.		Symptoms present before service. Intensity.	
	Severe	Moderate.	Severe	Moderate	Severe	Moderate.
Score Interval.	F.	F.	F.	F.	F.	F.
55-59	2	-	-	-	2	-
50-	4	-	-	-	3	-
45-	5	1	-	-	4	-
40-	7	1	-	-	4	-
35-	4	7	1	2	4	1
30-	6	21	1	2	5	17
25-	10	13	2	-	6	9
20-	19	23	1	2	12	18
15-	9	18	6	5	9	21
10-	21	15	6	8	18	14
5-	7	11	11	19	13	19
0-4	19	3	85	75	33	14
	113	113	113	113	113	113
Mean	20.7	21.65	5.0	5.75	16.7	16.9
Standard Deviation Distribution.	15.1	9.7	6.5	7.1	15.1	9.8

T A B L E. 9f.

80 P.N. Soldiers previously labourers.

Score Interval.	Symptoms present in Adult period. Intensity. Severe F.	Moderate. F.	Symptoms arising during service. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate. F.
55-59	-	-	-	-	-	-
50-	1	1	-	-	1	1
45-	3	3	-	-	2	2
40-	4	5	1	1	3	3
35-	5	3	-	-	5	-
30-	8	8	-	-	8	6
25-	9	11	-	-	5	14
20-	10	18	2	2	7	15
15-	9	17	4	2	7	11
10-	13	6	2	12	15	9
5-	10	5	6	3	8	9
0-4	8	2	65	60	19	10
	80	80	80	80	80	80
Mean	20.75	26.68	4.4	5.1	17.45	19.4
Standard Deviation Distribution.	12.9	10.4	6.3	6.6	13.6	11.7.

T A B L E. 10. (a to i).

Woodworth-House Inventory - Section Childhood Period.
Number of symptoms 30.

Frequency distribution of psychoneurotic symptoms for the childhood period of 400 psychoneurotic soldiers, classified according to their length of service in months on admission neurosis centre.

	Psychoneurotic symptoms for the childhood period					
	(a)		(b)		(c)	
	Service 0-6 months for 45 P.N.soldiers.		Service 7-12 months for 41 P.N. soldiers.		Service 13-18 mths for 35 P.N.soldiers	
	Intensity.		Intensity.		Intensity.	
Score Interval	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate. F.
25-29	1	-	2	-	-	-
20-	2	-	-	-	-	-
15-	2	4	3	4	3	4
10-	10	24	10	12	13	14
5-	10	12	12	17	6	14
0-4	20	5	14	8	13	3
	45	45	41	41	35	35
Mean	7.45	10.0	8.2	8.45	7.85	9.7
Standard Deviation Distribution.	6.3	4.0	6.3	4.45	5.1	4.03

T A B L E. 10.

	(d)		(e)		(f)	
	Service 19-24 months for 50 P.N.Soldiers.		Service 25-30 months for 36 P.N. soldiers.		Service 31-36 months for 64 P.N. Soldiers.	
	Intensity.		Intensity.		Intensity.	
Score Interval.	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate. F.
25-29	-	-	-	-	-	-
20-	1	3	2	-	-	-
15-	5	5	4	2	6	5
10-	11	14	3	11	16	16
5-	16	23	7	15	17	25
0-4	17	5	20	8	24	18
	50	50	36	36	64	64
Mean	7.70	9.8	6.58	7.95	7.54	7.62
Standard Deviation Distri-hution.	5.29	5.02	6.28	4.2	5.32	4.55

T A B L E. 10.

	(g)		(h)		(i)	
	Service 37-42 months for 44 P.N. Soldiers.		Service 43-48 months for 34 P.N. soldiers.		Service 49 & over months for 51 P.N. soldiers.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Score Interval.	F.	F.	F.	F.	F.	F.
25-29	-	-	-	-	-	-
20-	-	-	-	-	1	-
15-	2	2	4	3	5	3
10-	7	13	-	7	7	16
5-	12	18	6	13	9	19
0-4	23	11	24	11	29	13
	44	44	34	34	51	51
Mean	5.65	7.67	4.65	7.29	6.12	7.85
Standard Deviation Distribution.	4.43	4.2	4.88	4.68	5.58	4.39

T A B L E. 11. (a to i).

Woodworth-House Inventory - Section Adult Period. Number of Symptoms - 70.
Frequency distribution of pyschoneurotic symptoms for the Adult period of 400 pyschoneurotic soldiers. The Adult period is sub-divided for symptoms present before Army Service and for symptoms arising during service. The 400 pyschoneurotic soldiers are classified according to their length of Military service in months on admission to neurosis centre.

T A B L E.11a.

45 P.N. soldiers with 0-6 months service.

	Symptoms present in Adult period.		Symptoms arising during service		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Score Interval.	F.	F.	F.	F.	F.	F.
55-59	1	-	-	-	1	-
50-	2	-	-	-	2	-
45-	-	1	-	-	2	1
40-	3	-	-	-	-	-
35-	3	2	-	-	3	2
30-	3	7	-	-	3	7
25-	5	9	-	-	5	8
20-	6	12	-	-	7	11
15-	5	6	-	-	4	6
10-	6	3	2	1	7	4
5-	3	3	-	1	3	4
0-4	8	2	43	43	8	2
	45	45	45	45	45	45
Mean	21.25	22.55	2.5	2.5	20.9	21.89
Standard Deviation Distribution.	14.8	9.3	1.87	2.0	14.8	9.7

T A B L E. 11b.

41 P.N. Soldiers with 7 - 12 months service.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate
Score Interval.	F.	F.	F.	F.	F.	F.
55-59	1	-	-	-	1	-
50-	1	-	-	-	1	-
45-	2	-	-	-	2	-
40-	3	2	-	-	2	2
35-	3	3	-	-	4	3
30-	5	7	-	-	3	5
25-	4	5	-	-	5	5
20-	5	7	-	-	5	8
15-	3	5	-	-	3	5
10-	6	6	-	1	7	7
5-	3	5	1	2	2	4
0-4	5	1	40	38	6	2
	41	41	41	41	41	41
Mean	23.7	22.0	2.15	2.5	22.85	21.15
Standard Deviation Distribution.	14.87	10.55	0.7	2.0	14.65	10.6

T A B L E. 11c.

35 P.N. Soldiers 13-18 months service.

Score Interval.	Symptoms present in Adult period. Intensity. Severe F.	Moderate. F.	Symptoms arising during service. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate F.
55-59	-	-	-	-	-	-
50-	1	1	-	-	1	1
45-	1	-	-	-	-	-
40-	1	3	-	-	2	2
35-	2	2	-	-	2	2
30-	4	12	-	-	3	10
25-	1	4	-	-	1	4
20-	5	3	-	1	5	3
15-	4	1	-	-	4	3
10-	5	7	1	3	4	3
5-	7	1	3	2	5	5
0-4	4	1	31	29	8	2
	35	35	35	35	35	35
Mean	19.0	26.25	2.715	3.75	17.45	23.7
Standard Deviation Distribution.	13.4	11.4	2.5	4.3	13.67	12.67

T A B L E. 11d.

50 P.N. Soldiers with 19-24 months service.

Score Interval.	Symptoms present in Adult period. Intensity. Severe F.	Moderate. F.	Symptoms arising during period. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate. F.
55-59	-	1	-	-	-	-
50-	1	1	-	-	-	2
45-	1	1	-	-	2	1
40-	1	1	-	-	-	1
35-	4	4	-	-	3	1
30-	3	6	-	-	4	7
25-	6	7	-	-	6	6
20-	10	17	-	-	7	12
15-	6	6	2	-	7	9
10-	8	5	1	3	6	6
5-	6	1	7	11	7	5
0-4	4	0	40	36	8	0
	50	50	50	50	50	50
Mean	20.3	25.4	3.5	3.7	18.1	22.8
Standard Deviation Distribution.	11.7	10.1	3.1	2.9	12.1	10.8

T A B L E. 11e.

36 P.N. Soldiers with 25-30 Months service.

Score Interval.	Symptoms present in Adult period. Intensity. Severe F.	Moderate. F.	Symptoms arising during period. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate. F.
55-59	-	-	-	-	-	-
50-	-	-	-	-	-	-
45-	4	-	-	-	3	-
40-	-	1	-	-	1	-
35-	3	1	1	-	2	1
30-	2	6	-	-	2	5
25-	3	5	-	-	2	4
20-	4	8	-	-	3	7
15-	3	4	-	-	3	7
10-	5	3	2	3	3	4
5-	2	6	2	3	4	7
0-4	10	2	31	30	13	1
	36	36	36	36	36	36
Mean	18.8	20.35	3.8	3.25	16.2	18.8
Standard Deviation Distribution.	15.0	10.27	6.1	2.87	15.1	9.1

T A B L E. 11f.

64 P.N. Soldiers with 31-36 months service.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Score Interval.	F.	F.	F.	F.	F.	F.
55-59	2	-	-	-	1	-
50-	-	-	-	-	1	-
45-	4	1	-	-	3	1
40-	4	1	-	-	1	-
35-	1	3	-	-	2	1
30-	7	8	-	1	5	6
25-	7	14	-	1	8	7
20-	7	7	1	-	4	9
15-	6	14	4	6	6	11
10-	12	8	4	4	12	12
5-	4	8	8	6	6	13
0-4	10	0	47	46	15	4
	64	64	64	64	64	64
Mean	21.35	21.51	4.5	5.4	17.93	17.075
Standard Deviation Distribution.	14.75	9.5	4.8	6.4	14.3	9.75

T A B L E. 11g.

44 P.M. soldiers with 37-42 months service.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Score Interval.	F.	F.	F.	F.	F.	F.
55-59	-	-	-	-	-	-
50-	1	-	-	-	-	-
45-	-	-	-	-	1	-
40-	1	-	-	-	-	-
35-	3	2	-	-	1	-
30-	2	8	-	-	1	-
25-	8	6	-	-	2	5
20-	4	11	-	1	5	4
15-	6	9	-	2	4	7
10-	8	2	2	3	3	10
5-	3	3	5	4	12	6
0-4	8	3	6	4	3	6
	44	44	44	44	44	44
Mean	18.35	21.3	4.5	5.9	14.95	16.3
Standard Deviation Distribution.	12.25	9.15	4.3	6.97	12.1	9.25

TABLE 11h.

34 P.N. Soldiers with 43-48 months service.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
Score Interval.	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate. F.
55-59	-	-	-	-	-	-
50-	-	-	-	-	-	-
45-	-	-	-	-	-	-
40-	3	-	-	-	-	-
35-	1	3	-	1	2	-
30-	4	4	1	1	4	1
25-	2	4	-	-	-	3
20-	4	7	1	1	1	3
15-	5	5	2	3	3	6
10-	5	5	6	5	6	4
5-	3	2	5	8	5	7
0-4	7	4	19	15	13	10
	34	34	34	34	34	34
Mean	18.0	19.65	6.85	8.5	12.0	11.71
Standard Deviation Distribution.	12.65	10.37	7.25	8.5	11.4	8.85

T A B L E. 11i.

51. P.N. Soldiers with 49 and over months service.

Score Interval.	Symptoms present in Adult Period. Intensity. Severe F.	Moderate. F.	Symptoms arising during service. Intensity. Severe F.	Moderate. F.	Symptoms present before service. Intensity. Severe F.	Moderate. F.
55-59	-	1	-	-	-	-
50-	1	-	-	-	-	-
45-	2	2	-	1	1	-
40-	4	1	2	1	3	-
35-	3	3	1	1	1	-
30-	1	4	-	-	1	2
25-	5	12	2	1	-	4
20-	6	10	2	4	2	1
15-	8	10	5	11	6	8
10-	6	5	3	11	3	10
5-	8	0	11	5	9	11
0-4	7	3	25	16	25	15
	51	51	51	51	51	51
Mean	19.65	23.75	9.2	12.29	10.55	10.925
Standard Deviation Distribution.	13.85	10.9	10.4	10.27	12.4	8.5

T A B L E. 12.

WOODWORTH-HOUSE Inventory - Section Childhood period under 14 years.
Number of symptoms = 30.

Frequency distribution of psychoneurotic symptoms for the Childhood period of 105 psychoneurotic soldiers of the Desert Army.

	Intensity of Symptom.	
	Severe	Moderate.
Score Interval.	F.	F.
25-29	-	-
20-	1	1
15-	7	4
10-	12	28
5-	23	42
0-4	62	30
	105	105
Mean	5.43	7.43
Standard Deviation Distribution.	4.93	4.45

T A B L E. 13.

WOODWORTH-HOUSE Inventory - Section Adult Period (Over 14 years).

Number of Symptoms = 70.

Frequency distribution of psychoneaurotic symptoms for the Adult period of 105 psychoneurotic soldiers of the Desert Army. The Adult period is sub-divided for symptoms present before Army Service and for symptoms arising during Army Service.

105 P.N. Soldiers of Desert Army.

	Symptoms present In Adult Period.		Symptoms arising during Army Service.		Symptoms present before Army Service.	
	Intensity.		Intensity.		Intensity.	
Score Interval.	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate F.
55-59	-	1	-	-	-	-
50-	1	-	-	-	-	-
45-	3	2	-	1	2	-
40-	5	1	2	1	2	-
35-	4	7	1	1	3	-
30-	5	12	1	2	4	6
25-	12	21	2	2	3	11
20-	12	23	3	7	6	10
15-	16	18	7	13	11	12
10-	14	10	10	21	14	16
5-	14	5	16	13	13	25
0-4	19	5	63	44	47	25
	105	105	105	105	105	105
Mean	17.86	22.67	7.14	10.0	11.14	12.67
Standard Deviation Distribution.	12.8	10.1	8.15	9.4	11.65	9.4

T A B L E. 14.

WOODWORTH-HOUSE Inventory - Section - Childhood period (under 14 years)

Number of Symptoms = 30

Frequency of distribution of pyschoneurotic soldiers for the Childhood period of 100 psychoneurotic soldiers from the Normandy Beach Head (Invasion assault troops).

	Intensity of Symptom.	
	Severe	Moderate.
Score Interval.	F.	F.
25-29	1	3
20-	2	8
15-	9	11
10-	4	19
5-	29	27
0-4	55	32
	100	100
Mean	5.9	9.25
Standard Deviation Distribution.	5.6	6.5

T A B L E. 15.

WOODWORTH-HOUSE Inventory - Section Adult period (over 14 years)

Number of Symptoms = 70

Frequency distribution of psychoneurotic symptoms for the Adult period of 100 psychoneurotic Soldiers, assault invasion troops from the Normandy Beach-head. The Adult period is subdivided for symptoms present before Army Service and for symptoms arising during Army service.

100 P.N. Soldiers from Normandy Beach-head.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Score Interval.	F.	F.	F.	F.	F.	F.
55-59	-	-	-	-	-	-
50-	2	1	-	-	-	-
45-	2	1	-	-	2	-
40-	1	1	-	-	1	-
35-	1	1	-	-	2	5
30-	5	11	-	-	-	-
25-	7	14	-	1	2	7
20-	8	30	4	6	3	13
15-	10	11	3	7	7	9
10-	15	10	14	22	12	17
5-	20	11	19	30	19	15
0-4	29	9	60	34	52	31
	100	100	100	100	100	100
Mean	13.5	19.70	5.60	8.20	8.20	12.05
Standard Deviation Distribution.	12.25	11.10	5.35	6.1	9.70	9.35

T A B L E. 16.

WOODWORTH-HOUSE Inventory - Section - Childhood period (under 14 years)

Number of symptoms = 30

Frequency distribution of psychoneurotic symptoms for the Childhood period of 80 psychoneurotic Soldiers regarded as fit for further Military service after pyschoneurotic treatment.

Childhood period - 80 P.N. Soldiers.

	Intensity of Symptom.	
	Severe	Moderate.
Score Interval.	F.	F.
25-29	-	-
20-	3	-
15-	8	5
10-	10	23
5-	16	37
0-4	43	15
	80	80
Mean	6.5	8.15
Standard Deviation Distribution.	5.65	4.20

T A B L E. 17.

WOODWORTH-HOUSE Inventory -Section - Adult period (over 14 years)
Frequency distribution of psychoneurotic symptoms for the Adult period of 80 psychoneurotic soldiers, regarded as fit for further Military Service after psychoneurotic treatment. The Adult period is sub-divided for symptoms present before Army Service and for service arising during Army service.

80 P.N. soldiers returned to duty.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms present before service.	
	Intensity.		Intensity.		Intensity.	
Score Interval.	Severe F.	Moderate. F.	Severe F.	Moderate. F.	Severe F.	Moderate. F.
55-59	-	-	-	-	-	-
50-	2	-	-	-	2	-
45-	2	-	-	-	3	-
40-	3	3	1	-	1	1
35-	1	3	0	1	1	1
30-	6	14	0	-	3	10
25-	8	14	1	2	8	6
20-	10	16	1	1	5	13
15-	10	9	5	6	6	12
10-	11	10	5	5	14	14
5-	4	5	10	8	10	13
0-4	23	6	57	57	27	10
	80	80	80	80	80	80
Mean	17.5	21.7	5.20	5.5	11.93	18.0
Standard Deviation Distribution.	13.5	10.3	6.85	7.0	10.1	12.7

T A B L E. 18.

WOODWORTH-HOUSE Inventory - Section - Childhood period (under 14 years)

Number of symptoms = 30

Frequency distribution of psychoneurotic symptoms for the Childhood period of 25 psychoneurotic ex-servicemen of 1939-45 war. (Note 10 of these had combatant service, all were pensioners or pension litigants).

	Intensity of Symptom.	
	Severe	Moderate.
Score Interval.	F.	F.
20-	-	-
15-	-	-
10-	-	2
5-	-	3
0-4	25	20
	25	25
Mean	2	3.4
Standard Deviation Distribution.	-	3.06

T A B L E. 19.

WOODWORTH-HOUSE Inventory - Section - Adult period (over 14 years)

Number of Symptoms = 70.

Frequency distribution of psychoneurotic symptoms for the Adult period of 25 ex-servicemen of the 1939-45 war. 10 of whom had combatant experience, all were pensioners or pension litigants. The Adult period is sub-divided for symptoms present before Army service and for symptoms arising during Army service.

	Symptoms present in Adult period.		Symptoms arising during service.		Symptoms presen before service.	
	Intensity.		Intensity.		Intensity	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate
Score Interval.	F.	F.	F.	F.	F.	F.
55-59	-	-	-	-	-	-
50-	-	-	-	-	-	-
45-	-	-	-	-	-	-
40-	-	1	-	1	-	-
35-	1	-	1	-	-	-
30-	-	5	-	5	-	-
25-	1	1	1	1	-	-
20-	3	5	3	4	-	-
15-	4	4	3	2	-	-
10-	7	5	7	5	0	1
5-	1	3	1	5	0	1
0-4	8	1	9	2	25	23
	25	25	25	25	25	25
Mean	12.2	19.6	11.6	18.0	2	2.6
Standard Deviation Distribution.	9.33	10.04	4.2	11.1	-	2.24

TABLE. 20.

WOODWORTH-HOUSE Inventory - Section - Childhood period (under 14 years).

Number of Symptoms = 30

The Mean Scores of symptoms (and standard Deviation of Distribution) for the undernoted groups.

		CHILDHOOD.			
		Intensity of Symptom.			
		Severe.		Moderate.	
GROUP.	No.	Mean.	S.D.	Mean.	S.D.
GENERAL GROUP.	400	6.9	5.65	8.45	3.99
Intelligence Grp:					
S.G.1.	36	6.05	5.5	8.5	4.5
S.G.2.	63	5.4	4.7	7.94	3.96
S.G.3.plus.	83	6.0	4.6	8.8	4.4
S.G.3.minus.	83	8.25	6.24	8.45	4.4
S.G.4.	75	7.25	6.1	8.55	4.7
S.G.5.	60	8.15	5.8	8.65	5.2
Occupational Group.					
Professional.	19	6.75	4.72	9.9	3.7
Business.	33	7.0	5.5	8.15	4.75
Clerks.	44	7.15	5.0	8.8	3.45
Artisans.	111	6.3	5.25	8.7	4.42
Semi-skilled.	113	7.27	6.4	7.89	4.75
Labourers.	80	6.8	5.4	8.95	4.77
Age Group.					
19-23 years.	89	7.65	5.9	9.0	4.08
24-28 "	93	6.3	5.25	8.35	4.5
29-33 "	101	6.95	5.25	9.2	4.47
34-38 "	66	6.4	5.2	8.05	4.8
39-43 "	45	7.75	6.9	6.8	4.3
44 over "	6	6.34	2.36	7.16	4.48
Length of Service Group.					
0-6 months.	45	7.45	6.3	10.0	4.0
7-12 "	41	8.2	6.3	8.45	4.45
13-18 "	35	7.85	5.1	9.7	4.03
19-24 "	50	7.7	5.29	9.8	5.02
25-30 "	36	6.58	6.28	7.95	4.2
31-36 "	64	7.54	5.32	7.62	4.55
37-42 "	44	5.65	4.43	7.67	4.2
43-48 "	34	4.65	4.88	7.29	4.68
49-over "	51	6.15	5.58	7.85	4.39

T A B L E. 21.

WOODWORTH-HOUSE Inventory - Section - Adult period (over 14 years).

No. of symptoms = 70.

The Mean Score for symptoms (and Standard Deviation of Distribution) for the undernoted Groups.

		ADULT PERIOD.			
		Intensity of Symptom.			
		Severe		Moderate.	
GROUP.	No.	Mean.	S.D.	Mean.	S.D.
General Group.	400	20.25	11.6	22.6	10.35
Intelligence Grp.					
S.G.1.	36	16.85	12.9	22.5	9.86
S.G.2.	63	16.75	14.2	20.4	8.95
S.G.3.plus.	83	18.0	11.75	23.85	11.2
S.G.3.minus.	83	24.2	13.9	22.8	9.8
S.G.4.	75	21.65	14.6	22.7	10.1
S.G.5.	60	22.5	13.9	22.8	12.0
Occupational Group					
Professional.	19	15.95	11.75	23.3	7.5
Business.	33	20.4	14.6	21.3	7.8
Clerks.	44	20.65	13.7	22.6	8.7
Artisans.	111	19.7	13.4	23.0	10.6
Semi-skilled.	113	20.7	15.1	21.65	9.7
Labourers.	80	20.75	12.9	23.68	10.4
A ge Group.					
19-23 years.	89	21.6	14.85	22.05	10.2
24-28 "	93	18.0	13.05	24.0	11.17
29-33 "	101	22.25	12.4	23.7	9.9
34-38 "	66	22.5	13.1	20.15	9.4
39-43 "	45	19.85	17.15	21.5	11.15
44-over"	6	13.65	13.75	24.5	6.32
Length of Service Group.					
0-6 months.	45	21.25	14.8	22.55	9.3
7.12 "	41	23.7	14.87	22.0	10.55
13.18 "	35	19.0	13.4	26.25	11.4
19.24 "	50	20.3	11.7	25.4	10.1
25-30 "	36	18.8	15.0	20.35	10.27
31-36 "	64	21.35	14.75	21.51	9.5
37-42 "	44	18.35	12.25	21.3	9.15
43-48 "	34	18.0	12.65	19.65	10.37
49-over"	51	19.65	13.85	23.75	10.9

T A B L E. 22.

WOODWORTH-HOUSE Inventory - Section - Adult period (over 14 years)

Number of Symptoms = 70.

The Mean Scores for symptoms (and Standard Deviation of Distribution) present in Adult life before enlistment in the Army, for the undernoted groups.

		Before Army Service. Intensity of Symptom.			
		Severe.		Moderate.	
GROUP.	No.	Mean.	S.D.	Mean.	S.D.
General Group.	400	16.5	14.0	18.2	10.87
Intelligence Grp.					
S.G.1.	36	13.4	12.12	16.3	11.3
S.G.2.	63	14.5	14.0	16.85	9.4
S.G.3.plus.	83	13.75	11.02	18.25	10.6
S.G.3.minus.	83	21.15	14.3	18.35	9.5
S.G.4.	75	17.5	15.3	18.1	11.6
S.G.5.	60	18.5	13.7	19.65	12.05
Occupational Grp.					
Professional.	19	13.1	13.0	20.41	9.05
Business.	33	18.05	14.35	17.6	11.1
Clerks.	44	19.15	14.0	20.35	9.2
Artisans.	111	16.25	13.4	18.0	11.4
Semi-skilled.	113	16.7	15.1	16.9	9.8
Labourers.	80	17.45	13.6	19.4	11.7
Age Group.					
19-23 years.	89	16.85	12.45	18.3	10.57
24-28 "	93	14.0	12.25	17.0	10.8
29-33 "	101	17.2	12.5	20.3	10.25
34-38 "	66	18.13	13.87	16.7	14.25
39-43 "	45	18.1	17.25	18.2	11.32
44-over "	6	12.0	12.6	19.5	9.46
Length of Service Group.					
0-6 months.	45	20.9	14.8	21.89	9.7
7-12 "	41	22.85	14.65	21.15	10.6
13-18 "	35	17.45	13.67	23.7	12.67
19-24 "	50	18.1	12.1	22.8	10.8
25-30 "	36	16.2	15.1	18.8	9.1
31-36 "	64	17.93	14.3	17.07	9.75
37-42 "	44	14.95	12.1	16.3	9.25
43-48 "	34	12.0	11.4	11.71	8.95
49-over "	51	10.55	12.4	10.92	8.5

T A B L E. 23.

WOODWORTH-HOUSE Inventory - Section - Adult period (over 14 years)

Number of symptoms = 70

The Mean Scores for symptoms (and Standard Deviation of Distribution) arising during Military Service, for the undernoted groups.

		Arising during Service. Intensity of Symptom.			
		Severe		Moderate.	
GROUP.	No.	Mean.	S.D.	Mean.	S.D.
General Group.	400	4.5	5.7	5.4	6.54
Intelligence Grp.					
S.G.1.	36	4.78	6.17	6.6	7.15
S.G.2.	63	3.35	3.2	4.8	4.8
S.G.3.plus	83	5.31	5.7	5.85	7.8
S.G.3.minus	83	4.2	5.5	5.5	7.0
S.G.4.	75	4.3	6.5	5.5	6.3
S.G.5.	60	5.0	6.7	4.1	6.2
Occupational Grp.					
Professional.	19	3.85	3.7	4.4	4.1
Business.	33	4.05	3.53	5.0	5.2
Clerks.	44	2.6	1.1	3.55	3.04
Artisans.	111	4.65	5.59	6.15	7.2
Semi-skilled.	113	5.0	6.5	5.75	7.1
Labourers.	80	4.4	6.3	5.1	6.6
Age Group.					
19-23 years.	89	4.6	5.9	4.9	7.2
24-28 "	93	5.2	5.7	7.6	9.05
29-33 "	101	3.95	5.2	4.85	5.6
34-38 "	66	5.05	7.07	4.75	4.03
39-43 "	45	3.6	5.5	4.15	4.8
44-over "	6	2.0	0.0	6.2	6.2
Length of Service Group.					
0-6 months.	45	2.5	1.87	2.5	2.0
7-12 "	41	2.15	0.7	2.5	2.0
13-18 "	35	2.715	2.5	3.75	4.3
19-24 "	50	3.5	3.1	3.7	2.9
25-30 "	36	3.8	6.1	3.25	2.87
31-36 "	64	4.5	4.8	5.4	6.4
37-42 "	44	4.5	4.3	5.9	6.97
43-48 "	34	6.85	7.25	8.5	8.5
49-over"	51	9.2	10.4	12.29	10.27

T A B L E. 24.

WOODWORTH-HOUSE Inventory, Section - CHILDHOOD period, (under 14 years).
No. of symptoms = 30.

Number of times per cent that each symptom was recorded as having been present in the Childhood of 400 psychoneurotic soldiers (i.e. percentage incidence of occurence of symptom.

	CHILDHOOD. 400 P.N. Soldiers. Intensity of symptom.	
Symptom.	Severe.	Moderate.
No.	% Incidence.	% Incidence.
1	22.2	29.7
2	15.0	39.2
3	26.7	34.2
4	27.2	29.5
5	16.5	32.2
6	6.0	23.7
7	15.7	23.7
8	26.7	27.2
9	40.2	22.0
10	11.0	24.0
11	19.0	26.5
12	17.7	25.0
13	29.2	35.2
14	25.5	26.2
15	29.5	25.5
16	21.7	32.5
17	17.5	18.7
18	21.7	23.7
19	20.0	32.7
20	23.2	26.5
21	35.7	31.2
22	28.5	35.7
23	27.0	34.5
24	20.7	27.7
25	8.0	18.7
26	9.0	19.5
27	25.7	39.0
28	27.7	19.5
29	3.2	17.0
30	51.2	36.5

T A B L E. 25. (a and b.)

WOODWORTH HOUSE INVENTORY - Section - Childhood period (under 14 yrs)
No. of symptoms = 30.
Distribution according to symptom number of the percentage incidence of occurrence of psychoneurotic symptoms of severe intensity and of moderate intensity, for the childhood period of 400 psychoneurotic soldiers.

(a)

Distribution of symptoms - Severe intensity for childhood of 400 P.N. Soldiers.

Symptom Number.						
		1	3			
		11	4			
		12	8			
		16	13			
		17	14			
6	2	18	15			
25	5	19	22			
26	7	20	23			
29	10	24	27			
			28	21	9	30
3%-9.9%	10%-16.9%	17%-23.9%	24%-30.9%	31%-37.9%	38%-44%	45%-56.9%

Percentage incidence of occurrence of symptoms.

(b)

Distribution of symptoms - Moderate Intensity for childhood of 400 P.N. soldiers.

Symptom Number						
		7				
17		6	8		3	2
25		10	11		5	13
26		12	14	1	16	22
28		15	20	4	18	27
29	9	18	24	21	23	30
17%-19.9%	20%	22.9%	23-25.9%	26%	28.9%	29%-31.9%	32%-34.9%	35%-37.9%

Percentage incidence of occurrence of symptoms.

T A B L E. 26.

WOODWORTH-HOUSE Inventory - Section ADULT period (over 14yrs)
No. of symptoms. = 70.
Number of times percent that each symptom was recorded as applicable to the Adult period of 400 psychoneurotic soldiers (i.e. percentage incidence of occurence of symptom). The Adult period is sub-divided for symptoms present before Army Service and for symptoms arising during Army service.

	Symptoms present in Adult period.		Symptoms present before service.		Symptoms arising during service.	
	Intensity.		Intensity.		Intensity.	
Symp:	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
No.	%Incid:	%Incid:	%Incid:	%Incid:	%Incid:	%Incidence.
31	16.0	39.7	12.7	33.0	3.2	6.7
32	10.2	30.5	9.2	25.5	1.0	5.0
33	29.0	43.0	19.7	29.5	9.2	13.5
34	25.5	41.7	21.5	33.0	4.0	8.7
35	30.0	47.5	20.2	34.0	9.7	13.5
36	26.5	36.2	22.0	26.0	4.5	10.2
37	36.7	36.5	29.0	28.0	7.7	8.5
38	8.5	25.7	7.5	20.2	1.0	5.5
39	37.2	31.7	28.2	21.7	9.0	10.0
40	53.2	32.5	38.7	22.0	15.0	10.5
41	52.0	28.5	38.5	20.5	13.5	8.0
42	37.7	32.5	33.2	28.2	4.5	4.2
43	15.2	19.7	13.2	16.2	2.0	3.5
44	12.2	25.0	11.5	24.2	0.7	0.7
45	22.7	38.7	21.7	36.2	1.0	2.5
46	28.0	27.2	25.7	25.0	2.2	2.2
47	29.0	42.0	25.0	36.0	4.0.	6.0
48	21.2	33.0	17.7	27.5	3.5	5.5
49	34.0	30.7	30.5	25.0	3.5	5.7
50	31.2	35.5	27.7	31.7	3.5	3.7
51	44.7	31.7	38.2	26.5	6.0	5.2
52	36.0	28.5	32.7	24.2	3.2	4.2
53	30.0	35.0	28.5	31.0	1.5	4.0
54	24.7	43.2	21.5	36.7	3.2	6.5
55	38.2	33.7	34.7	26.7	3.5	7.0
56	32.7	40.5	30.5	34.2	2.2	6.2
57	22.5	21.2	22.0	20.2	0.5	1.0
58	38.0	42.5	39.5	39.5	1.0	3.0
59	44.7	30.7	40.7	25.0	4.0	5.7
60	28.0	46.5	25.5	41.7	2.5	4.7
61	35.7	36.0	32.0	30.2	3.7	5.7
62	3.7	10.0	3.2	9.2	0.5	0.7
63	13.5	21.5	12.7	20.7	0.7	0.7
64	15.7	17.2	13.5	15.2	2.2	2.0
65	9.7	25.0	9.7	22.7	-	2.2

Continued next page.

T A B L E. 26. Continued.

Symp: No.	Symptoms present in Adult period. Intensity. Severe %Incid:	Moderate. %Incid:	Symptoms present before service. Intensity. Severe %Incid:	Moderate. %Incid:	Symptoms arising during service. Intensity. Severe %Incid:	Moderate. %Incid.
66	37.0	32.7	30.7	26.5	6.2	6.2
67	39.7	38.5	30.7	26.0	9.0	12.5
68	53.2	27.2	44.0	22.2	9.2	5.0
69	13.2	22.2	11.7	20.5	1.5	1.7
70	49.0	36.5	34.0	27.7	15.2	8.7
71	27.0	29.5	23.7	26.2	3.2	3.2
72	27.5	34.5	23.5	27.0	4.0	7.5
73	18.7	30.7	15.5	22.7	3.2	8.0
74	34.7	29.7	32.2	27.2	2.5	2.5
75	53.2	26.7	45.5	22.7	7.7	4.0
76	32.0	44.7	20.0	32.7	12.5	12.0
77	26.2	38.0	23.5	31.0	2.7	7.0
78	42.7	30.0	41.5	26.7	1.2	3.2
79	25.0	35.5	22.2	29.7	2.7	5.7
80	33.5	41.5	29.0	31.7	4.5	9.7
81	35.5	34.5	28.2	27.5	7.2	7.0
82	18.5	34.5	15.5	27.0	3.0	7.5
83	41.5	39.2	36.2	30.2	5.2	9.0
84	25.7	31.0	22.2	24.2	3.5	6.7
85	12.7	13.2	11.0	11.5	1.7	1.7
86	4.7	11.0	4.5	9.2	0.25	1.7
87	21.0	27.5	17.7	23.2	3.2	4.2
88	15.2	23.2	14.2	21.0	1.0	2.2
89	43.2	35.7	39.2	29.0	4.0	6.7
90	19.5	33.5	17.0	27.2	2.5	6.2
91	51.7	32.2	45.5	28.2	6.2	4.0
92	44.0	35.0	26.5	21.7	17.2	13.2
93	37.7	35.2	27.2	26.2	10.5	9.0
94	16.7	30.5	12.0	22.5	4.7	8.0
95	18.2	25.5	13.0	18.5	5.2	7.0
96	11.2	28.2	4.7	18.2	6.5	10.0
97	49.7	32.5	37.2	21.7	12.5	10.7
98	21.0	28.7	16.7	20.2	4.2	8.5
99	17.0	30.2	12.5	23.7	4.5	6.5
100	19.5	28.0	16.0	21.0	3.5	7.0

T A B L E. 27. (a. to f.).

WOODWORTH HOUSE INVENTORY - Section Adult period (over 14 yrs)
No. of Symptoms = 70.
Distribution according to Symptoms number, of the percentage incidence of occurrence of psychoneurotic symptoms of Severe Intensity and of Moderate Intensity for the adult period of 400 psychoneurotic soldiers. The adult period is sub-divided for symptoms present before Army Service and for symptoms arising during Army service.

Distribution of Symptoms - Severe intensity for Adult period of 400 P.N. Soldiers.

(a).

1%-9.9%	10%-16.9%	17%-23.9%	24%-30.9%	31%-37.9	38%-44.9%	45%-51.9%
38	36	45	33	37		
62	32	48	34	39		
65	43	57	35	42		
86	44	73	36	49		
	63	82	46	50		
	64	87	47	52	51	
	69	90	53	56	55	
	85	95	54	61	58	40
	88	98	60	66	58	41
	44	99	72	74	67	68
	96	100	77	76	78	70
			79	80	83	75
			84	81	88	91
				93	92	97

Symptom number.

Percentage incidence of occurrence of Symptoms.

Distribution of Symptoms - Moderate Intensity for Adult period of 400 P.N. soldiers.

(b).

1%-6.9%	10%-15.9%	16%-21.9%	22%-27.9%	28%-33.9%	34%-39.9%	40%-45.9%	46%-51.9%
62	43	38	32		31		
85	57	44	40		36		
86	63	46	41		37		
	64	65	42		45		
		68	48		50		
		69	49		53		
		75	51		61	33	
		87	52		67	34	
		88	55		70	47	
		95	59		72	54	
			66		77	56	
			71		79	58	35
			73		81	76	60
			74		82	80	
			78		83		
			79		89		
			84		92		
			90	97	93		
			91	98			
			94	99			
			96	100			

Symptom Number.

Percentage incidence of occurrence of symptom.

TABLE 27. (a. to f.)

Distribution of Symptoms - Severe intensity for Adult period of 400 P.N. soldiers, present before Army Service.

(c).

3%-8.9%	9%-14.9%	15%-20.9%	21%-26.9%	27-32.9%	33%38.9%	39%-449
38	31	33	34	37	58	59
62	32	35	36	39	40	68
86	43	48	45	49	41	75
96	44	73	46	50	42	78
	63	76	47	52	51	89
	64	82	54	53	55	91
	65	87	57	56	70	
	69	90	60	61	83	
	85	98	71	66	97	
	88	100	72	67		
	94		77	74		
	95		79	80		
	99		84	81		
			92	93		

Symptom Number.

Percentage incidence of occurrence of symptom

Distribution of Symptoms, Moderate intensity for Adult period of 400 P.N. soldiers present before military service.

(d).

9%-13.9%	14%-18.9%	19%-23.9%	24%28.9%	29%-33.9%	34%-38.9%	39%-43.9%
62	43	38	32	31	35	58
85	64	39	36	33	45	60
86	95	40	37	34	47	
	96	41	42	50	54	
		57	44	53	56	
		63	46	61		
		65	48	76		
		68	49	79		
		69	51			
		73	52			
		75	55			
		87	59			
		88	66			
		92	67			
		94	70			
		97	71			
		98	72			
		99	74			
		100	78			

Symptom Number.

Percentage incidence of occurrence of symptom.

T A B L E. 27. (a. to f.)

Distribution of Symptoms, severe intensity arising during the period of Army service of 400 P.N. soldiers.

(e)

Symptom Number.

		31						
32		34						
38		36						
43		42						
44		47						
45		48						
46		49						
53		50	77					
56		52	79					
57		54	80					
58		55	82					
62		59	84	51	33			
63		60	87	66	35			
64		61	89	81	37			
65		71	90	83	39			
69		72	94	91	67		40	
78	86	73	98	95	68	76	41	70
85	88	74	99	96	75	93	97	92
			100					

0%-2.4% 2.5-4.9% 5%-7.4% 7.5-9.9% 10%-12.4% 12.5%-14.9% 15%-17.4

Percentage incidence of occurrence of symptoms.

Distribution of Symptoms - Moderate intensity, arising during the period of army service of 400 P.N. soldiers

(f).

Symptom Number.

			32	31			
			38	47			
			42	54			
			48	55			
		43	49	56			
		45	51	66	34		
		46	52	72	37		
		50	53	77	41		
44		58	59	81	70		
57		64	60	82	73		
62		65	61	84	80	36	33
63		71	68	89	83	39	35
69		74	75	90	93	40	67
85		78	79	95	94	96	76
86		88	87	99	98	97	92
			91	100			

0%-1.9% 2%-3.9% 4%-5.9% 6%-7.9% 8%-9.9% 10%-11.9% 12%-13.9%

Percentage incidence of occurrence of symptoms.

T A B L E. 28. (a to f).

WOODWORTH HOUSE INVENTORY - Section Childhood Period (under 14 years)

No. of symptoms = 30.

Number of times percent that each symptom was recorded as having been present in the childhood of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Selection Grades (S.G.) of intelligence on the R.E.C.I. Progressive Matrices Test.

5. a. 5. b.

	CHILDHOOD. 36 P.N. Soldiers in S.G.1.		CHILDHOOD. 63 P.N. Soldiers in S.G.2.	
	Intensity of Symptom.		Intensity of symptom.	
Symp: No.	Severe. %Incidence.	Moderate. %Incidence.	Severe. %Incidence.	Moderate. %Incidence.
1.	22.8	24.9	7.9	38.1
2.	8.3	27.8	6.35	38.1
3.	11.1	36.1	20.6	35.0
4.	33.3	19.4	22.2	35.0
5.	8.3	30.5	19.0	25.4
6.	2.8	16.6	4.8	17.5
7.	11.1	30.5	6.35	22.2
8.	8.3	27.8	22.2	25.4
9.	33.3	22.8	30.2	25.4
10.	-	25.0	6.35	22.2
11.	8.3	30.5	14.3	27.0
12.	8.3	50.0	17.5	19.0
13.	30.55	44.4	30.2	27.0
14.	19.4	25.0	7.9	27.0
15.	30.5	25.0	25.4	23.7
16.	16.6	22.8	12.7	25.4
17.	13.8	22.8	15.8	15.8
18.	22.2	25.0	14.3	28.6
19.	16.6	38.8	12.7	30.2
20.	19.4	22.8	22.2	12.7
21.	30.5	44.4	36.5	17.5
22.	27.8	38.8	22.2	36.5
23.	11.1	36.1	23.7	31.7
24.	11.1	19.4	14.3	14.3
25.	2.8	11.1	6.35	17.5
26.	2.8	53.8	9.5	17.5
27.	33.3	30.5	17.5	44.4
28.	27.8	19.4	27.0	14.3
29.	5.5	22.8	3.2	14.3
30.	52.8	38.8	42.8	42.9

T A B L E. 28. (Contd).

	5.c.		5.d.	
	CHILDHOOD.		CHILDHOOD.	
	83 P.N. Soldiers in S.G.3+		83 P.N. Soldiers in S.G.3-	
	Intensity of symptom.		Intensity of symptom.	
	Severe	Moderate.	Severe.	Moderate.
Symp: No.	%Incidence.	%Incidence.	%Incidence.	%Incidence.
1.	19.2	26.4	26.4	33.6
2.	8.4	38.4	15.1	45.7
3.	31.2	32.4	30.0	36.0
4.	19.2	32.4	30.0	25.2
5.	13.2	25.2	22.8	39.6
6.	7.2	22.8	4.8	30.0
7.	9.6	22.8	26.4	20.4
8.	19.2	27.6	31.2	24.0
9.	28.8	30.0	46.8	21.6
10.	13.2	25.2	10.8	22.8
11.	18.0	26.4	20.4	27.6
12.	20.4	28.8	18.0	16.8
13.	21.6	44.5	32.4	31.2
14.	21.6	27.6	33.6	30.0
15.	22.8	24.0	31.2	36.0
16.	13.2	39.6	26.4	37.2
17.	16.8	18.0	21.6	16.8
18.	21.6	20.4	26.4	25.2
19.	19.2	33.6	20.4	30.0
20.	12.0	37.2	30.0	25.2
21.	28.8	32.4	39.7	27.6
22.	27.6	36.0	32.4	40.8
23.	20.4	32.4	31.2	39.7
24.	21.6	32.4	32.4	27.6
25.	8.4	19.2	9.6	21.6
26.	18.0	18.0	16.8	20.4
27.	26.1	42.2	34.8	42.0
28.	25.2	20.4	33.6	18.0
29.	4.8	14.4	2.4	12.0
30.	44.4	42.2	56.6	31.2

T A B L E. 28. (Contd.)

	5.e.		5.f.	
	CHILDHOOD.		CHILDHOOD.	
	75 P.N. Soldiers in S.G.4.		60 P.N. Soldiers in S.G.5.	
	Intensity of Symptom.		Intensity of Symptom.	
	Severe.	Moderate.	Severe.	Moderate.
Symp: No.	%Incidence.	%Incidence.	%Incidence.	%Incidence.
1.	28.1	26.6	28.3	25.0
2.	18.6	40.0	21.6	38.3
3.	22.6	33.3	36.6	35.0
4.	29.3	33.3	33.3	33.3
5.	14.6	34.6	16.6	36.6
6.	4.0	25.3	10.0	23.3
7.	20.1	24.0	16.6	28.3
8.	34.6	29.3	33.3	33.3
9.	48.0	14.6	48.3	21.6
10.	12.0	24.0	15.0	26.6
11.	22.6	21.3	23.3	30.0
12.	18.6	21.3	16.6	31.6
13.	30.6	30.6	25.0	36.6
14.	32.0	24.0	33.3	20.0
15.	30.6	26.6	38.3	15.0
16.	24.0	33.3	35.0	30.0
17.	13.3	24.0	21.6	16.6
18.	22.6	22.6	23.3	25.0
19.	21.3	32.0	28.3	31.7
20.	21.3	30.6	33.3	28.3
21.	34.6	36.0	38.3	33.3
22.	26.6	34.6	33.3	26.6
23.	36.0	32.0	31.7	35.0
24.	20.1	33.3	13.3	33.3
25.	9.3	16.0	10.0	25.0
26.	5.3	24.0	10.0	15.0
27.	26.6	29.3	21.6	41.6
28.	24.0	21.3	28.3	25.0
29.	2.6	26.6	1.6	15.0
30.	54.6	35.0	58.3	28.3

TABLE. 29. (a to f).

WOODWORTH HOUSE INVENTORY - Section Adult period over 14 years.

No. of symptoms - 70.

Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Selection Grades (S.G.) of intelligence on the R.E.C.I. Progressive Matrices Test. The Adult period is sub-divided for symptoms present before Army servie and for symptoms arising during Army service.

36 P.N. Soldiers in S.G.1.

	Symptom present in Adult period.		Symptoms present before service.		Symptoms arising during service.	
	Intensity.		Intensity.		Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Symp: No.	%Incid ence.	% Incid- ence.	%Incid- ence.	% Incid- ence.	% Incid- ence.	%Incid- ence.
31.	2.8	47.2	2.8	25.0	-	22.2
32.	11.1	33.3	11.1	25.0	-	8.3
33.	19.4	52.8	8.3	36.1	11.1	16.6
34.	16.6	47.2	11.1	36.1	5.5	11.1
35.	13.8	47.2	2.8	25.0	11.1	22.2
36.	25.0	47.2	22.2	19.4	2.8	27.8
37.	25.0	44.4	11.1	30.55	13.8	13.8
38.	2.8	33.3	2.8	25.0	-	8.3
39.	16.6	30.55	11.1	19.4	5.5	11.1
40.	33.3	44.4	22.2	27.8	11.1	16.6
41.	44.4	22.8	33.3	13.8	11.1	8.3
42.	22.8	38.8	19.4	33.3	2.8	5.5
43.	5.5	13.8	5.5	13.8	-	-
44.	2.8	13.8	2.8	13.8	-	-
45.	16.6	30.55	13.8	27.8	2.8	2.8
46.	30.5	19.4	25.0	19.4	5.5	-
47.	13.8	50.0	11.1	38.8	2.8	11.1
48.	11.1	30.55	2.8	22.8	5.5	8.3
49.	19.4	36.1	19.4	25.0	-	11.1
50.	19.4	27.8	19.4	25.0	-	2.8
51.	47.2	36.1	36.1	30.55	11.1	5.5
52.	19.4	30.5	16.6	25.0	2.8	5.5
53.	19.4	36.1	16.6	27.8	2.8	8.3
54.	22.2	47.2	16.6	33.3	5.5	13.8
55.	41.6	33.3	38.8	27.8	2.8	5.5
56.	38.8	30.5	36.1	16.6	2.8	13.8
57.	19.4	22.8	19.4	22.2	-	-
58.	38.8	50.0	38.8	47.2	-	2.8
59.	22.8	58.3	19.4	44.4	2.8	13.8
60.	25.0	44.4	16.6	38.8	8.3	5.5
61.	44.4	30.5	38.8	27.8	5.5	2.8
62.	-	5.5	-	5.5	-	-
63.	8.3	19.4	5.5	19.4	2.8	-
64.	13.8	16.6	11.1	13.8	2.8	2.8
65.	13.8	27.8	13.8	25.0	-	2.8

TABLE. 29. (a to f).

WOODWORTH HOUSE INVENTORY - Section Adult period over 14 yrs
No of symptoms - 79

Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Selection Grades (S.G) of intelligence on the R.E.C.I. Progressive Matrices Test. The Adult period is sub-divided for symptoms present before Army service and for symptoms arising during Army service.

36 P.N. Soldiers in S.G.1.

	Symptoms present in Adult period. Intensity.		Symptoms present before service. Intensity.		Symptoms arising during service. Intensity.	
	Severe	Moderate.	Severe	Moderate.	Severe	Moderate.
Symp: No.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.
66.	38.8	27.8	33.3	16.6	5.5	11.1
67.	38.8	38.8	27.8	25.0	11.1	13.8
68.	33.3	41.6	22.2	36.1	11.1	5.5
69.	11.1	13.8	8.3	13.8	2.8	-
70.	50.0	38.8	36.1	25.0	13.8	13.8
71.	27.8	41.6	19.4	38.8	8.3	2.8
72.	19.4	30.5	13.8	19.4	5.5	11.1
73.	16.6	36.1	16.6	25.0	-	11.1
74.	19.4	22.2	19.4	22.2	-	-
75.	55.5	25.0	44.4	25.0	11.1	-
76.	19.4	33.3	11.1	19.4	8.3	13.8
77.	8.3	33.3	5.5	30.5	2.8	2.8
78.	44.4	19.4	44.4	19.4	-	-
79.	22.2	36.1	16.6	36.1	5.5	-
80.	38.8	38.8	30.5	25.0	8.3	13.8
81.	33.3	25.0	25.0	19.4	8.3	5.5
82.	16.6	33.3	13.8	19.4	2.8	13.8
83.	36.1	44.4	27.8	30.5	8.3	13.8
84.	33.3	30.5	27.8	22.2	5.5	8.3
85.	16.6	16.6	11.1	13.8	5.5	2.8
86.	-	5.5	-	5.5	-	-
87.	19.4	25.0	11.1	19.4	8.3	5.5
88.	11.1	25.0	11.1	22.2	-	2.8
89.	38.8	38.8	33.3	27.8	5.5	11.1
90.	19.4	25.0	13.8	16.6	5.5	8.3
91.	44.4	27.8	36.1	25.0	8.3	2.8
92.	30.5	38.8	16.6	19.4	13.8	19.4
93.	38.8	33.3	30.5	27.8	8.3	5.5
94.	8.3	27.8	2.8	19.4	5.5	8.3
95.	16.6	25.0	8.3	16.6	8.3	8.3
96.	11.1	16.6	2.8	8.3	8.3	8.3
97.	50.0	38.8	36.1	19.4	13.8	19.4
98.	16.6	30.5	11.1	16.6	5.5	13.8
99.	16.6	19.4	8.3	16.6	8.3	2.8
100.	16.6	16.6	11.1	11.1	5.5	5.5

T A B L E. 29. (a. to f.) continued.

WOODWORTH HOUSE INVENTORY - Section Maturity period over 14 years.

No. of symptoms.
Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Selection Grade (S.G) of intelligence on the R.E.C.I. Progressive Matrices Test. The Adult period is sub-divided for symptoms present before Army service and for symptoms arising during service.

63 P.N. Soldiers in S.G. 2.

	Symptom present in Adult period. Intensity.		Symptom present before service. Intensity.		Symptom arising during service. Intensity.	
	Severe.	Moderate.	Severe.	Moderate.	Severe.	Moderate.
Sym No.	%Incidence.	%Incidence.	%Incidence.	%Incidence.	%Incidence.	%Incidence.
66.	31.7	38.1	25.4	31.7	6.35	6.35
67.	30.2	32.0	23.7	23.7	6.35	11.1
68.	46.0	27.0	35.0	20.6	11.1	6.35
69.	9.5	25.4	9.5	25.4	-	-
70.	38.1	39.5	25.4	33.3	12.7	6.35
71.	23.7	22.2	23.7	20.6	-	1.6
72.	25.4	27.0	23.7	15.8	1.6	11.1
73.	17.5	20.6	15.8	19.0	1.6	1.6
74.	20.6	30.2	20.6	25.4	-	4.8
75.	36.5	31.7	33.3	25.4	-	3.2
76.	22.2	36.5	12.7	25.4	9.5	11.1
77.	25.4	39.5	23.7	31.7	1.6	7.9
78.	31.7	44.4	31.7	42.9	-	1.6
79.	22.2	31.7	20.6	28.6	1.6	3.2
80.	35.0	36.5	30.2	30.2	4.8	6.35
81.	27.0	36.5	23.7	27.0	3.2	9.5
82.	23.7	20.6	22.2	17.5	1.6	3.2
83.	36.5	38.1	33.3	27.0	3.2	11.1
84.	30.2	17.5	30.2	17.5	-	-
85.	9.5	12.7	9.5	12.7	-	-
86.	1.6	11.1	1.6	9.5	-	1.6
87.	19.0	19.0	17.5	17.5	1.6	1.6
88.	7.9	23.7	7.9	20.6	-	3.2
89.	41.3	35.0	41.3	33.3	-	1.6
90.	20.6	22.2	20.6	22.2	-	-
91.	41.3	31.7	41.3	30.2	-	1.6
92.	39.5	33.3	23.7	20.6	15.8	12.7
93.	27.0	36.5	19.0	23.7	7.9	12.7
94.	14.3	25.4	11.1	17.5	3.2	7.9
95.	22.2	22.2	20.6	20.6	1.6	1.6
96.	7.9	20.6	4.8	17.5	3.2	3.2
97.	47.6	35.0	36.5	22.2	11.1	12.7
98.	12.7	28.6	12.7	22.2	-	6.35
99.	12.7	31.7	9.5	25.4	3.2	6.35
100.	14.3	22.2	12.7	17.5	1.6	4.8

TABLE 29. Contd. (a. to f)

WOODWORTH HOUSE INVENTORY - Section Maturity period over 14y years

No. of symptoms.

Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Selection Grades (S.G.) of intelligence on the R.E.C.I. Progressive Matrices Test. The Adult period is sub-divided for symptoms present before Army Service and for symptoms arising during service.

63 P.N. soldiers in S.G. 2.

	Symptom present in Adult period.		Symptom present before service.		Symptom arising during service.	
	Intensity		Intensity.		Intensity.	
	Severe.	Moderate.	Severe.	Moderate.	Severe.	Moderate.
Sym No.	%Incidence.	%Incidence.	%Incidence.	%Incidence.	%Incidence.	%Incidence.
31.	14.3	33.3	12.7	28.6	1.6	4.8
32.	11.1	31.7	11.1	27.0	-	4.8
33.	19.0	39.2	14.3	23.7	4.8	15.8
34.	14.3	36.5	14.3	27.0	-	9.5
35.	25.4	44.4	20.6	25.4	4.8	19.0
36.	20.6	28.6	19.0	19.0	1.6	9.5
37.	39.5	30.2	30.2	19.0	9.5	11.1
38.	9.5	19.0	6.2	14.3	3.2	4.8
39.	27.0	28.6	17.5	17.5	9.5	11.1
40.	46.0	27.0	25.4	20.6	20.6	6.35
41.	50.8	31.7	36.5	23.7	14.3	7.9
42.	30.2	28.6	28.6	27.0	1.6	1.6
43.	11.1	17.5	11.1	14.3	-	3.2
44.	4.8	17.5	4.8	17.5	-	-
45.	12.7	30.2	12.7	28.6	-	1.6
46.	20.6	22.2	20.6	22.2	-	-
47.	25.4	36.5	23.7	31.7	1.6	4.8
48.	15.8	17.5	14.3	14.3	1.6	3.2
49.	22.2	42.8	22.2	35.0	-	7.9
50.	15.8	33.3	15.8	33.3	-	-
51.	38.1	30.2	36.5	25.4	1.6	4.8
52.	25.4	35.0	25.4	28.6	-	6.35
53.	28.6	28.6	28.6	27.0	-	1.6
54.	15.8	46.0	14.3	41.3	1.6	4.8
55.	31.7	30.2	31.7	23.9	-	6.35
56.	19.0	38.1	17.5	35.0	1.6	3.2
57.	22.2	11.1	22.2	11.1	-	-
58.	28.6	50.8	27.0	49.2	1.6	1.6
59.	31.7	31.7	31.7	27.0	-	4.8
60.	27.0	36.4	27.0	33.3	-	3.2
61.	28.6	31.7	28.6	30.2	-	1.6
62.	1.6	12.7	1.6	12.7	-	-
63.	14.3	17.5	14.3	17.5	-	-
64.	15.8	11.2	15.8	11.1	-	-
65.	6.2	17.5	6.2	17.5	-	-

T A B L E. 29. Contd. (a to f).

WOODWORTH INVENTORY - Section Maturity period over 14 years.

No. of symptoms =

Number of times percent that each symptom was recorded as applicabke to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Selection Grades (.S.G) of intelligence on the R.E.C.I. Progressive Matrices Test. The Adult period is sub-divided for symptoms present before Army servie and for symptoms arising during Army service.

83 P.N. Soldiers in S.G. 3 + .

	Symptom present in Adult period.		Symptom present before service.		Symptoms arising during service.	
	Intensity.		Intensity.		Intensity.	
	Severe.	Moderate.	Severe.	Moderate.	Severe.	Moderate.
Symp: No.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence	%Incide-nce	%Incid-ence.
31.	13.2	38.4	9.6	31.2	3.61	7.22
32.	6.0	31.2	6.0	27.6	-	3.61
33.	22.8	45.6	12.0	33.6	10.8	12.0
34.	16.8	45.6	14.4	34.8	2.4	6.0
35.	24.0	55.2	14.4	42.0	9.6	13.2
36.	26.4	30.0	21.6	20.4	4.8	9.6
37.	32.4	37.2	25.2	31.2	7.2	6.0
38.	4.8	21.6	4.8	15.6	-	6.0
39.	31.2	39.6	26.4	26.4	4.8	13.2
40.	48.0	39.6	37.2	25.2	10.8	14.4
41.	49.2	30.0	36.0	18.0	13.2	12.0
42.	26.4	36.0	21.6	33.6	4.8	2.4
43.	8.4	20.4	8.4	14.4	-	6.0
44.	10.8	25.2	10.8	24.0	-	1.2
45.	14.4	43.2	14.4	45.6	-	2.4
46.	18.0	28.8	15.6	26.4	2.4	2.4
47.	24.0	40.8	18.0	37.2	6.0	3.6
48.	16.8	39.6	12.0	31.2	4.8	8.4
49.	28.8	30.0	24.0	25.2	4.8	4.8
50.	32.4	34.8	25.2	30.0	7.2	4.8
51.	38.4	33.6	32.4	26.4	6.0	7.2
52.	32.4	32.4	30.0	25.2	2.4	7.2
53.	24.0	38.4	22.8	36.0	1.2	2.4
54.	25.2	26.8	21.6	39.6	3.61	7.22
55.	36.0	36.0	30.0	26.4	6.0	9.6
56.	27.6	44.4	24.0	39.6	3.61	4.8
57.	16.8	22.8	16.8	20.4	-	2.4
58.	30.0	45.6	28.8	44.4	1.2	1.2
59.	45.6	25.2	38.4	22.8	7.22	2.4
60.	25.2	48.0	24.0	42.0	1.2	6.0
61.	31.2	37.2	26.4	26.4	4.8	10.83
62.	2.4	14.4	1.2	14.4	1.2	-
63.	16.8	21.6	15.6	20.4	1.2	1.2
64.	16.8	19.2	13.2	16.8	3.61	2.4
65.	9.6	19.2	9.6	18.0	-	1.2

T A B L E. 29. (a to f).

WOODWORTH HOUSE INVENTORY - Section Maturity period over 14yrs

No. of symptoms.

Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Selection Grades (S.G.) of intelligence on the R.E.C.I. Progressive Matrices Test. The Adult period is sub-divided for symptoms present before Army Service and for symptoms arising during Army service.

83 P.N. Soldiers in S.G. 3 +.

Sym No.	Symptom present in Adult period. Intensity. Severe. %Incidence.	Moderate. %Incidence.	Symptoms present before service. Intensity. Severe. %Incidence.	Moderate. %Incidence.	Symptoms arising during service. Intensity. Severe. %Incidence.	Moderate. %Incidence.
66.	27.6	36.0	20.4	30.0	7.2	6.0
67.	36.0	42.0	25.2	26.4	10.8	15.6
68.	49.2	28.8	42.0	21.6	7.2	7.2
69.	7.2	27.6	4.8	22.8	2.4	4.8
70.	46.8	33.6	26.4	22.8	20.5	10.8
71.	22.8	33.6	20.4	31.2	2.4	2.4
72.	19.2	38.4	13.2	30.0	6.0	8.4
73.	15.6	33.6	13.2	19.2	2.4	14.4
74.	28.8	37.2	27.6	36.0	1.2	1.2
75.	59.8	34.8	45.6	32.4	7.2	2.4
76.	28.8	43.2	13.2	34.8	15.6	8.4
77.	22.8	43.2	21.6	34.8	1.2	8.4
78.	37.2	36.0	36.0	34.8	1.2	3.6
79.	22.8	39.6	19.2	33.6	3.6	6.0.
80.	26.4	49.2	22.8	38.4	3.6	10.8
81.	40.8	32.4	30.0	26.4	10.8	6.0
82.	10.8	40.8	8.4	31.2	2.4	9.6
83.	36.0	68.4	32.4	36.0	3.6	6.0.
84.	26.4	32.4	18.0	27.6	8.4	4.8
85.	10.8	13.2	10.8	13.2	-	-
86.	4.8	8.4	4.8	8.4	-	-
87.	13.2	38.4	9.6	30.0	3.6	8.4
88.	13.2	18.0	12.0	18.0	1.2	-
89.	36.0	42.0	31.2	31.2	4.8	10.8
90.	14.4	39.6	12.0	28.8	2.4	10.8
91.	54.0	33.6	45.6	28.8	8.4	4.8
92.	44.4	33.6	20.4	21.6	24.0	12.0
93.	38.4	32.4	24.0	19.2	15.6	13.2
94.	19.2	34.8	14.4	20.4	4.8	14.4
95.	14.4	27.6	7.2	16.8	7.2	10.8
96.	9.6	25.2	1.2	14.4	8.4	10.8
97.	51.6	32.4	34.8	21.6	16.8	10.8
98.	25.2	28.8	18.0	20.4	7.2	8.4
99.	19.2	40.8	10.8	32.4	8.4	8.4
100.	14.4	27.6	10.8	19.2	3.6	8.4

T A B L E. 29. Contd. (A. to F.)

WOODWORTH HOUSE INVENTORY - Section Maturity period over 14 years.

No. of symptoms.
Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Selection Grade (S.G.) of intelligence on the R.E.CI. Progressive Matrices Test. The Adult period is sub-divided for symptoms before Army service and for symptoms arising during service.

83 P.N. Soldiers in S.G. 3-

	Symptom present in Adult period.		Symptom present before service.		Symptom arising during service.	
	Intensity.		Intensity.		Intensity.	
	Severe.	Moderate.	Severe.	Moderate.	Severe.	Moderate.
Sym. No.	%Incidence.	%Incidence.	%Incidence.	%Incidence.	%Incidence.	%Incidence.
66.	44.4	33.6	40.8	28.8	3.6	4.8
67.	52.8	34.8	42.0	21.6	10.8	13.2
68.	61.2	27.6	52.8	22.8	8.4	4.8
69.	14.4	27.6	12.0	26.4	2.4	1.2
70.	54.0	37.2	38.4	25.2	15.6	12.0
71.	28.8	26.4	27.6	22.8	1.2	3.6
72.	31.2	30.0	27.6	21.6	3.6	8.4
73.	18.0	33.6	14.4	21.6	3.6	12.0
74.	45.6	27.6	40.8	24.0	4.8	3.6
75.	63.6	20.4	54.4	16.8	8.4	3.6
76.	38.4	52.8	30.0	39.6	8.4	13.2
77.	30.0	38.4	27.6	31.2	2.4	7.2
78.	50.4	25.2	49.2	21.6	1.2	3.6
79.	36.0	26.4	33.6	20.4	2.4	6.0
80.	45.6	39.6	39.6	30.0	6.0	9.6
81.	34.8	40.8	27.6	32.4	7.2	8.4
82.	15.6	39.6	14.4	32.4	1.2	7.2
83.	45.6	44.4	39.6	34.8	6.0	9.6
84.	20.4	40.8	19.2	28.8	1.2	12.0
85.	13.2	13.2	10.8	9.6	2.4	3.6
86.	6.0	15.6	4.8	13.2	1.2	2.4
87.	20.4	32.4	18.0	28.8	2.4	3.6
88.	19.2	15.6	18.0	15.6	1.2	-
89.	57.6	28.8	52.8	24.0	4.8	4.8
90.	25.2	39.6	22.8	33.6	2.4	6.0
91.	61.2	33.6	55.2	27.6	6.0	6.0
92.	51.6	31.2	34.8	15.6	16.8	15.6
93.	42.0	34.8	30.0	28.8	12.0	6.0
94.	16.8	32.4	13.2	26.4	3.6	6.0
95.	21.6	25.2	16.8	19.2	4.8	6.0
96.	13.2	37.2	6.0	22.8	7.2	14.4
97.	61.2	30.0	44.4	22.8	16.8	7.2
98.	26.4	21.6	21.6	13.2	4.8	8.4
99.	22.8	22.8	16.8	16.8	6.0	6.0
100.	24.0	32.4	20.4	24.0	3.6	8.4

TABLE. 29. Continued. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section Maturity period over 14 yrs.

No. of Symptoms.

Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Selection Grade (S.G.) of intelligence on the R.E.C.I. Progressive Matrices Test. The Adult period is sub-divided for symptoms present before Army Service and for symptoms arising during service.

83 P.N. Soldiers in S.G. 3 -

Symptom present in Adult period.			Symptom present before service.		Symptom arising during service.	
	Intensity.		Intensity.		Intensity.	
	Severe.	Moderate.	Severe.	Moderate.	Severe.	Moderate.
Symp No.	%Incidence.	%Incidence.	%Incidence.	%Incidence.	%Incidence.	%Incidence.
31.	24.0	33.6	16.8	32.4	7.2	1.2
32.	9.6	30.0	6.0	25.2	3.6	4.8
33.	40.8	38.4	32.4	21.6	8.4	16.8
34.	31.2	42.0	26.4	33.6	4.8	8.4
35.	34.8	50.4	24.0	37.2	12.8	13.2
36.	36.0	33.6	28.8	25.2	7.2	8.4
37.	45.6	33.6	36.0	26.4	9.6	7.2
38.	14.4	34.8	12.0	28.8	2.4	6.0
39.	51.6	27.6	38.4	18.0	13.2	9.6
40.	73.2	26.4	49.2	16.8	18.0	9.6
41.	61.2	24.0	44.4	18.0	18.0	6.0
42.	48.0	28.8	46.8	20.4	1.2	8.4
43.	20.4	30.0	16.8	24.0	3.6	6.0
44.	15.6	31.2	15.6	30.0	-	1.2
45.	30.0	42.0	30.0	36.0	-	6.0
46.	38.4	27.6	37.2	26.4	1.2	1.2
47.	43.2	38.4	46.8	33.6	2.4	4.8
48.	31.2	36.0	27.6	31.2	3.6	4.8
49.	42.0	32.4	40.8	25.2	1.2	7.2
50.	36.0	38.4	34.8	31.2	1.2	7.2
51.	51.6	30.0	45.6	24.0	6.0	6.0
52.	42.0	31.2	40.8	27.6	1.2	3.6
53.	38.4	37.2	36.0	32.4	2.4	4.8
54.	31.2	43.2	30.0	36.0	1.2	7.2
55.	36.0	37.2	34.8	31.2	1.2	6.0
56.	39.6	39.6	37.2	32.4	2.4	7.2
57.	30.0	18.0	28.8	16.8	1.2	1.2
58.	44.4	37.2	44.4	34.8	-	2.4
59.	51.6	33.6	50.6	26.4	2.4	7.2
60.	28.8	32.8	26.4	20.4	2.4	2.4
61.	36.0	37.2	33.6	30.0	2.4	7.2
62.	10.8	7.2	9.6	6.0	1.2	1.2
63.	16.8	24.0	16.8	22.8	-	1.2
64.	18.0	16.8	16.8	14.4	1.2	2.4
65.	14.4	33.6	14.4	28.8	-	4.8

TABLE. 29. Continued. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section Maturity period over 14 yrs.

No. of Symptoms.

Number of times percent that each symptom was recorded as applicable to the Adult period of psychneurotic soldiers (i.e. percentage incidence of occurrence of symptoms) classified according to their Selection Grade (S.G.) of intelligence on the R.E.C.I. Progressive Matrice Test. The Adult period is sub-divided for symptoms before Army service and for symptoms arising during service.

75 P.N. Soldiers in S.G.4.

	Symptom present in Adult period.		Symptom present before service.		Symptom arising during service.	
	Intensity.		Intensity.		Intensity.	
	Severe.	Moderate.	Severe.	Moderate.	Severe.	Moderate.
Sym No.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incide-nce.	%Incid-ence.
31.	14.6	44.0	12.0	34.6	2.6	9.3
32.	16.0	34.6	14.6	28.0	1.3	6.6
33.	34.6	42.6	24.0	29.3	10.6	13.4
34.	32.0	44.0	26.6	34.6	5.3	9.3
35.	38.6	38.6	29.3	26.6	9.3	12.0
36.	16.0	41.3	13.3	33.3	2.6	8.0
37.	33.3	41.3	26.6	33.3	6.6	8.0
38.	8.0	25.3	8.0	20.1	-	5.3
39.	40.0	30.6	33.3	22.6	6.6	8.0
40.	57.3	36.0	45.3	26.6	12.0	9.3
41.	52.0	29.3	42.6	21.3	10.6	8.0
42.	45.3	34.6	37.3	33.3	8.0	1.3
43.	16.0	17.3	12.0	14.6	4.0	2.6
44.	13.3	26.6	12.0	26.6	1.3	-
45.	22.6	48.0	21.3	48.0	1.3	-
46.	34.6	32.0	32.0	26.6	2.6	5.3
47.	25.3	50.6	18.6	44.0	6.6	6.6
48.	24.0	34.6	21.3	32.0	2.6	2.6
49.	42.6	26.6	37.3	24.0	5.3	2.6
50.	38.6	34.6	37.3	32.0	1.3	2.6
51.	48.0	28.0	40.0	25.3	8.0	2.6
52.	41.3	25.3	36.0	24.0	5.3	1.3
53.	33.3	26.6	29.3	25.3	4.0	1.3
54.	25.3	42.6	22.6	37.3	2.6	5.3
55.	42.6	34.6	37.3	28.0	5.3	6.6
56.	29.3	45.3	26.6	38.6	2.6	6.6
57.	17.3	25.3	17.3	24.0	-	1.3
58.	38.6	45.3	37.3	40.0	1.3	5.3
59.	48.0	29.3	42.6	24.0	6.6	5.3
60.	26.6	44.0	22.6	36.0	4.0	8.0
61.	33.3	42.6	28.0	30.6	5.3	12.0
62.	1.3	10.6	1.3	9.3	-	1.3
63.	8.0	22.6	8.0	22.6	-	-
64.	12.0	16.0	6.6	16.0	5.3	-
65.	4.0	32.0	4.0	29.3	-	2.6

TABLE. 29. Continued. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section Maturity period over 14 years.

No. of symptoms.
Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptoms) classified according to their Selection Grade (S.G.) of intelligence on the R.E.CI. Progressive Matrice Test. The Adult period is sub-divided for symptoms before Army Service and for symptoms arising during Army service.

75 P.N. Soldiers in S.G.4.

	Symptom present in Adult period. Intensity.		Symptom present before service. Intensity.		Symptom arising during service. Intensity.	
	Severe.	Moderate.	Severe.	Moderate.	Severe.	Moderate.
Sym No.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.
66.	37.3	36.0	32.0	26.6	5.3	9.3
67.	38.6	38.6	28.0	24.0	10.6	14.6
68.	62.6	25.3	49.3	17.3	13.4	8.0
69.	22.6	14.6	20.1	13.3	2.6	1.3
70.	58.6	34.6	41.3	25.3	17.3	9.3
71.	21.3	28.0	20.1	25.3	1.3	2.6
72.	29.3	42.6	25.3	36.0	4.0	6.6
73.	21.3	30.6	17.3	25.3	4.0	5.3
74.	42.6	22.6	41.3	21.4	1.3	1.3
75.	53.3	28.0	45.3	21.4	6.6	6.6
76.	37.3	49.3	22.6	37.3	14.6	12.0
77.	26.6	45.3	9.3	38.6	4.0	6.6
78.	45.3	24.0	45.3	21.4	-	2.6
79.	17.3	37.3	17.3	32.0	-	5.3
80.	32.0	41.3	30.6	30.6	1.3	10.6
81.	32.0	32.0	26.6	25.3	5.3	6.6
82.	22.6	34.6	17.3	26.6	5.3	8.0
83.	44.0	38.6	37.3	28.0	6.6	10.6
84.	20.1	33.3	18.6	24.0	1.3	9.3
85.	12.0	13.3	10.6	12.0	1.3	1.3
86.	8.0	9.3	8.0	8.0	-	1.3
87.	24.0	26.6	22.6	22.6	1.3	4.0
88.	14.6	26.6	13.3	24.0	1.3	2.6
89.	46.6	36.0	41.3	29.3	6.6	6.6
90.	14.6	41.3	13.3	34.6	1.3	6.6
91.	53.3	30.6	45.3	26.6	8.0	4.0
92.	50.7	40.0	37.3	25.3	13.3	14.6
93.	40.0	34.6	36.0	26.6	4.0	8.0
94.	18.6	36.0	12.0	29.3	6.6	6.6
95.	18.6	17.3	13.3	17.3	5.3	5.3
96.	5.3	32.0	4.0	22.6	1.3	9.3
97.	50.6	37.3	40.0	25.3	10.6	12.0
98.	21.3	40.0	20.1	30.6	1.3	9.3
99.	17.3	29.3	14.6	21.4	2.6	8.0
100.	25.3	30.6	24.0	25.3	1.3	5.3

TABLE. 29. Contd. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section Maturity period over 14 years.

No. of Symptoms.
Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptoms) classified according to their Selection Grade (S.G.) of intelligence on the R.E.C.I. Progressive Matrice Test. The Adult period is sub-divided for symptoms before Army service and for symptoms arising during Army Service.

60 P.N. Soldiers in S.G. 5.

	Symptom present in Adult period.		Symptom present before service.		Symptom arising during service.	
	Intensity.		Intensity.		Intensity.	
	Severe.	Moderate.	Severe.	Moderate.	Severe.	Moderate.
Symp No.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.
31.	20.0	46.7	18.3	38.3	1.6	8.3
32.	8.3	26.6	6.6	21.6	1.6	5.0
33.	28.3	48.3	21.6	40.0	6.6	8.3
34.	38.3	35.0	33.3	28.3	5.0	6.6
35.	35.0	56.6	23.3	48.3	4.6	8.3
36.	31.7	41.6	26.6	31.7	5.0	10.0
37.	36.7	38.3	35.0	28.3	1.6	10.0
38.	8.3	23.3	8.3	20.0	-	3.3
39.	41.6	33.3	28.3	28.3	13.3	5.0
40.	58.3	30.3	41.6	21.6	16.6	8.3
41.	43.3	36.7	33.3	28.3	11.6	8.3
42.	45.0	30.0	40.0	26.6	5.0	3.3
43.	16.6	15.0	13.3	13.3	3.3	1.6
44.	18.3	33.3	16.6	30.0	1.6	3.3
45.	35.0	35.0	31.6	33.3	3.3	1.6
46.	43.3	28.3	40.0	25.0	3.3	3.3
47.	31.7	41.6	26.6	35.0	5.0	6.6
48.	25.0	38.3	20.0	33.3	5.0	5.0
49.	36.6	26.6	28.3	23.3	8.3	3.3
50.	40.0	38.3	30.0	35.0	10.0	3.3
51.	43.3	38.3	36.6	33.3	6.6	5.0
52.	43.3	21.6	36.6	20.0	6.6	1.6
53.	26.6	41.6	26.6	35.0	-	6.6
54.	26.6	35.0	18.3	31.6	8.3	3.3
55.	48.3	33.3	40.0	28.3	8.3	5.0
56.	41.6	40.0	40.0	36.6	1.6	3.3
57.	30.0	26.6	28.3	23.3	1.6	3.3
58.	46.7	43.3	45.0	41.6	1.6	1.6
59.	51.6	28.3	50.0	26.6	3.3	1.6
60.	30.0	51.6	26.6	48.3	3.3	3.3
61.	41.6	38.3	38.3	38.3	3.3	-
62.	1.6	8.3	1.6	6.6	-	1.6
63.	11.6	23.3	11.6	21.6	-	1.6
64.	11.6	16.6	11.6	11.6	-	5.0
65.	15.0	23.3	15.0	21.6	-	1.6

T A B L E. 29. Contd. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section Maturity period over 14 yrs.

No. of Symptoms.
Number of times percent that each symptom was recorded as applicable to the Adult period of physchoneurotic soldiers (i.e. percentage incidence of occurrence of symptoms) classified according to their Selection Grade (S.G.) of intelligence on the R.E.C.I. Progressive Matrice Test. The Adult period is sub-divided for symptoms before Army service and for symptoms arising during Army Service.

60. P.N. Soldiers in S.G.5.

	Symptom present in Adult Period.		Symptom prrsent before service.		Symptom arising during service.	
	Intensity.		Intensity.		Intensity.	
	Severe.	Moderate.	Severe.	Moderate.	Severe.	Moderate.
Symp No.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.	%Incid-ence.
66.	43.3	21.6	33.3	20.0	10.0	1.6
67.	40.0	38.3	31.7	33.3	8.3	5.0
68.	56.6	26.6	50.0	25.0	6.6	1.6
69.	13.2	25.0	13.3	21.6	-	3.3
70.	46.7	43.3	38.3	36.6	8.3	6.6
71.	33.3	30.0	31.7	35.0	1.6	5.0
72.	33.3	36.6	30.0	35.0	3.3	1.6
73.	21.6	33.3	15.0	31.7	6.6	1.6
74.	43.3	35.0	38.3	31.7	5.0	3.3
75.	56.7	15.0	46.6	13.3	8.3	1.6
76.	38.3	38.3	21.6	31.7	16.6	6.6
77.	36.6	30.0	30.0	25.0	6.6	5.0.
78.	50.0	30.0	45.0	25.0	5.0	5.0
79.	25.0	36.6	20.0	30.0	5.0	6.6
80.	26.6	41.6	21.6	36.6	5.0	5.0
81.	41.6	31.7	33.3	28.3	8.3	3.3
82.	21.6	30.0	16.6	26.6	5.0	3.3
83.	48.3	31.7	43.3	30.0	5.0	1.6
84.	25.0	28.3	23.3	25.0	1.6	3.3
85.	16.6	15.0	13.3	13.3	3.3	1.6
86.	5.0	15.0	5.0	11.6	-	3.3
87.	30.0	23.3	25.0	21.6	5.0	1.6
88.	16.6	33.3	16.6	30.0	-	3.3
89.	31.7	38.3	33.0	31.7	3.3	6.6
90.	23.3	35.0	18.3	30.0	5.0	5.0
91.	46.6	33.3	41.6	31.7	6.6	1.6
92.	41.6	40.0	25.0	33.3	16.7	6.6
93.	36.6	35.0	23.3	33.3	13.3	1.6
94.	18.3	25.0	13.3	21.6	5.0	3.3
95.	15.0	28.3	8.3	21.6	6.6	6.6
96.	8.3	21.6	3.3	15.0	5.0	6.6
97.	45.0	35.0	38.3	28.3	6.6	6.6
98.	18.3	23.3	11.6	20.0	6.6	3.3
99.	11.6	33.3	6.6	31.7	5.0	1.6
100.	15.0	28.3	8.3	23.3	6.6	5.0

T A B L E. 30. (a to f)

WOODWORTH HOUSE INVENTORY, Section - Childhood period under 14 years.

No. of symptoms - 30.

Number of times percent that each symptom was recorded as having been present in the childhood of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Pre-Army Occupational Group.

	7 a.		7 b.	
	CHILDHOOD.		CHILDHOOD.	
	19 P.N. Soldiers in Professional Grp:		44 P.N. Soldiers in Business Grp.	
	Intensity of Symptom.		Intensity of Symptom.	
Symptom Number.	Severe. A. %Incidence.	Moderate. %Incidence.	Severe. %Incidence.	A. Moderate. %Incidence.
1.	5.3	36.8	20.43	31.78
2.	15.9	36.8	4.54	45.4
3.	42.1	26.3	27.24	31.78
4.	26.3	42.1	25.0	22.7
5.	5.3	47.4	18.16	25.0
6.	5.3	15.9	4.54	18.16
7.	10.6	21.3	13.62	13.62
8.	15.9	26.3	40.86	20.43
9.	42.2	21.3	54.54	12.62
10.	15.9	15.9	18.16	22.7
11.	10.6	53.7	25.0	25.0
12.	15.9	26.3	27.24	15.89
13.	42.1	42.1	22.7	38.59
14.	26.3	26.3	22.7	36.32
15.	31.9	53.7	29.51	31.78
16.	21.3	32.0	15.89	34.05
17.	31.9	21.3	25.0	22.7
18.	10.6	26.3	13.62	20.43
19.	10.6	47.4	15.89	29.51
20.	31.6	31.6	20.43	15.89
21.	53.3	36.8	31.78	31.78
22.	47.5	26.3	29.51	27.24
23.	10.6	36.8	15.89	50.0
24.	21.3	31.6	20.43	22.7
25.	-	36.8	13.62	13.62
26.	21.3	26.3	15.89	27.24
27.	31.6	47.4	29.51	22.7
28.	26.3	5.3	25.0	22.7
29.	-	26.3	4.54	6.81
30.	47.5	36.8	43.13	38.59

T A B L E. 30. (a. to f.)

WOODWORTH HOUSE INVENTORY, Section - Childhood period under 14 years.

No. of Symptoms - 30.

Number of times percent that each symptom was recorded as having been present in the childhood of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their pre-Army Occupational Group.

	7. c.		7. d.	
	CHILDHOOD.		CHILDHOOD.	
	33 P.N. Soldiers in Clerk Group.		111 P.N. Soldiers in Artisans Group.	
	Intensity of Symptom.		Intensity of Symptom.	
Symptom Number.	A Severe. %Incidence.	Moderate. %Incidence.	A Severe. %Incidence.	Moderate. %Incidence.
1.	24.26	21.23	23.42	30.63
2.	9.1	42.46	15.31	31.53
3.	33.3	36.4	22.52	34.23
4.	42.46	33.3	25.22	27.93
5.	12.13	36.4	18.02	30.63
6.	6.06	27.3	8.1	26.12
7.	9.1	18.2	15.31	26.12
8.	27.3	33.3	19.82	24.32
9.	48.5	15.16	26.12	29.73
10.	9.1	27.3	5.4	23.42
11.	15.16	27.3	14.41	26.12
12.	18.2	33.3	16.21	24.32
13.	48.5	33.3	28.83	33.33
14.	18.2	24.26	22.52	29.73
15.	24.26	36.4	29.73	24.32
16.	15.16	42.46	18.92	27.93
17.	21.23	6.06	19.82	22.52
18.	18.2	18.2	23.42	32.43
19.	15.16	42.46	18.92	33.33
20.	30.33	21.23	22.52	25.22
21.	42.46	24.26	36.03	27.93
22.	30.3	45.49	26.12	40.54
23.	42.46	24.26	24.3	30.63
24.	24.26	24.26	18.92	24.32
25.	18.13	27.3	4.5	17.11
26.	9.1	27.3	11.71	18.92
27.	15.16	60.6	27.93	40.54
28.	33.3	18.2	28.83	16.21
29.	9.1	12.13	3.6	15.31
30.	63.6	21.23	45.04	43.24

T A B L E. 30. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section - CHILDHOOD period under 14 years.

No. of symptoms 30.

Number of times percent that each symptom was recorded as having been present in the childhood of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their pre-Army Occupational Group.

	7.e. CHILDHOOD. 113 P.N. Soldiers in Semi-skilled workers Grp. Intensity of symptom. A		7.f. CHILDHOOD. 80 P.N. Soldiers in Labourers Group. Intensity of symptom. A	
Symptom Number.	Severe. %Incidence.	Moderate. %Incidence.	Severe. %Incidence.	Moderate. %Incidence.
1.	23.4	34.2	25.0	22.5
2.	18.0	41.4	10.0	43.75
3.	25.2	38.7	28.75	32.5
4.	27.2	33.3	26.25	31.25
5.	18.0	32.4	15.0	32.5
6.	3.6	25.2	7.5	22.5
7.	21.6	23.4	16.25	28.75
8.	30.6	22.5	26.25	40.0
9.	40.5	24.3	48.75	18.75
10.	9.0	21.6	16.25	30.0
11.	20.7	24.3	23.75	25.0
12.	18.9	23.4	13.75	32.5
13.	28.8	31.5	23.75	41.2
14.	27.0	22.5	32.5	20.0
15.	27.9	21.6	31.3	20.0
16.	22.5	34.2	31.25	31.25
17.	18.0	15.3	7.5	22.5
18.	25.2	21.6	25.0	17.5
19.	23.4	26.1	23.75	35.0.
20.	19.8	30.6	25.0	31.25
21.	36.0	28.8	31.3	41.25
22.	25.2	37.8	31.3	30.0
23.	30.6	33.3	30.0	37.5
24.	21.6	31.5	18.75	32.5
25.	10.8	16.2	7.5	17.5
26.	11.7	14.4	6.25	18.75
27.	28.8	34.2	18.75	42.5
28.	27.9	21.6	26.25	23.75
29.	.9	18.0	3.75	18.75
30.	57.8	31.5	53.75	40.0

T A B L E. 31. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section - Adult period (over 14 years).

Symptoms - 70.

Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their pre-Army Occupational Group. The Adult period is sub-divided for symptoms present before Army service and for symptoms arising during army service.

8.a.

19 P.N. Soldiers previously Professional Men.

	Symptoms present in Adult period. A Intensity.		Symptoms present before service. B Intensity.		Symptoms arising during service. C Intensity.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
31.	15.78	42.1	15.78	42.1	-	-
32.	-	36.8	-	36.8	-	-
33.	21.04	26.3	21.04	21.04	-	5.26
34.	-	36.8	-	31.6	-	5.26
35.	-	42.1	-	42.1	-	-
36.	15.78	26.3	10.52	15.78	5.26	10.52
37.	15.78	47.3	10.52	31.6	5.26	15.78
38.	5.26	21.04	5.26	15.78	-	5.26
39.	10.52	42.1	5.26	36.8	5.26	5.26
40.	36.8	42.1	26.3	36.8	10.52	5.26
41.	42.1	36.8	26.3	21.04	15.78	15.78
42.	10.52	31.6	10.52	31.6	-	-
43.	10.52	15.78	10.52	15.78	-	-
44.	-	10.52	-	10.52	-	-
45.	5.26	42.1	5.26	42.1	-	-
46.	26.3	26.3	21.04	26.3	5.26	-
47.	26.3	58.0	21.04	52.6	5.26	5.26
48.	15.78	15.78	15.78	10.52	-	5.26
49.	26.3	36.8	26.3	36.8	-	-
50.	21.04	36.8	21.04	36.8	-	-
51.	36.8	42.1	31.6	42.1	5.26	-
52.	21.04	31.6	21.04	26.3	-	5.26
53.	31.6	42.1	31.6	42.1	-	-
54.	31.6	47.3	26.3	36.8	5.26	10.52
55.	52.6	10.5	47.3	26.3	5.26	-
56.	36.8	31.6	36.8	31.6	-	-
57.	15.78	10.52	15.78	10.52	-	-
58.	26.3	57.8	26.3	57.8	-	-
59.	21.04	42.1	26.3	42.1	-	-
60.	26.3	52.6	26.3	52.6	-	-
61.	21.04	36.8	21.04	31.6	-	5.26
62.	-	15.78	-	15.78	-	-
63.	-	21.04	-	21.04	-	-
64.	15.78	21.04	10.52	21.04	5.26	-
65.	-	10.52	-	10.52	-	-

T A B L E. 31. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section - Adult period (over 14 yrs)

Symptoms - 70.

Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their pre-Army Occupational Group. The Adult period is sub-divided for symptoms present before Army service and for symptoms arising during Army service.

8.a.

19 P.N. Soldiers previously Professional Men.

	Symptoms present in Adult period.		Symptom present before Service.		Symptom arising during service.	
	A		B		C	
	Intensity.		Intensity.		Intensity.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	42.1	36.8	31.5	31.5	10.52	5.26
67.	31.5	36.8	26.3	21.0	5.26	15.7
68.	42.1	47.3	26.3	42.1	10.52	5.26
69.	10.5	15.7	10.5	15.7	-	-
70.	47.3	42.1	36.8	26.3	10.52	15.7
71.	21.0	47.3	21.0	36.8	-	10.52
72.	5.26	36.8	5.26	31.5	-	5.26
73.	10.52	36.8	5.26	31.5	5.26	5.26
74.	21.04	26.3	21.04	26.3	-	-
75.	52.6	31.5	42.3	26.3	5.26	5.26
76.	15.7	52.6	10.5	42.1	5.26	10.52
77.	5.26	47.3	5.26	42.1	-	5.26
78.	36.8	31.5	36.8	31.5	-	-
79.	21.0	31.5	15.7	31.5	5.26	-
80.	31.5	57.8	26.3	52.6	5.26	5.26
81.	26.3	36.8	21.0	31.5	5.26	5.26
82.	15.7	15.7	5.26	15.7	10.52	-
83.	26.3	47.3	21.0	47.3	5.26	-
84.	36.8	15.7	31.5	10.5	5.26	5.26
85.	10.5	10.5	10.52	10.52	-	-
86.	-	10.5	-	10.52	-	-
87.	21.0	31.5	21.0	21.0	-	10.52
88.	10.5	31.5	10.5	31.5	-	-
89.	36.8	52.6	31.5	42.1	5.26	10.52
90.	21.0	26.3	21.0	21.0	-	5.26
91.	52.6	36.8	47.3	26.3	5.26	10.52
92.	42.1	31.5	21.0	26.3	21.04	5.26
93.	31.5	42.1	10.5	31.5	21.04	10.52
94.	5.26	31.5	5.26	15.7	-	15.7
95.	26.3	26.3	15.7	21.0	10.52	5.26
96.	21.0	15.7	10.5	15.7	10.52	-
97.	47.3	42.1	31.5	36.8	15.7	5.26
98.	15.7	31.5	10.5	15.7	5.26	15.7
99.	10.5	42.1	5.26	36.8	5.26	5.26
100.	15.7	15.7	15.7	15.7	-	-

T A B L E. 31. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section Adult period (over 14 yrs) Symptoms - 70.

Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their pre-Army Occupational Group. The Adult period is sub-divided for symptoms present before Army service and for symptoms arising during Army service.

8.b.

44 P.N. Soldiers previously Business Men.

	Symptoms present in Adult period.		Symptoms present before service.		Symptoms arising during service.	
	A		B		C	
	Intensity.		Intensity.		Intensity.	
Symp. No.	Severe. %Incid:	Moderate. %Incidce.	Severe. %Incid:	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
31.	25.0	34.05	15.89	27.24	9.08	6.81
32.	11.35	45.4	11.35	36.32	-	9.08
33.	29.51	43.13	25.0	20.43	4.54	22.7
34.	20.43	45.4	20.43	36.32	-	9.08
35.	22.7	47.7	18.16	25.0	4.54	22.7
36.	34.05	34.05	27.24	25.0	6.81	9.08
37.	43.13	31.78	29.51	25.0	13.62	6.81
38.	6.81	31.78	6.81	29.51	-	2.27
39.	45.4	22.7	34.05	13.62	11.35	9.08
40.	54.54	20.43	36.32	11.35	18.16	9.08
41.	47.7	31.78	36.32	22.7	11.35	9.08
42.	29.51	45.4	29.51	43.13	-	2.27
43.	13.12	22.7	11.35	15.89	2.27	6.81
44.	9.08	36.32	9.08	36.32	-	-
45.	22.7	38.59	22.7	36.32	-	2.27
46.	22.7	31.78	20.43	29.51	2.27	2.27
47.	31.78	38.59	29.51	36.32	2.27	2.27
48.	20.43	40.86	18.16	34.05	2.27	6.81
49.	31.78	25.0	31.78	22.7	-	2.27
50.	25.0	43.13	22.7	40.86	2.27	2.27
51.	40.86	31.78	38.59	27.24	2.27	4.54
52.	31.78	29.51	31.78	27.24	-	2.27
53.	22.7	29.51	20.43	27.24	2.27	2.27
54.	27.24	43.13	25.0	40.86	2.27	2.27
55.	36.32	29.51	34.05	22.7	2.27	6.81
56.	31.78	36.32	29.51	29.51	2.27	6.81
57.	20.43	27.24	20.43	25.0	-	2.27
58.	27.24	45.4	27.24	43.13	-	2.27
59.	43.13	31.78	43.13	27.24	-	4.54
60.	29.51	40.86	29.51	40.86	-	-
61.	34.05	38.59	27.24	34.05	6.81	4.54
62.	4.54	15.89	4.54	15.89	-	-
63.	15.89	20.43	15.89	18.16	-	2.27
64.	15.89	20.43	15.89	15.89	-	4.54
65.	6.81	29.51	6.81	27.24	-	2.27

T A B L E. 31. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section Adult period (over 14 years) Symptoms = 70.

Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their pre-Army Occupational Group. The Adult period is sub-divided for symptoms present before Army service and for symptoms arising during Army service.

8.b.

44 P.N. Soldiers previously Business Men.

	Symptom present in Adult period.		Symptom present before service.		Symptoms arising during service.	
	A. Intensity.		B. Intensity.		C. Intensity.	
Symp. No.	Severe. %Incid.	Moderate. %Incidce.	Severe. %incidce.	Moderate. %Incidee.	Severe. %Incidce.	Moderate. %Incidce.
66.	43.13	25.0	38.59	22.7	4.54	2.27
67.	45.4	34.05	34.05	22.7	11.35	11.35
68.	54.54	15.89	47.7	13.62	6.81	2.27
69.	9.08	20.43	9.08	18.16	-	2.27
70.	50.0	29.51	31.78	25.0	18.16	4.54
71.	31.78	18.16	27.24	18.16	4.54	-
72.	18.16	36.32	15.89	25.0	2.27	11.35
73.	27.24	29.51	27.24	15.89	-	13.62
74.	36.32	25.0	34.05	25.0	2.27	-
75.	56.81	18.16	52.27	15.89	2.27	2.27
76.	38.59	34.05	25.0	29.51	13.62	4.54
77.	22.7	50.0	22.7	38.59	-	11.35
78.	56.81	15.89	54.54	15.89	2.27	-
79.	25.0	29.51	25.0	25.0	-	4.54
80.	38.59	31.78	36.32	25.0	2.27	6.81
81.	38.59	27.24	34.05	22.7	4.54	4.54
82.	13.62	36.32	11.35	25.0	2.27	11.35
83.	31.78	45.4	29.51	38.59	2.27	6.81
84.	18.16	31.78	15.89	27.24	2.27	4.54
85.	18.16	22.7	13.62	22.7	4.54	-
86.	2.27	5.54	2.27	2.27	-	2.27
87.	18.16	31.78	13.62	25.0	4.54	6.81
88.	22.7	22.7	22.7	20.43	-	2.27
89.	54.54	22.7	52.27	20.43	2.27	2.27
90.	20.43	27.24	20.43	22.7	-	4.54
91.	40.86	31.78	36.32	31.78	4.54	-
92.	47.7	31.78	25.0	18.16	22.7	13.62
93.	31.78	36.32	25.0	27.24		9.08
94.	20.43	20.43	18.16	13.62	2.27	6.81
95.	22.7	20.43	18.16	13.62	4.54	6.81
96.	2.27	36.32	-	25.0	2.27	11.35
97.	56.81	25.0	45.4	15.89	11.35	9.08
98.	25.0	29.51	20.43	20.43	4.54	9.08
99.	20.43	25.0	13.62	20.43	6.81	4.54
100.	13.62	34.05	13.62	27.24	-	6.81

T A B L E. 31. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section Adult period (over 14 yrs) Symptoms = 70.

Number of times percent that each symptom was recorded as applicable to the Adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their pre-Army Occupational Group. The Adult period is sub-divided for symptoms present before Army Service and for symptoms arising during Army service.

8.c.

33 P.N. Soldiers previously Clerks.

	Symptom present in Adult period.		Symptoms present before service.		Symptoms arising during service.	
	A. Intensity.		B. Intensity.		C. Intensity.	
Symp. No.	Severe. %Incid.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incid.	Moderate. %Incidce.
31.	15.16	45.49	15.16	30.33	-	15.16
32.	12.13	39.43	12.13	33.3	-	6.06
33.	27.3	48.5	24.26	42.46	3.03	6.09
34.	15.16	45.49	12.13	45.49	3.03	-
35.	30.3	45.49	30.3	36.4	-	9.1
36.	27.3	30.3	27.3	15.16	-	15.16
37.	36.4	24.26	30.3	18.2	6.06	6.06
38.	6.06	24.26	6.06	21.2	-	3.03
39.	42.46	24.26	36.4	15.16	6.06	9.1
40.	42.46	39.43	39.4	30.3	3.03	9.1
41.	51.53	30.3	42.46	27.3	9.1	3.03
42.	39.4	36.4	39.4	36.4	-	-
43.	21.2	21.2	21.2	21.2	-	-
44.	-	6.06	-	6.06	-	-
45.	3.03	48.5	3.03	45.49	-	3.03
46.	42.4	33.3	42.4	33.3	-	-
47.	33.3	36.4	30.3	33.3	3.03	3.03
48.	18.2	36.4	18.2	30.3	-	6.06
49.	36.4	33.3	36.4	27.3	-	6.06
50.	33.3	33.3	33.3	27.3	-	6.06
51.	51.53	24.26	51.5	21.23	-	3.03
52.	33.3	27.3	33.3	24.2	-	3.03
53.	33.3	30.3	33.3	30.3	-	-
54.	30.3	42.46	27.3	36.4	3.03	6.06
55.	57.6	21.2	54.5	15.46	3.03	6.06
56.	24.2	48.5	24.2	42.4	-	6.06
57.	9.1	24.26	9.1	24.26	-	-
58.	39.4	48.5	39.4	48.5	-	-
59.	33.3	45.49	33.3	42.4	-	3.03
60.	15.16	42.4	15.16	42.4	-	-
61.	48.5	24.26	48.5	21.2	-	3.03
62.	6.06	15.16	6.06	15.16	-	-
63.	18.2	30.3	18.2	30.3	-	-
64.	18.2	15.16	15.16	15.16	-	3.03
65.	18.2	21.2	18.2	21.2	-	-

T A B L E. 31. (a. to f.)

8.c.

33 P.N. Soldiers previously Clerks.

	Symptom present in Adult Period.		Symptom present before service.		Symptoms arising during service.	
	A. Intensity.		B. Intensity.		C. Intensity.	
Symp No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	39.4	33.3	39.4	33.3	-	-
67.	36.4	45.49	24.26	39.4	12.13	6.06
68.	48.5	27.3	39.4	24.6	6.06	3.03
69.	15.16	24.26	15.16	24.26	-	-
70.	48.5	36.4	36.4	33.3	12.13	3.03
71.						
72.	33.3	39.43	33.3	39.4	3.03	3.03
73.	21.23	39.43	21.23	30.53	-	9.1
74.	30.3	42.46	30.33	42.46	-	-
75.	39.4	51.5	36.43	51.53	-	-
76.	21.2	24.2	15.16	18.2	6.06	6.06
77.	30.3	45.49	24.2	45.49	6.06	-
78.	39.4	39.4	39.4	39.4	-	-
79.	42.46	33.3	42.46	30.3	-	3.03
80.	39.43	39.43	33.3	33.3	6.06	6.06
81.	18.2	48.5	18.2	48.5	-	-
82.	21.2	24.26	21.2	21.2	-	3.03
83.	60.6	30.3	54.56	27.3	6.06	3.03
84.	39.4	33.3	36.4	33.3	3.03	-
85.	12.13	15.16	12.13	15.16	-	-
86.	6.06	21.2	3.03	21.23	3.03	-
87.	21.2	36.4	21.2	36.4	-	-
88.	18.2	15.16	18.2	15.16	-	-
89.	48.5	36.4	45.49	33.3	3.03	3.03
90.	24.26	33.3	24.26	27.3	-	6.06
91.	51.53	30.3	48.5	30.3	3.03	-
92.	36.4	30.3	30.3	21.2	6.06	9.1
93.	39.4	21.2	39.4	21.2	-	-
94.	3.03	3.03	3.03	27.3	-	3.03
95.	18.2	21.2	12.13	18.2	6.06	3.03
96.	6.06	27.3	6.06	21.2	-	6.06
97.	72.8	15.16	57.6	12.13	15.16	3.03
98.	18.2	33.3	15.16	30.3	3.03	3.03
99.	9.1	33.3	9.1	30.3	-	3.03
100.	9.1	33.3	9.1	27.3	-	6.06

T A B L E. 31. (a. to f.)

8d.

111 P.N. Soldiers previously Artisans.

Symp. No.	Symptom present in Adult period. A. Intensity. Severe. %Incidce.	Moderate. %Incidce.	Symptom present before service. B. Intensity. Severe. %Incidce.	Moderate. %Incidce.	Symptoms arising during service. C. Intensity. Severe. %Incidce.	Moderate. %Incidce
31.	13.51	39.63	11.71	34.23	1.8	5.4
32.	9.9	33.33	8.1	29.73	1.8	3.6
33.	32.43	49.54	19.82	33.33	12.61	16.21
34.	26.12	41.44	24.32	29.73	1.8	11.71
35.	33.33	54.25	19.82	40.54	13.51	13.51
36.	29.73	33.33	23.42	25.22	6.3	8.1
37.	36.93	38.73	27.93	29.73	9.01	9.01
38.	10.81	26.12	8.1	20.72	2.7	5.4
39.	36.93	37.83	26.12	25.22	10.81	12.61
40.	56.96	31.53	39.63	24.32	17.11	7.2
41.	54.25	29.73	36.93	24.32	16.2	5.4
42.	31.53	34.23	27.03	30.63	4.5	3.6
43.	9.01	16.21	9.01	13.51	-	2.7
44.	9.9	21.52	9.9	21.62	-	.9
45.	17.11	45.94	16.21	43.24	.9	2.7
46.	23.42	33.33	22.52	30.63	.9	2.7
47.	26.12	44.14	23.42	37.83	2.7	6.3
48.	21.62	29.73	17.11	25.22	4.5	4.5
49.	33.33	35.13	30.63	27.03	2.7	8.1
50.	30.63	33.33	27.93	29.73	2.7	3.6
51.	45.04	29.73	36.93	25.22	8.1	4.5
52.	31.53	32.43	30.63	26.12	.9	6.3
53.	27.93	36.03	27.03	30.63	.9	5.4
54.	26.12	44.14	24.32	34.23	1.8	9.9
55.	34.23	33.33	30.63	24.32	3.6	9.01
56.	30.63	43.24	29.73	35.13	.9	8.1
57.	25.22	16.21	24.32	16.21	.9	-
58.	38.73	44.14	38.73	40.54	-	3.6
59.	40.54	30.63	36.93	23.42	3.6	7.2
60.	31.53	45.04	27.03	39.63	4.5	5.4
61.	33.33	35.13	29.73	28.83	3.6	6.3
62.	.9	7.2	.9	7.2	-	-
63.	15.31	19.82	14.41	19.82	.9	-
64.	14.41	13.51	13.51	12.61	.9	.9
65.	9.9	25.22	9.9	24.32	-	.9

T A B L E. 31. (a. to f.).

8d.

111 P.N. Soldiers previously Artisans.

	Symptom present in Adult period. A. Intensity.		Symptom present before service. B. Intensity.		Symptoms arising during service. C. Intensity.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce
66.	38.73	37.83	31.53	27.03	7.2	10.81
67.	37.83	36.03	28.83	24.32	9.01	11.71
68.	51.55	29.73	39.6	22.52	10.81	7.2
69.	12.61	25.22	11.71	22.52	.9	2.7
70.	51.55	36.93	34.23	25.22	17.11	11.71
71.	22.52	32.43	21.62	30.63	.9	1.8
72.	18.92	38.73	12.61	29.73	6.3	9.01
73.	14.41	29.73	10.81	23.42	3.6	6.3
74.	27.93	27.93	26.12	25.22	1.8	2.7
75.	50.44	31.53	42.3	24.32	7.2	7.2
76.	33.33	44.14	19.82	32.43	13.51	11.71
77.	21.62	40.54	20.72	31.53	.9	9.01
78.	43.24	22.52	42.34	19.82	.9	2.7
79.	28.83	34.23	24.32	27.03	4.5	7.2
80.	33.33	41.44	27.93	27.93	5.4	13.51
81.	39.63	34.23	27.93	24.32	11.71	9.9
82.	13.51	40.54	11.71	31.53	1.8	9.01
83.	34.23	43.24	30.63	29.73	3.6	13.51
84.	20.72	31.53	18.92	22.52	1.8	9.01
85.	12.61	13.51	10.81	10.81	1.8	2.7
86.	3.6	10.81	3.6	9.01	-	1.8
87.	19.82	21.62	18.02	18.92	1.8	2.7
88.	17.11	18.02	16.21	18.02	.9	-
89.	45.04	38.73	40.54	32.43	4.5	6.3
90.	19.82	36.93	15.31	30.63	4.5	6.3
91.	56.96	29.73	51.55	27.93	5.4	1.8
92.	46.84	36.03	28.83	20.72	18.02	15.31
93.	31.53	41.44	22.52	29.73	10.0	11.71
94.	14.41	33.33	11.71	14.32	2.7	9.01
95.	16.21	27.03	12.61	19.82	3.6	7.2
96.	13.51	18.92	5.4	12.61	8.1	6.3
97.	45.04	23.42	31.53	29.73	13.51	14.41
98.	23.42	30.63	19.82	21.62	3.6	9.01
99.	22.52	26.12	16.21	19.82	6.3	6.3
100.	18.92	27.93	15.31	21.62	3.6	6.3

T A B L E. 31. (a. to f.)

8e.

113 P.N. Soldiers previously Semi-skilled workers.

	Symptoms present in Adult period. A. Intensity.		Symptoms present before service. B. Intensity.		Symptoms arising during service. C. Intensity.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidece.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
31.	18.02	34.23	11.71	27.03	6.3	7.2
32.	9.9	21.62	9.01	14.41	.9	7.2
33.	30.63	38.73	17.11	27.93	13.51	10.81
34.	28.83	41.44	22.52	33.33	6.3	8.1
35.	32.43	50.44	18.92	31.53	13.51	14.41
36.	27.03	36.93	25.22	25.22	1.8	11.71
37.	36.03	38.73	29.73	30.63	6.3	8.1
38.	9.01	26.12	8.1	19.82	.9	6.3
39.	36.03	31.53	27.93	19.82	8.1	11.71
40.	53.35	36.03	38.	21.62	16.21	14.41
41.	56.96	28.83	40.7	16.21	14.1	12.61
42.	44.14	26.12	38.73	20.72	5.4	5.4
43.	16.21	25.22	14.41	18.02	1.8	7.2
44.	16.21	25.22	15.31	24.32	.9	.9
45.	24.32	33.33	21.62	31.53	2.7	1.8
46.	36.03	22.52	31.53	19.82	4.5	2.7
47.	32.43	39.63	25.22	31.53	7.2	8.1
48.	23.42	38.7	18.02	34.23	5.4	4.5
49.	35.1	30.6	28.83	21.62	6.3	9.01
50.	33.3	38.7	27.93	31.53	5.4	7.2
51.	48.6	26.1	39.	19.82	8.1	6.3
52.	42.3	27.9	36.93	23.42	5.4	4.5
53.	31.5	34.2	28.83	28.83	2.7	5.4
54.	24.3	40.5	18.92	34.23	5.4	6.3
55.	36.0	34.2	31.53	26.12	4.5	8.1
56.	37.8	38.7	32.43	32.43	5.4	6.3
57.	23.4	21.6	22.52	19.82	.9	1.8
58.	42.3	39.6	40.54	36.93	1.8	2.7
591	49.5	28.8	45.1	22.52	4.5	6.3
60.	26.1	45.9	22.52	39.63	3.6	6.3
61.	40.5	34.2	34.23	27.03	6.3	7.2
62.	6.3	9.9	4.5	8.1	1.8	1.8
63.	14.4	16.2	13.51	15.31	.9	.9
64.	14.4	17.1	11.71	13.51	2.7	3.6
65.	10.8	31.5	10.81	27.03	-	4.5

T A B L E. 31. (a. to f.)

8e.

113 P.N. Soldiers previously Semi-skilled workers.

	Symptoms present in Adult period. A. Intensity.		Symptoms present before service. B. Intensity.		Symptoms arising during service. C. Intensity.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidence.
66.	24.3	39.6	18.9	31.5	5.4	8.1
67.	38.7	41.4	31.5	27.9	7.2	13.5
68.	59.6	28.8	49.5	22.5	8.1	6.3
69.	12.6	23.4	9.9	21.6	2.7	1.8
70.	51.5	36.0	31.5	27.9	20.3	8.1
71.	20.7	26.1	18.9	23.4	1.8	2.7
72.	29.7	37.8	25.2	29.7	4.5	8.1
73.	19.8	29.7	16.2	21.6	3.6	8.1
74.	37.8	33.3	34.2	27.9	3.6	5.4
75.	61.4	22.5	48.6	18.9	10.8	3.6
76.	36.0	47.7	21.6	35.1	14.4	12.6
77.	29.7	33.3	25.2	26.1	4.5	7.2
78.	42.3	37.8	40.5	32.4	1.8	5.4
79.	20.7	35.1	18.0	29.7	2.7	5.4
80.	32.4	44.1	26.1	36.0	6.3	8.1
81.	37.8	29.7	29.7	23.4	8.1	6.3
82.	20.7	35.1	18.9	27.0	1.8	8.1
83.	43.2	43.2	37.8	32.4	5.4	10.8
84.	23.4	32.4	19.8	23.4	3.6	9.0
85.	9.9	9.0	8.1	7.2	1.8	1.8
86.	5.4	11.7	5.4	9.9	-	1.8
87.	20.7	29.7	16.2	25.2	4.5	4.5
88.	12.6	23.4	10.8	22.5	1.8	.9
89.	42.3	35.1	39.0	27.9	4.5	7.2
90.	18.0	36.0	14.4	25.2	3.6	10.8
91.	52.4	36.0	46.0	29.7	7.2	6.3
92.	47.7	36.0	27.0	19.8	20.3	16.2
93.	41.4	32.4	29.7	22.5	12.4	9.9
94.	19.8	35.1	13.5	24.3	6.3	10.8
95.	20.7	24.3	14.4	16.2	6.3	8.1
96.	10.8	28.8	6.3	14.4	4.5	14.4
97.	51.5	34.2	35.1	22.5	16.2	11.7
98.	18.0	27.9	12.6	18.0	5.4	9.9
99.	18.9	28.8	12.6	21.6	6.3	7.2
100.	22.5	27.0	17.1	17.1	5.4	9.9

T A B L E. 31. (a. to f.)

8f.

80 P.N. Soldiers previously Labourers.

	Symptoms present in Adult Period. A. Intensity.		Symptoms present before Service. B. Intensity.		Symptoms arising during service. C. Intensity.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidece.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
31.	11.25	47.5	11.15	40.0	-	7.5
32.	12.5	28.75	11.25	25.0	1.25	3.75
33.	27.5	42.5	21.25	28.75	6.25	13.75
34.	31.25	38.75	25.0	30.0	6.25	8.75
35.	31.25	52.25	22.5	35.0	8.75	17.5
36.	18.75	47.5	13.75	35.0	5.0	12.5
37.	38.75	37.5	31.25	27.5	7.5	10.0
38.	5.0	25.0	5.0	18.75	-	6.25
39.	37.5	35.0	28.75	26.25	8.75	8.75
40.	57.5	31.25	42.5	20.0	15.0	11.25
41.	50.0	27.5	40.0	18.75	11.25	8.75
42.	46.25	28.75	41.25	23.75	5.0	5.0
43.	15.0	16.25	8.75	15.0	6.25	1.25
44.	17.5	36.25	16.25	33.75	1.25	2.5
45.	36.25	37.5	36.25	33.75	-	3.75
46.	35.0	21.25	32.5	18.75	2.5	2.5
47.	22.5	46.25	18.75	40.0	3.75	6.25
48.	21.25	33.75	18.75	28.75	2.5	5.0
49.	32.5	32.5	27.5	31.25	5.0	1.25
50.	33.75	35.0	28.75	32.5	5.0	2.5
51.	42.5	41.25	36.25	35.0	6.25	6.25
52.	42.5	27.5	36.25	26.25	6.25	1.25
53.	32.5	38.75	28.75	36.25	3.75	2.5
54.	21.25	46.25	17.5	42.5	3.75	3.75
55.	38.75	45.0	35.0	40.0	3.75	5.0
56.	27.5	45.0	27.5	40.0	-	5.0
57.	25.0	25.0	25.0	21.25	-	3.75
58.	41.25	42.5	27.5	40.0	3.75	2.5
59.	53.75	31.25	45.0	26.25	8.75	5.0
60.	26.25	55.0	25.0	47.5	1.25	7.5
61.	30.0	45.0	28.75	37.5	1.25	7.5
62.	3.75	11.25	3.75	10.0	-	1.25
63.	8.75	27.5	7.5	26.25	1.25	1.25
64.	13.75	20.0	10.0	17.5	3.75	2.5
65.	13.75	20.0	13.75	17.5	-	2.5

T A B L E. 31. (a. to f.)

8f.

80 P.N. Soldiers previously Labourers.

	Symptoms present in Adult period. A. Intensity.		Symptoms present before service. B. Intensity.		Symptoms arising during service. C. Intensity.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	43.75	23.75	38.75	21.25	5.0	2.5
67.	40.0	41.25	30.0	25.0	10.0	16.25
68.	55.0	30.0	46.25	26.25	8.75	3.75
69.	13.75	22.5	13.75	21.25	-	1.25
70.	45.0	43.75	38.75	31.25	6.25	12.5
71.	31.25	31.25	26.25	25.0	5.0	6.25
72.	35.0	32.5	32.5	27.5	2.5	5.0
73.	18.75	30.0	13.75	22.5	5.0	7.5
74.	43.75	30.0	41.25	27.5	2.5	2.5
75.	55.0	20.0	46.25	16.25	8.75	3.75
76.	30.0	50.0	17.5	36.25	12.5	13.75
77.	30.0	35.0	26.25	31.25	3.75	3.75
78.	40.0	37.5	38.75	33.75	1.25	3.75
79.	21.25	41.25	18.75	33.75	2.5	7.5
80.	31.25	40.0	30.0	30.0	1.25	10.0
81.	32.5	41.25	27.5	33.75	5.0	7.5
82.	25.0	31.25	17.5	26.25	7.5	5.0
83.	51.25	35.0	42.5	28.75	8.75	6.25
84.	31.25	31.25	25.0	27.5	6.25	3.75
85.	15.0	15.0	13.75	13.75	1.25	1.25
86.	7.5	12.5	7.5	11.25	-	1.25
87.	26.25	28.75	21.25	25.0	5.0	3.75
88.	8.75	25.0	8.75	20.0	-	5.0
89.	33.75	42.5	30.0	33.75	5.0	8.75
90.	17.5	36.25	15.0	32.5	2.5	3.75
91.	46.25	32.5	40.0	27.5	7.5	5.0
92.	43.75	41.25	31.25	30.0	12.5	11.25
93.	43.75	33.75	32.5	30.0	11.25	3.75
94.	21.25	27.5	12.5	25.0	8.75	2.5
95.	13.75	27.5	8.75	22.5	5.0	5.0
96.	7.5	28.75	3.75	22.5	3.75	6.25
97.	48.75	33.75	43.75	25.0	5.0	8.75
98.	20.0	27.5	16.25	21.25	3.75	6.25
99.	12.5	33.75	8.75	28.75	3.75	5.0
100.	20.0	26.25	15.0	22.5	5.0	3.75

T A B L E. 32. (a. to f.)

WOODWORTH HOUSE INVENTORY - Section - Childhood period (under 14yrs
No. of symptoms - 30.

Number of times percent that eadh symptom was recorded as having been present in the childhood of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their Age in years on admission to Military Neurosis Centre.

	9.a.		9.b.	
	CHILDHOOD.		CHILDHOOD.	
	89. P.N. Soldiers in Age Group 19-23 years.		93 P.N. Soldiers in Age Group 24.-28 years.	
	Intensity of Symptom. A.		Intensity of Symptom. A.	
Symp. No.	Severe. %Incidence.	Moderate. %Incidence.	Severe. %Incidence.	Moderate. %Incidence.
1.	28.0	25.8	16.1	26.7
2.	20.2	34.8	10.7	42.9
3.	24.6	36.0	26.7	39.7
4.	38.1	31.4	21.4	34.2
5.	18.0	32.5	9.6	29.0
6.	10.0	31.4	5.3	17.2
7.	16.8	20.2	15.1	20.3
8.	26.8	29.2	25.8	31.0
9.	39.3	21.3	38.6	22.5
10.	5.6	33.6	12.8	17.2
11.	20.2	34.8	18.2	23.6
12.	15.7	32.5	22.5	24.6
13.	30.3	39.3	28.0	38.6
14.	23.6	25.8	22.5	30.0
15.	31.4	30.3	30.0	22.5
16.	28.0	33.6	15.1	30.8
17.	16.8	16.8	18.2	22.5
18.	22.5	22.5	19.2	21.4
19.	25.8	40.4	23.6	27.7
20.	30.3	24.6	21.4	33.2
21.	46.0	26.8	33.3	27.7
22.	36.0	39.3	29.6	37.5
23.	29.2	39.3	22.5	37.5
24.	22.5	28.0	18.2	26.7
25.	13.3	19.1	5.3	19.2
26.	12.4	18.0	8.6	24.6
27.	33.6	40.4	26.7	33.2
28.	37.0	22.5	24.6	20.3
29.	3.3	16.8	4.3	16.1
30.	46.0	39.3	49.2	39.8

T AB L E. 32. (a. to f.)

	9c.		9d.	
	CHILDHOOD.		CHILDHOOD.	
	101 P.N. Soldiers in Age Group 29-33 years.		66 P.N. Soldiers in Age Group 34-38 years.	
	Intensity of Symptom. A.		Intensity of Symptom. A.	
Symp. No.	Severe. %Incidence.	Moderate. %Incidence.	Severe. %Incidence.	Moderate. %Incidence.
1.	28.0	34.0	16.6	34.8
2.	13.0	46.0	12.1	36.3
3.	31.0	31.0	28.9	28.7
4.	27.0	32.0	24.2	22.7
5.	20.0	35.0	19.6	33.4
6.	8.0	23.0	3.0	24.2
7.	13.0	31.0	21.2	36.3
8.	23.0	31.0	31.8	16.6
9.	41.0	22.0	37.8	21.2
10.	10.0	25.0	10.6	25.7
11.	22.0	26.0	16.6	18.1
12.	17.0	30.0	9.1	16.6
13.	29.0	35.0	31.8	30.0
14.	30.0	27.0	22.6	21.2
15.	27.0	31.0	31.8	21.2
16.	23.0	28.0	19.6	34.8
17.	23.0	18.0	10.6	15.1
18.	22.0	25.0	19.6	28.4
19.	15.0	34.0	15.1	34.8
20.	23.0	34.0	13.6	21.2
21.	35.0	36.0	33.3	27.2
22.	28.0	34.6	25.7	34.8
23.	30.0	35.0	21.2	36.3
24.	19.0	31.0	21.2	24.2
25.	9.0	23.0	3.0	16.6
26.	12.0	26.0	10.6	9.1
27.	23.0	43.0	21.2	48.1
28.	28.0	21.0	21.2	18.1
29.	-	24.0	21.2	13.5
30.	57.0	33.0	53.8	36.3

T A B L E. 32. (a. to f.)

	9e.		9f.	
	CHILDHOOD.		CHILDHOOD.	
	45 P.N. Soldiers in Age Group 39-43 years.		6 P.N. Soldiers in Age Group 44 and over.	
	Intensity of Symptoms. A.		Intensity of Symptoms. A.	
Symp. No.	Severe. %Incidence.	Moderate. %Incidence.	Severe. %Incidence.	Moderate. %Incidence.
1.	22.2	26.8	-	16.6
2.	11.1	31.1	-	33.3
3.	20.0	37.7	16.6	33.3
4.	26.6	28.8	-	16.6
5.	15.5	33.3	-	33.3
6.	-	22.2	-	16.6
7.	15.5	33.3	16.6	33.3
8.	28.8	24.4	16.6	16.6
9.	42.2	26.6	16.6	16.6
10.	17.7	13.3	16.6	33.3
11.	15.5	28.8	16.6	33.3
12.	28.8	11.1	-	50.0
13.	31.1	28.8	-	33.3
14.	33.3	20.0	-	33.3
15.	28.8	22.2	16.6	16.6
16.	24.4	26.6	16.6	-
17.	20.0	11.1	-	33.3
18.	33.3	17.7	-	66.6
19.	22.2	11.1	-	33.3
20.	28.8	13.3	16.6	-
21.	31.1	33.3	-	66.6
22.	22.2	24.4	16.6	33.3
23.	37.7	17.7	-	16.6
24.	24.4	24.4	16.6	33.3
25.	11.1	15.5	-	-
26.	17.7	15.5	-	-
27.	24.4	28.8	16.6	16.6
28.	24.4	8.9	33.3	16.6
29.	4.4	11.1	-	-
30.	57.7	28.8	16.6	66.6

T A B L E. 33 (a. to f.)

WOODWORTH HOUSE INVENTORY - Section - Adult period(over 14 yrs) No. of symptoms - 70.

Number of times percent that each symptom was recorded as applicable to the adult period of psychoneurotic soldiers (i.e percentage incidence of occurrence of symptoms) classified according to their age in years on admission to Military Neurosis Centre. The adult period is subdivided for symptoms present before Army service and for symptoms arising during Army service.

10a.

89 P.N. Soldiers in Age Group 19-23 years.

	Symptoms present in Adult period.		Symptoms present before Service.		Symptoms arising during service.	
	Intensity of Symptom. A.		Intensity of Symptom. B.		Intensity of Sym C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
31.	15.7	34.8	14.6	29.2	1.1	5.6
32.	13.4	29.2	12.4	25.8	1.1	3.37
33.	30.3	41.5	21.3	28.0	9.0	13.4
34.	28.0	34.8	23.6	28.0	4.49	6.7
35.	33.6	42.6	21.3	31.4	12.4	11.23
36.	23.6	30.3	20.2	24.6	3.37	5.6
37.	26.8	28.1	21.3	29.2	5.6	9.0
38.	7.8	20.2	19.1	16.8	-	3.37
39.	30.3	32.5	18.0	25.8	12.4	6.7
40.	54.0	32.5	36.0	24.6	18.0	7.8
41.	51.6	26.8	39.3	18.0	12.4	9.0
42.	36.0	29.2	31.4	23.6	4.49	5.6
43.	14.6	22.5	12.4	16.8	2.24	5.6
44.	5.6	21.3	4.4	19.1	1.1	2.24
45.	18.0	42.6	18.0	39.3	-	3.37
46.	26.8	29.2	26.8	25.8	-	3.37
47.	23.6	47.1	21.3	40.4	2.24	6.7
48.	18.0	32.5	14.6	28.0	3.37	4.49
49.	38.1	30.3	32.5	26.8	5.6	3.37
50.	30.3	42.6	28.0	37.0	2.24	5.6
51.	52.7	32.5	44.8	26.8	7.8	5.6
52.	48.1	22.5	42.6	20.2	5.6	2.24
53.	25.8	32.5	24.6	29.2	1.1	3.37
54.	31.4	43.7	28.0	38.1	3.37	5.6
55.	41.5	33.6	39.3	25.8	2.24	7.8
56.	36.0	39.3	34.8	36.0	1.1	3.37
57.	28.0	26.8	28.0	23.6	-	3.37
58.	40.4	38.2	40.4	37.0	-	1.1
59.	48.2	32.5	41.5	25.8	6.7	6.7
60.	25.8	43.7	24.6	40.4	1.1	3.37
61.	33.6	37.0	31.4	32.5	2.24	4.49
62.	3.3	18.0	2.24	15.7	1.1	2.24
63.	11.2	24.6	10.0	23.6	1.1	1.1
64.	19.1	14.6	16.8	12.4	2.24	2.24
65.	19.1	14.6	19.1	12.4	-	2.24

T A B L E. 33. (a. to f.)

10a.

89 P.N. Soldiers in Age Group 19-23 years.

	Symptoms present in Adult Period. A. Intensity of Symp:		Symptoms present before service. B. Intensity of Symp:		Symptoms arising during service. C. Intensity of Symp:	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	47.1	33.6	39.3	29.2	7.8	4.49
67.	47.1	34.8	36.0	22.5	11.2	12.4
68.	56.0	26.8	43.7	19.1	11.2	7.8
69.	13.3	22.5	12.4	21.3	1.1	1.1
70.	54.0	34.8	44.8	26.8	9.0	7.8
71.	32.5	38.2	32.5	29.2	-	9.0
72.	34.8	29.2	31.4	23.6	3.37	5.6
73.	23.6	33.6	18.0	28.0	5.6	5.6
74.	39.3	21.3	35.9	20.2	3.37	1.1
75.	55.0	26.8	44.8	23.6	10.0	3.37
76.	29.2	36.0	16.8	29.2	12.4	6.7
77.	28.0	29.2	25.8	24.6	2.24	4.49
78.	42.6	30.3	42.6	24.6	-	5.6
79.	36.0	31.4	30.3	28.0	5.6	3.37
80.	38.1	41.5	34.8	33.6	2.24	7.8
81.	37.0	34.8	26.8	29.2	10.0	5.6
82.	23.6	30.3	19.1	26.8	4.49	3.37
83.	51.6	33.6	46.0	23.6	5.6	10.0
84.	33.6	30.3	29.2	26.8	4.49	3.37
85.	12.4	14.6	12.4	12.4	-	2.24
86.	6.7	16.8	5.6	13.3	1.1	3.37
87.	28.0	32.5	24.6	30.3	3.37	2.24
88.	13.3	21.3	13.3	18.0	-	3.37
89.	48.2	34.8	42.6	28.0	5.6	6.7
90.	21.3	34.8	19.1	28.0	2.24	6.7
91.	48.2	34.8	43.7	32.5	4.49	2.24
92.	45.0	24.6	30.3	14.6	14.6	10.0
93.	46.0	33.6	33.6	28.0	12.4	5.6
94.	13.3	42.6	12.4	33.6	1.1	9.0
95.	24.6	24.6	18.0	20.2	6.7	4.4
96.	14.6	29.2	9.0	22.5	5.6	6.7
97.	52.6	24.6	40.4	18.0	12.4	6.7
98.	26.8	28.0	18.0	23.6	9.0	4.4
99.	15.7	26.8	12.4	20.2	3.37	6.7
100.	23.6	30.3	18.0	23.6	5.6	6.7

T A B L E. 33. (a. to f.)

10b.

93 P.N. Soldiers in Age Group 24-28 years.

Symptom No.	Symptoms present in Adult period. A. Intensity of Symp. Severe. %Incidce.	Moderate. %Incidce.	Symptoms present before service. B. Intensity of Symp. Severe. %Incidce.	Moderate. %Incidce.	Symptoms arising during service. C. Intensity of Symp: Severe. %Incidce.	Moderate. %Incidce.
31.	20.3	39.6	15.1	29.0	5.37	10.74
32.	7.5	24.6	6.4	16.1	1.07	8.6
33.	20.3	46.1	15.1	30.0	5.37	16.1
34.	18.2	40.7	13.9	31.0	4.3	9.6
35.	25.8	48.2	15.1	31.0	10.7	17.2
36.	25.8	34.4	19.2	18.2	6.4	16.1
37.	34.4	35.4	22.5	24.6	11.7	10.7
38.	4.3	23.5	4.3	16.1	-	7.5
39.	32.2	27.9	23.5	15.1	8.6	12.8
40.	47.1	35.4	30.0	20.3	17.2	15.1
41.	41.8	34.4	31.6	22.5	17.2	11.7
42.	34.4	29.0	30.0	24.6	4.3	4.3
43.	15.1	20.3	10.7	15.1	4.3	5.3
44.	9.6	24.6	9.6	24.6	-	-
45.	20.3	41.8	19.2	40.6	1.07	3.23
46.	27.9	27.9	24.6	24.6	3.2	3.2
47.	25.8	44.1	21.4	32.2	4.3	11.7
48.	15.1	38.6	8.6	31.0	6.4	7.5
49.	33.3	33.2	29.0	19.2	4.3	12.8
50.	31.0	32.2	24.6	26.7	6.4	5.3
51.	38.6	36.5	29.0	26.7	9.6	9.6
52.	37.5	23.5	24.4	15.1	3.2	8.6
53.	24.6	41.8	22.5	32.2	2.1	9.6
54.	27.9	39.6	22.5	30.0	5.37	9.67
55.	34.2	37.5	26.7	26.7	7.5	10.7
56.	30.0	44.1	25.8	34.4	4.3	9.6
57.	22.5	21.4	21.4	19.2	1.07	2.1
58.	35.4	53.7	33.2	48.2	2.1	5.3
59.	43.1	33.2	58.6	25.8	4.3	7.5
60.	23.5	48.2	20.3	40.7	3.2	7.5
61.	23.5	40.7	20.3	30.0	3.2	10.7
62.	3.2	10.7	3.2	9.6	-	1.07
63.	6.4	24.6	5.3	22.5	1.07	2.1
64.	12.8	18.2	10.7	13.9	2.1	4.3
65.	6.4	21.5	6.4	15.1	-	6.4

T A B L E. 33. (a. to f.)

10b.

93 P.N. Soldiers in Age Group 24-28 years.

	Symptoms present in Adult period. A.		Symptoms present before service. B.		Symptoms arising during service. C.	
	Intensity of Symp:		Intensity of Symp:		Intensity of Symp:	
Symp: No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	35.4	27.9	30.0	19.2	5.3	8.6
67.	38.6	38.6	29.0	21.5	9.6	17.1
68.	52.0	30.0	41.3	20.3	8.6	9.6
69.	12.8	22.5	10.7	19.2	2.1	3.2
70.	53.4	32.2	34.4	20.3	19.2	11.7
71.	22.5	30.0	17.2	26.7	5.3	3.2
72.	22.5	39.6	18.2	29.0	4.3	10.7
73.	11.7	39.6	11.7	22.5	-	17.1
74.	33.2	32.2	31.0	25.8	2.1	6.4
75.	55.7	26.7	45.1	21.4	9.6	5.3
76.	23.5	53.4	12.8	37.5	10.7	16.1
77.	19.2	45.1	13.9	33.2	5.37	11.7
78.	34.4	39.6	32.2	35.4	2.1	4.3
79.	15.1	36.5	11.7	26.7	3.2	9.6
80.	30.0	43.1	23.5	34.2	6.4	8.6
81.	34.4	33.2	26.7	23.5	7.5	9.6
82.	13.9	39.6	10.7	26.7	3.2	12.8
83.	36.5	41.8	30.0	32.2	6.4	9.6
84.	26.7	30.0	21.4	19.2	5.3	10.7
85.	17.2	13.9	12.8	12.8	4.3	1.07
86.	3.2	12.8	3.2	11.7	-	1.07
87.	24.6	26.7	19.2	22.5	5.3	4.3
88.	10.7	27.9	9.6	26.7	1.07	1.07
89.	38.6	34.2	33.2	24.6	5.3	9.6
90.	11.7	40.8	8.6	30.0	3.2	10.7
91.	48.2	38.6	40.7	30.0	7.5	8.6
92.	36.5	45.1	15.1	27.9	21.5	17.1
93.	31.0	47.1	20.3	29.0	10.7	18.2
94.	15.1	30.0	9.6	21.4	5.3	11.7
95.	16.1	33.2	9.6	21.4	6.4	8.6
96.	10.7	22.5	3.2	13.9	7.5	8.6
97.	45.1	44.1	27.9	27.9	17.1	16.1
98.	16.1	34.2	11.7	17.2	4.3	17.1
99.	18.2	27.9	8.6	20.3	9.6	7.5
100.	15.1	27.9	11.7	18.2	3.2	9.6

T A B L E.33. (a. to f.)

10c.

101.P.N. Soldiers in Age Group 29-33 years.

	Symptoms present in Adult period.		Symptoms present before service.		Symptoms arising during service.	
	A.		B.		C.	
	Intensity of Symp:		Intensity of Symp:		Intensity of Symp:	
Symp:	Severe.	Moderate.	Severe.	Moderate.	Severe.	Moderate.
No.	%Incidce.	%Incidce.	%Incidce.	%Incidce.	%Incidce.	%Incidce.
31.	17.0	42.0	13.0	37.0	4.0	5.0
32.	7.0	44.0	7.0	37.0	-	7.0
33.	28.0	45.0	18.0	33.0	10.0	12.0
34.	29.0	44.0	24.0	37.0	5.0	7.0
35.	27.0	51.0	19.0	35.0	8.0	16.0
36.	26.0	46.0	25.0	31.0	1.0	15.0
37.	44.0	40.0	37.0	31.0	7.0	9.0
38.	11.0	23.0	10.0	19.0	1.0	4.0
39.	41.0	36.0	34.0	24.0	7.0	12.0
40.	52.0	36.0	42.0	23.0	10.0	13.0
41.	48.0	36.0	40.0	26.0	9.0	10.0
42.	42.0	34.0	37.0	34.0	5.0	-
43.	7.0	24.0	7.0	22.0	-	2.0
44.	13.0	26.0	12.0	26.0	1.0	-
45.	26.0	37.0	24.0	35.0	2.0	2.0
46.	33.0	29.0	28.0	28.0	5.0	1.0
47.	34.0	40.0	27.0	28.0	7.0	2.0
48.	25.0	35.0	22.0	28.0	3.0	7.0
49.	37.0	32.0	35.0	27.0	2.0	5.0
50.	31.0	39.0	28.0	37.0	3.0	2.0
51.	44.0	36.0	38.6	31.0	4.0	5.0
52.	32.0	38.0	28.0	35.0	4.0	3.0
53.	33.0	34.0	31.0	29.0	2.0	5.0
54.	23.0	51.0	21.0	45.0	2.0	6.0
55.	43.0	30.0	41.0	25.0	2.0	5.0
56.	33.0	43.0	31.0	36.0	2.0	7.0
57.	22.0	21.0	22.0	20.0	-	1.0
58.	36.0	45.0	35.0	44.0	1.0	1.0
59.	52.0	26.0	49.0	23.0	3.0	3.0
60.	27.0	51.0	25.0	46.0	2.0	5.0
61.	39.0	36.0	33.0	30.0	6.0	6.0
62.	3.0	11.0	3.0	11.0	-	-
63.	18.0	23.0	18.0	23.0	-	-
64.	15.0	15.0	11.0	15.0	4.0	-
65.	8.0	30.0	8.0	29.0	-	1.0

T A B L E. 33. (a. to f.)

10c.

101. P.N. Soldiers in Age Group 29-33 years.

	Symptoms present in Adult period. A.		Symptoms present before Service. B.		Symptoms arising during service. C.	
	Intensity of Symp:		Intensity of Symp:		Intensity of Symp:	
Symp: No.	Severe. %Incidce.	Moderate. %Icidce.	Severe. %Icidce.	Moderate. %Icndce.	Severe. %Incidce.	Moderate. %Incidce.
66.	34.0	34.0	27.0	28.0	7.0	6.0
67.	35.0	41.0	25.0	31.0	10.0	10.0
68.	61.0	25.0	50.5	24.0	9.0	1.0
69.	12.0	25.0	11.0	23.0	1.0	2.0
70.	46.0	41.0	30.0	34.0	16.0	7.0
71.	23.0	32.0	21.0	31.0	2.0	1.0
72.	24.0	44.0	20.0	35.0	4.0	9.0
73.	21.0	30.0	18.0	24.0	3.0	6.0
74.	38.0	32.0	36.0	31.0	2.0	1.0
75.	53.0	25.0	45.8	24.0	6.0	1.0
76.	33.0	42.0	19.0	34.0	14.0	8.0
77.	25.0	39.0	23.0	35.0	2.0	4.0
78.	44.0	29.0	43.0	28.0	1.0	1.0
79.	23.0	40.0	22.0	37.0	1.0	3.0
80.	34.0	39.0	30.0	31.0	3.0	9.0
81.	31.0	35.0	24.0	31.0	7.0	4.0
82.	16.0	34.0	13.0	27.0	3.0	7.0
83.	38.0	48.0	35.0	39.0	3.0	9.0
84.	24.0	34.0	20.0	28.0	4.0	6.0
85.	8.0	16.0	7.0	15.0	1.0	1.0
86.	3.0	12.0	3.0	11.0	-	1.0
87.	15.0	29.0	12.0	23.0	3.0	6.0
88.	18.0	24.0	18.0	23.0	-	1.0
89.	38.0	44.0	36.0	37.0	2.0	7.0
90.	20.0	39.0	19.0	32.0	1.0	7.0
91.	51.0	31.0	42.5	29.0	7.0	2.0
92.	43.0	38.0	30.0	24.0	13.0	14.0
93.	38.0	28.0	28.0	24.0	10.0	4.0
94.	21.0	25.0	14.0	22.0	7.0	3.0
95.	16.0	25.0	11.0	18.0	5.0	7.0
96.	5.0	28.0	4.0	18.0	1.0	10.0
97.	53.0	33.0	44.0	24.0	9.0	9.0
98.	21.0	30.0	17.0	24.0	4.0	6.0
99.	17.0	31.0	13.0	27.0	4.0	4.0
100.	22.0	27.0	18.0	24.0	4.0	3.0

TABLE. 33. (a. to f.)

10d.

66 P.N. Soldiers in Age Group 34-38 years.

	Symptoms present in Adult period. A.		Symptoms present before Service. B.		Symptoms arising during service. C.	
	Intensity of Symp.		Intensity of Symp.		Intensity of Symp.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
31.	12.1	45.3	9.09	37.7	3.0	7.57
32.	13.5	27.2	12.1	22.7	1.51	4.5
33.	45.1	31.7	27.2	19.63	18.1	12.1
34.	25.7	51.4	22.7	36.3	3.0	15.1
35.	37.7	50.0	25.7	34.8	12.1	15.1
36.	34.6	37.7	27.2	30.0	7.57	7.57
37.	43.8	33.3	34.8	27.2	9.09	6.01
38.	10.6	36.3	6.0	28.7	4.5	7.57
39.	51.4	28.7	40.6	18.1	10.6	10.6
40.	71.2	21.2	50.0	16.6	21.2	4.5
41.	68.0	18.1	50.0	13.5	18.1	4.5
42.	42.3	30.0	37.7	24.2	4.5	6.01
43.	16.6	13.4	15.1	9.09	1.51	4.5
44.	18.1	27.2	18.1	25.7	-	1.51
45.	22.7	34.8	21.2	34.8	1.51	-
46.	30.0	22.7	28.7	21.2	1.51	1.51
47.	30.0	40.6	24.2	37.7	6.01	3.0
48.	19.63	31.7	16.6	30.0	3.0	1.51
49.	24.2	34.8	21.2	33.3	3.0	1.51
50.	30.3	31.7	25.7	27.2	4.5	4.5
51.	46.8	24.2	40.6	22.7	6.0	1.51
52.	22.7	33.3	22.8	31.7	-	1.51
53.	34.8	28.7	31.8	28.7	3.0	-
54.	22.7	43.8	18.1	39.3	4.5	4.5
55.	40.6	34.8	36.3	28.7	4.5	6.0
56.	33.3	42.3	30.3	36.3	3.0	6.0
57.	16.6	10.6	15.1	10.6	1.51	-
58.	37.7	42.3	36.3	39.3	1.51	3.0
59.	45.1	27.2	42.3	24.2	3.0	3.0
60.	33.3	40.6	27.2	37.8	6.0	3.0
61.	48.1	24.2	42.3	21.2	6.0	3.0
62.	3.0	4.5	3.0	4.5	-	-
63.	16.6	13.6	15.1	13.6	1.51	-
64.	10.6	16.6	9.09	15.1	1.51	1.51
65.	7.5	31.7	7.57	31.7	-	-

TABLE. 33. (a. to f.)

10d.

66 P.N. Soldiers in Age Group 34-38 years.

	Symptoms present in Adult Period.		Symptoms present before Service.		Symptoms arising during service.	
	A.		B.		C.	
	Intensity of Symp.		Intensity of Symp.		Intensity of Symp.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidee.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	31.7	36.3	24.2	31.7	7.57	4.5
67.	42.3	36.3	34.8	27.2	7.57	9.09
68.	53.0	30.0	41.0	24.2	10.6	6.0
69.	13.6	19.63	9.1	18.1	4.5	1.51
70.	50.0	39.3	31.7	30.0	18.1	9.0
71.	30.0	15.1	28.7	15.1	1.51	-
72.	28.7	30.0	21.2	24.2	7.57	6.0
73.	18.1	21.2	12.1	18.1	6.0	3.0
74.	34.8	33.3	31.7	31.7	3.0	1.5
75.	58.7	16.6	50.0	15.1	7.57	1.5
76.	48.1	37.8	33.3	27.2	15.1	10.6
77.	33.3	43.8	28.7	36.3	4.5	7.57
78.	56.0	25.7	53.0	22.7	3.0	3.0
79.	31.7	22.7	30.0	15.1	1.51	7.57
80.	37.8	37.8	31.7	30.0	6.0	7.57
81.	48.1	27.2	42.3	22.7	6.0	4.6
82.	21.2	37.5	46.6	30.0	4.5	7.57
83.	39.3	36.3	33.3	28.4	6.0	7.57
84.	21.3	28.7	19.63	19.63	1.5	9.09
85.	15.1	12.1	12.1	9.09	3.0	3.0
86.	6.0	3.0	6.0	1.5	-	1.5
87.	15.1	24.2	12.1	19.63	3.0	4.5
88.	7.57	22.7	6.0	19.63	1.5	3.0
89.	53.0	28.7	46.6	25.7	6.0	3.0
90.	22.7	24.2	18.1	21.2	4.5	3.0
91.	63.4	30.0	54.5	27.2	9.09	3.0
92.	57.6	31.7	34.8	18.1	22.6	13.5
93.	39.3	25.7	28.7	18.1	12.1	7.57
94.	15.1	27.2	9.1	18.1	6.0	9.09
95.	21.2	22.7	15.1	13.6	6.0	9.09
96.	10.6	31.7	1.5	19.63	9.09	12.1
97.	58.9	28.7	40.6	18.1	18.1	10.6
98.	21.2	21.2	18.1	16.6	3.0	4.5
99.	24.2	27.2	18.1	21.2	6.0	6.0
100.	18.1	27.2	15.1	16.6	3.0	10.6

T A B L E. 33. (a. to f.)

Ice.

45 P.N. Soldiers in Age Group 39-43 years.

	Symptoms present in Adult period. A.		Symptoms present before Service. B.		Symptoms arising during Service. C.	
	Intensity of Symp.		Intensity of Symp.		Intensity of Symp.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
31.	13.3	40.0	11.1	35.5	2.2	4.4
32.	11.1	24.2	8.9	24.4	2.2	-
33.	22.2	46.6	20.0	33.3	2.2	13.3
34.	26.6	33.3	26.6	31.1	-	2.2
35.	24.4	48.8	20.0	37.7	4.4	11.1
36.	22.2	24.4	20.0	20.0	2.2	4.4
37.	33.3	37.7	26.6	31.1	6.6	6.6
38.	6.6	33.3	6.6	28.8	-	4.4
39.	31.1	35.5	26.6	26.6	4.4	8.9
40.	40.0	40.0	35.4	28.8	4.4	11.1
41.	55.5	26.6	44.0	20.0	13.3	6.6
42.	31.1	35.5	28.8	31.1	2.2	4.4
43.	17.7	15.5	17.7	15.5	-	-
44.	11.1	31.1	11.1	28.8	-	2.2
45.	20.0	40.0	20.0	37.7	-	2.2
46.	35.4	17.7	35.4	17.7	-	-
47.	31.1	35.4	31.1	33.3	-	2.2
48.	33.3	24.4	31.1	20.0	2.2	4.4
49.	31.1	26.6	28.8	24.4	2.2	2.2
50.	35.4	26.6	33.3	26.6	2.2	-
51.	42.2	22.2	40.0	20.0	2.2	2.2
52.	33.3	28.8	33.3	24.4	-	4.4
53.	28.8	35.4	28.8	35.4	-	-
54.	24.4	28.8	22.2	26.6	2.2	2.2
55.	33.3	37.7	31.1	33.3	2.2	4.4
56.	24.4	31.1	24.4	28.8	-	2.2
57.	11.1	20.0	11.1	20.0	-	-
58.	42.2	37.7	42.2	35.4	-	2.2
59.	26.6	44.4	24.4	35.4	2.2	8.9
60.	28.8	40.0	28.8	37.7	-	2.2
61.	37.7	37.7	35.4	33.3	2.2	4.4
62.	6.6	2.2	6.6	2.2	-	-
63.	17.7	22.2	17.7	22.2	-	-
64.	22.2	20.0	20.0	20.0	2.2	-
65.	8.8	33.3	8.8	33.3	-	-

T A B L E. 33. (a. to f.).

10e.

45 P.N. Soldiers in Age Group 39-43 years.

	Symptoms present inadult period. A.		Symptoms present before Service. B.		Symptoms arising during service. C.	
	Intensity of Symp.		Intensity of Symp.		Intensity of Symp.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidee.	Moderate. %Incidce.
66.	33.3	33.3	31.2	28.8	2.2	4.4
67.	40.0	37.7	31.2	22.2	8.8	15.5
68.	52.2	33.3	37.8	28.8	15.5	4.4
69.	15.5	17.7	15.5	17.7	-	-
70.	48.8	42.2	35.5	31.1	13.3	11.1
71.	24.4	22.2	24.4	22.2	-	-
72.	33.3	24.4	33.3	20.0	-	4.4
73.	17.7	24.4	15.5	20.0	2.2	4.4
74.	28.8	33.3	28.8	31.1	-	2.2
75.	42.2	44.4	42.2	33.3	-	11.1
76.	33.3	51.1	24.4	35.4	8.8	15.5
77.	24.4	35.5	24.4	31.1	-	4.4
78.	42.2	22.2	42.2	22.2	-	-
79.	24.4	42.2	22.2	40.0	2.2	2.2
80.	35.4	48.8	31.1	31.1	4.4	17.7
81.	31.1	31.1	26.6	24.4	4.4	6.6
82.	20.0	24.4	20.0	20.0	-	4.4
83.	46.6	35.4	40.0	33.3	6.6	2.2
84.	22.2	31.1	22.2	28.8	-	2.2
85.	17.7	6.6	17.7	6.6	-	-
86.	8.8	8.8	8.8	8.8	-	-
87.	20.0	24.4	20.0	22.2	-	2.2
88.	22.2	15.4	20.0	15.4	2.2	-
89.	44.4	31.1	42.2	28.8	2.2	2.2
90.	26.6	33.3	24.4	31.1	2.2	2.2
91.	55.5	24.4	51.1	24.4	4.4	-
92.	51.1	31.1	35.4	22.2	15.5	8.8
93.	31.1	33.3	26.6	28.8	6.6	4.4
94.	20.0	26.6	15.4	20.0	4.4	6.6
95.	15.4	17.6	13.3	13.3	2.2	4.4
96.	8.9	20.0	6.6	13.3	2.2	6.6
97.	46.6	37.7	37.7	26.6	8.8	11.1
98.	20.0	31.1	20.0	26.6	-	4.4
99.	13.3	37.7	11.1	28.8	2.2	8.8
100.	11.1	31.1	11.1	24.4	-	6.6

T A B L E. 33. (a. to f.)

1Of.

6 P.N. Soldiers in Age Group 44 years and over.

Symp. No.	Symptoms present in Adult period. A. Intensity of Symp. Severe. %Incidce.	Moderate. %Incidce.	Symptoms present before Service. B. Intensity of Symp. Severe. %Incidce.	Moderate. %Incidce.	Symptoms arising during service. C. Intensity of Symp Severe. %Incidce.	Moderate. %Incidce.
31.	-	16.6	-	16.6	-	-
32.	16.6	33.3	16.6	33.3	-	-
33.	16.6	83.3	-	66.6	16.6	16.6
34.	16.6	16.6	16.6	-	-	16.6
35.	-	83.3	-	66.6	-	16.6
36.	16.6	33.3	16.6	16.6	-	16.6
37.	33.3	16.6	33.3	-	-	16.6
38.	16.6	16.6	16.6	16.6	-	-
39.	16.6	50.0	-	50.0	16.6	-
40.	83.3	16.6	66.6	16.6	16.6	-
41.	33.3	16.6	33.3	16.6	-	-
42.	16.6	50.0	16.6	50.0	-	-
43.	16.6	16.6	16.6	16.6	-	-
44.	16.6	16.6	16.6	16.6	-	-
45.	16.6	16.6	16.6	16.6	-	-
46.	16.6	50.0	16.6	33.3	-	16.6
47.	33.3	33.3	33.3	16.6	-	16.6
48.	33.3	-	33.3	-	-	-
49.	33.3	16.6	33.3	16.6	-	-
50.	16.6	33.3	16.6	33.3	-	-
51.	33.3	16.6	33.3	16.6	-	-
52.	33.3	33.3	33.3	33.3	-	-
53.	16.6	33.3	16.6	33.3	-	-
54.	33.3	33.3	33.3	16.6	-	16.6
55.	16.6	50.0	16.6	33.3	-	16.6
56.	16.6	33.3	16.6	16.6	-	16.6
57.	50.0	-	50.0	-	-	-
58.	16.6	66.6	16.6	50.0	-	16.6
59.	33.3	33.3	33.3	33.3	-	-
60.	16.6	83.3	16.6	66.6	-	16.6
61.	-	50.0	-	33.3	-	16.6
62.	-	-	-	-	-	-
63.	-	-	-	-	-	-
64.	-	-	-	-	-	-
65.	-	33.3	-	33.3	-	-

TABLE. 33. (a. to f.)

10f.

6 P.N. Soldiers in Age Group 44 years and over.

	Symptoms present in Adult period. A.		Symptoms present before Service. B.		Symptoms arising during service. C.	
	Intensity of Symp.		Intensity of Symp.		Intensity of symp.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	33.3	50.0	33.3	33.3	-	16.6
67.	-	66.6	-	66.6	-	-
68.	33.3	16.6	33.3	16.6	-	-
69.	-	50.0	-	50.0	-	-
70.	33.3	33.3	16.6	16.6	16.6	16.6
71.	-	33.3	-	33.3	-	-
72.	16.6	16.6	16.6	-	-	16.6
73.	-	33.3	-	33.3	-	-
74.	-	16.6	-	16.6	-	-
75.	33.3	33.3	33.3	16.6	-	16.6
76.	33.3	66.0	16.6	50.0	16.6	16.6
77.	33.3	16.6	33.3	-	-	16.6
78.	16.6	50.0	16.6	50.0	-	-
79.	-	66.6	-	50.0	-	16.6
80.	16.6	66.6	-	50.0	16.6	16.6
81.	16.6	66.6	16.6	50.0	-	16.6
82.	-	16.6	-	16.6	-	-
83.	16.6	33.3	16.6	-	-	33.3
84.	-	50.0	-	50.0	-	-
85.	-	16.6	-	16.6	-	-
86.	-	-	-	-	-	-
87.	33.3	-	33.3	-	-	-
88.	33.3	-	33.3	-	-	-
89.	33.3	50.0	33.3	50.0	-	-
90.	33.3	16.6	33.3	16.6	-	-
91.	50.0	33.3	50.0	33.3	-	-
92.	16.6	50.0	16.6	33.3	16.6	16.6
93.	16.6	66.6	16.6	66.6	-	-
94.	16.6	16.6	16.6	16.6	-	-
95.	-	50.0	-	50.0	-	-
96.	-	16.6	-	-	-	16.6
97.	16.6	66.6	16.6	33.3	-	33.3
98.	16.6	50.0	-	16.6	16.6	33.3
99.	16.6	66.6	-	66.6	16.6	-
100.	16.6	16.6	16.6	16.6	-	-

T A B L E 34. (a. to i.)

WOODWORTH HOUSE INVENTORY - Section - Childhood period (under 14 years).
No. of Symptoms -30.

Number of times percent that each symptom was recorded as having been present in the childhhod of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their length of military service, in months, on admission to Neurosis Centre.

	11a.		11b.	
	CHILDHOOD.		CHILDHOOD.	
	45 P.N. Soldiers with 0-6 months service.		41. P.N. Soldiers with 7-12 months service.	
	Intensity of Symptom. A.		Intensity of Symptom. A.	
Symp. No.	Severe. %Incideence.	Moderate. %Incidence.	Severe. %Incidence.	Moderate. %Incidence.
1.	26.64	20.0	19.76	49.00
2.	15.54	44.44	22.05	34.3
3.	26.64	33.22	44.1	12.25
4.	28.88	22.22	26.95	34.3
5.	20.0	40.0	24.5	26.95
6.	11.10	17.76	4.9	31.85
7.	15.54	24.44	22.05	22.05
8.	20.0	42.22	36.75	26.95
9.	40.0	22.22	51.45	19.6
10.	17.76	20.0	7.35	36.75
11.	22.22	28.88	22.05	36.75
12.	13.32	35.44	19.6	34.3
13.	33.22	37.66	31.85	34.3
14.	31.00	26.64	17.15	26.95
15.	37.66	28.88	26.95	22.05
16.	22.22	40.0	19.6	36.75
17.	13.32	28.88	19.6	14.7
18.	22.22	31.00	24.5	26.95
19.	15.54	33.22	19.6	34.3
20.	28.88	31.00	24.5	17.15
21.	33.22	31.00	34.3	41.65
22.	26.64	37.66	34.3	36.75
23.	31.00	46.66	36.75	34.3
24.	24.44	26.64	22.05	26.95
25.	11.10	26.64	14.7	12.25
26.	24.44	17.76	17.15	14.7
27.	26.64	46.66	41.65	22.05
28.	26.64	26.64	24.5	26.95
29.	-	13.32	2.45	14.7
30.	46.66	40.0	53.9	41.65

T A B L E. 34. (a. to i.)

	CHILDHOOD. 11c.		CHILDHOOD. 11d.	
	35. P.N. Soldiers with 13-18 months service.		50. P.N. Soldiers with 19-24 months service.	
	Intensity of Symptom. A.		Intensity of Symptom. A.	
Symp. No.	Severe. %Incidence.	Moderate. %Incidence.	Severe. %Incidence.	Moderate. %Incidence.
1.	25.72	40.0	30.0	38.0
2.	14.3	45.72	14.0	58.0
3.	14.3	57.16	30.0	36.0
4.	40.0	34.3	40.0	40.0
5.	14.3	47.58	22.0	32.0
6.	5.72	34.3	10.0	30.0
7.	27.58	17.16	18.0	26.0
8.	40.0	31.44	40.0	24.0
9.	45.7	22.86	42.0	20.0
10.	11.4	40.0	12.0	32.0
11.	20.0	25.72	20.0	32.0
12.	17.16	31.4	18.0	28.0
13.	42.86	34.3	38.0	40.0
14.	27.58	40.0	30.0	28.0
15.	37.16	27.58	30.0	30.0
16.	37.16	31.4	22.0	40.0
17.	17.16	31.4	30.0	20.0
18.	20.0	22.8	28.0	32.0
19.	25.72	42.86	18.0	44.0
20.	20.0	37.16	18.0	42.0
21.	45.72	27.58	44.0	42.0
22.	42.86	25.72	26.0	44.0
23.	42.86	40.0	34.0	34.0
24.	20.0	27.58	14.0	38.0
25.	5.72	17.16	8.0	22.0
26.	2.86	34.3	6.0	16.0
27.	25.72	51.44	28.0	50.0
28.	34.3	27.58	44.0	14.0
29.	8.58	17.16	2.0	18.0
30.	62.86	34.3	66.0	-

T A B L E. 34. (a. to i.)

	11e.		11f.	
	CHILDHOOD.		CHILDHOOD.	
	P.N. Soldiers with 25-30 months service.		64 P.N. Soldiers with 31-36 months service.	
	Intensity of Symptom. A.		Intensity of Symptom. A.	
Symp. No.	Severe. %Incidence.	Moderate. %Incidence.	Severe. %Incidence.	Moderate. %Incidence.
1.	19.39	27.77	23.43	25.4
2.	16.62	22.26	17.18	34.3
3.	16.62	44.52	39.05	28.1
4.	27.77	33.24	23.4	28.1
5.	25.0	36.01	14.06	37.49
6.	2.77	41.65	1.56	17.18
7.	8.31	27.77	10.94	29.6
8.	25.0	27.77	28.12	28.1
9.	27.77	33.24	46.86	20.3
10.	11.08	16.62	6.25	26.5
11.	16.62	22.26	25.0	28.1
12.	16.62	22.26	23.4	23.4
13.	30.54	33.24	23.4	35.9
14.	27.77	19.39	31.2	17.18
15.	30.54	22.26	35.9	21.87
16.	19.39	25.0	20.3	32.8
17.	22.26	22.26	20.3	10.9
18.	25.0	33.24	26.5	18.7
19.	16.62	19.39	28.1	23.4
20.	22.26	16.62	29.6	18.7
21.	30.54	33.24	38.9	21.8
22.	30.54	36.01	29.6	39.05
23.	30.54	25.0	35.9	34.36
24.	16.62	27.77	31.2	26.56
25.	11.08	16.62	12.5	23.4
26.	16.62	16.62	12.5	20.3
27.	19.39	36.01	23.4	39.05
28.	13.85	22.26	26.5	15.62
29.	5.54	22.26	4.6	7.81
30.	50.0	38.78	56.2	21.8

T A B L E. 34. (a. to i.).

	11g.		11h.	
	CHILDHOOD.		CHILDHOOD.	
	44 P.N. Soldiers with 37-42 months service.		34 P.N. Soldiers with 43-48 months service.	
	Intensity of Symptom. A.		Intensity of Sumptom. A.	
Symp. No.	Severe. %Incidence.	Moderate. %Incidence.	Severe. %Incidence.	Moderate. %Incidence.
1.	25.0	27.24	-	29.4
2.	4.54	50.0	5.8	23.5
3.	27.24	34.05	8.82	35.3
4.	22.7	27.24	17.6	23.5
5.	11.35	29.51	-	26.4
6.	11.35	13.62	-	8.8
7.	18.16	18.16	17.64	8.8
8.	18.16	25.0	23.5	20.5
9.	36.32	22.7	35.33	5.8
10.	22.7	15.89	5.88	17.64
11.	15.89	34.05	17.64	8.8
12.	15.89	15.89	14.7	20.5
13.	25.0	29.51	23.52	32.3
14.	15.89	27.24	11.76	23.5
15.	20.43	27.24	11.76	26.4
16.	15.89	27.24	14.7	23.5
17.	6.81	15.89	8.8	11.76
18.	20.43	15.89	8.8	14.7
19.	20.43	29.51	8.8	32.3
20.	22.7	22.7	17.6	32.3
21.	31.78	34.05	23.5	23.5
22.	25.0	31.78	17.64	35.3
23.	18.16	27.24	5.88	35.3
24.	18.16	27.24	14.7	20.5
25.	2.27	13.62	-	20.5
26.	4.54	15.89	17.64	17.6
27.	34.05	34.05	17.64	32.3
28.	25.0	11.35	23.5	26.4
29.	-	15.89	5.8	29.4
30.	47.7	40.86	26.4	55.9

T A B L E. 34. (a. to i.)

lli.

CHILDHOOD.

51 P.N. Soldiers with
49 and over months service.

Intensity of Symptom.
A.

Symp. No.	Severe. %Incidence.	Moderate. %Incidence.
1.	23.5	15.6
2.	11.7	35.2
3.	21.5	37.2
4.	19.6	31.3
5.	13.7	17.6
6.	5.8	23.5
7.	11.7	29.4
8.	11.7	21.5
9.	29.4	29.4
10.	3.9	11.7
11.	9.8	17.6
12.	17.6	19.6
13.	19.6	37.2
14.	27.4	29.4
15.	29.4	25.4
16.	23.5	29.4
17.	15.6	19.6
18.	17.6	13.7
19.	21.5	35.2
20.	21.5	27.4
21.	35.2	25.4
22.	25.4	31.3
23.	19.6	33.3
24.	17.6	27.4
25.	5.8	11.7
26.	3.9	25.4
27.	17.6	37.2
28.	27.4	17.6
29.	1.9	15.6
30.	47.0	39.2

T A B L E. 35. (a. to i.)

WOODWORTH HOUSE INVENTORY - Section - Adult period over 14 yrs. No. of symptoms. - 70.

Number of times percent that each symptom was recorded as applicable to the adult period of psychoneurotic soldiers (i.e. percentage incidence of occurrence of symptom) classified according to their length of military service in months, on admission to Military Neurosis Centre. The Adult period is sub-divided for symptoms present before Army Service and for symptoms arising during Army service.

12a.

45 P.N. Soldiers with 0-6 Months service.

	Symptoms present in Adult period. Intensity. A.		Symptoms present before Service. Intensity. B.		Symptoms arising during service. Intensity. C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
31.	8.88	44.44	8.88	44.44	-	-
32.	6.66	44.44	6.66	44.44	-	-
33.	28.88	33.22	26.64	31.00	2.22	2.22
34.	22.22	31.00	22.22	31.00	-	-
35.	33.22	44.44	33.22	42.22	-	2.22
36.	28.88	35.44	28.88	33.22	-	2.22
37.	26.64	35.44	26.64	33.22	-	2.22
38.	6.66	24.44	6.66	24.44	-	-
39.	40.0	35.44	37.66	33.22	2.22	2.22
40.	53.33	33.22	53.33	33.22	-	-
41.	53.33	26.64	51.1	26.64	4.44	-
42.	42.22	24.44	40.0	24.44	2.22	-
43.	13.32	13.32	13.32	11.10	-	2.22
44.	15.54	33.22	15.54	33.22	-	-
45.	24.44	37.66	24.44	37.66	-	-
46.	33.22	28.88	33.22	28.88	-	-
47.	26.64	44.44	26.64	42.22	-	2.22
48.	6.66	44.44	6.66	44.44	-	-
49.	35.44	31.00	35.44	31.00	-	-
50.	35.44	31.00	35.44	33.22	-	-
51.	53.33	26.64	48.88	26.64	4.44	-
52.	31.00	33.22	31.00	33.22	-	-
53.	33.22	40.0	33.22	40.0	-	-
54.	26.64	40.0	26.64	40.0	-	-
55.	40.00	26.64	40.00	26.64	-	-
56.	37.66	40.00	37.66	37.66	-	2.22
57.	17.76	22.22	17.76	22.22	-	-
58.	35.44	40.00	35.44	40.00	-	-
59.	40.0	28.88	37.66	26.64	2.22	2.22
60.	24.44	44.44	24.44	44.44	-	-
61.	37.66	35.44	35.44	35.44	2.22	-
62.	4.44	8.88	4.44	8.88	-	-
63.	22.22	26.64	22.22	26.64	-	-
64	20.0	15.54	20.0	15.54	-	-
65	13.32	20.0	13.32	20.0	-	-

T A B L E. 35. (a. to i.)

WOODWORTH HOUSE INVENTORY - Section - Adult period over 14 yrs.
No. of Symptoms. 70.

12a.

45 P.N. Soldiers with 0-6 Months Service.

	Symptoms present in Adult period. Intensity. A.		Symptoms present before Service. Intensity. B.		Symptoms arising during Service. Intensity. C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	31.00	31.00	31.00	31.00	-	-
67.	35.44	40.00	28.88	40.00	6.66	-
68.	44.44	33.22	44.44	31.00	-	2.22
69.	11.32	15.54	13.32	15.54	-	-
70.	37.66	42.22	35.44	40.00	2.22	2.22
71.	20.00	31.00	20.0	28.88	-	2.22
72.	28.88	35.44	26.64	33.22	2.22	2.22
73.	22.22	31.00	20.0	28.88	2.22	2.22
74.	42.22	37.66	42.22	37.66	-	-
75.	46.66	33.22	44.44	31.00	2.22	2.22
76.	20.0	51.11	20.0	48.88	-	2.22
77.	33.22	33.22	33.22	33.22	-	-
78.	48.88	24.44	48.88	24.44	-	-
79.	26.64	40.0	26.64	40.0	-	-
80.	35.44	42.22	35.44	42.22	-	-
81.	24.44	35.44	24.44	31.00	-	4.44
82.	26.64	24.44	26.64	24.44	-	-
83.	42.22	42.22	42.22	40.0	-	2.22
84.	31.00	15.54	31.00	15.54	-	-
85.	13.32	2.22	13.32	2.22	-	-
86.	8.88	4.44	8.88	4.44	-	-
87.	13.32	33.22	13.32	33.22	-	-
88.	17.76	17.76	17.76	17.76	-	-
89.	40.0	40.0	37.66	40.0	2.22	-
90.	17.76	31.00	17.76	31.00	-	-
91.	53.33	35.44	53.33	35.44	-	-
92.	40.0	26.64	35.44	26.64	4.44	-
93.	46.66	17.76	42.22	17.76	4.44	-
94.	24.44	26.64	24.44	24.44	-	2.22
95.	17.76	24.44	13.32	24.44	4.44	-
96.	4.44	26.64	-	26.64	4.44	-
97.	57.77	28.88	53.33	28.88	4.44	-
98.	26.64	31.00	24.44	31.00	2.22	-
99.	22.22	20.0	22.22	20.0	-	-
100.	20.0	24.44	13.32	24.44	-	-

T A B L E. 35. (a. to i.)

12b.

41 P.N. Soldiers with 7-12 months service.

	Symptoms present in Adult Period.		Symptoms present before Service.		Symptoms arising during service.	
	Intensity. A.		Intensity. B.		Intensity. C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce	Moderate. %Incidce.
31.	17.15	41.65	14.7	39.2	2.45	2.45
32.	9.8	31.85	9.8	29.4	-	2.45
33.	36.75	34.3	34.3	31.85	2.45	2.45
34.	41.65	36.75	41.65	34.3	-	2.45
35.	36.75	41.65	34.3	36.75	2.45	4.9
36.	41.65	31.85	41.65	29.4	-	2.45
37.	53.90	26.95	49.0	26.95	4.9	-
38.	19.6	26.95	19.6	24.5	-	2.45
39.	36.75	39.2	34.3	36.75	2.45	2.45
40.	66.15	19.6	63.4	19.6	-	-
41.	63.7	29.4	63.4	24.5	2.45	4.9
42.	51.45	29.4	49.0	29.4	2.45	-
43.	22.05	17.15	22.05	17.15	-	-
44.	22.05	31.85	22.05	31.85	-	-
45.	24.5	39.2	24.5	39.2	-	-
46.	22.05	31.85	22.05	31.85	-	-
47.	36.75	41.65	36.75	39.2	-	2.45
48.	24.5	34.3	24.5	31.85	-	2.45
49.	39.2	24.5	39.2	24.5	-	-
50.	31.85	41.65	31.85	41.65	-	-
51.	44.1	34.3	44.1	34.3	-	-
52.	36.75	29.4	36.75	29.4	-	-
53.	31.85	31.85	31.85	31.85	-	-
54.	34.3	44.1	34.3	44.1	-	-
55.	56.35	26.95	56.35	26.95	-	-
56.	49.0	24.5	49.0	24.5	-	-
57.	7.35	26.95	7.35	26.95	-	-
58.	34.3	49.0	34.3	49.0	-	-
59.	61.25	24.5	61.25	24.5	-	-
60.	26.95	44.1	26.95	44.1	-	-
61.	46.55	24.5	44.1	24.5	2.45	-
62.	-	9.8	-	9.8	-	-
63.	12.25	14.7	12.25	14.7	-	-
64.	12.25	17.15	12.25	17.15	-	-
65.	12.25	31.85	12.25	31.85	-	-

T A B L E. 35. (a. to i.)

12b.

41 P.N. Soldiers with 7-12 Months Service.

	Symptoms present during Adult Period.		Symptoms present before service.		Symptoms arising during service.	
	Intensity. A.		Intensity. B.		Intensity. C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	36.75	34.3	36.75	34.3	-	2.45
67.	46.55	36.75	46.55	34.3	-	-
68.	49.0	39.2	49.0	39.2	-	-
69.	17.15	31.85	17.15	31.85	4.9	7.35
70.	51.45	36.75	46.55	29.40	-	-
71.	31.85	17.15	31.85	17.15	-	-
72.	36.75	22.05	36.75	22.05	-	-
73.	22.05	36.75	22.05	36.75	-	-
74.	29.4	46.55	29.4	46.55	2.45	-
75.	56.35	22.05	53.9	22.05	-	2.45
76.	44.1	36.75	44.1	34.3	2.45	2.45
77.	39.2	29.4	36.75	26.95	-	-
78.	61.25	22.05	61.25	22.05	-	-
79.	24.5	34.3	24.5	34.3	-	4.9
80.	39.2	41.65	39.2	36.75	2.45	-
81.	51.45	29.4	49.0	29.4	-	2.45
82.	17.15	39.2	17.15	36.75	-	4.9
83.	53.9	36.75	53.9	31.85	-	2.45
84.	24.5	36.75	24.5	34.3	-	-
85.	4.9	12.25	4.9	12.25	-	-
86.	7.35	12.25	7.35	12.25	-	-
87.	17.15	22.05	17.15	22.05	2.45	-
88.	19.6	24.5	17.15	24.5	-	-
89.	49.0	39.2	49.0	39.2	-	2.45
90.	24.5	39.2	24.5	36.75	-	-
91.	53.9	39.2	53.9	39.2	14.7	-
92.	53.9	22.05	39.2	22.05	2.45	-
93.	44.1	34.3	41.68	34.3	-	2.45
94.	7.35	39.2	7.35	36.75	2.45	2.45
95.	24.5	26.95	22.05	24.5	4.9	9.8
96.	14.7	31.85	9.8	22.05	2.45	4.9
97.	51.45	39.2	49.0	34.3	2.45	2.45
98.	29.4	22.05	26.95	19.6	2.45	-
99.	19.6	31.85	17.15	31.85	-	2.45
100.	19.6	31.85	19.6	29.4	-	-

T A B L E. 35. (a. to i.)

12c.

35 P.N. Soldiers with 13 - 18 months service.

	Symptoms present in A dult period.		Symptoms present before service.		Symptoms arising during service.	
	Intensity. A.		Intensity. B.		Intensity. C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
31.	11.4	34.3	11.44	34.3	-	-
32.	17.16	40.0	17.16	34.3	-	5.72
33.	25.72	45.72	14.30	37.16	11.44	8.58
34.	28.58	57.16	28.58	45.72	-	11.4
35.	28.58	57.16	22.86	42.86	5.72	14.3
36.	25.72	46.72	25.72	37.16	-	8.58
37.	34.3	42.8	31.4	37.16	2.86	5.72
38.	2.86	40.0	2.86	31.4	-	8.58
39.	22.86	37.16	20.0	22.86	2.86	14.3
40.	45.72	42.86	31.4	27.58	14.3	14.3
41.	51.4	40.0	51.4	27.58	2.86	11.44
42.	31.4	42.8	31.4	40.0	-	2.86
43.	8.5	37.16	8.58	37.16	-	-
44.	5.7	31.4	5.72	31.4	-	-
45.	20.0	34.3	20.0	34.2	-	-
46.	25.7	40.0	25.7	37.16	-	2.86
47.	25.7	54.3	22.86	47.58	2.86	5.72
48.	17.16	25.7	17.16	25.72	-	-
49.	22.8	42.8	22.86	34.3	-	8.58
50.	25.7	45.7	22.86	42.8	2.86	2.86
51.	42.8	45.7	40.0	40.0	2.86	5.72
52.	34.3	37.16	31.4	31.4	2.86	5.75
53.	25.7	47.5	25.7	40.0	-	8.58
54.	22.8	47.5	17.16	45.7	5.75	2.86
55.	34.3	45.7	34.3	40.0	-	5.75
56.	20.0	58.16	20.0	54.3	-	8.86
57.	28.5	31.4	28.58	28.58	-	2.86
58.	37.16	54.3	37.16	47.58	-	5.75
59.	37.16	42.8	37.16	34.3	-	8.58
60.	28.5	60.0	28.5	54.3	-	5.75
61.	25.7	54.3	25.7	47.5	-	5.75
62.	5.7	11.4	5.7	8.5	-	2.86
63.	11.4	22.8	11.4	20.0	-	2.86
64.	8.5	28.5	8.5	25.7	-	2.86
65.	5.7	34.3	5.7	31.4	-	2.86

T A B L E. 35. (a. to i.)

12c.

35 P.N. Soldiers with 13-18 months service.

	Symptoms present in Adult period.		Symptoms present before Service.		Symptoms arising during service.	
	Intensity. A.		Intensity. B.		Intensity. C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incdce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	34.3	45.7	31.4	40.0	2.86	5.7
67.	40.0	47.5	34.3	42.8	5.7	5.7
68.	54.3	37.16	51.4	28.5	2.8	8.5
69.	14.3	25.7	14.3	25.7	-	-
70.	51.4	42.8	40.0	40.0	11.4	2.8
71.	31.4	31.4	31.4	28.5	-	2.8
72.	25.7	42.8	25.7	37.16	-	5.7
73.	14.3	37.16	11.4	31.4	2.8	5.7
74.	47.5	31.4	45.7	31.4	2.8	-
75.	62.8	22.8	60.0	22.8	2.8	-
76.	37.16	42.86	20.0	34.3	17.16	8.5
77.	25.7	51.4	25.7	45.7	-	5.7
78.	47.5	31.4	47.5	31.4	-	-
79.	22.8	28.5	22.8	28.58	-	-
80.	28.5	51.4	28.5	45.7	-	5.7
81.	37.16	40.0	28.5	37.16	8.5	2.8
82.	20.0	51.4	17.16	47.58	2.8	2.8
83.	45.72	47.58	42.86	40.0	2.8	8.5
84.	20.0	42.86	20.0	42.86	-	-
85.	8.58	22.86	8.58	22.86	-	-
86.	5.72	11.44	5.72	8.58	-	2.8
87.	14.3	37.16	14.3	37.16	-	-
88.	14.3	22.86	14.3	22.86	-	-
89.	51.4	37.16	51.4	34.3	-	2.8
90.	11.44	40.0	11.44	40.0	-	-
91.	54.3	42.86	54.3	42.86	-	-
92.	45.7	31.4	40.0	31.44	5.7	-
93.	25.7	54.3	25.7	47.58	-	5.7
94.	11.4	47.58	11.4	45.72	-	2.8
95.	20.0	34.3	17.16	28.58	2.8	5.7
96.	2.86	47.58	2.86	40.0	-	8.5
97.	47.58	37.16	45.72	31.44	2.8	5.7
98.	20.0	45.7	17.16	42.86	2.8	2.8
99.	11.4	37.16	8.58	31.4	2.8	5.7
100.	22.86	37.16	17.16	34.3	5.7	2.8

T A B L E. 35. (a. to i.)

12d.

50 P.N. Soldiers with 19-24 months service.

Symp. No.	Symptoms present in Adult Period. Intensity. A. Severe. %Incidce.	A. Moderate. %Incidce.	Symptoms present before service. Intensity. B. Severe. %Incidce.	B. Moderate. %Incidce.	Symptoms arising during service. Intensity. C. Severe. %Incidce.	C. Moderate. %Incidce.
31.	12.0	50.0	12.0	46.0	-	4.0
32.	18.0	30.0	16.0	28.0	2.0	2.0
33.	30.0	52.0	24.0	40.0	6.0	12.0
34.	26.0	46.0	24.0	36.0	2.0	10.0
35.	22.0	62.0	18.0	50.0	4.0	12.0
36.	32.0	44.0	28.0	40.0	4.0	4.0
37.	36.0	44.0	32.0	44.0	4.0	-
38.	10.0	32.0	10.0	30.0	-	2.0
39.	38.0	42.0	34.0	36.0	4.0	6.0
40.	60.0	32.0	52.0	28.0	8.0	4.0
41.	58.0	30.0	52.0	28.0	8.0	2.0
42.	32.0	42.0	32.0	40.0	-	2.0
43.	12.0	16.0	12.0	16.0	-	-
44.	14.0	26.0	14.0	26.0	-	-
45.	22.0	50.0	22.0	48.0	-	2.0
46.	34.0	34.0	30.0	32.0	4.0	2.0
47.	14.0	52.0	12.0	52.0	2.0	-
48.	28.0	38.0	22.0	34.0	6.0	4.0
49.	24.0	40.0	22.0	36.0	2.0	4.0
50.	32.0	40.0	28.0	40.0	4.0	-
51.	56.0	26.0	48.0	24.0	6.0	2.0
52.	34.0	38.0	34.0	36.0	-	2.0
53.	34.0	28.0	30.0	26. 0	4.0	2.0
54.	18.0	50.0	18.0	46.0	-	4.0
55.	50.0	30.0	46.0	30.0	4.0	-
56.	32.0	52.0	32.0	48.0	-	4.0
57.	36.0	14.0	36.0	14.0	-	-
58.	48.0	38.0	44.0	38.0	4.0	-
59.	36.0	50.0	34.0	46.0	2.0	4.0
60.	28.0	50.0	26.0	48.0	2.0	2.0
61.	42.0	40.0	38.0	34.0	4.0	6.0
62.	-	18.0	-	18.0	-	-
63.	12.0	26.0	12.0	26.0	-	-
64.	12.0	26.0	10.0	26.0	2.0	-
65.	14.0	28.0	14.0	28.0	-	-

T A B L E. 35. (a. to i.)

12d.

50 P.N. Soldiers with 19 - 24 months service.

Symp. No.	Symptoms present in Adult period. Intensity. A. Severe. %Incidce.	Moderate. %Incidce.	Symptoms present before service. Intensity. B. Severe. %Incidce.	Moderate. %Incidce.	Symptoms arising during service. Intensity. C. Severe. %Incidce.	Moderate. %Incidce.
66.	42.0	36.0	36.0	30.0	6.0	6.0
67.	32.0	46.0	30.0	34.0	2.0	12.0
68.	56.0	34.0	56.0	28.0	4.0	6.0
69.	12.0	22.0	12.0	22.0	-	-
70.	56.0	34.0	44.0	34.0	12.0	-
71.	26.0	40.0	26.0	40.0	-	-
72.	28.0	32.0	24.0	28.0	4.0	4.0
73.	20.0	36.0	20.0	32.0	-	4.0
74.	44.0	18.0	42.0	18.0	2.0	-
75.	54.0	28.0	48.0	26.0	6.0	2.0
76.	38.0	46.0	24.0	38.0	14.0	8.0
77.	26.0	44.0	26.0	42.0	-	2.0
78.	54.0	22.0	52.0	22.0	2.0	-
79.	26.0	52.0	24.0	48.0	2.0	4.0
80.	38.0	44.0	38.0	34.0	-	10.0
81.	32.0	46.0	28.0	38.0	4.0	8.0
82.	14.0	44.0	12.0	36.0	2.0	8.0
83.	46.0	36.0	44.0	36.0	2.0	-
84.	22.0	38.0	20.0	34.0	2.0	4.0
85.	10.0	14.0	10.0	14.0	-	-
86.	2.0	14.0	2.0	14.0	-	-
87	20.0	34.0	18.0	32.0	2.0	2.0
88.	16.0	28.0	16.0	28.0	-	-
89.	50.0	32.0	46.0	30.0	4.0	2.0
90.	22.0	38.0	22.0	34.0	-	4.0
91.	52.0	28.0	50.0	26.0	2.0	2.0
92.	42.0	44.0	28.0	36.0	14.0	8.0
93.	36.0	40.0	28.0	32.0	8.0	8.0
94.	14.0	30.0	8.0	28.0	6.0	2.0
95.	8.0	30.0	6.0	20.0	2.0	10.0
96.	6.0	32.0	2.0	20.0	4.0	12.0
97.	56.0	30.0	44.0	26.0	12.0	4.0
98.	14.0	32.0	10.0	28.0	4.0	4.0
99.	14.0	42.0	10.0	38.0	4.0	4.0
100.	20.0	36.0	18.0	30.0	2.0	6.0

T A B L E. 35. (a. to i.)

12e.

36 P.N. Soldiers with 25-30 months service.

Symp. No.	Symptoms present in Adult period. Intensity. A. Severe. %Incidce.	A. Moderate. %Incidce.	Symptoms present before service. Intensity. B. Severe. %Incidce.	B. Moderate. %Incidce.	Symptoms arising during service. Intensity. C. Severe. %Incidce.	C. Moderate %Incidce.
31.	19.39	38.78	19.39	33.24	-	5.54
32.	11.08	38.78	11.08	36.01	-	2.77
33.	30.54	50.0	22.26	44.52	8.31	5.54
34.	27.77	36.01	27.77	33.24	-	2.77
35.	33.24	47.26	25.0	41.65	8.31	5.54
36.	27.77	27.77	25.0	25.0	2.77	2.77
37.	50.0	22.26	44.52	22.26	5.54	-
38.	13.85	27.77	13.85	25.0	-	2.77
39.	36.01	30.54	33.24	25.0	2.77	5.54
40.	44.52	36.01	38.78	27.77	5.54	8.31
41.	47.26	33.24	36.01	22.26	11.08	11.08
42.	36.01	25.0	33.24	25.0	2.77	-
43.	16.61	11.08	16.61	5.54	-	5.54
44.	5.54	19.39	5.54	19.39	-	-
45.	11.08	38.78	11.08	38.78	-	-
46.	33.24	33.24	33.24	30.54	-	2.77
47.	30.54	38.78	30.54	38.78	-	-
48.	22.26	22.26	22.26	19.39	-	2.77
49.	22.26	25.0	22.26	25.0	-	-
50.	30.54	36.01	30.54	36.01	-	-
51.	33.24	30.54	33.24	27.77	-	2.77
52.	25.0	22.26	25.0	22.26	-	-
53.	33.24	36.01	33.24	36.01	-	-
54.	16.61	33.24	16.61	33.24	-	-
55.	41.65	22.26	41.65	16.61	-	5.54
56.	22.26	38.78	22.26	38.78	-	-
57.	16.61	22.26	16.61	22.26	-	-
58.	22.26	52.77	22.26	52.77	-	-
59.	25.0	41.65	25.0	41.65	-	-
60.	33.24	41.65	30.54	41.65	-	2.77
61.	38.78	30.54	36.01	30.54	-	2.77
62.	8.31	5.54	8.31	5.54	-	-
63.	8.31	16.62	8.31	16.62	-	-
64.	11.08	8.31	11.08	8.31	-	-
65.	8.31	33.24	8.31	33.24	-	-

T A B L E. 35. (a. to i.)

12e.

36 P.N. Soldiers with 25-30 months service

	Symptoms present in Adult period. Intensity. A.		Symptoms present before service. Intensity. B.		Symptoms arising during service Intensity. C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	33.24	30.54	30.54	30.54	2.77	-
67.	33.24	33.24	33.24	25.0	-	8.31
68.	52.77	25.0	50.0	22.26	2.77	2.77
69.	8.31	19.39	8.31	19.39	-	-
70.	36.01	47.26	25.0	38.78	11.08	8.31
71.	22.26	38.78	22.26	38.78	-	-
72.	22.26	27.77	22.26	25.0	-	2.77
73.	11.08	19.39	11.08	16.62	-	2.77
74.	27.77	33.24	27.77	33.24	-	-
75.	38.78	36.01	38.78	36.01	-	-
76.	30.54	36.01	27.77	30.54	2.77	5.54
77.	22.26	44.52	22.26	41.65	-	2.77
78.	52.27	25.0	52.77	22.26	-	-
79.	30.54	22.26	30.54	22.26	-	-
80.	38.78	30.54	38.78	27.77	-	2.77
81.	33.24	30.54	33.24	30.54	-	-
82.	16.62	19.39	13.85	19.39	2.77	-
83.	27.77	38.78	27.77	36.01	-	2.77
84.	25.0	27.77	22.26	25.0	2.77	2.77
85.	11.08	22.26	11.08	22.26	-	-
86.	8.31	5.54	8.31	5.54	-	-
87.	11.08	8.31	11.08	8.31	-	-
88.	13.85	30.54	13.85	30.54	-	-
89.	33.24	36.01	33.24	36.01	-	-
90.	30.54	16.61	27.77	16.61	2.77	-
91.	52.77	33.24	50.0	30.54	2.77	2.77
92.	36.01	38.78	25.0	22.26	11.08	16.62
93.	38.78	38.78	30.54	27.77	8.31	11.08
94.	19.39	22.26	11.08	66.62	8.31	5.54
95.	19.39	22.26	13.85	16.62	5.54	5.54
96.	16.62	19.39	8.31	8.31	8.31	11.08
97.	50.0	27.77	38.78	19.39	11.08	8.31
98.	25.0	13.85	22.26	13.85	2.77	-
99.	19.39	25.0	13.85	22.26	5.54	2.77
100.	11.08	25.0	11.08	19.39	-	5.54

T A B L E. 35. (a. to i.)

12f.

64 P.N. Soldiers with 31-36 months service.

Symp. No.	Symptoms present in Adult period. Intensity. A. Severe. %Incidce.	A. Moderate. %Incidce.	Symptoms present before Service. Intensity. B. Severe. %Incidce.	B. Moderate. %Incidce.	Symptoms arising during Service. Intensity. C. Severe. %Incidce.	C. Moderate. %Incidce.
31.	21.8	26.5	17.18	24.43	4.68	3.12
32.	14.0	25.0	14.0	20.3	-	4.68
33.	37.49	31.2	20.3	20.3	17.18	10.94
34.	25.0	50.0	20.3	42.1	4.68	7.81
35.	34.3	45.3	18.75	29.6	15.6	15.6
36.	34.3	31.2	26.5	18.7	7.8	12.5
37.	42.1	34.3	29.6	26.5	12.5	7.8
38.	6.25	32.8	1.56	28.1	4.68	4.68
39.	48.4	17.18	31.2	9.37	17.18	7.81
40.	56.2	31.2	36.0	21.8	18.75	9.37
41.	53.1	28.1	31.24	17.18	21.87	10.94
42.	35.93	31.2	31.24	23.4	4.68	7.81
43.	14.06	17.18	10.94	15.62	3.12	1.56
44.	10.94	17.18	10.94	15.62	-	1.56
45.	28.12	35.9	28.12	34.36	-	1.56
46.	31.2	26.5	31.2	23.4	-	3.12
47.	31.2	39.0	29.68	34.36	1.56	4.68
48.	21.8	31.2	21.8	28.1	-	3.12
49.	42.1	29.6	40.6	25.0	1.56	4.68
50.	28.1	39.0	26.5	35.9	1.56	3.12
51.	46.8	28.1	40.6	23.4	6.25	4.68
52.	42.1	28.1	40.6	23.4	1.56	4.68
53.	28.1	35.93	26.5	32.8	1.56	3.12
54.	26.5	46.8	25.0	37.49	1.56	9.37
55.	37.49	25.0	34.36	18.7	3.12	6.25
56.	32.8	43.7	29.68	31.24	3.12	12.5
57.	23.4	21.8	23.4	20.3	-	1.56
58.	43.7	39.0	43.7	34.3	-	4.68
59.	50.0	26.5	45.3	20.3	4.68	6.25
60.	26.5	43.7	26.5	37.4	-	6.25
61.	37.4	32.8	35.9	21.8	1.56	10.94
62.	3.12	12.5	3.12	12.5	-	-
63.	15.6	28.1	14.06	26.5	1.56	1.56
64.	17.18	18.75	12.5	15.6	4.68	3.12
65.	10.9	25.0	10.9	21.8	-	3.12

T A B L E. 35. (a. to i.)

12f.

64 P.N. Soldiers with 31-36 months service.

Symp. No.	Symptoms present in Adult period. Intensity. A. Severe. %Incidce.	A. Moderate. %Incidce.	Symptoms present before Service. Intensity. B. Severe. %Incidce.	B. Moderate. %Incidce.	Symptoms arising during Service. Intensity. C. Severe. %Incidce.	C. Moderate. %Incidce.
66.	40.6	25.0	35.9	18.7	4.68	6.25
67.	46.8	37.4	31.2	20.3	15.6	17.18
68.	53.1	21.8	46.9	14.0	4.6	7.8
69.	18.7	15.6	17.1	14.0	1.56	1.56
70.	54.7	31.2	35.9	21.8	18.75	9.37
71.	28.1	32.8	25.0	32.8	3.12	-
72.	25.0	32.8	20.3	23.4	4.68	9.37
73.	21.8	29.6	15.6	21.8	6.25	7.8
74.	37.4	28.1	35.9	25.0	1.56	3.12
75.	35.9	25.0	45.3	20.3	10.9	4.6
76.	35.9	40.6	15.6	31.2	20.3	9.37
77.	26.5	37.4	18.7	28.1	7.8	9.37
78.	39.0	32.8	37.4	31.2	1.56	1.56
79.	29.6	34.3	26.5	25.0	3.12	9.37
80.	40.0	45.3	31.2	29.6	9.37	15.6
81.	31.2	32.8	25.0	28.1	6.25	4.6
82.	20.3	32.8	18.7	21.8	1.56	10.9
83.	42.1	42.1	39.0	28.1	3.12	14.0
84.	26.5	28.1	23.4	21.8	3.12	6.25
85.	15.6	17.1	12.5	14.0	3.12	3.12
86.	4.6	14.0	4.6	14.0	-	-
87.	31.2	23.4	25.0	20.3	6.25	3.12
88.	20.3	20.3	20.3	18.7	-	3.12
89.	42.1	34.3	39.0	28.1	3.12	6.25
90.	17.1	31.2	12.5	26.5	4.68	4.68
91.	51.5	32.8	43.7	31.2	7.8	1.56
92.	51.5	40.6	31.2	20.3	18.7	20.3
93.	29.6	39.0	21.8	26.5	7.8	12.5
94.	14.0	26.5	9.3	18.7	4.68	7.8
95.	21.8	20.3	14.0	18.7	7.8	1.56
96.	17.1	25.0	7.8	20.3	9.37	4.68
97.	53.1	31.2	42.1	17.1	10.9	14.0
98.	23.4	26.5	18.7	15.6	4.68	10.94
99.	20.3	28.1	14.0	20.3	6.25	7.8
100.	15.6	31.2	14.0	23.4	1.56	7.8

TABLE. 35. (a. to i.)

12E.

44 P.N. Soldiers with 37-42 months service.

	Symptoms present in Adult period. Intensity. A.		Symptoms present before Service. Intensity. B.		Symptoms arising during Service. Intensity. C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce
31.	20.43	34.05	15.89	22.7	4.54	11.35
32.	4.54	31.78	4.54	22.7	-	9.08
33.	20.43	50.0	13.62	22.7	6.81	27.24
34.	18.16	52.27	9.08	43.13	9.08	9.08
35.	22.7	47.7	11.35	25.0	11.35	22.7
36.	22.7	36.32	15.89	22.7	6.81	13.62
37.	31.78	43.13	18.16	29.51	13.62	13.62
38.	2.27	11.35	2.27	6.81	-	4.54
39.	38.59	22.7	20.43	15.89	18.16	6.81
40.	52.27	27.24	27.24	20.43	25.0	6.81
41.	45.4	22.7	34.05	18.16	11.35	4.54
42.	31.78	36.32	31.78	27.24	-	9.08
43.	9.08	29.51	9.08	25.0	-	4.54
44.	11.35	18.16	11.55	18.16	-	-
45.	27.24	34.05	27.24	27.24	-	6.81
46.	22.7	20.43	20.43	18.16	2.27	2.27
47.	22.7	45.4	20.43	40.86	2.27	4.54
48.	15.89	36.32	11.35	29.51	4.54	6.81
49.	40.86	25.0	40.86	20.47	-	4.54
50.	31.78	31.78	29.51	27.24	2.27	4.54
51.	36.32	31.78	29.51	29.51	6.81	2.27
52.	40.86	22.7	40.86	18.16	-	4.54
53.	27.24	34.05	27.24	25.0	-	9.08
54.	20.43	43.13	18.16	38.59	2.27	4.54
55.	15.89	52.27	13.62	34.05	2.27	18.16
56.	29.51	43.13	29.51	38.59	-	4.54
57.	22.7	13.62	22.7	9.08	-	4.54
58.	29.51	45.4	29.51	43.13	-	2.27
59.	59.08	18.16	59.1	15.89	2.27	2.27
60.	29.51	47.7	27.24	47.7	2.27	-
61.	22.7	45.4	20.43	36.32	2.27	9.08
62.	-	6.81	-	6.81	-	-
63.	4.54	22.7	4.54	22.7	-	-
64.	18.16	11.35	13.62	6.81	4.54	4.54
65.	13.62	20.43	13.62	15.89	-	4.54

T A B L E. 35. (a. to i.).

12g.

44 P.N. Soldiers with 37-42 months Service.

	Symptoms present in A dult Period. Intensity. A.		Symptoms present before Service. Intensity. B.		Symptoms arising during Service. Intensity. C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	31.78	29.51	27.24	25.0	4.54	4.54
67.	36.32	29.51	29.51	20.43	6.81	9.08
68.	52.27	29.51	36.32	25.0	15.89	4.54
69.	11.35	18.16	11.35	15.89	-	2.27
70.	45.4	43.13	27.24	27.24	18.16	15.89
71.	34.05	25.0	29.51	22.7	4.54	2.27
72.	22.7	43.13	20.43	29.51	2.27	13.62
73.	18.16	18.16	15.89	11.35	2.27	6.81
74.	38.59	15.89	34.05	15.89	4.54	-
75.	56.81	27.24	45.4	22.7	11.35	4.54
76.	27.24	47.7	13.62	29.51	13.62	18.16
77.	22.7	29.51	20.43	25.0	2.27	4.54
78.	34.05	43.13	34.05	36.32	-	6.81
79.	27.24	31.78	22.7	20.43	4.54	11.35
80.	27.24	45.4	27.24	34.05	-	11.35
81.	40.86	25.0	29.51	18.16	11.35	6.81
82.	13.62	25.0	11.35	15.89	2.27	9.08
83.	47.7	36.32	36.32	27.23	11.35	9.08
84.	27.24	40.86	18.16	22.7	9.08	18.16
85.	13.62	15.89	11.35	13.62	2.27	2.27
86.	4.54	9.08	2.27	6.81	2.27	2.27
87.	27.24	20.43	25.0	18.16	2.27	2.27
88.	9.08	20.43	9.08	20.43	-	-
89.	22.7	29.51	36.32	22.7	4.54	6.81
90.	22.7	31.78	18.16	25.0	4.54	6.81
91.	47.7	36.32	43.13	25.0	4.54	11.35
92.	47.7	36.32	27.24	13.62	20.43	22.7
93.	34.05	34.05	20.43	22.7	13.62	11.35
94.	11.35	29.51	6.81	18.16	4.54	11.35
95.	13.62	20.43	4.54	11.35	9.08	9.08
96.	11.35	22.7	6.81	9.08	4.54	13.62
97.	52.27	34.05	31.78	25.0	20.43	9.08
98.	18.16	29.51	11.35	15.89	6.81	13.62
99.	11.35	34.05	4.54	27.24	6.81	6.81
100.	18.16	25.0	13.62	15.89	4.54	9.08

T A B L E. 35. (a. to i.)

12h.

34 P.N. Soldiers with 43-48 months Service.

Symp. No.	Symptoms present in Adult period. Intensity. A. Severe. %Incidce.	A. Moderate. %Incidce.	Symptoms present before Service. Intensity. B. Severe. %Incidce.	B. Moderate. %Incidce.	Symptoms arising during service. Intensity. C. Severe. %Incidce.	C. Moderate. %Incdce.
31.	14.7	26.4	8.8	11.7	5.8	14.7
32.	-	2.9	-	-	-	2.9
33.	17.6	44.1	8.8	23.5	8.8	20.5
34.	14.7	32.3	8.8	14.7	5.8	17.6
35.	14.7	52.9	5.8	26.4	8.8	26.4
36.	11.7	32.3	2.9	11.7	8.8	20.5
37.	29.4	38.2	11.7	11.7	17.6	26.4
38.	2.9	8.8	2.9	2.9	-	5.8
39.	32.3	35.3	17.6	17.6	14.7	17.6
40.	55.9	29.4	23.5	14.7	29.2	14.7
41.	44.1	23.5	20.5	5.8	23.5	17.6
42.	35.3	26.4	26.4	23.5	8.8	2.9
43.	11.7	20.5	5.8	14.7	5.8	5.8
44.	5.8	26.4	5.8	26.4	-	-
45.	23.5	32.3	17.6	29.4	5.8	2.94
46.	32.3	17.6	26.4	14.7	5.8	2.9
47.	35.3	32.3	26.4	11.7	8.8	20.5
48.	23.5	29.4	14.7	14.7	8.8	14.7
49.	26.4	38.2	26.4	11.7	-	26.4
50.	20.53	32.3	20.5	20.5	-	11.7
51.	44.1	26.4	32.3	17.6	11.7	8.8
52.	32.3	26.4	23.5	17.6	8.8	8.8
53.	23.5	26.4	20.5	14.7	2.9	11.7
54.	20.5	47.0	11.7	35.3	8.8	11.7
55.	32.3	38.2	23.5	23.5	8.8	14.7
56.	38.2	29.4	32.3	17.6	5.8	11.7
57.	23.5	20.5	23.5	20.5	-	-
58.	29.4	35.3	23.5	32.3	5.8	2.9
59.	26.4	32.3	23.5	20.5	2.9	11.7
60.	17.6	35.3	11.7	23.5	5.8	11.7
61.	32.3	29.4	26.4	20.5	5.8	8.8
62.	5.8	5.8	2.94	2.9	2.9	2.9
63.	11.7	14.7	11.7	14.7	-	-
64.	14.7	5.8	14.7	5.8	-	-
65.	2.9	17.6	2.9	11.7	-	5.8

T A B L E. 35. (a. to i.)

12h.

34 P.N. Soldiers with 43-48 months service.

Symp. No.	Symptoms present in Adult period. Intensity. A. Severe. %Incidce.	A. Moderate. %Incidce.	Symptoms present before Service. Intensity. B. Severe. %Incidce.	B. Moderate. %Incidce.	Symptoms arising during service. Intensity. C. Severe. %Incidce.	C. Moderate. %Incidce.
66.	44. 1	26.4	32.3	14.7	11.7	11.7
67.	47.0	26.4	26.4	8.8	20.5	17.6
68.	64.7	23.5	38.2	11.7	26.4	11.7
69.	11.7	20.5	5.8	20.5	5.8	-
70.	44.1	35.3	23.5	20.5	20.5	14.7
71.	17.6	17.6	14.7	14.7	2.9	2.9
72.	17.6	35.3	11.7	23.5	5.8	11.7
73.	17.6	26.4	11.7	8.8	5.8	17.6
74.	23.5	20.5	17.6	14.7	5.8	5.8
75.	55.9	23.5	35.3	14.7	20.5	8.8
76.	23.5	47.0	5.8	20.5	17.6	26.4
77.	11.7	35.3	5.8	20.5	5.8	14.7
78.	17.6	35.3	17.6	29.4	-	5.8
79.	11.7	20.5	5.8	17.6	5.8	2.9
80.	29.4	26.4	14.7	20.5	14.7	5.8
81.	32.3	29.4	17.6	17.6	14.7	11.7
82.	20.5	26.4	14.7	17.6	5.8	8.8
83.	32.3	35.3	14.7	23.5	17.6	11.7
84.	29.4	20.5	23.5	14.7	5.8	5.8
85.	23.5	11.7	20.5	8.8	2.9	2.9
86.	2.9	5.8	2.9	2.9	-	2.9
87.	20.5	38.2	17.6	29.4	2.9	8.8
88.	2.9	17.6	2.9	17.6	-	-
89.	41.2	32.3	38.2	23.5	5.8	8.8
90.	8.8	38.2	5.8	23.5	2.9	14.7
91.	35.3	35.3	29.4	26.4	8.8	8.8
92.	50.0	29.4	11.7	20.5	38.2	8.8
93.	38.2	32.3	14.7	23.5	26.4	8.8
94.	20.5	23.5	11.7	8.8	8.8	14.7
95.	20.5	26.4	14.7	14.7	5.8	11.7
96.	14.7	20.5	2.9	5.8	11.7	14.7
97.	50.0	32.3	20.5	20.5	29.4	11.7
98.	17.6	29.4	14.7	14.7	2.9	14.7
99.	5.8	5.8	5.8	14.7	-	14.7
100.	23.5	14.7	20.5	5.8	2.9	8.8

T A B L E. 35. (a. to i.)

12i.

51 P.N. Soldiers with 49 and over months service.

	Symptoms present in Adult period. Intensity. A.		Symptoms present before service. Intensity. B.		Symptoms arising during service. Intensity. C.	
Symp. No.	Severe. %Indice.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
31.	15.16	52.9	5.8	31.3	9.8	21.5
32.	5.8	35.2	-	19.6	5.8	18.6
33.	25.4	49.0	11.7	21.5	13.7	27.4
34.	27.4	29.4	15.6	13.7	11.7	15.6
35.	35.2	45.0	9.8	17.6	25.4	27.4
36.	9.8	41.1	3.9	13.7	5.8	27.4
37.	19.6	43.1	11.7	17.6	7.8	25.4
38.	7.8	19.6	5.8	5.8	1.9	13.7
39.	27.4	37.2	15.6	7.8	11.7	29.4
40.	52.9	39.2	21.5	7.8	31.3	31.3
41.	41.1	35.2	11.7	15.6	29.4	19.6
42.	39.2	29.4	23.5	21.5	15.6	7.8
43.	13.7	23.5	7.8	9.8	5.8	13.7
44.	11.7	27.4	7.8	21.5	3.9	5.8
45.	9.8	41.1	5.8	33.3	3.9	7.8
46.	33.3	19.6	25.4	13.7	7.8	5.8
47.	35.2	35.2	15.6	19.6	19.6	15.6
48.	31.3	25.4	19.6	13.7	11.7	11.7
49.	39.2	25.4	15.6	17.6	23.5	7.8
50.	37.2	25.4	19.6	13.7	17.6	11.7
51.	41.1	33.3	25.5	11.6	15.6	21.5
52.	41.1	29.4	27.4	15.6	13.7	13.7
53.	25.4	29.4	19.6	23.5	5.8	5.8
54.	33.3	41.1	17.6	19.6	15.6	21.5
55.	35.2	43.1	21.5	27.4	13.7	15.6
56.	27.4	33.3	17.6	19.6	9.8	13.7
57.	21.5	17.6	17.6	11.7	3.9	5.8
58.	43.1	43.1	43.1	35.2	-	7.8
59.	56.8	29.4	37.2	15.6	19.6	13.7
60.	29.4	47.0	19.6	29.4	9.8	17.6
61.	31.3	37.2	19.6	21.5	11.7	15.6
62.	5.8	9.8	3.9	7.8	1.9	1.9
63.	15.6	21.5	11.7	17.6	3.9	3.9
64.	13.7	15.6	5.8	9.8	7.8	5.8
65.	5.8	21.5	5.8	17.6	-	3.9

T A B L E. 35. (a. to i).

12i.

51 P.N. Soldiers with 49 and over months service.

	Symptoms present in Adult period. Intensity. A.		Symptoms present before service. Intensity. B.		Symptoms arising during service. Intensity. C.	
Symp. No.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.	Severe. %Incidce.	Moderate. %Incidce.
66.	33.3	39.2	11.7	19.6	21.5	19.6
67.	41.1	43.1	17.6	11.7	23.5	31.3
68.	56.8	31.3	29.4	19.6	27.4	11.7
69.	11.7	25.4	3.9	15.6	7.8	9.8
70.	56.8	31.3	23.5	7.8	23.3	23.5
71.	23.5	29.4	17.6	13.7	5.8	15.6
72.	31.3	35.2	17.6	19.6	13.7	15.6
73.	15.6	39.2	7.8	15.6	7.8	23.5
74.	17.6	35.2	13.7	23.5	3.9	11.7
75.	50.9	25.4	39.2	13.6	11.7	11.7
76.	29.4	47.0	7.8	27.4	21.5	19.6
77.	21.5	43.1	15.6	25.4	5.8	17.6
78.	33.3	43.1	27.4	31.3	5.8	11.7
79.	19.6	41.1	11.7	25.4	7.8	15.6
80.	27.4	43.1	13.7	21.5	13.7	21.5
81.	33.3	39.2	17.6	19.6	15.6	19.6
82.	19.6	37.2	9.8	19.6	9.8	17.6
83.	29.4	43.1	17.6	21.5	11.7	21.5
84.	21.5	29.4	15.6	13.7	5.8	15.6
85.	13.7	9.8	7.8	5.8	5.8	3.9
86.	-	17.6	-	11.7	-	5.8
87.	23.5	29.4	11.7	11.7	11.7	17.6
88.	13.7	19.6	9.8	9.8	3.9	9.8
89.	39.2	45.0	25.5	17.6	15.6	27.4
90.	17.6	41.1	11.7	19.6	5.8	21.5
91.	56.8	23.5	33.3	15.6	23.5	7.8
92.	41.1	41.1	11.7	9.8	27.4	31.3
93.	43.1	29.4	21.5	13.7	23.5	9.8
94.	23.5	33.3	13.7	13.7	9.8	19.6
95.	19.6	23.5	11.7	9.8	7.8	13.7
96.	3.9	19.6	-	7.8	3.9	11.7
97.	43.1	37.2	21.5	9.8	21.5	27.4
98.	13.7	37.2	5.8	13.7	7.8	23.5
99.	25.4	25.4	7.8	11.7	17.6	13.7
100.	19.6	23.5	11.7	7.8	7.8	15.6

T A B L E. 36. (13)

WOODWORTH HOUSE INVENTORY - Section CHILDHOOD period (under 14 years).

Number of times percent that each Symptom was recorded as having been present in the Childhood of A. 70 psychoneurotics (House Series) B. 400 normals (House series) C. 400 psychoneurotic soldiers (present series).

Table Percentage incidence of occurrence of symptoms.

Symp: No.	A. 70 P.N. (House) %Incidence.	B. 400 Normals. (House) % Incidence.	C. 400 P.N. soldiers. (Jeffrey) % Incidence.
1.	20.0	30.0	52.0
2.	14.0	19.0	54.2
3.	15.0	32.0	61.0
4.	23.0	32.0	56.7
5.	18.0	32.0	48.7
6.	7.0	4.0	29.7
7.	8.0	16.0	39.5
8.	11.0	25.0	54.0
9.	37.0	54.0	62.2
10.	21.0	37.0	35.0
11.	24.0	43.0	45.5
12.	31.0	62.0	42.7
13.	30.0	57.0	64.5
14.	27.0	41.0	51.7
15.	21.0	36.0	55.0
16.	18.0	47.0	54.2
17.	17.0	39.0	36.2
18.	27.0	42.0	54.5
19.	17.0	35.0	52.7
20.	34.0	54.0	49.7
21.	34.0	53.0	67.0
22.	45.0	77.0	64.2
23.	17.0	29.0	61.5
24.	24.0	39.0	48.5
25.	11.0	26.0	26.7
26.	11.0	47.0	31.0
27.	31.0	40.0	64.7
28.	27.0	35.0	47.2
29.	13.0	26.0	20.2
30.	53.0	74.0	88.0

T A B L E. 37. (14)

WOODWORTH HOUSE INVENTORY - Period Adult life over 14 yrs.

Number of times percent that each symptom was answered as applicable to the Adult period of A. 70 psychoneurotic (House Series) B. 400 Normals (House Series) C. 400 Psychoneurotic soldiers (present series).

ADULT PERIOD.

Symp. No.	House Series. 70 P.N. %Incde.	400 Normal %Incde.	Present Series 400 P.N %Incdce.	Symp. No.	House Series. 70 P.N. %Incde.	400 Normals. %Incidce.	Present Series. 400 P.N. %Incidce.
31.	53%	22%	55.7%	66.	61%	43%	69.7%
32.	71	31	40.7	67.	68	45	78.2
33.	71	24	72.0	68.	74	33	80.5
34.	77	14	67.2	69.	34.	39	35.5
35.	75	19	77.7	70.	75.	53	85.5
36.	68	21	62.7	71.	40	36	56.5
37.	75	31	73.2	72.	43	37	62.0
38.	31	7	34.2	73.	55	39	49.5
39.	64	16	69.0	74.	50	29	64.5
40.	81	39	85.7	75.	71	50	80.0
41.	91	35	80.5	76.	78	18	76.7
42.	57	30	70.2	77.	50	30	64.2
43.	34	28	35.0	78.	64	49	72.7
44.	17	20	37.2	79.	41	47	60.5
45.	40	23	61.5	80.	65	65	75.0
46.	28	37	55.2	81.	61	45	70.0
47.	70	54	71.0	82.	54	37	53.0
48.	38	28	54.2	83.	83	81	80.7
49.	67	48	64.7	84.	55	32	56.7
50.	61	47	66.7	85.	31	27	26.0
51.	63	43	76.5	86.	13	12	15.7
52.	71	41	64.5	87.	50	37	48.5
53.	41	37	65.0	88.	35	32	38.5
54.	78	56	68.0	89.	73	51	79.0
55.	50	35	72.0	90.	44	31	53.0
56.	68	32	73.2	91.	83	74	84.0
57.	30	22	43.7	92.	64	35	74.0
58.	60	43	80.0	93.	48	51	73.0
59.	64	66	75.5	94.	31	25	47.2
60.	70	53	74.5	95.	31	23	43.7
61.	64	47	71.7	96.	28	15	39.5
62.	10	43	13.7	97.	80	54	82.2
63.	24	27	35.0	98.	54	44	49.7
64.	20	30	33.0	99.	28	40	47.2
65.	40	35	34.7	100.	23	26	47.5

For the 70 P.N. (House) = 400 P.N. soldiers (Jeffrey) the coefficient of correlation = + 0.73
Standard Error of coefficient of correlation = 0.12

T A B L E. 38. (15)

WOODWORTH HOUSE INVENTORY - Section MATURITY over 14 years.

Percentage incidence of occurrence of psychoneurotic symptoms of severe intensity arising during military service in the general group of 400 psychoneurotic soldiers and in 105 men of the Desert Army.

		%Incidce of occurrence. P.N. 400.	Soldiers 105.
31.	A poor appetite	3.0	5.0
32.	Problem of constipation	1.0	2.0
33.	Things swimming or getting misty before my eyes.	9.0	17.5
34.	Poor Health	4.0	11.0
35.	Dizziness	10.0	19.5
36.	Unpleasant feelings in my body. ...	4.5	8.0
37.	Pains in some part of my body.. ...	8.	13.0
38.	Heart trouble..	1.0	2.0
39.	Pressure in or about the head.. ...	9.0	19.0
40.	Headaches	15.0	33.5
41.	Getting tired easily	14.0	22.0
42.	Uneasiness in crossing a high bridge.	4.5	9.0
43.	Desire to jump off when on a high place.	2.0	5.0
44.	Fear of dogs	1.0	1.0
45.	Fear of lightning..	1.0	4.0
46.	Difficulty in making friends	2.0	6.0
47.	Getting rattled	4.0	11.5
48.	Slow to be moved to laughter	3.5	6.0
49.	Getting angry easily	3.5	11.5
50.	Difficulty in standing "kidding" ..	3.5	10.0
51.	Getting discouraged easily	6.0	13.0
52.	Losing my temper quickly...	3.0	8.0
53.	Being timid with other fellows. ...	1.5	3.0
54.	Getting cross or grouchy	3.0	11.5
55.	Difficulty in adjusting to new places.	3.5	7.0
56.	Fidgeting	2.0	6.0
57.	Biting my finger-nails.	0.5	4.0
58.	Shyness	10.0	2.0
59.	Saying things on the spur of the moment and then regretting them ...	4.0	9.0
60.	Being "touchy" on various subjects.	2.5	4.0
61.	Feeling unequal to accomplishing my mager ambitions	4.0	11.0
62.	Difficulty in concentrating because of having "girls on the brain" ...	8.5	2.0
63.	Ashamed to talk frankly about my sex life.	1.0	0.0
64.	Being frightened or worried by a sex experience of any sex fact	2.0	4.0
65.	Indifference to girls	0.0	
66.	Shifts of moods from sad to happy and happy to sad (without reason)..	6.0	12.0
67.	Mind-wandering, i.e. losing track of what I was doing	9.0	18.5

T A B L E. 38 (15) Continued.

		%Incidence of occurrence. 400	P.N.Soldiers. 105
68.	Getting up-set easily	9.0	22.0
69.	Having conflicting moods of love and hate for members of my family ...	1.5	6.0
70.	Just feeling miserable	15.0	23.5
71.	Being unhappy during my adolescent years (i.e. in young manhood) ...	3.0	8.0
72.	Being afraid of responsibilities.	4.0	6.0
73.	Getting tired of work easily ...	3.0	6.0
74.	Difficulty in standing the sight of blood	2.5	7.5
75.	Difficulty in forgetting unpleasant experiences	8.0	16.5
76.	Being troubled by sleeplessness..	12.0	16.0
77.	Enduring pain with difficulty ...	3.0	4.0
78.	Difficulty in standing disgusting smells	1.0	3.0
79.	Being troubled by sonscience problems	3.0	4.0
80.	Finding my mond troubled by doubt.	4.5	7.5
81.	Finding myself recalling painful experiences	7.0	18.0
82.	Being unenthusiastic about my life's possibilities	3.0	7.5
83.	Considering myself a nervous person.	5.0	12.0
84.	Believing myself unsatisfactorily adjusted to life	3.5	5.0
85.	Finding my home environment unhappy.	2.0	3.0
86.	Ashamed of myself for having an interest in the sexual working of my body.	0.5	1.0
87.	Swift changes of my interests or occupations.	3.0	6.0
88.	Being a "crank" about food... ...	1.0	3.0
89.	Worrying about little things. ...	4.0	8.5
90.	Burdened by a sense of remorse...	2.5	5.5
91.	Worrying when I have an unfinished job on my hands	6.0	15.0
92.	A queer feeling as if I were not my old self.	17.5	2.7
93.	The belief that people find fault with me	10.5	14.5
94.	The feeling that people are reading my thoughts	5.0	8.0
95.	The feeling that someone was making me act against my will	5.0	9.0
96.	A desire to commit suicide	6.5	7.0
97.	Fee;ing sad or low-spirited	12.5	2.0
98.	Being bothered by some particular useless thought that keep soming into my mind.	4.2	6.0

T A B L E. 35 (15)

		%incidee of occurrence. P.N. 400.	Soldiers. 105.
99.	Suspecting people of "underhanded" motives	4.5	9.0
100.	B eing troubled by thoughts of death	3.5	7.5

T A B L E. 37. (16).

WOODWORTH HOUSE INVENTORY

Distribution according to symptom number, of the percentage incidence of occurrence of symptoms of severe intensity arising during Army service in 105 men of the Desert Army.

Distribution of Symptoms.

Symptom number.	0%	4.9%	5%			10%		15%	20%	25%	30% - 34.9%
	62		71								
	66		68			83					
	60	88	59	90		66					
	58	86	56	89		61		91			
	57	85	55	89		54		81			
	53	79	52	84	100	51		76			
	45	78	48	82	98	50		75			
	44	772	46	80	98	49		67	87		
	43	65	42	74	96	47		39	70		
	38	64	36	73	95	37		35	68		
	32	63	31	72	94	34	93	33	41	92	40

Percentage incidence of occurrence.

TABLE 40.

Relationship between the S.G. grouping of 400 P.N. Soldiers, and the number of these soldiers who rate the undernoted symptoms as having been applicable to their childhood period. These symptoms fall within the upper 25th, percentile range.

P.N. Symptoms of Severe intensity in Childhood.

		30		21		15		13		22		28		4		23		3	
		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.	
No.	S.G. Group	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
36.	SG.1.	19	52.8	11	30.5	11	30.5	11	30.5	10	27.8	10	27.8	12	33.3	4	11.1	4	11.1
63.	SG.2.	27	42.8	23	36.5	16	25.4	19	30.2	14	22.2	17	27.0	14	22.2	15	23.7	13	20.6
83.	SG3+	37	44.4	25	28.8	19	22.8	22	26.5	23	27.6	21	25.2	16	19.2	17	20.4	26	31.2
83.	SG3-	47	56.6	34	39.7	26	31.2	27	32.4	27	32.4	28	33.6	25	30.0	26	31.2	25	30.0
75.	SG.4	41	54.6	27	34.6	23	30.6	23	30.6	20	26.6	18	24.0	22	29.3	27	36.0	17	22.6
60.	SG.5	35	58.3	23	38.3	23	38.3	15	25.0	20	33.3	17	28.3	20	33.3	19	31.7	22	36.6
400	Total.	206	51.5	143	35.0	118	29.5	117	29.2	114	28.5	111	27.7	109	27.2	108	27.0	107	26.7
	Value of P.	.50		.70		.50		.90		.70		.80		.30		.05		.05	

T A B L E 41.

Relationship between the S.G. grouping of 400 P.N. soldiers, and the number of these soldiers who rate the undernoted symptoms as having been applicable to their childhood period. The symptoms fall within the upper 25th percentile range.

P.N. Symptoms of moderate intensity in childhood.

		2		27		30		22		13		23	
		Incidence of Occurrence		Incidence of Occurrence		Incidence of Occurrence		Incidence of Occurrence		Incidence of Occurrence		Incidence of Occurrence.	
No.	S.G. Group	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
36.	S.G.1.	10	27.8	11	30.5	14	38.8	14	38.8	16	44.4	13	36.1
63.	S.G.2.	24	38.1	28	44.4	27	42.9	23	36.5	17	27.0	20	31.7
83.	S.G.3	32	38.4	35	42.2	35	42.2	30	36.0	37	44.5	27	32.4
83.	S.G.3-	38	45.7	35	42.2	26	31.2	34	40.8	26	31.2	33	39.7
75.	S.G.4.	30	40.0	22	29.3	27	36.0	26	34.6	23	30.6	24	32.0
60.	S.G.5.	23	38.3	25	41.6	17	28.3	16	26.6	22	36.6	21	35.0
400.	Total.	157	39.2	156	39.0	146	36.5	143	36.7	141	35.2	138	34.5
	Value of P.	.70		.50		.50		.80		.20		.90	

T A B L E. 42.

Relationship between the occupational grouping of 499 P.N. Soldiers, and the number of these soldiers who rate the undernoted symptoms as having been applicable to their childhood period. These symptoms fall within the upper 25th. percentile range.

P.N. Symptoms of severe intensity in Childhood.

S.G. No.	Group	30 Incidce. of Occu-rrence. No.	%	21 Incidce. of Occu-rrence. No.	%	13 Incidce. of Occu-rrence. No.	%	15 Incidce. of Occu-rrence. No.	%	22 Incidce. of Occu-rrence. No.	%	28 Incidce. of Occu-rrence. No.	%	4 Incidce. of Occu-rrence. No.	%	23 Incidce. of Occur-rence. No.	%	3 Incid of Occ rrence No.	%
19.	Prof esn'l	9	47.5	10	53.3	8	42.1	6	31.9	9	47.5	5	26.3	5	26.3	2	10.6	8	42.1
44.	Busi-ness	19	43.1	14	31.7	10	22.7	13	29.5	13	29.5	11	25.0	11	25.0	7	15.8	12	27.3
33.	Clerks	21	63.6	14	42.4	16	48.5	8	24.2	10	30.3	11	33.3	14	42.5	14	42.5	11	33.3
111.	Arti-sans.	50	45.0	40	36.0	32	28.8	34	29.7	29	26.1	32	28.8	28	25.2	27	24.3	25	22.5
113.	Semi-skilled.	64	57.8	40	36.0	32	28.8	32	27.9	28	25.2	31	27.9	30	26.5	34	30.6	28	252
80.	Labou rers.	43	53.7	25	31.3	19	23.7	25.	31.3	25.	31.3	21	26.2	21	26.2	24	30.0	23	28.7
400	Total	206	51.5	143	35.7	117	29.2	118	29.0	114	28.5	111	27.7	109	27.2	108	34.5	107	267
	Value of P.	.20		.70		.20		.99		.40		.98		.50		.90		.50	

T A B L E. 43.

Relationship between the occupational grouping of 400 P.N. Soldiers, and the number of these soldiers who rate the undernoted symptoms as having been applicable to their childhood period. The symptoms fall within the upper 25th. percentile range.

P.N. Symptoms of moderate intensity in Childhood.

	2		27		30		22		13		23	
	Incidence of Occurrence.		Incidence of Occurrence.		Incidence of Occurrence.		Incidence of Occurrence.		Incidence of Occurrence.		Incidence of Occurrence.	
No. Occupational Group.	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
19. Profesn'l	7	36.8	9	47.4	7	36.8	5	26.3	8	42.1	7	36.8
44. Business.	20	45.4	10	22.7	17	38.5	12	27.3	17	38.5	22	50.0
33. Clerks.	14	42.4	20	60.6	7	21.2	15	45.5	11	33.3	8	24.3
111. Artisans.	35	31.5	45	40.5	48	43.2	45	40.5	37	33.3	34	30.6
113. Semi-Skilled.	46	41.4	38	34.2	35	31.5	42	37.8	35	31.5	37	33.3
80. Labourers.	35	43.7	34	42.5	32	40.0	24	30.0	33	41.2	30	37.5
400. Total.	157	39.2	156	39.0	146	36.5	143	35.7	141	35.2	138	34.5
Value of P.	.50		.02		.20		.50		.70		.20	

T A B L E. 44.

Relationship between the age grouping of 400 P.N. Soldiers and the number of these soldiers who rate the undernoted symptoms as having been applicable to their childhood period. These symptoms fall within the upper 25th, percentile range.

P.N. symptoms of severe intensity in Childhood.

		30		21		15		13		22		28		4		23		3	
		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incidce. of Occurrence.		Incdce. of Occ.		Incidce. of Occurrence.	
No.	Age Group	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
89.	19-23 yrs.	41	46.0	41	46.0	28	31.4	27	30.3	32	36.0	33	37.0	34	38.1	26	29.2	22	24.6
93.	24-28.	46	49.2	31	33.3	28	30.0	26	28.0	27	29.0	23	24.6	20	21.4	21	22.5	25	26.7
101.	29-33.	57	57.0	35	35.0	27	27.0	29	29.0	28	28.0	28	28.0	27	27.0	30	30.0	31	31.0
66.	34-38.	35	53.0	22	33.3	21	31.8	21	31.8	17	25.7	14	21.2	16	24.2	14	21.2	19	28.7
45.	39-43.	26	57.7	14	31.1	13	28.8	14	31.1	10	22.2	11	24.4	12	26.6	17	37.7	9	20.0
6.	44 & over.	1	16.6	-	-	1	16.6	-	-	-	-	2	33.3	-	-	-	-	1	16.6
400.	Total	206	51.5	143	35.7	118	29.5	117	29.2	114	28.5	111	27.7	109	27.2	108	27.0	107	267
	Value of P.	.30		.20		.90		.70		.20		.30		.07		.10		.80	

T A B L E. 45.

Relationship between the age grouping of 400 P.N. Soldiers, and the number of these soldiers who rate the undernoted symptoms as applicable to their childhood period. These symptoms fall within the upper 25th. percentile range.

P.N. Symptoms of moderate intensity in Childhood.

		2		27		30		22		13		23	
		Incidence of Occu-rrence.		Incidence of Occu-rrence.		Incidence of Occu-rrence.		Incidence of Occu-rrence.		Incidence of Occu-rrence.		Incidence of Occu-rrence.	
No.	Age Group.	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
89.	19-23yrs.	31	34.8	36	40.4	35	39.3	35	39.3	35	39.3	35	39.3
93.	24-28	40	42.9	31	33.2	37	39.8	35	37.5	36	38.6	35	37.5
101.	29-33	46	46.0	43	43.0	33	33.0	35	34.6	35	34.6	35	34.6
66.	34-38	24	36.3	32	48.1	24	36.3	23	34.8	20	30.0	24	36.3
45.	39-43	14	31.1	13	28.8	13	28.8	11	24.4	13	28.8	8	17.7
6.	44 & over	2	33.3	1	16.6	4	66.6	4	66.6	2	33.3	1	16.6
400.	Total.	157	39.2	156	39.0	146	36.5	143	35.7	141	35.2	138	34.5
	Value of P.	.70		.20		.50		.10		.80		.30	

T A B L E. 46.

Relationship between the length of service grouping of 400 P.N. Soldiers, and the number of these soldiers who rate the undernoted symptoms as having been applicable to their childhood period. These symptoms fall within the upper 25th. percentile range.

P.N. Symptoms of severe intensity in childhood period.

Length of Service Grp	No.	30 Incidce. of Occ- urrence. %	No.	21 Incidce. of Occ- urrence. %	No.	15 Incidce. of Occ- urrence. %	No.	13 Incidce. of Occ- urrence. %	No.	22 Incidce. of Occ- urrence. %	No.	28 Incidce. of Occ- urrence. %	No.	4 Incidce. of Occ- urrence. %	No.	23 Incidce. of Occ- urrence. %	No.	3 Incidce. of Occ- urrence. %
No. of Ser 9 - 6																		
45.months	21	46.6	15	33.2	17	37.6	15	33.2	12	26.6	12	26.6	13	28.8	14	31.0	12	26.6
41.7 -12	22	53.9	14	34.3	11	26.9	13	31.8	14	34.3	10	24.5	11	26.9	15	36.7	18	44.1
35.13-18	22	62.8	16	45.7	13	37.1	15	42.8	15	42.8	12	34.3	14	40.0	15	42.8	5	14.3
50.19-24	33	66.0	22	44.0	15	30.0	19	38.0	13	26.0	22	44.0	20	40.0	17	34.0	15	30.0
36.25-30	18	50.0	11	30.5	11	30.5	11	30.5	11	30.5	5	13.8	10	27.7	11	30.5	6	16.6
64.31-36	36	56.2	25	38.9	23	35.9	15	23.4	19	29.6	17	26.5	15	23.4	16	35.9	25	39.0
44.37-42	21	47.7	14	31.7	9	20.4	11	25.0	11	25.0	11	25.0	10	22.7	8	18.1	12	27.2
34.43-48	9	26.4	8	23.5	4	11.7	8	23.5	6	17.6	8	23.5	6	17.6	2	5.8	3	8.8
49 & 51.over.	24	47.0	18	35.2	15	29.4	10	19.6	13	25.4	14	27.4	10	19.6	10	19.6	11	21.5
400.Total.	206	51.5	143	35.7	118	29.5	117	29.2	114	28.5	111	27.7	109	27.2	108	27.0	107	26.7
Value of P..	.04		.70		.20		.30		.70		.20		.30		.01		.01	

T A B L E. 47.

Relationship between the length of service grouping in 400 P.N. soldiers and the number of these soldiers who rate the undernoted symptoms as having been applicable to their Childhood period. These symptoms fall within the upper 25th. percentile range.

		P.N. Symptoms of moderate intensity in Childhood period.											
		2		22		27		30		13		23	
No.	Length of Service Group.	Incidence of Occurrence.		Incidence of Occurrence.		Incidence of Occurrence.		Incidence Occurrence.		Incidence Occurrence.		Incidence Occurrence	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
45.	0 to 6 Mths.	20	44.4	17	37.6	21	46.6	18	40.0	17	37.6	21	46.6
41.	7 - 12	14	34.3	15	36.7	9	22.0	17	41.6	14	34.3	14	34.3
35.	13 - 18	16	45.7	9	25.7	18	51.4	12	34.3	12	34.3	14	40.0
50.	19 - 24	29	58.0	22	44.0	25	50.0	14	28.0	20	40.0	17	34.0
36.	25 - 30	8	22.2	13	36.0	13	36.0	14	38.7	12	33.2	9	25.0
64.	31 - 36	22	34.3	25	39.0	25	39.0	14	21.8	23	35.9	22	34.3
44.	37 - 42	22	50.0	14	31.78	15	34.0	18	40.8	13	29.5	12	27.2
34.	43 - 48	8	23.5	12	35.3	11	32.3	19	55.9	11	32.3	12	35.3
51.	49 & over.	18	35.2	16	31.3	19	37.2	20	39.2	19	37.2	17	33.3
400.	Total.	157	39.2	143	35.7	156	39.0	146	36.5	141	35.2	138	34.5
Value or P.		.02		.80		.20		.05		.99		.70	

T A B L E. 48.

Relationship between S.G. grouping of 400 P.N. soldiers and the number or these soldiers who rate the undernoted P.N. symptoms as applicable. These symptoms fall within the upper 10th. percentile range.

	Psychoneurotic symptoms of severe intensity arising during Army Ser													
	92		70		40		41		76		93		35	
Selection Grades of Intelligence.	Frequency of Occurrence		Frequency of Occur'ce		Frequency of Occur'ce		Frequency of Occur'ce		Frequency of Occur'ce		Frequency of Occur'ce		Frequeny of Occur'ce	
No. S.G.	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
36. S.G.1.	5	13.8	5	13.8	4	11.1	4	11.1	3	8.3	3	8.3	4.	11.1
63. S.G.2.	10.	15.8	8	12.7	13	20.6	9	14.3	6	9.5	5	7.9	3.	4.8
83. S.G.3.plus.	20	24.0	17	20.5	9	10.8	11	13.2	13	15.6	13	15.6	8.	9.6
83. S.G.3.minus.	14.	16.8	13	15.6	15	18.0	15	18.0	7	8.4	10	12.0	10.	12.0
75. S.G 4.	10.	13.3	13	17.3	9	12.0	8	10.6	11	14.6	3	4.0	7.	9.3
60. S.G 5.	10.	16.7	5	8.3	10	16.6	7	11.6	10	16.6	8	13.3	7.	11.6
400. Total.	69.	17.3	61	15.3	60	15.0	54	13.5	50	12.5	42	10.5	39.	9.7
Value of P.	.50		.30		.50		.90		.50		.20		.80	

T A B L E. 49.

Relationship between the Occupational grouping of 400 P.N. Soldiers and the number of these Soldiers who rate the under-noted P.N. symptoms as applicable. These symptoms fall within the upper 10th percentile range.

Psychoneurotic symptoms of severe intensity arising during Army Service

No.	SOCIAL GROUPS.	92 Frequency of Occurrence No.	%	70 Frequency of Occurrence No	%	40 Frequency of Occurrence No.	%	41 Frequency of Occurrence No.	%	76 Frequency of Occurrence No.	%	93 Frequency of Occurrence. No.	%	35 Frequency of Occurrence No.	%
19	Proffes-sional.	4	21.0	2	10.5	2	10.5	3	15.8	1	5.26	4	21.0	-	-
44	Busi-ness.	10	22.7	8	18.1	8	18.1	5	11.35	6	13.6	4	9.0	2	4.54
111	Artisans.	20	18.0	19	17.1	19	17.1	18	16.2	15	13.5	11	10.0	15	13.5
33	Clerks.	2	6.1	4	12.2	1	3.0	3	9.1	2	6.1	-	-	-	-
113	Semi-skilled.	23	20.3	23	20.3	18	16.2	16	14.1	16	14.1	14	12.4	15	13.5
80	Labourers.	10	12.5	5	6.25	12	15.0	9	11.25	10	12.5	9	11.25	7	8.75
400	Total.	69	17.3	61	15.3	60	15.0	54	13.5	50	12.5	42	10.5	39	9.7
	Value of P.	.50		.20		.50		.80		.80		.70		.50	

T A B L E. 50.

Relationship between the Age grouping at time of P.N. breakdown of 400 P.N. Soldiers and the number of these soldiers who rate the undernoted P.N. symptoms as applicable. These symptoms fall within the upper 10th. percentile range.

Psychoneurotic symptoms of severe intensity arising during Army Service

No.	AGE GROUP in years.	92 Frequency of Occur'ce. No.	%	70 Frequency of Occur'ce. No.	%	40 Frequency of Occur'ce. No.	%	41 Frequency of Occur'ce. No.	%	76 Frequency of Occur'ce. No.	%	93 Frequency of Occur'ce. No.	%	35 Frequency of Occur'ce. No.	%
89	19 - 23	13	14.6	8	9.0	16	18.0	11	12.4	11	12.4	11	12.4	11	12.4
93	24 - 28	20	21.5	18	19.2	16	17.2	16	17.2	10	10.7	10	10.7	10	10.7
101	29 - 33	13	13.0	16	16.0	11	10.9	9	9.0	14	14.0	10	10.0	8	8.0
66	34 - 38	15	22.6	12	18.1	14	21.2	12	18.1	10	15.1	8	12.1	8	12.1
45	39 - 43	7	15.5	6	13.3	2	4.4	6	13.3	4	8.8	3	6.6	2	4.4
6	44 & over.	1	16.6	1	16.6	1	16.6	-	-	1	16.6	-	-	-	-
400	Total.	69	17.3	61	15.3	60	15.0	54	13.5	50	12.5	42	10.5	39	9.7
Value of P.		.50		.50		.10		.50		.95		.80		.50	

TABLE. 51.

Relationship between the length of service grouping at time of breakdown of 400 P.N. Soldiers and the number of these soldiers who rate the undernoted P.N. symptoms as applicable. These symptoms fall within the upper 10th. percentile range.

		Psychoneurotic symptoms of severe intensity arising during Army Service													
		92		70		40		41		76		93		35	
		Frequency of Occur'ce.		Frequency of Occur'ce.		Frequency of Occur'ce		Frequency of Occur'ce.		Frequency of Occur'ce.		Frequency of Occur'ce		Frequency of Occur'ce	
No.	Length of Service in Mths.	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
45	0 - 6	2	4.4	1	2.2	-	-	2	4.4	-	-	2	4.4	-	-
41	7 - 12	6	14.7	2	4.9	-	-	1	2.45	-	-	1	2.45	1	2.45
35	13 - 18	2	5.7	4	11.4	5	14.3	1	2.86	6	17.16	-	-	2	5.7
50	19 - 24	7	14.0	6	12.0	4	8.0	4	8.0	7	14.0	4	8.0	2	4.0
36	25 - 30	4	11.08	4	11.08	2	5.54	4	11.08	1	2.77	3	8.31	3	8.31
64	31 - 36	12	18.7	12	18.7	12	18.7	14	21.87	13	20.3	5	7.8	10	15.6
44	37 - 42	9	20.4	8	18.16	11	25.0	5	11.35	6	13.6	6	13.6	5	11.35
34	43 - 48	13	38.2	7	20.5	10	29.2	8	23.5	6	17.6	9	26.4	3	8.8
51	49 & over	14	27.4	17	33.3	16	31.3	15	29.4	11	21.5	12	23.5	13	25.4
400	Total.	69	17.3	61	15.3	60	15.0	54	13.5	50	12.5	42	10.5	39	9.7
	Value of P.	.01		.01		.01		.01		.01		.01		.01	

T A B L E. 52.

Relationship between the S.G. Grouping of 400 P.N. Soldiers and the number of these soldiers who rate the undernoted P.N. symptoms as applicable. These symptoms fall within the upper 10th. percentile range.

	P.N. Symptoms of severe intensity in Adult life before Miliatary Service													
	75		91		68		59		89		51		40		41	
Selection Grades for Intelligence.	Incid'ce. of Occurrence.		Incid'ce. of Occurrence.		Incid'ce. of Occurrence.		Incid'ce. of Occurrence.		Incid'ce. Occurrence.		Incid'ce. of Occurrence.		Incid'ce. of Occurrence.		Incid'ce of Occurrence.	
No. S.G.	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
36. S.G.1.	16	44.4	13	36.1	8	22.2	7	19.4	12	33.3	13	36.1	8	22.2	12	33.3
63. S.G.2.	21	33.3	26	41.3	22	35.0	20	31.7	26	41.3	23	36.5	16	25.4	23	36.5
83. S.G3plus)	38	45.6	38	45.6	35	42.0	32	38.4	26	31.2	27	32.4	31	37.2	30	36.0
83.S.G3minus)	45	54.4	46	55.2	44	52.8	42	50.6	44	52.8	38	45.6	41	49.2	37	44.4
75. S.G.4.	34	45.3	34	45.3	37	49.3	32	42.6	31	41.3	30	40.0	34	45.3	32	42.6
60. S.G.5.	28	46.6	25	41.6	30	50.0	30	50.0	18	30.0	22	36.6	25	41.6	20	33.3
400. Total.	182	45.5	182	45.5	176	44.0	163	40.7	157	39.2	153	38±2	155	38.7	154	38.5
Value of P.	.10		.30		.02		.02		.05		.70		.02		.70	

T A B L E. 53.

Relationship between Occupational grouping of 400 P.N. Soldiers and the number of these soldiers who rate the undernoted P.N. symptoms as applicable These symptons fall within the upper 10th. percentile range.

		P.N. symptons of severe intensity in adult life before Military service															
		75		91		68		59		89		51		40		41	
		Incid'ce. of Occu-		Incid'ce. of Occu-		Incid'ce. of 9ccu-		Incid'ce. of Occu-		Incid'ce. of Occu-		Incid'ce. of Occu-		Incid'ce. of Occu-		Incid'ce of Occu-	
No.	Social Group.	rrence. No.	%	rrence. No.	%	rrence. No.	%	rrence. No.	%	rrence. No.	%	rrence. No.	%	rrence. No.	%	rrence. No.	%
19	Proff-essional	8	42.0	9	47.3	5	26.3	5	26.3	6	31.5	6	31.5	5	26.3	5	26.3
44	Business	23	52.27	16	36.3	21	47.7	19	43.13	23	52.27	17	38.59	16	36.3	16	36.3
111	Artisans.	47	42.3	57	51.55	44	39.6	41	36.9	45	40.5	40	36.0	44	39.6	41	36.9
33	Clerks.	12	36.4	16	48.5	13	39.4	11	33.3	15	45.49	17	51.5	13	39.4	14	42.4
113	Semi-skilled.	55	48.6	52	46.0	56	49.5	51	45.1	44	39.0	44	39.0	43	38.0	46	40.7
80	Labourers	37	46.25	32	40.0	37	46.25	36	45.0	24	30.0	29	36.25	34	42.5	32	40.0
400	Total.	182	45.5	182	45.5	176	44.0	163	40.7	157	39.2	153	38.2	155	38.7	154	38.5
	Value of P.	.80		.50		.50		.30		.50		.70		.98		.80	

T A B L E. 54.

Relationship between the Age grouping at time of P.N. breakdown of 400 P.N. soldiers and the number of these soldiers who rate the undernoted P.N. symptoms as applicable. These symptoms fall within the upper 10th. percentile range.

		P.N. symptoms of severe intensity in adult life before Military Service															
		75		91		68		59		89		51		40		41	
No.	AGE GROUP in years.	Incid'ce. of Occu'rce. No.	%	Incid'ce. of Occu'rce. No.	%	Incid'ce. of Occu'rce. No.	%	Incid'ce. of Occu'rce. No.	%	Incid'ce. of Occu'rce. No.	%	Incid'ce. of Occu'rce. No.	%	Incid'ce. of Occu'rce. No.	%	Incid'ce. of Occ'ce No.	%
89.	19-23	40	44.8	39	43.7	39	43.7	37	41.5	38	42.6	40	44.8	32	36.0	35	39.3
93.	24-28	42	45.1	38	40.75	40	43.0	36	38.6	31	33.2	27	29.0	28	30.0	24	31.0
101.	29-33	46	45.8	43	42.5	51	50.5	49	49.0	36	36.0	39	38.6	42	42.0	40	40.0
66.	34-38	33	50.0	36	54.5	27	41.0	28	42.3	31	46.6	27	41.0	33	50.0	33	50.0
45.	39-43	19	42.2	23	51.1	17	37.8	11	24.4	19	42.2	18	40.0	16	35.4	20	44 4
6.	44 & over.	2	33.3	3	50.0	2	33.3	2	33.3	2	33.3	2	33.3	4	66.6	2	33.3
400.	Total.	182	45.5	182	45.5	176	44.0	163	40.7	157	39.2	153	38.2	155	38.7	154	38.5
	Value of P.	.80		.70		.70		.20		.70		.50		.10		.05	

TABLE. 55.

Relationship between the length of service grouping at time of breakdown of 400 P.N. soldiers and the number of these soldiers who rate the undernoted P.N. symptoms as applicable. These symptoms fall within the upper 10th. percentile range.

LENGTH OF SERVICE in months.	P.N. symptoms of severe intensity in Adult life before Military Service															
	75		91		68		59		89		51		40		41	
	Incid'ce. of Occu'rce.		Incid'ce. of Occu'rce.		Incid'ce. of Occu'rce.		Incid'ce. of Occu'rce.		Incid'ce. of Occu'rce.		Incid'ce. of Occu-rce.		Incid'ce. of Occu'rce.		Incid'ce. of Occu'rce	
No.	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
45. 0 - 6	20	44.4	24	53.3	20	44.4	17	37.6	17	37.6	22	48.88	24	53.2	23	51.1
41. 7-12	22	53.9	22	53.9	20	49.0	25	61.25	20	49.0	18	44.1	26	63.4	26	63.4
35. 13-18	21	60.0	19	54.3	18	51.4	13	37.16	18	51.4	14	40.0	11	31.4	18	51.4
50. 19-24	24	48.0	25	50.0	26	52.0	17	34.0	23	46.0	24	48.0	26	52.0	26	52.0
36. 25-30	14	38.8	18	50.0	18	50.0	9	25.0	12	33.3	12	33.3	14	38.8	13	36.0
64. 31-36	29	45.3	28	43.7	30	46.9	29	45.3	25	39.0	26	40.6	23	36.0	20	31.3
44. 37-42	20	45.4	19	43.13	16	36.3	26	59.1	16	36.3	13	29.5	12	27.3	15	34.6
34. 43-48	12	35.3	10	29.4	13	38.2	8	23.5	13	38.2	11	32.3	8	23.5	7	20.5
51. 49&over.	20	39.2	17	33.5	15	29.4	19	37.2	13	25.5	13	25.5	11	21.5	6	11.7
400. Total.	182	45.5	182	45.5	176	44.0	163	40.7	157	39.2	153	38.2	155	38.7	154	38.5
Value of P.	.50		.15		.50		.91		.30		.30		.01		.01	

APPENDIX 'B'

MODIFIED PINTNER PERSONALITY

INVENTORY

THE PINTNER ASPECTS OF PERSONALITY INVENTORY.

SECTION. I.

1. When some child tries to push into line ahead of me, I am not afraid to tell him to get back.
2. I try to be the first one to get on a streetcar.
3. I am among the first to yell at a game.
4. I try to get a seat in the streetcar or train before someone else does.
5. I get angry when the class leader is too "bossy"
6. I am usually doing the talking in the crowd.
7. I find it hard to talk before other children.
8. I talk back to a friend who is "bossy".
9. I like to show people around to meet other people.
10. If there are pieces of salt in my icecream, I tell the storekeeper about it.
11. I tell the groceryman that it is my turn when the grocer tries to wait on someone else first.
12. I try to get the storekeeper to sell me candy at a cheaper price.
13. Even though I don't understand what the teacher says, I don't ask her to say it again.
14. I do almost everything other people tell me to do.
15. I am often against what people say.
16. I stick to what I've said even if other children don't like it.
17. I don't mind when other children get ahead of me in line.
18. I have a lot of nerve.
19. I always want to have my way with other people.
20. I try to get my own way even if I have to fight for it.

21. I think that friends who don't agree with me are stupid.

22. I raise my hand so that the teacher will call on me to go on an errand.

23. I do not like to be the leader in games.

24. I start the fun at a quiet party.

25. I do not like to start a new game among my friends, but I let someone else do it.

26. I like to be the first in line when I play a game.

27. I get the boys and girls together for parties, clubs, and teams.

28. I don't like to ask questions in class.

29. I want to lead the class.

30. I like to stick up for my rights.

31. I like to talk with someone else about work.

32. I like to go from one group of children to another and talk.

33. When I make up my mind not to do a thing, I just won't do it.

34. I always want to be with my father and mother.

35. I feel sure I can do things I want to do.

S E C T I O N. II.

1. I do not like to have people ask me questions about myself.
2. I like baseball and football better than quiet games.
3. I would rather go to a party than stay at home.
4. I would rather play with other children than play alone.
5. I have many friends.
6. I do not make friends easily.
7. I like to go to school early because I have many friends waiting for me.
8. I like to make new friends.
9. I like friends more than books.
10. I find it easy to start talking to a new pupil.
11. I keep quiet when I am with other people.
12. I like to spend my vacation at some quiet place.
13. I do not mind when people say bad things about me.
14. I like to spend money.
15. I can be scolded without feeling hurt.
16. I make up my mind quickly.
17. I like to be in assembly plays.
18. I like to have people look at me when I am working.
19. I like to read before the class.
20. I do not like to work alone.
21. I make up my mind without much thinking.
22. I like to go camping rather than read about it.
23. I would sooner say than write what I think.

24. I like to think a great deal.

25. I want to work alone because I don't want other people to be praised for my ideas.

26. I feel at home at parties.

27. I would rather play checkers than play ball.

28. I like to belong to clubs.

29. I like to play rough sports.

30. I like to tell my friends all about things that happen to me.

31. I worry about the little mistakes I make.

32. I like to read poetry.

33. I think of smart things to say afterward, when it is too late.

34. I like to take charge of things for the teacher.

35. I like to go around classes, collecting money for the Red Cross.

S E C T I ON. III.

1. I like to go to the movies.
2. I think most children like to make fun of me.
3. I get angry about nothing.
4. I get so angry I can't talk.
5. I fall and trip over things.
6. I like to listen to the radio.
7. I find it hard to forget my troubles.
8. I often talk to myself.
9. I like animals as pets.
10. I often have ideas run through my head, so that I cannot sleep.
11. I never tear pages from my school or library books.
12. I often giggle and laugh for no reason at all.
13. I often cry without reason.
14. I make believe I am somebody else.
15. I am always afraid that sad things will happen to me.
16. I do not talk during fire drill.
17. I think that I was happier when I was a baby.
18. I always cross the street at the corners.
19. I often think people follow me at night.
20. I think that my friends are against me.
21. I often find it hard to breathe.
22. I feel tired most of the time.
23. I often feel sick when I have to go to school.
24. I worry about getting sick.
25. I don't like to be absent.

26. I am afraid to sit in a small room with the door shut.

27. I am very much afraid of water.

28. I wish to do the right thing, but sometimes I can't get myself to do it.

29. I cannot stand even a small noise.

30. I am afraid of thunder.

31. I feel that I haven't a friend.

32. I like my school because it is clean.

33. Everything gets on my nerves.

34. I often feel sad for no reason at all.

35. I say one thing and do another.

36. I like to tease my friends until they cry.

37. I like this Same-Different game.

38. I believe almost anything that anybody tells me.

39. I cry when I am in trouble, because then people pity me.

40. I can't forget a wrong that's been done me.

41. I think that everybody keeps away from me.

42. I think my teacher is always watching me.

43. I think my parents pick on me too much.

44. I feel I get blamed for things I did not do.

MODIFIED PINTNER PERSONALITY INVENTORY.

-0-

SECTION. I.

Aggression: Submission.

Symp No.	Symptom.
1.	When someone tries to push into line ahead of me, I am not afraid to tell him to get back.
2.	I rush to be the first one to get on a bus.
3.	I am among the first to yell at a game.
4.	I push to get a seat in the bus or train before someone else does.
5.	I get angry when the N.C.O. is "bossy".
6.	I am usually doing the talking in any crowd.
7.	I find it hard to talk in front of other people.
8.	I talk back to anybody who is "bossy".
9.	I like to take charge of people and show them around.
10.	When the orderly officer asks for complaints, I speak up.
11.	I tell the shop assistant that it is my turn when he tries to serve someone else first.
12.	I can argue and bargain over prices.
13.	Even though I don't understand what the N.C.O. says, I don't ask him to say it again.
14.	I "give in" to people easily.
15.	I am often against what people say.
16.	I stick to what I've said even if other people don't like it.

17. I don't mind when other people get ahead of me in a queue.

18. I have plenty of confidence.

19. I always want to have my own way with other people.

20. I try to get my own way even if I have to fight for it.

21. I think that people who don't agree with me are stupid.

22. I step out of the ranks when volunteers are asked for.

23. I do not like to be in charge of a party of men.

24. I start the fun at a quiet party.

25. I do not like to organise or start things among my friends, I let someone else do it.

26. I like to take a prominent part in Social matters.

27. I get the men together for parties, clubs and teams.

28. I don't like to ask questions in public.

29. I want to lead the squad.

30. I like to stick up for my rights.

31. I like to talk with people about my work.

32. I like to mix and talk with different types of men.

33. When I make up my mind not to do a thing, I just won't do it.

34. I cannot settle unless I am with people I know well.

35. I feel sure I can do things I want to do.

S E C T I O N. II.

Extroversion: Introversion.

Sym. No.	Symptom.
1.	I do not like to have people ask me questions about myself.
2.	I like cricket and football better than quiet games.
3.	I would rather go to a party than stay at home.
4.	I would rather play team games than non-team games.
5.	I have many friends.
6.	I do not make friends easily.
7.	I like to go to clubs frequently because I have many friends there.
8.	I like to make new friends.
9.	I like friends more than books.
10.	I find it easy to start talking to strangers.
11.	I keep quiet when I am with other people.
12.	I like to spend my holiday at some quiet place.
13.	I do not mind when people gossip about me.
14.	I like to spend money.
15.	I can be 'ticked off' without feeling hurt.
16.	I make up my mind quickly.
17.	I like to take part in concert parties.
18.	I like an audience when I am working.
19.	I like to detail men for duties.
20.	I do not like to work alone.
21.	I make up my mind rapidly.

SECTION II. (Contd).

22. I like to go camping rather than read about it.

23. I would sooner say than write what I think.

24. I like to think a great deal.

25. I want to work alone because I don't want other people to be praised for my ideas.

26. I feel at home at parties.

27. I would rather play a quiet game than join in with a crowd.

28. I like to belong to clubs.

29. I like to play rough sports.

30. I like to tell my friends all about things that happen to me.

31. I worry about the little mistakes I make.

32. I like to read poetry.

33. I think of smart things to say afterwards, when it is too late.

34. I like to be put in charge of things.

35. I like to take charge when there is a whip round.

S E C T I O N. III.

Emotional Stability.

Sym. No.	Symptom.
1.	I think most men like to make fun of me.
2.	I get angry about nothing.
3.	I get so angry I can't talk.
4.	I fall and trip over things.
5.	I find it hard to forget my troubles.
6.	I often talk to myself.
7.	I often have thoughts run through my head, so that I cannot sleep.
8.	I often grin and laugh for no reason at all.
9.	I often feel miserable without good reasons.
10.	I make believe I am somebody else.
11.	I am always afraid that sad things will happen to me.
12.	I think that I was happier when I was a youngster.
13.	I often imagine things when I am on guard at night.
14.	I think that my friends are against me.
15.	I often find it hard to breathe.
16.	I feel tired most of the time.
17.	I often feel sick when I have to go on parade.
18.	I worry about getting sick.
19.	I am afraid to be on sentry-go at a lonely post.
20.	I am very much afraid of water.
21.	I wish to do the right thing, but sometimes I can't get myself to do it.

SECTION III.(Contd).

22, I cannot stand even a small noise.

23. I am afraid of thunder.

24. I feel that I haven't a friend.

25. Everything gets on my nerves.

26. I often feel sad for no reason at all.

27. I say one thing and do another.

28. I like to chaff my friends until they get angry.

29. I believe people too easily.

30. I look miserable when I am in trouble, because then people sympathise with me.

31. I can't forget a wrong that has ben done to me.

32. I think that everybody keeps away from me.

33. I think my superior officer is always watching me.

34. I think my superior officer picks on me too much.

35. I feel I get blamed for things I did not do.

COMBINED SCATTER and FREQUENCY TABLES.

T A B L E. 1.

Modified Pintner Personality Inventory. Scores for 285 psychoneurotic soldiers. Section one of the Inventory provides a measure of aggression-submission, Section two affords a measure of extroversion-introversion. Section three gives a measure of emotional stability. The higher the score the more the aggression, extroversion and emotional stability respectively. Number of symptoms in each section is 35.

285 Psychoneurotic Soldiers.

SECTION I. Aggression-Submission.

Score Interval.

SEXCTION II. Introversion-Extroversion.	1 - 5	-10	-15	-20	-25	-30	31-35		SECTION I. Aggression-Submission.
1-5	1	4	5	2				12	
-10	6	20	20	8	2			56	
-15	3	11	28	21	9			72	
-20	1	7	16	26	19	5	1	73	
-25		1	4	9	20	10	1	45	
-30				1	9	12	2	24	
31-35					1	1	1	3	
Frequency Section I.	11	43	73	67	58	28	5	285	

	Section I.	Sect.II
Mean	16.9	16.0
Standard Deviation of Distribution	6.9	6.80
Correlation coefficient	0.75	
Standard Error correlation coefficient	.059	

T A B L E. 2.

285 Psychoneurotic Soldiers.

SECTION II.

Extroversion - Introversion.

SECTION 3. EMOTIONAL STABILITY	Score Interval.	1 - 5	-10	-15	-20	-25	-30	31-35		FREQUENCY SECTION 3.
	1-5	2		2					4	
	-10	0	6	2					8	
	-15	5	19	5	3				32	
	-20	3	15	16	10				44	
	-25	2	8	22	20	5	3		60	
	-30		6	20	27	18	7	1	75	
	31-35		2	5	13	22	14	2	58	
Frequency Section II		12	56	72	73	45	24	3	285	

	Section II.	Section III.
Mean	16.0	23.8
Standard Deviation of Distribution.	6.80	7.32

Correlation coefficient. 0.64

Standard Error of Correlation coefficient. 0.059

T A B L E. 3.

285 Psychoneurotic Soldiers.

SECTION. III.

Emotional Stability.

Score Interval.

SECTION I. Assigned Score Interval	1 - 5	-10	-15	-20	-25	-30	31-35	Frequency	SECTION I.
1-5	1		5	3	2			11	
-10	1	2	15	12	11	1	1	43	
-15	1	5	7	18	19	16	7	73	
-20	1	0	4	8	15	30	9	67	
-25		1	1	3	6	24	23	58	
-30					5	6	17	28	
31-35					2	2	1	5	
Frequency Section III.	4	8	32	44	60	79	58	285	

	Section III.	Section I.
Mean	23.8	16.9
Standard Deviation of Distribution	7.32	6.9
Correlation coefficient.	0.58	
Standard Error of Correlation coefficient.	0.059.	

T A B L E.S.4 - 6.

Modified Pintner Personality Inventory - Scores for 169 psychoneurotic soldiers, diagnosed as anxiety states. The three sections of the Personality Inventory are considered. Section I. Aggression - Submission. Section II. Extroversion - Introversion. Section III. Emotional Stability. Number of Symptoms in each Section 35. The higher the score the more the aggression, extroversion and emotional stability respectively.

169 ANXIETY STATES.

T A B L E.4.

SECTION I.

Aggression - Submission.

EXTROVERSION-INTROVERSION. SECTION 2.	Score Interval. 1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY SECTION I.
1-5	1	4	4				9	
-10	2	8	12	5	1		8	
-15	1	4	21	13	2		41	
-20		7	9	19	11	2	48	
-25			1	4	14	5	1	25
-30				1	6	6	2	15
31-35					1	1	1	3
Frequency Section I.	4	23	47	42	35	14	4	169

	Section I.	Section II.
Mean	17.15	16.25
Standard Deviation of Distribution	6.70	6.9
Correlation coefficient	0.7	
Standard error of correlation coefficient	0.077	

T A B L E. 5.

169 ANXIETY STATES.

SECTION II.

Extroversion - Introversion

Score Interval.

EMOTIONAL STABILITY SCORE INTERVAL (Section 3.)	1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY (Section 3.)
1-5	2		1					3
-10		4	2					6
-15	3	6	3	2				14
-20	3	8	9	6				26
-25	1	5	10	11	1	2		30
-30		4	15	19	13	4	1	56
31-35		1	1	10	11	9	2	34
Frequency Section III.	9	28	41	48	25	15	3	169

	Section II.	Section III.
Mean	16.25	24.8
Standard Deviation of Distribution	6.9	7.35
Correlation coefficient.	0.6	
Standard Error of Correlation coefficient.	0.77	

T A B L E. 6.

169 ANXIETY STATES.

SECTION III.

Emotional Stability

SECTION I	AGGRESSION SUBMISSION	Score Interval. 1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY	SECTION III
	1-5	1			2	1		4		
	-10	1	1	5	8	6	1	1	23	
	-15	1	4	6	10	12	10	4	47	
	-20		1	3	5	5	23	5	42	
	-25				1	3	18	13	35	
	-30					2	2	10	14	
	31-35	3	6	14	26	30	56	34	169	

Frequency
Section III.

	Section III.	Section I.
Standard Deviation of Distribution	7.35	6.70
Mean	24.18	17.15
Correlation coefficient	0.5	
Standard Error of " "	0.077	

T A B L E S.7 - 9.

Modified Pintner Personality Inventory. Scores for 58 psychoneurotic soldiers diagnosed as Hysterical states. The three sections of the Personality Inventory are considered. Section I. Aggression-Submission. Section II. Extroversion - Introversion. Section III. Emotional Stability. Number of questions per Section is 35. The higher the score the more the aggression, extroversion, emotional stability respectively.

T A B L E. 7.

58 Hysterical States.

SECTION I.

Aggression - Submission.

SECTION 2. EXTROVERSION - INTROVERSION: SCORE INTERVAL	1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY SECTION 2.
1-5			1	1			2	
-10	1	6	6	1			14	
-15	1	6	4	4	3	0	18	
-20	1	1	5	4	3	2	16	
-25			1	2	1	2	6	
-30						2	2	
31-35							0	
SN	3	13	17	12	7	6	0	58

Frequency Section I

	Section I	Section II
Mean	15.15	14.40
Standard Deviation of Distribution	6.85	5.70
Correlation coefficient	0.54	
Standard Error of " "	0.133	

T A B L E. 8.

58 Hysterical States.

SECTION II.

Extroversion ÷ Introversion.

EMOTIONAL STABILITY SECTION 3.	Score Interval. 1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY	SECTION 3.
1-5								0	
-10		1						1	
-15	1	6	1	1				9	
-20		3	4	3				10	
-25	1	3	7	5	2			18	
-30		1	4	4		1		10	
31-35			2	3	4	1		10	
Frequency Section II.	2	14	18	16	6	2		58	

	Section II.	Section III.
Mean	14.40	29.91
Standard Deviation of Distribution	5.70	6.73
Correlation coefficient	0.58	
Standard error of Correlation coefficient	0.133	

TABLE 9.

58 Hysterical States.

SECTION III.

Emotional Stability.

SECTION I. AGGRESSION SCORE	Score Interval. 1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY SECTION I.
1-5	0		1	1	1		3	
-10	0		7	1	5		13	
-15	0	1	1	5	4	4	2	17
-20	0			1	6	3	2	12
-25	0			2	1	2	2	7
-30	0				1	1	4	6
31-35								0
Frequency Section III.	0	1	9	10	18	10	10	58

SECTION III. SUBMINIMAL INTERVAL

	Section III.	Section I.
Mean	22.91	15.15
Standard Deviation of Distribution	6.73	6.85
Correlation Coefficient	0.39	
Standard error of Correlation Coefficient.	0.133	

T A B L E S. 10 - 12.

Modified Pintner Personality Inventory Scores for twenty two psychoneurotic soldiers, diagnosed as Obsessional States. The three sections of the Personality Inventory are considered, Section I. Aggression-Submission. Section II. Extroversion - Introversion. Section III. Emotional Stability. Number of questions in each section 35. The higher the score the more the Aggression, Extroversion, Emotional Stability respectively.

T A B L E 10.

22 Obsessional States.

SECTION I. Aggression-submission.

Score Interval.

SECTION 2. EXTROVERSION — SCORE INTERVAL	1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY SECTION 2.
1-5	1			1			2	
-10	1	2		1	1		5	
-15	1		1	1	2		5	
-20			1	1	1		3	
-25				2	2	2	6	
-30						1	1	
31-35							0	
	3	2	2	6	6	3	22	

Frequency Section I.

	Section I.	Section II.
Mean	17.3	15.04
Standard Deviation of Distribution.	7.87	7.17
Correlation Coefficient	0.62	
Standard Error of Correlation Coefficient.	0.214	

T A B L E 11.

22 Obsessional States.

SECTION II.

Extroversion-Introversion.

SECTION 3. EMOTIONAL STABILITY SCORE INTERVAL	Score Interval 1-5	-10	-15	-20	-25	-30	31-35	FREQUENCY	SECTION 3.
1-5	1						1		
-10		1					1		
-15	1	3	1				5		
-20		1					1		
-25			2	1	1	1	5		
-30				2	1		3		
31-35			2		4		6		
	2	5	5	3	6	1	0 22		

Frequency Section II.

	Section II	Section III
Mean	15.04	22.35.
Standard Deviation of Distribution	7.17	9.08
Correlation coefficient	0.68	
Standard Error of " "	0.214	

T A B L E 12.

22 Obsessional States.

SECTION III.

Emotional Stability.

Score Interval.

SECTION I AGGRESSION SUBMISSION SCORE INTERVAL	1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY	SECTION I
1-5	1		2					3	
-10		1	1					2	
-15					1	1		2	
-20			1	1	1	1	2	6	
-25			1		1	1	3	6	
-30					2		1	3	
31-35								0	
Frequency Section III.	1	1	5	1	5	3	6	22	

	Section III.	Section I
Mean	22.35	17.3
Standard Deviation of Distribution	9.08	7.87
Correlation Coefficient	0.66	
Standard Error of " "	0.214	

T A B L E S 13 - 15.

Modified Pintner Personality Inventory. Scores for 96 psychoneurotic soldiers, classified as being in Selection Grades I and II of intelligence, according to the R.E.C.I. Progressive Matrices Test (See Table 13a) The three Sections of the Personality Inven tory are considered Section I. Aggression-Submission Section II. Extroversion-Introversion. Section III. Emotional Stability. Number of questions in each Section 35. The higher the score the more the Aggression, Extroversion, Emotional Stability respecively.

T A B L E 13.

96 Pscychoneurotic Soldiers in S.G. I and II.

SECTION I.

Aggression-Submission.

SECTION 2 EXTROVERSION INTROVERSION	SECTION I AGGRESSION SCORE	Score Interval. 1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY SECTION I.
	1-5		1	1				2	
	-10	1	3	2	3	1		10	
	-15		4	8	6	3		21	
	-20			3	10	14	4	31	
	-25			1	4	9	3	17	
	-30					5	7	2	14
	31-35							1	1
		1	8	15	23	32	14	3	96

	Section I.	Section II.
Mean	19.82	18.05
Standard Deviation of Distribution.	6.42	6.47
Correlation Coefficient	0.7	
Standard Error of " "	0.103	

T A B L E 14.

96 Pyschoneurotic Soldiers in S.G. I and II.

SECTION II.

Extroversion-Introversion.

EMOTIONAL STABILITY SECTION 3 — SCORE INTERVAL	Score Interval 1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY	SECTION 3
1-5									
-10									
-15	2	4					6		
-20		3	4	3			10		
-25		2	9	5	2	1	19		
-30		1	7	13	5	5	31		
31-35			1	10	10	8	1	30	
Frequency Section II.	2	10	21	31	17	14	1	96	

	Section II.	Section III.
Mean	18.05	26.59
Standard Deviation of Distribution	6.47	5.94
Correlation coefficient	0.42	
Standard Error of " "	0.103	

TABLE 15.

96 Psychoneurotic Soldiers in S.G. I and II.

SECTION III.

Emotional Stability.

Score Interval

SECTION I AGGRESSION SUBMISSION SCORE INTERVAL	1 - 5	-10	-15	-20	-25	-30	31-35	SECTION I FREQUENCY
1-5				1				1
-10			3	2	3			8
-15			2	3	5	3	2	15
-20				4	3	11	5	23
-25					4	14	14	32
-30			1		4	2	7	14
31-35						1	2	3
			6	10	19	31	30	96

Frequency
Section III.

	Section III	Section I.
Mean	26.59	19.82
Standard Deviation of Distribution	5.94	6.42
Correlation Coefficient	0.31	
Standard Error of " "	0.103	

TABLE 16.

117 Psychoneurotic Soldiers in S.G. III + and III -.

SECTION I.

Aggression-Submission.

SECTION 2 INTERVIEWER'S ESTIMATE OF SUBJECT'S EXTROVERSION-INTROVERSION	Score Interval. 1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY SECTION 2
1-5	1	1	3	2				7
-10	2	8	11	4	2			27
-15	3	4	6	9	6			28
-20		2	9	11	3	1		26
-25			2	6	8	6	1	23
-30				1	1	3		5
31-35						1		1
FREQUENCY SECTION 1.	6	15	31	33	20	11	1	117

	Section I.	Section II.
Mean	16.6	15.13
Standard Deviation of Distribution.	6.67	6.74
Correlation coefficient	0.60	
Standard Error of " "	0.092	

T A B L E S 17 to 18.

Modified Pintner Personality Inventory, scores for 117 Psychoneurotic Soldiers classified as being in Selection Grades 3 - and 3 - of intelligence, according to the R.E.C.I. Progressive Matrices Test (See Table 13a) The three Sections of the Personality Inventory are considered Section I. Aggression-Submission Section II. Extroversion-Introversion Section III. Emotional Stability. Number of questions in each Section 35. The higher the score the more the Aggression, Extroversion, Emotional Stability respectively.

T A B L E 17.

117 Psychoneurotic Soldiers in S.G. 3 + and 3 -

SECTION II. Extroversion-Introversion.

SECTION 3. EMOTIONAL STABILITY SCORE	Score Interval. 1 - 5	-10	-15	-20	-25	-30	31-35		FREQUENCY SECTION 3.
1-5	2		1					3	
-10		4	1					5	
-15	2	8	2					12	
-20	1	7	6	7				21	
-25	2	3	7	4	2	1		19	
-30		5	9	11	11	1		37	
31-35			2	4	10	3	1	20	
Frequency Section II.	7	27	28	26	23	5	1	117	

	Section II.	Section III.
Mean	15.13	23.21
Standard Deviation of Distribution.	6.74	7.72
Correlation Coefficient	0.64	
Standard Error of " "	0.092	

TABLE 18.

117 Psychoneurotic Soldiers in S.G. III + & 3 -

SECTION III.

Emotional Stability.

AGGRESSION SECTION I — SUBMISSION SCORE INTERVAL	Score Interval 1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY SECTION I
1-5	1		3	2			6	
-10		1	4	7	3		15	
-15	1	4	3	7	7	7	2	31
-20			2	3	7	17	4	33
-25	1			2	1	9	7	20
-30					1	3	7	11
31-35						1		1
	3	5	12	21	19	37	20	117

Frequency
Section III.

	Section III.	Section I.
Mean	23.21	16.6
Standard Deviation of Distribution	7.72	6.67

Correlation Coefficient 0.60

Standard Error of " " 0.092

T A B L E S 19 to 21.

Modified Pintner Personality Inventory, scores for 80 psychoneurotic Soldiers, classified as being in Selection Grades 4 and 5 of intelligence, according to the R.E.C.I. Progressive Matrices Test. (see Table 13a) The Three Sections of the Personality Inventory are considered Section I. Aggression-Submission. Section II. Extroversion-Introversion Section III. Emotional Stability. Number of questions in each Section 35. The higher the score the more the Aggression, Extroversion, Emotional Stability respectively.

T A B L E 19.

80 Psychoneurotic Soldiers in S.G. IV and V.

SECTION I.

Aggression-Submission.

SECTION 2. EXTROVERSION SCORE INTERVAL	Score Interval. 1 - 5	-10	-15	-20	-25	-30	31-35	FREQUENCY SECTION 2.
1-5	1	2	1					4
-10	3	9	7	1				20
-15		4	14	5				23
-20	1	6	4	7	2			20
-25		1	1		3	2		7
-30					3	2		5
31-35					1			1
	5	22	27	13	9	4	0	80

Frequency Section I.

	Section I.	Section II.
Mean	13.69	14.36
Standard Deviation of Distribution	6.26	6.54
Correlation Coefficient	0.67	
Standard Error of " "	0.112	

T A B L E. 20.

80 Psychoneurotic Soldiers in S.G. IV and V.

SECTION II.

Extroversion-Introversion.

EMOTIONAL STABILITY SECTION 3

SCORE INTERVAL	Score Interval. 1 - 5	-10	-15	-20	-25	-30	31-35.	FREQUENCY SECTION 3
1-5	1		1				2.	
-10		2	1				3	
-15	1	7	3	3			14	
-20	2	5	6	2			15	
-25		4	7	9	1	1	22	
-30		1	4	2	3	1	1	12
31-35		1	1	4	3	3		12
Frequency Section II.	4	20	23	20	7	5	1	80

	Section II.	Section III.
Mean	14.56	21.5
Standard Deviation of Distribution	6.54	7.55
Correlation Coefficient	0.59	
Standard Error of " "	0.112	

TABLE 21.

80 Psychoneurotic Soldiers in S.G. IV and V.

SECTION III.

Emotional Stability.

AGGRESSION SECTION I — SUBMISSION SECTION III — Score Interval.

Score Interval	1 - 5	-10	-15	-20	-25	-30	31-35	Frequency Section I.
1-5	1		2		2			5
-10	1	1	7	5	6	1	1	22
-15		1	3	8	7	4	4	27
-20		1	2	2	4	3	1	13
-25					2	3	4	9
-30					1	1	2	4
31-35								0
Frequency Section III.	2	3	14	15	22	12	12	80

	Section III.	Section I.
Mean	21.5	13.69
Standard Deviation Distribution	7.55	6.26
Correlation Coefficient	0.50	
Standard Error of " "	0.112	

T A B L E. 22.

Number of times per cent that 249 psychoneurotic soldiers answered each symptom (i.e. percentage incidence of occurrence) as for A. Aggression (Section I. Aggression-Submission) B. Extroversion (Section II. Extroversion-Introversion) C. Emotional Instability (Section III). N umber of symptoms per section 35.

Percentage Incidence of occurrence of Symptoms in 249 Psychoneurotic soldiers.

Symp. No.	A. Aggression.	B. Extroversion.	C. Emotional Instability.
1.	66	33.7	21.1
2.	52.5	48.2	26.6
3.	30.5	40.7	25.5
4.	30.5	76.1	24.0
5.	59.0	61.0	69.3
6.	16.6	43.0	24.0
7.	41.1	30.8	62.2
8.	72.2	60.4	13.3
9.	40.5	57.5	57.2
10.	53.0	55.8	12.2
11.	59.0	23.2	38.3
12.	7.2	22.0	44.0
13.	69.0	44.2	49.4
14.	73.3	68.6	15.0
15.	42.2	41.2	30.5
16.	80.5	44.2	47.7
17.	60.0	22.0	28.3
18.	40.5	25.5	37.7
19.	12.2	32.0	39.4
20.	24.4	43.6	35.5
21.	11.6	34.3	66.6
22.	51.1	65.3	22.7
23.	57.7	59.8	22.2
24.	31.6	26.7	20.5
25.	20.0	54.6	33.2
26.	36.6	41.2	50.0
27.	29.6	44.7	35.5
28.	35.0	36.0	15.0
29.	37.2	23.8	16.0
30.	90.0	34.3	21.1
31.	80.0	24.4	50.0
32.	33.3	63.3	13.9
33.	58.3	44.2	20.0
34.	50.5	33.2	16.0
35.	71.6	26.7	26.6

T A B L E. 23.

Number of times per cent that 168 soldiers designated as Anxiety States answered each symptom (i.e. percentage incidence of occurrence) as for A. Aggression (Section I. Aggression-Submission) B. Extroversion (Section II. Extroversion-Introversion) C. Emotional Instability (Section III). Number of symptoms per section 35.

Percentage incidence of occurrence of symptoms in 168 Military Anxiety States.

Symp. No.	A. Aggression.	B. Extroversion.	C. Emotional Instability.
1.	68	29	23
2.	53	51	22
3.	41	42	25
4.	56	74	26
5.	61	63	66
6.	18	44	22
7.	41	33	55
8.	73	62	14
9.	48	53	53
10.	59	55	12
11.	64	25	32
12.	10	23	44
13.	67	43	51
14.	73	68	11
15.	37	45	33
16.	85	47	42
17.	60	24	30
18.	44	26	40
19.	11	31	38
20.	20	38	38
21.	13	41	63
22.	58	63	23
23.	59	64	22
24.	36	31	18
25.	25	54	30
26.	38	45	59
27.	30	41	30
28.	35	38	16
29.	39	24	14
30.	94	31	22
31.	83	24	52
32.	37	63	10
33.	64	40	16
34.	53	36	14
35.	73	30	23

T A B L E. 24.

Number of times per cent that 58 soldiers diagnosed as Hysterical States answered each symptom (i.e. percentage incidence of occurrence) as for A. Aggression (Section I. Aggression-Submission) B. Extroversion (Section II. Extroversion-Introversion) C. Emotional Instability (Section III). Number of symptoms per section 35.

Percentage incidence of occurrence of symptoms in 58 Military Hysterical States

Symp. No.	A. Aggression.	B. Extroversion.	C. Emotional Instability.
1.	63	44	15
2.	51	48	34
3.	18	40	21
4.	46	84	22
5.	55	62	74
6.	15	40	22
7.	37	30	72
8.	74	58	15
9.	31	68	67
10.	44	62	12
11.	51	28	46
12.	3	22	43
13.	74	52	48
14.	72	70	19
15.	46	38	24
16.	75	42	57
17.	62	16	24
18.	36	20	34
19.	10	34	43
20.	31	54	31
21.	8	28	72
22.	48	66	17
23.	60	54	22
24.	25	26	24
25.	15	54	31
26.	29	38	67
27.	27	42	27
28.	34	34	14
29.	36	22	22
30.	84	40	22
31.	75	32	48
32.	24	66	21
33.	50	50	22
34.	46	42	21
35.	70	22	31

T A B L E 25.

Number of times per cent that 22 soldiers diagnosed as Obsessional States answered each symptom (i.e. percentage incidence of occurrence) as for A. Aggression (Section I. Aggression-Submission) B. Extroversion (Section II. Extroversion-Introversion) C. Emotional Instability (Section III.) Number of symptoms per section 35.

Percentage incidence of occurrence of symptoms in 22 Military Obsessional States.

Symp. No.	A. Aggression.	B. Extroversion.	C. Emotional Instability.
1.	63	31	27
2.	54	34	27
3.	13	34	41
4.	54	68	18
5.	59	50	73
6.	13	45	36
7.	50	22	68
8.	63	59	4
9.	31	54	50
10.	50	45	14
11.	54	4	45
12.	4	18	45
13.	63	31	45
14.	77	68	23
15.	54	31	36
16.	72	34	50
17.	54	27	32
18.	34	27	36
19.	22	31	36
20.	34	45	36
21.	13	18	68
22.	27	54	36
23.	45	54	23
24.	27	9	23
25.	9	59	45
26.	27	40	54
27.	31	68	41
28.	34	31	14
29.	31	27	9
30.	86	34	14
31.	77	18	45
32.	40	59	14
33.	54	50	32
34.	50	40	14
35.	68	27	32

T A B L E 26. (A to D).

Distribution according to symptom number, of the percentage incidence of symptom, denoting Aggression, in A. 249 psychoneurotic soldiers. B. 169 Anxiety States in soldiers. C. 58 Hysterical states in soldiers. D. 22 Obsessional states in soldiers. Number of symptoms 35.

A.

249 Psychoneurotic soldiers.
Distribution of symptoms (Aggression)

Symptom Number.						
		29				
12		26				
21		28		17		
19		32	22	5		
6		24	34	11	14	
25		4	15	33	8	
		3	7	23	35	30
		27	18	10	13	16
		20	9	2	1	31
10-23.9%	24-37.9%		38-51.9%	52-65.9%	66-79.9%	80-93.9%

% Incidence of Occurrence.

Percentile	Symptom.				
90	30	31	16		
15	25	21	19	12	6

T A B L E 26.

B.

169 Military Anxiety States.
Distribution of symptoms (Aggression).

Symptom Number.							
				34)			
				2)			
				4			
				22			
		25	(26	10)			
	12	27	(29	23)	13		
	19	28	3)	17	1		
	21	24	7)	5	8)	31	
	6	32)	18	11)	35)	16	
	20	15)	9	33)	14)	30	
	10% to 23.9	24%to37.9	38%to51.9	52%to65.9	66%to79.9	80%to93.9	

Percentage incidence of Occurrence.

Percentile	Symptom.
90	16, 30, 31.
15	6, 12, 19, 21, 20, 25.

T A B L E. 26.

C.

58 Military Hysterical States
Distribution of Symptoms (Aggression)

Symptom Number					
			34)		
		9	15)		
		20	4		
12	3	28	22	23	(13
21	32	29	33	17	(8
19	24	18	11)	1	31)
25)	27	7	2)	35	16)
6)	26	10	5	14	30
3%to16.9%	17%to30.9%	31%to44.9%	45%to58.9%	59%to72.8%	73%to86.9%

Percentage Incidence of Occurrence.

Percentile	Symptom.
90	16, 30, 31.
15	3, 6, 12, 19, 21, 25

T A B L E. 26.

D.

22 Military Obsessional States.
Distribution of symptoms (Aggression).

Symptom Number.						
				(34		
				(7		
				(10		
		19		2)		
		26)		4)		
12		24)	28)	11)	1)	
25		22)	20)	15)	8)	
3)		9)	18)	17)	13)	14)
6)		27)	32	33)	35	31)
21)		29)	23	5	16	30
4%to17.9%		18%-31.9%	32%-45.9%	46%-59.9%	60%-73.9%	74%-87.9%

Percentage Incidence of Occurrence.

Percentile	Symptom.
90	16, 30, 31, 14
15	3, 6, 12, 19, 21, 25

T A B L E S. 27. (A. to D.)

Distribution, according to symptom number, of the percentage incidence of occurrence of symptoms, denoting extroversion, in A. 249 Psychoneurotic soldiers. B. 169 Anxiety States in soldiers. C. 58 Hysterical states in soldiers. D. 22 Obsessional states in soldiers. Number of symptoms 35.

A.

249 Psychoneurotic Soldiers.
Distribution of Symptoms (Extroversion).

Symptom Number.	11-23.9%	24-36.9%	37-49.9%	50-62.9%	63-75.9%	76-88.9%
	29	28				
	11	30	2			
	12	21	27			
	17	1	33			
		34	16			
		19	13			
		7	20	8		
		35	6	23	5	
		24	26	9	14	
		31	15	10	22	
		18	3	25	32	4

Percentage Incidence of Occurrence.

Percentile	Symptom
90th	4, 5, 14.
15th	11,12, 17, 29, 31, 18,35,24

T A B L E. 27.

B.

169 Military Anxiety States.
Distribution of Symptoms (Extroversion)

Symptom Number.						
19						
24						
30						
35		16				
1		15				
18		26				
11	33	6		23		
17	20	13	10	5		
29	28	3	25	32		
31	34	27	9	22	4	
12	7	21	2	8	14	
23-31.9	32	41	50	59	68	76.9

Percentage Incidence of Occurrence.

Percentile	Symptom.
90th	4, 5, 4.
15th	11, 12, 17, 29, 18, 31, 35, 24.

T A B L E. 27.

C.

58 Military Hysterical States.
Distribution of Symptoms (Extroversion)

16%-27.9%	28%-39.9%	40%-51.9%	52%-63.9%	64%-74.9%	75%-86.9%
17	11)	(3			
(18	21)	(6			
(35	7	(30	13		
12)	31	16)	(20		
29)	(19	27)	(23		
24	(28	34)	(25	22)	
	26)	1	8	32)	
	15)	2	5)	9	
		33	10)	14	4

Symptom Number

Percentage Incidence of Occurrence.

Percentile	Symptom.
90th	4, 14, 9
15th.	11, 12, 17, 29, 18, 35, 24

T A B L E. 27.

D.

22 Military Obsessional States.
Distribution of Symptoms (Extroversion).

Symptom Number.						
			35)			
			29)			
			18)			
			17)			
			(28			
			(19			
			(15			
			(13			(32
			(1	(34	(33	(8
		31)	30)	(26	(5	(25
		21)	16)	20)	23)	14)
11		12)	3)	10)	22)	4)
24		7	2)	6)	9)	27)
4%-14.9%		15%-25.9%	26%-36.9%	37%-47.9%	48%-58.9%	59%-69.9%

Percentage Incidence of Occurrence.

Percen tile	Symptom.
90th.	4, 14, 27.
15th.	11, 24, 7, 12, 21, 31, 35, 17, 29, 18.

T A B L E S. 28. (A. to D.)

Distribution, according to symptom number, of the percentage incidence of occurrence of symptoms, denoting Emotional Instability in A. 249 Psychoneurotic Soldiers. B. 169 Anxiety States in soldiers. C. 58 Hysterical States in soldiers. D. 22 Obsessional States in soldiers. Number of symptoms 35.

T A B L E.

A.

249 Psychoneurotic Soldiers.
Distribution of symptoms - Emotional Instability.

Symptom Number.	2-13.9	14-	26-	38-	50-	62-73.9
		3				
		6				
		4				
		22				
		23				
		30	18			
		1	27			
		24	20			
		33	25	13		
		34	15	16		
	32	29	17	12	9	5
	8	28	35	19	31	21
	10	14	2	11	26	7

Percentage incidence of occurrence.

Percentile	Symptom.
75th.	7, 21, 5, 26, 31, 9.
15th.	32, 8, 10, 14, 28.

T A B L E. 28.

B.

169 Military Anxiety States.
Distribution of Symptoms. Emotional Instability.

Symptom Number						
		30				
	24	23				
	33					
	29	6				
	34	2				
	28	4	15	12		
	14	3	11	16	13	
	32	21	17	18	26	5
	8	1	25	19	9	21
	10	35	27	20	31	7
	10-18.9	19-	28-	37-	46-	55-63.9

Percentage incidence of occurrence.

Percentile	Symptom.
75th.	7, 21, 5, 26, 31, 9.
15th.	32, 8, 10, 14, 28.

T A B L E. 28.

C.

58 Military Hysterical States.
Distribution of Symptoms - Emotional Instability.

Symptom Number					
1					
22					
34					
3					
33					
30					
29					
23					
6	20				
4	25				
28	35				26
14	27	12			9
32	15	19	13		5
10	17	2	31		21
8	24	18	11	16	7
12	23	34	45	56	67

Percentage incidence of occurrence.

Percentile	Symptom.
75th.	7, 21, 5, 9, 26, 16
15th.	32, 8, 10, 14, 28.

T A B L E. 28.

D.

22 Military Obsessional States.

Distribution of symptoms - Emotional Instability.

Symptom Number.					
		35	27		
		33	3		
30		17	31		
34	4	22	25		
29	24	20	13		
28	23	19	12		
8	14	18	11		21
32	2	15	16		7
10	1	6	9	26	5
4-15.9	16-	28-	40-	52-	64-83.9

Percentage Incidence of Occurrence.

Percentile	Symptom.
75th.	7, 21, 5, 9, 26, 16.
15th.	32, 8, 10, 28, 29.