

AMNESIAS IN WAR CASES.*

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The following cases presented as examples of war amnesia have been selected for very definite reasons. First, their family and personal histories are negative so far as could be elicited; second, their educational histories gave evidence of their being of average intellectual capacity; third, they had all been in active service from six months to a year and one-half before the onset of their amnesia, and had engaged in front-line fighting.

There was no question of these soldiers being psychotic or neurotic prior to their loss of memory. All were the type of individual that one would have considered desirable for military service. Further, these cases, although having incidental organic elements in their etiology, are primarily of psychic origin; that is, the emotional factor is by far the most important. The fact that in two of these cases the memory was completely restored by the use of psychotherapy again emphasizes the importance of psychic trauma in the causation of the amnesia.¹ The attempt will be made here to show the relation of the war amnesia to the process of dissociation. Rivers has discussed dissociation in its instinctive aspects and also stated that it has also been utilized by the later accretions of human mental process—thought and reason. It is, thus, a general fact not only of instinct, but of all of mind.

Dissociation plays a most important part in the mental economy. The psychologist usually thinks of dissociation as some abnormal

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¹ Also there are many other cases in which psychotherapy (*auto* or *hetero*) evolved a cure—the receipt of a letter from home, meeting a man from the same company or from the same home town, etc.

process manifesting itself only in unusual situations and not as an aspect of the normal mental life. Mind without dissociation would indeed be poorly organized. There must be some fact in mind which erases from consciousness previous experiences and makes possible clarity in the present content. Passing from one phase to another—from fear to joy, or happiness to grief—depends for its smooth working upon the adequacy of the dissociative process. Often there are blends of mental states, as when a child smiles through its tears, but these fortunately are momentary and very soon the new mental content is appreciated without blur. In the realm of thought-habit there is much more smoothness in mental working than where instincts and emotions predominate. One can go from idea to idea more readily and more gracefully than from one emotion to another. Whatever the process may be whereby one mental fact is dismissed from the mind and another enters to take its place the general notion of dissociation covers it. The fact of dissociation then runs along gamut in mental life from just the dismissal of things from the mind to the abnormal condition of multiple personality. It is, however, rather hazardous to attempt to include under this concept of dissociation the dual or multiple personalities which Dr. Prince² has so interestingly described, especially, of course, as no organic pathological factors are accounted for under the psychological conception of dissociation which Rivers advances.

Dissociation—as the process which clarifies the mental content and integrates what is called the attention—serves many hygienic purposes in the mental life. For, in the cases of war neuroses one of the great etiologic factors is the duality of consciousness—the presence of fear and pride opposed to each other and gradually wearing down the individual's resistance. One can well say that what ordinarily most makes for mental health and strength is the unification of the personality's effort about some basic purpose, and the absence of painful or pleasurable distractions from this work.

The inability of the dissociative process to function normally, as in the usual coming and going of things of the mind, lead in the

² Prince, Morton: "The Dissociation of a Personality." (Longmans, Green, London, 1906.)

war cases (due usually to long continued opposed pride and fear) to a severe impulse from the dissociative which, under the conditions of lessened resistance in the personality, was able successfully to erase from the individual's mind large gaps of experience. This served the hygienic purpose of disposing of stimuli which were intolerable to the personality; perhaps also preventing a psychosis or severe neurasthenia.³ The exceptionally great strength of the dissociative function in these cases derives from the fact that the men were living upon an instinctive plane and consequently that the dissociative process functioning purely developed an exceptional potency.

Rivers discusses the problem of dissociation in its genetic aspects. He points out that the caterpillar in the larval stage builds up a highly complex group of experiences which, if they persisted in the butterfly stage, would render many of the important functions of the butterfly's life, such as flight, for instance, impossible. Another example he takes from the frog, showing that memories of the aquatic period of its life cycle would tend to produce reactions having a very disturbing effect upon the adult life of the animal. He compares these with the same facts in human life, stating that many modes of infantile reaction must be dissociated in order to make possible the behavior characteristic of adult life. The experiences which must be suppressed, he says, belong to the domain of instinct. It becomes a question, he continues, whether dissociation of the mental life of man is not a mode of reaction belonging originally to instinct and which has been later utilized by the intellect. He states in closing his discussion, "Experience becomes unconscious and persists in this state because nature is accustomed to utilize the process closely associated with instinct to put out of action instinctive modes of behavior which would interfere with the proper working of a mechanism formed through the combination of instinctive and intelligent modes of recollection."

The basic nature of dissociation is delineated by the vivid manner in which it cuts its way through the whole mental life. The

³ The severe hysterias (mutism, paralyses, deafness) usually had a better prognosis than either the neurasthenias or psychasthenias.

dissociative process servile to the instinct of flight⁴ (the emotion of fear) thus removes from the active memory big batches of experience, in many cases six or eight months of the individual's life. And similar workings are noted in certain other major instinctive facts of the human mind.

According to the behaviorists—notably Holt—"consciousness is response"; this emphasizes the motor aspects of mental or neural functioning. They would perhaps deny as superfluous the possibility of there being any such dissociative mechanism as the one described here, any "clearing-up-of-mind" process to aid its focussing upon the present content. Granted that a unified or integrated response constitutes the highest form of behavior and that normally we respond to one thing at a time, however, under certain abnormal conditions the mind is strained to seek to respond to more than one thing at once with the consequence that fatigue or disease enters. In civilian life one can develop the capacity of having two ideas in the mind at once—or for lesser periods one idea and some unrelated emotion—but two emotions cannot reside harmoniously for long without seriously affecting the individual's well-being. Then, in this abnormal state of over-stimulation (or response), as these war cases illustrate, this dissociative process throws itself into the gap and rescues the mind from destruction. It serves a basic protective purpose—and its adequacy in preserving the individual is evidenced, positively, in cases where intolerable ideas or experiences were thrust from the mind. This is shown by the man who was picked up in Paris completely amnesic. At Base Hospital 117 he cleared up under treatment and told of having belonged to an outfit in which the men abused him horribly. Malingering was eliminated in this case. Negatively, one recognizes certain cases in which the dissociative process did not function, or wherein the stimulus overwhelmed the individual—as in the war psychosis. A typical case illustrating this is that of a lad whose buddie was decapitated as he was running toward him, and the head rolled at his feet. He picked up the head, put it on the body and told him to come along. Shortly thereafter he was hospitalized as a psychosis. The case entered Base Hospital 117 confused, with ideas of persecution and other

⁴ See McDougall, William: "An Introduction to Social Psychology."

psychotic symptoms, *but with an ever-present vivid recollection of this experience*, and was evacuated to a mental hospital some time later very little improved.

Memory is a by-product of experience, something closely related to habit both as regards origin and function; that is, they both come up from the instinctive sea and seem to function independently of it. There are the two facts—instinct and habit. Instinct supplies the push to activity—habits then are formed. Habits are not always developed, as in the case of the calf which is not given suck in time. The concept of order enters here to differentiate these two so closely related facts of instinct and habit. Habit never occurs without instinctive precedence.

Habits are by definition related to the operations of the skeletal apparatus and motor functions of the body, while memory, accorded a certain higher dignity, is given a place in the thought life. Ordinarily, habits and memory reside harmoniously with instinct. Habit rides upon docile instinct, but one always feels that the rider has a poor seat, that the least shock may throw him. In the community life of civilized man there are few causes for regression to the primitive planes of mental life. In war, however, this does not occur often, and we find that under the severe strains and trials of a campaign, habits are as frail barks tossed by the raging sea of instinct—instinct which has been dormant and which has not waned. So, just as habits are temporarily obliterated or pushed to one side by some very great emotional stress, so, likewise, may the instinctive functionings cast aside, shunt-off in some way, or, to use the term as Rivers employs it, “dissociate” the memory.

This summary discussion deals with a group of war amnesia cases in which the precipitating cause was the dissociative process of instinct; *i. e.*, of self-preservation (fear or anger), of the instincts grouped about the self (the “ego strivings”) and of repulsion (horror). The latter two cases illustrate that although most of the war neurosis cases were related to fear, still there were cases whose origin seemed to be some other instinctive fact.

CASE I.—The patient's family and personal history are negative. Entered Base Hospital 117 about the 15th of September, 1918, and at that time had a complete amnesia for all events from the morning of April 11, 1918, up to and including October 25. The last event that he remembers prior

to the onset of his amnesia was landing in Liverpool and the first part of his march from the docks to the train. The intervening 6 months and 14 days were a complete blank and his first recollection after this amnesic period was being arrested by one of the military police whom he told he was looking for his lieutenant, but to whom he was unable to give the name of his division or company or their geographical location. The patient was interviewed daily for eight days, an effort being made to restore the lost memory by means of association. Because all events prior to his landing in England, that is, including his early life, his occupational and school history and military life, were intact—but the patient could not by associative methods go beyond experiences on arriving at Liverpool—the patient was subjected to hypnosis and the entire memory restored in about two hours.

The points of interest that occurred during the amnesic period are as follows:

The patient landed in Liverpool April 11, 1918, marched from the dock to the boat for Le Havre, arrived there April 15. Goes into detail in telling of various moves from that date up to July 18 when they were in position along the Marne River just to the right of Château-Thierry. He was in reserve at Château-Thierry and was relieved July 31 and sent to St. Mihiel where he was held in a reserve position for the big drive. From that salient, they were moved by auto-trucks to Souilly. Here he was transferred to the second battalion of the Fourth Infantry. On the second night his battalion moved up and relieved the first battalion. The patient was not called and the next morning when he got up he found that he had been separated from his company. He states; "I looked around all day but was unable to locate the outfit. At night I returned to Montfaucon and slept. The following morning I returned to the train to go up with the "chow detail" but it had already gone. I looked around until about one in the afternoon for my company but without results. I then returned to the train and Lieutenant Gamon, the officer in charge, showed me where he thought my company was located. A detail was going up to them with chocolate and other things so I started out with them. We could not go through Montfaucon as Fritz was shelling it, so we took another road. Some shells began dropping on the road so we lay down and waited for him to ease up. After about 15 minutes he stopped. There was only one of the men besides myself in sight and we disagreed on which way the others went so we separated to look for them, but I soon decided not to bother looking for them but to go on with the company. They had stopped shelling the town so I went back and through. I left the road to cross the field to reach the woods where the company was located. As I crossed the field I saw a man coming toward me. I did not recognize him as a friend, only as one of the company. *When he was 20 feet from me, I heard a shell coming and lay down. The shell struck him in the neck*

and knocked his head off and buried itself in the ground about 2 feet from me. As I lay there on the ground waiting for the shell to explode, I could do nothing but look at his head. I was never so frightened in my life. I do not know whether I was more frightened of the head or whether it was expecting the "dud" shell to explode. Anyway, it did not explode. I tried to get up but could not for I was so weak I could not move. I remained there I suppose five or ten minutes but it seemed like several hours. After a while I got up to go on to the camp and a shell came over. I did not hear it coming. There was just a puff of smoke, then darkness. When I came to I was about 8 feet away from where I was first lying. I remember nothing else until the military police arrested me when I inquired for Lieutenant Gamon. I do not remember whether I went on to look for the company or whether I turned back. I believe it was the next day that I was picked up by the military police."

The foregoing is a very brief abstract of what was obtained from the patient while he was under hypnosis. It was extremely difficult at times to get all the facts as he was very reticent about giving details about the Château-Thierry and St. Mihiel engagements. He showed little or no emotional reaction until he came to the event which precipitated his amnesia, that is, seeing the head of his comrade blown from his shoulders. At this point the patient showed what was presumably the same emotion that he experienced during the actual event, showing all the physical and mental manifestations of terror.

An interesting question arising here is whether the physiological accompaniments of fear—cessation of respiration and heart beat, paralysis of bodily movement, glandular, hyperactivity and so forth—are sufficiently potent to produce unconsciousness. Of course, there are numerous incidents in civil life where persons viewing accidents faint and may remain unconscious for some time. This is probably what occurred (with the added fact of concussion). And later, upon return to semi-consciousness with the recurrence of emotional excitement, the dissociative process related to the self-preserving instinct asserted itself by eliminating with one effort the whole of the patient's memories of his experiences after arriving in Europe.

CASE II.—The patient was born in Rice Lake, Wisconsin, 1892. Joined the army September, 1915. Went to France June 28, 1917. He was admitted to Base Hospital 117 July 10, 1918, with a complete amnesia of all events prior to June 10. On this date he states: "The first thing I remember is feeling very nervous and excited because I could not remember. I was in

a compartment on a French train. I asked if anyone could speak English and found that there was a woman in the compartment who could. I asked her where I was and how long I had been on the train and she told me that the next stop was Cherbourg and that I had been on the train since 1 o'clock. It was then 5. I got off the train at Cherbourg and inquired of the military police where there was a hospital. I was sent to an English hospital where I remained about ten days. I was visited by both American and English specialists, but nothing was done for me. I asked to be transferred to an American hospital. I was sent to Number 8 General Hospital at Rouen and later transferred to Base Hospital 117." The patient states that while he was in the British hospitals he suffered terribly from headache. "Whenever I tried to think, my headache became worse."

This patient, for the first week in Base Hospital 117, was seen daily, probably on an average of an hour and a half. Every effort was made to restore his memory, but without success. He made a very earnest effort to discuss the war and places of battles with the other patients and frequently stated that he had remembered some particular place or name, but these things were simply isolated subjects and seemed impossible to associate with others. At the end of a week, the patient was hypnotized and the following history was obtained:

He came to France June, 1917, began training July 14 and trained up until November, 1917, at various places. At this time he went to Luneville front. He left this front December 12 and was in reserve until June 14, 1918, when he was transferred to Lorraine front. On February 6 he was sent to the hospital at Toul, suspected of having influenza. Here he met a Red Cross nurse with whom he became in love. The 1st of March, while they were out walking, the alarm was given for an air-raid. The patient and the nurse decided to return to town, but when they got to the cross-roads, which was a short way from the hospital, she decided that she would go immediately to the hospital while the patient would return to his barracks. She had started about 15 feet on her way when a bomb dropped nearby, knocking both of them over. The patient was not injured but only dazed for the moment. When he got up he went to the nurse and found what he supposed to be only a moderately severe wound of the arm, although she was unconscious. She was taken to the hospital in a cart and he requested that he be notified in the morning regarding her condition. At 6 o'clock the next morning he received word that the nurse was dead.

This news was a terrible shock to him. He became very emotional, cried and took no interest in anything about him. He was incapacitated for duty for several days and then there suddenly came a great change over him. He began to resume his natural attitude toward life. He seemed happy and gay. He never referred to the unpleasant incident and nobody mentioned it to him. He did, however, claim to have hazy spells which lasted just for a moment. He became slightly confused, but this did not prevent him from doing his work efficiently and the spells passed away within a short time.

The death of the nurse seems to be the beginning of his amnesic period, but other events occurred which confuse the issue to some extent. He was put on detached service as an orderly for Captain Brown and while they were returning from Paris to Abbyville and had just arrived at the latter station, he was in another air-raid and was concussed. This was about the 25th of April. He remembers waking the 1st of May in a hospital, but with a complete amnesia for all events prior to that date. From that time on he was transferred from one hospital to another. On June 9, while being transferred to Rouen as he thought, he stopped off at Securingea and there met several of the Allied soldiers. They began drinking and the next thing he remembered was waking the following day on the train at 5.

The particular points of interest in this case are: First, the psychic trauma which followed the death of his fiancée, then the concussion resulting from the explosion of the bombs in the station at Abbyville, and later on, the over-indulgence in alcohol and its immediate effects.

In many of the neurotic symptoms of a serious nature, like amnesia, there tends to be a habit factor involved. The first onset of the symptoms derives from some severe instinctive (emotional) episode. Just as in all phases of normal habit-formation, the initial act comes of an instinctive impulse—the instinct to walk protruding into the individual's life and bringing about the habit of walking—so, likewise, many neurotic symptoms originate or are "first performed" as a result of instinctive pushings. Fear-impulses, for example, accumulate. Paths of response are blocked. Vicarious expression in neuroticism results, the consequent neurotic habit being formed. Recurrence of neurotic symptoms then resolves into the general problem of habit. In this case, as in many others, any new severe emotional stress may again result in amnesia; and as a matter of fact, this did occur in this case. There were three separate items of amnesia, the last being complete; two strong chords, and then with the *eau-de-vie*, a grand diapason.

The first amnesia developed from the emotional crisis following the death of his sweetheart. The later ones, followed after this first pathfinder. Originally a vicarious instinctive expression, it then developed into a habit. The prognosis in this case would be that any serious conflict in the patient's life would result in the recurrence of his amnesia.

CASE III.—Sergeant in 111th Infantry, an unusually good type of soldier and giving an excellent family history, entered this hospital late in October, 1918. At that time, his amnesia was complete from early in May when he arrived in France until late in October when he was incapacitated and went through several hospitals.

He remembers a movement of troops on the 4th of July. On that date they went into the line at Château-Thierry and the patient recalls having said to himself, "I shall never forget this day, for I am an American soldier in a foreign land, going to the field of battle on July 4. This is the greatest experience of my life." He remembered certain few other facts connected with this experience. He remembers coming into a town, over a bridge which spanned the Marne. The Germans were trying to "get" the bridge, and they lay in cellars for protection. That night, the patient took the first 12 men over the bridge and got them all over safely. Shells were landing on either side; there was no opportunity to turn back, so he kept on going, and turned to the right. They went up a hill and into a big estate on which was a big mansion, and there were many statues and monuments, some of them broken by shells. They went into the mansion through a door which was open, and found French troops there. Some were sleeping and some were eating. They sat down to await further orders, the patient being near the door.

His other remembrance is of giving an order to advance in the Argonne on October 8 and certain unpleasant experiences related thereunto. He says, "I started with 140 men and only 18 came out, of which number I was one. The last thing I remember is bandaging the arm of a corporal and trying to help him get back to a first aid station.

"The battle in which I gave the command to advance occurred on a very clear sunny day, starting just after dawn. I gave the order to advance; we reached our objective and then changed our position several times. On sending for reinforcements, which I did several times, word came back to hold at any cost. Finally, I realized that no reinforcements could come. There were troops in back; runners came giving reports of what bad shape they were in. The men were dwindling all about me. They were practically under machine-gun fire all the time. I was never touched. I was excited. It seemed impossible that I alone was in charge."

He was bandaging the arm of his corporal when concussed by a shell. His next recollection is an incident in a base hospital.

"When I think it over, I would feel lots better to be wounded. A wound is an honor. This (Christ) is a disgrace (referring to neurosis).

"I led and instructed these men. They liked me. I took pride in commanding them. I can command men. I know it. I have proven it. You get to liking your men, a good 'non-com' does. It is not love and yet it seems like it. Oh! I hate to think of what may happen if I give them another order. I am afraid for them, not for myself. I am afraid to order them anywhere because they will suffer, not I."

He dreamt each night that the folks of these boys were pointing their fingers at him accusing him of the death of their sons. He remembers that

he wondered why he was not hit when everyone around him was falling. He wanted to be wounded to show that he himself had gone through as much as they. But to go home unwounded and meet the folks of the men that he had ordered forward was more than he could stand.

This case is interesting, showing, as it does, the working of the instincts associated with the self, or what might be called pride or self-regard. In this case it is a man of unusually good family traditions, he being of an old American family which had taken an active part in all previous wars and who expected that he too would bring honor to the family name. Then, also, besides his pride of family, he himself had as faith, an utter contempt for cowardice, the belief that cowardice was the greatest evil of which a man was capable. He believed that a man should resent any implication of cowardice. He did, as a matter of fact, punch a sergeant in one of the hospitals who passed a remark, implying that he was "yellow."

There is a striking characteristic of the case in that the patient's amnesia was broken through by two facts: First, the July 4 incident at which time he had made the auto-suggestion of never forgetting; second, that the painful incident in the Argonne, which above all others he sought to forget, he remembered. This seems to point to counter-currents of motives: One to forget, one not to forget—pride remembering to display the self (Château-Thierry, July 4) and to abnegate the self (Argonne incident)—and maybe self-preservation or self-defense seeking to obliterate the whole of the unfortunate war career, unsuccessful because of his poor leadership (although he himself was obeying orders!) in the Argonne.

The patient's difficulty arose from the conflict of pride—the feelings about his family name and his honor as a soldier—with fear and horror derived from the awful situation in which he was placed and from the great losses suffered by his men. He was concussed when in the throes of these emotions, and the later functioning of the dissociative process not only obliterated them from his mind, but tore a great rent in his memories which took in all his experiences in France, except the two mentioned above—one of which (the Argonne incident) returned to him in a dream.

In this case a rather interesting symptom was certain spells which the man had from time to time—lapses of consciousness.

These may be attributed to activity of the lost memories trying to reassert themselves in the conscious life. Vague morbid feelings in these cases are generally related to the smolderings of hidden memories. Usually in amnesia cases the patients spoke of "clouds" passing before their minds. One case of complete amnesia caught a fact from one of these vague visions—he made out a brown helmet and became very emotional. He was urged to look hard and get more. Did so. Saw brown men and a woods. after several hours' work with him, urging and assuring that he could get his mind back, his memories were largely recovered.

In the great majority of war amnesias, especially those following upon concussion, there was a residual amnesic period which could not be recovered. This usually related to the time following the concussion and before they came to themselves in a hospital, a period of varying length during which they were dull or confused.