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WOUNDED IN MIND

Science Service Writer, Marjorie Van de Water, Explains World War II Military Neuropsychiatry to the American Public

Susan E. Swanberg 

Marjorie Van de Water covered psychology and sociology for Science Service, an American news organization for the popularization of science. During her tenure as a writer for Science Service, Van de Water reported about developments in American military neuropsychiatry, wartime morale, and related topics. Her articles appeared in a Science Service publication, The Science News-Letter, and in mainstream American newspapers. In 1942, Van de Water was recruited to collaborate on Psychology for the Fighting Man, a military-sanctioned basic psychology book for World War II service members. Van de Water also contributed to two additional books on wartime psychology—Psychology for the Returning Serviceman and Psychology for the Armed Services, a military neuropsychiatry textbook. This article examines Van de Water's acknowledged body of work on military neuropsychiatry and her dual roles as a Science Service journalist and an interpreter of American military neuropsychiatric policy.

KEYWORDS Marjorie Van de Water; Science Service; The Science News-Letter; World War II; military neuropsychiatry; E.W. Scripps

'To the specialists, the psychoneurotic is a hospital patient. To the average line officer, he is a malingerer.'

—Gen. George C Marshall, Chief of Staff (1943)¹

'... a sufferer from war shock is not a weakling, he is not a coward. He is a battle casualty.'

—Psychology for the Fighting Man (1943)²

Introduction

Science Service, privately financed by retired American newspaper publisher Edward Willis (E.W.) Scripps, was established in 1921 by Scripps and his collaborator, zoologist William Emerson (W.E.) Ritter.³ Founded as a society for the popularization of science, the organization's mission was to increase the public understanding of science (including the social sciences) and to develop in the general public a 'scientific habit of mind,' an evidence-based view of the world's problems and how to solve them.⁴ Several of the organization's aspirational goals, remaining independent and not 'indulging' in propaganda,⁵ were noted by Edwin Slosson, first head of Science Service, in a *Science* article introducing the organization to the scientific community:

Through the generosity of Mr. E.W. Scripps, of Miramar, California, the Science Service has been assured of such financial support from the start as to insure its independence. It will

not be under the control of any clique, class or commercial interest. It will not be the organ of any one association. It will serve all the sciences. It will supply any of the news syndicates. It will not indulge in propaganda unless it be propaganda to urge the value of research and the usefulness of science.⁶

Science Service founders and directors, as well as staff writers like Marjorie Van de Water, furthered the organization's goals via its publications, broadcasts, and other activities.⁷ One of the organization's publications, *The Science News-Letter (News-Letter)*, was published from 1921 until 1966 when it was reformatted and renamed *Science News*, an extant publication of the Society for Science and the Public, the highly-regarded modern incarnation of Science Service.⁸

Preceding and throughout U.S. engagement in World War II, Science Service participated in a wide-ranging campaign to educate the American public about basic psychology, military neuropsychiatry, wartime morale issues, and post-military readjustment (Tables 1 and 2). Van de Water, psychology writer for Science Service, contributed a number of important articles and other works to this campaign. Many of her *News-Letter* articles on military neuropsychiatry and related matters were syndicated for publication in mainstream newspapers (Table 2).

Van de Water also participated in a Science Service broadcast about military neuropsychiatry and collaborated on psychology books developed for the military under the

TABLE 1
Selected *Science News-Letter* articles on military neuropsychiatry*

Article headline	Date published	<i>News-Letter</i> citation
<i>Neuropsychiatric Institute Proposed by Surgeon General</i>	13-Jan-1940	37, No. 2: 19
<i>Low Intelligence May Be Screened Out of New Army Men Who Break in Army Life Problem to Army Physicians</i>	21-Jun-1941 6-Sep-1941	39, No. 25: 394–395 40, No. 10: 148
<i>New Plan of Examining Draftees Called Costly and Dangerous</i>	14-Mar-1942	41, No. 11: 166
<i>Describes Mental Illness Seen in Staging Areas Brooklyn Syndrome**</i>	22-May-1943 28-Aug-1943	43, No. 21: 325 44, No. 9: 134
<i>Science Speeds War and Post-War Screening Mentally Unfit Problem Boy Good Soldier</i>	18-Dec-1943 29-Jan-1944	44, No 25: 389–395 45, No. 5: 69–70
<i>Psychiatry at the Front</i>	4-Mar-1944	45, No.10: 151
<i>Psychiatric Tests Needed</i>	29-Apr-1944	45, No. 18: 286
<i>Psychiatry Training</i>	3-Jun-1944	45, No. 23: 357
<i>Morale Builders</i>	22-Jul-1944	46, No 4: 60
<i>Preventing Mental Breaks</i>	18-Nov-1944 7-Sep-1946	46, No. 21: 327 50, No 10: 151

*As the psychology writer for Science Service, Marjorie Van de Water may have authored or co-authored these articles, but they were not published under her byline in *The Science News-Letter*.

**According to the article “Brooklyn Syndrome” is the name jokingly applied by Navy physicians to a sort of chip-on-the-shoulder defensiveness of men from crowded districts of some of our larger cities as well as some rural regions in western Pennsylvania.’

TABLE 2

Selected articles on psychology and military neuropsychiatry authored by Marjorie Van de Water*

Article headline	News-Letter Citation	Newspaper or alternate citation**
Published as a series of six newspaper articles:		
<i>Nations Go Mad Under Influence of Propaganda and Group Suggestion</i>	Not found	<i>The Decatur Daily Review</i> , 19-Nov-1935, 8.
<i>Dual Personality Makes Ordinary Man Both Abhor and Glorify War</i>	Not found	<i>The Decatur Daily Review</i> , 20-Nov-1935, 4.
<i>Bands and Bright Uniforms Might Help War-Wounded Minds</i>	Not found	<i>The Decatur Daily Review</i> , 21-Nov-1935, 6.
<i>Typewriter More Dangerous Than Poison Gas, as Slogans "Win Wars"</i>	Not found	<i>The Decatur Daily Review</i> , 23-Nov-1935, 4.
<i>Psychology of War</i>	Not found	<i>The Decatur Daily Review</i> , 25-Nov-1935, 4.
<i>Psychology of War</i>	Not found	<i>The Decatur Daily Review</i> , 26-Nov-1935, 8.
<i>Electric Shock, a New Treatment (Switching On Sanity)</i>	38, No. 3: 42	<i>Lincoln Sunday Journal and Star</i> , 1-Sep-1940, 40.
<i>Morale Defense (Defense Doesn't Mean just Grinding Work!)</i>	39, No. 21: 330	<i>Akron Beacon Journal</i> , 30-Mar-1942, 48.
<i>Intelligent Understanding Best for Fighting Spirit</i>	40, No. 7: 108	<i>Bradford Evening Star</i> , 28-Jul-1941, 6.
<i>You Can Take It (People Need Not Fear Death If Bombs Fall)</i>	41, No. 17: 266	<i>The York Daily Record</i> , 20-Mar-1942, 7.
<i>How To See At Night (Better Seeing at Night)</i>	41, No. 23: 358	<i>The San Bernardino County Sun</i> , 25-May-1942, 6.
<i>Fitting Workers to War Jobs</i>	42, No. 2: 26	<i>The San Bernardino County Sun</i> , 22-Jun-1942, 6.
<i>Picking Flyers</i>	42, No. 15: 234	<i>The San Bernardino County Sun</i> , 5-Oct-1942, 6.
<i>Preventing Air Sickness (Aid for Airsick Aviators)</i>	42, No. 24: 378	<i>The San Bernardino County Sun</i> , 07-Dec-1942, 6.
<i>Seeing in the Dark (New Method Would Aid Aircraft Spotters...)</i>	43, No. 20: 314	<i>The Pittsburgh Press</i> , 16-May-1943, 58.
<i>Teaching War Deaf and Blind</i>	45, No. 7: 106	not found
<i>Soldiers Wounded in Mind</i> - a series of 5 newspaper articles:	45, No. 17: 262–267	<i>The Pittsburgh Press</i> , Apr 3–7, 1944.
<i>Soldiers Wounded in Mind (4 of Every 10 Disabled Soldiers...)</i>	45, No. 17: 262	<i>The Pittsburgh Press</i> , 3-Apr-1944, 17.
<i>N.P. Soldier Not Yellow ('N-P' Discharges)</i>	45, No. 17: 263	<i>The Pittsburgh Press</i> , 4-Apr-1944, 16.
<i>Home Is Responsible (Home Ties Cause More Breakdowns...)</i>	45, No. 17: 266	<i>The Pittsburgh Press</i> , 5-Apr-1944, 21.
<i>N.P.'s [sic] Excellent Workers (Army's 'N.P.' Discharges...)</i>	45, No. 17: 267	<i>The Pittsburgh Press</i> , 6-Apr-1944, 21.
<i>Family Can Help Soldier (Family, Friends Can Help Soldier...)</i>	45, No. 17: 267	<i>The Pittsburgh Press</i> , 7-Apr-1944, 21.
<i>Mental Combat Casualties</i> - Published as a series of 3 newspaper articles:	45, No. 25: 391–396	<i>The Brooklyn Daily Eagle</i> , Apr 25–27, 1944.
<i>Prompt Treatment Cuts Losses In Men Suffering Battle Shock</i>	"	<i>The Brooklyn Daily Eagle</i> , 25-Apr-1944, 9.
<i>Rest, Medicine Aid Battle-Frayed Nerves</i>	"	<i>The Brooklyn Daily Eagle</i> , 26-Apr-1944, 15.
<i>Mentally Ill Soldiers Aided in Battle Area</i>	"	<i>The Brooklyn Daily Eagle</i> , 27-Apr-1944, 13.
<i>Why Men Marry</i>	47, No. 7: 106	<i>The Salt Lake Tribune</i> , 11-Feb-1945, 39.
<i>Jobs for Returning G.I.'s [sic]</i>	47, No. 19: 298	<i>Arizona Republic</i> , 20-Apr-1945, 37.
<i>The Human Price of Combat</i>	64, No. 23: 362	<i>United States Army Combat Forces Journal</i> 4(8):24 (1954).

*Material from many of these articles also appeared in *Psychology for the Fighting Man* or *Psychology for the Returning Serviceman*.

**A single newspaper citation is provided when available, however, additional newspaper citations may exist.

auspices of the National Research Council's Emergency Committee in Psychology (ECP). The National Research Council, a United States nonprofit, nongovernmental organization is a division of the National Academies of Science and a partnership of science and government.⁹ In 1940, the National Research Council organized the Committee on Neuropsychiatry 'to aid the Surgeons General in neuropsychiatric problems pertaining to national defense.'¹⁰ Van de Water, a former research assistant with the National Research Council, became involved in the Council's wartime efforts to develop educational materials on military neuropsychiatry.¹¹

In spite of her lack of a formal education in psychology, by the time of her death Van de Water had earned the respect of the American Psychological Foundation which awarded her its 1959 science writers' prize for distinguished popular interpretation of psychological science.¹²

This essay highlights Van de water's body of work on the psychology of World War II service members, places this work in its historical context, and concludes that Van de Water, like a number of noteworthy journalists of her era, played a role in explaining and disseminating wartime policy. Van de Water played such a role via her articles and books about military neuropsychiatry.

American Journalism and World War II Military Neuropsychiatry

The role of American journalism when the country is at war changes—in part because the relationship between First Amendment and national security concerns must be re-balanced. The U.S. Supreme Court has spoken on the occasional necessity of censorship and the importance of a free and unrestrained press 'to prevent any part of the government from deceiving the people and sending them off to distant lands to die of foreign fevers and foreign shot and shell,' [*New York Times Co. v. United States*, 403 U.S. 713 (1971)].

Many journalists voluntarily and enthusiastically supported the war effort during World War II—by submitting voluntarily to censorship, for example.¹³ Science Service and its journalists, particularly psychology writer Marjorie Van de Water, also supported the war effort by providing educational materials on war-related topics such as the standards military authorities applied to inductees and service members to assess them for suspected neuropsychiatric disorders.

The military's approach to neuropsychiatry during World War II was fragmented and inconsistent.¹⁴ For example, the rejection of significant numbers of inductees on the basis of pre-induction screening, (an estimated total of 1,846,000 Selective Service registrants 18–37 years of age)¹⁵ impaired the military's ability to mobilize sufficient manpower to fight the war.¹⁶ In spite of screening inductees for neuropsychiatric problems, approximately 20,000 soldiers were discharged from the armed services each month until August of 1943 when discharges reached a peak of 31,000.¹⁷ Congress (and the Selective Service System) began to complain.¹⁸ Members of the public (including discharged soldiers) were puzzled and distressed by the numbers of men returning home with neuropsychiatric (N.P.) diagnoses.¹⁹

In a December 1943 memorandum from General George C. Marshall, the Chief of Staff, to Major General Alexander D. Surlis, Chief of Information, Marshall noted the 'increasing difficulty with members of Congress regarding physical rejections of men at

induction stations' and the fact that 'between 25 and 35 percent of both rejections [at induction] and discharges were for psychological and neuropsychiatric reasons.'²⁰ Concerns over potential publicity revealing the loss of manpower due to neuropsychiatric reasons led the War Department to institute a publicity blackout.

By the end of 1943 ... the War Department inaugurated a policy which placed the whole field of psychiatry under a publicity blackout. This blackout ... prohibited the release of any information on the subject ... even the mention of military psychiatry in either scientific articles or the public press ... The very rigid censorship made it impossible to release, even through scientific channels, information concerning any phase of this specialty.²¹

In *Democratic Oversight and Military Autonomy: The U.S. Army's Management of American Journalism, 1930–2004*, Thomas Crosbie characterized the state of World War II media/military relations as an 'ideal alignment of media and military interests' in an era when the press largely cooperated with voluntary censorship and sometimes collaborated with government propaganda efforts—particularly dissemination of so-called 'white propaganda.'²² This 'ideal alignment' was about to go haywire. Conflict between a high-profile military figure and two soldiers, each believed to have an N.P. disorder, would soon prompt public controversy regarding the military's assessment and diagnosis of neuropsychiatric disorders as well as the way in which soldiers with N.P. diagnoses were treated.

The Patton Incidents and American Military Neuropsychiatric Policy in World War II

To set the stage for the significance of Science Service and Van de Water's contributions to educating the public about World War II military neuropsychiatry, it's important to relate a well-known incident that raised public awareness regarding the U.S. military's treatment of service members suffering from psychiatric disorders.

According to a November 23, 1943 report in *The Dispatch* (Moline, Illinois) 26-year-old Private Charles H. Kuhl was evacuated to an army hospital in Sicily where he encountered General Patton. Patton was comforting soldiers with obvious physical wounds when he noticed young Kuhl sitting on his cot weeping. When Patton inquired as to Kuhl's problem, the young man reportedly said, 'It's my nerves, I guess, I can't stand shelling.'²³

'General Patton slapped my face yesterday and kicked my pants and cursed me,' wrote Kuhl in a letter home.²⁴ *Dispatch* reporter, Edward Kennedy, noted that in addition to striking the recuperating man, Patton called the soldier 'coward' and 'yellow belly' before ordering him back to the front.²⁵ Months after the incident, Private Kuhl was summoned to a hearing on the matter after which Patton apologized for the bullying incident saying he, Patton, had 'acted too hastily.'²⁶ After the confrontation with Private Kuhl, and a similar event with a second soldier, Patton was castigated and temporarily relieved of his command by President Eisenhower.²⁷ The Patton incidents sparked public discussion and a flurry of newspaper articles about 'battle fatigue,' 'shell shock,' and the stress of war.²⁸ A typical editorial of the time reflected the public's evolving understanding of what had previously been called 'shell shock.'

The public has learned much during the war about the miraculous accomplishments of medicine through the medium of sulfa drugs and blood plasma. It now comes to

attention, as a result of the Patton slapping incident, that comparable advances have been made in psychological study of what is called 'shell shock.' The name itself is evidence of a general belief that certain nervous disorders are caused by detonation of explosives. However, the medical staffs of the Army, Navy and Maritime Commission say this is not the chief cause, that 'shell shock' is suffered by men in military service who never hear gunfire.²⁹

Identifying and treating neuropsychiatric disorders in the military was not, however, as easy as the editorial suggested. The military neuropsychiatric establishment found it difficult to diagnose neuropsychiatric cases.

Functional nervous diseases are recognized as entities by neuropsychiatrists but these disorders cannot as a rule be definitely measured nor confirmed by laboratory tests or objective findings. For this reason, there is a greater divergence of opinion regarding these cases than in any others.³⁰

At the time of the Patton incidents, the military neuropsychiatric hierarchy was grappling with a divergence of opinion among representatives of its psychiatric staff, civilian psychiatric consultants, and members of the more traditional military establishment regarding how to handle inductees and service members with psychiatric issues. The prevailing view of the World War II-era military was that servicemen who developed neuropsychiatric conditions were weak individuals whose vulnerabilities predisposed them to psychiatric illness.³¹

Military psychiatrists believed that, with adequate screening, those who were susceptible to neuropsychiatric disorders could be identified and sent home, thus avoiding combat breakdowns.³² Because screening at induction did not reduce the numbers of soldiers discharged with neuropsychiatric diagnoses and the public was provided with little or no explanation for why men were coming home labeled with a stigmatizing diagnosis, the situation became a military and civilian public relations disaster.³³

The Struggle to Define an N.P. Diagnosis

Medical models of what we now call post-traumatic stress disorder have evolved considerably over time. It's impossible to recount in detail herein the entire history of military neuropsychiatry, but a brief discussion of the topic will provide helpful context. In his book, *PTSD: A Short History* (2018), Allan V. Horwitz traced historical frameworks used to describe 'precursors' of PTSD from the nineteenth to the twenty-first centuries.³⁴

In his account of the history of the PTSD diagnosis, Horwitz cited notions of psychological battle trauma associated with the Civil War; the concept of 'railway spine' a psychological disorder associated with train accidents (whether the sufferer was physically injured or not); nineteenth-century ideas about repressed trauma as the cause of later psychological disturbances; and the trauma experienced by World War I, II, and Vietnam-era male combatants.³⁵ A common thread running throughout the evolution of trauma-related psychiatric diagnoses was a philosophical conflict between those who believed that some individuals were inherently vulnerable to trauma-related disorders via heredity or psychic predisposition and those who believed that trauma-related psychic disturbances were caused exclusively by extrinsic environmental factors characteristic of combat situations.³⁶

According to Lidiffer and Leach, authors of 'To Hell and Back: Evolution of Combat-Related Post Traumatic Stress Disorder,' the terms 'shell shock' and 'war neurosis' arose out of World War I. The terms 'battle fatigue,' 'combat exhaustion,' 'traumatic neurosis,' 'psycho-neurosis' and 'operational fatigue' became popular descriptors during and after World War II.³⁷ The evolving terminology reflected the military's changing understanding of the etiology underlying combat-related psychiatric disturbances. For example, the term 'shell shock,' initially believed to be the result of a brain injury suffered as a result of the 'airblast' of high explosives, was later deemed a psychological disorder.³⁸

In World War I, Dr. Thomas Salmon, chief consultant in psychiatry for the American Expeditionary Force, had designed a screening system with which to evaluate military inductees for mental health issues. Salmon supported the mental hygiene approach to mental health and believed that preventing mental disorders should be given the same consideration as preventing other diseases. Salmon also advocated treating soldiers suffering from psychiatric disorders with rest, good nutrition, recreational activities, and occupational therapy *near the military front*. Salmon's treatment regimen, which was relatively successful, would be forgotten then 're-discovered' during World War II after the U.S. military realized that the stresses of modern warfare had produced emotional disorders 'in such large numbers as to constitute a major problem of military medicine and a principal cause of manpower attrition.'³⁹

After World War II ended, the United States Office of the Surgeon General conducted a post-war review of World War II military neuropsychiatry to determine why so many individuals had been returned home with N.P. diagnoses. This review consisted of two lengthy volumes written by 'approximately 70 authors, coauthors, collaborators, and monitors,' all of whom had been involved in World War II neuropsychiatry.⁴⁰ Volume I, published in 1966, recounted the state of neuropsychiatry in the 'zone of the interior,' or the part of the theater of war not included within the theater of operations.⁴¹ Volume II, which was not published until 1973, described World War II neuropsychiatry in the overseas theater.⁴²

Collectively, both volumes of *Neuropsychiatry in World War II* constituted a critical, rather frank self-assessment of problems within the military neuropsychiatric establishment during World War II. The prologue to Volume I noted that an excessive emphasis on initial screening at induction and the mistaken belief that the pool of potential fighting men was unlimited led to a significant loss of manpower.⁴³ Conflict between medical officers and commanders who had differing views of inductees with psychiatric problems was also a problem.⁴⁴ Another chapter referenced the dearth of trained psychiatrists in the military which necessitated incorporating into the military neuropsychiatric establishment, civilian psychiatrists who had no experience providing services for large populations.⁴⁵

In Chapter one, 'Army Psychiatry Before World War II,' Albert J. Glass, a retired colonel of the U.S. Medical Corp, Neuropsychiatric Service, presented his perspective on war-related psychiatric diagnoses.⁴⁶ According to Glass, under the military's World War II-era diagnostic criteria, individuals with personality disorders, adjustment disorders, behavior problems, and neuroses were lumped together with individuals suffering from bona fide neuropsychiatric conditions under the all-encompassing classification 'neuropsychiatric disorders.'⁴⁷

In Chapter nine, 'Hospitalization and Disposition,' Norman Q. Brill, an Army colonel and chief of psychiatry at the Office of the Surgeon General during World War II, wrote

that 'the diagnosis of psychoneurosis was being abused by medical officers [and] ... being applied to cases of transient situational maladjustments and of character and behavior disorders.'⁴⁸ Looking back at the military's diagnostic scheme decades later, Brill elaborated on his concerns:

Psychiatric nomenclature which was barely adequate for civilian psychiatry was totally inadequate for military psychiatry. Use of the generic term 'psychoneurosis' for all types and severity of neurotic disorders placed all individuals so labeled in a single category, the variations of which were never appreciated by line officers. Unfortunately, the term 'psychoneurosis' was often confused with the term 'psychosis,' and many individuals diagnosed as psychoneurosis [*sic*] were looked upon with suspicion of insanity by their associates and officers since both words contained the basic syllable 'psycho' which is, and was, a commonly used lay colloquial term for designating a major mental disorder.⁴⁹

According to Brill, misuse of psychiatric nomenclature had reduced the numbers of potentially productive personnel and increased the stigma attached to many men who were unsuitable for military service, could function well in civilian society, but were discharged as 'N.P. cases.'⁵⁰

The most searing, and perhaps most accurate, indictment of the military neuropsychiatric establishment came from Dr. Henry Broisin, a psychiatrist who served as a colonel in the Army Medical Corps. In his prologue to *Neuropsychiatry in World War II* Broisin wrote:

Men with good morale are ultimately more important in a war effort than material ... but despite the well-recognized importance of this principle, it seemed as if our most glowing successes were in the field of materials, and our most glaring failures in the management of men.⁵¹

Science Service and Van de Water Advance the Public Understanding of Military Psychiatry

Between 1940–1953, *The Science News-Letter* published a number of articles on psychology, military neuropsychiatry, morale and related matters—some without and others with Van de Water's byline (see [Tables 1](#) and [2](#)). Many of these articles were published in the *News-Letter* and in the mainstream press. For example, in 1940 Van de Water's article about electric shock as a treatment for 'the living death of mental disease' was published in the *News-Letter* and at least one mainstream newspaper.⁵² In 1941, Van de Water authored an article about maintaining the morale of soldiers during war,⁵³ and in 1942, Van de Water wrote about psychological testing army scientists used to screen potential military pilots for training programs.⁵⁴

In 1944, less than a year following the Patton incidents, the *News-Letter* published an important five-article series by Van de Water focusing on military neuropsychiatry.⁵⁵ The series was reprinted in newspapers reaching 2–3 million readers.⁵⁶ 'Soldiers Wounded in Mind' explained that four or five men out of every ten discharged from the Army for disability were considered mentally or emotionally unfit, meaning that mental and nervous illness was responsible for a greater loss of manpower than battle wounds, influenza, malaria or any other single illness.⁵⁷ Few of these men required hospitalization, explained

Van de Water, and they weren't cowards or wild men with florid psychiatric symptoms.⁵⁸ She also explained the symptoms a man discharged with an N.P. diagnosis might display: trembling, emotionality, alcohol abuse, sensitivity to noise, and feelings of isolation—behaviors consistent with today's diagnostic criteria for post-traumatic stress disorder (PTSD).⁵⁹

One article in the series linked broken homes; lack of support from family and friends; or being tied to the apron strings of a mother, wife, or girlfriend to in-service breakdowns.⁶⁰ Van de Water wrote in 'N.P.'s Excellent Workers,' that most men discharged with neuropsychiatric disabilities would be excellent workers in a civilian setting⁶¹ and that family members back home (the same family members who Van de Water suggested might have contributed to a service member's dependence)⁶² could help a returnee re-adjust to civilian life.⁶³

In 'Mental Combat Casualties,' published in the *News-Letter* on June 17, 1944 and also in the mainstream press, Van de Water noted that soldiers 'wounded in mind' had mental or emotional wounds that could be resolved if they immediately received appropriate treatment near the front.⁶⁴ According to Van de Water, treating soldiers near the front was the 'new' military policy contained in circular letter No. 176 which was distributed to all the medical officers in the U.S. Army Medical Corps from the Office of the Surgeon General.⁶⁵ In the article, Van de Water also addressed the issue of supposed malingerers.

I have asked military physicians whether these men with mental battle injuries might be mistaken for malingerers—whether it is ever hard to be sure they are not 'putting on' because they find combat too tough for them. The answer is no. No one who has ever seen these men coming from the front lines could fail to realize their suffering is real. The soldiers they fight with recognize their illness as genuine, and many a man has left his foxhole at grave risk of his own life to bring in a mentally wounded man who has become unable to seek cover without aid.⁶⁶

Psychology for the Fighting Man and the Returning Serviceman

In 1943 the National Research Council, in collaboration with Science Service, published *Psychology for the Fighting Man*, which was co-edited by Van de Water and Edwin G. Boring.⁶⁷ According to Karl M. Dallenbach, an American experimental psychologist and chair of the National Research Council's Emergency Committee in Psychology (ECP), the committee was assembled in 1940 to prepare the profession of psychology for its anticipated role in an expected national crisis—U.S. involvement in World War II.⁶⁸ Boring, an experimental psychologist and professor of psychology at Clark and Harvard Universities, headed an ECP subcommittee tasked with developing a textbook on military psychology.⁶⁹ In August of 1942, Van de Water was recruited to help with the textbook—a project that expanded and eventually included a total of three books, two written for service members and the public, and a third which approached military psychology from an academic perspective.⁷⁰

Psychology for the Fighting Man, the first of the three books, incorporated input from fifty-nine collaborators employed by public and private universities, hospitals, branches of the military, the War Department, the Office of Public Opinion Research, the Office of

Strategic Services, and others.⁷¹ Prepared 'as a contribution to the war effort,' *Psychology for the Fighting Man* was published by the *Infantry Journal* and Penguin Books.⁷² The content of *Psychology for the Fighting Man* was derived from manuscripts written by experts and rewritten, primarily by Van de Water, 'in popular form without sacrifice of its scientific accuracy.'⁷³

Psychology for the Fighting Man began with a chapter on the importance of well-selected, well-trained men with the right 'mental matériel'—'the human matériel that determines more than any other one thing whether an army will win or lose.'⁷⁴ The chapter ended with the following exhortation:

[The fighting man] fights by learning how to use his eyes at night and learning how to arrange a system that will let him hear inside an airplane. He fights by selecting good leaders and good truck drivers. He fights by saying the right thing in the right way to the right people at the right time, and sometimes that is propaganda. He uses every resource of science and intelligence, including psychology. He has to, for this is total war.⁷⁵

In a section titled 'Why Some Men Break in the Army,' the book presented a humane view of battle-induced psychological problems:

Besides these direct injuries to the brain, men in battle can suffer shocks to the mind. Every man has his limit, mentally as well as physically. There are strains which no man, however tough-minded, can endure. Modern battle has pushed closer and closer to these final limits of man's endurance.

When a man must go through these [listed] things and then in addition suffer the strain of seeing his friends killed, of being in constant peril of his own life, of dealing out death with his own hands, there may come a time when the strongest man's mind will sicken ...⁷⁶

On August 5, 1944, an interview with Van de Water, broadcast nearly a year to the day after the Patton/Kuhl incident, aired over the Columbia Broadcasting System during an episode of the Science-Service-sponsored 'Adventures in Science' program.⁷⁷ The interview covered the plight of U.S. military inductees and soldiers diagnosed with neuropsychiatric (N.P.) conditions. In the course of the broadcast, Van de Water said '[r]emember that a mental illness in the army is not a disgrace any more than malaria or measles.'⁷⁸

Watson Davis, Science Service Director and narrator for the episode, explained to the listening public that a significant number of N.P. soldiers and sailors were being discharged from the military.

Each month something like 25,000 of these men will be coming back to American homes looking for civilian jobs if the present discharge rate continues Mental and nervous illnesses take a greater toll in the armed services than battle wounds, influenza, malaria or any other single illness.⁷⁹

Davis, citing worry caused by a lack of information about these matters, noted that very few of the soldiers discharged with an N.P. diagnosis had experienced 'crackups in combat.' Most of the men with N.P. discharges had not even been overseas, said Davis, but families of those discharged worried about the N.P. diagnosis.

... there are many N.P.'s among us who lead relatively normal civilian lives ... Most of the worry of families, friends, and employers is due to lack of information about the sort of person that the Army is sending home on an N.P. discharge. The story of these men, what they are like, and what we can do at home to help them is an important wartime adventure in science.⁸⁰

In 1945 the *Infantry Journal* and Penguin books published *Psychology for the Returning Serviceman*, a companion to *Psychology for the Fighting Man* which also incorporated input from an array of civilian and military experts.⁸¹ *Psychology for the Returning Serviceman*, (co-edited by Irvin L. Child, professor of psychology at Yale University as well as president of the American Psychological Association from 1956 to 1957, and Van de Water) contained material relevant to former soldiers suffering from psychological injuries, combat nerves, and injuries to the nervous system. The book also provided advice for coping with post-combat concerns and emphasized that the serviceman was not to blame for his psychological problems.⁸²

In 1945 a third book was published under the direction of the National Research Council's textbook subcommittee. *Psychology for the Armed Services*, on which Van de Water also collaborated, was intended to function as a college-level textbook and a handbook to be used by the military.⁸³ Van de Water's work would later be praised by no less than William C. Menninger, director of the Neuropsychiatry Consultants Division in the Office of the Surgeon General of the Army.⁸⁴ Much of Van de Water's work on N.P. soldiers reflected Menninger's theories about neuropsychiatry.⁸⁵

Conclusions

During World War II the majority of journalists adhered to a system of voluntary censorship, refraining from publishing anything that would damage national security. Some journalists also contributed to the war effort by acting in a public relations capacity for governmental institutions. In spite of the aspirational goals of Science Service, the organization and its chief psychology writer, Van de Water, became cheerleaders for the military neuropsychiatric establishment. Van de Water's writings adhered closely to military policy and did little to challenge aspects of those policies that were not working well.

Although Van de Water expressed sympathy for the men discharged with unnecessarily stigmatizing neuropsychiatric diagnoses, she did not question the process by which they were stigmatized. Instead of being a check on a system that Congress and military neuropsychiatrists themselves questioned, Van de Water blurred the lines between journalism and public relations, providing cover for the military neuropsychiatric establishment's diagnostic milieu and treatment of men with N.P. diagnoses. *Psychology for the Fighting Man* and *Psychology for the Returning Serviceman* resembled military PR or propaganda more than science journalism. William Menninger's praise of Van de Water manifested both the regard with which her work was viewed by the military neuropsychiatric establishment and the extent to which she had become a messenger for that establishment.⁸⁶

At times Van de Water's writings reflected a surprisingly favorable view of the use of propaganda—especially considering Science Service's commitment not to indulge in it.

The chief weapon of psychological warfare is propaganda. The radio and the press are used to bolster the home front. The enemy is reached by newspapers and leaflets dropped from airplanes, and by short-wave radio—for in spite of penalties there are always some in Axis countries who listen to and repeat the foreign broadcasts. At the front loud speakers can bombard the enemy lines. And then there is always rumor which can be started intentionally—insidious rumor, which, unverifiable by nature, spreads unverified by word of mouth.

Propaganda, in spite of what many people think, is not necessarily dishonest. The truth is often the best propaganda, especially when it is fed to persons who are starving for it. The most effective propaganda must be founded on fact, must start from some important event that actually happened and is known to be true. Then the propagandist interprets the event, much as a good lawyer interprets evidence in favor of his client, or as the honest advertiser makes a claim for his product.⁸⁷

While Van de Water clearly acted in what she and Science Service believed was the public interest at a time when the United States was facing an existential threat, one could argue that Van de Water was no longer acting as an independent journalist when she used her Science Service platform to explain and disseminate the views of the military neuropsychiatric establishment.

Science Service and Van de Water made what were considered valuable contributions to the war effort. The fact remains, however, that aspects of their contributions contradicted two goals at the heart of Science Service—to remain independent and avoid propagandizing. In spite of their sometimes-questionable journalistic value, the articles and books referenced herein did provide the public with a window into the world of military neuropsychiatry. The efforts of Science Service and Van de Water to increase the public understanding of these matters and, in particular, Van de Water's attempts to destigmatize N.P. diagnoses should be recognized and studied for their historical significance and for the important questions they raise regarding the role of American journalism during war.

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Notes

1. Menninger, "Public Relations," 132.
2. Boring and Van de Water, *Psychology ... Fighting Man*, 353.
3. Slosson, "Popularization of Science," 321–3; Davis, "Science Understanding," 241; Ritter, "E.W. Scripps," 7.

4. Slosson, "Popularization of Science," 321–3; Davis, "Science Understanding," 241; Dewey, "Science as Subject," 126–7.
5. Scripps, "Disquisition," 4–5; Slosson, "Popularization of Science," 322; Swanberg, "Psychological Armor," 4–5.
6. Slosson, "Popularization of Science," 322.
7. *Ibid.*, 321–3.
8. Davis, "From the Editor," 164; "Science Service Evolves," accessed at: <https://www.societyforscience.org/content/press-room/science-service-becomes-ssp>.
9. The National Research Council (NRC), a division of the National Academy of Sciences, was perpetuated by Woodrow Wilson pursuant to executive order 2859. The NRC, a non-governmental organization, supports the independent investigation of natural phenomena, use of scientific research in the development of American industries, the employment of scientific methods in strengthening the national defense (including military preparedness), and other applications of science that will promote the national security and welfare. <http://www.nasonline.org/about-nas/history/archives/milestones-in-NAS-history/organization-of-the-nrc.html>.
10. Glass, "Army Psychiatry Before World War II," 22.
11. "Marjorie Van de Water Dead," 19; "Marjorie Van de Water Dies after Long Career," 83.
12. *Ibid.*
13. Byron Price gave up his position as executive news editor for the Associated Press to become the director of the United States Office of Censorship. William L. Laurence of the *New York Times*, was imbedded for three months with the Manhattan Project (MED) while still associated with the *Times*. Sweeney, *Secrets of Victory*, 1–6, 204–5.
14. Glass, "Army Psychiatry Before World War II," 3–23; Brosin, "Prologue," xix–xxii.
15. Berlien and Waggoner, "Selection and Induction," 169; Menninger, "Public Relations," 130–1; Appel, "Preventive Psychiatry," 400.
16. Appel, "Preventive Psychiatry," 389.
17. Appel, "Preventive Psychiatry," 374; In *Neuropsychiatry in World War II, Volume I: Zone of the Interior*, Appendix A, Table 5, 768.
18. Farrell, "Liaison With Other Agencies," 100; Menninger, "Public Relations," 131.
19. "Adventures in Science," interview script, 2; Menninger, "Public Relations," 144.
20. Menninger, "Public Relations," 131.
21. *Ibid.*, 130–1.
22. Crosbie, "Democratic Oversight and Military Autonomy," 178.
23. Kennedy, "Struck Soldier," 1.
24. "Kicked in the Pants," 9.
25. Kennedy, "Struck Soldier," 1.
26. "Kicked in the Pants," 9.
27. Couch, "The Day Gen. Patton Slapped," accessed at: <https://tinyurl.com/yctmju7a>.
28. Publicity following the Patton incident included the following: Young, "'Combat Fatigue' Is Proven Illness, Not Cowardice," 2; Editorial, "Progress in Study of Shell Shock," 6.
29. "Progress in Study of 'Shell Shock,'" 6.
30. Menninger, "Public Relations," 132.
31. Appel, "Preventive Psychiatry," 387, 390–2.
32. *Ibid.*, 389–92.

33. Glass, "Lessons Learned," 740–6; Menninger, "Public Relations," 130–51.
34. Horwitz, *PTSD*, 1–18.
35. *Ibid.*
36. *Ibid.*, 8–10.
37. Nidiffer and Leach, "To Hell and Back," 1–22.
38. *Ibid.*; Campise, Schuyler, and Campise, "Combat Stress," 215–40.
39. Salmon, "Mental Hygiene," 1740–2; Ozarin, "Thomas William Salmon."
40. Bernucci and Glass, "Preface," xvi.
41. *Neuropsychiatry in World War II, Volume I, Zone of the Interior.*
42. *Neuropsychiatry in World War II, Volume II, Overseas Theatres.*
43. Brosin, "Prologue," xxi.
44. *Ibid.*
45. Menninger, Farrell, and Brosin, "The Consultant System," 84–5.
46. Glass, "Army Psychiatry Before World War II," 3–19.
47. *Ibid.*
48. Brill, "Hospitalization and Disposition," 229.
49. *Ibid.*
50. Brill and Kupper, "The Psychiatric Patient After Discharge," 729–33.
51. Brosin, "Prologue," xx.
52. Van de Water, "Electric Shock, A New Treatment," 42–4.
53. Van de Water, "Morale Defense," 330–2.
54. Van de Water, "Picking Flyers," 234, 236, 238.
55. Van de Water, "Soldiers Wounded in Mind," 262–3, 266–9.
56. *Ibid.*
57. *Ibid.*
58. Van de Water, "N.P. Soldier Not Yellow," 263.
59. *Ibid.*; *DSM-5*, §309.81.
60. Van de Water, "Home is Responsible," 266; Van de Water might have been referring to "separation neurosis," a syndrome mentioned by Manfred S. Guttmacher, M.D., a consultant for the Army. Guttmacher "The Mental Hygiene Consultation Services," 366.
61. Van de Water, "N.P.'s Excellent Workers," 267.
62. Van de Water, "Home is Responsible," 266.
63. Van de Water, "Family Can Help Soldier," 267–9.
64. Van de Water, "Mental Combat Casualties," 391, 394–6.
65. *Ibid.*, 394.
66. *Ibid.*, 396.
67. Boring and Van de Water, *Psychology ... Fighting Man.*
68. Karl M. Dallenbach, "The Emergency Committee in Psychology, National Research Council," 497–500.
69. *Ibid.*, 510.
70. *Ibid.*, 526–9; Boring and Van de Water, *Psychology ... Fighting Man*; Child and Van de Water, *Psychology ... Returning Serviceman*; National Research Council, *Psychology for the Armed Services.*
71. Boring and Van de Water, eds., *Psychology for the Fighting Man*, 5–7.
72. *Ibid.*, 3.

73. Boring and Van de Water, *Psychology ... Fighting Man*, 10.
74. *Ibid.*, 12–13.
75. Boring and Van de Water, eds. *Psychology ... Fighting Man*, 22–3.
76. *Ibid.*, 350.
77. “Adventures in Science” interview script, 2–7.
78. *Ibid.*, 7.
79. *Ibid.*, 1.
80. *Ibid.*, 2.
81. Childs and Van de Water, *Psychology ... Returning Serviceman*.
82. *Ibid.*
83. Boring, *Psychology for the Armed Services*; Dallenback, *The Emergency Committee in Psychology, National Research Council*, 527–30.
84. Menninger, “Public Relations,” 150.
85. Menninger, “The Mentally or Emotionally Handicapped Veteran,” 20–6.
86. Menninger, “Public Relations,” 150.
87. Boring and Van de Water, *Psychology ... Fighting Man*, 17.

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