ARRANGEMENTS FOR THE CARE OF CASES OF NERVOUS AND MENTAL SHOCK COMING FROM OVERSEAS.

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In view of the widespread interest taken in the soldiers sent home from the British armies overseas who are suffering from nervous shock, neurasthenia and mental breakdown, the Director-General has permitted me to contribute the following information upon the arrangements provided in this country for the care and treatment of these patients.

Cases of nervous and mental breakdown due to shock, fatigue, exposure and the other conditions incidental to a campaign began to arrive in England in September, 1914, shortly after the commencement of hostilities. The cases showed a varied symptomatology, but they could be classified into three main groups. One group was recognized whose symptoms were due to the bursting of high explosive shells in the immediate vicinity of the patient or to the secondary effects of the explosion, such as burial under earth and débris or the inhalation of noxious gases. The second group consisted of cases of a general neurasthenic character (using this term in its widest sense), attributable to exhaustion of the nervous system resulting from physical and nervous strain, sleeplessness, fear, anxiety, and harassing sights and experiences. The third group included cases of mental breakdown—the milder as well as the more severe psychoses, mental confusion, mania, melancholia, and delusional and hallucinatory psychoses.

At the commencement of the War, the cases of nervous shock and neurasthenia were transferred from overseas in company with medical and surgical cases, and were treated in the general wards of the hospitals at which they arrived, while the cases of mental disorder were transferred to D Block, Netley, the established institution for the treatment of mental patients in the service of the Army.

As cases of nervous breakdown of all kinds were coming over in considerable numbers in consequence of the severe fighting during
October and November, 1914, and as it was deemed desirable that special provision should be made for their treatment, Sir Alfred Keogh commissioned a special medical officer to proceed to France to report upon the cases, their nature and numbers, and the conditions under which their treatment should be carried out to the best advantage both during the preliminary stages in France and afterwards on their arrival in this country. The general purport of the report was to the effect that the cases of nervous shock and neurasthenia should be given treatment in hospitals for nervous diseases and in special institutions provided for the purpose, under the care of physicians with special neurological knowledge. In consequence, arrangements were made whereby cases of neurasthenia and nervous breakdown were labelled on their departure from the base hospitals by medical officers with special qualifications for this work and were transferred directly to the special hospitals and institutions provided for their treatment at home. By these means cases of functional paralysis, neurasthenia and the milder psychoses were separated as early as possible from cases of severe mental disorder.

The special institutions consisted of the hospitals for nervous diseases and the Red Cross Military Hospital, Maghull. This institution, which was built to meet the requirements of the Mental Deficiency Act, was handed over to the War Office in December, 1914, as it was necessary to have a hospital suitable for those "borderline" cases which required more special supervision than could be given in hospitals. It was desirable, also, to provide an institution to which mental cases might be sent from D Block, in order to obviate their transference to public asylums—a policy which was adopted in view of the special circumstances attending the cause of the disorders. The Military Hospital, Maghull, being built upon the villa pattern, provided the requirements of these cases. To meet the increasing number of cases, further institutions were added at later dates to those just mentioned—viz., the Springfield War Hospital, for severe and protracted cases of neurasthenia and "borderline" cases, and the Napsbury War Hospital, for cases of acute mental disorder requiring asylum care and supervision.

As the cases were coming over in considerable numbers, and in order that all cases should receive a short period of rest and treatment on their return from France before being transferred to the most suitable institution for final disposal and treatment, two "clearing" hospitals were established early in 1915. These were:
(1) The Neurological Section, Fourth London Territorial General Hospital.—All neurological\(^1\) cases, labelled as such at the British base hospitals overseas, were transferred to this section. There they received a short probationary course of treatment, with the result that a large number recovered rapidly and in due course were returned for light duty. A certain number, however, were of a more serious and protracted character. These were transferred eventually to one of the hospitals provided for the purpose—viz., the Maghull or the Springfield War Hospitals. In the event of a patient becoming insane, he was transferred to D Block, Netley, or to the Napsbury War Hospital.

(2) D Block, Netley.—All cases of acute mental disorder arising in soldiers overseas were transferred to this section. After a short period for observation and discriminatory sifting, the cases were transferred, on the one hand, to Napsbury War Hospital should they be considered of a certifiable character, and to require care and treatment under asylum conditions; on the other hand, to the Maghull or Springfield War Hospitals if of a non-certifiable character, but requiring more care and supervision than could be obtained in a general hospital.

The foregoing is a brief review of the provision for the cases of nervous and mental breakdown up to May, 1915. For some time before this date it had been noticed that a considerable number of neurological cases were coming from overseas directly into central and auxiliary military hospitals scattered throughout the country. Partly in order to meet the needs of these cases and partly in order to provide additional accommodation for the increasing number of cases, the Director-General established neurological sections in all the territorial general hospitals throughout England, Scotland and Wales (May 24, 1915). These sections were officered where possible by physicians specially versed in nervous diseases. The primary object of these sections was to furnish the same probationary course of treatment to the cases on arrival at the territorial general hospitals as was given in the clearing hospitals, and to bring in all cases from the auxiliary hospitals in which suitable or sufficient treatment was not available. Moreover, cases of a serious or protracted nature, or cases requiring

\(^1\) The term “neurological” is used in this paper to refer to unwounded cases suffering from neurasthenia, the functional paralyses, hysteria, and the milder psychoses.
supervision of a special character could be transferred from them to the Maghull or Springfield War Hospitals.

With the introduction of neurological sections into the Scottish general territorial hospitals, it was considered advisable that a special hospital should be provided in Scotland. Through the assistance of the Scottish Branch of the Red Cross, this was forthcoming in the Royal Victoria Hospital, Edinburgh, which has continued to provide accommodation for cases of a neurological character.

At the same time a neurological section was formed in the Main Hospital Building, Netley, the chief object of which was to permit of the removal from the convoys arriving at D Block from overseas all cases which the medical officers there considered did not require supervision of a special kind, as some cases had so far recovered on arrival at Netley as to be deemed suitable for treatment in a neurological rather than in a mental section.

In order to understand fully the arrangements existing at the present time for the care and treatment of unwounded soldiers suffering from nervous shock, neurasthenia and mental disorder, let us follow from overseas two or three hypothetical patients to their final destination in this country.

On arrival at one of the British base hospitals abroad, the soldier’s condition is investigated by a special medical officer. The patient then is sent to a section of a hospital according as his symptoms are of a neurological or a mental character. Should he be suffering from transitory mental symptoms, which subside rapidly, he is transferred from the mental to the neurological section as soon as it is advisable to do so. In order to meet this class of case, special accommodation is now being provided at the base hospitals overseas, so that the patient may be placed under the most suitable circumstances for rapid recovery. The patients are labelled for transference to one of the clearing hospitals at home: if neurological, to the Fourth London Territorial General Hospital, or the Neurological Section, Netley; if mental, to D Block, Netley.

*Neurological Cases.*—On arrival at one of the clearing hospitals just mentioned, or at a neurological section in any territorial general hospital, the patient is given treatment. If his symptoms are slight or transitory and disappear rapidly, he is sent on furlough and later is returned to light duty. On the other hand, should the course of the disorder be less favourable, or should symptoms develop which require special supervision, or if it be the opinion of
the medical officers that the case is likely to be protracted or to require special treatment not available in the section, the patient may be transferred to one of the special hospitals for nervous diseases or to a special institution: (a) to the Military Hospital, Maghull, for the Northern and Western Commands; (b) to the Springfield War Hospital for the Eastern, Southern and Aldershot Commands; and (c) to the Royal Victoria Hospital, Edinburgh, for the Scottish Command. If the patient is under treatment at one of the hospitals in the Irish Command, he may be transferred to the King George V Hospital, Dublin.

If for various reasons it has not been possible to send patients home through the clearing hospitals so that they arrive directly from overseas at central or auxiliary military hospitals, in which there is no neurological section, or to which no medical officer with special experience is attached, a short period of treatment is given; but should recovery not take place within two or three weeks, the patient is transferred for treatment to the neurological section of the nearest territorial general hospital.

From the preceding account it is evident that every case of nervous shock and neurasthenia coming from overseas is given a short period of rest and treatment in the hospital at home at which he arrives. In many instances this period is sufficient to permit of recovery. In other cases, sufficient opportunity is provided to study the symptoms with a view to the transference of the patient to one of the special institutions should this further step be necessary.

Mental Cases.—On arrival from overseas at D Block, Netley, the patients are examined by the special medical officers attached to the hospital. All cases which are considered to be of a neurological character are removed for treatment to the neurological section, in the Main Hospital Building, Netley. All patients suffering from the severer psychoses of a certifiable type are given two or three weeks' probationary treatment in D Block. If no recovery has taken place during this time, they are transferred to the Napsbury War Hospital, or to the Dykebar War Hospital, Paisley, if their domicile is in Scotland or if they belong to Scottish regiments.

No mental cases are transferred directly to Ireland, but special arrangements have been made recently by which overseas cases of mental disorder arriving in Ireland may be treated in a villa attached to the Richmond District Asylum.

The number of cases which recover during their stay in D
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Block and are returned to light duty is negligible, but a certain number recover sufficiently during their stay there to be no longer considered as of a certifiable character. These latter are transferred to the Red Cross Military Hospital, Maghull, or the Springfield War Hospital for further observation and treatment.

A short account may be given of the institutions to which reference has been made, the general character of the cases retained for treatment and the percentage of cases returned to light duty.

(1) The Neurological Sections at the Fourth London Territorial General Hospital and the Royal Victoria Hospital, Netley.

The Neurological Section of the Fourth London General Hospital is the largest of the neurological sections, and in addition to receiving the majority of the neurological cases sent home directly from overseas, it accepts patients transferred from central and auxiliary military hospitals in the London district and adjoining counties. It contains 400 beds. An important division of the section is the Maudsley Hospital, which is especially well adapted for the care and treatment of soldiers suffering from all forms of traumatic neurasthenia, hysteria and the milder psychoses.

The Neurological Section of the Royal Victoria Hospital, Netley, occupies several wards in the main hospital building and consists of about 100 beds. It serves a most useful purpose in taking over for treatment cases which have been sent from overseas to D Block, but which require no longer the special supervision provided there. Cases are sent also directly to the section from overseas.

The type of case observed and treated in these sections is similar. They are: most forms of functional paralysis, especially paraplegia, disturbances of speech and articulation, amnesia (or loss of memory), the effects of terrifying dreams, mutism, deafness, deaf-mutism, amblyopia, "bent-back," tremblings and motor agitations, tic-like movements, sleeplessness, nervous debility, indecision, loss of self-confidence and the milder forms of neurasthenia, simple mental confusion, the anxiety psychoneuroses and simple mental depression.

The treatment adopted consists chiefly of rest and feeding, massage and electrical applications in suitable cases, baths when these seem indicated and psychotherapy in the form of simple suggestion and occasional hypnosis.

In a general way the results of treatment at the Fourth London General Hospital show 40 per cent of cases returned to light duty. Of the total admissions 20 per cent of cases were invalided and 20 per cent are transferred for further treatment to the special institutions.
(2) The Special Institutions—The Red Cross Military Hospital, Maghull, and the Springfield War Hospital.—Both these hospitals are constructed on somewhat similar lines, in that they are provided with single rooms and special accommodation for cases requiring isolation and supervision in addition to day rooms and dormitories.

The Maghull Military Hospital had not been used for the treatment of patients before it was taken over by the War Office, but the Springfield War Hospital had been employed as a hospital for defective children for about ten years.

The available accommodation in the two hospitals amounts to about 550 beds. No case is admitted directly from overseas to either of these institutions, as all cases have received a course of treatment at one of the military hospitals at home before transference. The patients most suitable for treatment in these institutions are cases of neurasthenia of a severe or protracted character; the milder psychoses, such as simple melancholia and the anxiety psychoses; psychoses with obsessions and fears; profound amnesia; epilepsy; high-grade mental defectives; the milder types of primary dementia, and all cases of a functional character which do not lend themselves to treatment in a general hospital.

Treatment is conducted upon general lines, rest, feeding, indoor and outdoor recreation, and massage in suitable cases. At the Maghull Military Hospital a form of psycho-analysis has been used with advantage in selected cases. The results of treatment at Maghull show about 40 per cent of cases returned to light duty.

(3) The Mental Hospitals—Napsbury War Hospital and Dykebar War Hospital, N.B.—These hospitals receive the majority of their patients from D Block, Netley; but Napsbury admits mental cases also from military hospitals in the Southern Command and the Midland counties; Dykebar admits also from military hospitals in the Scottish Command and the Northern counties. The Napsbury War Hospital is the hospital section of the parent asylum; Dykebar is one of the most recent of the Scottish asylums built upon the villa pattern. The available accommodation in the two hospitals is about 700 beds.

The patients transferred to these hospitals are of a certifiable type and include most of the severe forms of acute mental disorder—the confusional psychoses, mania, the graver melancholias, acute delusional and hallucinatory psychoses, dementia praecox, mental deficiency with confusion, general paralysis of the insane, and epilepsy with mental symptoms.

In accordance with accepted policy, none of the patients in these
hospitals is certified as a person of unsound mind. Each patient is given a reasonable period of treatment with a view to recovery.

In consequence, however, of the accumulation of chronic and incurable cases which was observed a few months ago, it was decided (September 28, 1915) to board and discharge to asylums all cases of general paralysis of the insane, of epilepsy with insanity, and all patients who had been in asylums prior to enlistment. A certain number of chronic cases also are boarded and discharged to asylums if no improvement is recorded after a fair and reasonable period of observation and treatment.

It is obvious from the nature of the disorders that the percentage of cases returned to light duty must be small, but the figures from the Napsbury War Hospital show from 10 to 15 percent of cases discharged to light duty.