

“The whole history of medical and military practice and policy in the matter of mental disorders on the Western Front reads indeed like the Battle of the Cards in *Alice in Wonderland*.”

Arthur G. Butler

The Australian Army Medical Services in the War of 1914-1918. Volume III, 1943. p. 94





Harbin Central Psychiatric Center



William White

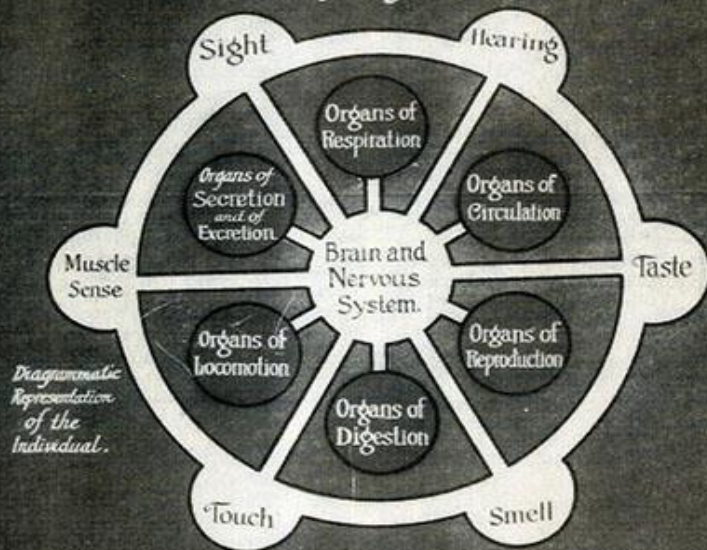


Life is a Process of Adjustment

*Health is a condition of perfect adjustment;
disease a condition of imperfect adjustment.*

*Insanity (mental disease) is a Special Form of
Disorder of adjustment.*

The Brain and nervous system form the mechanism of adjustment.



Imperfect adjustments or diseases are caused by

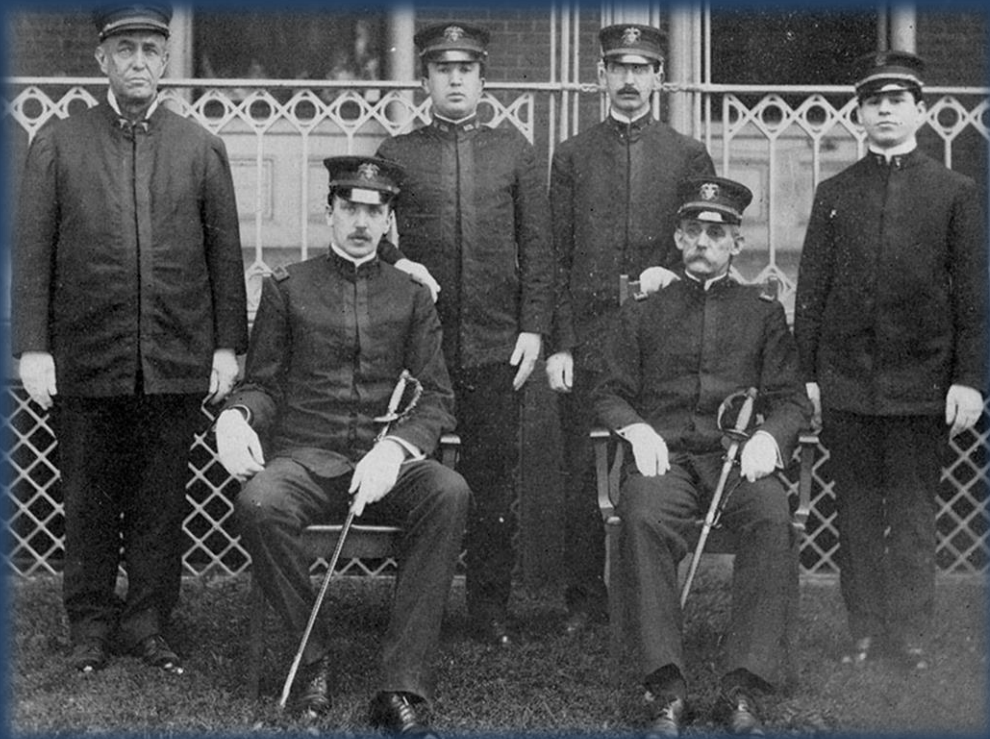
- 1- Interference with the mechanism of adjustment
(brain and nervous system.)
2. Interference with the functions of other organs.



Pearce Bailey



Stewart Paton



Thomas Salmon

<i>Military zones</i>	<i>Military hospitals</i>	<i>Facilities for treating mental diseases</i>
<i>Zone of the interior</i>	<i>Camp hospitals; general hospitals (permanent); hospitals for prisoners of war; convalescent camps; hospital trains; hospital ships (in overseas operations); hospitals at ports of embarkation (in overseas operations.)</i>	<i>Central psychiatric hospital unit (110 beds) attached to camp or base hospital nearest largest concentration of troops; civil institutions; Government Hospital for the Insane (St. Elizabeths Hospital); special wards in State hospitals for the insane; psychopathic hospitals; psychopathic wards in general hospitals.</i>
<i>Zone of communications</i>	<i>Base hospitals (500 beds); evacuation hospitals (432 beds); evacuation hospital ambulance companies.</i>	<i>Psychiatric pavilions (30 beds) attached to base hospitals in favorable locations.</i>
<i>Zone of the advance</i>	<i>Field hospitals (216 beds); ambulance companies; dressing stations; first aid.</i>	<i>Psychiatrist and neurologist attached to each field hospital company.</i>

THE CARE AND TREATMENT OF MENTAL
DISEASES AND WAR NEUROSES ("SHELL
SHOCK") IN THE BRITISH ARMY

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CALIFORNIA

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1917

THE FRONT LINE

EVERYDAY LIFE

BACK OF THE FRONT

GENERAL HOSPITALS

OUT-PATIENT CLINIC

PSYCHIATRIC INSTITUTES

OUT-PATIENT

IN-PATIENT

STATE PSYCHIATRIC HOSPITAL

TREATMENT CENTERS

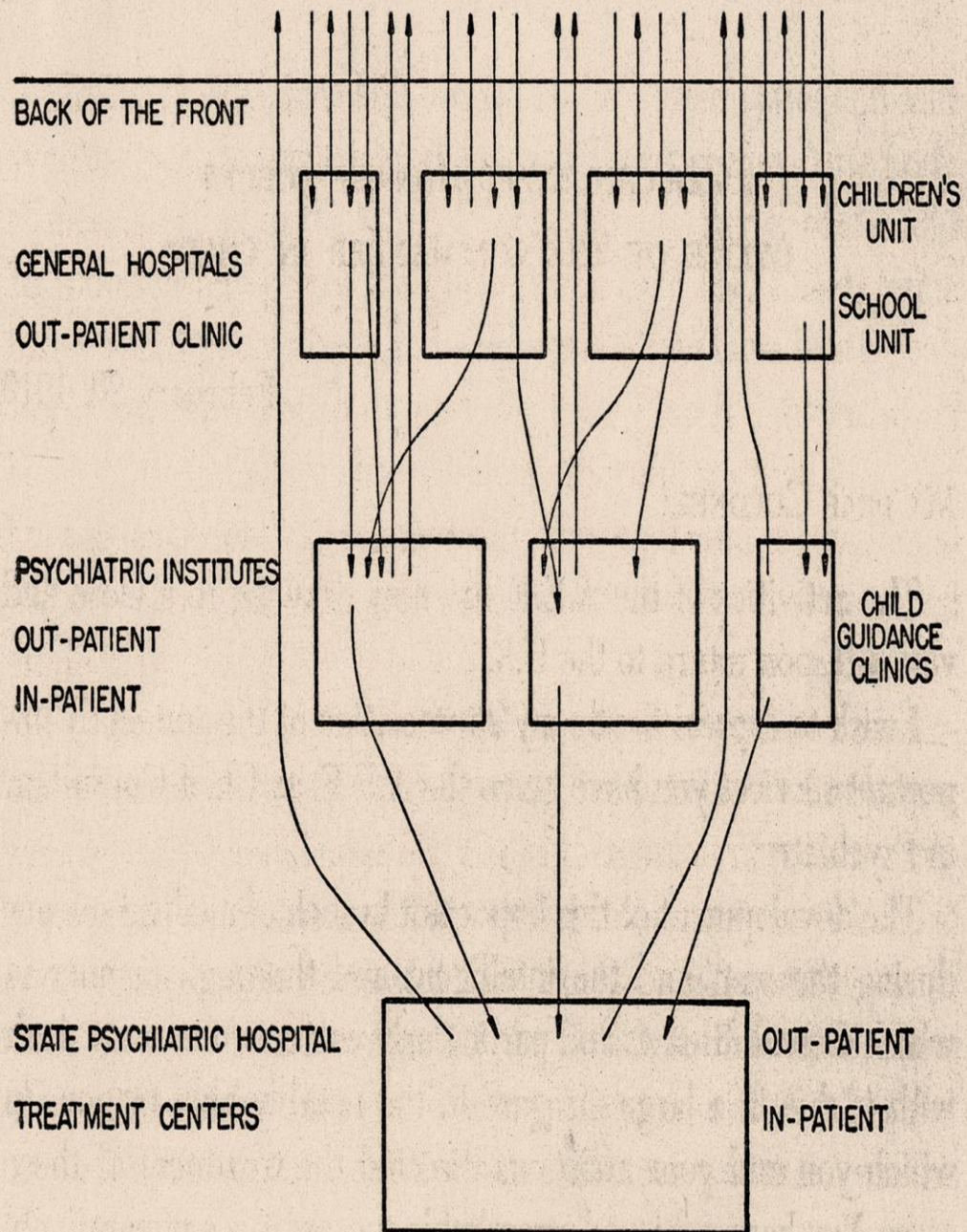
CHILDREN'S
UNIT

SCHOOL
UNIT

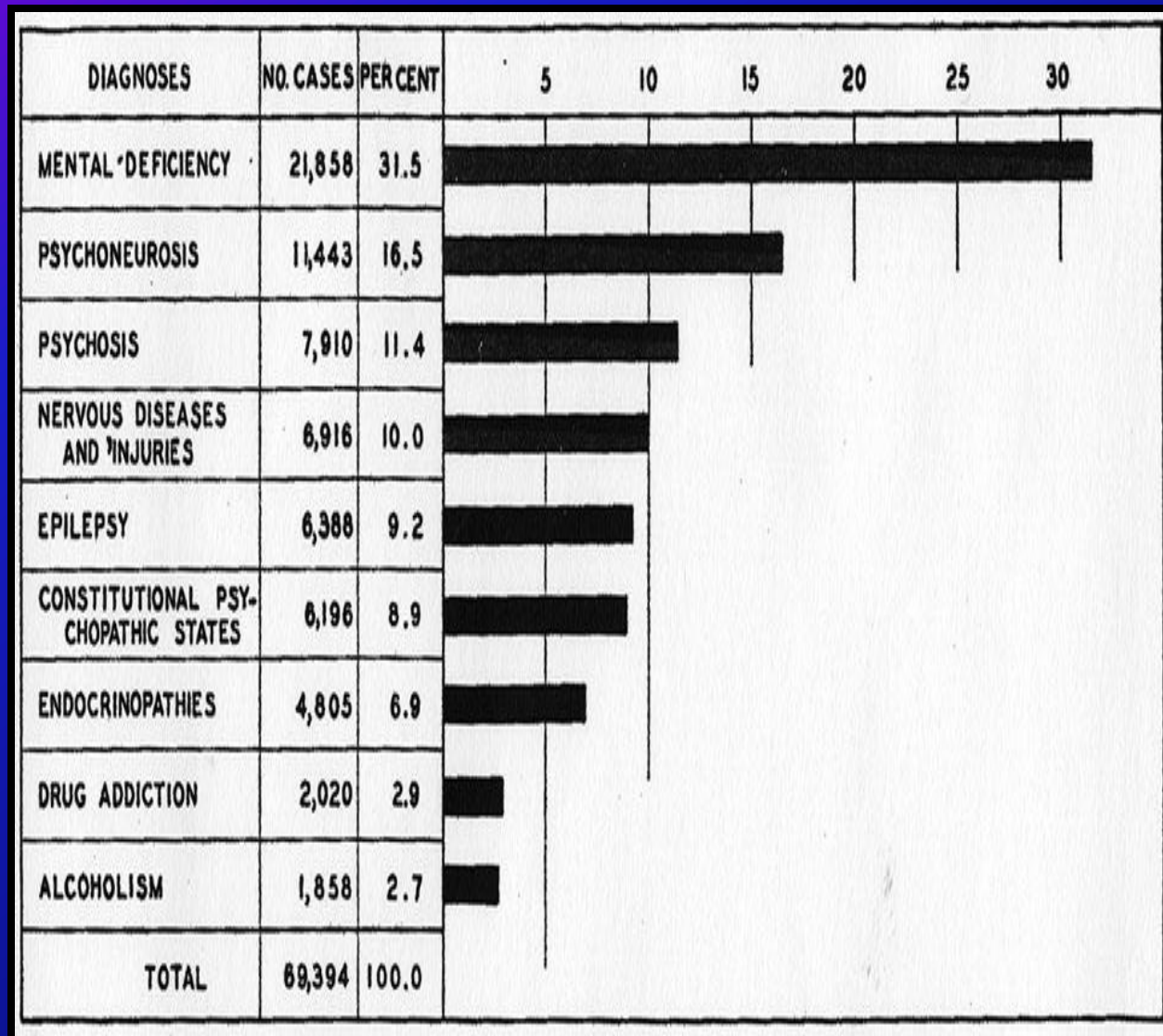
CHILD
GUIDANCE
CLINICS

OUT-PATIENT

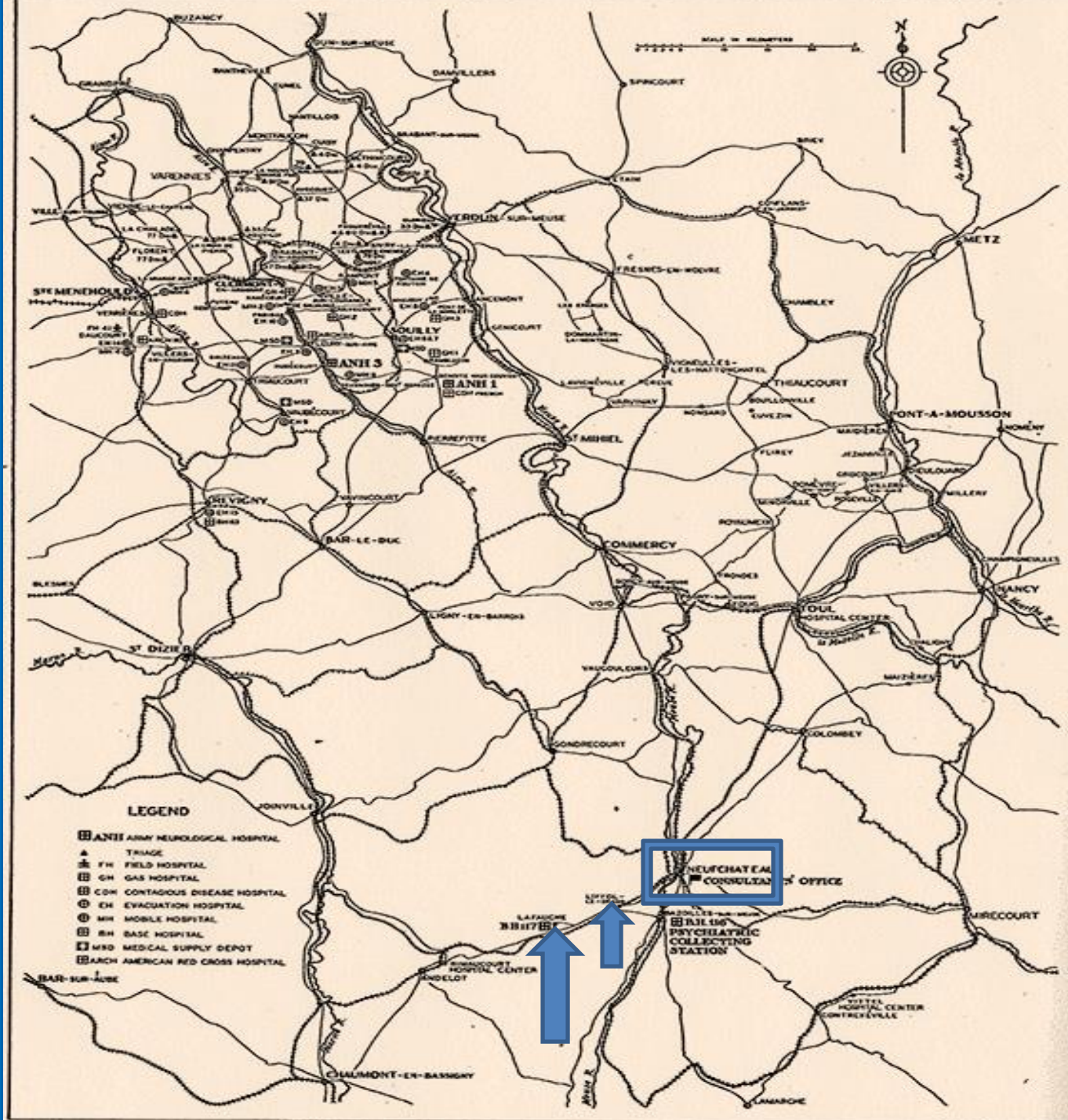
IN-PATIENT



Diagnoses of neuropsychiatric cases (home front)





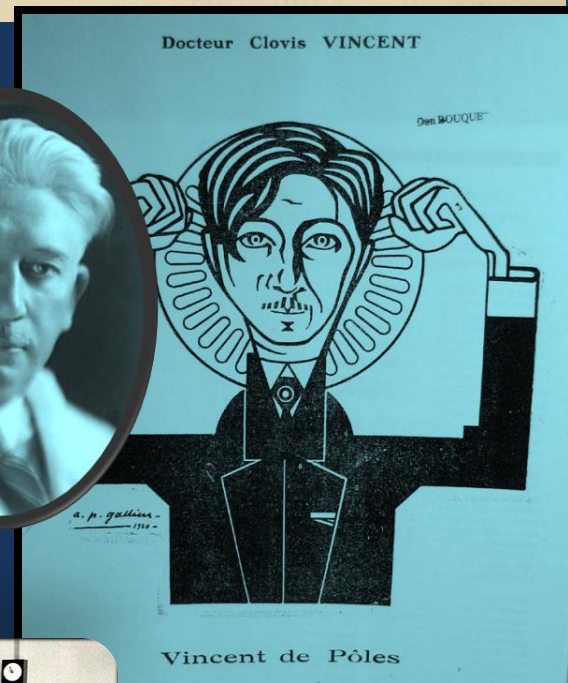




“ poor, old, unhappy crank”

TREATMENT FOR INVETERATE HYSTERIC

PHASE I. “TORPILLAGE” AND INTENSIVE REËDUCA-
TION







Psychoses

12,210 hospital admissions (71% US)
2.7 admissions/1000 strength/annum
over two-thirds discharged for disability
high grade pension assessments

Veterans Bureau 1928

13,057 hospitalized for neuropsychiatric disorders
92% for psychoses

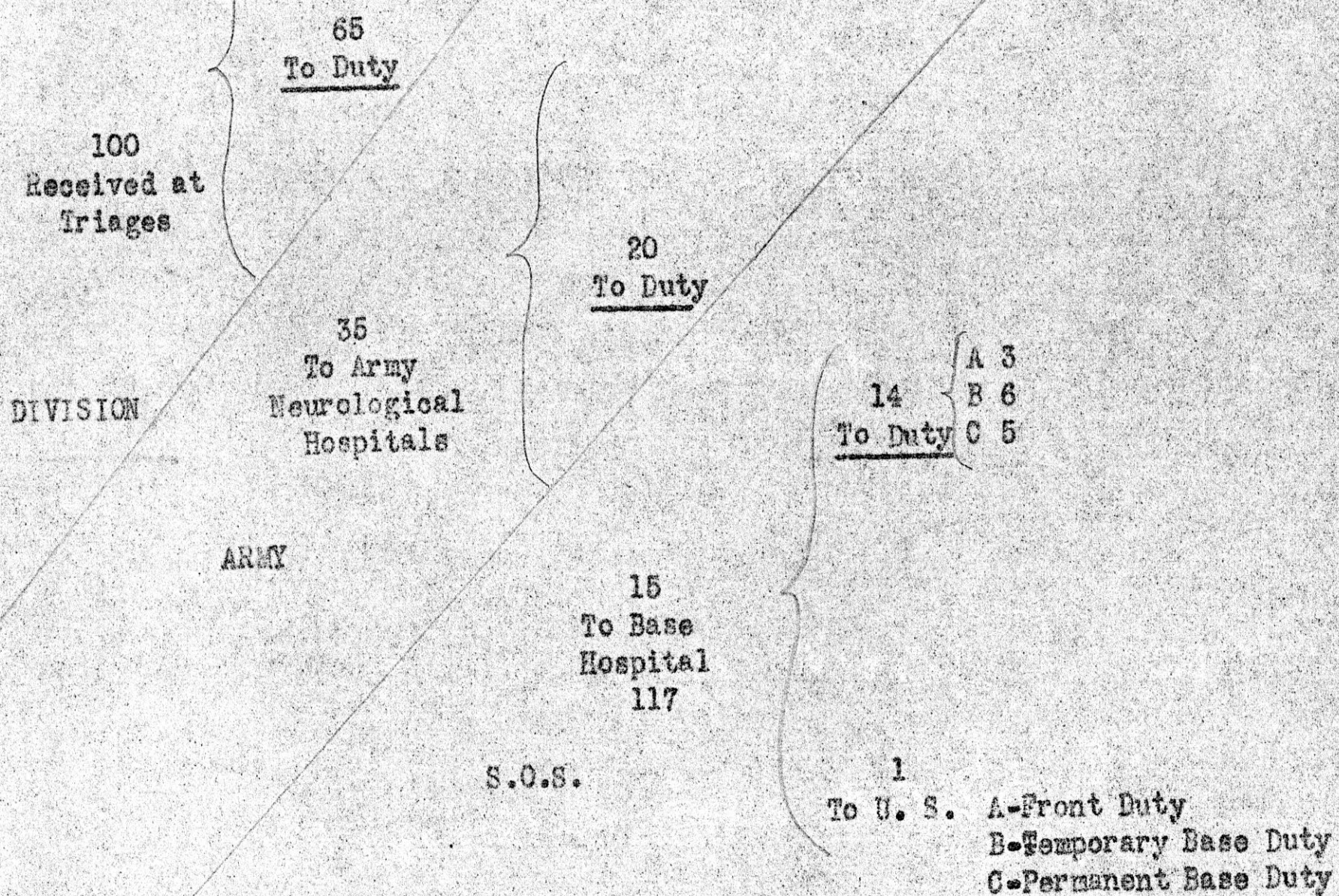
Shell Shock



45,630 hospital admissions (67.2% US)
10.4 admissions/1000 strength/annum
one-quarter discharged for disability

Veterans Bureau 1928

≈ 8,000 pensioners
two-thirds < 50% disability



Outcome of Concussion and Nervous Cases Arising in Battle,
September 12 - November 11, 1918 (Percentages)

Follow-up surveys in patients discharged from Base Hospital 117

Total discharged: 3333

1919-1920: Follow-up: 758 (22.7%)

Full-time employment:

Normal: 295

Neurotic: 167

Total: 462 (61%)

Part-time or no employment:

Fatigued: 131

Disabled : 155 (20%)

Psychotic: 7

Other: 3

1925-1926: Follow-up: 763 (22.8%)

Full-time employment:

Normal: 281

Neurotic: 335

Total: 616 (81%)

Part-time or no employment:

Fatigued: 75

Disabled: 59 (7.7%)

Psychotic: 13







Thank you for your attention.

Classifications, American Army Medical Department, 1913-1929

Nervous system, diseases (20)

Encephalitis
Meningitis
Locomotor ataxia
Multiple sclerosis
Apoplexy
Paraplegia
Epilepsy
Neurasthenia
Enuresis
Neuro-circulatory asthenia
Shell-shock
Hysteria
Speech, defective
Neurosis
Neuritis
Neuralgia
Spinal cord diseases
Facial paralysis
Paralysis without specific cause
Nervous diseases, other

Mental Alienation (10)

General paralysis of the insane
Constitutional psychopathic states
Mental deficiency
Malingering
Dementia praecox
Psychasthenia
Psychoneurosis
Psychosis, alcoholic
Psychosis, manic-depressive
Psychosis, other

British Classification of Neurological Disorders, 1929
In: T.J.Mitchel and G.M. Smith *History of the Great War Medical Services
Casualties and Medical Statistics of the Great War* (HMSO:1931)

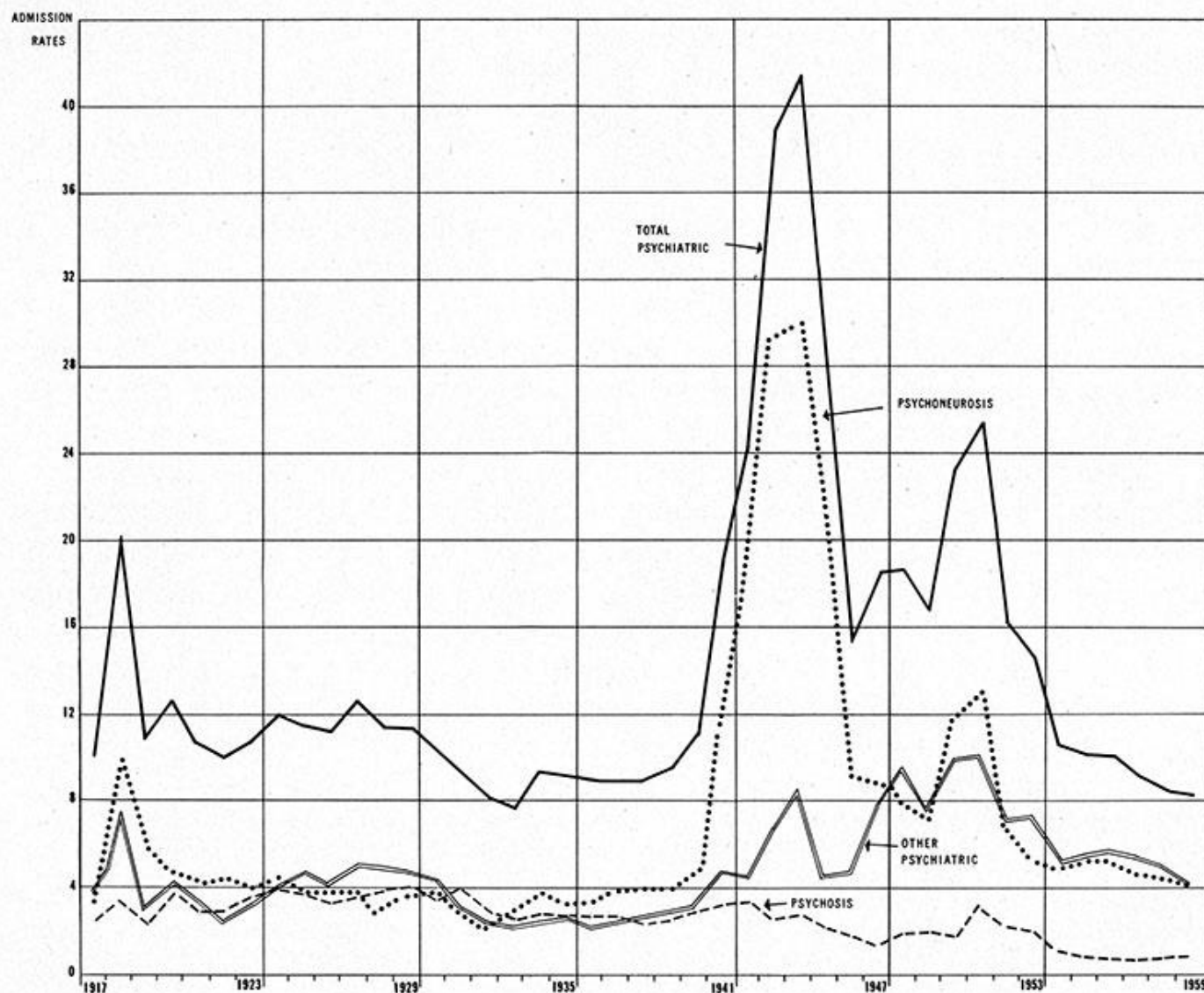
<u>Hospital Admissions for 1915</u>	<u>Number of Admissions</u>
"Nervous disorders"	≈20,000
<u>Hospital Admissions for 1916 through 1920</u>	<u>Total Number of Admissions</u>
Mental Disease	17,340
Functional Diseases of the Nervous System	116,481
Functional Diseases of the Heart	72,476
Epilepsy	14,340
Alcoholism	1,302
DEBILITY	109,476
RHEUMATISM	27,914
TOTAL:	????????

The “Effort Syndrome” AKA Soldier’s Heart



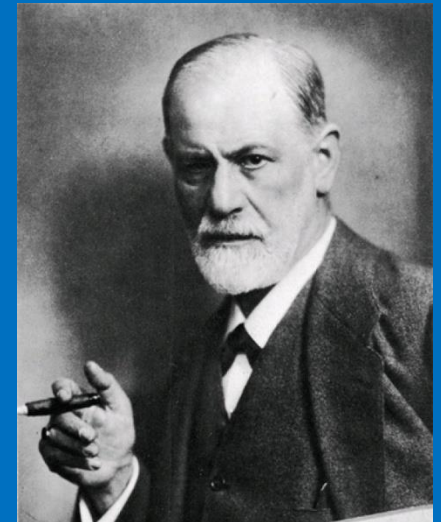
CHART 15.—*Admission rates for psychiatric conditions, by broad diagnostic categories and year, 1917-59*

[Rate expressed as number of admissions per annum per 1,000 average strength]



TREATMENTS:

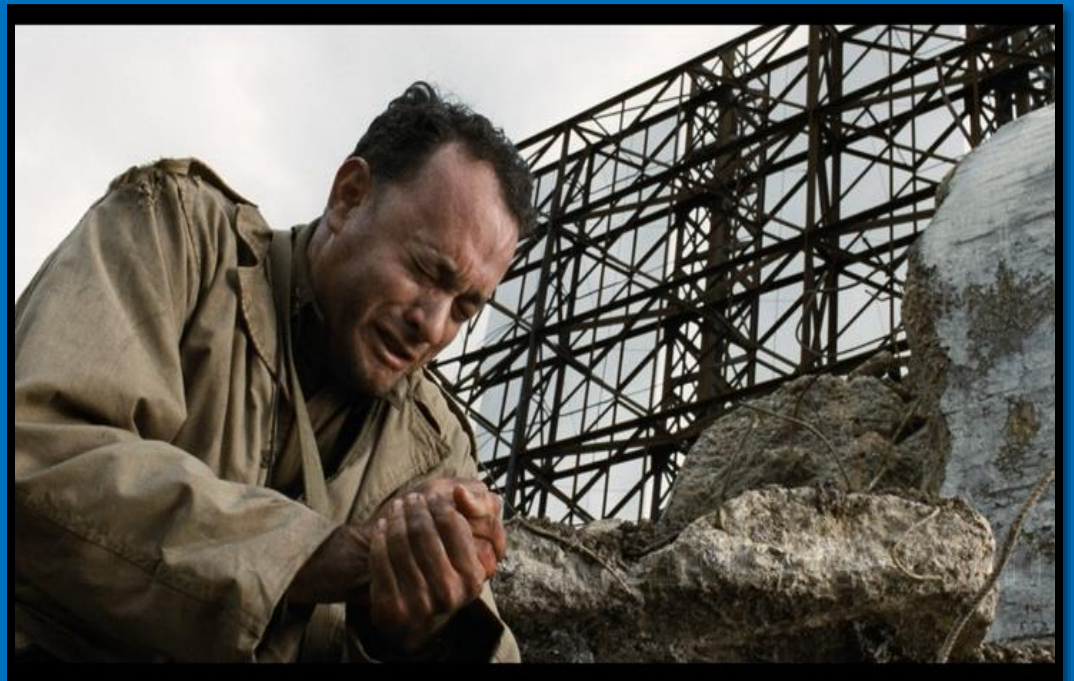
Rest, isolation, sedation, hypnosis, hydrotherapy, occupational therapy, physical therapy, work therapy, diathermy, radiation, suffocation, gardening, immobilization, suggestion, persuasion, electrotherapy, psychoanalysis, dissimulation, re-education, autognosis, positive reinforcement, mental reconstruction, “studied-neglect”, “surprise attacks”, military drill, pharmacotherapy, restriction of duty or furlough, physical threat or force.



“There was also a class of men who were once sturdy soldiers but had been broken by wounds, sickness and the length of service in the battle line. With a nervous laugh they would say they no longer felt sure of themselves and dreaded a breakdown before the eyes of their comrades. To these men great sympathy was due.”

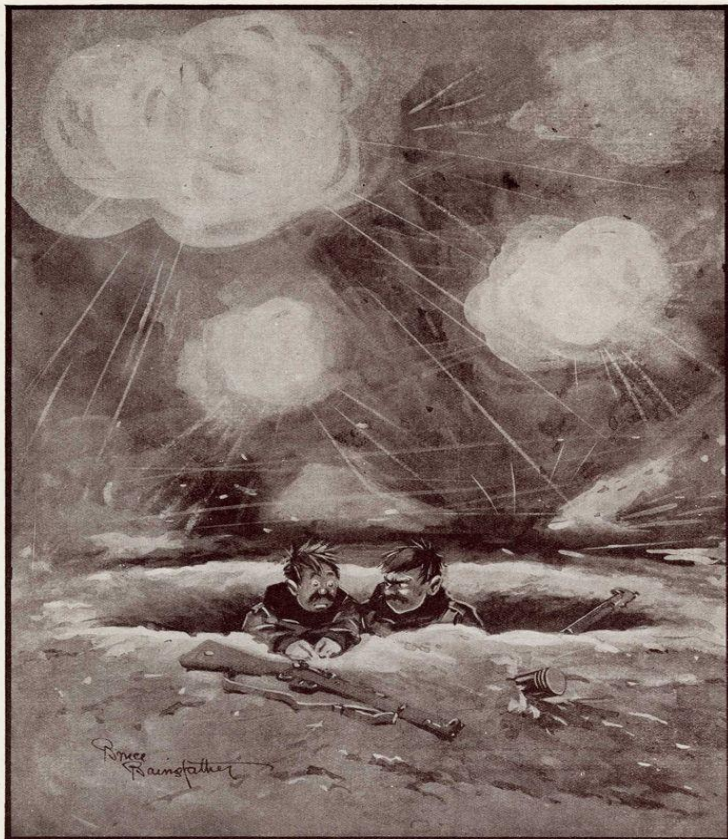
Johnson and Rows, 1923

“Saving Private Ryan”



weinerlich





"Well, if you knows of a better 'ole, go to it."



"Th' hell this ain't th' most important hole in th' world, I'm in it."

“It would probably be no exaggeration to affirm that the medical ‘problem’ of nervous breakdown—at least as seen in the Great War—is only 20 per cent. a war problem and 80 per cent a problem of war's aftermath.... In 1914–18 the irreducible minimum of hopeless cases constituted certainly not more than 1 per cent. of the total non-battle casualties. Thus, despite its undoubted importance as a cause of casualties, nervous breakdown was infinitely less so than infection, and much less than ‘physical hardship’”.

Arthur G. Butler, *The Australian Army Medical Services in the War of 1914-18. Volume III, 1943. pp. 142-143*



“Neurasthenia and other allied disorders”, Ministry of Pensions

February, 1921 ≈ 65,000 drawing pensions

16,393 patients in neurological hospitals or clinics: November, 1921

30.9% due to shell shock, 60.8% due to stress during war, 6.4% due to “general war stress” after the war, 1.9% due to financial stress etc. after the war

5,761 discharged over the next month :

recovered or relieved : 3723 (64.6%)

unimproved : 859 (14.9)

misconduct : 510 (8.9%)

unsuitable for treatment (?) : 668 (11.6%)

discharged to employment : 895 (15.5)

Relapse rate: 20.5%