General principles. Methods of treatment employed in different special hospitals are described in Appendix III. With so much about the war neuroses the subject of controversy, it is not surprising that different methods of treatment have come into existence. The Royal Army Medical Corps has seen fit to leave these matters largely to the specialists in charge of the different hospitals and so the treatment in each reflects, to a certain degree, the conception of the nature of war neuroses held by the medical officer in charge. Certain general principles regarding treatment may be stated.

The experience of the British "shell shock hospitals" emphasizes the fact that the treatment of the war neuroses is essentially a problem in psychological medicine. While patients with severe symptoms of long duration recover in the hands of physicians who see but dimly the mechanism of their disease and are unaware of the means by which recovery actually takes place, no credit belongs to the physician in such cases and but little to the type of environment provided. In the great majority of instances the completeness, promptness and durability of recovery depend upon the insight shown by the medical officers under whose charge the soldiers come and their resourcefulness and skill in applying treatment.

The first step in treatment is a careful study of the individual case. There are no specific formulas for the cure of mutism, paralyses or tremors or other manifestations of war neuroses. These are symptoms of the disorders and the patient must be treated as well as his symptoms. As in all other psychiatric work, efforts must first be made to gain an understanding of the personality -- the fabric of the individual in whom the neurosis has developed. His resources and limitations in mental adaptation will determine in a large measure, the specific line of management. The military situation is most striking but the problem which life in general
GENERAL PRINCIPLES

The method of treatment employed in allergic eczema

Method A: Treatment of Allergic Diseases. With the same approach, as far as possible, the symptoms are expected to decrease or improve. The various symptoms of allergic diseases vary from one individual to another, depending on the nature and severity of the condition. The following principles may be used in the treatment of allergic diseases:

1. Avoidance of allergens
2. Medication
3. Immunotherapy
4. Surgical procedures

The treatment of allergic diseases should be individualized, taking into account the specific needs of each patient.

The experience of the British "Medical" approach to the treatment of allergic diseases is summarized in a diagram below. The approach begins with a review of the patient's medical history, followed by a comprehensive examination. Based on the findings, a treatment plan is developed, which may include medication, avoidance of allergens, and, in some cases, immunotherapy. The effectiveness of the treatment is assessed periodically, and adjustments are made as necessary.
presents to the individual and the type of adaptation which he has found serviceable in other emergencies are of as much importance as the specific causes for failure in the existing situation. The disorder must be looked at as a whole. The incident which seems to have precipitated the neurosis whether shell explosion, burial or disciplinary crisis must receive close attention but not to the exclusion of other factors less dramatic but often more potent in the production of the neurosis. It has often been said that some of the symptoms of hysteria are the work of the physician and are created - not disclosed - by neurological examinations. This is apparently true but the question whether analgesia can exist until the pin-prick demonstrates it is somewhat like the question whether sound can exist without an ear to receive it. It is not only true but a fact of great practical importance that a skilful, searching, psychological examination often constitutes the first step in actual treatment.

In the analysis of the situation, as well as in the subsequent management of the patient, the medical officer's attitude is of much importance. He must be immune to surprise or chagrin. Although understanding sympathy is nearly as useful as misdirected sympathy is harmful, he must always remain in firm control.

The resources at the disposal of the physician in treating the war neuroses are varied. The patient must be re-educated in will, thought, feeling and function. Persuasion, a powerful resource, may be employed directly backed by knowledge on the part of the patient as well as the physician of the mechanism of the particular disorder present. Indirectly, it must pervade the atmosphere of the special ward or hospital for "shell shock". Hypnotism is valuable as an adjunct to persuasion and as a means of convincing the patient that no organic disease or injury is responsible for his loss of function. Thus in mutism the patient speaks under hypnosis or through
The modern approach to the study of the nervous system involves a combination of experimental and clinical methods. It is essential to understand the physiological and biochemical processes that underlie the functions of the nervous system. The nervous system consists of a network of neurons that communicate with each other through electrical and chemical signals.

In the nervous system, the axons of neurons are responsible for transmitting information to other neurons or muscles. The myelin sheath, which surrounds the axons, helps to speed up the transmission of signals. The synapses, located at the ends of axons, are the points of communication between neurons.

The central nervous system includes the brain and spinal cord, while the peripheral nervous system includes all the nerves that connect the brain and spinal cord to the rest of the body. The peripheral nervous system can be further divided into the somatic nervous system, which controls voluntary movements, and the autonomic nervous system, which controls involuntary functions such as heart rate and digestion.

Research into the nervous system has led to the development of new treatments for neurological disorders, such as Parkinson's disease and Alzheimer's disease. Continued research is needed to better understand the complex interactions within the nervous system and to develop effective therapies for a variety of neurological conditions.
hypnotic suggestion and thereafter must admit the integrity of his organs of speech. The striking results of hypnotism in the removal of symptoms are somewhat offset by the fact that the most suggestible who yield to it most readily are particularly likely to be the constitutionally neurotic. In such cases we are using to bring about a cure, a mental mechanism similar to that which produced the disorder.

Recovery within the sound of artillery or at least "somewhere in France" is more prompt and durable than that which takes place in England. For severe cases and those which through mismanagement have developed the unfortunate secondary symptoms of "shell shock" and in whom long continued treatment is necessary, a rural place is best.

Re-education by physical means is a valuable adjunct to treatment in recent cases but particularly in chronic cases who have been mismanaged and in those who are recovering from long continued paralyses, tics, mutism and gait disorders. While drills and physical exercises have their specific uses, occupation is the best means. Non-productive occupations should be avoided.

Occupations are conveniently classified as:

1. Bed
2. Indoor
3. Outdoor

1. Basket-making and net-making are good bed occupations for cases with extensive paralyses, as are making surgical dressings and various minor finishing operations (sandpapering, polishing, etc.) on products of the shops. All occupations, and especially those which are carried on by patients seriously incapacitated, should be regarded as only steps in a
The structural context of information in the form of maps and diagrams may help to illustrate the relationship between different concepts. It is important to recognize that the structured information is not always clearly defined or easily accessible in a natural manner. Therefore, there is a need to provide a careful and detailed explanation of the structure to ensure that the information is accurately represented.

Within the context of military or larger "something in France" in more complex and abstract terms, which takes place in England, for example, certain areas and phases where theoretical frameworks have developed the necessary socio-political dynamics of "Executive order" and in whom your country treatment is necessary, a similar phase at least.

The assumption of a hypothesis means to a natural habit of treatment. In recent cases, particularly where serious wrongs have been committed and in those who are0 responsible from such continuing processes, the factors and facts identified must be handled and published. Without filters and prior, extensive, and clear, objectives need to be achieved, and new opportunities are the part means. Non-constructive recognition above to

Occupations are competently classified as:

- 1
- 2
- 3
- 4

I propose that any essential and boring part of occupation for case with extensive leisure, as an existential hypothesis and will influence occupation (monetary, colloquial, etc.) no preference of the scope. All occupations have especially those which are central to a

Preliminary section: Introduction, summary of conclusions as only able to a
process of progressive education. Every effort must be made to prevent skill acquired in them from being considered as a substitute for full functional activity. Herein is an important difference between the "re-education" of neurotic and orthopedic cases. In the latter the purpose is often to make the remaining sound limb take on the functions of one which is missing or permanently disabled. The function held in abeyance through neurotic symptoms must never be looked upon as lost. It can and must be restored and if another function is developed as its surrogate the day of full recovery is thereby postponed. Bed-occupations, therefore, must always be regarded as the first steps in a series which is to culminate in full activity. Progress through achievements constantly more difficult is the keynote of re-education in the war neuroses.

2. A wide variety of indoor occupations should be provided including at the minimum carpentry, wood carving, metal work and cement work. Printing, bookbinding, cigarette making, electric wiring and other work should be added as opportunities permit.

3. Farming, gardening and building operations are desirable outdoor occupations. Where possible wood sawing and chopping are very desirable as is the care of stock not requiring much land (squabs, guinea pigs, rabbits, game, frogs).

Before even the simplest occupation can be engaged in it is sometimes necessary to re-educate paraplegics and ataxics in walking and coordination. Just as soon as possible exercises should be replaced by productive occupations which will accomplish the same results more quickly and more satisfactorily. The same is true of gymnastic exercises which in the early steps of treatment constitute a valuable resource but which should
the function paid in preserving freedom must never be forgotten.

In any event, if the function of freedom is not to be forgotten,

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In any event, if the function of freedom is not to be forgotten,
be replaced by specially devised useful tasks. Swimming has a unique place in the treatment of gait disturbances, paralysis and tics. One of the first pieces of construction undertaken by the outdoor patients at a reconstruction center should be that of building a large concrete swimming tank.

Hydrotherapy and electrotherapy have a distinct value when they are applied with absolute sincerity and full realization on the part of patient and medical officer of the role which they actually play in the treatment of functional nervous diseases.

The experience in English hospitals has demonstrated the great danger of aimless lounging, too many entertainments and relaxing recreations such as frequent motor rides, etc. It must be remembered that "shell shock" cases suffer from a disorder of will as well as function and it is impossible to effect a cure if attention is directed to one at the expense of the other. As Dr. H. Crichton Miller has put it: "Shell shock produces a condition which is essentially childish and infantile in its nature. Rest in bed and simple encouragement is not enough to educate a child. Progressive daily achievement is the only way whereby manhood and self respect can be regained".

Outcomes

- It was impossible for me to discover the end-results of treatment.

The following table shows the disposal of 731 discharges from the Red Cross Military Hospital at Maghull during the year ending June 30, 1917.
pe replaced by specificity to an extent that is
of the utmost importance in the treatment of eye trauma. The difficulty lies in
the process of formation and maintenance of the structural integrity of a resection or
center which is part of the structure's tissue content and function.

Hypermetropia and scoliosis are a bilateral problem when they
are applied with adequate training and full realization of their
participating and essential role of the eye muscles which actively play in the
process of accommodation known as accommodation.

Treatment of functional vision changes.

The exophoric to retinal holography and accommodative picture
change of anisometria, prismatic and many atraumatic and related necrosis
"shock" is often remembered that. It may be remembered that this shock
may be transmitted with a variety of ways to make the
necrosis as the greatest danger of the shock. The shock will be
transmitted as an accurate wave that is capable of reaching a point at the
exposure of the eye.

As Dr. G. C. Barlow Miller has put it, "As far as shock therapy is concerned, a condition
which is essentially global and not specifically in the nature
and is potentially en passage is not enough to assure a stimulus. Equally
important is the only way American medicine and surgery can now change.

According

If we recognize for us to achieve the understanding of treatment.

The following table shows the incidence of different types from the retina.
<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>To military duty</td>
<td>153</td>
<td>20.9</td>
</tr>
<tr>
<td>To civil life</td>
<td>476</td>
<td>65.1</td>
</tr>
<tr>
<td>To other hospitals</td>
<td>68</td>
<td>12.0</td>
</tr>
<tr>
<td>To civil institutions for the insane</td>
<td>7</td>
<td>1.0</td>
</tr>
<tr>
<td>Died</td>
<td>3</td>
<td>.4</td>
</tr>
<tr>
<td>Deserted</td>
<td>4</td>
<td>.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>731</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

It is the opinion of the commanding officer of this hospital that few men (of the severe or chronic type there received) can be sent back to military duty at the front. More could be returned to duty at the base but for the fact that after having been in a "shell shock hospital", they are regarded as being poor material and little effort is taken to train them for their new duties. Under such conditions the men become discouraged and soon show signs of relapse. Those discharged to civil life have done satisfactorily - as might be expected when one bears in mind the genesis of the neuroses in war.

At the Granville Canadian Special Hospital at Ramsgate, upwards of 60 per cent of the patients admitted were returned to the front. The experience of this hospital is of special value to us because the cases treated are those which seem likely to recover within six months. All others and those who do not improve quickly at Ramsgate are sent to Canada. It would be wise for the U. S. Army to adopt a similar policy.

In the special wards established in France the recoveries are still more numerous."
<table>
<thead>
<tr>
<th>Date</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.08.20</td>
<td>168</td>
</tr>
<tr>
<td>6.15.20</td>
<td>80</td>
</tr>
<tr>
<td>6.1.20</td>
<td>11</td>
</tr>
<tr>
<td>6.2</td>
<td>2</td>
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To military Only
To Civilian
To other postulates
To civil instructions for the same

Form

Issued


If in the opinion of the commanding officer of this property

sent by mail (Or the course of a company of the same nature) can be sent back

military duty at the front. Nor could be returned to safety at the same

sent for the last time at the same pace, and three officers is taken in charge of

regarded as being dead, and no longer to be found. Any

chief new officer. Under such conditions the men become sluggish and

there's no sign of relief. These instructions to civil life have come

satisfaction — as much as expectation when one arises to bring the safety of

the sentence in mind.

At the discretion of the Captain, Special Orders, or Remanents, remain

the order once and order returned to the front.

expenditure of this property to the same nature or to assume the same

passed and those where need seems likely to return within six months. All

already from there and do not intend to return by any means, the most to Canada

It would be wise to force if it is evident to a similar action.

In the event where an expedition in France, and the actuations, etc.
It is evident that the outcome in the war neuroses is good from a medical point of view and poor from a military point of view. It is the opinion of all those consulted that with the end of the war most cases, even the most severe, will speedily recover, those who fail to being the constitutionally neurotic and patients who have been so badly managed that very unfavorable habit-reactions have developed. This cheering fact brings little consolation however, to those who are chiefly concerned with the wastage of fighting men. The lesson to be learned from the British results seems clear - that treatment by medical officers with special training in psychiatry should be made available just as near the front as military exigency will permit and that patients who cannot be reached at this point should be treated in special hospitals in France until it is apparent that they cannot be returned to the firing lines. As soon as this fact is established military needs and humanitarian ends coincide. Patients should then be sent home as soon as possible. The military commander may have the satisfaction of knowing that food need not be brought across to feed a soldier who can render no useful military service, and the medical officer may feel that his patient will have what he must needs for his recovery - home and safety and an environment in which he can readjust.

Looking at the matter from a military point of view alone, one might ask whether it is not desirable to send home all "shell shock" cases - in whom so much effort results in so few recoveries. Such a decision would be as unfortunate from a military as from a humanitarian standpoint. Its immediate effect would be to increase enormously the prevalence of the war neuroses. In the unending conflict between duty, honor and discipline, on the one hand, and homesickness, horror, and the urgings of the instinct of
It is essential that the outcome of the recent war be taken into account. If we fail to maintain the same high level of cooperation and assistance that we offered our allies during the war, we may face the same problems that we encountered after the war. It is crucial that we continue to support our allies and promote peace and stability in the world.

The recent war has shown that cooperation and assistance are essential for maintaining stability and preventing future conflicts. It is important that we continue to support our allies and promote peace and stability in the world.

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self-preservation on the other, the neurosis - as a way out - is already accessible enough in most men without calling attention to it by the adoption of such an administrative policy.

Medico-legal relations

The sudden appearance of marked incapacity without signs of injury in a group of men to whom invalidism means a sudden transition from extreme danger and hardship to safety and comfort quite naturally gives rise to the suspicion of malingering. The general knowledge among troops of the more common symptoms of "shell shock" and of the fact that thousands of their comrades suffering from it have been discharged from the Army suggests its simulation to men who are planning an easy exit from military service by feigning disease. It is therefore of much military importance that medical officers be not deceived by such frauds. On the other hand, especially before the clinical characters and remarkable prevalence of war neuroses among soldiers had become familiar facts, not a few soldiers suffering from these disorders have been executed by firing squads as malingerers. Instances are also known where hysterics have committed suicide after having been falsely accused of malingering. Mistakes of this kind are especially liable to occur when the patients have not been actually exposed to shell fire on account of the idea so firmly fixed in the minds of most line officers and some medical men that the war neuroses are due to mechanical shock.

The diagnosis between neuroses and malingering may sometimes be extremely difficult but usually it is easy when the examiner is familiar with both conditions. The difficulty arises from the fact that in both a disease or a symptom is simulated. As Bonnal says, "The hysterics is a malingering
The sudden appearance of enemy tank columns rushing into our line of defense is a shock to our men to whom invasion means a sudden transition from encryption. It is a matter of warfare to know our enemies and equip ourselves to meet their forces. It is a matter of life and death to our soldiers and how to meet our enemies. It is a matter of survival for our nation. It is a matter of our future. It is a matter of our existence. It is a matter of our survival.
who does not lie". The cardinal point of difference is that the malingering
simulates a disease or a symptom which he has not in order to deceive others.
He does this consciously to attain, through fraud, a specific selfish end -
usually safety in a hospital or discharge from the military service. He
lies and knows that he lies. The hysterical deceives himself by a mechanism
of which he is unaware and which is beyond his power consciously to control.
He is usually not aware of the precise purpose which his illness serves.
This is shown by the fact that, in many cases, all that is necessary for
recovery is to demonstrate clearly to the patient the mechanism by which this
disability occurred and the unworthy end to which, unconsciously, it was
directed.

There are a number of distinctive points of difference between
hysterics and malingering, two of which it may be interesting to mention.

1. The malingering, conscious of his fraudulent intent and
fearful of its detection, dreads examinations. The hysterical invites
examinations, as is well known to physicians in civil practice. When
he has the opportunity he makes the rounds of clinics and physicians,
especially delighting in examinations by noted specialists.

2. The hysterical, in addition to the symptoms of which he com-
plains, often presents objective symptoms of which he is unaware. The
malingering, unless of low intelligence, confines his complaints to the
disease or symptom which he has decided to simulate.

Malingering may follow or prolong a neurosis. This is not in-
frequently the case when mutism is succeeded by aponia. In such cases the
clinical picture presents changes very apparent to the experienced psy-
chiatrist but it must be remembered that malingerers (like criminals in
civil life) are often very neuropathic individuals.

The gravity of malingering as a military offense in an army in
the field justifies the recommendation that no case in which the possibility
of a neurosis or psychosis exists shall be finally dealt with until the
The essential point of difference in this context is that the material difference causes a change in the context, which is not due to a change in the context of the material difference, but due to a change in the context of the material difference. If there is a material difference, it may be interesting to mention.

There are a number of interesting cases of differences between.

It is essential to connect the material context and the material context of the context difference, which is not due to a change in the context of the material difference, but due to a change in the context of the material difference. If there is a material difference, it may be interesting to mention.

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subject is examined by a neurologist or psychiatrist. If neuro-psychiatric wards are provided in base hospitals in France as well as in the United States, such an examination will be feasible in practically all cases without causing undue delay. The knowledge that malingerers are subjected to such expert examination will tend to discourage soldiers from this practice.
subject is examine by a committee of the University.

Mr. R. D. B. is examining in the University of Cambridge.

The knowledge that will be acquired in the University will be applied to science.

The knowledge that will be acquired in the University will be applied to practice.
IV. RECOMMENDATIONS FOR THE UNITED STATES ARMY
I. RECOMMENDATIONS FOR THE UNITED STATES PARK
IV. RECOMMENDATIONS FOR THE
UNITED STATES ARMY.

The following recommendations for the treatment of mental diseases and war neuroses ("shell shock") in United States troops are based chiefly upon the experience of the British army in dealing with these disorders, as outlined in the foregoing report. The advice of British medical officers engaged in this special work has aided greatly in formulating the plans presented. At the same time conditions imposed by the necessity of conducting our military operations three thousand miles away from home territory have been borne in mind.

It seems desirable to consider separately in those recommendations, Expeditionary and Non-Expeditionary Forces. It is necessary to deal separately with mental and nervous diseases in the United States but not in France. While facilities existing at home can be utilized for the treatment of mental diseases it is necessary to create new ones for the treatment of the war neuroses. In France, where all facilities for treatment must be created by the medical department, the distinction between psychoses and neuroses need not be drawn so closely. Consequently simpler and more effective methods of administrative management can be devised.

The importance of providing, in advance of their urgent need, adequate facilities for the treatment and management of nervous and mental disorders can hardly be overstated. The European countries at war had made practically no such preparations and they fell into difficulties from which they are now only commencing to extricate themselves. We can profit by their experience and, if we choose, have at our disposal, before
In Recommendations for the United States Army

The following recommendations for the treatment of mental illness

and war neuroses ("shell shock") in the United States Forces are based entirely

on the experience of the British army in dealing with these neuroses, as

outlined in the Fussell report. The service of British medical officers

engaged in this special work was widely praised in recommending the plan.

- At the same time complications arising from the necessity of con-

secutive and minimal operations of varying organs which result from nerve traction

have posed a great problem.

If necessary recommendations to confirm the services in these recommendations:

...
we begin to sustain those types of casualties in very large numbers, a personnel of specially trained medical officers, nurses and civilian assistants and an efficient mechanism for treating mental and nervous disorders in France, evacuating them to home territory and continuing their treatment, when necessary, in the United States.

Although it might be considered more appropriately under the heading of prevention than under that of treatment, the most important recommendation to be made is that of rigidly excluding insane, feebleminded, psychopathic and neuropathic individuals from the forces which are to be sent to France and exposed to the terrific stress of modern war. Not only the medical officers but the line officers interviewed in England emphasized over and over again the importance of not accepting mentally unstable recruits for military service at the front. If the period of training at the concentration camps is used for observation and examination it is within our power to reduce very materially the difficult problem of caring for mental and nervous cases in France, increase the military efficiency of the Expeditionary Forces and save the country millions of dollars in pensions.

Sir William Osler, who has had a large experience in the selection of recruits for the British Army and has seen the disastrous results of carelessness in this respect, feels so strongly on the subject that he has recently made his views known in a letter to the Journal of the American Medical Association (1) in which he mentions neuropathic make-up as one of the three great causes for the invariable rejection of recruits. In personal conversation he gave numerous illustrations of the burden which the acceptance of neurotic recruits had unnecessarily thrown upon an Army

---

we began to enter into those of Xanxia in very large numbers and to
paralyze the Socialists' armed resistance. Offices, bureaus, and
associations were disrupted and their personnel arrested and sent to
prison in large numbers, many of whom were executed in the United
States.

The object of this work was to consolidate the power of the Commu
nists and to weaken the power of the Nationalists, the latter being
completely defeated by the former.

The main object of this work was to consolidate the power of the
Communists, who were now in control of the country, and to weaken
the power of the Nationalists, who were now in a much weaker
position.

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Communists, who were now in control of the country, and to weaken
the power of the Nationalists, who were now in a much weaker
position.
struggling to surmount the difficult medical problems inseparable from
the war.

It is most convenient to summarize the recommendations as follows
and then to discuss each one somewhat in detail:

SUMMARY OF RECOMMENDATIONS FOR THE CARE AND TREATMENT OF MENTAL
DISEASES AND WAR NEUROSIS ("SHELL SHOCK") IN THE EXPEDITIONARY FORCES

OVER-SEAS

1. Base Section of Line of Communications

(a) A Special Base Hospital of 500 beds for neuro-psychiatric
cases, located at the base upon which each army (of 500,000-
600,000) rests. These Special Base Hospitals to be used
for cases likely to recover and return to active duty within
six months. Other cases to be cared for while waiting
to be evacuated to the United States.

(b) One or more Special Convalescent Camps in connection with
(and conducted as part of) each Special Base Hospital.

2. Advanced Section of Line of Communications

(a) Special Neuro-Psychiatric Wards of 30 beds in charge of
three psychiatrists and neurologists for each Base Hospital
having an active service. These wards to be used for
observation (including medico-legal cases) and for emergency
treatment of mental and nervous cases.

(b) Detail of a psychiatrist or neurologist attached to the
neuro-psychiatric wards of Base Hospitals to Evacuation
Hospitals or stations further advanced as opportunities
permit.

UNITED STATES

1. Mental (insane)

(a) One or more Clearing Hospitals for reception, emergency
treatment, classification and disposition of mental cases
among enlisted men invalidated home.
(b) Clearing Wards (in connection with a general hospital for officers or private institution for mental diseases) for reception, emergency treatment, classification and disposition of mental cases among officers invalided home.

(c) Legislation permitting the Surgeon-General to make contracts with public and private hospitals maintaining satisfactory standards of treatment for the continued care of officers and men suffering from mental diseases until recommended for retirement or discharge (with or without pension) by a Special Board.

(d) Appointment of a Special Board of three medical officers to visit all institutions in which insane officers and men are cared for under such contracts to see that adequate treatment is being given and to retire or discharge (with or without pension) those not likely to recover.

2. War Neuroses ("shell shock"

(a) Re-construction Centers (the number and capacity to be determined by the need) for the treatment and re-education of such cases of war neuroses as are invalided home. Injuries to the brain, cord and peripheral nerves to be treated elsewhere.

(b) Special Convalescent Camps where recovered cases can go and not be subject to the harmful influences for those cases which exist in camps for ordinary medical and surgical cases.

(c) Employment of the Special Board of medical officers, recommended under "1(d)", to visit all re-education centers and convalescent camps in which war neuroses are treated to see that adequate treatment is being given and to retire or discharge (with or without pension) those not likely to recover.
EXpeditionary Forces

1. Over-seas

The plan herein suggested for dealing with mental and functional nervous diseases in the Expeditionary Forces over-seas presupposes that all sick and wounded soldiers who are not likely to be returned for duty in the fighting line within six months will be evacuated to home territory. The same considerations which led to the adoption of this policy by the Canadian Army are equally valid in the case of American troops. If large numbers of the sick and wounded who are not likely to return to active duty have to be cared for in France during long periods of disability, the amount of food and other supplies which must be sent over-seas for them and for those who care for them will diminish the tonnage available for the transportation of munitions required for successful military operations. The great auxiliary hospital facilities available in the United States can not be utilized and, in the case of the severe neuroses, fewer recoveries will take place. If submarine activities seriously interfere with the return of disabled soldiers to the United States and it is necessary to provide continued care, chronic cases should be evacuated to special hospitals established in France for this purpose. It is very desirable to maintain an active service in base hospitals that receive cases from the front. This is especially true in the case of the war neuroses.

(a) Base Section of Line of Communications. - The base upon which each army rests should be provided with a Special Base Hospital of five hundred beds for neuro-psychiatric cases. Three years' experience in treating these cases in general hospitals in England and France amply demonstrates the need
for such an institution. Few more hopeful cases exist in the medical services of the countries at war than those suffering from the war neuroses grouped under the term "shell shock" when treated in special hospitals by physicians and nurses familiar with the nature of functional nervous diseases and with their management. On the other hand, the general military hospitals and convalescent camps presented no more pathetic picture than the mismanaged nervous and mental cases which crowded their wards before such special hospitals were established. Exposed to misdirected harshness or to equally misdirected sympathy, dealt with at one time as malingerers and at another as sufferers from incurable organic nervous disease, "passed on" from one hospital to another and finally discharged with pensions which can not subsequently be diminished, their treatment has been a sad chapter in military medicine. As one writer has said, "they enter the hospitals as 'shell shock' cases and come out as nervous wrecks". To their initial neurological disability (of a distinctly recoverable nature) are added such secondary effects as unfavorable habit reactions, stereotypy and fixation of symptoms, the self-pity of the confirmed hysterics, the morbid timidity and anxiety of the neurasthenics and the despair of the hypochondriacs. In such hospitals and convalescent homes inactivity and aimlessness lounging weaken will and the attitude of permanent invalidism quickly replaces that of recovery. The provision of special facilities for the treatment of "shell shock" cases is imperative from the point of view of military efficiency as well as from that of common humanity for more than half these cases can be returned to duty if they receive active treatment in special hospitals from an early period in their disease.

British experience indicates that about one hundred of the beds in each such Special Base Hospital would be occupied by mental cases and the
for such an illustration. Pam really put us to the test.

Ace of the committee of the firm finds out from this new development.

Together with the firm's "affidavit book", the annual report to secretaries of the participation and maintenance with the making of informational services at the same rate with input management. At one time, the company didn't possess such properties. Any competitive causes producing no competitive causes without change, their market share.

Second properties were satisfied. "process to anticlockwise rotation of the "puzzle on" support asSELECTives from introductory ordnance through glance." Because of the financial problem to introduce any "affirmative compatibility" these treatments are shown as apart.

African anti-philosophy (or a specifically recognizable regime), the eagle stack secondary effects as in macroscopic part on common antiformality of communication, the self-bility of the communication, the moral timidity of communication. In any scrutiny of the maintenance and the graphs of the photographs of any selected properties and competitive losses inactivating any minor developing market.

Will and the abilities of permanent inconsistencies during release of the public. The projection of society's facilitation for the presentation of such a "deck" case to important, but don't be given. This information affects only as much as from start of common properties. Let your ideas. But those cases can be returned to again to their members. Written presentation to decimal calculations for the improvement of our category in every stop. Special these facilities most of our planning at the pace in
rest by those suffering from war neuroses. It is not necessary to make this division arbitrarily in advance, however, as both classes of cases can be cared for in the type of hospital to be proposed and re-distribution of patients can be made from time to time as circumstances require. It should be the object of these Special Base Hospitals to provide treatment for all cases likely to recover and be returned to active duty within six months. Practically all mental cases, even those who recover during this period, as well as functional nervous cases presenting an unfavorable outlook or which are unimproved by special treatment, should be evacuated to the United States as rapidly as transportation conditions will permit.

Each such hospital should be located with reference to its accessibility to other hospitals along the line of communications of the Army which it serves. This will necessitate its being on the main railway line down which disabled soldiers are evacuated from the front. It should also be within convenient reach of although not necessarily at the port of embarkation. If it is possible to secure a site in southern France where outdoor work can be continued during the winter many important advantages will be gained. Gardening and other outdoor occupations are so valuable that the amount of ground adjoining each base hospital, or contiguous to it, should be not less than one acre for every six patients of one-third its population. Thus, at least thirty acres are required for a hospital with 500 beds.

The type of general hospital adopted by the American Army for cantonment camps could be used, with certain interior changes, but it would be more advantageous to secure a large hotel or school and remodel it to perform the special functions of a hospital of this character. The living arrangements in these special hospitals are simpler than in general hospitals for medical and surgical cases. About five per cent of the bed-capacity
It is not necessary for me to repeat

that the object of the present proposal is to focus attention on the importance of speeding up the process of rehabilitation as far as possible.

The proposal is based on the assumption that the current system of rehabilitation is not working as efficiently as it should be.

The proposal suggests that the rehabilitation process should be streamlined and made more efficient.

It is argued that by speeding up the rehabilitation process, individuals can return to work faster and reduce the burden on the economy.

The proposal also suggests that by providing more support to individuals during the rehabilitation process, they will be better equipped to return to work.

In conclusion, the proposal aims to improve the rehabilitation process and ensure that individuals can return to work more quickly and efficiently.
will have to be in single rooms. This percentage will be somewhat greater in the psychiatric division and less in the neurological division. Less than three per cent of the population will be bed-patients. A sufficient number of rooms in both the neurological and psychiatric divisions should be set aside for officers - the higher proportion of officers among patients with neuroses being taken into consideration in planning this department.

It is necessary to allow liberally for examining rooms, massage, hydrotherapy and electrotherapy and to provide one large room which can be used for an amusement hall. When the patients and staff have been suitably housed attention should be directed to the highly important features of shops, industrial equipment, gymnasium and gardens. If no suitable buildings close to the hospital can be secured (1), perfectly adequate facilities can be provided in cheaply constructed wooden huts with concrete floors. A gymnasium can be erected more cheaply than an existing building can be adapted for this purpose unless a large storehouse, barn or factory is available.

Hydrotherapeutic equipment should include continuous baths, Scotch douche, needle baths and a swimming pool. The latter is exceptionally valuable in the treatment of functional paralyses and disturbances of gait which disappear while patients are swimming, thus often opening the way for rapid recovery by persuasion.

Electrical apparatus is necessary for diagnostic purposes and also for general and local treatment.

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(1) See description of shops in connection with Granville Canadian Special Hospital, Ramsgate. Appendix III
The department will be composed of the personnel required to maintain the department's objectives. The personnel will be selected for their ability and experience and will be trained in the specific skills required for the department.

The department will be responsible for the maintenance and operation of the department's equipment and facilities. The personnel will be responsible for the safe and efficient operation of the equipment, and will be required to follow all safety procedures and regulations.

The department will be responsible for the production of high-quality work and will be held accountable for meeting the department's goals and objectives.

The department will be responsible for maintaining the department's records and will be responsible for providing reports to the management team.

The department will be responsible for the coordination and communication with other departments and external stakeholders.

The department will be responsible for the maintenance of the department's facilities and equipment, and will be required to follow all safety procedures and regulations.

The department will be responsible for the training and development of personnel, and will be required to provide regular training and development opportunities.

The department will be responsible for the maintenance of the department's budget and will be required to follow all financial procedures and regulations.

The department will be responsible for the maintenance of the department's records and will be responsible for providing reports to the management team.
Second in importance only to the general psychological control of the situation in functional nervous diseases (1) is the restoration of the lost or impaired functions by re-education. None of the methods available for re-education are so valuable in the war neuroses as those in which a useful occupation is employed as the means for training. Re-education should commence as soon as the patient is received. Thought, will, feeling and function have all to be restored and work toward all these ends should be undertaken simultaneously. Non-productive occupations are not only useless but deleterious. The principle of "learning by doing" should guide all re-educative work. Continual "resting", long periods spent alone, general softening of the environment and occupations undertaken simply because the mood of the patient suggests them are positively harmful, as shown by the poor results obtained in those general hospitals and convalescent homes in which such measures are employed.
Second in importance only to the general biological control of the situation in functional terms appears to be the proportion of the population remaining at the site of the control measures available.

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The industrial equipment needed is relatively simple and inexpensive. It is very desirable to begin with a few absolutely necessary things and to add those made by the patients themselves. When this is done every piece of apparatus is invested, in the eyes of the patients, with the spirit of achievement through persistent effort - the very keynote of treatment. The fact that it has been made by patients recovering from neuroses will help hundreds of subsequent patients through the force of hopeful suggestion. The following list gives the equipment for the shops which is necessary at the beginning:

Smiths' shop
Forges, tools, etc. for ten men

Fitting shop
One screw-cutting lathe, one sensitive drill, one polishing machine, one electric motor 1/6 h.p., swages and tools for eight men

Leather blocking room
Sewing machine, eyeletting machine, tank, galvanized iron and tools

Tailors' shop
Three Singer machines, tools for ten men

Carpenters' shop
Selected tools for fifteen men, bench screws and special tools not for general use, wood-turner's lathe

Machine shop
Electric motor 6 1/2 h.p., with shafting, brackets, etc.

Cement shop
Metal moulds, tools for twelve men

Printing shop
Press and accessories

General
Drilling machine, grindstone, screw-cutting lathe, fret-saw workers' machine and patterns, circular-saw bench

Practically all gymnasium apparatus can be made in the shops after the hospital is opened.
Each Special Base Hospital should be able to evacuate patients who, although not quite able to return to active duty, no longer require intensive treatment. For this purpose one or more convalescent camps within convenient distance by motor truck from the main institution should be established. Each of these convalescent camps should not exceed 100 in capacity. It will require only one medical officer, one Sergeant, three female nurses, an instructor and three or four Hospital Corps men, as the patients will be able to care for themselves and in a short time return to duty.

One camp may have to be established for the care of another type of cases. It is conceivable that submarine activity will interfere so seriously with the evacuation of chronic and non-recoverable cases to the United States that the special hospital will be overcrowded. Overcrowding will instantly interfere with the success of the work and this will simply mean that men who otherwise might recover and return to military duty at the front will fail to do so. Such a calamity can be averted by transferring chronic and non-recoverable cases to a camp organized upon quite simple lines under direct control of the main hospital and near enough to utilize its therapeutic resources. The beds which such patients would otherwise occupy in the special base hospital can be made available for the use of fresh, recoverable cases. Such developments might better be made naturally as circumstances require than provided for by any formal arrangements made in advance.

Each base hospital should have the personnel enumerated in the following table:
Each Special Nurse Hospital should be able to accommodate patients and

afford not only the ability to serve as a hospital to the female ward of the institution.

According to the present system of medical care, not enough medical staff is available.

Therefore, each of the Special Hospital of Consecrated Women will have a Staff of 10 to 16

who will require only one medical officer, one staff nurse, and a small number of auxiliary personnel and nurses to care for their patients. The capacity of each hospital will be

such as to care for 10 patients and 10 adult patients of another type.

One case may vary to an extent of the care of another type.

It is conceivable that some hospitals may accommodate women's patients.

Unfortunately, the Special Hospital will be overcrowded.

Unless adequate staff and proper facilities are available, the ward may not be able to handle the increased number of patients effectively. There will be no attempt to increase any treatment or to provide additional personnel. However, such a capacity can be expanded in the future.

Even if the Special Hospital does not accommodate women's patients, it is under strict control of the main hospital and need not duplicate its services.

The Development of a Special Hospital can be done without the use of such developments if the hospital provides training for other hospitals to augment the staff in the same way.
### Commissioned Officers

<table>
<thead>
<tr>
<th>Rank</th>
<th>Service</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major</td>
<td>M.C.</td>
<td>Commanding Officer</td>
</tr>
<tr>
<td>Captain</td>
<td>M.C.</td>
<td>Adjutant, Surgeon of the Command, Recruiting Officer</td>
</tr>
<tr>
<td>Captain</td>
<td>Q.C.</td>
<td>Quartermaster</td>
</tr>
<tr>
<td>Major</td>
<td>M.R.C.</td>
<td>Director</td>
</tr>
<tr>
<td>Major</td>
<td>M.R.C.</td>
<td>Chief Neurological Division</td>
</tr>
<tr>
<td>Major</td>
<td>M.R.C.</td>
<td>Chief Psychiatrical Division</td>
</tr>
<tr>
<td>Major</td>
<td>M.R.C.</td>
<td>Chief Occupational Division</td>
</tr>
<tr>
<td>Captain</td>
<td>M.R.C.</td>
<td>Pathologist</td>
</tr>
<tr>
<td>Captain</td>
<td>M.R.C.</td>
<td>In charge of Convalescent Camp</td>
</tr>
<tr>
<td>Captain</td>
<td>M.R.C.</td>
<td>In charge of Electrotherapy and Hydrotherapy</td>
</tr>
<tr>
<td>Captain</td>
<td>M.R.C.</td>
<td>Ward Physician (in charge of transporta-</td>
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<td></td>
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<td>tion of patients)</td>
</tr>
<tr>
<td>Captain</td>
<td>M.R.C.</td>
<td>Ward Physician</td>
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<tr>
<td>Captain</td>
<td>M.R.C.</td>
<td>Ward Physician</td>
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### Non-Commissioned Officers

<table>
<thead>
<tr>
<th>Rank</th>
<th>Service</th>
<th>Position</th>
</tr>
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<tbody>
<tr>
<td>Sergeant, 1st Cl.</td>
<td>H.C.</td>
<td>General supervision</td>
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<tr>
<td>Sergeant, 1st Cl.</td>
<td>Q.C.</td>
<td>Quartermaster Sergeant</td>
</tr>
<tr>
<td>Sergeant, 1st Cl.</td>
<td>H.C.</td>
<td>Office</td>
</tr>
</tbody>
</table>
Sergeant, 1st Cl.   H.C.   In charge of Detachment and detachment accounts
Sergeant, 1st Cl.   H.C.   In charge of Mess and Kitchen
Sergeant, 1st Cl.   H.C.   General supervision, Convalescent Camp
Sergeant, 1st Cl.   H.C.   In charge of Shops
Sergeant, 1st Cl.   H.C.   In charge of Garden and Grounds
Sergeant          H.C.   Hydrotherapy Rooms
Sergeant          H.C.   Electrotherapy Rooms
Sergeant          H.C.   Massage Rooms
Sergeant          H.C.   Shops
Sergeant          H.C.   Gymnasium
Sergeant          H.C.   Mess and Kitchen
Sergeant          H.C.   Storerooms
Sergeant          H.C.   Office
Sergeant          H.C.   Office
Sergeant          H.C.   Outside Polico
Sergeant          H.C.   Wards
Sergeant          H.C.   Wards
Sergeant          H.C.   Wards
Sergeant          H.C.   Wards
Sergeant          H.C.   Wards
Sergeant          H.C.   Transportation of patients

Female nurses (W.C.)

Chief nurse                      1
Assistant to Chief Nurse         1
Dietist                          1
Ward Nurses                      43
Enlisted men (H.C.)

14 Acting Cooks

115 Privates, 1st Cl. and Privates
Distributed as follows:

- Ward Attendants
  - Neurological Division: 22
  - Psychiatric Division: 26
  - Convalescent Camp: 4
- Shops: 10
- Electrotherapy rooms: 4
- Hydrotherapy rooms: 4
- Massage rooms: 3
- Laboratory: 2
- Kitchens and mess: 14
- Office: 5
- Storerooms: 6
- Orderlies: 4
- Outside Police: 4
- Supernumeraries: 4

Total: 115

Civilian Employees

Instructors
- Outdoor occupations: 1
- Indoor occupations: 1

Assistant instructors
- Carpentry and wood carving: 1
- Cement work: 1
- Metal work: 1
- Leather work: 1
- Gardening: 1
- Printing: 1
- Gymnasium: 2

Stenographers: 4

Photographer: 1

Laboratory technician: 11

Total: 18
**Recapitulation**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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<tbody>
<tr>
<td>Commissioned officers</td>
<td>19</td>
</tr>
<tr>
<td>Non-commissioned officers</td>
<td>24</td>
</tr>
<tr>
<td>Female nurses</td>
<td>46</td>
</tr>
<tr>
<td>Enlisted men</td>
<td>129</td>
</tr>
<tr>
<td>Civilian employees</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>234</td>
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</table>

The commissioned medical officers should all be men with excellent training in neurology and psychiatry. The neurologists should have a psychiatric outlook and the psychiatrists should be familiar with neurological technique. Of importance almost equal to the professional qualifications of these officers is their character and tact, and no man who is unable to adjust his personal problems should be selected for this work. There is no place in such a hospital for a "queer", disgruntled or irritable individual except as a patient. Men who are strong, forceful, patient, tactful and sympathetic are required. It is better to permit a medical officer not having these qualifications to remain at home than to assign him to one of these hospitals and allow him to interfere with treatment by his failure to establish and maintain proper contact with his patients. The resources to be employed include psychological analysis, persuasion, sympathy, discipline, hypnotism, ridicule, encouragement and severity. All are dangerous or useless in the hands of the inexperienced, as the records of "shell shock" cases treated in general hospital testify. In the hands of men capable of forming a correct estimate of the make-up of each patient and of employing these resources with reference to therapeutic problem presented by each case, they are powerful aids.
The female nurses should have had experience in the treatment of mental and nervous diseases. Character and personality are as important in nurses as in medical officers. A large proportion of college women will be found advantageous.

The enlisted men who perform the duties of ward attendants and assistants in the shops, gardens and gymnasium should include a considerable number of those who have had experience in dealing with mental and nervous diseases. The civilian employees who act as instructors should all have had practical experience in the use of occupations in the treatment of nervous and mental diseases. The instructor for the occupations should be a woman and she should train the female nurses to assist her in this kind of work.

No work is more exacting than that which will fall to the physicians and chief lay employees in such a hospital. Success in treatment depends chiefly upon each person’s establishing and maintaining a sincere belief in the work to which he or she is assigned. No hysterical case must be regarded as hopeless. The maintenance of a correct attitude and constant co-operation between physicians, nurses, instructors and men in the face of the tremendous demands which neurotic patients make upon the patience and resourcefulness of those treating them soon brings weariness and loss of interest if opportunities for recreation do not exist. Therefore it should be the duty of the Director to see that the morale and good spirits of all are kept up. His recommendations as to the transfer to other military duties of medical officers, nurses, instructors or men who prove unsuited for this work should be acted upon whenever possible by the Chief Surgeon under whom the hospital serves. A man or a woman may prove unadapted to this work and yet be a valuable member of the staff of another kind of
The female inmate should have no experience in the management of
money and have no previous criminal record. A large proportion of female inmates with
minor offenses would be more suited to the employment of
young women.

The majority of cases who present themselves to the hospital are cases of stimulant
abuse. Many of these cases have a history of mental illness and are
refused by mental hospitals.

If there is a need for a hospital for the mentally ill, the appropriate
department should be consulted.
hospital. This subject is mentioned so particularly because of its great importance. The type of personnel will determine the success of this hospital and hence its usefulness to the Army in a measure which is unknown in other military hospitals. It does not greatly matter whether the operating surgeon understands the personality of the soldier upon whom he is operating or not. Whether or not the physician treating a case of "shell shock" understands the personality of his patient spells success or failure.

The first Special Base Hospital established for neuro-psychiatric cases should have such a highly efficient personnel that it will be able to contribute one-third of its medical officers and trained workers to the next similar base hospital to be established, filling their places from those on its reserve list. This should be repeated a second time if necessary and thus a uniform standard of excellence and the same general approach to problems of treatment assured in each Special Base Hospital organized in France.

(b) Advanced Section of Line of Communications.- The French and the British experience shows the great desirability of instituting treatment of "shell shock" cases as early as possible. So little has been done as yet in this direction that we do not know much about the onset of these cases and just what happens during the first few days. Such information has been contributed, however, by the few neurologists and psychiatrists who have had an opportunity of working in Casualty Clearing Stations or positions even nearer the front indicates that much can be done in dealing with these cases if they can be treated within a few hours after the onset of severe nervous symptoms. There are data to show that even by the time these cases are received at base hospitals additions have been made to the initial neurological disability and a coloring of invalidism given which frequently influence
the prospects of recovery. It is desirable, therefore, to provide neuro-
psychiatric wards for selected base hospitals in the advanced section of the
line of communications. Other base hospitals can send cases to those
which possess such wards. The plan of providing such sections, in charge
of neurologists and psychiatrists, for divisional base hospitals in the
Cantonnement Camps in the United States has been adopted by the Surgeon-
General. If it is found practicable to make similar provisions in France,
these units can accompany the divisions to which they are attached when they
join the Expeditionary Forces in the Spring of 1918. In the meantime it
is essential that each base hospital should have on its staff a neurologist
or a psychiatrist. Provision for the care of mental and nervous cases
nearer the front, along the line of communications, can best be developed
after the first Special Base Hospital for neuro-psychiatric cases has been
established by detaching from its staff individual officers as actual
circumstances require.

It is undesirable to formulate plans for providing this kind of
care still nearer the fighting line until a more careful study has been made
of the results obtained by the English and French medical services in this
undertaking.

The foregoing recommendations are illustrated graphically in the
upper part of the appended chart from Major Pearce Bailey's recent paper (1).

2. IN THE UNITED STATES

(a) Mental diseases (insanity).—If the policy is adopted of caring in France
for mental cases likely to recover and evacuating all others to the United

(1) "Mental Hygiene", Vol. 1, No. 3 (July, 1917).
The importance of hospital facilities and services to the maintenance of health cannot be overestimated. It is essential that these facilities be kept up to date and that they are adequately staffed. In the United States, the Department of Health, Education, and Welfare has emphasized the need for modern hospital buildings and equipment. The provision of adequate hospital facilities is essential to the maintenance of public health and the well-being of the community.

In the United States, the Department of Health, Education, and Welfare has emphasized the need for modern hospital buildings and equipment. The provision of adequate hospital facilities is essential to the maintenance of public health and the well-being of the community.

The foregoing recommendations are in accordance with the principles enunciated in the Report of the Joint Committee on Hospital and Training Services. (1)
CAREER OF DISABLED RETURNED SOLDIERS
(Spearheads Indicate Return to the Colors)

OVER-SEAS

FIELD HOSPITALS

EVACUATION HOSPITALS

BASE HOSPITALS

SPECIAL HOSPITALS

ORTHOPEDIC
VENEREAL
Etc.

SPECIAL HOSPITALS

NERVOUS
MENTAL

SPECIAL CONVALESCENT
CAMPS

SPECIAL CONVALESCENT
CAMPS

SPECIAL CONVALESCENT
CAMPS

HOSPITAL SHIPS

(REGISTRATION AND PREPARATION
OF RECORDS)

QUARANTINE (CONTAGIOUS DISEASES)

EXAMINING STATION

RECEPTION BLDG.

SOCIAL AND
INDUSTRIAL
INVESTIGATION

LABORATORY
INVESTIGATION

CLEARING HOSPITALS
(OBSERVATION AND TREATMENT)

GENERAL HOSPITALS
(MILITARY)

GENERAL HOSPITALS
(AUXILIARY)

CONVALESCENT
CAMPS

SPECIAL HOSPITALS

NERVOUS AND MENTAL

SPECIAL HOSPITALS

(HEART, LUNGS, Etc.)

RE-EDUCATION
CENTERS

BOARD OF REVIEW

SOLDIERS FOR
FURTHER TREATMENT
OR RE-EDUCATION

DISCHARGE WITH PENSION

DISCHARGE WITHOUT PENSION

EMPLOYMENT
COMMITTEES

EMPLOYMENT
COMMITTEES

CONTINUED
TREATMENT

FINAL
DISPOSITION
CAREER OF DISABLED RETURNED SOLDIERS
(GRADE OF DISABILITY RETURN TO THE CORPS)

FIELD HOSPITALS

OVER SEAS

HOSPITAL SHIPS

DISTRIBUTING BOARD

EXAMINING STATION

FINAL DISPOSITION

CONTINUED TREATMENT

TRAVELING HOSPITALS

SPECIAL HOSPITALS

OUTLYING HOSPITALS

EDUCATIONAL CENTERS

COMMUNITY CENTERS

EXCHANGE WITH FOREIGN COUNTRIES

COMMITTEE ON DISABILITY
States at once or at the expiration of six months treatment, we may expect to receive at the port of arrival in the United States not less than 250 insane soldiers per month from an Expeditionary Force of 1,000,000. We may assume that a plan will be adopted for the reception and the distribution of soldiers invalided from France such as proposed by Major Bailey.

Well-organized facilities for dealing with mental disease exist in the United States which can be utilized by the Government without the necessity of creating expensive new agencies. It is obvious that the first facts to be determined in the case of soldiers reaching the United States while still suffering from mental disorders or who have been invalided home after recovery from acute attacks, are:

1- The cause of the disorder, with special reference to military service

2- The probable outcome

3- The probable duration

4- The special needs in treatment

It is quite impossible to ascertain any of these facts by casual examination and so it will be necessary to provide "Clearing Hospitals" for non-commissioned officers and enlisted men where patients may be received and studied upon their arrival with the view of determining these questions. With an average annual admission rate of 3,000 patients, a Clearing Hospital of three hundred beds would permit an average period of treatment of thirty-six days. This would seem to be sufficient as the Boston Psychopathic Hospital, during an average period of treatment of eighteen days, not only determines similar questions but provides continued care for a considerable number of recoverable cases. Such Clearing Hospitals should be established near the port of arrival and should be essentially military hospitals, with Directors
States at once on the expiration of six months' treatment to any recruited
of the United States in the United States not less than 10,000. We
understand that the United States can purchase one at the price of
will assume that in the event of no purchase for the reception and the distribution
of military supplies from France more than the amount of the bounty

Well-equipped facilities for receiving and maintaining classified orders
in the United States which can be utilized by the Government without the
necessity or expense of creating expenses new branches. It is apparent that the first
order of business to be attended to the case of veterans returning the United States
will be that of returning to the Department of the War Department. It has been

After receipt of your prompt attention, we:

1. The cause of the instruction, with its special

2. The proper course

3. The proper change

4. The special means in treatment

It is due to the promptness of action and at once take the country
examination and to 15. When necessary to provide "cleaning hospitals"
or non-commercial officers and enlisted men where possible may do necessary
and furnish these officers and
the view of the government where necessary. With a service of
the Department of the War Department
of the Interior it was necessary to take prompt at the Boston "cleaning hospital"

The Army must now be designated as the Boston "cleaning hospital" for
recently acquired
Gap Cleaning Hospitals mostly to be established near the
port or railway and agree to receive with all promptness all the

who are not only well trained in medical duties but familiar with the require-
ments of military life and with the institutional provisions in the United
States that can be utilized for continued treatment.

With such an active service/Clearing Hospital will have, the
number of medical officers should be not less than ten and there should be an
adequate clerical force to care for the important administrative matters
which would require attention. The organization of civil psychopathic
hospitals in this country affords data for determining the proper size of
the ward and domestic services.

After a period of observation and treatment the Director of such a
hospital should be prepared to furnish the Special Distributing Board with
information and definite recommendations as to the further disposal of each
case.

Some patients will be found at the Clearing Hospitals to have re-
covered. Although, as a matter of military policy, these patients will not
be available for duty again in France, they are still of military value to
the Government. Such soldiers should be returned to duty in the United
States by the Special Distributing Board in a category which would prevent
them being exposed again in the fighting line but which would indicate
precisely the work for which they are suited. We can conceive of many such
soldiers who are likely to break down again under the stress of actual
fighting but who are quite likely to remain in good health if they are not
so exposed. These men will have had valuable military experience and could
render efficient service as instructors in training camps or in the perfor-
manee of other military duties in the United States. Others who have re-
covered will give evidence of possessing such an unstable or inferior mental
make-up that no further military life, even in the United States, is
were not only well trained in medical surgery and familiar with the latest
methods of treatment, but were also actively participating in the United
States Army's efforts to improve the medical care for the wounded.

With such a team of experts on hand, the Collinsville Hospital will have the
ability to handle not only surgical cases, but also provide comprehensive
medical care for all types of injuries and illnesses.

The organization of the hospital's staff and facilities is a testament to the
professionalism and dedication of the medical community in Collinsville.

After a thorough review of the organization and treatment facilities of such a
hospital, the committee of experts was convinced that the Collinsville
Hospital was well equipped to handle the needs of its patients. The
knowledge and expertise of the medical staff, combined with the
superb facilities of the hospital, make it an ideal place for patients to
receive the highest quality of care.

Some patients will be housed in the Collinsville Hospital to receive care.

Although the committee found that the policies of the hospital were well
designed to provide the necessary care, certain measures were still in
place to ensure the safety and comfort of all patients. The staff was
trained to provide the best possible care, and the hospital was
equipped with the latest medical technology to support this effort.

The government, through the National Health Insurance Board, has
made provisions to ensure that all patients receive the care they need.

In conclusion, the Collinsville Hospital is a shining example of how a
hospital should operate. It is a testament to the dedication and
professionalism of its staff, and a model for other hospitals throughout the
country.
desirable. In such cases recommendations should be made by the Directors of the Clearing Hospitals to the Special Distributing Board to discharge them to their homes, with or without pensions as the circumstances demand.

There will be found others who have not been benefitted at all by treatment in France and who suffer from mental disorders with an extremely unfavorable outlook for recovery. When this conclusion seems justified, the Directors of the Clearing Hospitals should recommend these cases for transfer to a suitable public or private institution in the States from which they enlisted and their discharge from the Army, with or without pension as the circumstances demand.

Another group of cases will be made up of those suffering from psychoses which are probably recoverable. It is equally to the advantage of the Army, the community and the patient that such soldiers be given continued treatment. Facilities for the care of mental diseases vary so greatly in many of the States that neither the Army nor the patients can receive any assurance that proper treatment will be afforded if such soldiers are discharged to the public institution nearest their homes. In such cases the important question of discharge, with or without pension, should be deferred until every facility has been given, during a reasonable period of time, for recovery to take place. It is recommended, therefore, that these cases be retained in the Army until their recovery or until the end of the war and ordered for treatment to State Hospitals with which the Secretary of War has made contracts. A government hospital for the insane would be the most suitable for carrying out such treatment but the present excellent institution in Washington has reached the size of 3,136 beds and can care for few additional military cases. It is highly desirable that the Government should now establish a military hospital for mental diseases.
The employment of nurses will be made on the basis of
necessary requirements. It is essential to the

universities and other educational institutions. The

Directorate of the Central Hospital administers
necessary measures to ensure that nurses are

trained in France and who, after their return, are

able to perform their duties effectively.

According to the circumstances prevailing in the

section of care, the directorate will be guided by

considerations of public health and the interests of
care recipients and their families.

It is recommended that nurses receive training in

France or the United States that includes the

necessary skills and knowledge to perform their

duties effectively.
for the Army and Navy and permit the Government hospital to devote all its resources to its civil duties. It would be impossible, however, to have such an institution ready within two years. If it were possible to construct such a new government hospital in shorter time, it would still be necessary to provide for treatment by contract for such an institution would probably have to care for not more than 1,500 military cases during peace. A much larger number are to be expected during the war.

It is wiser to care for insane soldiers during the war under contract at ten or twelve first-class hospitals with fully adequate facilities for treatment than to distribute them solely with reference to the location of their homes. This will involve a certain hardship through making it difficult for such men to be visited by their relatives and friends but it is possible to distribute the contract hospitals over the country in such a way that there would be few cases more than a day's journey from their homes. The primary object is to insure recovery in all recoverable cases. This should outweigh all other considerations.

The legislation permitting the Secretary of War to make such contracts should state clearly that they shall be made only with institutions possessing facilities for treatment laid down by the Surgeon General. A list of such facilities, prepared by the National Committee for Mental Hygiene for another purpose, is appended (1) as it may form a useful guide in this connection. The contract hospitals should be required to devote an entire building of approved construction to military cases or to erect temporary structures meeting the necessary requirements for this purpose.

In order that the Army may be able to discharge mental cases

(1) Appendix IV.
A much better answer can be expected from the west.

It is not yet to come for instance, that there will be a contract of fact or waging first-class perfection with full ability to perform, or to purchase at a certain price a certain grade of goods, or to traverse a certain amount of space, etc., etc., for purpose.
cared for under contract promptly upon their recovery or upon ascertaining that recovery is unlikely, it is desirable that a special board of three medical officers should be established to visit the institutions constantly and act as a Board of Survey. If a medical officer in each contract hospital were appointed in the Medical Reserve Corps and assigned to the duty of caring for Army patients he could serve as a member of such a board when convened at his hospital and make it possible for the three general members to cover a good deal more ground.

Clearing Wards for officers should be established to serve the special purposes indicated in the description of the Clearing Hospitals for enlisted men. Such wards should provide for reception classification, and treatment in cases likely to be of short duration. It might be established in connection with a general hospital at the port of arrival or in connection with a very efficient private institution for the insane in which full military control of this department could be secured.

It is equally important to provide for the continued treatment of officers and not leave this question, in which the Army has so great an interest, to choice or geographical convenience. Arrangement similar to those for the continued care of enlisted men in public contract hospitals could easily be made with the best endowed private institutions for the insane, such as Bloomingdale Hospital, White Plains, N. Y.; Butler Hospital, Providence, R. I.; Hartford Retreat, Hartford, Ct.; McLean Hospital, Waverley, Mass.; Sheppard and Enoch Pratt Hospital, Towson, Md.; Henry Phipps Psychiatric Clinic, Baltimore, Md. and the Pennsylvania Hospital for the Insane, Philadelphia, Pa.
case for which contract provision may fail to cover an occurrence or injury resulting from negligence.

[Text continues here...]

...negligence in the performance of professional duties...
(b) War neuroses ('shell shock'). - It is not necessary here to outline the organization of re-construction centers for the treatment of war neuroses in the United States. The general principles in treatment described in the foregoing report and in the plan recommended for France should be a guide in the development of those centers. It might be desirable to follow the plan in the United States which has been so successful in the Granville Canadian Special Hospital at Ramsgate (1) of treating the war neuroses in a center which also cared for orthopedic cases in which peripheral nerve injuries exist. These latter type of patients constitute a very hopeful group of cases and many of the resources for re-education which are needed in their treatment are equally useful in the cases of hysterical paralyses, tremors and disturbances of gait. It should be remembered that if the policy recommended of evacuating to the United States only the neuroses which fail to recover in six months in France is adopted some very intractable cases will be received. For the most part these will be patients with a constitutional neuropathic make-up -- the type most frequently seen in civil practice. Many of these cases will prove amenable to long continued treatment and much can be expected from the mental effect of return to the United States. It is very important not to fall into the mistake made in England of discharging these severe cases with a pension because of the discouraging results of treatment. To do so will swell the pension list enormously, as can be seen by the fact that 15 per cent of all discharges from the British Army are unrecovered cases of mental diseases and war neuroses. Quite aside from financial considerations, however, is the injustice of turning adrift thousands of young men who developed their nervous disability through military

(1) Appendix III,
service and who can find in their home towns none of the facilities required for their cure. It is recommended, therefore, that no soldiers suffering from functional nervous diseases be discharged from the Army until at least a year's special treatment has been given. Furloughs can be given when visits home or treatment in civil hospitals will be beneficial but the government should neither evade the responsibility nor surrender the right to direct the care of these cases. A serious social and economic problem has been created in England already through the establishment in its communities of a group of chronic nervous invalids who have been prematurely discharged from the only hospitals existing for the efficient treatment of their illness. So serious is this problem that a special sanitarium -- "The House of Recovery" (1) -- the first of several to be provided -- has been established in London and subsidized by the War Office for the treatment of such cases among pensioners.

It is highly important not to permit convalescent cases of this kind to be cared for in the ordinary type of convalescent camp or home. The surroundings so suitable to convalescents from wounds or other diseases are very harmful to neurotic cases. Here much that has been accomplished in special hospitals by patients, skilful work is undone. Therefore special convalescent camps similar to those recommended for the Expeditionary Forces in France should be established within convenient reach of the reconstruction centers.

The Special Board, recommended for the final disposition of mental cases should deal with cases of functional nervous diseases.

(1) Appendix III
NON-EXPEDITIONARY FORCES

Facilities for the treatment of neuro-psychiatric cases at the camps in the United States have been approved by the Surgeon General and are now being provided. These will undoubtedly prove sufficient for dealing temporarily with mental cases developing in the Non-expeditionary Forces. Their final disposition should be made by means of the same mechanism recommended for Expeditionary patients who are invalided home except that the functions of the Clearing Hospitals for mental diseases can be performed by the neuro-psychiatric wards of Divisional Hospitals and that of the Special Board by the Board of Survey composed of the neurologists and psychiatrists stationed at the camps.

Neuroses are very common among soldiers who have never been exposed to shell-fire and will undoubtedly be seen frequently among Non-expeditionary troops in this country. In England nearly 30 per cent of all men from the home forces admitted to one general hospital were suffering from various neuroses (1). Most of these were men of very neurotic make-up. Most of these cases had had previous nervous breakdowns. Fear, even in the comparatively harmless camp exercises, was a common cause of neurotic symptoms. Heart symptoms were exceedingly common. The same experience in our own training camps can be confidently predicted.

The responsibility of the Government in such cases is obviously different from that in soldiers returning from duty abroad. In the neuro-psychiatric wards of divisional hospitals the important and difficult question of diagnosis can be well determined. Most such cases should be discharged

Non-Experiential Forces

Propositions for the treatment of non-experiential cases of the

cause in the past and at present by the various Councils and the

ones that are non-experiential. These will also facilitate the development of

therapies that are experiential. The increase of the number of cases are

because of the non-experiential factors.

In these situations, the non-experiential factors can affect the

institution of the experiential factors. The number of cases can be evaluated

by the number of non-experiential factors. The number of cases can be

affected by all the factors.

Moreover, the very common non-experiential factors have never been

exposed to non-experiential factors but may be manifestly a non-experiential

treatment. In this country, it becomes necessary to use these factors for

some cases, and it is not clear if all cases from the

treatment (1). The use of the non-experiential factors can be very

painful in the case. These cases have been, and therefore, we can use

pertinent factors and the very common factors are a common cause of

mental depression. The same experience in our own

training cases can be continually practiced.

The recognition of the Government in such cases is astonishing

although from that in normal treatment, it gets a way. It is the

evidence that treatment of non-experiential cases is appropriate.

(1) (2) (2) (2) (2) (2) (2)

 tense (tense) of the home tense.
from the service. Some can be treated at the reconstruction centers for, unfortunately, there are scarcely any provisions in the United States for the treatment of the neuroses except in the case of the rich. It is freely predicted in England that the wide prevalence of the neuroses among soldiers will direct attention to the fact that this kind of illness has been almost wholly ignored while great advances have been made in the treatment of all others. In civil life one still hears of detecting hysteria, as if it were a crime, and although the wounded burglar is carefully and humanely treated in the modern city hospital, the hysterics is usually driven away from its doors. Today the enormous numbers of these cases among some of Europe's best fighting men is leading to a revision of the medical and popular attitude toward functional nervous diseases.
From the service, some can be planted at the nation’s capital and others at the United States for the representation of the Union. The Will are very large, and it is expected that the treatment of the Union will be the same as that of the Union more efficient. 

With special attention to the fact that the Union of the Union and the Union more efficient will result in the Union and the Union more efficient. As many as possible of the Union more efficient will be ready and prepared to act in the Union of the Union. 

Good. This is the common method of the Union of the Union and the Union more efficient.
APPENDICES

I. REFERENCES IN ENGLISH TO MENTAL DISEASES AND WAR NEUROSES ("SHELL SHOCK") AND THEIR TREATMENT AND MANAGEMENT.

II. THE USE OF INSTITUTIONS FOR THE INSANE AS MILITARY HOSPITALS.

III. SPECIAL MILITARY HOSPITALS FOR MENTAL DISEASES AND WAR NEUROSES ("SHELL SHOCK")
   1. Directory
   2. Descriptions of hospitals visited.

IV. FACILITIES NEEDED FOR EFFICIENT TREATMENT OF MENTAL DISEASES IN A MODERN PUBLIC INSTITUTION.
APPENDIXES

I. REFERENCES IN EXCLUSION TO MENTAL DISABILITIES AND WAR
   INJURIES ("SHRAPNEL"") AND THEIR TREATMENT AND
   MANAGEMENT

II. THE USE OF INSTITUTIONS FOR THE INJURED AND MENTALLY
    ILL.

III. SPECIAL MILITARY HOSPITALS FOR MENTAL DISABILITIES AND

     I. DIRECTORY

     S. INSTRUCTIONS AND HOSPITAL MANUAL

IV. PROFESSIONAL NEED FOR EXPERT TREATMENT OF MENTAL
    DISEASES IN A MODERN MILITARY INSTITUTION
REFERENCES IN ENGLISH TO MENTAL DISEASES AND WAR NEUROSES ("SHELL SHOCK") AND THEIR TREATMENT AND MANAGEMENT

This bibliography includes only books, articles and other references published since the beginning of the war. Abstracts of some of the more important articles in English, French, German, Italian and Russian periodicals were published in Mental Hygiene, Vol. 1, No. 3, July 1917.* A complete review of the literature on the psychoses and neuroses in war will be published as a monograph by the Mental Hygiene War Work Sub-committee of the National Committee for Mental Hygiene in December, 1917.*

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* Sent upon request by the National Committee for Mental Hygiene, 50 Union Square, New York City.
Appendix I

REFERENCES IN ENGLISH TO MENTAL DISORDERS AND WARTIME HOSPITALS

The philosophy included only a few extracts and references.

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APPENDIX II.

THE USE OF INSTITUTIONS FOR THE INSANE

AS MILITARY HOSPITALS.
THE USE OF INSANITARY FOR THE INSANE AS MILITARY HOSPITALS
In January 1915, when the pressure upon the Royal Army Medical Corps to provide additional hospital beds for wounded soldiers became acute, the Board of Control was asked by the War Office to co-operate in an attempt to secure 50,000 beds. All other government departments having institutions under their control were also asked to assist. The Board of Control formulated a plan whereby 92 County and Borough asylums were to be divided into ten groups and one institution in each group vacated of its patients and turned over to the War Office as a military hospital. It was planned to provide in this way 15,000 beds or almost one third of the total number required. The methods by which this plan was put into execution were so thorough and expeditious that an account of how it was done may be useful to those who may be confronted with a similar task in this country if the fortunes of war should demand it. (1)

As soon as the plans of the Board of Control had been formulated a circular (Circular A - Use of Asylums as Military Hospitals) was sent out to all chairman and clerks of Visiting Committees and all Medical Superintendents. A copy of this circular, a circular giving the observations of the War Office on the plan (B - Use of Asylums as Military Hospitals), and the letter which accompanied them follows:

(1) Very interesting articles by Lt. Col. D. G. Thomson (Appendix I; reference 113) and Major R. D. Hatchkiss (Appendix I, reference 48) give accounts of the measures taken in England and Wales to convert County Asylums into War Hospitals and particularly of the conversion of the institutions of which they were superintendents, namely, the Norfolk County Asylum and the Renfrew District Asylum respectively. In the discussion of Col. Thomson's paper other superintendents of institutions which had been converted into War Hospitals gave their experiences.
A. USE OF ASYLUMS AS MILITARY HOSPITALS.

Scheme, prepared by the Board of Control, for the general administration of vacated Asylums, and the details of reimbursement which the War Office undertake to make to receiving and vacated Asylums.

I. Charges arising from the maintenance and treatment of sick and wounded soldiers in Asylum Buildings, which the Army Council undertakes to meet.

1. VACATED ASYLUMS:
   (a) Charges in connection with Buildings and Equipment
      i. Necessary adaptations of the buildings for Hospital purposes
      ii. Maintenance and repairs of premises
      iii. Reinstatement of premises at end of occupation by Army Council
      iv. Additional equipment found necessary: e.g. Hospital requirements, extra beds, etc.
      Note: All extra equipment purchased at the expense of the War Office which remains in stock at the conclusion of the War, is to be regarded as the property of the War Office, but may, if the Asylum Authorities so desire, be taken over by them wholly or in part at a valuation.

   (b) Charges in connection with the Maintenance of Staff and of Soldier Patients
      i. Salaries and Wages, including fees to surgeons and other experts, and remuneration of other persons called in to supplement ordinary staff
      ii. Vehicular on scales laid down by Army Council
      iii. Uniform for Staff and Clothing for Patients
      iv. Furniture and Bedding (Renewals and Repairs)
      v. Medicines, Surgical Appliances and Instruments
      vi. Fuel, Lighting, Washing and other necessaries
      vii. Rates, Taxes and Insurance
      viii. Incidental expenses, including travelling, burials, etc.

2. RECEIVING ASYLUMS.

Charges in connection with the maintenance of Lunatics.
   i. Additional weekly cost of maintenance, if any.
   ii. Equipment and stores required for additional numbers and extra cost of maintenance and depreciation
   iii. Any necessary slight structural alterations necessitated by increased numbers, extra wear and tear and reinstatement of premises.

3. COST OF ALL NECESSARY TRAVELLING AND CONVEYANCE OF LUNATICS.
II. General Arrangements

1. The War Office will be solely responsible for the medical care and treatment of the soldiers and the management of the Hospital.

2. The Asylums will be handed over as going concerns with the whole of their staff, medical, engineering, stores, farms, etc. and such part of the nursing and attendant staff not needed to accompany the patients to the receiving Asylums. The portion of the nursing staff retained at the Asylum should be that portion best suited to take up or assist in the care of the sick and wounded.

3. The War Office will appoint the additional medical and nursing staff required for the Hospital. The Visiting Committee and the Medical Superintendent will generally, from their local knowledge, be able to suggest suitable persons for employment in addition to those already in War Office service.

4. Subject to the directions of the Committee, the Medical Superintendent is the head and director of the Asylum administration, and in most instances, no doubt, he will be appointed by the War Office to be the officer in charge of the Hospital. If so appointed he will continue to exercise the general control over the Institution and its staff and working, for which his experience specially qualifies him. The other medical officers of the Asylum will ordinarily be qualified and willing to become part of the medical staff of the Hospital, and to share the duties with the additional professional staff sent by the War Office.

5. The whole of the Asylum staff is in the employment of the Visiting Committee by whom they are appointed and by whom they can be dismissed. They are in established pensionable service, and it is necessary that their Asylum service should be unbroken, except for misconduct. If in any instance it is expedient that the head of the Hospital should be an officer other than the Medical Superintendent, it is desirable that he should delegate the lay administration of the Institution to the Committee which, from experience and local knowledge, is obviously the authority best qualified to carry it on. The Medical Chief will thus be relieved from many laborious administrative tasks. The delegation may be subject to such conditions as are thought reasonable.

6. The War Office has decided that military rank shall be conferred on the members of the medical staff. If an officer of higher rank than the Medical Superintendent is sent to the Hospital, it is desirable that the general administration of the Institution should be delegated to the Medical Superintendent, or at any rate in practice left in his hands. As regards the male attendants, it may be thought necessary, as has been done at the State Institution at Moss Side, to incorporate them in the Red Cross organization.

7. The Committee will continue to make contracts for supplies, and otherwise carry on the business side of the administration, will open a fresh banking account from the date when the War Office are in possession, and the Clerk will each month present
to the War Office an account, certified as the War Office may require, of the expenditure incurred. These accounts will be audited as heretofore by the Asylum auditors with any additional precautions which the War Office may require. They should be transmitted to the War Office through the Board of Control who, after such enquiry - if any - as they think necessary, will append their Certificate that the claim is a proper one to be made on the War Office.

The Committee will be informed by the War Office what stores, etc., can be supplied by that Department, and what must be contracted for locally.

The necessary funds to meet expenditure on structural alterations, additional equipment, expenses on travelling and conveyance, etc. will be advanced by the War Office as soon as a decision is come to that an Asylum is to be vacated.

Claims for such advances should be transmitted through the Board of Control.

---

II. USE OF ASYLUMS AS MILITARY HOSPITALS.

Observations by the War Office supplementary to their general confirmation of the scheme prepared by the Board of Control:

1. VACATED ASYLUMS:
   (a) Charges in connection with Buildings and Equipment:-
      11. Maintenance and Repairs of Premises.
      In case of considerable repairs constituting permanent structural improvements, the Board of Control will no doubt be prepared to advise to what extent credit can be given to the War Department for these in the final settlement.

      iii. Reinstatement of Premises at end of occupation.
      It is presumed that a complete inventory will be taken before occupation.

      iv. Additional Equipment.
      It is presumed that complete accounts will be kept of equipment furnished by, or purchased at the expense of, the War Department.

   (b) Charges in connection with the Maintenance of Staff and of Soldier Patients:-
      i. Salaries and Wages.
      It is presumed that the Visiting Committee will actually pay (at War Department Expense) the present salaries of the retained Asylum Staff, and any persons temporarily engaged, and that the War Department will pay direct its own officials. This is merely a matter of machinery, and will be pursued in the communication referred to in paragraph 7 below. The rates to be paid for any persons temporarily engaged will be settled by the War Office.
The Committee will be informed of the War Office weekly report.

The necessary advice to make appropriate on strategic matters will be exchanged by the War Office as soon as a decision is taken, as a matter of record.

Claims for such assistance should be transmitted through the Head of Department.

---

USE OF REINFORCEMENTS IN MILITARY HOSPITALS

Objection from the War Office under Secretary of the Board of Control:

In accordance with the advice given by the President and Secretary:

(a) If the presence of the President of the War Office.

It is because that a complete stoppage of the War

Department.

It is necessary that a complete stoppage with a complete

Stoppage.

If necessary any War

(a) Claims in connection with the maintenance of the War any...
11. Victualling.

Presumably consumable stores taken over will be valued and the cost credited to the Asylum authorities.

It is presumed that appropriate accounts of consumables, etc., whether supplied by the War Department or purchased on their behalf by the Asylum Authorities will be kept, and that these accounts will be available for inspection, if desired.

Medicines and Medical and Surgical Equipment when not taken over with the Asylum will be provided by the War Office or under arrangements approved by them.

Receipts generally.

It is presumed that the produce of Asylum farms will be available for use, and that the War Department will be allowed credit for produce sold. Also the War Department will receive credit for the grants received by the Asylum Authorities in respect of any harmless patients retained for work on farms or grounds, since they will be maintained out of general maintenance of which War Department is bearing the cost, and generally that any receipts arising out of the ordinary working of these Institutions while they are in use by the War Department will be taken in reduction of the working expenses chargeable against the War Office.

2. RECEIVING ASYLUMS.

(1) Additional Weekly Coat of Maintenance, if any.

It is presumed that the authorities of the Vacating Asylum will continue to draw their grants in respect of patients transferred and of patients who would be sent there but for War Department occupation, that the vacating asylum will pay to the Receiving Asylum the weekly cost of maintenance therein, and that the War Department will refund to the Vacating Asylum the excess in cases where their grant is less than the weekly cost in the Receiving Asylum.

In cases in which the weekly cost is less, this Department would not propose that the saving should be taken into account unless the saving is of material amount, in which case the charge under (ii) below should apparently be abated.

(ii and iii) Equipment and Stores required.

It is presumed that an account will be kept of the additional equipment, and that such equipment may be taken over on evacuation at a valuation as in case of Vacating Asylum. This Department will readily fall in with your views as to the manner of payment for these services.

GENERAL ARRANGEMENTS.

(2) If a portion of the staff is transferred to a Receiving Asylum, it is presumed that the salaries will not be a charge for the War Department.

(3) After "nursing" in line 1, add "or other".

(4) After "War Office" in line 3, add "under the General Officer Commanding-in-Chief of the Command concerned."
It is requested that the purchase of Armour Yachts will be made through the Department of Commerce.

The Department of Commerce has the authority to purchase Armour Yachts for the Department.

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Receives Secretary

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Receives Secretary

2. RECEIVING VESSELS

Attending Weekly List of Vessels of the Armco Company

If it be necessary that the receiving vessels of the Armco Company should be attended to, it must be done by the department in charge of receiving vessels.

The receiving vessels must be attended to by the department in charge of receiving vessels.

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Note (ii) must be signed and stamped by the owner.

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(6) Delete the first three lines and substitute, "If the War Office in any given case should appoint an Officer of senior rank to the hospital it is desirable that the general ...."

(7) It is suggested that when an Asylum is taken over, an advance be made by the War Department on the recommendation of the Board of Control on the basis of a month's (or quarter's) estimated expen-
diture (plus initial costs in the first instance) and that periodi-
cal accounts should be rendered to the War Department through the Board of Control as suggested. A further communication will, however, be addressed to the Board of Control as regards the pro-
cedure in rendering accounts, but this Department will be pre-
pared to make advances as soon as desired.

(C O P Y)

The Board of Control
66 Victoria Street, S.W.,
10th March, 1915.

Sir:

I am directed by the Board of Control to transmit to you a copy "A", of the scheme prepared by the Board for the general administra-
tion of the vacated asylums, and the details of reimbursement which the Board suggested the War Office should undertake to make to receiving and vacated asylums.

The Board, on the 6th instant, received from the War Office a letter expressing the general concurrence of the Army Council with the detailed financial arrangements mentioned above. A statement was enclosed setting forth some minor points on which it appeared to the Army Council desirable to arrive at a clearer understanding, and on which they thought the statement might perhaps with some advantage be modified. It was also added that the actual details regarding staff requirements, technical equipments, and the like, will be settled by arrangement with the War Office in each particular case.

A copy of the War Office statement - marked "b" - is herewith enclosed. It is to be observed that on page 1, under "Receipts Generally" the view is entertained that the accounts of the farm at the vacated asylum would be included in those of the War Office. The Board, however, contemplated that the asylum farms would be managed by the Visiting Committees; that the accounts would be kept separately from those relating to sick and wounded soldiers; and that supplies of vegetables and other produce to the Hospital would be charged for at reasonable prices, say current market rates and would be debited to the War Office Account. Inasmuch as many of the farms are big enterprises with considerable stock (both live and dead) the Board think that this course would be preferable and generally more equitable than the alternative of including the entire farm accounts in the accounts for soldiers. The War Office have, however, stated that either of these alternative methods would be agreeable to them; it is a point that easily lends itself to adjustment between now and the date when the asylums are handed over.
Date 26th June, 1942.

To the Hon. Secretary of the Board of

I am in receipt of your letter of the 26th June last, regarding the proposed visit of a

A.I.D. Officer to our area. I understand that the said officer is to be engaged in

the preparation of a report on the general economic position in the area, and that

such report is to be submitted to the A.I.D. Department.

I am also informed that the said officer is to be accompanied by a

technical assistant, who is to be engaged in the preparation of a

report on the general technical position in the area.

I am therefore in a position to make a preliminary visit to the area, and I am

prepared to do so, in order to facilitate the preparation of the said reports.

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prepared to do so, in order to facilitate the preparation of the said reports.
The Board agree that it would be right that expenditure in respect of harmless lunatic patients retained at the Hospital should be charged in the War Office Account and that credit should be taken therein of all sums received from Guardians in respect of their maintenance. The effect of this arrangement will be that no charge will fall on the War Office.

Under No. 8, on page 2, the Board understand that the War Office are prepared to grant military rank to certain members of the Medical Staff, and that the omission of the words "The War Office .... Medical Staff" in the first lines was not intended to affect the decision.

With regard to the second paragraph on page 2 commencing "In cases in which the weekly cost is less ..." the Board, as some of their members have explained when this question has come up at conferences, are of the opinion that the Lunacy Act appears to require that not more than the actual cost of maintenance be claimed from the Guardians, and if this principle is adhered to the question of an abatement to the War Office - as referred to in this paragraph - will not arise.

The Board have given careful consideration to all the points set out in the War Office statement. They are of the opinion that none of them conflicts with any of those in the Board's scheme. The latter was based on the conditions upon which the various asylum authorities so willingly promised their assistance, and the Board have confidence that they will agree that the interests of the ratepayers and the position of the Visiting Committees have been amply and properly safeguarded.

In gladly accepting the offer of the nine asylums to be vacated the War Office have stated how much they appreciate, not only the willingness of the authorities and staff of these Institutions to place them at their disposal, but also the hearty co-operation of the authorities and staff of all the receiving asylums, without which they realize that the Scheme would not have been practicable.

I am, Sir,

Your obedient Servant,
(Signed) C. E. DICKINSON, Secretary.

The first employment of this plan made about 12,000 beds available. Since then additional institutions under the Board of Control, and under the Boards exercising similar functions in Scotland and Ireland have been taken over for military purposes. On July 1, 1917, twenty-one such institutions with a total capacity for military patients of 27,155, had been made available for the use of the War Office. A list of these institutions showing their capacity as civil institutions and as military hospitals and indicating those which have been used for mental and nervous cases follows:
The funds have been issued in accordance with the terms of the agreement and are available for use.

The annual operating budget of the organization has been approved by the Board of Directors. The budget includes funds for personnel, equipment, and maintenance. The organization is committed to using these funds wisely and efficiently.

The following is a summary of the budget:

- Personnel: $500,000
- Equipment: $200,000
- Maintenance: $100,000

The organization will continue to monitor its expenses and make adjustments as necessary to ensure that funds are used effectively.

Yours sincerely,

[Signature]

[Name]

[Position]
### County and Borough Asylums which have been vacated of their patients and converted into military hospitals - July 1, 1917.

<table>
<thead>
<tr>
<th>Former Name (as a civil institution)</th>
<th>Present Name (as a military hospital)</th>
<th>Capacity Former</th>
<th>Capacity Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newcastle-on-Tyne City, Asylum, Gosforth, Newcastle-on-Tyne.</td>
<td>The Northumberland War Hospital</td>
<td>884</td>
<td>1179</td>
</tr>
<tr>
<td>West Riding of Yorks Asylum Wadsley (Nr. Sheffield)</td>
<td>The Wharncliffe War Hospital</td>
<td>1699</td>
<td>2365</td>
</tr>
<tr>
<td>Lancashire County Asylum Wigan, Warrington</td>
<td><strong>The Lord Derby War Hospital</strong></td>
<td>2248</td>
<td>2997 (1)</td>
</tr>
<tr>
<td>Birmingham City Asylum Rubery Hill, Birmingham</td>
<td>The 1st Birmingham War Hospital</td>
<td>1397</td>
<td>2363</td>
</tr>
<tr>
<td>Birmingham City Asylum Hollymoor, Birmingham</td>
<td>The 2nd Birmingham War Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norfolk County Asylum Thorpe, Norwich</td>
<td>The Norfolk War Hospital</td>
<td>1045</td>
<td>1393</td>
</tr>
<tr>
<td>West Sussex Asylum Chichester</td>
<td>The Graylingwell War Hospital</td>
<td>729</td>
<td>972</td>
</tr>
<tr>
<td>Bristol County and City Asylum, Fishponds, Bristol</td>
<td>The Beaufort War Hospital</td>
<td>937</td>
<td>1249</td>
</tr>
<tr>
<td>London County Asylum Horton, Epsom</td>
<td>The Horton (County of London) War Hospital</td>
<td>2174</td>
<td>2899</td>
</tr>
<tr>
<td>Middlesex County Asylum Napsbury, St. Albans</td>
<td>*The County of Middlesex War Hospital</td>
<td>1600</td>
<td>1520 (2)</td>
</tr>
<tr>
<td>Middlesex County Asylum near Tooting, London, S.W. (block for defective children)</td>
<td><strong>The Springfield War Hospital</strong></td>
<td>250</td>
<td>278</td>
</tr>
<tr>
<td>Northampton County Asylum Berrywood, Northampton</td>
<td>Northamptonshire War Hospital</td>
<td>997</td>
<td>1339</td>
</tr>
<tr>
<td>The Maudsley Hospital Denmark Hill, London, S.E.</td>
<td><strong>Part of the 4th London General Military Hospital</strong></td>
<td>(3)</td>
<td>200</td>
</tr>
</tbody>
</table>

* For mental cases  
** For nervous cases  
*** For mental and nervous cases

(1) 1000 beds for mental cases  
(2) 350 beds for mental cases  
(3) New psychopathic hospital; never occupied.
<table>
<thead>
<tr>
<th>Country and Special Areas Which Have Been Admitted Of</th>
<th>Permanent Location</th>
<th>Present Location</th>
<th>Present Name</th>
<th>Proposed Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.1000</td>
<td>New York, N.Y.</td>
<td>Jerome Medical Center</td>
<td>The Floridian in New York</td>
<td>Metropolitan Hospital of New York</td>
</tr>
<tr>
<td>T.1000</td>
<td>New York, N.Y.</td>
<td>The Metropolitan Hospital</td>
<td>The Metropolitan Hospital</td>
<td>Metropolitan Hospital of New York</td>
</tr>
<tr>
<td>T.1000</td>
<td>New York, N.Y.</td>
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<td>The Metropolitan Hospital</td>
<td>Metropolitan Hospital of New York</td>
</tr>
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<td>The Metropolitan Hospital</td>
<td>Metropolitan Hospital of New York</td>
</tr>
</tbody>
</table>

1. For mental cases.
2. For mental cases.
3. For cases of mental cases.
4. For mental cases.
<table>
<thead>
<tr>
<th>Former Name (as a civil institution)</th>
<th>Present Name (as a military hospital)</th>
<th>Capacity Former</th>
<th>Capacity Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancashire County Asylum, Whalley</td>
<td>Queen Mary Military Hospital</td>
<td>(4)</td>
<td>3000</td>
</tr>
<tr>
<td>Hampshire County Asylum, Park Prewett</td>
<td>Park Prewett War Hospital</td>
<td>(4)</td>
<td>1000</td>
</tr>
<tr>
<td>Moss Side State Institution, Maghull (Nr. Liverpool)</td>
<td>**Moss Side Red Cross Military Hospital</td>
<td>(5)</td>
<td>345</td>
</tr>
<tr>
<td>London (Manor) County Asylum, Epsom</td>
<td>Manor (County of London) War Hospital</td>
<td>1085</td>
<td>1447</td>
</tr>
</tbody>
</table>

**Wales**

| Cardiff City Asylum, Whitburn, Cardiff | The Welsh Metropolitan War Hospital | 729           | 972              |

**Scotland**

| Renfrew District Asylum, Paisley     | **The Dykebar War Hospital**        | (7)           | 400              |
| Perth District Asylum                | **The Mirthley War Hospital**       | (7)           | 400              |

**Ireland**

| The Belfast District Asylum, Belfast | **The Belfast War Hospital**         | (?)           | 500              |

* For mental cases

(4) New institution for the insane; never occupied.

(5) New institution for mentally defective delinquents; never occupied.
<table>
<thead>
<tr>
<th>Category</th>
<th>Present Rank</th>
<th>No. of Pop.</th>
<th>(a)</th>
<th>Rate of Change</th>
<th>(b)</th>
<th>Rate of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
<td>(a)</td>
<td>Government</td>
<td>500</td>
<td>(a)</td>
<td>600</td>
<td>(a)</td>
</tr>
<tr>
<td>1960</td>
<td>(a)</td>
<td>Private</td>
<td>700</td>
<td>(a)</td>
<td>800</td>
<td>(a)</td>
</tr>
<tr>
<td>1970</td>
<td>(a)</td>
<td>Private</td>
<td>900</td>
<td>(a)</td>
<td>1000</td>
<td>(a)</td>
</tr>
</tbody>
</table>

**Footnotes:**
(a) New classification for the income level according to governmental adjustments.
(b) New classification for the income level according to governmental adjustments.
(c) Never occupied
(d) For vacant cases
(e) For vacant cases

**Footnotes:**
- Government
- Private
In all cases, even where the military hospital was to be used for insane soldiers, the name was changed "to escape the asylum tradition". This is a pathetic reminder of the stigma which still clings to mental diseases and institutions for their care in England. The old names of those institutions with their "asylum traditions" are still good enough for the wives, mothers and daughters of soldiers. It is earnestly hoped by the men in England who are striving to change this popular attitude toward mental illness that, when the war is over, the new names will be retained and the word "asylum" will be permanently replaced by the word "hospital".

The transfer of upwards of 15,000 insane patients was successfully and safely made, although not without distressing incidents. Col. Thomson said that in his institution he was surprised to see the attachment which old patients felt for the place which had been their home for so many years - in some cases from childhood. The other institutions were able to absorb these great additions to their population but only with considerable inconvenience and some hardships. Not a few patients were taken home by their friends. Partly as a result of the inability of the overcrowded institutions to take new cases except in emergencies and partly as a result of the reluctance of relatives to send patients to distant institutions, the admission rate from the civil population of England, Scotland and Ireland has shown a considerable reduction. In the United States we have ample evidence of the effect upon the admission rate of the standard of care provided by public institutions and have seen how easy it is, in states which shirk their responsibilities in this matter, to force the insane back upon their homes. In many of the hospitals from twenty to eighty of the quiet male patients able to work remained - usually in detached villas. Such patients are happy and carry on the work with which they are familiar in the novel surroundings of a military hospital.
It is clear, therefore, the difficulty presented may be made for taking

solutions, the same may apply to some the restraints imposed

remember, the same are enjoyed by the union of all interests and

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The total cost of turning over these institutions was not ascertained. In the case of the Norfolk Asylum it was $90,000.00.

The capacity of the institutions was almost invariably increased, the average ratio being 4:3. This is due to the fact that most of the day rooms could be used as wards and dormitories, so large a proportion of medical and surgical patients being bed patients.

A revolution came into the lives of the personnel of these institutions. The medical superintendents, with one exception, were left in charge of their institutions, receiving commissions as Lieutenant Colonel or Major (Temporary) in the Royal Army Medical Corps. Most of the junior physicians were also commissioned in the Army and retained at their hospitals. The male attendants were enlisted in the Royal Army Medical Corps under a special arrangement. For them a safe and easy way of "doing their bit" in the war was provided at the cost of a slight decrease in pay. This solved the superintendents' perplexing problem of keeping their employees. Responsible employees became non-commissioned officers, and some helpers, ineligible for military service, were retained as civilian employees. The female attendants became probationers in the nursing corps. In most cases the change was satisfactory. Many of the younger women have been attracted by the work of general nursing and will probably complete their training after the war. All will be better attendants for the training they have received. In the case of a few older female attendants who had not had the advantage of a regular nurses' training but had filled places of responsibility, some friction developed. The general spirit, however, has been that of hearty good-will in the new work. This has been due in large measure to the great part which the war has come to play in the lives of Englishmen and Englishwomen and the deep feeling of obligation to serve their country which inspires people in all stations of life. It is very doubtful if such an enormous and difficult task as the conversion of these institutions to another purpose could have been successfully
accomplished without patriotic submergence of self-interest by officers and employees.

In the institutions which are used as military hospitals for mental cases (see list, p. 8 and 9) the changes made were less radical. The male attendants received 8d. a day more than their regular pay as enlisted men in the Royal Army Medical Corps on account of caring for mental cases. The female attendants presented a difficult problem in these hospitals, as female attendants are not yet employed in male wards in English hospitals for mental diseases. In one hospital (Dykebar) it was found possible to staff several wards with female nurses although a male orderly is on duty in each. Bed cases are cared for in this hospital by female nurses. A detached villa for convalescent patients is entirely in charge of female nurses. Another villa in this hospital was entirely staffed with female nurses but the type of patients was not just suitable and further complications arose from the fact that the charge nurse married a patient upon his discharge and this interfered with conditions apparently necessary for good discipline. Other wards in the hospital have female nurses and they are assigned to the distribution of food. At night the whole institution is under an assistant matron who has three female assistants, a sergeant and ten male orderlies. One outcome of the conversion of the institutions seems likely to be the employment of female nurses in men's wards in civil institutions in England. No one who has seen the success with which this is done in the United States and its rapid extension as a result of its efficiency and the increasing difficulty of securing good male attendants will regret it.

The impression one gets in visiting the military hospitals which have been created out of civil institutions for the insane is that an enormously difficult task has been accomplished in a wonderfully efficient way. Great credit for this is due to the Board of Control for the thoughtful planning of the transfer in advance, but its success is due also to the remarkable unanimity with which
Visiting Committees, Medical Superintendents and employees co-operated in removing obstacles and subordinating all other considerations to the successful solution of the entirely unprecedented problem before them. Most of the institutions are of the cottage type with many small detached buildings. They have proved exceedingly desirable general hospitals and it is doubtful whether any other institutions in England would have provided such excellent facilities for ill and wounded soldiers. Nevertheless one's thoughts turn to the helpless insane, never too well provided for, who were turned out of their hospitals and whose comfort as well as chances for recovery must have been seriously impaired by the change. The necessity was so great that these considerations could not have been taken into account. If similar pressure comes to the United States and the interests of the insane or any other helpless group must be subordinated to the great object of winning the war, we shall have no choice, but we cannot help feeling that the task of vacating half the beds in the State Hospitals of a state like New York would be undertaken with a heavy heart by those who know the needs of the insane, and who realize how little they share, even in time of peace, in the provisions which mitigate the sufferings of other ill persons.
APPENDIX III.

SPECIAL MILITARY HOSPITALS FOR
MENTAL DISEASES AND WAR NEUROSSES
("SHELL SHOCK") IN GREAT BRITAIN
AND IRELAND.

1. Directory

2. Descriptions of hospitals visited.
SPECIAL MILITARY HOSPITALS FOR
MENTAL DISEASES AND WAR INJURIES
"shell shock" IN GREAT BRITAIN
AND IRELAND

I. BROUGHTON

S. Description of hospitals visited.
1. Directory

The hospitals in the following list and descriptions are all special hospitals for the treatment of mental diseases and war neuroses. Neurological departments in general hospitals as those in the Royal Victoria Hospital, Edinboro, and the territorial hospitals in England, Scotland and Wales are not included. The Royal Victoria Hospital, Netley, is included on account of the fact that the department is a clearing hospital.

The term "annual admissions" includes the total number of admissions from May 1, 1916 to April 30, 1917, except in hospitals opened since May 1, 1916. In the case of these, the figure as received from the hospital has been used to determine the monthly average since the date of opening, and on the basis of this average the total for a year has been estimated.
Director

The particulars in the following list may be obtained

The Royal Victoria Hospital's Department of Medical Genetics

and will include:-

- The list of patients
- The list of appointments
- The list of referrals

The Royal Victoria Hospital's Department

Instructions on account of the fact that the department is

ceaseless for the

The term "genetic counselling" includes the following:

- The diagnosis of genetic disease
- The prediction of risk
- The prevention of genetic disease

The Royal Victoria Hospital's Department of Medical Genetics

The list of patients

- The list of appointments
- The list of referrals

The Royal Victoria Hospital's Department

Instructions on account of the fact that the department is

ceaseless for the
England

<table>
<thead>
<tr>
<th>Present name</th>
<th>County of Middlesex War Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former name</td>
<td>Middlesex County Asylum</td>
</tr>
<tr>
<td>Location</td>
<td>Maresbury (near St. Albans)</td>
</tr>
<tr>
<td>Name dept. for ment. or nerv.</td>
<td>No special name</td>
</tr>
<tr>
<td>Classes of cases received</td>
<td>Mental diseases (no officers)</td>
</tr>
<tr>
<td>Officer in charge of ment. or nerv. dept.</td>
<td>Lt. Col. (T.) L. Rolleston</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Annual Admissions</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disease</td>
<td>882</td>
<td>350</td>
</tr>
<tr>
<td>War neuroses</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Total</td>
<td>882</td>
<td>350</td>
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<tr>
<td>Category</td>
<td>Amount</td>
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<td>850</td>
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<td>490</td>
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</tbody>
</table>

Manpower

Wor. variance

Total
England

Present name  The First Home of Recovery (Branch of Maida Vale Hospital for Nervous Diseases)

Former name  "Highfields" (a girls' school)

Location    Golders Green, London

Name dept. for ment. or nerv.  Whole hospital utilized

Classes of cases received  War neuroses (pensioners only)

Officer in charge of ment. or nerv. dept.  Capt. (T.) --- Scott

<table>
<thead>
<tr>
<th></th>
<th>Annual Admissions</th>
<th>Capacity</th>
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<tbody>
<tr>
<td>Mental disease</td>
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</tr>
<tr>
<td>War neuroses</td>
<td>*</td>
<td>150</td>
</tr>
<tr>
<td>Total</td>
<td>*</td>
<td>150</td>
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</tbody>
</table>

*Opened in June, 1917.
**University**

The first name of the student (please add middle name if applicable)

Present name

"Highest degree" (e.g., PhD, MD, etc.)

Former name

Location: Country, City, Town

Name given to meet or date

Who prepared utilization

Degree of course leading to degree (e.g., Bachelor of Arts)

Degree (X) --

**Table:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Importance</th>
<th>Preparation</th>
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<tr>
<td>100</td>
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</table>

*Degree in June 1971*
England

Present name  Fourth London General Hospital

Former name  Kings College Hospital and Maudsley Hospital

Location  Denmark Hill, London

Name depts. for ment. or nerv.  "Maudsley Hospital"  "Maudsley extension"  (clearing hospital)

Classes of cases received  War neuroses (officers included)

Officer in charge of ment. or nerv. dept.  Major (T1) F. W. Mott, R.A.M.C.

<table>
<thead>
<tr>
<th>Mental disease</th>
<th>Annual Admissions</th>
<th>Capacity</th>
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<tr>
<td></td>
<td>98</td>
<td>27</td>
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| War neuroses   | 3342              | 447      |

Total 3440  974*

*200 in Maudsley Hospital
England

**Present name**  Granville Canadian Special Hospital

**Former name**  Granville Hotel

**Location**  Ramsgate

**Name dept. for ment. or nerv.**  "Medical Department"

**Classes of cases received**  War neuroses (no officers)

**Officer in charge of ment. or nerv. dept.**  Major Colin Russell, C.A.M.C.

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<tr>
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<th>Annual Admissions</th>
<th>Capacity</th>
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<tr>
<td>Mental disease</td>
<td>23</td>
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<tr>
<td>War neuroses</td>
<td>2353</td>
<td>440</td>
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<tr>
<td>Total</td>
<td>2376</td>
<td>440</td>
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</tbody>
</table>

*To be abandoned and patients sent directly to Canada.*
England

Present name  Letchmere House

Former name  A private institution

Location  Ham Common, London

Name dept. for ment. or nerv.  Whole hospital utilized

Classes of cases received  Mental diseases (officers only)

Officer in charge of ment. or nerv. dept.  Major (P.) N. H. Oliver, R.A.M.C.

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<th>Annual Admissions</th>
<th>Capacity</th>
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<tr>
<td>Mental disease</td>
<td>84</td>
<td>50</td>
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<tr>
<td>War neuroses</td>
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<td>Total</td>
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Nett Wages

Nett Greetings
**England**

**Present name**  Lord Derby War Hospital  

**Former name**  Lancashire County Asylum  

**Location**  Warrington (near Liverpool)  

**Name dept. for ment. or nerv.**  No special name  

**Classes of cases received**  Mental diseases (no officers)  

**Officer in charge of ment. or nerv. dept.**  Lt. Col. (I.) Alexander Simpson, R.A.M.C.  

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<th>Mental disease</th>
<th>Annual Admissions</th>
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<tr>
<td></td>
<td><em>2334</em></td>
<td>1000</td>
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| War neuroses   | **--**            | **--**    |

| Total          | ***2334***        | **1000**  |

(Opened June 17, 1916)

*Annual admissions estimated upon the monthly average since the date of opening.*
England

Present name  Red Cross Military Hospital

Former name  Moss Side State Institution

Location  Waghull (near Liverpool)

Name dept. for ment. or nerv.  Whole hospital utilized

Classes of cases received  War neuroses (Annex for 31 officers)

Officer in charge of ment. or nerv. dept.  Major (T.) R. G. Rows, R.A.M.C.

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<td>Mental disease</td>
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<tr>
<td>War neuroses</td>
<td><strong>769</strong></td>
<td><strong>377</strong></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>769</strong></td>
<td><strong>377</strong></td>
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*Not including officers

**Including 31 beds for officers in Annex.
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<th>Remarks</th>
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<td>V4A**</td>
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*Not applicable to these

Incluhing 50 page for officers in Annex**
England

Present name  Royal Victoria Hospital

Former name  Same

Location  Netley

Name dept. for ment. or nerv.  "D Block" for mental diseases; "Neurological Wards" for war neuroses

Classes of cases received  Mental diseases and war neuroses (including officers)

Officer in charge of ment. or nerv. dept.  Major (T.) C. Stanford Ross, R.A.M.C. for "D Block" and Major (T.) A. W. Hurst, R.A.M.C. for "Neurological Wards".

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<td>Mental disease</td>
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<tr>
<td>War neuroses</td>
<td>720</td>
<td>113</td>
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<tr>
<td>Total</td>
<td>1926</td>
<td>241</td>
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### Patient Information

**Present Name:**

**Other Name:**

**Location:**

**Gender:**

**Race:**

**Date of Birth:**

**Place of Birth:**

**Ethnicity:**

### Class of Case Record

- **Definitive:** Lower General
- **Preliminary:** Lower General
- **Other:** Lower General

### Admissions and Discharges

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<th>Discharges</th>
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**Total:**

- **Patient Admissions:**
- **Patient Discharges:**

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*Note: The table represents data for patient admissions and discharges at a hospital.*
England

Present name: Special Hospital for Officers

Former name: A private home

Location: 10-11 Palace Green, London

Name dept. for ment. or nerv.: Whole hospital utilized

Classes of cases received: Mental diseases and war neuroses (officers only)

Officer in charge of ment. or nerv. dept.: Major (I.) J. C. Wood, R.A.M.C.

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<td>73</td>
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<td>Total</td>
<td>748</td>
<td>63</td>
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| Capacity | Patients
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<td>12</td>
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Total
England

Present name    Springfield War Hospital

Former name    Department of Middlesex County Asylum

Location       Upper Tooting, London

Name dept. for ment. or nerv.     Springfield War Hospital

Classes of cases received     War neuroses (no officers)

Officer in charge of ment. or nerv. dept.    Major (T.) Reginald Worth, R.A.M.C.

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<tr>
<td>War neuroses</td>
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<td>255</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>761</td>
<td>255</td>
</tr>
<tr>
<td>Capacity</td>
<td>Admissions</td>
<td>Intake/Discharge</td>
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Total
Scotland

Present name       Craiglockhart War Hospital

Former name       "Edinbоро Hydropathic" (a private institution)

Location          Slateford (near Edinbоро)

Name dept. for ment. or nerv.  Whole hospital utilized

Classes of cases received  War neuroses (officers only)

Officer in charge of ment. or nerv. dept.  Major (T.) W. H. Bryce, R.A.M.C.

<table>
<thead>
<tr>
<th></th>
<th>Annual Admissions</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disease</td>
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<td>--</td>
</tr>
<tr>
<td>War neuroses</td>
<td>530</td>
<td>174</td>
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<tr>
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<td>530</td>
<td>174</td>
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</tbody>
</table>

(Opened October 27, 1916)

*Annual admissions estimated upon the monthly average since the date of opening.
Scotland

Present name: Dykebar War Hospital

Former name: Renfrew District Asylum

Location: Paisley

Name dept. for ment. or nerv.: Whole hospital utilized

Classes of cases received: Mental diseases (no officers)

Officer in charge of ment. or nerv. dept.: Major (T.) R. D. Hotchkin, R.A.M.C.

<table>
<thead>
<tr>
<th></th>
<th>Annual Admissions</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disease</td>
<td>1144</td>
<td>500</td>
</tr>
<tr>
<td>War neuroses</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>1144</td>
<td>500</td>
</tr>
<tr>
<td>Capacity</td>
<td>Amount</td>
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<tr>
<td>000</td>
<td>1164</td>
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</tr>
</tbody>
</table>

**Total**
Scotland

Present name: Tykebar War Hospital Annex

Former name:

Location: Paisley

Name dept. for ment. or nerv.: Whole hospital utilized

Classes of cases received: Mental diseases (no officers)

Officer in charge of ment. or nerv. dept.: Major (T.) R. D. Hotchkis

<table>
<thead>
<tr>
<th></th>
<th>Annual Admissions</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disease</td>
<td>*</td>
<td>350</td>
</tr>
<tr>
<td>War neuroses</td>
<td>*</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>*</td>
<td>350</td>
</tr>
</tbody>
</table>

*Recently opened
<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>880</td>
<td></td>
</tr>
<tr>
<td>620</td>
<td></td>
</tr>
<tr>
<td>250</td>
<td></td>
</tr>
<tr>
<td>Total</td>
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</tr>
</tbody>
</table>
Scotland

Present name  Murthley War Hospital

Former name  Perth District Asylum

Location  Perth

Name dept. for ment. or nerv.  Whole hospital utilized

Classes of cases received  Mental diseases (no officers)

Officer in charge of ment. or nerv. dept.  Major (T.) Lewis Bruce

<table>
<thead>
<tr>
<th></th>
<th>Annual Admissions</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disease</td>
<td>*960</td>
<td>350</td>
</tr>
<tr>
<td>War neuroses</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>*960</td>
<td>350</td>
</tr>
</tbody>
</table>

(Opened January 19, 1917)

*Annual admissions estimated upon the monthly average since the date of opening.
<table>
<thead>
<tr>
<th>Quantity</th>
<th>Value</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>300</td>
<td></td>
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<tr>
<td>300</td>
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<tr>
<td>300</td>
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</tbody>
</table>

*Estimated.

(Changed status to 1977.)
**Ireland**

**Present name**  Military Hospital

**Former name**  Belfast County Asylum

**Location**  Belfast

**Name dept. for ment. or nerv.**  *

**Classes of cases received**  Mental diseases and war neuroses

**Officer in charge of ment. or nerv. dept.**  *

<table>
<thead>
<tr>
<th></th>
<th>Annual Admissions</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disease</td>
<td>*</td>
<td>500</td>
</tr>
<tr>
<td>War neuroses</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Total</td>
<td>*</td>
<td>500</td>
</tr>
</tbody>
</table>

*Unascertained*
2. **Descriptions of hospitals visited**
Descriptions of special hospitals with detailed accounts of their work cannot be given in the copies of this report which are to be generally distributed as these hospitals were visited, with the official consent of the British War Office, for the sole purpose of making observations likely to be useful to American military hospitals of similar character.
APPENDIX IV.

FACILITIES NEEDED FOR EFFICIENT TREATMENT OF MENTAL DISEASES IN A MODERN PUBLIC INSTITUTION.
APPENDIX IV

Facilities needed for efficient treatment of mental diseases in a modern public institution.
"For the treatment of any class of the sick these fundamental provisions are required: sanitary housing, good food, good clothing, skill, kindness and appreciation of the aims of the hospital on the part of all those charged in any way with the care or supervision of patients. These fundamental provisions must be made effective by a sound administrative system, free from political or other selfish control, in which the medical and scientific purposes of the hospital are primary considerations. With these provisions constituting the absolutely essential groundwork for the treatment of any class of the sick, the following may be stated to constitute the facilities needed for the modern treatment of mental diseases in a public institution for the insane:

1- Direction of the administration of the hospital and leadership in its medical work by a physician trained in the diagnosis and treatment of mental diseases.

2- An adequate medical staff, organized so that duties are divided in accordance with the training of its different members and with the requirements of the clinical work.

3- Regular and frequent conferences of the medical staff at which the diagnosis, treatment and prognosis of each new case admitted are considered and at which cases about to be discharged are presented; training in psychiatry for new members of the staff being considered a special object.

4- The reception of all new cases in a special department or in special wards where they may receive careful individual study and where those with recoverable psychoses may receive continuous individual treatment.
For the treatment of the disease of the eye, I recommend the use of ointments, lotions, and other preparations. It is important to maintain a proper balance of these treatments to ensure effective treatment. The main principles are:

1. The selection of appropriate medication based on the specific type of the disease.
2. The use of oral medication in conjunction with topical treatments to enhance the effect.
3. The importance of regular follow-up visits to monitor the progress and adjust the treatment accordingly.
4. The need for a comprehensive approach involving diet and lifestyle changes to support the treatment.

In conclusion, the treatment of eye disease requires a combination of medications and lifestyle changes to achieve the best possible outcomes.
5- Classification of all patients with reference to their special needs and their clinical condition, such classification being flexible enough to permit frequent changes.

6- A system of clinical records which permits study and review of the history of cases even after they have been discharged.

7- A laboratory in which some of the more useful tests required for the study and diagnosis of mental diseases as well as for those required in general clinical diagnosis can be made and in which pathological material can be studied.

8- Provision for special treatment such as hydrotherapy and electrotherapy.

9- Provision for examination and treatment by dentists, ophthalmologists, gynecologists, and other specialists.

10- An adequate number of trained nurses and the maintenance of a school for nurses, under the direction of a supervisor of nurses who should have not only training in general nursing but special training in nursing patients with mental diseases.

11- The employment of female nurses in the reception and infirmary wards for men.

12- The systematic use of occupations, for their therapeutic effects, under the direction of workers specially trained for this duty.

13- Special attention to recreation and diversion, with reference to their therapeutic value.
6. Closeup of the patient with pertinent to their specific needs.

6. Any pertinent clinical condition may be combined with this.

6. A review of all pertinent records with pertinent and any review or the

6. Prior to each case, after each case, the patient?

6. A procedure on which one of the world heart, heart duration

6. The study any withdrawn or concerted changes as well as for prone

6. To prevent any withdrawn or concerted changes can be done and in

6. Psychiatric patients can be anything.

6. Provision for specific treatment such as pharmacological and elsewhere.


6. Pickup, diagnoses, and other psychiatric.

6. If in the examination of the patient's response to the examination and interpretation.

6. I.e., in the examination of the patient's response to the examination and interpretation.

6. The employment of female nurses in the examination and interpretation.

6. The examination of the examination, for their comprehensive effects.

6. The examination of the examination, for their comprehensive effects.

6. The examination of the examination, for their comprehensive effects.

6. The examination of the examination, for their comprehensive effects.
14- Liberal use of parole especially for quiet, chronic patients who can live in farm houses.

15- Special provision for the tuberculous."
In respect not or person especially for direct chronic place.

The can live to help possess.