It is pointed out that in Addison's disease the reduction in plasma chloride is associated with failure of the kidney to retain chloride.

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NOTES ON PSYCHIATRIC CASUALTIES OF THE FIRST DAYS OF WAR

BY

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Experience of the first two weeks of war indicates that the special stresses of that period have already produced psychiatric cases and problems of special types not usually met with in peace-time psychiatric practice. Though it may be considered premature, it is felt that a record of impressions of such cases should be made while they are yet in mind, particularly as they belong to a phase of the war which is now passed—a period when the much-discussed mass bombardment of civil populations in this country was considered, and appeared to be imminent, before evacuation was completed and before war morale was established.

Occurrence and Attributability to War Strain

A casualty hospital situated close to a great railway terminus in London is so placed as to receive patients who collapse in special circumstances. The glass-domed station, the crowds, loud-speakers, and confusion of curtailed rail services, together with evacuation of children and mothers, punctuated by air-raid-warning sirens, brought the war home to many as a reality for the first time. War morale had not yet been established by leadership, and a sense of security had not been generated by knowledge of what preparations had been made for the protection of the civilian population. In most of the cases the patient had lost touch temporarily with his or her family.

A striking contrast existed between newly precipitated cases and old patients who came up as usual to the psychiatric out-patients' clinic. These old patients were all asked how the present situation affected their symptoms or themselves. Typical replies were: "I don't take no account of that." "I'm afraid this illness makes me rather selfish. I hardly think of the war." A small minority were troubled by fear of air raids, and it may be that others who failed to attend were those most affected.

The newly precipitated cases were brought in ambulances or by the police, having collapsed in the street or the station. On arrival they were still unconscious or confused. It was possible in all cases to restore consciousness and to obtain names and addresses, etc., in a very short time by reiterated reassurance and encouragement, continued until eyes opened and questions were answered. Typically, attention was apt to wander and irrevelant answers were given to questions. In one or two cases there was wild excitability, and this was usually controllable by quiet confident reassurance and persuasion. Only one true hysterical paralysis was seen. As the object of treatment was merely to enable patients to continue their journey out of London or to return them to their homes it has not been possible to follow subsequent developments in most of these cases. In one case a mother taking two children home from the seaside through London collapsed when she became cut off from them in the crowd. In this, as in other cases, there was a large element of fatigue, lack of sleep, and hunger. Alcohol played a part in a number of them, and there seemed to be an abnormal sensitivity to small quantities.

These cases were fairly equally distributed between the sexes. No children were included. They were of the less-educated classes. About twenty cases in all were seen, and the flow diminished markedly after the first week of war.

Cases simulating Acute Onset of Psychosis or of Severe Neurosis

Five cases fall into this class, and all but one were of the professional classes. There were three men and two women. They were doing responsible work and, except in one case, work directly connected with the state of emergency. There were other significant similarities. Four were intellectual types with a high sense of social responsibility; the state of stress had been established for a considerable time before the war broke out, and they had overworked, neglecting their own welfare for that of others, living on snacks and irregular meals and being unable to sleep adequately. In all the fear of a breakdown had been a factor for some time and had been compensated by increased press of activity, mental and physical. In all the onset was sudden and dramatic.

A man of 30 in a very responsible job calling for speed of decision and acuteness of judgment suddenly lost all energy, and after wandering aimlessly for an hour or so had a "blackout" of consciousness without collapsing. He was brought to hospital ten hours later with symptoms suggestive of paranoid schizophrenia.

A highly conscientious overworking governess of 28 had had sole charge of four small children in the country. She came up to London, losing some trunks on the way. The sight of sand-bagged buildings and the dark night streets seemed to alarm her unduly, and she suddenly said she must go out at once and find a job. She ran into the street and was eventually found in a police station. Two hours later, when seen at hospital, she was wildly frightened and suspicious, believing that a plan existed for her destruction in which the physician was a tool of the Government. She slept well with 15 grains of medinal, but next day was still more frightened and suspicious, and had to be placed in a mental hospital under an urgency order.

A medical man doing important organizing work on night duty had almost complete insomnia for a week and showed obsessional doubts and other obsessional symptoms.

A V.A.D. nurse who had served four and a half years without breakdown during the last war and who had attempted the same standards, disregarding twenty years' advance in her age, had suddenly what was probably a hysterical attack. There were, however, some persisting organic signs, which put the diagnosis in some doubt.

A young postman of 22, of good physique, was seen in a state of acute terror with loss of social sense and all morale, sweating, pallid, and with dilated pupils and crouching posture. He showed regressive tendencies, and passed water in public without recognizing that such an act was unusual. He was not amenable to reason or suggestion, though occasionally unexpectedly he would obey a suggestion. He became a little calmer on taking a sedative, but remained confused and frightened to an extreme degree. Subsequently he was admitted to another institution and failed to improve, regressing further in spite of convulsion therapy.

The severe and dramatic onset and typical symptomatology of this group of cases are in some instances markedly in contrast to the subsequent history. All were removed from the situation of stress and received various forms of treatment, the details of which are not available, but in which rest and sedatives certainly played a large part in most instances. The patient with obsessional symptoms recovered completely and is to return shortly to duty. One of the "paranoid schizophrenics" after three weeks is reported to be well and returning to duty. The other is as yet no better, but has been under care for less than a week. The case diagnosed as "simple terror" had developed more marked schizophrenic katatonic features. The outcome in the V.A.D. nurse is still in doubt, but recovery and return to duty appear probable.

Conclusions

Diagnosis and particularly prognosis in the second group of patients are particularly difficult. The typical features are the high sense of social responsibility adding to the stress of circumstances upon the patient before the onset of the breakdown, and the florid psychotic or neurotic symptoms at the time of breakdown. The outcome of these cases is not clear, but it is suggested that quick recovery is probable in a large proportion. They may easily be confused with true psychoses of acute precipitation. The possibility of relapse cannot as yet be ruled out. The simple cases in the first group are of more purely hysterical and anxiety types, though in the patients seen the hysterical symptoms were still plastic and amenable to suggestive modification. The probability of relapse would seem to be great. In most cases fatigue and neglect of proper meals have been large factors in the precipitation of the condition—factors that are easily removed if the patient can be got away from the situation of stress. Insomnia in some degree has been almost universal before the breakdown.

I have been engaged in diagnosis and disposal and have not had first-hand experience of subsequent treatment, but in view of the rapid recovery of some patients with simple rest away from stress it is to be hoped that the adoption of such methods as convulsion therapy will be delayed until the possibility of rapid spontaneous recovery has been ruled out. The fact that in the first week of war admissions to the observation wards of London County Council hospitals were much in excess or normal would tend to confirm the suggestion that many cases were wrongly diagnosed as psychoses, for it is well known that the great war and the war in Spain did not materially increase the incidence of insanity.

Summary

Two main types of psychiatric cases seen at a casualty hospital since the declaration of war are described:

The first type occurs in those of less strongly established sense of social responsibility and usually of less education. Both sexes are equally affected.

The second type occurs in highly intelligent, highly responsible people of both sexes.

The alarming, often psychotic, symptoms of the second group are not easy to distinguish from true psychoses. The diagnosis and prognosis can only be made after an initial period of treatment.

Cases in which the neurosis was established before the outbreak of war are, so far, in many instances quite unaffected by war stress.

DIABETES AND KIDNEY FAILURE

BY

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The following two cases of concomitant diabetes and nephrosclerosis are recorded in relation to some interesting questions of renal physiology.

Case I

On February 8, 1939, a man aged 56 was admitted to the medical wards of the Coventry and Warwickshire Hospital complaining of his right knee, which was painful and swollen. Three and a half months before admission the swelling had

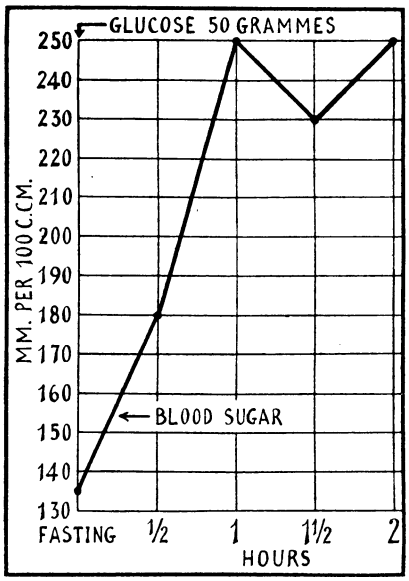

CHART 1.—Case I. The glucose-tolerance curve. Sugar was present in all specimens of urine.

come on acutely in about three hours, and had persisted without remission. Radiographs showed punched-out areas on the external aspect of the right femoral condyle at the junction of the articular and external surfaces and in the part of the tibia which lies immediately adjacent. A radiological diagnosis of gout was suggested. Blood uric acid was estimated at 3.8 mg. per 100 c.cm.

Apart from the present trouble with his knee the patient had always considered himself a healthy man, although he said that he had had diabetes for about seven years. His