APPENDIX II.

A Note on the Work of the Department with respect to Soldier Patients from the Beginning of the War to the 4th August, 1919.

We had no reason to believe that a disproportionate number of men of average mental stability would, as a result of the stress of military service, become mentally deranged. The anticipation happily proved correct. Past experience has demonstrated that a man of sound mind, fighting honestly for a cause, will face dangers and undergo great privations without losing his mental balance. He may pass through terrible anxieties, but they are seldom for himself, and he is maintained by a normally reacting mental and moral exaltation, which sweeps away petty vanities and vexations, widens his horizon to include his comrades, and directs his thoughts and energies for the general good. It is different with those predisposed to mental disorder. Even with the best of intentions on their part, one expected, especially where this predisposition was marked, that the adjustment to unexpected changes of environment, possibly short of service at the front, would prove a disturbing factor. With instability of lesser degree many may come through all right, but they are playing with gunpowder. Furthermore, there are often feeble-minded persons, who pass muster to begin with, but who would be rejected subsequently, either at the camp or actually at the front, when their limitations became revealed under a more complex order of things than that to which they had become accustomed in civilian life. This group we expected would come under our care to be refitted for and placed in their old surroundings, and we also regarded it as inevitable that ex-patients, falsely confident of their mental and emotional stability, would, suppressing their past history, enlist, and that a proportion would be returned to our care. One recognized the soldier as the selected of the community between certain age-limits, and, though under peace conditions some who looked physically strong would have proved mentally infirm and come to us as patients in the ordinary course, yet from an equal number of soldiers passing through war conditions and of civilians of the same age rejected as soldiers we estimated a much larger proportion of mental patients from the civilians, and undoubtedly the estimate has proved correct.

On the other hand, one naturally looked for a larger proportion of allied nervous disorders indirectly and directly resulting from war conditions, and also that these, in some cases, would prove to be the incipient stage of mental disease.

It was absolutely necessary that all such cases should have the best expert medical skill available, and it was arranged with the Defence authorities that we would specialize at Seacliff, where we could treat the soldiers in three divisions, practically apart from other patients or only with a few civilian patients in a like mental condition and companionable. The divisions were: For the last mentioned nervous group a house at Karitane belonging to Dr. Truby King was placed at our disposal, and this was strictly reserved for soldiers. Next, for the best mental patients received under Magistrate's order the Reception Home was to be used. This building is known as Clifton House, and is beautifully situated on the Seacliff Estate. The next best patients were to be treated in the Library Ward at Seacliff. This was our admission ward before Clifton House was built. For patients whose mental condition debarred them from admission to any of these three divisions the environmental factor would be negligible; but when, upon improvement, a change could be appreciated, a change would be made, according to the mental condition of the patient, to one of the special divisions. Keeping in view the necessity for expert medical attention and nursing, of which we had the monopoly, and bearing in mind that our own staff was depleted by the war, this arrangement offered incomparably the best advantage to the soldier.

Once the system was started there were importunate and insistent demands to have the soldiers treated near their relatives. Patients were transferred, and later admitted direct to some of the other institutions to satisfy the natural desire of friends and kinsfolk. This meant that, though Seacliff maintained the ascendency, the patients were scattered among all the institutions, and their number at any one time at any other institution was so small, and the forms of mental disorder so varied, that any attempt to treat them apart from civilian patients was futile. There was one exception besides the Anzac House Hospital, Karitane—namely, the Wolfe Bequest Hospital at Auckland, which was for a time strictly set aside for soldiers who could be treated without the necessity of a Magistrate's order. Forty-five such patients passed through this special institution, thirty-seven of whom recovered, and of the remainder six had to be placed under Magistrate's order. In each of these cases there was well-marked mental disorder on admission, and they were placed in the Wolfe Home experimentally.

The cases of individual military patients at Karitane and Wolfe Home are classed in one tabular statement hereunder, and in another the cases of all soldier patients treated under Magistrate's order. To this second table is added the number in which heredity or other predisposition to mental disease was ascertained. There are other cases in which such predisposition was suspected, but the facts have not been communicated to us. Cases received from camps or home service are differentiated from those of returned soldiers.

Received as Voluntary Boarders or Military Patients.

	From Camps.	As Returned Soldiers.	Total.
Number of individuals admitted	14	152	166
Number placed under reception order	3	28	31
Number discharged recovered	10	100	110
Number discharged unrecovered	1	9	10*
Number died		2	2
Number of individuals remaining		13	13
Number readmitted and remaining		5	5
Total remaining on 4th August, 1919		18	18

* At the date of the last published return some patients had progressed sufficiently to be tried on probation, but as that return did not include patients on probation they were entered provisionally as "unrecovered." When reported to us by the examining Military Board that recovery had taken place the figures in the return were amended.