Section of Neurology.

President—Dr. R. Percy Smith.

Cinematograph Demonstration of War Neuroses.¹

By A. F. Hurst, M.D.

I.

These cinematograph films have been taken during the last nine months under the auspices of the Medical Research Committee, in order that a permanent record of some of the remarkable neuroses which have developed in soldiers should be obtained to form part of the medical history of the War. At the same time it is hoped that a careful study of the films may in the future yield results of scientific value.

The complete series illustrates the development of our methods of treatment. A year ago we were satisfied at Netley if we taught a man, admitted for hysterical paraplegia of several months' duration, to get about within a few days of admission, but we realized that he would require several weeks of further treatment by re-education before he could walk normally. This also applied to stammering, the immediate and rapid improvement being followed by slow improvement under daily re-education, whilst we regarded it as almost impossible to produce any rapid improvement in men suffering from the various forms of tremor and tics.

Increased experience has gradually given us greater confidence, and we are now disappointed if we do not cure all cases of hysterical paralysis and contractures, speech defects such as mutism, aphonia, and stammering, and even tremors and tics, within twenty-four or forty-eight hours of admission, however long the symptoms have persisted.

¹ At a meeting of the Section, held March 12, 1918.
before the men reach Netley. This will be seen in the different series of pictures: in the earlier ones slow, but steady progress is shown; the latest are actual records of complete recovery, occurring in the course of an hour or two from hysterical paraplegia which had lasted for several months.

[A series of cinematograph films were then shown, illustrating a large variety of hysterical gaits, paralyses and contractures, the association of spasmodic or rhythmic movements with speech, and different forms of tic.]

II.

The steady improvement in our results at Netley during the fifteen months I have been in charge of the Neurological Section has been accompanied by a corresponding simplification of methods. We now realize that the only essentials for success in dealing with the hysterical cases, which constitute about a third of the war neuroses which come to us for treatment, is complete mutual confidence between the patients and ourselves. From the moment the patient enters, everything possible is done to convince him that he will quickly get well. It is explained to him that any treatment he has already received has prepared the way, so that nothing now remains but a properly directed effort on his part under our guidance for complete recovery to take place. During the whole course of treatment he is engaged in conversation, and the meaning of each successive step is explained. We have given up hypnotism for these cases, and only use such aids to suggestion as electricity and etherization in exceptional cases, being convinced that it is greatly to the advantage of the patient that he should co-operate intelligently in his own cure, and that everything in the way of mystery should be avoided. Our method can be shortly described as vigorous persuasion with the aid of manipulation. In the common variety of pseudo-spastic and tremulous paraplegia the patient lies on his back, and his legs are passively moved until complete relaxation occurs. He then co-operates by voluntary efforts, less and less help being given until he is able to perform the movements without difficulty and without any of the clonic spasms, which in many cases shook him from head to foot whenever he made an effort before the commencement of treatment. He next sits up, and the passive and active movements are repeated. When those are finished he is taught to stand, and as soon as his balance is perfect he begins to walk, at first with slight support, which is imperceptibly reduced until he sud-
denly discovers he is progressing without assistance. Among our last twenty cases of hysterical paraplegia all but one walked with a normal gait within a period varying between ten minutes and a couple of hours, although most had been lying in bed at other hospitals from three to eighteen months before admission to Netley. The one exception was a big fat man, who had been paraplegic for sixteen months, and required two hours of treatment a day for ten days before he could walk alone.

We overcome hysterical contractures by forcible manipulation, however much the patient may complain of pain; the manipulation being repeated until complete relaxation occurs and the power to perform voluntary movements is restored—generally in the course of a very few minutes. Tremors are always accompanied by more or less rigidity; this too is overcome by passive movements and rubbing, the last traces of the tremor disappearing with the rhythmic performance of voluntary contractures of the affected muscles. We have learnt that it is fatal to discontinue until complete success is attained, so that much patience and energy are often required. My colleague, Captain J. R. L. Symns, at present holds the record of six hours' continuous treatment of a severe jaw tremor, which he finally overcame: if he had given up in despair at the end of a couple of hours, months of re-education would have been required.

III.

There is nothing exceptional about our results, as they are identical with those obtained by others who have had equal opportunities of learning how to deal with these cases by actual experience during the present War. But there are hundreds of men suffering from war neuroses scattered through the central and convalescent hospitals of England, where they spend many weary months without adequate treatment. At the end they are often invalided from the Service still suffering from their original symptoms, like two men admitted under Captain Symns, who were out working on a farm the day after their arrival at Netley, although only ten days earlier they had been awarded 100 per cent. pension for total incapacity due to hysterical paraplegia.

These men should be admitted direct from France into special hospitals, situated in the country, with special medical officers, who know how to create a true atmosphere of cure. Here, along with the neurasthenics and psychasthenics, they will quickly regain their
strength and confidence in themselves by being given, when convalescent, healthy and interesting outdoor employment, instead of lounging about the wards and corridors of large general hospitals with no opportunity of taking exercise except in the streets. Many will in time return to military duty, whilst the remainder will be discharged from the Service after a few weeks or months, but never before they have recovered sufficiently to earn a living in some civil occupation of national importance.

**Essentials of Treatment of Soldiers and Discharged Soldiers suffering from Functional Nervous Disorders.**

By E. G. Fearnides, M.D.

Before any soldier or discharged soldier can be treated for his functional nervous disorder, his case must first be diagnosed. An analysis of the discharge documents of the examples of chronic functional nervous disorder which have been sent to me for treatment at the "Home of Recovery," Golders Green, shows that quite 35 per cent. of the patients were invalided on a diagnosis which at first sight would not have led one to expect that these men were really examples of a functional nervous disorder, and my experience when going round various general hospitals, both in this country and in France has led me to believe that many soldiers who are admitted there suffering from this class of complaint are wrongly diagnosed or mis-diagnosed. In Germany, according to Naegeli¹ and Kuehn², there are probably more examples of neurosis in the general wards of military hospitals than there are in the nervous hospitals, and in these general hospitals the patients are wrongly diagnosed.

There is no single system which may not be affected by a functional nervous disorder, and if, in every single patient, the mental aspect of disorder and disease be not considered, the psychical nature of the complaints on the part of many patients may be completely missed. Perhaps the commonest mistakes which arise are those in which the