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## ON BEING SCARED TO DEATH

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CONVALESCING FROM WOUNDS OR SHELL-SHOCK M. B. DAVIS

Every tenth soldier in hospital is there to recover from complete nervous breakdown. Such men, though physically unscratched, are rightly classed as wounded, for their nervous systems are wrecked. In this line are several such patients.

LET me quote from a recent edition of the *London Post*: "The casualty lists last issued by the War Office account for 4,288 non-commissioned officers and men, of whom 665 are dead, 2,675 wounded, and 948 missing, among the wounded being 214 cases of shell-shock."

These figures show the high percentage of shell-shock among the wounded British soldiers and we people of these United States should know something about this condition.

Trench warfare, like that on the western front waged in ditches 9 feet deep, has developed its own military peculiarities. To the medical profession it has brought a new disease, a condition unbelievable and one which takes us back to our boggy days of childhood. This cause of suspension from duty is known as shell-shock or "shock shell" as the British war office officially calls it, and its manifestations while numerous have some common features which to the lay eye are quite wonderful.

To understand its cause and action we must take our place in the trenches with a company on the first line. An attack is simmering and the constant preliminary bombardment of heavy and light artillery is on. Shells three inches or more in diameter are being hurled against the trench line to destroy or disentangle barbed wire defenses, cleverly put up some ten or fifteen yards in advance, in the dark of night. Through these prickling meshes it is almost impossible for a man to make his way and no line of charge can be so vigorous that it is not checked or broken by the entangling, stinging barbs.

Shells, shrapnel, high explosives, are rained on them and on the trench with its narrow communication to the supports in the rear, until there is a constant din of tremendous explosions and the air is filled with noxious gas. Time has come to seek cover and the soldier ducks his steel-helmeted head into his underground dugout, crowds down with his mates and waits for the storm to blow over, knowing that it must abate before infantry can rush out to do follow-up work.

The first two hours it is exciting; sand bags, boards, and a few dugout roofs are blown down and some men are wounded. Quarters soon get cramped, air is bad and Tommy, although used to noise and nearby head-splitting concussions, begins to develop a headache and his cigarettes taste bad. His twenty-four hour emergency ration is finally opened and he eats what he can. No passage to the rear or along the trenches is possible unless suicide is contemplated, and yet the hail of missiles continues with no remittance. Hours pass, days pass, some preliminary bombardments lasting four or five days, and food, water, patience, and nerves are exhausted by the awful din, the

noisome air, and the crowded quarters with the sickening sights of nearby men disemboweled or otherwise wounded unto death.

Then it is that minds go awry. Predisposing factors of methods of life are variable in their effects. Length of service in the trenches is also an inconstant factor; shell-shock attacks the veterans as well as the recruits. The poor lads with neurasthenic tendencies, with poor nervous reserve or with histories of sapping excesses and habits, begin to experience an ever-growing fear. Their limbs start to tremble, their hearing becomes affected, they cannot talk or see, and when they can be rescued in a lull, they have become jibbering or silent, trembling human animals, almost literally scared to death. The enemy has succeeded not only in demolishing works of defense but in rendering absolutely incapable a varying percentage of the defenders.

Scientifically, the disease may be divided into two classes. One is the pseudo shell-shock following the course outlined in men of unstable nervous equilibrium, deprived of food and made to fear for their lives; and the second class is true shell-shock occurring in men who really sustain blows of falling sand bags, and planks, or are buried in the upheaval of earth following shell explosion. Unfortunately the false division comprises over 95 per cent. of the total number reported and they offer the poorest hope of recovery of the proper martial spirit which the soldiers should have. The true cases have sustained some injury, perhaps to the brain or spinal cord, with distinct but small lesions of these important organs, and from which they generally recover within a fortnight. They may, however, slip on then into the pseudo class and become unfit for active military duty.

The ordinary or pseudo form also causes its victim to be sent to the base hospital. He often arrives on a stretcher paralyzed all over, sometimes he is walking and as he stands awaiting an examination by the receiving medical officer he is trembling in every limb, his hands shake constantly and often he cannot answer questions or talk. The extreme cases cannot hear, talk, or even breathe properly, becoming blue from inefficient blood aeration. They all have headache, intense and continuous, and may lie for several days in a stupor, taking no interest in surroundings, and only taking food when aroused. Terror and its hysterical manifestations continue, one arm or a leg, or both may be falsely and completely paralyzed. Speech and hearing slowly return. A stuttering utterance is common and the headache is everlasting.

At the war's outset these men were designated "sick," they are now considered wounded and are entitled to all benefits arriving to any soldier pierced by a bullet.