An analysis of the first 200 N.P. cases disposed of through this Unit since its opening Aug. 6/44 -- Aug. 21/44.

The admissions were from approximately 50 different Units which suggests at once that there is no endemic factor. The R.H.L.I. had 13 admissions, R.R.C. 12, Calgarys 10, N.N.S. Hldrs 9, Mais 8, Toronto Scottish 7, Essex 7 and other units varied from 5 to 1 admissions.

One or two regiments who had been under heavy stress had few admissions e.g. North Shore 3, S.D.H. Hldrs. 4. It is considered that the Unit M.O.'s of these regiments are in large part responsible for the few N.P. casualties admitted to this centre from their units.

It is evident from a study of the source of our N.P. cases that many of them did not pass through the forward neuropsychiatrists. 38 cases were received from the Exhaustion Centre (#1 Cdn. Exhaustion Unit). To explain this small number one must consider that during our peak load this centre was moving and many were evacuated directly to the rear. The Divisional Neuropsychiatrists referred 25 cases. There were 51 cases evacuated by F.D.S.'s, F.A.'s, C.C.S.'s, and the general Hospitals referred 37 cases (British and Canadian).

During this period under review this unit had approximately 76 beds available although another 30 beds were made use of pending delay in evacuations. We have been fortunate in having the full co-operation of the O.C. and OIC Med. 10 Cdn.Gen.Hospital and have been using one block in the Medical section to accommodate our patients. The A & D clerical work has been undertaken by #10 Cdn. GenHospital.

Most of the cases arriving at this centre have been out of action for a few days and many are cold and require only identification and recommendations for dispositions. This factor has permitted us to carry out a rapid turnover of cases.

Approximately one eighth (25) of the cases were treated by Major Allan Walters on a modified narcosis programme which treatment was varied from 1 to 5 days according to its merits. In many of these cases the results have been good. The acute manifestations of fear are definitely relieved. All have been returned to duty most of them limited duty after a recommendation for downgrading on their S factor.

Capt. A.N. Johnson has worked long hours sorting and identifying the usual run of cases. He finds after 12-14 cases in a 12 hour period the early symptoms of fatigue are onsetting.

The 200 cases have been disposed of in this manner:
(a) Referrals for downgrading 125
(b) Return to full duty 36
(c) Convalescent Depot rehabilitation 25
(d) Evacuation to U.K. 6
(e) Transfer to British Hospital and Dept. of Medicine 8

TOTAL 200

(A) Cases recommended for recategorization and returned directly for consideration by Medical Boards:
Psychopathic Personality 89
Psychoneurosis 30
Mental Dullness 4
Epilepsy Suspects 2

TOTAL 125

OVER
(B) Cases considered to have N.A.D. (N) and fit for return to full duty.
36.

(C) The only cases referred to Convalescent Depot have been those who require further training and rehabilitation and are likely to return to duty.
It is considered that many of our cases are best returned to some productive duty in as short a time as possible.

(D) Only six cases of the group under study, have been evacuated from this theatre by this Unit.

- Schizophrenia 1
- Prepsychotic Schizoid 1
- Uncinate Epilepsy 1
- Idiopathic Pleurisy 1
- Chronic Anxiety (overage) 1
- Fracture spine 1

(E) A number of cases required further study in General Hospitals for conditions which appeared to be organic.

In addition to these 200 cases briefly reviewed the medical staff of 1 Cdn. Neuropsychiatric Wing have examined and made reports on 85 soldiers admitted to #7 Cdn. General Hospital who have been considered or suspected of self inflicted wounds.

An additional group of 35 cases were examined at 2 C.B.R.G. prior to the arrival of the Reallocation Centre.

A small group of Out Patients have been referred and consultations have been requested by Medical and Surgical Divisions of 7-8-10 Cdn. General Hospitals.

In all, including the patients in hospital at this time we have reported on approximately 392, Neuropsychiatric cases. There were in addition 91 Surgical cases disposed of by our staff.

The procedure in handling these N.P. patients has been similar to that adopted by other Psychiatric Units. On admission the man is interviewed briefly by the Officer in charge and a decision is made as to whether he requires narcosis. The absence of injury is stressed and conformance to standing orders stressed. The premium of hospitalization is minimized as far as possible with those patients who only require sorting.

Demands for fatigues and necessary duties about the hospital area are made on us and men are supplied from our duty list to fill these demands. Approximately 30 men are thus effectively employed pending their disposal. It has been reported that men have been heard to say that they might as well be at work as do fatigues while in this Hospital. Such a reaction in our opinion is to be desired.

On one occasion we failed to discharge a patient (to duty) returned on his own and brought a friend which resulted in them being turned over to the Provost.

Through full co-operation of the staff the Unit appears to show increasing effectiveness as the time progresses. The morale of the group is high and all are enthusiastic.

Arrangements have been made to have our Nursing orderlies trades tested. Instruction is being given to those untrained personnel by one of the Nursing Sisters of 12 Cdn. Gen. Hospital. When the two clerk stenographers and the two hospital cooks authorized by our W.E. are provided four of the O.R's less suitable will be returned to 2 C.B.R.G.

OVER
By arrangement with O i/c Med. #12 and #2 Cdn.Gen.Hospitals medical specialists have been given the opportunity to assist at this unit and become familiar with the disposals. Thus the N.P. cases admitted to #2 and #12 and #8 Cdn. General Hospitals will be adequately handled. An arrangement with O i/c Med. #10 Cdn.Gen. Hospital is pending for one of his medical staff to be likewise instructed. So far #7 Cdn.Gen.Hospital is not covered for the handling of their psychiatric cases as far as we know.

Unless unforeseen increase in the incidence of N.P. casualties occurs the 200 bed expansion would seem to be adequate. Accommodation for Cdn. Officer N.P. patients is needed. At this time Cdn. Officers are being admitted to #32 British Psychiatric Hospital by arrangement with Col. Baechus and such arrangement has been concurred in by Col. Wight, A.D.M.S. Cdn. Section.

The psychotic thus far have been no problems. Only one has been seen in this centre and he was transferred #32 British Psychiatric Hospital pending his evacuation to the U.K. As long as evacuations are rapid these should present no real difficulty.

RECOMMENDATIONS.

1. That equipment provided by 1098 be made available as soon as possible.

2. That deficiencies personnel be made available as soon as possible especially clerk stenographers.

3. That some type of transport (jeep) be made available so that hitch hiking to and from consultations in other hospitals will not be necessary.

4. That consideration at this time be given for the promotion of Capt. A.M. Johnson to A/Major in that W.E. authorized same and that he is fully employed and qualified to do Neuropsychiatric work. It is considered that the consultant Psychiatrist Canadian Army Overseas would give his concurrence in this recommendation. This officer has given excellent service in this line of work for the past year in Canadian Army Overseas.

*************** RCA MC.
(G. Burton) Major
0 1/c #1 Cdn.Neuropsychiatric Wing.

COPIES TO: Consultant Psychiatrist 21 Army Group.
Consultant Psychiatrist C.M.H.Q.
Officer Commanding 10 Cdn.Gen.Hospital.
FILE