

# The Second World War: Shellshock to Psychiatry

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# Dunkirk Soldiers Cured by Hypnotism

## Remarkable Results

LONDON, July 30. — Soldiers back from Dunkirk have been cured of nervous disorders by means of hypnotism. Remarkable results were reported this week by Dr. William Sargent, well known London psychiatric specialist.

One patient puzzled the doctor. With infinite care he took the man back to the frightfulness of the hours on the French beach. Still there was no clue that might provide a basis on which to formulate a cure. Then hypnotic treatment was tried. Under hypnosis the soldier—a nervous wreck—gave Dr. Sargent a clear picture of his ordeal on the beach beside his soldier brother. The brother was mortally wounded. The soldier, heart-broken at the agony of his brother, shot him to hasten his death.

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Back home, subconsciously he was torturing his mind about what he had done, though he could not remember except under hypnosis. Knowing all, the doctor was able to reassure the stricken man, who was quickly restored to health.

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Behind these stories of successful treatment lies a scheme which the British War Office has instituted to mobilise psychological experts throughout the country for this work. Shell shock exacted a heavy toll in the last war... Today... the most advanced treatment, including hypnotism, suggestion, and other forms of psychotherapy are used...

They are [also] interested in prevention as well as cure. Every recruit undergoes a minor form of psycho-analysis at his medical examination to discover if he has any history or symptom of nervous disorder which might affect his discipline in the front line.

Thus, men who might crack up under strain, or, as in the last war, might run the risk of being shot for cowardice – in reality due to some neurosis – will be found in time.





THE STUDY OF SHELL SHOCK.

FEB. 13, 1915

A CONTRIBUTION TO THE STUDY OF SHELL SHOCK.

BEING AN ACCOUNT OF THREE CASES OF LOSS OF MEMORY, VISION, SMELL, AND TASTE, ADMITTED INTO THE DUCHESS OF WESTMINSTER'S WAR HOSPITAL, LE TOUQUET.

BY CHARLES S. MYERS, M.D., Sc.D. CAMB.,  
CAPTAIN, ROYAL ARMY MEDICAL CORPS.

THE remarkably close similarity of the three cases which are described in this paper is shown in the following synopsis:—

—	Case 1.	Case 2.	Case 3.
Cause... ..	Shells bursting about him when hooked by barbed wire.	Shell blowing trench in.	Shell blew him off a wall.
	Preceding period of sleeplessness.	As in Case 1.	?



SELECTION





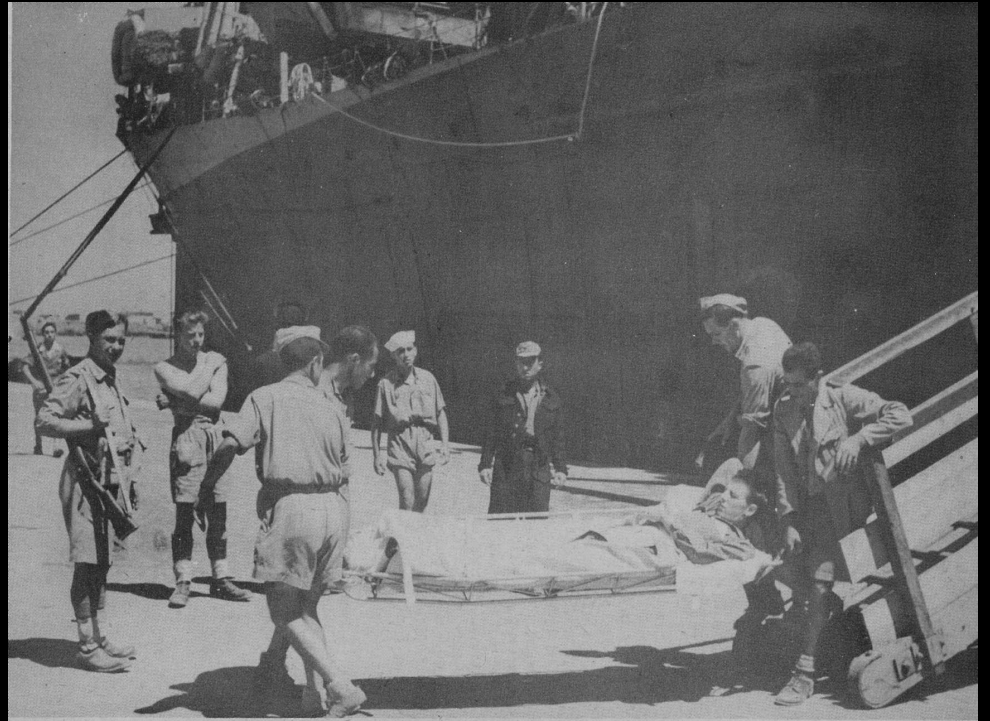
Examination: A tall, fair Belgian with little personality and few leadership qualities. He is a cautious depressive type, with little internal mental stamina, and has little ability to stand on his own feet. He may, therefore, at times appear moody and temperamental. He is very

dependent on others, and lacks initiative. He is not likely to inspire confidence in others. Though he is not lacking in guts, there is little of the fighter in him, and he has little capacity for an aggressive attitude. He is generally apprehensive, fearing the worst and is rather lacking in self-confidence. On the whole, he is ineffectual and in that he has not been a great success in life his life history bears this out. There is also a marked streak of nervous instability. He lives on his nerves, and though this may help in the short I do not feel he is likely to last any great length of time. In childhood he had many neurotic traits and has not yet completely outgrown these. His emotional self-control fluctuates, and he shows a fine nervous tremor of the fingers. His social adaptation is poor as he is a lonely restless type. His morale is not high and he appeared to me to lack enthusiasm and zest for the work. He is at present worried over his wife and sees in the work of the organisation a chance of getting money to her. Further, he feels that by working for the organisation now he has secured for himself a post-war job on shore with his wife. He is full of "arriere-pensees" and his main attitude to us is "What can the organisation do for me?"  
Recommendation: I do not recommend that he should be used in the field. If, on account of shortage of man-power, he has to be used, it should be in some technical work as a weapon or sabotage instructor since these are both subjects which interest him.

Arrested on 14 Sep 43, whilst returning from inspecting a landing ground. When interrogated he stated that he was a deserter returning from Portugal. Was sentenced to 3 months' imprisonment because his papers were not in order. Imprisoned at LOUVAIN and MERXPLAS. Was sent to France, escaped from the train, and went home. Tried but failed to contact London. In July 1944 he came across a German Patrol and, convinced that they were after him, took to his heels and was shot - by mistake according to the Germans. Source of the above information is his mother.



TREATMENT



‘Every form of psychotherapy was used, persuasion, suggestion, reeducation, analysis. On occasion a man might be “dressed down” in public, but at the same time another man would be singled out for praise and encouragement. Only the psychiatrist was permitted to use the more aggressive forms of persuasion, but in certain cases, it undoubtedly had the desired effect.’

Lt Col Harold Palmer (1943)

‘In psychiatry, almost everything depends on the basic personality of the patient. Thus one can afford to evacuate a good man early, knowing that he will return to the unit with high morale, having clearly benefited from rest and treatment. The poorest human material is like a cheap car, which must be run to the limit and then discarded.

The psychiatrist cannot make good fighting men out of inadequate individuals. These should be sent back [i.e. evacuated] only when they become a positive embarrassment.’

Lt Col D G Hunter (1944)

‘Hysterical screaming and jabbering can often be stopped at once by means of a sharp command, a gallon or two of cold water, or the abrupt application of the flat of the hand to the side of the face. These are to be regarded as common-sense forms of first-aid.

There is no treatment for ‘Poor Moral Fibre’ beyond such rough and ready measures as can be administered on the spot. Detention is accepted as a rest cure. A firm insistence on the proper performance of duties in the line, reinforced by whatever sanction ingenuity can devise, is always salutary, both to the individual and to others.’

Lt Col D G Hunter (1944)

