Chapter 16

Psychiatry in the R.A.N.

At the end of 1943 a report was received in Australia on the work of a United Kingdom Committee of Psychologists and Psychiatrists in the Services, which considered selection problems in the Royal Navy and offered expert advice on the use of an approved battery of psychological tests. The battery included a variety of verbal and non-verbal intelligence tests, as well as specific tests to disclose special aptitudes.

While psychological tests were used as an aid to officer selection in the Australian Army in the later periods of the war, an official communication from the Navy Board to the Prime Minister's Department following the report on the U.K. committee disclosed that no special psychological tests were carried out before recruitment into the R.A.N. In view of the comparatively small numbers in the Service and the fairly wide field of choice open to entrants, the need for them seemed doubtful. However, while selection had not been reduced to a system, the volunteer nature of the Service and the acceptance of recruits for particular branches tended to lessen the possibility of men finding themselves in categories to which they were unsuited.

In view of the great distances covered by ships on service it was not practicable to employ purely naval psychiatrists, and only one R.A.N. medical officer was a psychiatrist. When questions arose concerning the treatment or retention in the Service of men with mental affections decisions were made by the Boards of Survey in the light of expert psychiatric recommendation, which was usually supplied by civil or army psychiatrists. Later, as army organisations in the field expanded, added facilities also became available to the navy.

After entry, men employed in ships at sea, and to a less extent those in some shore establishments, lived in an almost closed community, which gave their executive and medical officers opportunities for close observation. Apart from cases of psychosis, which will occur in all communities, and mental unfitness arising from defects in make-up or poor background, the factors responsible for neurotic affections could often be assessed by medical officers, particularly after they had acquired operational experience. A Technical Instruction on psychiatric first aid was also of value in making assessments. It described the common types of neurosis, stressed the need for carrying out a thorough examination and taking a full history, and set out the appropriate treatment in each case. In sending men to hospital during the early stages of a "battle" or "tropical" neurosis there was always the risk that the foundation might be laid for a chronic illness, and therefore, while there was need for prompt treatment, it was preferable that it should be begun in the sick bay.

Reference has been made to service in the tropics as a cause of physical and mental fatigue. When the environment was one of continuous heat,
and when this discomfort was multiplied by enforced blackout in dangerous waters, and consequent poor ventilation, strain of mind and body were to some extent inevitable. Tropical service *per se*, however, has probably been exaggerated as a factor in psychiatric disorders. There were other factors, such as the fear inseparable from the trials of aerial attack, domestic anxieties and discontent engendered by monotony and lack of leave and other amenities. In fact, the most uncomfortable and even dangerous surroundings were cheerfully borne over long periods when men were inspired by the challenging nature of their duties and by leadership of a high order. It was noticeable that complements of R.A.N. ships in the Mediterranean in 1939-41, though warned at the outset of their tour of duty that monotony would be their portion, maintained an excellent morale. On the Tobruk run, even when there was the added burden of patients in fighting ships, no complaints were heard. Again, it was possible for 300 men to live in the tropics on board an 1,800-ton destroyer like *Arunta*, with only one period of leave in a year, without loss of spirit. Numbers of medical officers, however, pointed out that it was desirable that sea-going service should bear a more or less fixed ratio to the period of total service. More than once it was found that some of the older hands could be relieved in their own interests and that of the Service. It was further noted that outbreaks of minor illness were more likely to depress the spirit of men who were psychologically tired.

An interesting survey of engine-room ratings with service of four years or longer was carried out by Surgeon Lieutenant H. B. Holmes in Darwin. Numbers of these men showed signs of anxiety states, including loss of appetite and weight, sleeplessness, and trembling of the hands. Holmes found that an undue proportion of them had had long sea service, which put them "out of phase with their surroundings ashore" even when they had leave. There seemed reason for believing that anomalies of drafting had made certain men display strain which was less evident in others more fortunate. Such physical factors as a good diet and good accommodation were also important in maintaining mental fitness, though these could not always be attained in ships at sea, particularly with the increased complements demanded by modern naval warfare. Many examples could be quoted, from the larger ships as well as the smaller. In H.M.A.S. *Canberra* the quality of food and availability of good amenities were noted to be significant in maintaining a high degree of mental health among the men. In H.M.A.S. *Perth* during 1941 the importance of rest was recognised, and an opportunity to give some of the men even a couple of days in a rest camp was found of great value.

Action conditions could precipitate mental breakdown. Shock and exhaustion states due to strain, chiefly though not solely mental, were observed both during and after action. Surgeon Commander J. M. Flattery described two contrasted types of neurotic casualties seen in *Australia*: those apart from action and those due to action exhaustion. He observed, as have other medical officers, that the latter kind often occurred in men of the type better than average. During the Leyte and Lingayen actions
the provocation to breakdown was extreme, as the ship was twice severely
damaged and on one occasion was exposed to Japanese kamikaze attacks
over a period of five days. All on board had an acute consciousness of
being subjected to a new type of warfare, the suicide bomber. There
was a fearful atmosphere of uncertainty. The men felt that their ship
was singled out for special attack—a counter-attack on Australia in a
double sense. Even if an enemy plane were 50 miles away, they were
convinced that, among dozens of ships, it was coming straight for their
own. After these assaults many exhaustion states were seen: men lost
their grip, and cried out that they could stand no more.

In such circumstances it was difficult to treat large numbers of serious
injuries and mental casualties as well. Prompt treatment was given, how-
ever, and it usually brought good results: the men were reassured that
they had done their job faithfully, and an injection of not less than \( \frac{1}{2} \)
gram of morphine was administered hypodermically, a lesser dosage being
considered useless. Later, bromides were administered to some patients in
doses which Surgeon Lieutenant A. H. Robertson said he would have
described as huge in other circumstances. Once safer waters were reached
nearly all these men could be returned to duty and most of them made
good recoveries, but some could not resume work until 14 days after the
attack. Flattery described 30 cases of this dramatic type of nervous
exhaustion, and noted that most of them occurred on the fourth day of
the Lingayen action. It will be noticed that this series of disturbances
had a common origin, and were of an “infectious” nature.

Other instances of neuroses were seen at different times in different
places: one may be mentioned by reason of its unusual cause. In February
1945 Nizam unexpectedly made a deep roll, recorded as 80 degrees; 10
men were swept overboard and lost, and one was injured. Surgeon
Lieutenant A. R. Woolnough reported that numbers of men were affected
by nervousness and insomnia as a direct sequel. Considerable sedation
was given, to which they responded well, but evidence of the shock could
be traced in some men for a considerable time. In these instances there
would seem to have been a prolonged mental upset which retraced the
alarming event.

The air raid on Darwin had produced similar features: the sudden
alarm and severe damage, the group nature of the disturbance, and the
unleashing of the psychic forces which call for emotional reactions, espe-
cially those of flight. Surgeon Lieutenant S. A. Sewell reported that medical
officers were concerned by the number of psychological casualties, and
he described as unfortunate the fact that the air raid shelters under the
houses offered but limited protection. Those using these shelters could
not see what was going on, and would have been much better and steadier
if they were actually watching the raid.

A point to be remembered in assessing the results of dangerous threats
to life and safety is that members of a disciplined Service should have an
advantage, especially when they belong to an enclosed community, from
which mutual help and strength can be drawn.
There is little to be said specially about psychotics in the navy. The patients seen followed the patterns observed in the army, and were in general, in accordance with the established organisation, transferred to army establishments. In New Guinea the problems of evacuation of psychotic patients to the mainland were the same as those encountered by the army medical corps. It was found necessary to retain and treat these men long enough and in such fashion as to minimise the risk and difficulty of air transport. Some naval patients were evacuated direct by air from shore installations; others were retained at the discretion of the army medical officers, and treated by cardiozol therapy before evacuation.

The states observed in survivors of shipwreck are described elsewhere, but as the experiences of the R.A.N. Medical Service were relatively limited compared with those of larger Services, further brief mention may be made of this form of traumatic war neurosis by reference to the problems of the Merchant Navy, whose seamen sometimes presented signs of emotional disturbance after the sinking of the ships in which they were serving. A most informative study was made by the psychiatric division of the department of neurology of the Mount Sinai Hospital, New York. Some of the men rescued after the sinking of their ship did not return to sea-going service; others, apparently recovered from what was often a dreadful ordeal, resumed their previous occupation. By voluntary interview it was possible to explore the mental state of numbers of the latter group, and to correlate to some extent their background and experiences when their ship was sunk with the psychological reactions which were observed in 75 per cent of them. The Mount Sinai findings emphasised that all rescued men were medical casualties, some with persistent and haunting memories from which might arise emotions of rage or guilt. They had to be handled with sympathy and gentleness, for early misunderstanding of their emotional reactions could well inspire a suppressed anger difficult to alleviate. The importance of mutual aid and first aid was stressed, and useful recommendations were made concerning the need for ship's drill, so that abandoning ship in darkness could be facilitated by pre-knowledge of the techniques of escape.