Mental Health during the Great War- Seen through the Prism of a Local Institution

Dorset History Centre holds the archive of the Dorset County Lunatic Asylum, covering the period from 1829-1989. The archive includes patient records, committee minutes, accounts books and plans of the hospital, amongst numerous other documents. Patient records are protected from public view for 100 years.

Dorset's first County Asylum was housed at Forston House, which had been donated by a local M.P., Frances John Brown. When the asylum opened in 1832 it was able to house 60 patients, but despite considerable extensions over the years proved too small. Consequently 55 acres of land were purchased at Herrison in 1860, for £5,710. The new County Asylum opened on the site in 1863 with 300 beds available for patients.

The Herrison Hospital finally closed its doors on January 10th 1992, after nearly 130 years of use.

We have examined the Inspectors’ Reports for the Asylum which were produced during the Great War, and a Medical Superintendent’s Report. A summary of these documents can be read below.

Report of the Commissioners of the Board of Control, Dorset Asylum, 9th July, 1915, written by L.L. Shadwell and A. Rotheram (1 page)

This report makes no reference to patients being admitted suffering trauma from the War. Total admissions since May 1914 were 343. Indeed, at this time, there are more female than male patients (590/510), totalling 1,100.

However, the War does appear to be impacting the Asylum in practical ways in that 109 patients had been transferred from Bristol Asylum, the latter having been converted into a War Hospital.

There is also a mention in the last paragraph concerning the male staff. One member of staff had been called out to become a reservist and four or five others had left to get employment as munitions workers.

Report of the Commissioners of the Board of Control, Dorset Asylum, March 9th, 1916, written by F. Needham (1 page)

Again, this report makes no specific reference to service personnel being admitted to the Asylum. Total admissions since the last visit were 168. As before, some patients
had been transferred from the Asylums at Bristol (108) and Middlesex (50) under a
war contract, since those facilities had been converted into Military Hospitals. There
is still a higher ratio of female to male inpatients: 598:526, totalling 1,124.

Regarding staff, the report states that, “Since the war began 2 Assistant Medical
Officers, a Clerk, 2 Stokers, and 21 male Attendants have gone on military service”.

Report of the Commissioners of the Board of Control, Dorset Asylum,
October 4th, 1918, written by A.H. Trevor (4 pages)

The report begins by stating that there had been a lapse of 19 months between this
report and the last, a considerable period of time, which may have been due to the
impact of the War on the number of Board Inspectors available.

During this period there were a total number of 483 admissions to the Asylum: 236
men to 247 women, with inpatient numbers at 522 males and 636 females, totalling
1,158 patients.

However, for the first time, this report makes reference to 46 “Service patients”
amongst the inpatients. The Asylum had taken in a further 150 patients (75 of each
sex) from the Borough of Portsmouth after it had been converted into a Military
Hospital, 26 of whom were “Service patients”.

There is no further mention made of the diagnosis of the military patients, nor to their
treatment and rehabilitation.

However, it does seem that the War and the increase in inpatient numbers due to
patient transfers were having a considerable impact on the running of the hospital.
The report mentions the asylum’s admittance of “service patients” from surrounding
asylums, as follows:

“The result of this patriotic action has necessarily been somewhat to over-crowd the
Asylum some of the day rooms having had to be converted into dormitories while
beds have had to be placed in some of the Ward Corridors.”

The report continues that this did not badly affect patient amenities and that most of
the private patients were comfortably housed, “apart from the ‘Service’ patients”, who
may have been enduring the over-crowded conditions. (p.1).

Furthermore, according to this report, “the arrangements for the accommodation of
so large an increase of patients have considerably added to the difficulties of Dr
Peachell and the Medical & Nursing Staff”.

The number of attendants had been “considerably depleted owing to War Service
and at the present time much difficulty is being experienced in obtaining the services
either of suitable Temp[ar]y Attendants or of young women who are ready to enter
Asylum Service”, (p.1).

On page 2 of the report, it is stated that, despite causing some “anxiety”, dietary
rationing had in the main been well dealt with by the Asylum staff, and the patients
were showing no ill effects.
Compared to previous reports, staff numbers appear to have fallen, in particular the number of female nurses, more of whom needed to be recruited.

Finally, the report praises the medical staff and the head doctor, Dr. Peachell, “on the manner in which he is administering the institution in times of considerable difficulties”, (p.4).

Annual Report of the Medical Superintendent for the Year 1918, written by G. Ernest Peachell (8 pages)

This report is written by the head doctor, or Medical Superintendent, of the Dorset Asylum, Dr. Peachell, who was mentioned and praised for his good work in the last Board of Control Report of October 4th 1918. The fact that it is written by a medical practitioner having regular face to face contact with mental health patients makes its contents more pertinent, and the views of Dr. Peachell are indeed revelatory as to thinking on mental health at that time.

Firstly, the total number of patients admitted to the Asylum was 338 (173 males and 165 females), including 165 transfers from other mental hospitals, such as Bristol, Portsmouth and Middlesex Napsbury “under the War Office Scheme for the evacuation of these asylums for Wounded Soldiers”, (p.1). In fact, “in July at the urgent request of the War Office and the Board of Control 150 patients, 75 of each sex, were received from Portsmouth Mental Hospital which was taken over by the United States Authorities as a Base Hospital for their wounded”, (pp.1-2). The report compares the number of inpatients on January 1st and December 31st 1918, during which time the total number of inpatients rose from 1,043 (476 males and 567 females) to 1,071 (462 males and 609 females), including an additional 35 private patients. This was due to the “large admissions of Service Patients, who are considered legally to be Private Patients, and of whom there were 44 at the end of the year”, (p.1). It is noteworthy that this is the first report in which more male patients are admitted than female, although the overall number of female inpatients still exceeds the number of male.

However, the most interesting parts of Dr. Peachell’s report concern his observations on the cause of mental health problems, aids to patient (in particular, former soldiers’) recovery, his thoughts on the necessity of changing public perceptions of mental health disorders, and his desire for the establishment of a better system for the provision of mental health treatment in general.

On the second page of his report, Dr. Peachell first of all states how the transfer of patients with long-term conditions and already undergoing treatment from one institution to another is “not favourable” and diminishes the patients’ chances of recovery (p.2). Certainly some ‘service’ patients must have been amongst those transferred, particularly from a naval city such as Portsmouth.

He then continues to make specific reference to the treatment and recovery rates “of the large number of soldiers broken down mentally, owing to the stress and the diseases incidental to war”. He notes that “the recovery rate for these soldiers has been very high in the treatment, without certification, in special War Hospitals with highly trained and adequate staff”, (p.2). Specifically,
"In these hospitals the great aids to recovery are:-

(1) Early skilled treatment including psychoanalysis.
(2) Freedom from certification.
(3) Much liberty, parole being freely granted.
(4) Knowledge that their trouble was understood and that they could get the help of not only mental experts, but of the physician and surgeon for their physical diseases or supposed diseases.
(5) Non-association with Chronic Cases", (p.2).

The majority of soldiers suffering from ‘shell shock’ or ‘Post-Traumatic Stress Disorder’, as it is now termed, were treated in separate specially-established War Hospitals in which the high standard of treatment was targeted to their needs. It is therefore unlikely that the Dorset Asylum treated a vast number of ex-soldiers as in-patients; only 44 are mentioned, as above.

In addition to these important observations regarding the treatment of ex-soldiers, Dr. Peachell also comments on the need to provide a similar high standard of care for non-soldiers:

“Surely civil patients should have similar opportunities for early skilled treatment, which in very many cases would avoid the necessity of legal certification, and often life long mental disablement to the great cost of the Rate Payers. The present mental institutions would then only have to deal in the main with Chronic Cases and those in whom there was little chance of recovery”, (pp.2-3)

Dr. Peachell’s remarks chime with modern thinking in a number of ways. Firstly, he confirms the value of early intervention in treating mental health disorders before too much damage has been done; secondly, he is calling for patients not to be legally certified (‘sectioned’ in today’s terminology) except in extreme cases. He recognises the advantages of patients being able to leave the hospital environment for limited periods; and foresees the benefits to the public purse, as well as for the patients themselves, of not institutionalising people afflicted by mental health disorders who have a decent chance of recovery.

It is also obvious that Dr. Peachell favours the education of the public in mental health matters:

“The general public need enlightening to realise that mental disorders are not something different and apart from ordinary diseases to be viewed as a Stigma on the Family, but are often associated with, or, caused by, diseases, such as Syphilis, Influenza, Tuberculosis, Alcoholic Poisoning and other Toxic Conditions, and that to promote rapid recovery skilled treatment in suitable environments should be started at the earliest possible moment", (p.2).

On page 3, Dr. Peachell expands his thinking on the causes of mental health problems in addition to how they can be recognised early on and better prevented and managed:

“Mental Disease is in the main the result of Heredity, Stress, Disease and Environment and usually more than one of these factors determine its onset. Careful
guidance in early life by the parents and the doctor of the nervous child or those coming from a neuropathic stock, guidance by the School Medical officer, the avoidance of strain and ill health in school-days, and later the proper selection of work and environment and education as to the danger of unsuitable marriage and the avoidance of preventable diseases, would save many from nervous and mental breakdowns”, (p.3).

It is also clear that he believes that the Ministry of Health has a responsibility to bring about such changes and improvements:

“It is hoped that the Ministry of Health will urgently bring these matters to the notice of the General Public and do their utmost, not only for the mentally afflicted, but for those who may become mental patients through no fault of their own”, (p.3).

In most respects, and despite his use of some out-dated terminology (and possibly his endorsement of psychoanalysis), Dr. Peachell’s thoughts, observations and recommendations in this report are very consistent with modern-day approaches to the perception and treatment of mental health problems. Early intervention, public education and treatment in the community, where possible, are all staples of current psychiatric practice.

Indeed, it appears that what Dr. Peachell is advocating in his report, which is beyond the remit of his assessment of the Dorset Asylum, is an overhaul of the whole mental health system of the time:

“When this [i.e. public education and early intervention] is realised and the Lunacy Acts amended, - and there are good hopes of this is in the near future – it will be possible to establish a system of out patient clinics and mental wards attached to all General Hospitals of any size, to which patients may come without delay for advice and treatment in the early stages”, (p.2).

In fact, the implication of Dr. Peachell’s recommendations here is the eventual closure of the asylums, which did not occur until the 1980s and 1990s. Whether his views were shared and endorsed by his contemporaries is not known, but it is likely that Dr Peachell’s thinking was considerably ahead of his time. Indeed, even today, some of his useful recommendations for mental health provision in general hospitals, such as the current need to recognise patients in mental distress in Accident and Emergency Departments and refer them for swift treatment, are still not in place and remain matters of concern for mental health campaigners.

It should be noted that under the title “Discharges” on page 3, Dr. Peachell is saddened by the Board of Control’s Report of 1918 in which they refer to the “percentage of Recoveries to Admissions” as “the lowest ever recorded in our Statistics”, being 27.14% (22.75% for males and 80.91% for females). The male recovery rate is certainly extremely low.

Other points of interest include the high mortality rate for the Dorset Asylum over the preceding 12 months: total 216, 129 males and 87 females, making the death rate 20.33%. Dr. Peachell notes that this was no different to other public asylums in 1918. The “extremely high mortality” was attributed to several extraordinary factors, some of which can be linked to the impact of the Great War, including:

“reduced supply of food, overcrowding, inadequate staff, the pandemic of Influenza, reception of many debilitated patients from Portsmouth with Tuberculosis and other
It is important to remember how serious the Influenza outbreak was at this time and how, alongside wartime demands, it must have impacted the running of institutions like the Dorset Asylum. Dr. Peachell states that “in the latter part of October, November and early December there was a very severe epidemic of Influenza which caused grave anxiety and difficulty. Over 200 patients and Staff were affected at the Main Building, at one time the majority of the Female Staff were down with it”, although “fortunately none died”, (p.5). The situation was better at Herrison, with only 4 mild cases among the male staff and no male patients contracting the disease. In total, however, across the whole Asylum, “27 deaths were directly due to Influenza and in many other cases it was the indirect cause or the starting into activity of quiescent tuberculosis”, (p.5).

Staff shortages were an increasing and ongoing concern for the Asylum over the year, particularly as nurses fell prey to the Influenza outbreak. In this respect, Dr. Peachell “thanks[s] all the Officers and Staff, including the Temporary Male Staff and the Portsmouth loaned staff, for their loyal and efficient assistance and especially for their splendid work during the Influenza Epidemic”, (p.6).

Finally, on the last page of his report, there is a poignant reminder of the seemingly distant Great War that was raging outside the all-consuming concerns of the running of the institution. Dr. Peachell regretfully reports that “8 members of the Staff were killed or died on Active Service in the Great War, including Att. W. Stovey, who died at Aldershot in October from Influenza to the regret of all”, (p.8). He states that a Roll of Honour is appended to his report, but it is unfortunately missing from the archive.

Dr. Peachell concludes by thanking “the Chairmen and Visiting Committee for their kindness, support and encouragement, without which I feel that I should not have been able to overcome the exceptional difficulties and stress of this last year of the Great War”, (p.8).

In conclusion, this report written by Dr. Peachell, as the Medical Superintendent of the Dorset Asylum in the year 1918, affords us a fascinating window into the running of such an institution and the problems faced due to war and disease. Furthermore, it provides an important insight into the views and foresight of a psychiatrist of the time on the best way to help both ex-service personnel and civil patients recover from mental illness. Many of Dr Peachell’s recommendations were not to be implemented for many decades to come.