## SHELL SHOCK REVISITED

THESIS SUBMITTED FOR THE PARTIAL FULFILLMENT OF M.Sc. DEGREE IN PSYCHIATRY AND NEUROLOGY

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1987

### ACKNOWLEDGEMENT

First and foremost, thanks are due to GOD, the most beneficial and merciful.

I feel much honoured to express my indebtedness and supreme gratitude to Professor Dr. SANIHA ABD EL-MONEIN.

I would like to express my supreme gratitude, respect and deep appreciation to Professor Dr. ABD EL-MONEIN ASHOUR, for spending much time in reading the manuscript and giving helpful, suggestions; encouragement and his kind and keen supervision throughout this thesis. I would like to thank Dr. MOHAMAD REFAAT AL-FIKY, for his continuous help.

I also wish to express my thanks to all EGYPTIAN PSYCHIATRISTS, for the aid they have given.



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INTRODUCTION

#### INTRODUCTION

Shell shock, is an ancient term used during the World War I (1914 - 1918) by the British and the French, which reflected the frequent association of the syndrome with artillery fire and the assumption that some degree of brain damage was involved. This term passed through chronological terminological steps before and after the World War I, hence nowadays called post traumatic stress disorder.

Post traumatic stress disorder is a disorder occuring after a psychologically traumatic event generally outside the range of usual human experience. This traumatic event is so stressful that it would cause significant symptoms of distress in almost anyone; examples of such traumatic events include natural disasters (floods; earthquakes); accidental human-made disasters (car accidents; airoplane crashes); and deliberate man-made disasters (bombing; death camps). This disorder appears to be more severe and longer-lasting when the traumatic event is a deliberate man-made disaster; such as war.

Post traumatic stress disorder is a disorder that has long been recognized in clinical psychiatry. but for which official recognition has been minimal, late in arriving; and long overdue. Acute and chronic stress syndromes occuring after severe physical and emotional traumata are a major public health problem and have significant medicolegal implications.

This syndrome then considered to have its own precipitating factors; its own clinical picture; its own psychopathology as well as its own management. Thus, the Egyptian military psychiatric team believes that it is a well defined nosological entity.

# AIM OF THE WORK

### AIM OF THE WORK

Is to clarify the disputed opinions that were discussed about this illness through the recent papers, mainly the American Papers, that have been published following the Vietnam War. Then we are going to discuss the nature of this disorder with the hope of finding the main criteria that make this syndrome a separate wholestic integrated illness, whatever the discrepency of the different clinical pictures and multiplicity of symptoms.

Finally, to put the main and accurate lines of treatment and prophylaxis, hoping to minimize the numbers of evacuees in the battle and to minimize the severity of symptoms and the suffering at the chronic cases.

# METHODOLOGY

### METHODOLOGY

This study depend on two sources:-

1. The papers that have been published during and after the Second World War; Korean War; and the Vietnam War.

Since the American troops at Vietnam faced much evacuated psychiatric casualties, many researches discussed mainly the profiles of personality that were more prone to develop this illness, and to put the lines of management and prophylaxis to minimize the number of evacuees from the battle field and to increase their morale.

2. Personal communications with the Egyptian Military Psychiatrists and other psychiatrists who spent few years working in this field, and to get from them directly their opinions and experience regarding the personality predisposition, other pricipitating factors; clinical presentation of the evacuees at the battle field, their own direct management, the prognosis for cases in the future; and finally to get their opinions about how to minimize the number and severity of symptoms of the evacuees as much as possible on one hand; and to increase their morale and make our military men efficient before, during, and after the battle.

# HISTORICAL PERSPECTIVE AND TERMINOLOGY

### HISTORICAL PERSPECTIVE AND TERMINOLOGY

Behavioural abnormalities following trauma are coeval with humanity itself. No less than modern humans, peking and cro-Magnon man unquestionably were exposed repeatedly to danger, both real and imagined and experienced emotional reaction to trauma. Thunder, lightening; and other unexplained phenomena and more concrete threats from the environment; such as vicious animals and pugnacious fellow human beings. However, even it would seem probable that some survivors of these environmental traumata suffered from certain behavioural abnormalities, which were latter on called post-traumatic stress disorder (Scrigner, 1983).

Trauma as a psychiatric term is borrowed from ancient Greek surgical terminology, meaning an injury stemming from the penetration of the body defence (intactness) such as skin (Kottler, 1986).

Charcot; believed that traumatic neuroses were psychogenic in origin, while Freud. (1921) saw in

psychological trauma an analogy to the surgical concept, an event of such enormous emotional intensity that it breaks through the ego defences and floods it with an uncontrollable anxiety. (Bleich, 1986).

Although the term post-traumatic stress disorder is a new one, the definition and description of the disorder draws on the earlier concepts of GROSS STRESS REACTION and TRAUMATIC NEUROSIS. The term TRAUMATIC NEUROSIS, was first used in the late 19th. Century by Oppenhiem, who recognized four separate syndromes occuring in patients, who suffered injury including TRAUMATIC NEUROSIS, ORGANIC SYNDROME, HYSTERIA AND NEURASTHENIA (Keiser, 1968).

During the American Civil War, (1861 - 1865); medical recognition was given to the nonpsychotic emotional disorders of war. They were classified under the general diagnostic term NOSTALGIA reflecting a belief and an implicit moral judgement that the disorder were largely due to home-sickness in persons lacking sufficient character to adjust to the requirement of war time. (Menninger 1948).

During the Russo-Japanese War (1904 - 1905), the Russians used the diagnostic term **HYSTERIA** and