

The N. P. Patient (1944) - TRANSCRIPTION

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UNITED STATES NAVY TRAINING FILM

CARE OF THE SICK AND INJURED BY HOSPITAL CORPSMEN

THE N. P. PATIENT

These are the wounded, sick and injured of the Navy. They are being taken from wherever they were hurt or fell sick to naval hospitals where they will get the best possible medical care.

These men are suffering with everything, from wounds and burns received in battle, to broken ankles from falling off a ladder cleaning windows. Some are sick from physical causes, like heart trouble or pneumonia. Others are just as sick from mental causes: the N. P. or neuropsychiatric patients. All sick people require treatment. Right now, you are chiefly interested in the treatment of the mentally ill.

These men are being admitted to the N. P. ward. For the most part, they appear more or less normal. But if you look carefully, you will notice that some of them show definite signs of their illness. These patients are really sick. Otherwise the doctors would have never sent them to the hospital. As hospital corpsmen, you will help in the treatment of many types of mental illness. And each one requires a different approach.

"All right, Miller, let's have your wristwatch and wallet because we're going to give you a shower.

- I lost my portable radio already.
- Well, all your stuff will be put in this bag which is numbered and then kept in a safe locker. Everything you leave with us is listed right down here. So we have a complete record.
- But what about that radio?
- Oh, well, I'll make a note of that right now and I'll have the chief send out a tracer on it. And now, Miller, let's get that uniform off. A shower will feel good after three days on the train."

Treatment of an N. P. patient begins from the moment he arrives in the admitting room. Everything that is done for him makes him feel that the people in the hospital are friendly and want to help. Your manner, approach and the way you handle N. P. patients is of great importance. Remember, they are more sensitive than those who are physically ill.

"Right this way. These are the papers on Miller, sir.

- Thank you. That's all.
- Have a chair.

Your name is Miller?

- ...
- How are you feeling, Miller?
- Terrible. I didn't sleep for three days.
- Well, we'll try and help you get some sleep here."

This man looks dazed and slowed down, a condition which can develop either in boot camp or in combat. You've been in the dumps too, but you've always managed to step out of it because that's normal. But this man can't without help anymore than he could set his arm if it were broken or take out his own appendix. A smart corpsman can give him that help and start him on the way to recovery.

"How about some chow?

Oh, come on. Looks pretty good to me.

- I shouldn't be here. I should be back with the ship. I have no business here.
- You know, Miller, the quickest way to get back to the boys is by eating your chow. Tastes good. Here, try one. Come on, try one. Tastes good, doesn't it? Try some milk now.
- I got to get back to the ship.
- Sure, but the milk will taste good with those spuds."

This corpsman is doing a darn good job. He is firm but kind so as not to irritate the patient. The next time, it will be easier for both of them. And the patient has made another step to recovery.

While Miller's having his first real meal in days, let's get a few things straight about N. P. patients. First of all, the patient is never "batty" or "nuts". He is sick and must be treated as such. Take Miller. He isn't stubborn or unreasonable because he doesn't want to eat. That's just a symptom of his particular illness and the corpsman uses the right approach. Not all N. P. patients will be the same. There are many different types of mental illness, and we're going to show you a few you will be seeing most.

Some will be slowed down like Miller, others tense and on edge like cases of psychoneurosis or combat fatigue. You will see the unreliable psychopath, the very depressed suicidal patient and the catatonic. Some may be mixed-up and excited, others overactive with more energy than they can use. In each case, the symptoms will be different and all require different treatment.

It is the corpsman rather than the doctor who will be with the patient most of the time. And for that reason, the corpsman must know his patients, watch their behavior and report anything unusual. The corpsman is the eyes and ears of the doctor.

Here is what I mean:

"How did Harris get along last night?

- I'm afraid he didn't get much sleep, even with the sodium amytal you prescribed. He seems oftly restless and confused this morning.
- Better have him see me the first thing after sick call.
- How's Miller today?
- He's getting along fine, sir. He ate everything we gave him and wanted more."

Information about the patient's behavior is being given to the doctor so he can follow the case closely. Take Miller for instance: the doctor is now ordering him a needle shower and spray and hydrotherapy as part of his treatment.

“Step back a little, will you, Miller?”

There is another type of patient you will see, and probably quite a few. Some will be in hospitals but most will be treated in naval convalescence centers. This type of patient may not seem particularly sick to you but he may be a psychopath, a case of psychoneurosis or combat fatigue. This kind of patient is usually tense, nervous, jittery and often makes a tough problem to manage. Take combat fatigue for example.

“Get up, Mac, get up!

- What the hell do you think you're doing?

- You're supposed to hit the deck with the others. I'm here to see that you do.

- What's the trouble?

- This jerk is trying to get me up. You know I can't sleep nights. And when I finally do fall asleep, he tries to push me out, for God's sake!

- Now, take it easy, fella'. Al here is new. He won't do it again. But don't forget, you're still in the service and we've got rules here whether we like it or not. Besides, you're going to get well a lot quicker if you follow the game. Now, get out there with your mate, you've missed breakfast already.

- I don't see why we have to baby these goldbricks.

- He's no goldbrick. He won a unit citation. You don't have to baby them. Just use your head. Now, watch this.

That may help. Time to get up, Ed. Ed, time to get up!

- What's the matter?

- Why, everybody's up and out! You've missed breakfast.

- Oh, nuts!

- If you hurry, you can get a cup of coffee.

- Maybe you've got something there.

- They probably couldn't sleep last night. Lots of things our patients do here seem like plain goldbricking and bellyaching but they're not. They're symptoms of whatever they've got.

They may act nasty and insulting at times but just keep your sense of humor. And don't forget: if you get tough with them, they'll make your job that much harder.

- Now, I guess you're right.

- Same goes for the psychopath. He can be a real trouble maker and requires plenty of watching. I nearly got fooled by one yesterday.”

“Hello, Bob, check me out, will you?

- Why, sure. Have you got your liberty pass?

- Well, er, Dr Adams said he'd have someone leave it for me at the main gate. I just saw him.

- He said it'd be all right?

- Sure! Till 6 tonight. I'll get to see a double-header (...)

- Just a minute, fella'. I've got to check with Dr Adams.

- Oh, Dr Adams won't be in his...

- Hello, Dr Adams? This is Davis, in ward 7, sir. Did you tell Kern he could leave the hospital today, sir? I see. All right, sir. Sorry, Dr Adams says no.

- I don't understand it. I just left him. Now, who the hell does he think he is anyway?”

Well, that patient was a pretty good liar, but a little challenged when he was caught. You've probably seen psychopaths just like that, outside of hospitals too, because there are lots of them. And lying is only one of their symptoms.

One of the most important parts of the corpsman's work is the protection of patients, sometimes from others and sometimes from themselves. If the patient is depressed enough, he may even attempt suicide. That is why he may be put in a room with a special watch, not for punishment but for protection.

"No use, no use going on. I ought to be dead, it's no use now.

- Is there anything I can do for you?
- Oh, my God, there's nothing anybody can do for me. (...) in the whole world.
- Is there anything I can get for you?
- Oh, I, I would like my mother's picture that I brought in with me.
- All right, I'll get it for you.
- All right.
- Roberts up on ward 6 says he has his mother's picture in his gear. Will you look it up for me, please?
- Sure.
- He wants the picture pretty bad. Poor kid, feels about as low as he can. Hope this picture helps him some.
- Roberts? Isn't he the one we're supposed to keep an eye on?
- Yes, that's the guy.
- Is he alone now?
- I suppose so. I just left him for a minute.
- Yeah, but it might be the wrong minute. He could kill himself in that minute. That man is supposed to get a shock treatment this morning. And he has a darn good chance of getting well. Oh, he probably wants his mother's picture all right but he might want this glass too. And broken glass can be awful sharp. You'd better get back up there on the double.
- OK."

When a man is sick and depressed like Roberts, you've got to be on the constant lookout for anything they could use to hurt themselves: glass in any form, medicine bottles, eyeglasses, or anything that will make a sharp edge. Remove all belts, neckerchiefs, scarves. Watch out for knives, razor blades or anything that will cut. You may never see a patient as depressed as that but if you do, remember Roberts and his mother's picture. Fortunately for him, there are several ways of treating his condition. One of the most successful is the electroshock treatment.

"Oh, my God. I can't... I don't... No use.

- We'll help you to get well.
- Nothing could help me to get well.
- Ready?"

"Kind of hot putting that thing around, isn't it?

- Not too bad, the exercise feels good.
- How are the treatments going along?

- Well, I'm through with them. I had six. The doctor says I don't need them anymore. I guess I was pretty sick when I started taking those treatments. I, I don't even remember.
- Well, it's good to see you looking so well."

It's things like that that give you a kick out of working around an N. P. ward. To know you helped that man recover makes you feel good. Of course, not all patients will recover so rapidly. A lot of them may take weeks or even months. So don't get impatient.

Another type of patients you may help treat is the catatonic.

He may stay like this for hours or days without moving, eating, or even speaking. But he hears and understands everything.

"All right, Harris, we're going to see the doctor now.

Ok, Harris, we're just going down the hall.

- Is that seven and a half grains?
- Yes, sir.
- Take it easy, Harris, the doctor wants to talk to you.
- Sodium amytal, please.
- It's all right, Harris, this will make you feel better. This medicine will help you to relax so that you can talk to us. All you'll feel is the prick of the needle.
- Time to get off.
- I want you to talk to us, Harris. We want to help you but you won't tell us what's wrong. You know we want to help you to get well, don't you?
- I know everything happening here.
- That's fine. Then tell us what's worrying you and why you can't talk.
- They tell me not to.
- Who tells you not too?
- The voices.
- But you see you can talk.
- I guess I can.
- About these voices... When do you hear them?
- Mostly at night, just as I go to bed.
- Are they male or female voices?
- Male. There's one that keeps threatening me."

Starting with this treatment and helped by various others, the patient will continue to get better. Sometimes, in a matter of weeks.

'Well, how's everything today, Harris?

- OK. Got a light?
- Sure.
- Was I really nuts when they brought me here?
- Well, what do you think?
- Guess I was pretty sick.
- Yes, you were. Plenty sick. It must be nice to feel like yourself again.
- Sure is. When do you think I could get downtown to see a football game?
- Well, I don't know but I'll talk to the doctor about it today.
- Swell, thanks."

The corpsman played a large part in the recovery of that patient and still does. He was honest and not too optimistic in his answers. You'll get questions all day long from patients. So if you don't know the answer, the safest thing to say is: "I don't know but I'll try and find out."

One of the most serious problems on the N. P. ward is the mixed-up patient who becomes excited and assaultive.

"Good morning, Charley.

- Well, go ahead. Go ahead and shoot me.
- I'm not going to shoot you, Charley.
- Oh yes, you are. You're a policeman and it's your duty.
- Come on, let's go. It's time you took a little rest.
- No, I can't rest. I deserve to be shot.
- No you don't, Charley. Come on, let's lie down.
- You've got to shoot me. I'm yellow.
- Take it easy.
- You've got to shoot me.
- That's all right, Charley.
- Can I help?
- Yeah, open the door, Bill."

No matter how tough and unreasonable a patient is, he must never be manhandled. If you are ever in a spot like this, get as much help as you can, lift the patient off his feet, take off his shoes and carry him into a strongroom. Then call the doctor immediately.

"What seems to be the trouble, Jones?

Don't you want to talk to me about it?

Let him get down to hydro for cold pack.

- Yes, sir."

"How do you feel this morning?

- Not so good.
- Well, the doctor ordered a treatment for you again this morning, you will feel better after you get your treatment.
- Get it good and tight down to the foot here.
- Wanna raise your head, Charley?
- All right.
- How's that? Comfortable?
- Yes, pretty good, thanks. I'm gonna go to sleep now."

There is another type of overactive patient but he is not so mixed-up. He has more energy than he can use sensibly and takes careful handling. Like most N. P. patients, if handled improperly, he will behave improperly. If you forget that he is a patient and you are a corpsman, anything can happen.

"Say, these aren't the magazines you promised me, where the hell are they?

- For about the tenth time, Berthold, I'm telling you, I'll see about them as soon as I possibly can. Now don't bother me, I'm busy."

This patient can be calmed down by continuous tub and hydrotherapy.

“How’s the temperature for him, Jim?”

- About 98°, chief.
- Better raise it to 100°. Man’s been pretty excited this morning.
- OK.”

Now, all his extra horse power can be used on something constructive and helpful.

To get the patient back into an organized routine where he feels himself a member of the group is another part of your job. Under the supervision of the doctor, occupational therapist and corpsmen, organized activities like these will help most patients recover.

I haven’t got time to show you in detail the many things you may be doing as an N. P. corpsman but I’d like to include a few. You may help the doctor in the EEG room by taking a record of the patient’s brain waves. The corpsman is checking the electrodes before making a record. These tracings often give the doctor valuable information in certain brain disorders. You will be expected to take the patient to the psychologist’s where careful tests are given to measure intelligence or test certain skills. You may have to take him across the country on a train, aboard a ship or on a plane. Under travel conditions, what you have learned becomes more important than ever. There is about five times as much chance for suicide, escape or injury while traveling. Remember: here you’re on your own and don’t have the protection of the hospital ward to help you.

When he gets better, you may have to take him shopping. Or you may take several patients to a ball game. Or the theater.

Your job may seem tough at times but men with your special training are needed. And when your shipmates leave the hospital happy and well again, there’s a lot of satisfaction in knowing that you’ve done your part.

“Here’s your wristwatch.

- Thanks. You know, I’ve got a thirty-day leave.
- Glad to be going, hey?
- You bet! But not that you fellows haven’t been all right.
- Thanks. Here’s something else that came in yesterday. You must have left it on the train.
- Say, that’s swell. You guys never forget things, do you? This will be come in handy on that thirty-day leave.
- Yeah.
- Well, thanks. Thanks for everything.
- Sure. Good luck.
- ‘Be seeing you.
- Right-o.’

THE END
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