

PSYCHOLOGICAL INVESTIGATION OF A GROUP OF INTERNEES
AT BELSEN CAMP.

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INTRODUCTION.

This investigation was carried out at Belsen between May 21 and June 27, 1945. As it was impossible to examine psychiatrically all the cases, only those showing evidence of psychological upset were referred for examination by the physicians. In addition, to obtain a cross-section of the population, I selected at random 60 to 70 cases in hospital and convalescent areas—ones that did not fall into the first group.

Owing to the congestion in the camp, the administrative difficulties and the physical illnesses of so many of the patients, investigations were carried out under far from ideal conditions and usually without the necessary privacy.

The methods of investigation were :

- (a) Interviews in the wards and follow-up of cases whenever possible.
- (b) Interviews in the Sister's duty room.
- (c) A small number of cases were interviewed in the convalescent area.

In every case unconfirmed histories were obtained and the medical case-sheets, if any, were inadequate. This was due to the very poor or non-existent documentation of the Germans.

BRIEF HISTORY OF BELSEN CAMP.

The following points are brought out in the history of the camp, to indicate factors causing the different forms of breakdown (disorders of personality, habit and behaviour disorders, psychoneurosis and psychosis).

Initially the camp of Belsen was used for Russian prisoners of war. About June or July, 1944, the first women internees were brought there. They came from Labour Camps for "convalescence"; they were found unfit physically as slave-labour on account of various organic diseases due to malnutrition. One or two months later they were joined by Dutch and Belgian women and children. In September or October a convoy of 1000 Polish women arrived from Warsaw. A small hospital was set up in which internee doctors were employed, but supervised by a German medical officer. About November or December, 1944, the first mixed convoys arrived and a male camp was formed. In January, 1945, the last Russian prisoners of war left the camp, and from then onwards it was used purely as a concentration camp.

At least 90 per cent. of the internees had previously been in other labour or concentration camps. Often they went from one camp to another, and Belsen seemed to be the last on the list. There it was extermination by

starvation. According to the information I received, the rations were about 9 oz. of bread and two pints of turnip soup per day for each internee.

Many of the internees came from the notorious camp of Auschwitz; they had no names—only serial numbers tattooed on their forearms. In that camp they lived under continuous fear of death, where anyone was likely to be selected for the gas chamber or the incinerator; anyone was likely to be given an intravenous injection of petrol or creosote, etc. Many of them had seen their relatives killed or sent to the gas chamber, and all they could do was to go with them. Nearly all the internees were deprived of the few treasured possessions, such as photographs, etc., which would have reminded them of the ties linking them with the outside world.

The following were the living conditions in the camp before the liberation:

The men and women were separated. A "children's home" was included in the women's camp. They lived in overcrowded wooden huts, without beds, and in many cases without blankets—some without any clothing at all. In some cases the living lay beside the dead.

Many of the internees were too weak to walk. They defaecated and urinated even inside the living-huts. The sanitation was insufficient and more than inadequate.

To these stresses were, in many cases, added those of living in close contact with uncongenial companions.

When first entered by British troops, the camp contained approximately 50–60,000 people, of whom about 10,000 lay dead in the huts and about the camp. (Official figures given by the Military Government: 55–60,000 people on arrival, April 15, 1945. On May 1, 1945, about 52,000 people were still alive in the camp areas.)

The internees were evacuated to the adjoining German barracks (ex-Panzer Training School), and the concentration camp itself was emptied and burned. Four hospital and two convalescent areas were functioning on my arrival at the camp.

It will be seen from the above history that these conditions were more than sufficient to produce the "concentration camp mentality" and different kinds of breakdown.

REACTION TYPES SEEN.

(A) *General and Common Reactions.*

It was noticed that all the patients showed from a dulling to a complete failure of social adaptation; they had lost the gregarious sense and each lived entirely and only for him or herself.

Even family ties had little or in many cases no meaning. The liberation has improved this. There was a blunting or loss of responsibility towards death, cruelty, humiliation.

The sense of values was depreciated. Thieving from the Germans and from one another was rife; lying was the order of the day. Avarice and concealment of food, even when there was plenty (since the liberation), were predominant features.

In short there was a complete absence of the personal and moral ethics in the struggle for existence. Apathy to incidents within the camp; fear for the future of civilization in some, apathy in others. Constant fear and suspicion brought up through years of insecurity in camp life. As time passed, memory of the outside world weakened and seemed to disappear from the internees' consciousness. This produced a restricted initiative arising from the conditions of camp life, and from the almost unbelievable concentration of interest and attention on food.

Bodily habits.—The standard of these was adjusted to the very lowest type in the camp, probably through the humiliations to which the educated classes were subjected and the extremely bad and inadequate sanitary conditions.

(B) *Specific Reactions.*

(i) Aggression with psychopathic tendencies, inborn or acquired.

(ii) Masochistic, passive, with or without depression.

The sudden and unpleasant change of environment produced anxiety and feelings of insecurity. Then the poverty, the progressive starvation and the fear of death and cruelty produced apathy, indifference and dullness in a great majority of the internees and rage in an energetic minority. The minority comprised the aggressive type, who showed, in addition, inborn or acquired psychopathic features. They displayed hardness and insensibility to the feelings of others, with an absence of remorse. Thereafter they acquired control over the poor, weak and inadaptably inmates, though primarily their aggression was directed against their gaolers.

The passive types showed apathy, with failure to respond to environmental stimuli, which would otherwise call forth an effect of some kind. The apathy was accompanied by discouragement, seclusiveness, introversion and depression. Psychomotor retardation was obvious and complete carelessness in appearance general.

SYMPTOMATOLOGY AND BEHAVIOUR DISORDERS.

The symptomatology was different in men, women and children, though some symptoms were common in all internees.

(a) *Common Symptoms.*

The passive types showed a marked reduction in activity, with all gradations up to complete immobility in certain cases.

Impairment of memory for remote events was common to all, even at the time of the present investigation. Family ties were loose until after the liberation.

Terror and fear symptoms were general.

The common normal affects, such as joy, happiness and gladness noticed since the liberation were seldom the true expression of the feelings of these people. They were only a pose—a means to express their gratefulness to their liberators.

Hiding and saving food, even when hunger seemed satisfied at each meal, was common.

Once they realized that they were free again they did not complain as usual—wearily and hopelessly—but fiercely, bitterly and resentfully.

The internees showed a fairly marked social anxiety or loss of confidence in social relations and situations.

During their stay in the concentration camps they had realized that the lessons of civilization and morale seemed rather on a superficial level. At present to those people, good habits, tradition and formality to help maintain decent standards are something foreign, utterly remote.

(b) *Men.*

On the whole behaviour disorders were more profound. Aggression or apathy were more marked than in the women. There was noticeable carelessness in appearance, even after the liberation. Sexual reactions were abnormal. Homosexuality and great sexual appetite were common.

There was slow response to liberation and limited rehabilitation, and inability to express their joy when the British troops entered the camp. They were staring aimlessly at the British tanks, and their first impulse was to get hold of the food stores.

(c) *Women.*

Maternal instincts were normal but dimmed, even after the liberation. At the time of the liberation there was a dulling or even complete lack of sense of modesty. They were undressing publicly, and to those who were present they seemed sexless.

After liberation return to normal was fast. It was interesting to note that as soon as the first primitive necessities of food and sleep were seen to, they asked for forgotten luxuries, such as combs, mirrors, powder, lipstick, pyjamas. They showed a marked interest in their personal appearance, and the very fact of possessing civilized garments acted like a powerful tonic.

One of the chief symptoms was amenorrhoea. It was reported that in the Labour Camps about 60 per cent. and in Auschwitz and Belsen at least 90 per cent. of the women suffered from amenorrhoea. The usual explanation given was that bromide or some other chemicals in the food produced the condition. In some of the cases interviewed I was able to find definite evidence that the emotional element was prevalent (Cases 5 and 6).

Greatly exaggerated sexual appetite and some sexual abnormalities were present.

(d) *Children.*

Young children from one to eight years of age exhibited no marked disorders, and did not show fear or terror symptoms. They seemed cheerful and happy. They were laughing and smiling, and played with the toys given to them (Cases 11 and 12).

Children of 8 to 16 years of age were more precocious than normal children—they evinced fear reactions, but readjustment was reasonably fast (Case 13).

NEUROSIS AND PSYCHOSIS.

From the first general survey of the camp (hospital areas) no figures were obtained as regards the psychotic and obvious neurotic cases.

I advised that certain wards should be used for such cases only. This was done, and after four weeks 46 psychotic patients were assembled (40 women and 6 men).

The reactions were mainly schizophrenic in that they showed depression, introversion—including two catatonics—and a few had maniacal outbursts. The older patients exhibited a schizophrenia simplex, but patients between 20 and 30 years of age exhibited fluctuating paranoid features, all associated with fear of hunger, death and torture. It was reported that they did not react to the liberation.

Delusions were not common. One patient had delusions which were associated with a fear of injections (aroused by the German methods of preparing people for the incinerator [Case 18]).

On the whole it was very difficult to determine whether we were dealing with a toxic psychosis due to avitaminosis, a post-typhus confusional state, or pure endogenous psychosis. The documentation prior to the liberation was extremely poor or *nil*, and often I met with the phrase, "I think she (or he) had typhus."

The gross neurotics were the only ones referred for opinion. Symptomatology was mainly of the conversion type associated with the gross fear of death. The conversions were either inability to see or inability to hear—"shutting out the unpleasant" (Cases 15 and 16).

In most of the cases previous neurotic history was denied, but this may have been partially protective, as the Germans destroyed the unfit.

The low number of psychotics and gross neurotics was probably the result of elimination either by the Germans or natural means, when they were unable to look after themselves in the manner required under concentration camp conditions and adopted by everyone, e.g. stealing, lying, "organizing."

TREATMENT USED.

Thorough explanation of the condition with reassurance was usually rejected. One had to fight against distrust and suspicion while interviewing and treating the patients.

Firm but sympathetic handling, with gradual lessening of the firmness, proved more satisfactory. Gradually family ties neared normality. They showed interest in their future, and discussed freely the difficulties of re-adaptation.

The diminution of symptoms was most marked in those who had prospects to return to in their own country, where they expected to go back to a normal civilized home life—as opposed to the more unfortunate internees who had no prospects of returning to security in their own country, or whose personal problems were difficult or insoluble. This, of course, applied mainly to the Poles. In the case of Jews of all nations who had lost everything (families,

homes, social positions, etc.) the anxieties of readaptation and feelings of insecurity were more marked.

DISCUSSION.

The causal agents of the "concentration camp mentality" are, of course, obvious and entirely due to fear, although one cannot forget the complete isolation from the outside world and the exposure to conditions which induced humiliations. The subsequent reactions of everyone—not only those who showed evidence of mental disorders—were due entirely to their fight to exist. It was a struggle for the survival of the fittest. The thieving, lying, etc., were entirely protective. It was interesting to note how even after the removal of their fear these reactions persisted, e.g. the purposeless hiding of food and stealing, even when plenty was available. This resembled in many ways the senile reactions. They were acutely afraid of to-morrow.

In the neurotic types the fears abnormally exaggerated were nevertheless completely controlled by their necessity of living, i.e. they stole although they knew the penalties.

The instinct of preservation dominated the whole outlook of everyone, except the young children, who were reasonably treated in Belsen. This I gathered from the histories as given to me by those interviewed. Even the strong maternal instincts in certain cases were obliterated; mothers in some cases elected their children to go to death and did not go with them.

The response to treatment is indicated before, and the factors influencing it.

METHODS OF TREATMENT AND REHABILITATION.

Any man visiting for the first time a concentration camp like Belsen would have difficulty in believing that human beings could suffer and fall so low in the scale that they no longer seemed to be ordinary men and women, but something "sub-human." He would realize that these people are sick in mind and body, and would ask, "Will they be fit again—will they be able to readjust themselves into normal society and become useful citizens?" The answer is: "Yes."

My opinion of the methods of treatment and rehabilitation of these people after liberation and satisfaction of the primary needs like food and comforts is:

(1) Quick removal of all possible from the camp area and from the sound of the language of their gaolers.

(2) Segregation by nationalities and, if possible, districts and towns. Treatment and nursing by their own nationals. Employment of enemy staff is strongly condemned, and should only be used as a very temporary emergency.

(3) Rehabilitation should begin in the wards as soon as the patients are fit, and should consist of reading their own literature and current newspapers. Discussions with people, whenever possible, who have recently come from the area of their homes.

(4) Going on to occupational therapy, in which they are taught to do useful things and encouraged to look after themselves and to earn their keep, e.g. in one square the medical officer in charge got hold of cloth, needles, thread,

etc., distributed them to the patients and encouraged them to make their own clothes. This turned out to be a great success. It was only an example of purposeful occupational therapy.

(5) Opening of, as soon as possible, communications with their homes and relatives who might be in other camps, by means of registers.

(6) Later, when the patients are physically fit or convalescent, family camps should be set up and everything should be done to bring the families together.

(7) The prison discipline should not be suddenly discontinued. Slow readaptation to liberty is very much better than sudden removal of discipline.

(8) As the patients improve so should the normal methods of civilization be allowed to impinge on them. They should not be given too much too liberally, but should learn to work for their privileges and necessities.

(9) Apart from the general outline of that management enumerated above, in those cases requiring individual psychiatric help, and in whom insight is sufficient, free discussion of the symptoms (cause and effect) should be undertaken.

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APPENDIX.

ILLUSTRATIVE CASES.

CASE I.—K. R—, aged 31, male; single, Polish, R.C.

Seen in "convalescent camp."

History.—There is little relevant in family or personal history. Civil occupation, priest. Sent to concentration camp as a "political prisoner" in 1941. Has been in different camps until he finally landed in Belsen in March, 1945. While there he had typhus. He felt exhausted and "broken," and was so weak that he was unable to leave the hut. Many of the men in the hut were sick—some were actually dead—but no one seemed to bother. "It didn't affect me any longer. I just got used to it," he says.

He states: The lack of food and chronic hunger have produced apathy and depression. Psychomotor retardation was general; fear of death was absent; complete lack of modesty was obvious; lack of responsibility towards fellow men was more than common. He himself felt humiliated—"political prisoner, and being treated like a criminal!" The only interest shown by the internees was in food. They were continually hungry, and in the last stages of the existence of the camp cases of cannibalism have occurred. The internees had one chief worry—one fixed idea: "How can they organize (steal) food?" Nothing else mattered to them.

When the camp was liberated by British troops on April 15 the male prisoners hardly knew how to express their joy; they were just staring at the British tanks, and then their first impulse was to get hold of the food stores. They ate raw turnips and anything else they found. As soon as the first primitive necessities of food and partial rest were seen to, the apathy steadily disappeared.

On examination.—Thinking, behaviour, concentration and memory do not appear to be impaired. He seems to be full of initiative. His conversation is rational, and up to his intellectual standard.

Opinion.—Catholic priest. Good, adequate personality, whose mental state has not been affected by the long stay in German labour and concentration camps. It was considered that he was fit mentally to resume his duties as a priest.

CASE 2.—M. M—, aged, 26, male; Belgian, married, Jewish.

Seen in hospital; bed patient. Has had diarrhoea for ten days. Shows signs of malnutrition.

History.—Reveals some familial neurosis. He lived a very protected existence, and was a student of law at the University of Brussels. He was rather fussed and spoiled by his parents. His previous history shows mild neurotic traits. He lived in Brussels until 1944, and in March, 1944, was taken to a concentration camp. Most of the time he spent in Auschwitz, and arrived at Belsen one week before the liberation.

He states that he was "chronically hungry" and physically weak. This weakness produced some kind of apathy and "mental depression."

On examination.—He is pale, weak and under-nourished. He is self-centred, full of self-pity and continually asking for food. He expresses various minor functional complaints. His memory is slightly impaired for certain past events.

No persuasion or explanation can move his fixed demand about receiving chocolate, fruit or similar "luxuries."

Opinion.—Neurotically predisposed individual, unaggressive and poorly adapted to meet difficulties and sudden stresses. Exposure to these has produced apathy, depression and indifference. These symptoms are disappearing rapidly.

Once his physical condition improves and he returns to his normal environment he will probably be fit to resume his former work.

CASE 3.—K. S—, aged 31, male; Polish, married, R.C.

History.—No gross psychopathy in family history.

Left primary school at 13½ years of age. He had to work since 12 years of age because of financial difficulties at home. At the age of 16 he became an apprentice driver mechanic. Before the war he was employed as driver in charge with the Warsaw Bus Corporation. Past history shows mild psychopathic tendencies, although he never had any serious trouble with the civil police. For three years he had been employed by the Germans in different labour camps. Says that he managed well because "he knew how to look after himself and was able to organize" (concentration camp vocabulary: "to organize" = exchange of goods = stealing). Arrived at Belsen two weeks before the liberation.

Physical condition.—No disability.

Mental state.—Intellect average. Co-operative, rather cheerful, no evidence of apathy or helplessness. Much preoccupied with his future and family. Full of initiative and ideas, though at times doubtful because of the insecure future of Poland. Shows little responsibility towards others, and there is evidence of psychopathic tendencies. He is still "organizing," though he realizes that this is theft. He seems to have no appreciation of the value of money. The things he wants to get hold of are clothing, food and cigarettes. When told that at present such an attitude was wrong, he said: "I have struggled for years and survived; now nothing affects me. I have seen thousands of bodies—I have seen children and women being killed for no reason at all."

Opinion.—Individual of average intelligence, who spent several years in German concentration camps. Displays some psychopathic trends (thieving, lying), which seem to be marked accentuation of his former mild, latent tendencies. If and when returned to his pre-war environment, he will almost certainly resume his former job in a satisfactory manner.

CASE 4.—R. A, aged 34; male, Polish, R.C.

Seen in hospital area. Bed patient, though fit to walk about and to look after himself. Apparently had typhus.

History.—He was brought up in a peasant family and never attended school. There is little relevant in family or personal history. Farm labourer all his life. In 1942 sent as "slave labour" to a German labour camp.

Frequent changes, but felt all right as long as he was fed fairly decently. At the beginning of 1945 was transferred to Belsen concentration camp. The sudden change and the "horrible" camp conditions affected him greatly. At first he became depressed, but soon re-adapted himself and did his best to "organize" food. Managed fairly well, then was ill (? typhus) for about two weeks.

On examination.—States that he is hungry, but would be perfectly fit if he could get more food. He shows no signs of malnutrition.

Illiterate, intellect below average, but partly compensated by inborn intelligence. Explanation as regards the difficult food situation and difficulties in general is immediately rejected.

Memory seems hardly impaired. He has one fixed idea, which is the topic of all his conversations—"Food."

Opinion.—An illiterate peasant who has always lived in the country. The stay in labour and concentration camps has hardly affected his previous personality. When returned to his normal pre-war environment he will undoubtedly readjust easily.

CASE 5.—R. A—, aged 24, female; Roumanian, single, Jewish.

Seen in "convalescent camp," where she is waiting evacuation to Roumania.

History.—Educated in Roumania (secondary school).

Congenial home environment. She lived with her parents—a very protected existence. She never had to earn her living. She describes marked emotional instability features all her life. Never seemed to be able to settle anywhere; often felt "unhappy"—"There was always something missing." Treated by own physician and advised to go to Budapest for "psychological treatment." After several interviews with the psychologist she mixed better and on the whole noticed a change in herself. Soon she got "bored with social life."

Travelled for several months and improved once again. Then the war began and the Germans occupied Roumania.

In 1944 (April or May) she was taken to the concentration camp in Auschwitz. Following the sudden change she stopped menstruating. Amenorrhoea lasted six months.

In Auschwitz there were periodical medical "selections" for the gas chamber and crematorium. The "prisoners" had to parade naked in front of the German camp medical officer. Whoever was unable to leave his bed because of illness, or had some infectious or skin disease, was usually "selected." Six months after her arrival at the camp she attended one of these selections. She had "some spots" on her left arm and was frightened to death. Suddenly, while waiting in the queue, she started menstruating.

Later was transferred to Belsen concentration camp, but no recurrence of amenorrhoea.

On examination.—At present she complains of "frigidity" and "lack of sexual desire." Duration—all her life. Anxious, worried and irritable on this account.

Thinking, attention and memory appear hardly impaired. Intellect well above average. Shows no acute anxiety symptoms, though worried because of her "sexual difficulties."

Opinion.—She is an emotionally unstable person. Her history reveals various neurotic traits dating from childhood. Camp life has aggravated temporarily her constitutional neurosis.

She is recovering slowly, but requires psychotherapy.

CASE 6.—G. H—, aged 35, female; Polish, married, Jewish.

The above-named is a doctor, and at present employed as such in one of the hospital areas.

History.—There is nothing relevant in her family or personal history. Happy and normal early home environment. College, university, and qualified at the age of 24 years.

Employed as a doctor in Poland until 1942. She did all she could to avoid a concentration camp. Suddenly she realized that she would be sent to one and this was a "terrific shock" to her. Once she got to Auschwitz she stopped menstruating. The amenorrhoea lasted nine months. During that time she was employed in the camp hospital area; fed fairly well according to camp scale. After nine months the amenorrhoea disappeared without any special treatment. In 1944

she was transferred to Belsen concentration camp. Same trouble for about 12 months, which she attributes to the sudden change of environment and the continuous insecurity. Once she settled and continued to be employed as a doctor her amenorrhoea disappeared.

On examination.—She admits some mild impairment of memory, but otherwise she feels perfectly fit. She is obviously worried about her husband, whom she hasn't seen for several years. She is also worried about her own future, which seems to her very insecure.

Concentration and thinking normal. There is no evidence of any overt anxiety or acute neurosis.

Opinion.—Previously good adequate personality. The stay in concentration camps has produced temporary mild neurotic symptoms, which were a culmination of a series of anxious reactions. The predominant sign was amenorrhoea.

Her present anxiety and general attitude as regards her family and future are entirely justifiable.

On the whole, no frank psychiatric illness or serious personality change.

CASE 7.—B. M—, aged 24, female; Polish, single, Jewish.

May 22, 1945: Seen in hospital area. She is a bed patient at present. Her sister occupies the bed beside her.

History.—There is nothing relevant in the family history. She left school (secondary) at 17 years of age. No previous serious illnesses, no evidence of previous psychopathy. Before the war she appears to have lived a very protected existence with her parents. In 1940 she was compelled to live in the Ghetto. In 1942 she was transferred with a number of other women to a labour camp in Germany. She remained in labour camps until January, 1945, when she was finally sent to Belsen concentration camp for "convalescence." There she contracted typhus and dysentery.

Physical condition.—She complains of general weakness and fatigue. At present no acute organic disease. Seems physically tired and under-nourished.

Mental state.—She converses freely, shows an impairment of memory, and on the whole appears rather apathetic. She seems self-centred, and displays little or no feelings even towards her sister. She realizes that her sister is seriously ill, but seems helpless, and does not even try to talk to the doctor or nurse about it. She keeps repeating, "What can I do? My sister doesn't want to eat—she is getting worse daily," when questioned about her.

There is a definite blunting of responsibility towards death and cruelty following prolonged exposure to it.

May 28, 1945.—Her condition is gradually improving. She shows more insight into her sister's condition. Her only interests at present are directed towards her own appearance, food and her sister.

June 3, 1945.—Her sister died yesterday. For the first time she became tearful, seemed upset about her loneliness, and said, "I am alone now. I have no relatives left—I have no one."

June 5, 1945.—Her physical and mental condition are much improved. She is able to walk about and takes interest in her personal appearance; she is preoccupied with her future, which seems very uncertain and insecure; shows little initiative, and her attitude on the whole is a passive one—"Let's wait and see what happens," she says.

Opinion.—Previously fairly adequate personality. At present she shows the typical signs of the "concentration camp mentality," e.g. apathy, depression and blunting of ethical and moral values. She is likely to return to her normal self if properly handled, and will probably require re-education after convalescence.

CASE 8.—G. A—, aged 26, female; Czech, married, Jewish.

Seen in convalescent area.

History.—*Nil* relevant in family history. Congenial early home environment. Secondary education; school certificate. Lived with her parents until aged 20. Then she married. Her husband was a doctor; she lived a protected existence, without any financial difficulties, had a nice and well-furnished home. Had one child. She denies previous neurotic features and says that she has always been rather cheerful, mixed easily with other people and has had no serious illnesses. In concentration camps for over two years. At first in Auschwitz, where she lost

her child (killed by the Germans). In Belsen since January, 1945. Had typhus, and previously for months suffered from malnutrition. She says, "I was chronically hungry. I had to "organize" otherwise I would not have survived."

She admits that even at present she must "organize" food and clothes. She explains that her appetite is "terrific" and her clothes are shabby. She realizes that "organization" means stealing, but nevertheless adds, "It doesn't matter."

On examination.—She is rather talkative and gives the impression of happiness. Shows slight motor over-activity. She does not appear affected by the separation from her husband, who, she believes, is in Russia. She shows a great interest in her personal appearance; her "sexual appetite" seems exaggerated, and produces a certain amount of aggression towards the opposite sex. Her attention is normal; her memory is mildly impaired for remote events.

Opinion.—An extraverted young woman whose present behaviour and reactions are only an exaggeration of her normal previous personality. Mentally she is hardly affected, except that she acquired psychopathic tendencies during her stay in the concentration camps. These will almost certainly disappear once she returns to a normal home environment.

CASE 9.—J. J—, aged 28, female; Polish, single, R.C.

At present employed as a doctor in one of the hospital areas.

History.—She denies any familial or previous personal psychopathy. She was brought up and educated in Lwow. For over a year she was under Russian occupation; then the Germans overran the country and occupied her home town. At the time she was a student of medicine at the Lwow University. She was involved in Polish underground work. When she was just about to be qualified she was caught by the Gestapo and sent to Auschwitz concentration camp. After one or two months she was transferred to the camp hospital area and was there employed as a doctor. Slowly she adapted herself to the "new life," and realized that this was only a temporary unpleasant change. She used to receive parcels from home, and they were a big help owing to the small rations.

About February, 1945, she was transferred to Belsen; had typhus, but recovered rapidly. Since the liberation she has been employed on medical work.

During her stay in the camps she has suffered from amenorrhoea for three months; occasionally felt depressed, but never to a psychotic degree.

On examination.—At present she feels occasionally irritable and restless. This she attributes to the insecurity of the future of Poland. She doubts whether she will be able to return home, as her home town is likely to be incorporated into the Soviet Union. She also admits some slight memory impairment; otherwise she feels perfectly fit, though she realizes that "something has changed in herself."

She says, "My emotions, my reactions to normal life are different." She feels that the fear, the horrors and the humiliations have affected her. Her personal problems, which are various and difficult, some even insoluble, have produced a mild degree of brooding introspection and resentment.

On the whole her conversation is up to her intellectual standards. There is little evidence of any gross changes in her mental condition.

Opinion.—A woman of good, adequate personality, who shows no evidence of previous neurotic ill-health. Held in concentration camps for over two years as a "political prisoner," where she was treated as "a common criminal." Her readjustment may be long because of her personal problems, which seem complicated. Nevertheless, I feel that she would readapt rapidly if repatriated and returned to her normal pre-war environment.

CASE 10.—P. P—, aged 38, female; Russian, married, Orthodox.

Seen in the Maternity Block. Pregnancy—8½ months.

History.—She is a nearly illiterate peasant, brought up in Russia (Ukraine). She denies previous serious organic or functional diseases. Her husband is in the Russian Army. When her country was overrun she joined the partisans and was with them nearly two years. In October, 1944, she was sent to labour camp and transferred to Belsen in February or March, 1945.

On examination.—She seems a very cheerful woman, clean and tidy. She shows a good deal of interest in her personal appearance. She is co-operative, converses freely and is anxious to return home. The sister in charge of the ward states, "She is the cleanest woman in the Maternity Block."

Opinion.—A woman of low intelligence and very poor education. The frequent and sudden changes of environment (living with the partisans and in labour and concentration camps) have not affected her mentally. She will readjust easily when returned to her pre-war rural environment.

CASE 11.—P. W—, aged 6, Czech girl; Jewish.

Seen in children's hospital. Bed patient. Pulmonary tuberculosis.

History (as given by the child).—Her parents were "very young." She is an only child. She was happy at home and seems to have been in a congenial home environment. In Belsen for a long time on her own.

It is reported that she has been in the children's home even before the liberation.

On examination.—In the wards she is cheerful; she plays with the other children, and is very proud of the doll she was given by the sister. She is friendly with the staff, and likes them because they are very nice to her. It was easy to establish "a friendly relationship" after a few minutes of conversation. Physically she appears well developed; her intelligence rating seems normal for a child of her age.

She is cheerful and seems happy in her present environment. No evidence of timidity or sensitiveness. She plays with the toys she was given, and especially likes the doll she was given by the sister. Answers questions with a friendly smile, but her attitude changes when asked about her parents. She then becomes somewhat morose and sad. Eats well and often saves bread or biscuits "for later." She says that before she was often hungry, and therefore now she keeps the food in case it happens again.

Opinion.—Six-year-old child, who shows no serious behaviour or habit disorders. Personality deviations are *nil* or negligible.

She seems hardly affected by the stay in concentration camps. Now, if brought up in a normal environment and properly handled, she should show no gross personality disorders.

CASE 12.—L. G—, aged 6½, Dutch boy; Jewish.

Seen in the children's hospital. No acute organic disease except impetigo.

On examination.—Full interview is somewhat difficult, as the child speaks Dutch only and understands little German. It is reported that the patient is somewhat timid, mainly with people he has not seen before. In the ward he seems cheerful, mixes well with the other children, plays with them, and on the whole is easy to handle. The boy seems to be of average intelligence, bright looking, and when spoken to in German he does his best to answer the questions. He often smiles, and does not appear to be unduly shy. In general displays no gross personality, behaviour or habit disorders.

He states: He lived with his parents in Amsterdam until September or October, 1944, when they were sent to Belsen concentration camp. Soon afterwards he was separated from his parents and hasn't seen them since. (It is reported that his parents probably died in the camp.) Since then he was kept in the children's home, and after the liberation he was transferred to the Children's Hospital.

Opinion.—A bright and fairly cheerful youngster who, in spite of the stay in concentration camps, shows no marked disorders, such as fear and terror symptoms. Readaptation is fast, and immediate return to a congenial home environment would be beneficial.

CASE 13.—R. F—, aged 10, Polish girl; Jewish.

Seen in the hospital area. She lives in the same room with her grandmother, mother and younger sister. During the interview only the children were present.

History.—Before the war she lived with her parents in Warsaw. Congenial early home environment. The house was apparently comfortable, clean and well kept.

Soon after the fall of the Polish capital the Germans forced the Jews to live in a ghetto. Her parents wanted to avoid this and the whole family went to the south of Poland. She has not seen her father for 18 months. She arrived at Belsen concentration camp three weeks before the liberation.

On examination.—She converses freely and shows no marked disorders of behaviour or habit. She seems more precocious than a normal child of ten. She has evinced fear reactions, but readjustment is reasonably fast. She says, "I wouldn't be alive now if my parents hadn't escaped from Warsaw." When asked

why, she says, "The Germans used to kill the children and burn them in the crematorium." She talks about the German atrocities and horrors, without the normal sadness, without the emotional reactions one would have expected. Apathy is hardly noticeable, but slight apprehension is still present.

At present she seems hopeful, and says that it is possible that her father is still alive in Buchenwald. She adds rapidly, "I would be very happy; I wouldn't miss anything if my father could only be with us."

Opinion.—A ten-year-old girl with no history of previous important personality or behaviour disorders. At present readjusting well. Soon she will probably be as normal as any child of her age, though somewhat more precocious.

CASE 14.—S. A.—, aged 12, Italian girl; R.C.

She is at present a bed patient in the Children's Hospital. Cough and "chest trouble" for several weeks. No clinical signs of tubercle.

History.—Brought up in Fiume. Congenial and happy early home environment. Father Jewish, mother Catholic. Father a wee bit strict; somewhat spoiled by her mother. Average at school. Mixed well with the other children. No special habit or behaviour disorders admitted.

Because of her father's denomination she was sent with the rest of her family to Auschwitz concentration camp. After several months she was separated from her parents, and she hasn't heard from them for over 12 months.

While in Auschwitz an identity number was tattooed on her forearm. She seems very much upset about it.

Arrived at Belsen three or four weeks before the liberation.

On examination.—Makes no complaints. Feels perfectly fit, and wants to return to Fiume as soon as possible.

Exhibits nothing abnormal in her attitude and general behaviour in the ward. Mixes well with the other children and enjoys having toys. Cheerful during the interview; intellect seems average according to her age. She talks freely about the horrible sights she witnessed in the concentration camps, and there is little evidence of emotional upset.

Opinion.—A twelve-year-old child with no previous personality, behaviour or habit disorders. She has spent 18 months in concentration camps, and now seems hardly affected mentally. When returned to her home environment she will probably be as normal as any child of her age.

CASE 15.—K. J.—, aged 35, male; Czech, married, R.C.

Seen at the hospital. The Medical Officer reports: Had typhus. Recently diarrhoea for several days. Now complains of deafness, but no physical disability found.

History.—Primary education. Mild neurotic trends in civil life. He lived in Prague, where he was employed as a cook in a hotel. He was sent to a labour camp in July, 1944, and has been in Belsen since March, 1945. States that about six weeks ago he was removed from Camp No. 1. At the time he did not realize that the camp was liberated by the British and thought that "his end had come." (In the past he saw many of the inmates being removed and no one has seen them since.) Next day he became very nervous and his hearing was impaired. Ever since then he has been somewhat deaf, feels nervous, and has palpitations with precordial pains.

On examination.—He is tearful, hypochondriacal, preoccupied with his mild bodily ailments. He wants to return to Czechoslovakia at once and wants to see his wife. He is a dependent, self-centred type who hardly responds to reassurance and explanation. He cannot understand why he shouldn't be able to return home—as the war is over and he is a free man again. In spite of the fact that his intelligence seems average and explanation is given, he has difficulty in grasping the problems which have to be solved before he can be repatriated.

Opinion.—A neurotically predisposed individual who developed conversion symptoms following the change of environment, separation from home and excessive fear. He will probably recover from his present symptoms when returned to his normal environment.

CASE 16.—T. T.—, aged 21, male; Polish, single, R.C.

June 1, 1945.—He is a bed patient, and was referred for examination by the German medical officer with the following symptoms: Blindness, contracture of

right fingers and left toes. Physical examination is negative. Clinical notes not available. The medical officer says, "I think he had typhus and mild encephalitis."

History.—He denies any previous family or personal psychopathy. School and employment records fair. He has been in German labour and concentration camps since January, 1943. While in Belsen he was hungry and thirsty; he found a bottle of alcohol and drank it with some of his inmates. Three of them died. He was given an injection, vomited, and then felt much better. Next day he became blind, his fingers (right hand) and toes (left foot) became "deformed." He has remained like this since (six or seven weeks).

On examination.—His face is expressionless, and he stares vacantly at the wall in front of him. He lies quietly, with little spontaneous movement. He seems to be "preoccupied or dreaming." When spoken to he answers questions intelligently. He never smiles, and his facial expression remains unchanged. He appears apprehensive and displays fear reactions. Psychotherapy, including persuasion, explanation and reassurance, fails and is rejected. He is suspicious and distrustful, and one has to fight against it. Firm and rough "treatment" is tried and proves successful. Rest, slight sedation and firm handling are recommended.

June 6, 1945.—He sleeps well. He has been up since yesterday and takes interest in his surroundings. He is no longer blind, and the contractures are hardly noticeable.

June 10, 1945.—The acute conversion symptoms removed. Patient is cheerful, converses freely and shows no gross fear reactions.

Opinion.—A 21-year-old boy, with no previous neurotic trends. Of average intelligence. During his stay in Belsen concentration camp he developed conversion symptoms which were associated with the gross fears of horrors and death. The symptoms produced were contractures and blindness. The patient tried to avoid seeing the obstacles placed in his path ("shutting out the unpleasant"). He has now recovered from his acute condition and is now fit for re-education and readaptation to a normal environment.

CASE 17.—S. J.—, aged 28, female; Polish, single, Jewish.

May 28, 1945.—Seen in hospital. She is a bed patient and has been in the ward for about two hours. She was found wandering round the square. She was apparently confused, did not know her name, the number of her bedroom or block.

Past history not available, but it is reported that she had typhus.

On examination.—The patient is unable to give a clear and coherent account of herself. She says that she is hungry, otherwise no complaints. Her face is expressionless, she is slow in thought and in speech, and there is a general reduction in activity. Emotional blunting ++, disorientation for time and place ++, confusion +. Besides her bread, she keeps a basket with old bread (uneatable). When questioned about it she says, "I must preserve it—I may starve."

Treatment recommended.—Rest, observation; fluids by mouth to be given freely and enema with normal saline.

June 2, 1945.—Much improved, though memory still impaired. Patient gives a fair account of herself and says she must have had a "nervous shock." She shows a fair insight into her condition, and thinks that it was due to typhus or some "mental shock."

June 6, 1945.—Patient greatly improved since first seen on May 28, 1945. To-day her attention and thinking are hardly impaired, but a slight impairment of her memory is still present. Shows a good deal of interest in her surroundings, and mixes well with the other patients. There is little of interest in the personal or family history. Recommend transfer to convalescent area.

June 12, 1945.—The patient has completely recovered from her confusional state. Her memory still appears somewhat impaired for past events, but this is common to almost all ex-internees.

Opinion.—The history of this case suggests a toxic confusional state (post-typhus).

CASE 18.—R. A.—, aged 18, female; Polish, single, Jewish.

May 29, 1945.—Seen in hospital; bed patient. The medical officer in charge of the ward states that she has had typhus recently. During her convalescence

seemed somewhat confused, and two days ago suddenly became restless, suspicious and deluded. At present shows signs of malnutrition.

History.—Gives a poor and not very clear account of herself. Prolonged questioning does not help, because she is suspicious, restless and agitated.

On examination.—She seems unable to fix her attention; is readily distractible and continuously preoccupied. Continually reflects on one topic, which is associated with a fear of injections (aroused by the German methods of killing internees or preparing them for the incinerator). She is deluded, and expresses different ideas of reference. She is apprehensive of all the medical officers and nursing sisters. She repeats, "You are getting ready for the injection; it will kill me," etc.

As soon as a medical officer approaches her bed she seeks for cover. Persuasion or reassurance cannot move this fixed idea. Everything has been done to reassure the patient, but without avail.

Sedation and observation recommended.

May 31, 1945.—Condition as above. At times she apparently appears hallucinated, though no hallucinations are detected during the interview. Refuses food and is difficult to handle. Remains deluded, restless and very apprehensive; at times even agitated. She says that last night a cinema picture was given in the ward especially to prevent her from hearing the shouts and screams of the other patients who were given injections. Her ideas of reference are numerous. Physical condition very poor. Recommend tube-feeding.

June 2, 1945.—The patient died last night. It is reported that her mental state remained unchanged.

Opinion.—The history of this case suggests a toxic or post-typhus psychosis.

CASE 19.—M. F.—, aged 33, female; Polish, married, R.C.

June 15, 1945.—seen in hospital. She is a bed patient in the psychotic ward. It is reported that she had typhus about four or five weeks ago. At the time she was apparently elated and talkative. Lately lived for two weeks in the convalescent camp. Three days ago she suddenly became elated, talkative and excitable. Admitted to the psychotic ward as a case of G.P.I.

On examination.—It is difficult to get an adequate history from this patient. She is highly deluded, over-active, and shows a typical flight of ideas. Her insight and judgment are *nil*. Her attention is distractible; she is talkative and expresses some grandiose ideas. She thinks that she is very wealthy—she is a goddess—she knows all the medical officers because she has met them in Poland. At times seems aggressive and very irritable.

Sedation and observation suggested.

June 20, 1945.—Quieter in the past two days. She remains deluded and occasionally elated. Physical examination negative.

June 26, 1945.—Although she appears to be more settled, her mental condition is really unchanged.

Opinion.—This patient showed at first symptoms of an acute mania. It is difficult to state without further observation whether this is a case of acute mania or toxic psychosis. The possibility of cerebral syphilis should be considered.

CASE 20.—M. J.—, aged 23, female; Hungarian, Jewish.

May 31, 1945.—Seen in hospital. She is a bed patient and shows signs of malnutrition.

History is not available. The medical officer states: She had no typhus. For the past ten days has been depressed, mute, and at times stuporose.

On examination.—Face expressionless, general reduction in activity, almost negativistic. Flexibilitas cerea positive. Shows no interest in the environment. Usually mute, but at times answers simple questions.

June 6, 1945.—Remains depressed and apathetic. At times talks in monosyllables when questioned. Her voice is flat and toneless. She feeds and sleeps well.

June 15, 1945.—Condition as above.

June 23, 1945.—Physically unfit for shock therapy. The only possible treatment at present is rest and observation in the psychotic ward.

Mental condition hardly improved.

Opinion.—Schizophrenia—katatonic.