

Notes

The southern side of Edinburgh has housed many historical hospitals, including: Astley Ainslie Hospital; Bruntsfield Hospital, Whitehouse Loan; Chalmers Hospital, Lauriston Place; Craighouse: a former private asylum; Edinburgh Dental Hospital; Elsie Inglis Memorial Hospital, Abbeyhill; Royal Edinburgh Hospital for Incurables, Salisbury Place; Old Royal Infirmary of Edinburgh, Infirmary Street; Princess Margaret Rose Orthopaedic Hospital; Royal Edinburgh (Psychiatric) Hospital, Tipperlinn Road; Royal Hospital for Sick Children, Sciennes Road; Royal Infirmary of Edinburgh, Lauriston Place now superseded by new Royal Infirmary at Little France; Scottish National Neurasthenic Hospital, Craigend Park, Liberton; St Raphael's Hospital, Blackford Avenue; Thomas Clouston clinic, Craighouse; Woodburn Sanatorium, Canaan Lane.

This walk visits three other former hospitals: CRAIGLOCKHART HOSPITAL (Edinburgh Hydropathic) built in 1877-9; the CITY HOSPITAL FOR INFECTIOUS DISEASES, built between 1897 and 1903; and the CRAIGLOCKHART POORHOUSE, built in 1867-1869.

The Craiglockhart War Hospital for Officers with Nervous Diseases or 'Dottyville' was open only for 28 months, but became perhaps the world's most famous shell-shock hospital. It was set up to deal with the huge increase in psychological casualties of the First World War (over 40% of all casualties), most notable following the battle of the Somme in 1916. The hospital's fame, in part, arose through two of the finest poets of the war—Wilfred Owen and Siegfried Sassoon—who were both treated there. Its achievements in cognitive therapy were much more than the oft-repeated idea of a subtle reprogramming that took the form of friendly chats between officer-class patients and avuncular doctors over tea and scones. (War neurosis occurred four times more in officers than ordinary soldiers, perhaps because it was especially difficult for officers to maintain British ideals of masculinity, to be perfectly dressed, always motivated, and have a hunger for enemy blood, even though they were just as afraid and disillusioned as their soldiers.)

The behavioural approach, forged at Craiglockhart, aimed for rehabilitation through active and useful functioning, especially through work. Thus activities in the hospital were organised to provide patients with a means of helping themselves back to health: through temporary teaching posts at local schools, jobs on local farms, as well as events based around the sporting and entertainment facilities of the Hydro.

Wilfred Owen wrote some of the best British poetry on World War I. Indeed, he is regarded by many as the greatest poet of the First World War, with his vivid compositions about the terrifying experiences and horrors of trench and gas warfare. Owen created nearly all of his poems in slightly over a year, from August 1917 to September 1918. In November 1918 he was killed in action one week before the Armistice. Only five poems were published in his lifetime—two of which appeared anonymously in the *Hydra*, a journal he edited when a patient at the War Hospital. His most notable poems include "*Dulce et Decorum Est*", "*The Sentry*" and "*Anthem for Doomed Youth*". Owen and Sassoon shared the conviction that the

war ought to be ended, since the total defeat of the Central Powers would entail additional destruction, casualties, and suffering of staggering magnitude.

Pat Barker's vivid, historical novel *Regeneration* powerfully describes the milieu at Craiglockhart, and the meeting and relationship between Sassoon and Owen along with the novel's pivotal character Dr Rivers. Her convincing mix of historical fiction and non-fiction forcefully captures the human deprivations and sufferings, deriving from WWI-style warfare, as exposed at Dottyville.

Siegfried Sassoon is best remembered for his angry and compassionate poems about World War I. Avoiding the sentimentality and jingoism of many war poets, Sassoon wrote of the horror and brutality of trench warfare and contemptuously satirized generals, politicians, and churchmen for their incompetence and blind support of the war. In his best, starkly realistic, war poems Sassoon captured the hardships and inhumanity of trench warfare and the weariness of British soldiers with a war that seemed to be never-ending. Sassoon became the centre of public attention after risking the possibility of a court martial (with the strong possibility of prison, even death before a firing squad) by issuing a formal protest against the war to the War Department. Further adverse publicity resulted when he dramatized his protest by claiming to have thrown his military medal into the River Mersey.

He could not be accused of cowardice, having been awarded the Military Cross for his bravery, in 1916, in bringing back wounded soldiers under 1½ hours of constant, heavy fire. Owing to his single-minded courage and determination all the wounded were rescued. Other exceptionally brave actions included his single-handed capture of a German trench in the Hindenburg Line, using grenades. His men nicknamed him "Mad Jack" for his many, near-suicidal exploits. Consequently, the decision to send Sassoon to a military psychiatric hospital came from above. The government had been faced with a dilemma. Instead of a court-martial, which his influential, pacifist friends had hoped might draw attention to their cause, the government ordered the Army Medical Board to declare that Siegfried was suffering from 'shell-shock' and to pack him off to Craiglockhart.

After three months in the War Hospital, whose services he did not need, Sassoon found himself increasingly restless. Following a promotion, he returned to the front. He never abandoned his former pacifist views, but re-joined his regiment in France in order to look after the welfare of his ordinary soldiers. It was a haunting reminder of the fierce power of group loyalty over political conviction.

W.H.R. Rivers an English anthropologist, neurologist, ethnologist and psychiatrist, best known for his work treating First World War officers who were suffering from shell-shock (or war neurosis). Rivers' most famous patient was the poet Siegfried Sassoon.

Rivers' approach to treating the war neuroses made him a pioneer in his day. His method consisted of helping a soldier comprehend that the illness he was experiencing was neither "strange" nor permanent. To Rivers, war neuroses developed from ingrained ways of reacting, feeling, or thinking, and an attempt to repress all memories of traumatic experiences or unacceptable emotions. Once a patient could understand the source of his troubles, Rivers could then help him contrive ways (therapeutic strategies) to free himself

from, or at least adjust to, the illness. He laid great emphasis on the importance of dreams in an understanding of mental processes and focused on uncovering hidden memories of trauma and on dissecting war nightmares. Rivers held that a dream is due to a mental conflict, representing two conflicting wishes: a conscious wish which is acceptable to the waking personality, and an unconscious wish which is not acceptable to it and consequently repressed. These represented the Super-Ego and the Id, in the language of Freud. They did not represent the repressed libido as Freud held, nor were dreams an expression of a collective unconscious inherited from our remote ancestors, as suggested by Jung. In brief, Rivers' method was primarily based on the ancient belief of catharsis: the idea that bringing repressed memories into the light of consciousness rids memories and thoughts of their power. In this way, through the process of expressing the original emotions that had been repressed and forgotten, patients were relieved of their hysteric symptoms and able to effect an emotional recovery.

Rehabilitation at Craiglockhart was very effective. In all, 1736 patients were treated for shell-shock, many by Rivers or Brock (Owen's therapist). 758 were returned to active duty. Around 200 were successfully transferred to administrative or bureaucratic roles, light duties, or training new recruits. The physicians, to their patients, were often little less than "saviours".

The City Hospital for Infectious Diseases: built on 40 acres of land from the farm of Colinton Mains. It was to accommodate over 600 patients, giving a density of 15 patients to the acre compared with the previous 100 per acre at Infirmary Street. Typhus patients were especially well isolated with 3,042 cu.ft. each.

Sir Henry Duncan Littlejohn, the City Medical Officer of Health, was a dynamic figure and pioneer in forensic medicine and public health in the nineteenth century. He was instrumental in planning the new fever hospital. The old building had proved to be insufficient during the concurrent epidemics of smallpox and scarlet fever in 1894. Littlejohn's survey work led to great improvements in the health of the residents of Edinburgh in the nineteenth century, as evidenced by the fall in mortality rates from around 34 per 1,000 in the 1860s to 14 per 1,000 in the early twentieth century. Smallpox and typhus disappeared from the city. The main causes of the improvements were environmental improvements and sanitary reforms, brought about as a result of Littlejohn's investigations of outbreaks of infectious diseases across Scotland. Littlejohn's observations led to his, now classic, report demonstrating the association between poverty, overcrowding, poor sanitation and poor health.

Craiglockhart Poorhouse: opened in 1870. Throughout the 1800s the system of poorhouses was central to society's provisions for the poor and destitute. The regime was austere. Men and women inmates were housed separately. The working day was 8 hours long. Idleness was not an option. Food was basic: meal, broth, bread, boiled meat, and occasionally pea soup, potatoes or skimmed milk. The Poor Law system (a leftover from late-medieval and Tudor laws first introduced in 1601) was not abolished until 1948 with the introduction of the National Insurance Act – the forerunner of 'social security' or 'the welfare state'.