

**Fourth annual report to the committee from the medical director :
presented 31st December, 1925 / The Cassel Hospital for Functional
Nervous Disorders.**

Contributors

Cassel Hospital for Functional Nervous Disorders (Richmond, England)
Ross, T. A.

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THE CASSEL HOSPITAL FOR FUNCTIONAL
NERVOUS DISORDERS,

Swaylands, Penshurst, Kent.

FOURTH ANNUAL REPORT
TO THE
COMMITTEE FROM THE
M E D I C A L
DIRECTOR.

PRESENTED 31st DECEMBER, 1925.

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The Cassel Hospital for Functional Nervous Disorders.

FOURTH ANNUAL REPORT

to the

Committee from the Medical Director.

THE Report which is now presented to the Committee deals with all those patients with whom it has been possible to keep in communication up to the end of 1924.

In accordance with previous practice, no case is reported on till more than a year has elapsed after the patient had left the Hospital.

In the annual reports for preceding years it has been stated that the treatment of patients has been mainly along psycho-therapeutic lines. For some months it has been in the mind of the writer of this report that it might be well, now that the hospital has been in existence for over four years, to see whether there are any indications to show which forms of psycho-therapy are of most advantage.

There are several psychological views holding the field as to the nature of psycho-neuroses, and it has been customary to test these in the light of treatment. But the results of treatment cannot be a wholly reliable criterion. Methods of treatment differing from each other as widely as hypnotic suggestion and Freudian analysis have been advocated—the one consisting sometimes of a few sittings at most, the other occupying possibly several years. The Freudian position is accounted for by the assumption that, for the purpose of curing a psychoneurosis, it is necessary in every case to go to the ultimate cause. Our experience has shown that this is not necessarily true.

In this connection it is proposed to bring forward in some detail the facts of certain cases, where the patient has been returned to ordinary life, and has remained without symptoms for four years or more. Even if these results are not “cures,” speaking scientifically, they are at least satisfactory from a practical point of view.

The Freudian School contend that they are in pursuit of pure scientific truth. Their analysis claims to be as far as is possible ultimate and final. The question I wish to raise is whether such extreme analysis is often essential in order to restore the patient to a useful and happy life. If it is not essential then it follows that the requisite psychological investigation must assume different forms in accordance with the different forms of the clinical manifestations. In exactly the same way, in ordinary clinical medicine, one's investigations must concentrate mainly on the system affected.

Of late, however, another consideration has arisen. There has been a great revival of the tendency to attribute the psycho-neuroses to biochemical or other organic change. The patient's symptoms are ascribed to such conditions as the toxic effects of infections in the nose or sinuses, to intestinal poisons and to other analogous conditions. While no one would deny that psychical symptoms may be directly dependent on toxic or chemical causes, it does not follow that some such cause is necessarily or even is usually present. Moreover, even if some infective condition is present when there are psychical symptoms, the removal of the former will by no means always be followed by the disappearance of the latter condition. Therefore the finding of a septic infection is no proof that it is causing a neurotic state. I wish in no way to minimize the need for the most careful examination of the patient, but I do wish to emphasise that there are many patients in whom the manifest psychical symptoms cannot be attributed to organic changes.

In the literature of the past year and at the meeting of the British Medical Association, at Bath, there were clear indications of this return to the belief that physical conditions were usually at the bottom of mental disorders, and in this category were included the type of patients who find their way to our hospital. In a series of papers sent to the British Medical Journal in July, 1925, cures of psychoses and psychoneuroses attributed to the treatment of chronic sepsis were reported, and in one of these papers these significant words were used: "A careful and thorough physical examination is more likely to be fruitful than investigation of the origin of the mental state along psycho-analytical lines." From the context it was clear that it was not only Freudian psycho-analysis which was being attacked, it was all psychological investigation, especially that of an analytic nature.

In the reports of earlier years we have the means of seeing now whether there is a psycho-therapy at all of any value, i.e., whether the improvement which was recorded in the earlier years has stood the test of time. There can be no doubt that this can be demonstrated. At the same time we shall hope to be able to show that the treatment for the different types of patient has been different, and we shall see whether there are any rules which should govern the form of treatment suited to each kind of case. At the moment we are not dealing with percentage results; we are concerned only to show that a particular treatment was followed by a particular result, and to demonstrate the high probability that this was a *propter* and not a mere *post hoc* event; and therefore in this part of the report there will be no consideration of figures in mass, but the study of the details of a few cases. It will be a concern also to show the practicability of psycho-therapy from the point of view of time consumed, and also from that of the small amount of special skill necessary for the relief of many patients. These two factors are bogeys which deter many from a personal trial of psycho-therapeutic measures.

For all our patients, one general mode of approach was pursued. They were asked what they felt wrong. When they had finished, supplementary questions were asked to cover the symptoms of all regions which they had omitted. The history of the illness, the previous medical history from childhood, the family history, and a short course of their career in life were obtained. They were subjected to a thorough physical examination by the ordinary clinical methods, and if necessary by further laboratory tests, and then the special discussion of their cases was started. This routine was unvarying, and takes two or three hours to accomplish. Thereafter the interviews lasted only half-an-hour. This was unfortunate, but with the amount of work to be done, was inevitable.

With these remarks we may now proceed to consider different methods of psycho-therapy.

We shall consider first a case where nothing was done except the evaluation of symptoms.

F. Age 21. (Case No. 10, Annual Report for December, 1922). Seen first 6th June, 1921. Discharged 9th August, 1921. Total treatment took 17 hours.

Subject to violent palpitation on the slightest exertion, sometimes present even when lying down. The patient complained also of insomnia. Much worse for last six months. The last month had been spent wholly in bed. Symptoms began on extra exertion, lifting heavy balls of snow to make a snow-man five years before, and had been present off and on since. Patient was then being brought up by an aunt, of whom she was afraid. The aunt would not take her to a doctor, but the school authorities would not let her drill. Later taken to a doctor who said she was well; thereafter she was better for some months. She continued to live with the aunt, and to be afraid of her; the palpitation recurred for no obvious reasons, and she began to sleep badly. Another doctor said her heart was healthy, but restricted her exercise; this was followed by speedy exacerbation of symptoms.

Treatment consisted in assuring her that her heart was perfectly healthy, in explaining that, though the palpitation may have begun by over-exertion, that had left no trace of damage ; that palpitation was a normal accompaniment of fear ; that it would point to something being wrong if fear did not cause a temporary palpitation ; that she had been living in fear, first of her aunt, and second of her heart ; that now, at any rate, there was nothing to fear, and that as a matter of fact, seeing that she had finished living with the aunt, the future did not hold that cause of fear. She was also instructed to get up and go about. This explanation was given at the second interview. That night she slept well, and there was no further insomnia. At the beginning of the interview, when these explanations were given, her pulse counted over a minute was 90 at rest in bed. Next day it was 84, and three days later 78. The patient has, since discharge—4½ years ago—kept continuously at work. She is of a nervous type, but any emotional reactions she may experience never alarm her and pass off very quickly. No drugs or any other physical treatment were employed.

In the next example evaluation of symptoms, though important, was not the only point to be considered. There was another abiding anxiety which, however, was dealt with easily.

F., 48. Admitted 16th June, 1921. Discharged 13th July, 1921. Total treatment took 10 hours. (Case No. 5, Report for December, 1922.)

The chief complaint was utter exhaustion. She could not walk for five consecutive minutes. She would be incapable of dusting a room. There was also liability to dyspepsia, some depression, and sleep was sometimes poor ; but the whole picture was dominated by exhaustion. The present attack had lasted for two years ; but she had been subject to attacks for 22 years. The first attack had followed influenza when she was 26 years of age. While still ill, she became engaged to be married. After some months she was given a rest cure which was followed by considerable improvement, but not by cure. She became well enough to be married and soon became well. After her second baby, six years later, she found she had " this wretched neurasthenia again." After a treatment, which consisted in being rubbed with oil, she got better, but not so well as before. Since then she has never kept well for more than three years. Every time that there has been influenza about she has been ill with symptoms of exhaustion. She has had three formal Weir Mitchell courses, the first two in private under a doctor with great personal influence, followed by good results, the last one in a general hospital, without improvement. During the last eight or nine years she has had a great deal of treatment.

On more careful investigation into this history, it seemed very doubtful whether the original influenza had been an influenza at all ; it was without temperature, and indeed, there was nothing to suggest its presence except that there was an epidemic raging at the time. She was intensely worried because a brother had committed suicide. At many periods this family worry has been active in her mind, e.g., when the second child, a boy, was born. Would he be another like her brother?

Treatment consisted in throwing doubt on the toxic (influenzal) theory of her illnesses ; secondly, on throwing doubt on the objective reality of her exhaustion. The latter idea was quite new to her. It seemed to her to stand to reason that if one felt exhausted there must be an absence of energy, using the word in its strictly physical sense. Many reasons were given to show that the energy might be there, but that if one were afraid to use it, the result would be the same as if it were not there. She was aware that she had been afraid that she might throw herself back seriously if she attempted to do very much, and she had been greatly under the influence of the fact that never, till she had had a very careful rest, had she in the past become well. She was, however, attracted by

the idea put before her, and within a week was up all day living the full life of the hospital. The recurring anxiety about the suicide of her children was dealt with quite simply, by showing her that their liability to this was no greater than that of anyone else. Within two weeks she had walked twenty miles in one day. She has remained well and extremely busy since.

It has been suggested that this patient was in reality suffering from a manic-depressive psychosis, and that the recovery was one of those lucky accidents which brighten the lot of all who have to do with the care of these patients. And if this is so, many doctors have shared in the luck. Everyone who treated her seriously in the past produced some beneficial result, except those who did so in the general hospital. Before that she had been treated as an individual human being; the doctors were full of hope and enthusiasm. In the general hospital the physician seemed more interested in the other patients, the house physician was frankly bored with her case. This constellation of facts seems more readily to point to the case being of the psychoneurotic order. Further, with regard to her mental symptoms, she was, of course, depressed when she came; but the depression was the perfectly normal depression of a person weary of years of invalidism, and had nothing of morbid depression about it: it cleared off immediately that the prospect of a way of escape was opened.

Both these patients furnish examples of the simplest mechanism by which a neurosis is built up. In each there had been prolonged factors which had produced emotional reactions, and in each these reactions had been misinterpreted and regarded as signs of physical disease. In each the history revealed everything that was necessary for the further guidance of the case. Each patient was aware of the causes of anxiety, but neither had correlated these known causes with the onset of symptoms; neither was aware that the main cause of the prolongation of their illnesses was anxiety about their health. In the first example this anxiety was the sole cause, in the second it was the chief one, but there was in addition a continuation of the anxiety that perhaps her children might one day commit suicide. Each during the course of her illness had been told that there was nothing wrong, but this negative information had been of little use to them, because symptoms demand a positive explanation.

The next case is one where history-taking *per se* did not give a full explanation; in the two cases already described the patients themselves told in what direction they were suffering from anxiety; in that about to be detailed the patient stated emphatically that she had no anxiety.

F., 48. Admitted 9th June, 1921. Discharged 13th July, 1921. Total treatment, 10 hours. (Case No. 4, Report for December, 1922.)

Complains of exhaustion, insomnia, attacks of terror, severe pains all over the body, affected by electricity in the air and by the presence of people. These symptoms have been present for four years. Her mother had been very ill, and the patient underwent a heavy strain for six weeks nursing her; she was also servantless at the time, and therefore got very little rest or sleep. At the end of that time, however, she took ten days' holiday, but when she returned home she found that the servant whom they had obtained had "got on her mother's nerves." The patient began to suffer from muscular twitchings which kept her awake, and also prevented her from writing. She dreaded certain sounds, especially church bells and people talking. Her mother began to "get on her nerves." A year later the mother fell down the stairs. The patient had a terrible shock. "My circulation went all wrong." A year after that the patient was sent for treatment, was put under a "woman of great will power," who gave her graduated exercises. She became

well, but relapsed on going home. The patient's view was very definite, and as it was applied by her to subsequent courses of treatment, it is important. The woman overdid the exercise, especially during the last day or two, and therefore the patient went home overtired and collapsed at once. She returned to this place with exactly the same result. She then went to a doctor's house, got on well, but again was induced to do too much the day before she went home, and collapsed in the train, on which occasion she felt she must throw herself out of the carriage window. Before she came to Swaylands she had been away from home for some months, and when she came was improving. What she wanted was that someone would discover how the next attack was to be prevented. She was sure that there would be one; she felt that it would be quite impossible for her to judge what amount of over-exertion would precipitate her into it. She was leading a very careful life, not walking more than a mile or so in the day, but would have liked to be able to do more. She was very clear as to what had happened. At the beginning of the illness she had exhausted all her reserves of energy during the six weeks of nursing her mother; this reserve had never been replaced; each person who had treated her had used up what little had been stored up, because each had hastily concluded that because she could do more she could do anything; and therefore before they had finished with her they had again emptied the reservoir and left her physically bankrupt. She saw nothing for it but to proceed cautiously for a very long time, a year or two perhaps, and then she might be able once more to lead an ordinary life. Beyond the anxiety about her strength she had no other anxiety of any kind. She was not particularly disposed to accept the view that it was this very anxiety, i.e., that she would use up her strength, which gave her each attack. As a matter of fact, she had taken this severe exercise from each practitioner in the utmost good faith. She had felt sure with each of them that they knew best, and she had been genuinely surprised at the disastrous result, for each time she had felt so well under treatment that she had been sure that this time her reservoir of strength had been filled.

When this history was considered the salient point emerged that going home was the factor which had upset her every time; the home was associated with a period of anxiety and over-exertion, as we have seen, but that association seemed insufficient to produce symptoms of this magnitude. She had, however, stated that she and her mother had "got on each other's nerves." This is usually a euphemism for lack of affection, and, as no other source of anxiety could be found, she was asked frankly whether she did not hate her mother. She was taken aback at the question, but admitted that she did. After that admission it was easy for her to see everything. No further analysis was undertaken. As she was a woman of high principle, the mere recognition of this fact, entailing as it did the corollary that she was escaping duty by symptoms, enabled her to overcome her difficulties. About this time the patient previously described was beginning her twenty mile walks, and she joined her in these. Ever since then she has been at home looking after her mother who is now a confirmed invalid.

In the treatment of this case a further principle is introduced. In the two examples described first, the physician made no speculative inferences. He was presented with patients who showed no signs of organic illness, whose causes of anxiety were quite obvious. He had merely to show the patient that as anxiety is well known by everybody, lay and medical, to cause symptoms, and as they had, as they were well aware, these anxieties, it was likely that their symptoms were due to them. The whole success depended merely on putting these propositions in such form that the patients could accept them. In the last example the cause of anxiety was inferred by the doctor for reasons which fell far short of being proved. And there is no doubt that this is capable of becoming

a haphazard and dangerous procedure. But for the majority of psychoneurotic patients it must be done. There are some who hold that it should never be done. These belong to the strictest psycho-analytic school, and they are found also among those wholly opposed to that school. It is possible that in weeks or months the patient might by free association have arrived at the position to which she was otherwise so quickly brought; but if the inferences are not extravagant and have a reasonable basis for support, the method will be found to be fruitful of results.

In all these three examples it was believed by the patients that they were suffering from physical weakness of some kind, in one instance from a weak heart, in the others from general weakness. The assurance that this was only an apparent and not a real physical phenomenon was an essential of the treatment, although as stated above it is *per se* not of great value. It is now proposed to study a case where no physical view, at least no intelligible physical view, was put forward by the patient. It is true that he suggested that his nerves were out of order, but the word nerves had no meaning which he could assign to it. He had no idea whether he meant something of a physical nature by it or not.

M., age 41. Admitted 3rd September, 1921. Discharged 10th November, 1921. Total treatment 56 hours. This patient did not have half-hour interviews. Each was an hour long. (Case No. 20. Report for December, 1922.)

He complained of being depressed and worried. He complained also of shivering fits. These he attributed to an old malarial infection, and did not associate them with the illness for which he sought treatment. He had been depressed and worried almost all his life, but the symptoms had become unbearable during the last five or six years. He knew exactly what he was depressed about, viz.: his prospects in his career. The reason for this was perfectly rational; his superiors never understood him and always treated him unjustly. He sought no remedy for that; he was aware that other men were treated unjustly and had their careers blighted, but they did not fall into states of depression as he did, and he wanted a remedy for that.

He had been a timid boy, hating the games at school, dreading the punishments for not playing, refusing to fight when challenged. On the other hand he was above the average intellectually. He was highly placed, passing into and out of Woolwich, but as a cadet made no mark, partly because of a dread of horses which he could not overcome, partly because though he knew the work theoretically, he could never do tactics when he had men to command, and therefore he was in practical matters a failure. He was in the South African war but was not well there. Later he served in India and at home. Hearing that he might have the chance of receiving a good appointment he wrote to the General about it, and was told that this was not playing the game. This was, he considered, an example of the unjust way he had been treated by superiors. In the European War he was at the front for three days only, when he became emotional, wept and was confused, and was sent home to England. He regretted that he was never sent to France again as he very much wanted the D.S.O. to help him on in his career. Thereafter his professional history is one of quarrels with unjust superiors, of whom he asked favours, and who refused his requests. He had been told that he was a discontented officer. While this history was being given the patient made constant references to his father and also frequent ones to God. His father had always been a good friend, and apparently so far as he was able to do so had given him whatever he wanted. There was unfortunately no man of this type among his superiors. His father had died ten years before.

The patient said that he himself was a religious man, that he had had experience. On several occasions when he had had prolonged disputes about certain allowances due

to him, they had been promptly settled when he had prayed about them. He had felt of late a good deal of dissatisfaction with his wife because she was, in his view, irreligious.

It seemed a fair inference that his idealization of his father depended very largely on the fact that the latter had been very indulgent, that his religious enthusiasm likewise was measured by the material benefits that he had received, that his calling his wife irreligious depended on her not being much impressed with this particular view of God, and, finally, that his difficulty with his superiors and his career were associated with this. His superiors not only did not grant his requests, on many occasions they had chidden him for making them. His father had never done so. If at any time he had been unable to give him what he wanted he had expressed regret. From another point of view he had sought in vain for someone to take the place of his father. He longed for support and approbation, and he was getting it nowhere, not even from his wife. As a considerable degree of confidence had by now been established it was thought that he should be got to see that his whole position was false; and the first thing that was demonstrated was that his religious position was unworthy, that he was religious on his own showing only because he got something out of it. Whether he really did get something or not was immaterial, it was unworthy. It was shown also that his idealization of his father rested on the same basis. It was gratitude for favours received. His superiors were belittled because they did not reward him in accordance with his desires. He was, according to his own story, a failure in the practice of his profession, and, therefore, if they had given him all he asked for they would not have been acting in a manner worthy of their office. For example, though he had done badly in France, it was a grievance that he had not been decorated. At no time had his considerable intellectual gifts been overlooked. He had received several important posts where his linguistic ability had been capable of being utilized; he had enjoyed these posts very much; they had been highly remunerative. As a matter of fact he was by no means of junior rank; he had received a good deal of reward; but he kept his mind turned constantly on the things he had been denied. His misfortunes, it was indicated, largely represented this desire to have still with him the father to lean on at a time in his life when he should have been a supporter of others.

These views shocked him greatly, and for some days he was in despair, but he saw the force of them and began to improve; the first person to note a change for the better was his wife, who found that he no longer grumbled, nor constantly sought a mawkish comfort at her hands. Soon he felt well enough to return to duty, and wrote to say that he found for the first time for years that he could get on with his immediate superior. His reports have since been uniformly good.

In the consideration of this case it might be suggested that all that was really done was to make him recognise that he had no real grievance. This is probably not so, for that had been pointed out often before. It seems to the writer that what was done was to point out that his highest ideals were wrong, that he was at all times of his life a worshipper only of what would lead to his advantage, and that when he had assimilated that, then he was able to see that he had been an unjustifiable grumbler. That is to say, something was pointed out of which he was wholly unaware; in this he differed from the other patients whose cases have been considered. The two first were well aware of their anxiety, but did not connect it with their illnesses though they mentioned it, thus showing that they must have sensed some relation; the third knew of her anxiety, but had no idea at all of its relation as she did not trouble to relate it. This man, though aware of the facts, was not in the least aware that they were even troublesome or inglorious facts; he thought them commendable and reputable. He could never, therefore, by any chance have recognised them by himself as possible causes of illness. It will be noted that he took

much longer to treat than any of the other patients, for it was not till he had acquired the confidence which time gives that he would talk of those deeper feelings on which so much depended.

The next case to be studied is one where the patient was wholly unaware of the causation of the symptoms, and where a more specialized technique was employed to obtain the knowledge necessary for their abolition.

M. Age 19. Naval Officer. Admitted 9th June, 1921. Discharged 6th July, 1921. Total treatment 14 hours.

Patient had fallen against the iron rung of a ladder 1st March, 1921, and was said to have been concussed. He, however, carried on with his duties, but fainted two days later. Thereafter he was subject to epileptiform fits, in which he did not bite his tongue nor pass water. The moment the fit was over he became perfectly normal. He had also periods of unconsciousness, lasting several hours. He became subject to horrible dreams, especially in the hypnagogic state. Patient had always been perfectly healthy, and had always done his work well; had seen a good deal of active service ashore in Asia Minor, frequently under rifle fire without minding it very much. But he has all his life been subject to fear of the dark in a high degree. This was the sole neuropathic trait in his history. The fall was supposed to have been followed by a fracture of the skull, which had given rise to traumatic epilepsy. He was consequently advised to consult a neurologist with a view to trephining. The latter, however, diagnosed a neurosis and sent him to Swaylands.

It seemed that the most obvious thing for investigation was his dreams, which were distressing and vivid. On the 13th June, four days after admission, he dreamt that he fell down a hatch, his head was split open and he was bleeding. This led to more thorough consideration of the accident, and for the first time he explained that the accident had occurred because he was afraid of the dark. He was running along the dark deck, running because he wanted to get to the light as quickly as possible, and he tripped over something and fell. No one had been told before that he was afraid of the dark; naturally it was something he wished to conceal. On being asked how he managed his profession at all, he said that he was never afraid of the dark at sea, only on land or when the ship was in harbour. At the time of the accident she was in harbour. The only further association that occurred was of a servant in childhood, who used to beat his sister and tell stories of the bogey man.

Two or three days later the fear of the dark was said to be associated with a fear of burglars.

19th June. In the night had a somnambulistic attack when he dressed in uniform (which he had to unpack) and walked round the house, back to his room, and then returned to bed, having previously taken off and repacked his uniform. Next day he said he had had a dream of making his rounds on board ship accompanied by the quartermaster. In reality he met the night sister, who did not waken him but did accompany him. In the dream, after making his rounds, he wished to enter the fact in the log, was then left by the quartermaster, and had to return to his cabin alone in the dark in fear.

It was felt that a more direct attempt to get the origin of this fear must be made, and he was put into a state of hypnosis for this purpose. He then had a recollection that one night in childhood, after being frightened by the servant, he had to go upstairs to bed alone in the dark. There was enough moonlight to make things dimly visible. On the landing he thought he saw one or more burglars, and rushed up the rest of the stairs screaming. This brought his mother on the scene, who told him he was a coward. This recollection appeared to explain most of the phobia. He had been called a coward, which is a thing a naval officer should not be. He, therefore, never spoke of the symptom. It was, of course, explained why this was nonsense. The fear was present only where

burglars were possible, i.e., never when at sea, but always on land or when the ship was in harbour. That night he was able to walk through a dark grotto by himself, a thing he declared that would previously have been impossible.

27th June. A dream of frustrated suicide. He used three methods—stabbing himself with a knife, but the knife would not go in; shooting himself with a pistol, but it would not go off; cutting the vein of his wrist with nail scissors, but they would not cut. During his illness he had had the thought of suicide very frequently. Here, however, there was a representation of the suicide which could not take place. It was no longer necessary. After this he remained well.

It is probable that this neurosis was a defence reaction to get him out of the Navy. His position there had become intolerable. Except when he was at sea he lived, not only in fear of the dark, but in fear of being exposed as a coward. How far he is from being that is shown by the fact that ever since he has served exclusively in submarines.

In last year's report it was mentioned that he had again suffered from concussion, due to the overturning of a car in which he was travelling. He remembers nothing of this accident, and his first recollection is of finding himself in hospital. He was well in a week, and has remained so. Of late years there has been a growing scepticism as to the reality of the traumatic neurosis, i.e., a scepticism as to the part played by trauma as trauma. It is not often that an experiment can be arranged which shall give a good control in one and the same person, and in many ways this case furnishes exactly the control required for a precise decision. We have here a man on the first occasion with complexes which made his profession almost impossible, and we find that there followed a neurosis which did in actual fact very nearly remove him from that profession; had the symptoms continued much longer that would have happened. By the time of the second concussion there were no complexes which made him want to leave his work, and there was no subsequent neurosis. Several instances of this kind would settle whether traumatic neurasthenia depends on actual injury or on purely psychological factors.

The study of these cases seems to prove that there are illnesses or states of discomfort which depend wholly on ideas, which have no ætiological relations with the body, and which can be abolished by a change of mental orientation. We can from these examples predicate with confidence that it is well worth while to make a search for complexes along psycho-analytic lines, and we can do this without suggesting that there should be any failure to look for physical disease. It is fairly certain that all these patients, whose cases have just been described, would have been made worse by physical treatment. The first did become rapidly worse there and then when it was instituted. The second and third had become helpless on the first return of a symptom, because the idea of physical exhaustion had been put before them. The fourth would never have begun to reform his outlook so long as he was being treated physically. He would certainly have jumped at the excuse which physical treatment would have offered to avoid a decidedly painful enquiry into his ideas. The fifth, who was afraid to return to duty, would not have abandoned that fear for any physical treatment, and would most likely have found in the shock of an operation—for that had been proposed—the final reason for leaving the service.

It may be submitted then that disorders of psychogenic origin do exist; they are probably made worse by physical treatment.

The next point which stands out is that there are several methods of therapeutic approach. Simple explanation will suffice for a number, a number greater than is usually thought. There are two essential conditions for success. The explanation must fit the history and not the history the explanation; for this essential the history must be taken in considerable detail before the explanation is given. The second necessity is that the explanation shall be a positive one; the symptom must be accounted for in a fashion

which really makes its presence a thing that might have been expected. Therefore the word "nerves" will have no place in this explanation.

The great advantage of trying this method in nearly every case is that if it fails there is nothing to explain away before we proceed to the next step, which is to find some worry, anxiety or conflict which is not present in consciousness. This may be done by some form of the technique of psycho-analysis or by hypnotic exploration. It is the fashion at present to say that these methods cannot be combined, by which is meant that you cannot employ first one and then the other on the same patient. The study of the last patient shows that this is not so. By the study of his dreams which is a psycho-analytic process, a serious conflict was brought to notice, and a good deal of information, but not sufficient for the purpose was discovered about it. The hypnotic method solved the problem very promptly.

It has been stated in Freudian literature that the alleged incompatibility of the methods depends on their different aims, that the aim of psycho-analysis is to remove the repression so that the conflict may be solved, that the aim of hypnotism is to increase the repression and get rid of the conflict by putting it more completely out of sight. It is difficult to see how such a statement is applicable to the case under consideration, though hypnosis used purely therapeutically might have such an effect. There was, of course, in this case still an unsolved problem, viz., the problem of why the patient attached so much weight to his mother's opinion that he was a coward. But the fact that this problem remained unsolved did not prevent the patient from recovering his health. There must always be some problem left untouched; and it seems important never to go further than is necessary.

There are occasions when the one method is preferable to the other. Where little is known as to the exact nature of the problem the psycho-analytic method is best—the method of free association, of talking at large. For the scope of the method is wide, but not deeply excavating except after a long time. When the nature of the problem is known but not in its intimate bearings the hypnotic method will often be useful and will save time. Its scope is not wide; it is very narrow, but it can easily be made deep. Its defect is in its narrowness. Some years ago, one of your Committee likened the processes to the digging of a quarry and the sinking of a well. There are many patients who are not easily hypnotised—that also limits the method. There are many too who are unapproachable by the method of free association, and for these we have to make the most of a simple persuasion after explanation.

The time taken up by four of these patients was not greater than that spent over many physical illnesses, it cannot be called a very long time. The fear that psychotherapy takes endless time is therefore not necessarily justified.

It will doubtless be said that these are selected cases; and in a sense this is true. This is not a statistical enquiry, but in the statistics given elsewhere in this report, there are many patients, who are now well, on whom these methods were employed, so that similar examples are common. The fact that they all occur in one brief period is some indication that they represent a common kind of case. They all had to show some distinctive feature, and therefore none was taken where the method was exactly the same as had been already described. They are also selected in the sense that they were all patients who had been exclusively under the care of the writer of this report. None of his colleagues' cases has been commented on because he feels he can tell exactly what happened only in those patients whom he saw by himself. This plan, of course, narrowed the selection from which examples might be drawn, but not more favourably to the methods than unfavourably. The selection, therefore, was not wholly a selection of all the easy cases which had been seen. They must be classed as easy cases, but the truth is that these easy cases are commoner than is usually supposed. Of the first three it can be stated with confidence that so long as they were being regarded from a physical aspect they were uncommonly difficult.

SPECIAL REPORT ON PATIENTS DISCHARGED DURING THE YEAR 1924.

During the year 225 patients were discharged; but as three of these had been in the hospital twice during the year, only 222 individuals were dealt with. Twenty of them had been in residence in previous years: their cases will be found in the tables of those years. There were therefore 202 new patients who completed their treatment in the year. These are the largest numbers both as regards total amount and the number of new cases in the history of the Hospital. It is not likely that they will be exceeded.

Reports have been obtained from 179 of these patients. These have been divided into groups formed on the same plan as last year: details of each case will be found in the appropriate tables.

The total number of patients heard from have been classified as follows:—

Patients suffering from Psychoneuroses	...	...	...	...	...	114
" " " Drug Addiction	...	...	...	...	...	3
" " " Psychoses	...	...	...	...	...	30
" " " Organic Diseases	...	...	...	...	...	26
" " " Other Conditions	...	...	...	...	...	6
						179

Group I. includes all those who are described as suffering from one of the psychoneuroses. The after reports show that there were:—

Well or much improved	...	...	...	...	...	...	86
Not better, but at work	...	...	...	...	...	...	1
Well or improved, but not from treatment at Swaylands	...	...	...	...	...	...	2
Not better	...	...	...	...	...	...	25
							114

With regard to the 86 patients who improved and whose symptoms are given in Group I., Table 1, the majority were probably assisted to recovery by simple explanation and the discussion of difficulties of which they were for the most part aware. But there were some whose difficulties did seem to depend on complexes which were unconscious in the Freudian sense, complexes which when they were discovered struck the patients themselves as very important. Care was taken not to strain associations, nor to force them on these patients. Patient No. 16, who complained of feelings of faintness and trembling, with fears of insanity, had had the two worst attacks which he ever experienced at weddings. He expressed himself as being afraid of the marriage service. The idea of being married himself filled him with terror. He was the only son of a widow, his father having been dead for many years; the relations between his mother and himself were excessively affectionate. The Oedipus complex, according to the Freudians, is almost universal, but in our experience its presence in the adult does not seem to be a common occurrence. From his speech and conduct, however, this patient did seem to be in the position of lover towards his mother, and he himself was certainly not conscious of it. It appeared, after it was brought into

the field of consciousness, to explain the position to him, and especially to explain why he felt what he did about marriage. He was quite well a year later when he reported on his progress, and his feelings and conduct towards his mother have become normal.

This particular complex may also be a thing of which a patient is aware, but from which he is unable to disentangle himself. Patient No. 27 furnishes an example of this. He was obsessed with the idea of a mysterious union between himself and his mother from which he could not escape. It caused him so much trouble that he had for many years withdrawn from social life. He had never been able to discuss it with anyone before he came to Swaylands. Frank discussion was followed by great improvement.

Patient No. 84 is another who was assisted by the recognition of something which had been in the unconscious. In the evenings he was seized with feelings of restlessness and inability to settle to work or to do anything else. He felt he must smash the furniture, and he was aware that these feelings were associated with excess of desire. There was, however, an inhibition, which, in consciousness, was brought about by respect and affection for a member of his family. He had a recurrent dream which he could not recollect. In a state of relaxation this dream, or what he felt was this dream, was remembered. It was an incestuous dream directed towards this person. This seemed to explain the inhibition from another angle. He was inhibited because he was already psychologically married to this person. Again discussion freed him, and he has since become engaged to be married. It is difficult to avoid the conclusion that he was freed from his symptoms by the elucidation of this quite unconscious complex. He became and remained well when he arrived at the above conclusion.

These two are, however, the only two patients among these 114 where the full Freudian view seemed either probable or helpful. In many there were difficulties of which the patient was aware, but which he had not correlated with symptoms. I think, however, that we do owe a debt to Freud even with regard to the elucidation of this part of our problem. His methods have certainly been helpful in emphasising the necessity of dealing with it.

Patient No. 62 was of great interest from the point of view of loss of memory after trauma. He could give no account of his life whatever, but unless he was questioned about it he was not in a very abnormal state. He could occupy himself with all sorts of hand-work, at which he was highly skilled. He was the most obliging patient in the house, he would mend bicycles, instruments, anything, and he was never forgetful about them or late in returning them to their owners. But he knew almost nothing about himself except that he had a mother, some brothers and a niece, but he did not know who her father or mother were. He did know the names of all his other brothers; the father of this child was omitted from his list. He did not quite know how the child came to be his niece as she was not the child of any brother or sister of his that he could remember. She was, however, the person he was most interested in in the world. These symptoms had come on after a blow on the head eighteen months before. He had continued at work after the blow, but that night he had a fugue. He rode many miles on a bicycle and went on in a train, and was discovered a few days later about one hundred and fifty miles from home in the condition in which he was on admission.

From one of his relatives the information was obtained that for some years he had had a little quarrel with this brother and his wife, chiefly over financial, but also over emotional, matters. He had hardly been prevented from going to law about the money quarrel. After the fugue it had been thought best that their names should not be mentioned to him. The experiment of doing so was tried suddenly, and the effect was like a blow. The patient reeled and went white. Thereafter all sorts of memories flowed back, and soon nearly the whole story of his life had been recovered. The memory of the actual accident was not, however, recovered, so that it is probable that there had been a

genuine concussion, for there was nothing particularly horrifying about the accident itself. After the restoration of his memory the patient was, however, back in the condition of active hate of his brother, the very thing which had been the occasion of his illness, and this required long discussion for a period of some months. The attempt to modify this was on the whole successful, and he is now in fairly good health. The point of this case would seem to be as in that described earlier in this report that it was not the trauma, but the psychological conditions which were at the root of the symptoms.

It has been customary in past years to consider with more care the reasons why certain patients do not get better. These patients are to be found in Group I, Tables II., III., and IV. Four of them, Nos. 5, 8, 12 and 22 in Table IV. belong to that extreme type of obsessional neurosis which are recognised by all as the most difficult type of psychoneurosis. Patient No. 5 was compelled to stare at the sun until his eyes became painful, and though he had done this for years, it had not impaired his vision at all.

Patient No. 8, though unrelieved from her obsessions is now finding life bearable, probably because of a change we were able to effect in the conduct of her relatives. She was among other things compelled to wash for hours at a time. Her father resolved to stop this by force, with the result that she became so violent that she had to be removed to an asylum. She is now, however, living at home in peace. Since there has been absence of opposition the obsessions have been less insistent.

Certain patients were unhappy at Swaylands ; they were either unsocial or very spoilt at home. Such were Nos. 1, 2, 4, 7, 9, 13, 24. On the other hand there were some in this table who were desperately unhappy at home, who were very happy at Swaylands, who improved there immensely, but relapsed on leaving ; Nos. 18 and 19 were examples of this.

In this group also are to be found the very lonely people, not because of essential unsociability, but because of their misfortunes. No. 17 had been deserted by an erratic husband of whom she was very fond. She was childless, and felt unable to get interest in anything fresh.

Patient No. 3 had suffered from many misfortunes. His troubles began with a war neurosis ; on coming home he married a wife from whom he is now separated. He was a financier and lost all his money. He is, however, improving, and still attends from time to time. It is hoped to get him out of this table in time.

Patient No. 25 appears to be a person who did overwork. His father desired him to become a Rabbi, and he duly studied the Rabbinical books, and was said to have mastered the subject. He himself desired to become a doctor, and by himself read anatomy and physiology. For years he seems to have continued at excessive study. Suddenly he found that he could not work.

Patients No. 6 and No. 20 should possibly be in the psychotic lists.

In Table III. there are two patients who should have recovered at Swaylands. On careful consideration they seem to be the only two for whose failure there is no excuse.

GROUP II. DRUG ADDICTS.

No. 2 was the most serious. She took 5 or 6 grains of morphia daily. No. 3 was probably only an occasional addict. No morphia addict who has been in the hospital since it opened has failed to relapse. One paraldehyde drinker, who was under care during 1922-23, has kept well, and has been at work for a period of over two years.

GROUP III. PSYCHOSES. TABLE I. PATIENTS WITH DEPRESSION.

There were twenty patients in this table. Eleven of these are now much better, but two of them had to be sent away from Swaylands to mental hospitals. Of the nine who are no better only one left Swaylands improved.

TABLE III. PATIENTS WITH SCHIZO-PHRENIC SYMPTOMS.

Some of these patients were obviously psychotic on admission, but there were others where the diagnosis became manifest only after prolonged observation. Patient No. 5 had the appearance of the common type of psychoneurotic person, whose chief complaint was exhaustion. She felt very tired, was glad to rest in bed, and showed no mental symptoms till she had been in the hospital for about five weeks. The delusions which then manifested themselves had evidently been present for many months. Patient No. 8 was considered to be suffering from a psychoneurosis throughout his stay. Indeed, he seemed to recover entirely and left apparently happy and hopeful. Patient No. 9 has been in twice. On the first occasion he appeared to be suffering from a severe psychoneurotic condition, from which he made an apparently complete recovery. Five months after discharge he suddenly manifested a series of delusions. This attack, however, cleared up again completely.

The patients with organic disease need little comment. Among them has been provisionally placed a patient with spasmodic torticollis. This year another patient with this disorder has been studied from the psychological aspect; but as the study has not yet been completed, discussion of it is deferred. The number of organic cases (26) was considerably in excess as compared with those in former years.

GROUP V.

Both these patients seemed fairly well. Both were suffering because of their circumstances. The friends of No. 1 were anxious about him, and feared that he might do himself an injury. He never gave us any anxiety on that score.

Further Report on Patients Discharged during the year 1923.

In the Psychoneurotic group 62 patients were reported as well or improved. All of these except four have sent further reports. Six of these 58 who have replied are not well. Against this there are four reports of good health from patients who did not reply last year. That is to say, of 66 who definitely improved, 56 are known to have remained well for two years or more. Seeing that four who are better did not take the trouble to let us know last year, this figure does not necessarily represent the total improvement.

On examining the reports of those who relapsed it becomes clear why some at least might have been expected to do so. Patient No. 1 in the tables for 1923 should not have been in this list at all. With the further history before us it is fairly clear that she was a manic-depressive. No. 32 did not report himself well last year, but his doctor did. As events proved the patient was correct. He was one of those unfortunate people who, having undergone the operation of gastro-enterostomy without relief, was then subjected to further attempts to rectify the position. No. 33 is a very lonely professional woman, who has always taken gloomy views. She had a very extreme degree of visceroptosis. No. 47

was suspicious of people, and it was always a question whether she was not a paranoic. It cannot be said of any of these four patients that they belong certainly to the category of psychoneurotic persons. The remaining two certainly did. No. 58 has been again in hospital this year. She has domestic trouble, viz., a husband who is sometimes alcoholic. The husband has this time been interviewed, a thing which was omitted on her previous visit. On the whole the situation does not seem desperate, and it is hoped that the outlook is better. No. 60 relapsed, and this cannot be accounted for.

It would seem on the whole that the after results of this year are fairly satisfactory.

Group 1, Table III., the table which deals with those who got well elsewhere, of this year is interesting. Patient No. 3 seems certainly better after her further operations. But Patient No. 1 is not. Last year she wrote that she "was very much better indeed; that she had had an operation on her nose, which was certainly the cause of all her trouble." This year a letter was received, not from herself, but from her husband, who probably did not know of last year's letter. He wrote that within the last few weeks it had at last been found out what was wrong with his wife, viz., that she was constipated. By means of treatment by enemas much stuff that had been poisoning her for twenty-five years—the duration of her illness—was now being brought away. This treatment was being carried out by a nurse, who had discovered the condition, and he is naturally incensed that all the doctors who saw her should have overlooked this elementary point.

No. 2, who had been cured by electricity after leaving Swaylands, has apparently forgotten that she wrote to inform us of this fact a year ago.

The patients of this year who did not get better remain, on the whole, in poor health. Patient No. 14 (Group 1, Table IV.) is better at the moment: she was up and down a great deal while she was here. No. 17 is one of the patients whom we should have got better. He is better after treatment elsewhere.

In Group IV. it may be observed that the two patients with Parkinsonian symptoms Nos. 2 and 4) are both in *statu quo*.

Further Report for the Year 1922.

In the Psychoneurotic Group there were 76 patients reported on as improved. Reports have been received from 65 of these this year. Further, five other patients have been heard from who had not reported last year. These five are in good health. Of the 87 under review, ten are not so well as they were at the date of their discharge. One is dead.

Patient No. 13 is probably a recurrent psychotic. The present attack followed the death of her father. In it she hears voices nearly the whole day but is aware, as a rule, that they are symptoms of illness. She is in the hospital now and is improving. Patient No. 35 is married to a man much older than herself whom she also despises. Patient No. 41 is probably not very ill; he is a middle-aged bachelor who lives alone and who has few interests outside his work.

Patient No. 42 has enough money to live on provided she goes in for no extra expenses, and is devoid of any interest save such as concern herself. Patients Nos. 44, 51 and 53 are probably recurrent psychotics. Patient No. 45 is one who has had many operations designed to combat sepsis and is now having more. Patient No. 67 left too soon; he has always been intending to return and has invariably put off doing so.

TABLE IV. (PATIENTS WHO REPORTED THEY WERE NO BETTER.)

This table for this year has some cases of interest. Five of these patients are now well. One (No. 11), according to her mother's statement, gradually learned the lessons she had been taught at Swaylands. She had no further treatment. Another (No. 7) should never have been in this group. She has remained well since she left but had an attack of furunculosis at the end of the first year which had rather depressed her temporarily. For the recovery of the other three we cannot claim any credit.

Further Report for 1921.

In last year's report there were late histories obtained from 33 patients who had improved. This year 40 who were originally in this group have been reported on. Of these 40 two are dead. Nine of them are not so well. Two of them, Nos. 8 and 13, were recognised as belonging to the manic depressive group when they were at Swaylands in 1921. A third (No. 18), who was readmitted in 1924, was also clearly suffering from a psychosis. One patient (No. 25) underwent a severe abdominal operation last year. The other five who have relapsed belonged to the psychoneurotic group. One is an old man of 75 who suffers from insomnia.

Two (Nos. 43 and 48) suffered from hysterical paraplegia. They are both depressed.

In the second group, i.e., of those who have not improved, one, No. 19, became well after spiritual healing, and has remained so for two years. He is the only patient who has been in the hospital who has been cured by that means, so far as we have heard.

Another, No. 19, who was cured after treatment by a vaccine three years ago also remains well. She, too, is a solitary example. We have heard of no other who has been cured by such a remedy.

Summary of Results of all Cases.

of Patients suffering from Psychoneurosis since the Hospital was opened at the end of 1924.

	No. of Cases heard of to date.	Improved apparently by the treatment at Swaylands.	Improved by subsequent treatment elsewhere.	Not Improved.	Dead.
1921	... 41	... 27	... 2	10	2
1922	... 87	... 72	... 4	10	1
1923	... 89	... 56	... 4	29	0
1924	... 114	... 86	... 2	27	0
	—	—	—	—	—
	331	241	12	76	3
	—	—	—	—	—

Tables of the Cases of the Patients who left during 1924.

GROUP I. PSYCHONEUROSES.

TABLE I.

Patients who are now well or improved.

(The figures in brackets on the right hand side indicate the number of months between discharge and report.)

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1				
M. 43	6 months.	Depression. Nervous attacks. Loss of appetite. Headaches. Poor sleep. Phobias.	Much improved.	Is quite well and at work. (10)
2				
F. 18	7 months.	Terrors of different sorts.	Quite well.	Very well. (10)
3				
F.	6 months.	Pains all over. Feeling of inability to work.	Much better.	Very well. At work. (10)
4				
M. 19	2 months.	No energy. Tires easily. Indigestion. History of convulsive attacks.	All symptoms much improved.	Is well. At work. (10)
5				
M. 39	2 months.	Peculiar feelings in head. Depressed. Emotional attacks, weeping. Odd sensations in body and limbs.	All symptoms much improved.	Is well and at work. (10)
6				
F. 26	5 weeks.	Miserable. Head feels in a muddle. Tired. Cannot say certain words, such as "death," "funeral."	All symptoms gone.	Well and happy. (10)
7				
F. 34	2 months.	Depression. Brooding. Inability to work. Excessive day dreaming.	Much improved.	Very well, working. (10)
8				
M. 26	5 months.	Feels very weak. Headache. Fear of certain diseases.	Symptoms very much improved.	Is quite well and working. (11)

GROUP I.

TABLE I.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
9 F. 40	2 months.	Exhaustion, bodily and mental. Insomnia. Headaches. Indigestion.	All symptoms gone.	Is well. (11)
10 M. 58	3 months.	Miserable. Restless. No interest in life. Defective memory. Constipation.	All symptoms disappeared.	Is well. (11)
11 F. 33	2 months.	Obsessional ideas about husband. Alcoholism.	Symptoms absent.	Is very well. (11)
12 F. 37	3 months.	Headache. Backache. Poor sleep. Exhaustion.	Symptoms gone.	Is well. (12)
13 F. 47	2 months.	Worries easily. Headache. Insomnia. Bad dreams. Depression. Fears about her work.	All symptoms gone.	Is well and at work. (11)
14 F. 58	3 months.	Anxiety. Fear of insanity. Pain in head. Uncertain sleep. Lack of concentration. Easily tired.	Symptoms gone.	Is quite well. At work. (12)
15 M. 29	1 month.	Exhaustion. Depression. Inability to make up his mind about marriage.	Fatigue and depression less.	Is very well, married. (12)
16 M. 22	2 months.	Feelings of faintness. Tremblings, fear of insanity. Unable to concentrate.	Symptoms relieved.	Is very well and at work. (13)
17 F. 19	5 months.	Depression. Loss of weight. Headache. Indigestion. Constipation. Irregular menstruation.	Gain of 2 st. 3 lbs. All symptoms gone.	Very well. (10)

GROUP I.

TABLE I.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
18 F.	4 months.	Indecision. Insomnia. Obsession that she may have said or done the wrong thing.	Symptoms all very much relieved.	Is very well. (13)
19 M. 33	7 months.	Insomnia. Poor concentration and memory. Fear of doing criminal acts. Fears of gas taps.	All symptoms much improved.	Quite well and at work. (14)
20 M. 46	2 months.	Mental prostration and exhaustion. Bad dreams. Trembling of hands.	All symptoms gone.	Very well indeed. (7)
21 M. 26	1 month.	Lethargy. Always ready to fall asleep. Sexual thoughts	Sleepiness gone. Feels better.	Feeling well. Is at work. (18)
22 F. 29	1 month.	Feeling that she cannot do her work, that she skims over her difficulties, and never comes to grips with them.		Is well. Working well. (14)
23 F. 41	2 months.	Intense headaches so that she has to lie flat. Hiccough.	Symptoms gone.	Is well. (11)
24 F. 26	6 months.	Fears. Exhaustion. Depression. Inability to meet people. Self-consciousness.	Less self-consciousness. Meets people better. Fatigue much less. Depression gone.	Is feeling very well. (12)
25 F. 44	2 months.	Insomnia. Restlessness. Palpitation. Depression. Fear that something will happen.	All symptoms gone.	Is quite well. (16)
26 M. 49	1 month.	Severe indigestion. Extreme limitation of food. Insomnia. Terrifying dreams. Tremblings. Fits of horror.	All symptoms gone.	Is very well. (13)

GROUP I.

TABLE I.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
27 M. 33	5 months.	Inability to mix with people. Loss of confidence. Tends to lie in bed all day and sit up at night.	All symptoms much improved. Mixes easily with people.	Sticking to his work, is much better. (12)
28 F. 29	13 months.	Depression. Exhaustion. Obsession, fear of cancer.	Obsession and other symptoms gone.	Working and getting on very well indeed. (12)
29 F. 36	7 months.	Poor sleep. Depression. Hallucinations of the Devil. Compulsive acts. Insight good.	Sleep not very good. Hallucinations less frequent. Feels more normal.	Very well and working. (18)
30 M. 32	5 weeks.	Sensations of blankness of mind. Dejection. Difficulty in grasping a situation. Fear of brain deterioration.	All symptoms gone.	Is quite well, at work. (14)
31 F. 22	2 months.	Over-conscientious. Sexual fears. Mind strain due to introspection.	All symptoms much improved.	Is well and going to be married this month. (13)
32 F. 19	2 months.	Insomnia. Fears. Religious ideas of depressed nature.	Depression much less. Sleep not good.	Very well indeed. Working as medical student. (12)
33 M. 6 weeks.	6 weeks.	Nervousness. Moody, shy, will not mix with people. Palpitation.	Feels much better, mixing with people.	Very well. At work. (12)
34 F. 23	4 months.	Loss of confidence. Terror. Fear of insanity and suicide.	Feels very well. Fears gone.	Is well. (19)
35 M. 9 weeks.	9 weeks.	Attacks like coming out of gas. Fears that something is going to happen. Off work two years.	All symptoms gone.	Is quite well. At work. (13)
36 F. 21	1 month.	Depression. Exhaustion. Loss of weight.	Gained 10 lbs. Felt well.	Married. Very well indeed. (13)

GROUP I.

TABLE I.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
37 F. 33	6 weeks.	Indigestion. Dyspareunia. Loss of weight.	Gained 1 stone. Indigestion better.	Is very well, and has had another baby. (13)
38 F. 25	2 months.	Cannot adapt herself to married life. Inability to manage her home. Longing for old freedom.	In Statu Quo. Has gone to independent work.	Is well and at home. (14)
39 F. 30	4 months.	Exhaustion. Headache. Anorexia. Constipation. Loss of weight.	Gained 1 stone. All symptoms improved.	Is well and training for secretarial work. (13)
40 F. 54	5 months.	Exhaustion, chiefly physical. Sleep uncertain. Palpitation. Depression.	All symptoms gone.	Is very well. (20)
41 M. 26	2 months.	Dullness. Retardation. Depression. No interest. Bestiality.	Improving.	Very well indeed. At work. Very happy, thinking of being married. (13)
42 M. 59	1 month.	Insomnia. Depression. Fears of many things. Poor concentration.	Patient did not like the Hospital and discharged himself.	Perfectly well, but does not sleep as he used to do. (13)
43 M. 47	3 months.	Unhappiness. Unable to concentrate.	Felt better.	Excellent health. (13)
44 F. 41	8 months.	Insomnia. Worries over work. Obsession that she had done the wrong thing.	All symptoms nearly gone.	Very well and happy and at work. (12)
45 M. 23	6 weeks.	Insomnia. Headache. Dizziness. Depression.	Sleep good, not depressed. Headache. Dizziness gone.	Very much better, and at work. (13)
46 M.	3 months.	Palpitation. Insomnia. Exhaustion. Headache.	All symptoms much improved. Sleeps much better. Exhaustion gone	Is carrying on and doing his work. Keeping fairly well. (13)

GROUP I.

TABLE I.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
47 M. 15	2 months.	Nervousness. Stammering. Night Terrors.	Symptoms all greatly improved.	Is very much better. Stammering less. (12)
48 M.	3 months.	Constant trembling. Fear of going to work in coal mine. Hair gone grey rapidly.	Symptoms gone.	Is at work in a business of his own and is fairly well. (12)
49 F. 40	3 months.	Weakness. Headache. Insomnia. Confusion.	Gained 11 lbs. All symptoms much improved.	Feeling very much better. (8)
50 F.	3 months.	Exhaustion. Suffocating feelings. Dysphagia. Inability to concentrate.	All symptoms much improved.	Very much better and done all her work since she was here. (11)
51 M.	2 months.	Insomnia. Fear of being alone. Poor concentration.	Slightly improved.	Is able to do his work and is feeling better, but has not quite lost his nervousness. (13)
52 F. 23	9 months.	Fear of Spaces. Violent tempers. Alcohol addiction.	All symptoms gone.	Nursing in Canada—doing well. (17)
53 F. 25	17 months.	Vomiting. Anorexia. Extreme emaciation. 4st. 3lbs. Insomnia terrifying dreams. Amenorrhoea.	Gained 20 lbs. Periods profuse. Insomnia not much changed. No vomiting.	Slowly improving. (15)
54 M. 28	12 months.	Headaches. Globus. Pressure of head, fear of meeting people. Can not go out in the streets. Exhaustion.	Symptoms less. Goes out. Meets People. Exhaustion gone.	Much better. At work. Everything well except agoraphobia. (12)
55 M.	2 months.	Inability to read. Restlessness. Concentration poor, unable to play games properly. Ideas that he does not get due recognition.	All symptoms improved. Can read. Superiority feelings less. Less restless.	Is very well. Has had treatment for his eyes. (15)

TABLE I.
GROUP I.—cont.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
56 F.	2 months.	Exhaustion. Headache. Backache. Fear of everything. Flatulence. Abdominal pain.		Remains at work, but is unhappy. (11)
57 M. 44	4 months.	Inability to concentrate. Poor sleep. Fear of disease, especially influenza. Depression. Exhaustion.	All symptoms much less. Plays all games. Takes long walks. Cheerful. Sleep good.	Is fairly well. (12)
58 F.	2 months.	Insomnia. Dyspepsia. Grief at sudden death of husband.	Symptoms improved. Insomnia better.	Is at work. (12)
59 F. 39	4 months.	Headache. Insomnia. Loss of weight. Poor memory. Worry.	All symptoms greatly relieved. Still requires hypnotic. Not gained weight. Feels much better.	Has carried on in spite of home worries and has managed her house. (13)
60 F. 37	6 weeks.	Always tired. Pains in neck and abdomen. Insomnia.	All symptoms greatly improved. Intending to get married.	Symptoms better, but not well. (14)
61 F. 33	2 months.	Inability to cope with life. Pain in right side of abdomen. Exhaustion. Backache. Nervousness. Loss of weight.	Gained 13 lbs. All symptoms very much improved.	Better. Able to do much more. (14)
62 M. 38	7 months.	Loss of memory. Does not remember yesterday's occurrences. Violent hatreds of relatives.	All symptoms much improved.	Much better. Hatreds gone. Is working. (14)
63 F. 25	2 months.	Cannot go out far. Giddiness. Peculiar sensations in head and neck. Fear of dark, omnibuses and trains.	Symptoms gone; travels in trains, etc.	Is much better. (13)
64 M. 22	1 month.	Tired. Depressed. Giddiness. Inability to stick to anything. Aching in one leg.	Leg in statu quo. Other symptoms gone.	At work, on the whole better. Easily tired. (14)

GROUP I.

TABLE I.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
65 M. 23	5 months.	Depression. Inability to work or to see people. Fulness of stomach after food. Colicky pains. Constipation. Never worked since school.	Symptoms less. Went to work at fruit farm.	Is in business, doing fairly well. (12)
66 F. 40	6 months.	Exhaustion. Pains in head. Fear of fatigue, of cold. Insomnia. Depression.	Symptoms relieved.	Continues to do her housework. Has lost pain in head and fear of fatigue, but still has some insomnia. (11)
67 F.	1 month.	Fears of company, of windows—of hurting someone.	Fears much less.	Symptoms hardly ever present: at work. (12)
68 F. 45	2 months.	Pain in left abdomen. Irritability.	Pain much better.	Fairly well. (11)
69 F. 39	2 months.	Palpitation and Tremors. Exhaustion.	All symptoms much better.	Is fairly well. (10)
70 F. 30	7 months.	Fears. Particularly in dark. Visual hallucinations. Tremor. Unsteady gait. Stammer.	All symptoms much improved.	Well until 3 weeks ago. Some depression since. (10)
71 M. 43	1 month.	Loss of self-control. Obsessed about wife. Fear of heights and of death.	All symptoms improved.	Continues to improve. (12)
72 F. 39	3 months.	Depression. Exhaustion. Fears of being alone, of losing reason, of suicide, of heights.	All symptoms much improved.	Very much better. (12)
73 F. 39	11 months.	Dysmennorrhoea. Headache. Depression. Loss of appetite. Constipation. Loss of weight. In bed for several months.	Gained 11 lbs. Other symptoms much better.	Able to go for walks and do work of the house. Still feels tired. (12)

GROUP I.

TABLE I.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
74 M. 56	4 months.	Feeling of something going to happen to him. Pains in abdomen. Depression. Fits of weeping.	All symptoms much improved.	Improving slowly. Often good days. (13)
75 M. 42	2 months.	Attacks of Alcoholism. Fears. Self-reproach.	Understands himself better.	Is better. At work. (14)
76 M. 26	1 week and 1 month.	Stammering. Sense of inferiority.		Improved as regards inferiority, but still stammering. (7)
77 F. 53	2 months.	Insomnia. Headache. Constipation. Indigestion. Exhaustion.	Symptoms gone.	Feels better, but is still liable to insomnia, and fatigue. Other symptoms gone. (12)
78 M. 26	6 months & 2 months	Out of sorts. Bilious. Nervousness. Sex worries. Lost both legs in the war.	All symptoms much less	Been at work since June. Much better. (13)
79 F.	1 month.	Oppression on head. Frightened of everything; giddiness; impairment of vision, when the weather is dull. Horror of crowds.	All symptoms much improved.	Much better, still fears of insanity, of the street. (10)
80 F. 57	3 months.	Attacks of depression which last two or three months. They recur once or twice a year, accompanied by insomnia, fatigue and fears.	All symptoms gone.	Relapsed July, 1925. Re-admitted. (14) Quite well.
81 F.	6 months.	Sickness. Feelings of faintness.	Lost all symptoms.	No return of symptoms. (12)
82 F. 64	2 months and 2 months.	Pains everywhere. Unable to walk without sticks. Unable to bath herself.	Symptoms gone.	Returned August, 1925. Depressed, some pains in her leg. No re-appearance of other symptoms. On discharge, better, pain gone.

GROUP I.

TABLE I.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
83 F. 28	5 months.	Shortness of breath. Difficulty in swallowing. Headache. Sleeplessness. Constipation. Exhaustion.	All Symptoms improved. Long walks. Hockey, etc. No headaches. Sleep good.	Working; still some breathlessness when tired. (9)
84 M. 19	4 weeks.	Inability to concentrate. Excessive sexual desires. Feeling that he will smash furniture.	All symptoms gone.	Well and at work. (12)
85 M. 20	5 months & 3 weeks	Anxiety. Fears of crowds, of noise and of fainting.	All symptoms improved.	Much better. At work. (8)
86 F.	2½ months.	Dragging of left leg. Pains in hip. Depression. Headache.	All symptoms gone.	Very well.

GROUP I.

TABLE II.

Patients who are not better but who are at work.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1 M. 52	2 months.	Insomnia. Feeling of stupidity. Inability to think.		Still has symptoms, but is working. (14)

GROUP I.

TABLE III.

Patients who are improved, but who do not admit that the improvement is due to treatment at Swaylands.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1 F. 19	3 months.	Noises in ears. Blepharospasm.	Symptoms all much better.	Relapsed, but been made well elsewhere. (17)
2 F. 23	4 months.	Fear of walking in sleep. Of insanity. Of never recovering.	Somewhat improved.	Is quite well. Was cured elsewhere. (13)

GROUP I.

TABLE IV.

Patients who are no better.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1 F. 18	2 months.	Indigestion and constipation. Headache. Insomnia. Amenorrhoea. Loss of weight.	All symptoms improved. Gained 18 lbs.	No better. (12)
2 F. 46	10 days.	Exhaustion. Easily worried Insomnia.	Disliked Hospital and was advised to leave.	In statu quo.
3 M. 38	8 months.	Attacks of unconsciousness, sometimes with epileptiform convulsions. Fugues.	Attacks much less and milder.	Attacks still present, but much fewer. Not working. (11)
4 F. 40	2 months.	Tiredness. Backache. Depression. Indigestion. Insomnia. History of operations. Emaciation.	Went home for further opinion.	In statu quo. (12)
5 M. 32	1 month.	Compulsions of staring at sun, of straining his body, of having to hurt himself someway.	In statu quo.	In statu quo. (12)
6 F. 41	3 months.	Exhaustion of mind and body. Belief that she is insane. Loss of memory.	Symptoms somewhat relieved.	Relapsed and wanted to come back, but changed her mind. (11)
7 F. 60	2 months.	Giddiness. State of emotional excitement.	In statu quo.	In statu quo. (14)
8 F. 33	7 months.	Compulsive ideas and acts. Washes for hours. Cannot look at herself in a mirror. Obsession of hairs, of her shape being wrong. Insomnia. Outbursts of temper.	Insomnia gone. Tempers better. Obsessions present, more under control. Gone to situation.	Obsessions still present—living at home. (12)
9 F.	4 months & 2 months	General debility. Abdominal pains.	Gained some weight. Pains were relieved.	Not much better. (5)

GROUP I.

TABLE IV.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
10 F. 47	1 month.	Insomnia. Fatigue. Failure of concentration. Dyspepsia. Noises in head.	Sleep good. Fatigue better. Noises occasional. Feels much better.	Symptoms are as bad as ever. (12)
11 M. 36	2 months.	Loss of appetite. Dyspepsia. Loss of sleep. Depression. Exhaustion.	All symptoms gone.	His doctor writes that he has not done well and has been retired. (14)
12 M. 31	9 months.	Stress in head. Fear of killing wife. Ejaculatic Praecox.		Not well. (18)
13 F. 23	2 months.	Exhaustion. Fear of meeting people. Feels well only after alcohol. Broken sleep.	Left feeling much better. Active.	In statu quo. (19)
14 F. 75	1 month.	Weakness. Poor sleep. Irritable and hypercritical. Depression.	All symptoms much improved.	Is worse than when she was here. (12)
15 F. 50	7 months.	Odd feeling in neck. Noises in ears. Bad smell in nose. Depression. Insomnia. Fear of insanity.	Noises in ears present. Feels better in other respects.	Losing ground. Great shock—death of son. (12)
16 M. 63	1 month.	Irritation of dorsal spine. Mental excitability. Restlessness. Emotionalism.	Symptoms slightly improved.	Much the same as on discharge. (13)
17 F. 45	2 months.	Severe pain in vagina. Pollakiuria. Depression.	Pain gone. Pollakiuria less. Depression less.	Not very different from when she left. Pain comes on periodically. (13)
18 F. 52	2 months.	Depression. Fear of diseases especially duodenal ulcer. Pain after food. Insomnia.	All symptoms gone.	Is feeling ill with a sore tongue, has a fear of cancer. (13)
19 F. 69	4 months.	Depression. Associated with religious fear of saying blasphemous words. Insomnia. Inability to read newspaper.	Symptoms gone.	Relapsed and wished to come back. (20)

GROUP I.

TABLE IV.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
20 M. 56	5 months.	Depression. Questions as to whether things happened really, whether he is himself. Insomnia. Off work. Fear.	All symptoms very much improved. To return to work.	Has had to give up work and he is feeling as bad as ever. (13)
21 F. 42	2 months.	Exhaustion. Insomnia. Depression recurrent, for the last 6 years.	Symptoms improved.	(13) No better. (19)
22 M. 65	4 months.	Obsession that he will be sent to gaol. Pains and aches. Exhaustion. Poor sleep. Abdominal discomforts.	Obsession disappeared. Other symptoms, in statu quo.	No better. Much pain. (13)
23 M. 43	9 months.	Complete exhaustion. Chills. Poor concentration. Anxiety. Done no work for 16 years.	All symptoms gone.	Is very well and working with a firm of solicitors. (6) Not so well; no work. (12) Returned to Hospital complaining that he is inhibited from looking for work.
24 F. 64	2 months.	Dyspnoea (Subjective only) Choking sensations. Inability to walk.	In statu quo.	Says she is slightly better.
25 M. 25	3 months.	Headaches. Pressure. Losing intellectual power. Poor sleep.	Improved.	Relapsed—as on admission.

GROUP II.
DRUG ADDICTS.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1 F. 51	1 month.	Nervousness. Poor sleep. Poor appetite. Craving for alcohol.	Declined to stay.	Sometimes better: sometimes worse.
2 F. 32	4 months.	Morphia addict. Takes 5 grains daily.	Reduced to nil.	Relapsed in a few weeks. (22)
3 F. 44	1 month.	Insomnia. Depression. Pain in back when walking. Morphia addict.	In statu quo.	On the whole better. Is working. (10)

GROUP III. PSYCHOSES.

TABLE I.

Patients with symptoms mainly those of depression.

(a) Those who have improved.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1 F. 34	12 months.	Loss of concentration. Lack of interest. Insomnia. Depression.	Symptoms much improved.	Not well yet, but better. (18)
2 F. 32	1 month.	Depression. Insomnia. Fear of insanity. Cannot make friends. Absence of emotion.	Depression less. Fear gone. Insomnia gone.	On the whole she has been better. (13)
3 F. 42	3 months.	Depression. Attacks in which she smashes things.	Symptoms all relieved.	Has been quite well since July. (13)
4 F. 43	1 month.	Depression. Insomnia. Feels career has finished. Hopeless.	Improving.	Has absolutely recovered, and has got a new appointment. (8)
5 F. 36	3 months.	Intermittent attacks of depression. Religious trouble.	Symptoms gone.	Well and at work. (14)
6 M. 39	1 month.	Insomnia. Dazed feelings. Depression. Impaired vision. Delusions, about wife.	All symptoms somewhat relieved.	Is well and at work. (12)
7 F. 60	3 months.	Loss of grip and interest. Extreme negativism. Loss of faith. Has been given over to the Evil One. Insomnia.	In statu quo.	Is quite well. (13)
8 F. 48	1 month.	Restlessness. Depression. Insomnia. Fears of insanity.	Became noisy and rebellious. Discharged unsuitable.	Is much better, but not quite right. (12)
9 M. 50	1 month.	Inability to work. Insomnia. Depression. Self-depreciation. Fear of going to Hell.	Discharged unsuitable.	Has been very bad indeed, but is now well on the road towards recovery. (13)
10 F. 56	5 months.	Pressure on head. Insomnia. Religious depression.	Symptoms all improved.	Better on the whole ; liable to scares. (11)
11 M. 68	4 weeks.	Depression. Insomnia. Symptoms getting better.	Symptoms gone.	Quite well.

GROUP III. PSYCHOSES.

TABLE I.

(b) Those who have not improved.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1				
M. 58	1 month.	Insomnia. Lack of concentration. Feelings in head as if he were becoming insane. Fears about losing money.	In statu quo.	Very depressed. Thinking of suicide. (13)
2				
M. 57	1 month.	Worry. Inability to work. Sense of failure. Depression.	In statu quo.	In statu quo. (12)
3				
M. 62	3 months.	Depression. Insomnia. Unable to appreciate beauty. Poor appetite. Fears. (Many attacks in last 25 years.)	Depression passed off and was replaced by mild mania.	Is having another attack of depression. (13)
4				
M. 49	1 month.	Depression. Weakness. Pain in back. Defective vision on attempting to work. Lack of confidence.	Symptoms gone.	Attempted suicide. (17)
5				
M. 48	4 months.	Fear of insanity. Insomnia. Depression. Suspicious that he will be taken to an asylum.	Symptoms not much changed.	Is in a mental Hospital. (12)
6				
M. 61	3 months.	Depression. Self-reproach. Insomnia. 2nd attack.	Symptoms slightly relieved.	In statu quo. (13)
7				
F. 4	4 days.	Auditory hallucinations. Dirty habits. Unable to dress herself.	Discharged unsuitable.	In an asylum. (14)
8				
F. 47	2 days.	Great mental retardation. Feeling of numbness. Insomnia. Depression. Restless movements.	Considered unsuitable.	Got better, but has relapsed again. (12)
9				
F. 55	4 months.	Depression. Insomnia. Feeling of something having snapped in head. Destructive habits.	In statu quo.	Dead.

GROUP III.

TABLE II.

Patients with symptoms mainly of exaltation.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1 F. 60	2 months.	Poor sleep. High spirits. Excitable. A long list of recurrent attacks of exaltation and depression.	Sleep better. Still rather exalted. Discharged rather unsuitable.	Beginning to improve. (13)

GROUP III.

TABLE III.

Patients with symptoms of Dementia Praecox.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1 F. 28	3 days.	Depression. Delusions of persecution.	Discharged unsuitable.	In statu quo. (11)
2 M. 20	6 weeks.	Inability to concentrate on work. Extremely introspective. Silent. Hardly talks.	Symptoms little changed	In statu quo. (10)
3 M. 15	8 days.	Delusions that he does not belong to the family. Hallucinations of voices.	Discharged unsuitable.	In asylum. No better. (11)
4 F. 30	5 weeks.	Obsession that she has cancer of stomach. Insomnia. Depression. Later beliefs that there is evil around her. History of outbursts of temper.	Discharged unsuitable.	
5 F. 29	2 months.	Headache. Fatigue. Nervous in company. Later: Belief that she is pregnant, that she is visited in bed by a man every night. Belief that she saw him outside room.	In statu quo.	Is certified. (13)

GROUP III.

TABLE III.—*cont.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
6 M. 19	2 months.	Weakness in head. Hears voices which say "rude" things.	Discharged unsuitable.	Father writes that he has had to be certified. (13)
7 F. 28	8 months.	Self-conscious. Not able to look at men, even her father. Depression. Sleepy.	Improved but lately had ideas of persecution.	Much the same as on discharge. (12)
8 M. 22	6 weeks.	Inability to concentrate. Pains in the eyes. Shy with strangers. Fatigue; loss of weight. Various fears	Can walk 10 miles. Symptoms all gone. Gained 8 lbs.	Certified. (12)
9 M. 20	6 months.	Neglect of elementary things of life, such as washing, care of bowels, getting out of bed, etc. Fatigue. Fear of crowds and women. Loss of concentration. Nervousness. Loss of weight.	All symptoms gone. Gained 11 lbs.	Re-ad : for 7 months. Delusions of persecution, auditory hallucinations. Attack cleared up in April, 1925—Well now.

GROUP IV.

ORGANIC DISEASES.

The number of these was larger last year than it was the year before, 26, as against 13. They were as follows:—

DISEASES OF THE NERVOUS SYSTEM.

Disseminate Sclerosis	...	...	...	...	...	...	2 cases
Postencephalitic Parkinsonianism	...	...	...	...	...	...	1 case
Syphilitic diseases	...	...	...	...	...	...	6 cases
Cerebellar degeneration	...	...	...	...	...	...	1 case
Subacute combined degeneration	...	...	...	...	...	...	1 case
Hemiplegia	...	...	...	...	...	...	2 cases
Degeneration of Cortex, causing loss of memory	...	...	...	...	...	...	2 cases
Spasmodic Torticollis	...	...	...	...	...	...	1 case
							—
							16 cases
							—

The patients with disseminate sclerosis were both in an advanced state of the disease.

The patients with syphilis all had a positive Wassermann. One suffered from intense headache. His symptoms disappeared with antisyphilitic treatment and he has kept well. Another has since been certified as suffering from General Paralysis. None of the others improved. Their symptoms were chiefly those of inability to do their work with their former facility.

The patient with subacute combined degeneration is dead.

DISEASES OF THE CIRCULATORY SYSTEM.

One patient with mitral stenosis.

One patient with cardiac arrhythmia.

Both are dead. One of these, however, was suffering from psychotic depression and was in the hospital for that disorder when she died. The other was sent as a case of palpitation due to nervous causes and was discharged as unsuitable for treatment.

DISEASES OF THE GENITO URINARY SYSTEM.

One patient died of uræmia a few days after admission.

One patient was admitted on account of pelvic pain and weakness in the left leg. She recovered from these symptoms after the removal of a large impacted fibroid of the uterus.

DISEASES OF THE RESPIRATORY SYSTEM.

One patient with chronic asthma was sent for psychological treatment. There was no special reason to suppose that his illness had a psychogenic origin.

There were five other patients with nervous symptoms, which may in part have been due to psychogenic causes, but where physical reasons were of much greater importance in the origin, or the continuation of their illnesses.

GROUP IV.—*cont.*

1. M. (33).—Complained of inability to concentrate, loss of power in arms, attacks of depression, alternations of diarrhoea and constipation. He was found to be infected with the Amoeba of Dysentery, and was referred for treatment elsewhere. He became well.

2. F. (40).—Complained of dragging pains in abdomen, frequent micturition, fatigue, headache, depression. She had undergone several abdominal operations: healing had not taken place easily, and it seemed likely that she had good physical causes for her abdominal discomforts.

3. M. (33).—Had many psychoneurotic symptoms—feelings of tension in the head, insomnia, obsession about masturbation. But many years before he had undergone the operation of gastro-enterostomy. This had then been undone. The stitching of the abdominal wall had failed and he carried his abdominal contents about with him in a bag slung over his shoulders with little but skin between them and the outside world. He had a great deal of abdominal discomfort.

4. M. (24).—Complained of trembling of legs, burning sensations, often confused and drowsy. He suffered, however, from frank diabetes, and was referred elsewhere for treatment.

5. F. (33).—Complained of pains in the back, fatigue, indigestion, headache, poor sleep, loss of weight. She had, however, recurrent bouts of temperature lasting a week and running up to 100° F. No reason for this could be found, but it was judged that these were not the symptoms of a psychoneurosis but of an infection.

GROUP V.

Patients who are normally depressed from known causes.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1 M. 65	3 months.	Insomnia. Depression. Has become bankrupt.	Symptoms all much improved.	Not depressed.
2 M.	12 days.	Exhaustion. Sleeplessness. Depression. Has an insane wife who is not certified and whom he tries to look after.	Improved.	Been at work ever since. Often depressed. (15)

GROUP VI.

Psychopathic Personalities.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1 M. 23	2 months.	General incapacity. Indigestion. Headaches. Insomnia. Grievance against parents.		Gets jobs but does not stick to them. (13)
2 M. 26	3 months.	Depression. Apathy. Headache. Memory poor. Loss of weight.	Gained 5 lbs.	Has been at the Fredk. Milner Home for 7 months. Is cheerful and seems improving, but still "nervy." (13)
3 M. 41	1 month.	"Nervous debility." Very thin and weak. Always feeling cold. Never done any work in his life.	In statu quo. Mentally deficient.	In statu quo. (10)
4 F. 47	3 months.	Noises in head. Deafness. Exhaustion. Religious self-satisfaction.	Symptoms less. Outlook doubtful.	In statu quo. (11)

TABLES FOR 1923.

GROUP I.

TABLE I.

Patients who are now well or improved.

(The figures in brackets in the fifth column indicate the number of months between discharge and report.)

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925.
1					
F. 38	2 months.	Worries over trifles. Depression with weeping. Frightened feelings.	All symptoms disappeared.	Going on well. Had a baby a year later. (10)	Became depressed Certified
2					
M. 32	5 months.	Easily fatigued body and mind. Worries easily. Loss of weight. (6ft. 2: 9-13½)	Weight 11-2. Takes full exercise; fatigue much less.	Very much better and at work. (12) Spent two weeks of holiday here to get reassured.	Very well At work
3					
F. 19	1 month.	Headache, Sleeplessness. Indigestion. Fatigue.	All symptoms much improved.	Is well, but having her teeth out. (12)	Is well
4					
F. 39	3 months.	Severe frontal headache Erotic feelings. Fears over many things.	Headache gone. Fears gone.	Very well indeed. Going to have a baby. (14)	
5					
F. 45	3 months.	Pains in Limbs and body. Palpitation Insomnia. Giddiness.	Very much better.	Re-admitted for one month. Very well working. (14)	Very well

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GROUP I.
TABLE I.—cont.

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
6 F. 19	4 months.	Restlessness. Loss of feeling. Feels she does everything wrong.	Symptoms all less.	Is very well (12)	Very well
7 F. 40	2 months.	Insomnia. Depression. Loss of weight.	Feels very well. Gained 13 pounds.	Better in health. Very unhappy. Taking action against her husband. (7)	
8 F. 24	6 months.	Attacks of shaking. Fear of being alone, of the dark, of burglars, of losing consciousness. Fatigue.	All symptoms gone.	Quite well in spite of great strain. (12)	Is well. Married
9 F. 29	7 months.	Confusion. Insomnia. Depression.	All symptoms gone.	Is quite well and at work. (12)	Well and at work
10 M. 61	2 months.	Obsession about bowels. Will not go out till they are moved. Loss of interest. Symptoms arose after encephalitis.	Obsession disappeared. Felt much better.	Is very well. (9)	Keeps fairly well
11 F. 54	1 month.	Bodily and mental fatigue. Pains in head and joints. Emotional. Fears of draughts.	All symptoms much improved.	Can certainly count as a cure from a medical point of view. (11)	Is feeling well

GROUP I.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
12 F. 36	1 month	Insomnia. Perpetual worry. Headache. Fear of insanity. Double talipes equinus.	All symptoms gone.	Is quite well. (18)	Quitewell At work
13 F. 40	13 months.	Headaches. Want of concentration. Fatigue. Insomnia. Outburst of temper. Has had three years of analysis.	Symptoms all greatly relieved.	Is well and at work. (16) In several times for short periods.	Quitewell At work
14 F. 61	2 months.	Lack of will-power and interest. Loss of caring for her family. Fear of insanity.	All symptoms gone. Feels well.	Excellent health, sleeps well. (13)	Is very well
15 M. 58	2 months.	Depression. Insomnia. Constantly calling his wife's name. Self depreciation. Fatigue. Unjustified financial fears.	Symptoms all greatly relieved.	Is keeping well and at work. (24)	Well. At work
16 F. 34	5 months.	Poor sleep. Headaches. Poor appetite. Worry. Diarrhoea. Abdominal pains.	Symptoms slightly less. Seems able to work but does not feel it.	Is well and at work. (19)	Fairly well and at work
17 F. 25	3 months.	Terror. Emotion. Some confusion. Sleeplessness. Menorrhagia.	All nervous symptoms gone. Not a person of great calibre.	Is keeping well and is happy. (20)	Is well and happy

GROUP I.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
18					
F. 21	4 months.	Burning feelings in head. Insomnia. Somnambulism. "Fainting."	Symptoms much less.	Very well and at work. (12)	Very well At work
19					
F. 24	2 months.	Fear of suicide. Depression. Fear of having children.	Symptoms greatly relieved.	Is well and has just had a baby. (21)	Is well
20					
M. 42	2 months.	Trembling on right side. Headache. Loss of sense of environment. Poor sleep. Fatigue. Fear of impotence.	Symptoms nearly disappeared.	Has kept well and at work. (13)	Feels well. At work. Amnesic attack once, but felt none the worse
21					
F. 24	3 months.	Severe pain in head. Tinglings of skin. Fears of insanity and of paralysis.	All symptoms gone.	Is quite well and has had a big increase of salary. (13)	Very well
22					
M. 36	2 months.	Headaches. Broken sleep. Depression. He has twice "disappeared" and been lost for months.	Much improved. Left feeling well.	Is quite well. (12)	Quite well
23					
F. 40	3 months.	Difficulty in walking. Feels as if she could not control her legs.	Symptoms all gone.	Re-admitted for 1 week in December, 1923. Writes that she is very much better. (16)	Is well

1923

GROUP I.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
24					
F. 36	3 months.	Pain in back and head (traumatic). Loss of concentration.	Symptoms all gone.	Is now quite well. No trace of headache or backache. She is at work. (13)	Well. At work
25					
F. 61	4 months.	Constipation. Insomnia. Difficulty in swallowing. Poor appetite. Agarophobia.	All symptoms much improved.	Is quite well. (12)	Quite well
26					
F. 19	1 month.	Giddiness. Poor sleep. Headache. Hysterical attacks (weeping).	All symptoms gone.	Has worked well. Is well in health. Has gained 2st. (12)	
27					
F. 18	2 months.	Great loss of weight (6 st. 4 lbs.) Amenorrhoea.	Gained 20 lbs. (7 st. 10 lbs.) Two shows of period, neither very good.	Relapse—1923. Re-admitted December, 3 months. Is very well. (7)	Very well At work
28					
F. 36	10 months.	"Strung up." Very weak. Bad sleep. Diarrhoea frequent. Loss of concentration.	Felt a new woman. Can manage well.	Quite well. (15)	Quite well
29					
F. 33	1 month.	Loss of weight. Fatigue. Rheumatism.	Gain of 6 lbs. Feels less fatigue.	Is well and at work. (13)	Well. At work
30					
F. 31	3 months.	Mental and physical fatigue. Insomnia. Loss of weight. Self depreciation.	Insomnia better. Gain of 10lbs. Fears less.	Is quite well. (16)	Quite well. Working

GROUP I.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
31 F. 42	5 months.	Discomfort and flatulence after food. Vomiting. Depression. Nervousness. Has had 4 abdominal operations.	Symptoms relieved. much less nervous.	Has been at work ever since she went away. Still vomits but is able to manage her life much better than she thought. (13)	Working hard, less vomiting. Manages herself
32 M. 29	9 months.	Full feeling in stomach. Headaches. Insomnia. Attacks of despair. Had had gastro-enterostomy, and subsequent operation for adhesions.	Symptoms much improved.	Patient writes "Just the same." (14) Dr. — writes "Patient has got going at last and is doing his work quite well. Occasionally gets slight relapses but they do not last long." (15)	As bad as ever
33 F. 55	month.	Fatigue, bodily and mentally. Visceroptosis.	Feels better.	Is more able to get through her work and has felt strong during the last year. (14)	Feeling tired and run down but continues work
34 M. 47	4 months.	Insomnia. Lack of concentration. Unable to go 200 yards away from a Doctor. Has been psycho-analyzed for years before admission.	All symptoms much improved. Can go anywhere.	Is better than he was. Is able to go about. Living at home. Still having Psycho-analysis. (13)	Improvement. maintained. Still being analysed
35 F. 41	2 months.	Pains in legs. Trembling. Faintness. Fatigue. Headaches.	Improved.	Much better. (14)	Much better
36 F. 45	2 months.	Pressure on head. Insomnia. Pricklings of body. Dazed feelings. Fear of insanity. Fear of suicide.	All symptoms much relieved.	Is much better. Is able to work. Not yet well. (14)	Well

1923

GROUP I.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
37 M. 61	6 weeks.	Depression. Insomnia. Inability to concentrate. Nervousness. Fatigue.	Symptoms relieved.	Very worried. Doing some work.	Still being persecuted by wife. Is working
38 M. 40	5 weeks.	Distention of abdomen. Septic mouth. Easily tired.	Symptoms gone.	Has some feelings of anxiety and indigestion, but is at work. (13)	Is very well and at work
39 F. 69	3 months.	Depression. Agitation and calling out in morning. Apprehension.	Symptoms less till discharge was imminent.	Better. Able to mix with people, goes about London. (12)	Better physically but still some fears
40 M. 61	2 months.	Lack of initiative. Pains in back.	Feels quite well.	Is thankful to report that he is fairly well. (12)	Very well
41 M. 42	7 months.	Fear of doing something to his detriment, that he may shoot someone, that he may write a cheque wrongly.	Fears better. Very apathetic.	Feels comfortable, but is still apathetic. (12)	Writes that all goes well. Doing no work
42 M. 55	1 month.	Frontal headaches. Irritability. Interference in other people's business. Suspects others of immorality.	Most symptoms better. Still liable to interfere with others.	Is better. Very worried financially. Been speculating. (12)	Still very worried.

GROUP I.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925.
43 F. 48	11 months.	Headaches. Panics in street. Agoraphobia. Bad sleep. Indigestion. Obsessions concerning sex.	All symptoms much improved.	Is very much better, still has panics, some depression but less and less. (12)	Much better
44 M. 36	2 months.	Inability to do anything. Bad memory. Bad tempers directed against wife. Fatigue.	All symptoms much relieved. Feels confidence.	Relapse, re-admitted for 3 weeks. Symptoms relieved. Behaving very much better. Teetotal. Wife very grateful. (20)	Very well
45 M. 42	2 months.	Pains in head and back. Bad sleep. Loss of weight.	All symptoms much improved.	Continued at business. Has at times some of the strange feelings. (15)	Quite well
46 F. 45	1 month.	Depression. Poor sleep. Nervousness. Indigestion.	In statu quo.	Re-admitted for 1 month. Fairly well when not at home. (16)	Quite well if away from home
47 F. 50	2 months.	Trembling. Headache. Insomnia. Suspicious of people. Unwilling to tell about herself.	Symptoms much less.	Is just the same as on discharge. (12)	Not so well
48 F. 25	2 months.	Headaches. Insomnia. Fatigue. Phobias. Anxiety.	Symptoms all much less.	Was sleepless and had bad dreams after she left. Since then has had 2 operations on her ear and is now much better. (12)	Quite well

GROUP I.

TABLE I.—cont.

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925.
49 F. 38	2 months.	Pain in back. Inability to stand or walk. Headache. Insomnia.	Can walk a mile or two. Headache and Insomnia better. Pain in back not gone.	Is quite well except for some pain in back. (12)	Well, except for pain in back
50 F. 55	11 months.	Pains in the head. Weakness. Insomnia. Failure of concentration.	Symptoms all greatly relieved. Can walk well. Still needs hypnotic drug.	Better than she was a year ago. (12)	Is very well
51 F. 52	9 months.	Aphonia. Weakness. Dyspnoea. Indigestion. Poor sleep.	Very much stronger and better.	Is fairly well and going about. (12)	Is well
52 F. 30	4 months.	Insomnia. Fatigue. Irritability.	Sleeps better. Walks nine miles but says fatigued. Not so irritable.	Is sleeping very much better. Sometimes fatigued and says cannot always afford good food. Is evidently feeling better on the whole. (12)	Very well, better than she has been since she was a child
53 F. 36	3 months.	Headaches. Depression. Uncertain sleep. Bad dreams.	All symptoms much improved.	Is well, but apt to have matrimonial storms. (10)	Same as last report
54 M. 19	3 months.	Exhaustion. Indigestion. Constipation. Poor concentration. Pain in back.	All symptoms gone except backache but can walk any distance.	Is well. Very bored. (17)	Is well, going to New Zealand to farm
55 F	3 months.	Depression. Fatigue. Twitching of limbs, face and body. Coldness up and down spine. Pregnant.	All symptoms much better but to take things easily till pregnancy terminates	Is better, but still tired. (15)	Very much better

GROUP I.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925.
56 F. 39	9 months.	Talipes varus. Insomnia. Hideous dreams.	Foot quite well. Dreams pleasant. Sleep not good but improving.	Well, so far as hysterical symptoms are concerned, but not happy; at work. (16)	At work, sleeping better, happier
57 F.	3 months.	Headache. Palpitation. Bad sleep. Depression. Fixation of right knee, left ankle, right elbow.	Symptoms improved.	Feels very well. (12)	At work, does not always feel well
58 F. 24	2 months.	Tiredness. Attacks of loss of power in legs. Fears of doing things alone.	Symptoms gone. Fears gone.	Is steadily improving, but tires quickly. (10)	Returned to hospital, relapse of loss of power
59 F. 39	7 months.	Indigestion. Vomiting. Fatigue. Bad sleep. Panics. Sweatings.	All symptoms relieved.	No return of hysterical symptoms but now in Hospital for discussion of certain further difficulties.	Been at home, better, not well, had operation for Antral disease
60 F. 24	2 months.	Fatigue. Palpitation. Headache. Indigestion. Constipation. Loss of weight 5st. 4lbs. Amenorrhoea.	All symptoms relieved. Gained 6 lbs.	Getting better and better. (9)	Relapsed, not well
61 F. 41	9 months.	Pains in back and head. Apprehensive. Loss of concentration. Terrifying dreams.	All symptoms much improved.	Slightly better; still apprehensive; somewhat depressed. Gets work but cannot keep it. (10)	Well and working

1923

GROUP I.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
62 M. 27	3 months.	Great weakness. Pains in stomach. Poor memory. Bad sleep. Fear of insanity and suicide.	All symptoms much relieved.	Feeling very much better and at work. (11)	At work, not quite well
63 F. 26	2 months.	Attacks of insomnia with anorexia. Headaches and loss of power in legs.	All symptoms absent.		At work, quite well and happy
64 F. 26	6 weeks.	Headache. Weakness. Exhaustion. Vomiting. Loss of weight.	Symptoms improved.		Has kept fairly well, sometimes nervous
65 M.	4 months.	Attacks with fear of death. Feels heart has stopped. Fear of traffic.	All symptoms much improved.		Much better, at work since discharge
66 F. 35	3 months.	Pains in back and limbs. Exhaustion. Indigestion.	Symptoms improved.		Has kept fairly well, sometimes nervous

1923

GROUP I.
TABLE II.

Patients who are not better but who are at work.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
1 M. 39	1 month	Fatigue. Pains in head. Uncertain sleep. Irritable. Cannot do his work. Idea that he emits an odour.	Is returning to work.	Is the same as on admission but has been at work all the year. (12)	Symptoms as bad as ever
2 M. 46	1 month	Pains in the head on breathing foul air.	Unable to test this at Swaylands.	In statu quo but goes on with his work. (12)	In statu quo, working
3 M. 54	3 months	Catarrh of nostrils. Feelings of stuffiness. Tension. Loss of concentration. Insomnia.	Symptoms relieved.	In statu quo but continuing at work. (13)	Has resigned work, is no better

GROUP I.
TABLE III.

Patients who are improved but who do not admit that the improvement is due to treatment at Swaylands.

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report	Report during 1925
1 F. 48	14 weeks	Headache. Feeling of unreality. Phobias of closed spaces. Fear of murdering husband and daughter.	Left too soon. Symptoms less.	Getting better after nasal operation. (12)	Not better from operation, now getting better from use of enemata
2 F. 40	3 months	Headache. Poor sleep. Depression.	Symptoms little changed.	Is much better. Improvement attributed to electrical treatment she had in July. (12)	At work, but still suffering from insomnia
3 F. 31	4 months	Severe abdominal pains after operation. Constipation alternating with diarrhoea. Depression.	In statu quo.	Better; having further operations. (12)	Is very well, is at a Training College

1923

GROUP I.

TABLE IV.

Patients who are no better.

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925.
1 M. 39	3 months.	Poor mentation. Bad memory. Diminished intensity of thought. Indigestion. Fatigue. Dim vision.	Symptoms all much relieved.	Is much the same as on admission. (15)	Not improved
2 M. 50	20 months.	Odd feelings in head. Nights are tortures. Bad dreams. Emotional attacks. Fear of insanity.	Symptoms rather better, but unable to work.	Was better and did some work, but has had relapse. Now under treatment elsewhere. (13)	In statu quo
3 M. 40	3 months.	Anaesthesia of legs. Pain in back. Peculiar gait.	In statu quo.	As on admission. (12)	In statu quo
4 F. 35	4 months	Tired. Indigestion (flatulence) Headache.	Is certainly less of an invalid.	Relapsed—Re-admitted for 1 month. In statu quo. (18)	In statu quo
5 F. 30	6 months.	Indigestion. Bad sleep. Exhaustion. Dysmenorrhoea.	Symptoms improved.	Improves and relapses. (20)	Improves and relapses
6 F. 46	2 months.	Attacks of intense depression with intervals when she is well. Masochistic masturbation during depressed attacks.	Well here.	Relapsed and returning to hospital. (19)	Has attacks but much slighter in character.

1923

GROUP I.

TABLE IV.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925.
7					
F. 39	3 months.	Insomnia. Depression. Exhaustion.	In statu quo.	In statu quo. (12)	In statu quo
8					
F. 51	2 months.	Insomnia. Poor concentration.	Sleep much better without drugs. Feels better.	Relapsed. To have operation. (12)	Not well
10					
F. 26	2 months.	Vomiting. Astasia-abasia. Sleep poor.	Symptoms disappeared.	Now having operations and other treatment. (12)	Able to walk and do some house work
11					
M. 22	months.	Attacks of unconsciousness with epileptiform convulsions. Tongue bitten; occurring about once in two weeks. Inability to work.	No fit for last three months.	Relapsed. (13)	Still having attacks
12					
M. 40	9 months.	Lack of concentration. Insomnia. Fear of marriage.	Symptoms hardly changed.	In statu quo. (12)	Is at work, but has same symptoms
13					
M. 33	9 months.	Cloud in brain. Poor sleep. Violent dreams. Trepidation. Agoraphobia.	In statu quo.	In statu quo. (13)	Is no better

GROUP I.

TABLE IV.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925.
14 F. 57	5 months.	Uncomfortable feelings in head. Feeling of nerves giving way in head. These present for many years.	Symptoms relieved.	Is improving. Has found a secret remedy. (15)	Is well. Not on account of secret remedy
15 F. 38	3 months.	Paraplegia. Headaches. Dyspepsia. Pains in back. Later intense depression.	All symptoms gone.	Worse, not paralysed but depressed. (13)	
16 F. 15	9 months.	Inability to walk any distance because of hysterical contracture.	Not walking well.	In statu quo (12)	In statu quo
17 M. 25	5 months.	Tired and weak. Inability to concentrate. Headaches. Fear of meeting people, of being alone in dark. Inability to work.	All symptoms relieved. Returned to work.	Not able to work now. Having treatment. (10)	Better, been at work
18 M. 50	1 month.	Dislike of being alone. Fears of disease, of losing his reason. Phobias about bowel.	Symptoms in statu quo. Left too soon.	In statu quo. (10)	
19 F. 58	3 months.	Noises in head. Pains. Loss of memory and concentration. Insomnia.	All symptoms much improved.	Health very indifferent. (12)	

1923

GROUP II.

DRUG ADDICTS.

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
1 M. 53	2 months.	Pains. Fatigue. Insomnia. (Convalescent from heroin addiction).	All symptoms much improved.	Has relapsed. (14)	Not working. Having various treatments
2 F. 34	9 months.	Drug addiction. Morphia 12 grains a day.	In statu quo.		Dead
3 M. 54	2 months.	Insomnia. Inability to concentrate. Odd feelings in head. Depression. Morphia in bouts.	All symptoms much improved. Sleep good.	Relapsed. (13)	Has had relapses
4 F. 44	2 months.	Great fatigue. Difficulty in concentration. Loss of weight. 8st. 8½lbs. Morphia addiction.	All symptoms gone.	Has relapsed and improved. (8)	Had relapses
5 F. 41	2 months.	Noises in the head. Depression. Deafness. Bouts of alcohol.	Noises disappeared. Depression gone.	Relapsed. (10)	Relapsed. In hospit'l 2 months
6 M. 30	11 months.	Dipsomania. Homosexuality.	In statu quo.	Has kept well since May. (12)	Has kept well
7 M. 29	1 month.	Fear of dark. Fear of trains. Want of concentration. Lack of confidence. Poor sleep. Alcohol.	All symptoms disappeared.	Drinking. (13)	Doing better
8 M. 24	7 months.	Alcoholism since the war.		Quite well and at work. (12)	An outbreak in February, 1925, but better since
9 F.	2 days.	History of taking too much alcohol. Depression.	Felt happier.		

GROUP III.

TABLE I.

PSYCHOSES. Patients mainly with symptoms of Depression.

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
1 M. 42	1 month	Depression. Unworthiness. Insomnia.	Symptoms all improved.	Is quite well and at work. (15)	Relapsed Committed suicide
2 F. 43	4 months	Depression. Insomnia. Feeling of nothing inside her (absence of emotional reaction). Desire to die.	Symptoms all gone.	Managing her house and doing well. (13)	Doing well
3 M. 60	5 months	Restlessness. Insomnia. Depression.	Symptoms relieved.	Is well and enjoying life. (12)	Not so well
4 M. 32	1 month	Hypochondria. Delusions of eyes being out of sockets, of throat being destroyed. Depression.	Discharged unsuitable.	Now well and at work. (12)	Well and at work
5 M. 35	6 months	Fear of the future. Loss of confidence. Poor sleep. Concentration bad. Paralysis agitans.	Psychological symptoms improved.	Slightly maniacal.	Became depressed
6 F.	11 days	Depression. Head feels queer. Is disorientated, does not know when she arrived or where she is. Delusions of being poisoned.	Discharged unsuitable. Delusional insanity.	Was certified; now well. (12)	Well
7 F. 53	2 months	Failure of concentration. Inability to make up her mind. Afraid of people.	Symptoms all improved.	Relapsed. Re-admitted for two months. Became well. Since relapsed and re-admitted.	Is very well
8 M. 49	4 months	Depression. Lack of interest. Pains in head. 2nd attack.	More hopeful.	As on discharge. (14)	As on discharge

GROUP III.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
9 M. 54	3 weeks.	Depression unrelieved by encouragement. Loss of emotional pleasure. Desire to commit suicide. Self-depreciation. Certain he cannot get well. Delusion that he is in eternity.	Symptoms worse. Discharged unsuitable. Certified.	Still in mental hospital but improving. (10)	Still in mental hospital
10 F. 52	1 month	Insomnia. Restlessness. Depression. Suicidal. Second attack.	Unsuitable. Discharge to mental hospital.		
11 F. 34	2 months	Depression. Desire to be dead. People are against her. Retarded. Second attack.	All symptoms disappeared.	Is feeling well. (12)	Just had another baby and is well
12 F. 52	2 months	Depression. Fear of insanity. Trembling attacks.	Much better.	Is feeling very bad and depressed. (12)	Relapsed
13 F. 60	3 months	Depression. Insomnia. Inability to concentrate. Loss of religious faith.	In statu quo.	Now at Virginia Water. (10)	
14 F. 60	1 month	Ideas that she does harm to other people. Depression.	Discharged unsuitable.		Quite well. Living at home
15 M. 43	6 months	Depression. Insomnia. Difficulty of concentration. Fears of people. Sense of unworthiness.	Sent to mental hospital.	Dead.	

GROUP IV.
ORGANIC DISEASES.

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
1					
M. 44	2 days.	Feeling of well-being. Hilarious. Happy. Delusions of grandeur.	G.P.I. Discharged unsuitable.		At home. Not well
2					
F. 27	3 months.	Shortness of breath. Rigidity. Tremor. Lack of energy. Insomnia.	All symptoms relieved. Sleep good.	Stillsleepy. Dr. Buzzard considers her encephalitic. Sleeps well and is not frightened. (12)	In statu quo
3					
F. 56	3 months.	Noises in head. Vertigo. Deafness. Falls suddenly. Fatigue. Poor sleep. Nervousness.	Less nervous but noises and falling. In statu quo.	Still having attacks of giddiness and falling. (12)	Reports rather better
4					
M. 38	7 months.	Nervousness. Tremor. Rigidity. Dyspepsia. Flatulence. Depression.	Psychoneurotic. Symptoms much better. P. A. rather worse.	Is rather more shaky, cannot cut his meat or shave. (12)	In statu quo
5					
F. 60	3 months.	Depression. Exhaustion. Poor sleep. Loss of weight. Torticollis.	Depression gone. Not exhausted. Sleep good. Gained 15 lbs. Torticollis in statu quo.	Getting better slowly. (13)	In statu quo. Torticollis present
6					
M. 59	1 month.	Lack of power in right forearm and hand. Pain in toes of right foot. Poor sleep. Cannot concentrate. High blood pressure.	Discharged unsuitable.	Has had a stroke and is worse. (13)	

1923
GROUP IV.

ORGANIC DISEASES.—*contd.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
7					
M. 22	2 months.	Dragging feelings of stomach. Insomnia. Twitching of right foot. Concentration and memory poor. Mental deficiency. Mental age 16. Probably Encephalitis.		Has been operated upon, no better. (10)	
8					
M. 44	8 days.	Stabbing pains in back and abdomen. Insomnia. Loss of weight. Anæmia. Loss of abdominal reflexes.	Could not remain.	Dead. Carcinoma of the stomach. (5)	
9					
M. 46	2 months.	Dysphagia. Emaciation.	Died. Proved P.M. Organic stricture. Fibrous. Non-malignant.		
10					
M. 59	4 months.	Exhaustion. Insomnia. Phobias. Palpitation when agitated. Loss of weight.	Died of syncope in bath.		
11					
F. 29	14 days.	Emaciation. Aphonia. Exhaustion. Anæmia. Pyrexia.	Died in hospital. Acute tuberculosis.		
12					
F. 50	2 months.	Loud noises in the head. Deafness. Nervous attacks. Easily fatigued. Organic disease of ear.	In statu quo.		
13					
M. 26	2 months.	Epileptiform attacks. Introversion. Obsessions about skin, poverty and his hardships in life.	Fits diminished, but mental state of introversion in statu quo.		

UNCLASSIFIED PATIENTS.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
1 M. 25	13 days.	Pains in eyes and difficulty in reading. Nervous. Palpitation. Pains in rectum.	Said all symptoms had gone. Would not stay.		
2 F. 28	4 months.	Worries about duty, about her feelings about religion.	Left in a rage but probably better.		Very well. At work last two years
3 F. 33	3 months.	Shyness. Solitary, dull. Stupid. Mental defective.	Symptoms rather improved.	Is brighter but has turns of dulness and of not being well. (10)	In statu quo
4 F. 34	21 months.	Nervousness. Thinks people are laughing at her. Believes patients are sent away because they are friendly with her.	Nervousness better. Otherwise in statu quo.	As on admission. (12)	Is well. Married
5 M. 30	4 months.	Fatigue. Depressed. Frequent colitis. Infantile fixations on little girls.	Symptoms less, but result to be waited for.	Is quite well and happy. (12)	Well
6 M. 14	2 months.	Kleptomania. Anxiety to shine and display himself.	No trouble while here.	Has been stealing. (12)	Still steals but confesses at once
7 F. 34	5 months.	Lack of concentration. Depression. Feeling that she is not normal. Mentally deficient.	Feels fit.	Not well. (12)	In statu quo

UNCLASSIFIED PATIENTS.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.	Report during 1925
8 M. 52	3 months.	Agitation. Depression. Thoughts that he has made a mess of things. Sexual obsessions.	Much improved. Agitation gone. Ideas less potent.	Is at work but does not feel well	Agitated, talks aloud to himself, unable to work
9 F. 45	4 months.	Fatigue. Depression. Intensely self-satisfied. Religious ideas.	In statu quo.		Less depressed Still fatigued
10 F. 48	months.	Hysterical gait. Insomnia. Loss of appetite. Tired in head and body. Constipated.	Symptoms relieved.	Committed suicide five months after going home.	

TABLES FOR 1922.

Further Medical Report on Patients who were discharged in the year 1922.

GROUP I. PSYCHONEUROSES.

TABLE I.

(The figure in brackets in the fifth column is the number of months between discharge and report.)

Patients who are now better.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
1						
M. 41	7 months	Depression. Dyspepsia. Insomnia. Phobias. Inability to work.	Symptoms gone.	Quite well and at work. (20)	Well.	Very well
2						
M. 25	3 months	Lethargy. Insomnia. Headache. Depression. Inability to work.	Symptoms all less.	"Back to normal." At work. (18)	Not well but at work.	Well and at work
3						
F. 54	5 months	Dysphagia. Excessive salivation. Depression. Unable to work.	Symptoms becoming much less.	No dysphagia. No depression. Feels well. At work. (16)	Well.	Quite well
4						
F. 46	2½ months	Cardiac Pain. Worry. Not worked for three years.	Symptoms gone.	Well and at work ever since discharge. (14)	Well.	Working. Very well
5						
F. 45	7 weeks	Exhaustion. Depression. Constipation. Anæmia.	Much improved.	Well and at work since discharge. (14)	Well.	Very well
6						
F. 44	10 months	Depression. Fatigue. Insomnia. Various fears.	Symptoms much less.	Now quite well. At work. (13)	Well.	Well and happy

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
7						
M. 42	8 weeks	Pain in back. Hysterical Paraplegia.	Able to do every- thing. No pain.	Quite well. At work as wheel- wright. (14)	Well.	Is well and at work
8						
M. 23	8 months	Inability to work. Bad sleep. Hysterical Fits. (Coma). Fear of sex.	All symptoms gone.	Been at work ever since. Is well. (16)	At work. Well.	Very well
9						
M. 17	3 months	Fear of streets, of death. Depressed. Emotional weeping.	Symptoms gone.	"A wonderful change." At work; well. (13)	Well.	Very well. Working
10						
F. 29	2 months	Depression. Inability to concentrate. Poor sleep. Fatigue. Epileptiform fits.	All symptoms gone.	Well, and at work. (1)	Well.	Quite well and at work
11						
M. 39	4 weeks	Vertigo. Headache. Attacks of unconscio- ness. History of trauma.	All symptoms gone.	Keeping well. At work. (13)		
12						
M. 5	3 weeks	Fatigue, bodily and mental.	Symptoms gone.	At work. Feels well. (11)		At work. Some- times de- pressed
13						
F. 40	3 months	Sensitiveness. Feelings of unworthiness. Fits of temper.	Symptoms all better.	Has kept very well. (10)	Well.	Relapsed on death of father. Now in Hospital
14						
F. 22	5 months	Hysterical paraplegia (11 years). Vomiting. Depression.	Paraplegia and vomiting gone. Still depressed.	Is in good spirits. Other symptoms gone. (10)	Well.	Is well

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.	1925.
15 F. 25	9 weeks	Attack of depression. Suicidal thoughts. Pains in neck. Fatigue. Dyspepsia.	Symptoms gone.	Is very well. (11)	Well.	Is quite well
16 M. 30	10 weeks	Phobia of old men. Depression. Headache. Insomnia. Suicidal thoughts. Inability to work.	All symptoms gone.	Feeling quite well. Better than he has felt for 10 years. At work. (10)		Very well
17 M. 31	2 months	Unable to work. Memory bad. Headache. Loss of weight. Loss of confidence.	Feels much better. Confidence restored.	Feels quite well. At work. (10)	Well.	Is quite well
18 M. 36	4 weeks	Failure of concentration. Frontal headache.	All symptoms gone.	Quite well. At work. (10)	Well.	Quite well
19 F. 23	2 months	Poor sleep. Faint feelings.	Sleep good. Faints gone.	Quite well. At work. (10)	Well.	Well. Some neuritis
20 M. 64	4 weeks	Fatigue, mental and physical. Inability to do his work.	Symptoms gone.	Feels well. At work. (9)		
21 M. 41	3 weeks	Pain in tongue. Fear of cancer. Depression. Insomnia. Self-reproach.	Pain disappeared. Sleep good. Feels well.	Is quite well. At work. (9)	Well.	Well. At work
22 F. 29	3 months	Loss of strength, physical and mental. Headache. Bad sleep. Apprehensive. Loss of weight. Inability to work.	Gained two stones. All symptoms gone.	At work since discharge. Well. (11)	Well.	Well. At work

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
23 M. 34	5½ months	Fear of people. Claustrophobia. Bad dreams. Compulsive thoughts. Hallucination of voices, but aware that they were unreal.	All symptoms gone.	Quite well. Cannot get work. (8)	Well. At work.	Quite well
24 F. 23	3 weeks	Loss of interest. Depression.	In statu quo.	Now quite well. (10)		
25 F. 22	5 months	Headache. Insomnia. Fears of dark. Diarrhoea.	All symptoms improved.	Well and at work. (22)	Well. At work.	Quite well and at work
26 F. 25	2 months	Nervousness. Dyspepsia. Emaciation. Headache.	Gained 22 lbs. Feeling better.	Feels quite well. (14)	Well.	Quite well
27 M. 62	10 weeks	Delusion that he had appropriated money fraudulently.	Delusion gone.	Delusion gone. Is well. (15)	Is very depressed.	No change
28 M. 60	4½ weeks	Delusion that he had cheated the Inland Revenue. Insomnia. Depression.	Symptoms all relieved.	Been at work since discharged. Is well. (12)	Well.	Quite well.
29 M. 49	2½ months	Delusions of people under bed. Insomnia.	All symptoms disappeared.	Has kept well. (7)		
30 F. 34	5 months	Headache. Depression. Mutism. Not worked for 3 years. Attempted suicide in Hospital.	Was transferred to mental hospital after attempt, but was already more cheerful.	At work for 15 months. Still headaches, but quite cheerful. (18)	Fairly well. At work.	At work. Cheerful. Some headache
31 M. 32	6 weeks	Dyspepsia. Poor sleep. Loss of concentration.	Symptoms much less.	Fairly fit and well. At work. (14)		

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.	1925.
32 M. 21	11 weeks.	Depression. Fear away from home. Dyspepsia. Fatigue. Inability to work.	All symptoms less.	Much better. At work. (14)	Well.	Well and at work
33 M. 30	2 months.	Inability to concentrate. Tremulous. Insomnia. Unable to stay away from home. Alcohol.	Symptoms gone.	Sleep good. Concentration not quite good. (14)		Dead
35 F. 56	3 months.	Exhaustion. Insomnia. Pains in head, Coughs; constant catarrh and fear of colds.	Symptoms all less.	Much better than has been for many years. Sleep good. Less depressed. (13)	Not so well as last year, coming back	Did not come back. Had various treatments. Not well
36 M. 43	2 months.	Loss of intellectual power. Pains all over body. Fatigue. Indigestion. Nervousness.	All symptoms relieved.	All physical symptoms gone. At work. Is nervous occasionally, but less so. (13)	Well.	Hard at work. Well
37 F. 47	3½ months.	Prostrating headaches. Photophobia. Lay in dark. Insomnia. In bed for over a year.	Severe headache gone. Photophobia gone. Sleep much improved.	Slight occasional headaches. Sleep much better. Plays tennis; does her work. (11)	On whole much better	Is well. One headache in 9 months
38 M. 28	10 weeks	Palpitation on going off to sleep, wakens screaming. Head dazed. Fatigue. Inability to work.	Palpitation only occasionally. Head feels well. Fatigue gone.	When very anxious has attack of palpitation. Otherwise well. (14)	Much better at work	Feels fairly well

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result	1924	1925.
39 F. 55	3 weeks	In the Hospital the year before on account of severe pains. They are better, but she is a little tired. Been at work since previous discharge. (Schoolmistress)	Fatigue much less.	Been at work since discharge. Occasional pains on anxiety. (11)		Is well and at work
40 F. 55	6 weeks	Headaches. Flatulence. Fears.	All symptoms relieved.	Very fit on the whole. (8)	Improved	Is much better
41 M. 49	6 weeks	Nervousness. Failure of concentration. Agoraphobia. Indigestion. Off work 9 months.	All symptoms less.	At work; occasionally nervous (9)	Improved	At work. Still troubled with nerves
42 F. 40	3 months	Inability to move left arm or hand (contracture). Insomnia. Dyspepsia.	Arms move freely. Insomnia and indigestion relieved.	No return of contracture, but was depressed. Is now in the Hospital. (11)	Discharged this year improved	Has relapsed
43 F. 52	2½ months	Hysterical paraplegia 18 years. Noises in head. Headache. Constipation.	Able to walk. Other symptoms much improved.	Walking well. Other symptoms not commented on. (10)	Well	Able to walk. Some pain in legs
44 M. 59	2 months	Depression. Insomnia. Loss of concentration. Dyspepsia. Inability to work.	Symptoms all greatly relieved.	Feels fairly well. Sometimes depressed. (18)		Depressed. Had to give up work
45 F. 47	3 months	Headache. Dyspepsia. Nervousness. Fatigue. Poor concentration. Visceroptosis. Many operations. At work, but finding it very difficult.	Symptoms less	At work since discharge, but easily tired. (18)	At work but not well	Having operations for ethmoidal sinus disease

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
46 F. 38	4 weeks	Phobias of knives and heights. Dyspepsia. Anæmia.	Symptoms less	Fears much less, but not absent. Much more able to manage. (18)		Been short of breath but much less nervous
47 F. 30	10 weeks	Headache. Insomnia. Fatigue. At work, but finding it impossible to continue.	Symptoms all less	At work since discharge. Better but not well. Still fatigued. (19)	Not well poor sleep	Not well
48 M. 34	8½ months	Depression, unable to concentrate. Insomnia. Many phobias. Inability to work.	Symptoms not much changed	Sleep good. Feels better. Doing some work. (16)	Relapsed	Is well but not working
49 F. 43	9 weeks	Depression. Indigestion	Symptoms improving	Has been much better. Done her work since discharge. (16)	Better than for 25 years	Is well
50 F. 22	7 weeks	Anorexia. Amenorrhoea. Emaciation. Distension of Abdomen.	Gained 16 lbs. Distension less. Amenorrhoea still present	Feels much better and at work. Amenorrhoea still present. Some distension. Has kept weight. (15)	Improved	Is at work Fairly well
51 F. 43	4 weeks	Phobias. Insomnia. Inability to work.	Little changed	Sleep good. Able to work. Phobias not gone. (14)	Improved	Says she is not well
52 M. 68	5 weeks	Headache. Poor sleep.	Better on some days	Sleep good. Occasional headache. Feels better. At work since discharge. (14)	Fairly well	Fairly well. Been at work all the year
53 M. 60	3 weeks	Insomnia. Lack of concentration. Lack of interest.	Improved	At work since discharge. (6)		Now in an asylum
54 F. 43	2 months	Loss of confidence. Exhaustion. Depression. Aches and pains.	Symptoms much better.	Symptoms gone except for aches and pains.	Now well	Is very much better

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
55 M. 23	6 weeks	Poor sleep. Depression. Fears.	Symptoms much less.	At work. Better. (13)	At work. Better.	
56 M. 46	8 weeks & 4 weeks	Fear of being alone, of heights, of trains. Cardiac discomfort.	Much better.	At work. Much better but still some train fear.		
57 M. 27	3 months	Fears of falling in street. Inability to concentrate. Dyspepsia. Depression.	Symptoms gone.	Returned to work at once, but relapsed. Further psychotherapy at Birmingham. At work now. (12)	Well. At work.	Is very well and at work
58 M. 33	7 weeks	Insomnia. Failure of concentration. Fatigue. Tension in head. Fear of marriage.	Symptoms relieved.	Did not marry. Sleep good. Symptoms much better. At work. (12)		Is well. Going to be married
59 F. 56	5½ months	Headache and Insomnia. Loss of weight.	Symptoms improved.	Has had further treatment by diet. Now well. (12)	Now being treated by a vaccine.	Much better. Occasional headaches
60 M. 60	7 weeks	Dazed feeling in head. Bad sleep. Anxiety.	Sleep rather better, but does not feel well.	Feels much better but has given up work. (12)		
61 F. 35	5 weeks.	Weakness. Hysterical attacks. Depression. Poor sleep.	Sleep good. Depression gone.	Has kept much better. All these symptoms gone but has a phobia not complained of here, which she returned to discuss in August, 1923. (11)	Improved.	Is not so well
62 F. 40	13 months	Exhaustion. Pains all over body. Violent tempers. Inability to work.	Symptoms less. Complains that she is tired too easily.	Been at work till two months ago. Tempers less. Better generally, but still fatigued.	Improving. Doing occasional work.	On the whole better

GROUP I. PSYCHONEUROSES.

TABLE I.—cont.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
63 M. 49	4 weeks	Fits of weakness. Loss of weight. Fear. Depression.	In statu quo.	Depression gone. Can do what he has to do better. (10)	Well.	Much better. Not depressed
64 F. 44	2 months	Dyspepsia. Fatigue. Fears. Insomnia. Depression. Loss of weight. Visceroptosis. Inability to walk 1 mile.	Gained 9½ lbs. Can walk 8 miles. Depression gone.	Sleep better. Feels better. Some dyspepsia. (10)	Well.	Is well
65 F. 25	4 months	Headache. Insomnia. Dislike of people. Worried. Suicidal feelings. Inability to work.	Headache gone. Sleep good. Suicidal feelings gone. Still shy.	Feeling better. Not quite well. Is working. (10)	Relapsed. Improved again.	Working hard. Not quite well
66 M. 41	4 weeks	Insomnia. Poor appetite. Indigestion. Headache. Palpitation. Off work for 10 months.	Sleep good. All symptoms relieved.	At work since discharge, but not quite well. (9)	Improved.	Much better
67 M. 37	2 months	Fatigue. Fear of noise. Depressed.	All symptoms relieved. Can walk several miles.	Much better. (10)	Relapsed. Is coming in again.	Did not return. Not well
68 F. 40	13 months	Insomnia. Fear of being alone and of suicide.	Symptoms all much less.	Physically well, but is depressed. (6)	Well.	Is very well
69 M. 46	5½ months	Exhaustion. Pain at heart. Diarrhoea. Fear of people.	All symptoms improved.	Feeling much better. Cannot get work. (8)	Improved. No work.	Fairly well
70 M. 29	4 weeks	Attacks of Depression.	Left without symptoms	Well and at work. Has had one short attack. (14)	Has had attacks	

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
71 M. 55	13 months	Pain in right leg. Cannot walk 100 yards. Dyspepsia.	Can walk some miles, dance, play cricket, still complains of pain. Dyspepsia gone	Improvement on discharge maintained. (12)	Not well. Having operation	Is no better
72 F. 41	4 weeks	Fears of something about to happen to her legs. Nervous sexual fears.	Symptoms better. Fears about legs quite disappeared	Feels calmer and better. (12)	Well	Is very well
73 F.	10 weeks	Headache. Pain on right side. Loss of confidence. Fear of insanity and of going about.	Symptoms less	Husband states is better and going about more. (16)	Improved	Is very much better
74 F. 39	7 weeks and 3 months	Depression. Exhaustion. No power of thought.	Slightly improved. Returned in three months	Much better. No depression. (7)	Well	Remains well
75 M.	7 weeks	Inability to concentrate. Irritability. Memory poor. Unable to face people.	Symptoms all improved	Perfectly well away from work. Cannot concentrate well at work but has continued at it since discharge. (10)	Well	Is much better
76 M. 19	6 weeks	Twitching of limbs. Loss of weight. Mental Deficiency.	Symptoms gone		Well	
77 F. 59	4 months	Fatigue. Headache. Tinnitus. Poor sleep.	All symptoms much less.	Much better. Still some tinnitus.		Is very well

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
78 M.	6 weeks	Inability to sleep after 4 a.m. Depressed. Cannot concentrate.	Symptoms improved.		Better. At work. Sleep good.	Well. Has married
79 F. 40	4 weeks	Giddiness. Insomnia. Great agoraphobia.	In statu quo.		Re-admitted for 4 months In statu quo	All symptoms much relieved
80 F. 31	2 months	Exhaustion. Loss of weight. Hysterical gait. Insomnia.	All symptoms less.		Quite strong but is irritable	Is well. Goes for long walks.
81 F. 39	5 weeks	Insomnia. Irritability. Depression. Headache.	All symptoms disappeared.			Has been keeping fairly well

GROUP I. TABLE II.

Patients who state that they are not any better but are at work.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
1 F. 36	5 months	Fears. Faintness. Headache.	Fears less. Headaches less.	Symptoms all present. Is at work. (18)	Same as last year.	Is well and at work
2 M. 38	10 weeks	Headache. Fatigue. Dizziness. Insomnia. Fears. Depression.	Symptoms in statu quo	Been at work since discharge. Appears cheerful to others. He himself feels in statu quo. (18)	Now well.	At work. Still occasional symptoms
3 F. 48	4 weeks	Fatigue. Nervousness. Disturbed sleep.	Less fatigue but still nervous.	Has been at work since discharge but all symptoms present. (10)		Better on the whole. Still liable to fatigue and insomnia

TABLE III.

Patients who are better but who report that the improvement has nothing to do with Swaylands but was obtained elsewhere.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
1 F. 38	2 months	Intense Depression. Many phobias.	In statu quo	Now much better, but says was frightened at Swaylands by the general environment. (15)		Not well
2 M. 46	8 weeks	Headache. Poor sleep. Lack of vitality. Abdominal pains. Emaciation.	Gain of 16 lbs. Symptoms improved.	Relapsed but is now quite well. Had operation on antrum 6 months after discharge and attributes improvement to that. (14)	Further operation on kidneys. Has given up work.	At work. Pains from neuritis and adhesions
3 F. 54	4 months	Profound asthenia. Wasting of muscles. Paraplegia. Knee jerks absent.	Worse. Discharged unsuitable.	Gradually became quite well at home. Knee jerks present. (11)	Well.	Well
4 F. 25	4 weeks	Fears. Hallucinations and delusions. Somnambulism.	In statu quo.	All symptoms now absent. It is more probable that they were hysterical rather than psychotic. (12)	Well.	Is well

GROUP I. TABLE IV.

Patients who report that they are no better.

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.	1925.
1 F. 39	2 months	Noises in head. Deafness. Headache. Fear of being alone. Insomnia.	Symptoms all improved	Noisesless, but is very depressed. (18)	Dead	
2 F. 63	2 months	Pains in head and spine. Hysterical outbursts.	In statu quo	In statu quo. (18)	In statu quo	Is much better. Alcoholic husband dead
3 M. 37	10 weeks	Pain after food. Nervous attacks. Extreme emaciation.	Gained 32 lbs. All symptoms improved	Relapsed. "Not any better." (17)		
4 F. 43	5½ months	Severe headache. Depression. Inability to work.	In statu quo	In statu quo. (16)	In statu quo	Is quite well
5 M. 19	8 months	Attacks of dyspnoea. Pains in legs. Inability to concentrate.	In statu quo	In statu quo. (16)	In statu quo	Is quite well
6 F. 34	4½ months	Pains in neck. Depression. Fatigue.	In statu quo	In statu quo. (16)	In statu quo	In statu quo
7 F. 50	2 months	Loss of energy and of concentration. Depression.	Symptoms gone	Has had carbuncles and is not well now. (20)	Well	Very well
8 M. 59	2 months	Poor sleep. Indigestion. Loss of weight.	Gained 5 lbs. otherwise in statu quo	Not well. Symptoms of indigestion. (14)	Dead	
9 F. 41	5 months	Pain over left sacro iliac joint; organic(?) Insomnia. Fear of insanity Fugue.	Symptoms slightly better	Pain as bad as ever. Not well. (13)		Nervous Symptoms somewhat better. Still pain in joints

GROUP I. TABLE IV.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.	1925.
10 F. 33		"Heart" attacks. Weakness. Tremblings. Asthenopia. Emaciation (6st. 8lbs.)	Gain of 9 lbs. Fears less.	Has not kept well. Has returned to Swaylands.		Bothered with head but gradually improving
11 F. 20	7 weeks	Nervous attacks in street: has to sit down. Dislike of meeting strangers.	Fear still present No attack here.	Still having attacks and does not go out alone. (12)	Had no attack for 16 months.	Is very well indeed. Mother is of opinion she slowly learned lessons taught here
12 F. 60	4 weeks	Pains in head. Palpitation. Exhaustion. Pains in joints.	In statu quo.	In statu quo. (18)		
13 F. 52	5 months	Band round head. Depression. Poor sleep. Fear of being alone.	Symptoms gone.	Relapsed and is now in Swaylands.	Well.	Relapsed and returned to Swaylands. Now well
14 F. 20	2½ months	Obsessions of names.	In statu quo.	In statu quo. (6)	Improved, doing some work.	
15 F. 27	10 months	Insomnia. Nightmares. Headache. Violent tempers. Loss of weight.	Gained 17 lbs. All symptoms better.	All symptoms still present. (6)	In statu quo.	In statu quo
16 M. 56	6 weeks	Indigestion. Depression. Fears.	Symptoms gone	Symptoms returned and disappeared	In statu quo.	In statu quo
17 F. 48	3 weeks 1 year	Somnambulism		Symptoms much less.		Relapsed

GROUP II. DRUG ADDICTS.

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.	1925
1 M. 44	13 months	Insomnia. Great depression. Tremor. Paraldehyde drinking up to 18 drams a day.	No drugs last 2 months of stay. Slept well without them. No symptoms.	Been at work since discharge. No drugs. Feels much better. (12)	Well. At work.	Well. At work
2 M. 68	3 weeks	Chlorodyne 8 drams a day. Felt well. Unreliable. Habit been in existence 30 years.	Discharged as unsuitable for treatment.	No report.		
3 M. 48	2 months	Hallucinations. Tremors. Insomnia. Paraldehyde 8 oz. a week.	Paraldehyde stopped. Sleep better. Hallucinations less frequent.	No report.	Has taken no morphia	Has relapsed
4 F.	3 weeks	Insomnia. Irritability of temper. Variety of drugs; sometimes morphia.	Sleep better. No drugs here.	Says she sleeps only with drugs.	Much better.	Insomnia worse

GROUP III. PSYCHOSES.

TABLE I.

Symptoms chiefly those of mental depression.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925.
1 M. 37	3 months.	Depression. Retardation. Loss of confidence. Temporary attack of confusion in the hospital History of previous excess of confidence, alternating with depression.	Symptoms all much relieved.	Been at work and well since discharge. (12)	Well	Very well
2 M. 35	5 months.	Pains in head. Anxiety. Depression. Loss of confidence. History two previous attacks with exalted intervals.	Symptoms gone except pains.	All symptoms gone. (12)	Well.	Well and at work

GROUP III. PSYCHOSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924	1925
3 F. 32	2 months.	Loss of affection. Unable to concentrate. Attempt at suicide before admission.	Felt quite well.	Quite well. (12)	Well.	Quite well
4 M. 50	4 months.	Anxiety. Loss of concentration. Self-accusations of being unworthy. History of attack 10 years ago.	Feels much better.	At work since discharge. Nearly well. (9)	Well.	Quite well
5 M. 38	8 weeks.	Depression. Poor sleep. Headache. Slowing of mental processes. Loss of power to do fine manual work. Second attack.	Feels much better.	Returned to work as photograph re-toucher. Feels quite well. (8)	Has had relapse. Recovered.	
6 F. 55	2 weeks.	Not sleeping well, but better. Depression 3rd attack.	Sleep better.	Has continued to improve. Now nearly well. (11)	As in 1923.	Better. Not quite well
7 M. 61	6 weeks.	Depression. Feelings of unworthiness. Insomnia. Attacks of this have alternated with asthma.	Depression disappeared, but asthma became bad.	Still asthmatic. Not depressed. (8)	Depression improved. Asthma well.	Has some Asthma. Not depressed
8 F. 55	7 weeks.	Insomnia. Loss of interest. Depression. Fears.	All symptoms gone.	Remained well till August, 1923, when became suddenly depressed. In Swaylands now.	Dead.	
9 M. 36	4½ months.	Depression. Unworthiness. Insomnia.	All symptoms less.	Returned to work at once and has continued well.	Well.	Well. At work

GROUP III. PSYCHOSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925
10 F. 48	6 months	Inability to think. Insomnia. Indigestion. Depression. 3 previous attacks with periods of exaltation.	Symptoms much less.	Now slightly exalted. (9)	In state of depression	Depressed
11 M. 62	6 months	Delusion of having been in jail as a young man, followed by simple depression; delusion lasted one week. Insomnia.	Depression much less.	Relapsed and sent to Maudsley. Now quite well. (9)	Dead.	
12 F. 55	4½ months	Confusional attack, followed by simple depression and Insomnia.	All symptoms absent.	Has had relapse and better again (14)	Had a good year.	Has relapsed
13 F. 60	7 weeks	Insomnia. Lack of interest. Depression. Fatigue. Epigastric pain.	Improved. Sleep better. Depression less.	Symptoms not gone, sometimes better, sometimes worse. (12)	Improved, not quite well.	Much better
14 M. 61	2 months	Depression retardation. Insomnia. 5th attack.	In statu quo.	In statu quo. (12)		Is improving
15 F. 62	2 months	Depression. Insomnia. Apathy. Emaciation.	Gain of 8lbs., but mental state unchanged.	Mental state worse. Delusions of identity. (12)	Is improving.	Is well and working
16 F. 23	3 weeks	Loss of interest. Depression.	In statu quo.	Now well. (11)		
17 M. 34	9 weeks	Depression. Cloud in head. Fear of insanity. Impotence. Loss of weight.	Appeared more cheerful. Gained 26 lbs. in weight.	Committed suicide 4 days later.		

GROUP III. PSYCHOSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925
18 M. 52	5 months	Insomnia. Depression. Fear of damnation. Agitation. Previous attack 25 years ago which lasted one year.	In statu quo. Sent to Mental Hospital.	In statu quo. (11)	In statu quo.	Getting worse
19 F. 60	3½ months	Very marked retardation. Depression. Fear of sin.	Retardation somewhat less.	In statu quo. (9)	Worse.	Improved
20 F. 59	3 months	Depression. Confused feelings in head. Insomnia. Loss of pleasure in life. 5th attack.	Sleep improved. Less depressed.	Relapsed and sent to Mental Hospital. (8)	Worse.	In statu quo
21 F. 42	6 weeks	Depression. Self-abasement.	Committed suicide.		Dead.	
22 F. 45	3½ months	Depression, visual hallucinations. (Insight).	Depression gone, but hallucinations remained.	As on discharge. (14)		Has improved lately
23 F. 42	5 weeks	Mind wandering. Poor concentration. Insomnia.	All symptoms gone	Re-admitted after attempt at suicide. Depressed	Attacks of depression	Voluntary boarder in mental Hospital
24 F. 49	2 weeks	Hallucinations of hearing. Delusions. Indigestion.	Discharged, unsuitable	Certified		Now well
25 F. 52	1 week	Depression. Agitation. Delusions.	Discharged, unsuitable			Is now well

DEPRESSION WITH AGITATION.

There were four patients. All were discharged within a week or two of admission as unsuitable for treatment at this Hospital.

TABLE II. Mental Exaltation.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925
1						
F. 28	3 months	Excitement. Flight of ideas.	Became quiet and normal.	Not heard from		
2						
F. 26	6 weeks	Exuberance of spirits on admission.	Became maniacal and sent to mental hospital.	Recovered. Relapsed after six months	Well	Sub manic attack

TABLE III. Hypochondria.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.	1925
1						
M. 33	10 weeks	Numbness in penis. Epigastric sensation.	In statu quo	At work, but in statu quo (9)	In statu quo at work	In statu quo. Still at work
2						
M. 72	3 months	Sore mouth. Inability to breathe. Insomnia.	In statu quo	In statu quo (8)		
3						
M. 42	9 months	Weakness. Poor sleep. Weakness of heart, of throat, of digestion.	In statu quo	In statu quo (14)	In statu quo	

GROUP V.

This Group contains those patients who have not been classified :—

	1924	1925
1. F.33. Stayed three months, complained of depression, failure to concentrate, fatigue. She had been analysed before admission and her mind was full of sexual images; everything she saw was a sexual symbol		
2. F.37. Stayed three months. Complained of tachycardia (140 at rest), lack of energy. She was regarded as probably organic, hyperthyroidism. Was treated by strict rest. Unfortunately she developed some urticaria, which never cleared here. She left highly dissatisfied, and nothing further has been heard of her.		
3. M.39. Here for two months in 1921 and again for three weeks. Depressed, fear of suicide, inability to work. Is either an uncured psychoneurotic or a psychotic. His doctor says he is deteriorating.		Better doing farm work
4. M.52. Stayed nine weeks, but has been in again this year. Has a shrewish wife and becomes hysterical and sleepless at home. Is quite well away from her and goes to a round of institutions from which he does his work quite well. Is afraid to have formal separation. The wife has been interviewed frequently but will not consent to be treated.	Same as last year. Relapses and improves.	Is well at work. Separated from his wife
5. F.46. Stayed seven and a half months. Attacks in which she became completely paralysed for 3-6 hours. All four limbs were in a condition of flaccid paralysis. The masseters and facial muscles were in a state of spasm. Deep reflexes were <i>not</i> abolished. Patient was subject to urticaria. No physical or psychological reasons were discovered. The attacks still continue.	In statu quo.	At work. In statu quo
6. M.19. Cleptomaniac. Palpitation. Now doing well.		
7. M.23. Dizziness. Passer of dud cheques.	Much better.	Better. Not doing dishonest things
8. M.22. Bored with life. Cannot keep a job.		In statu quo

TABLES FOR 1921.

Further MEDICAL REPORT on patients who were discharged in the year 1921

The number on the left hand of each case is the same as that in the printed Report for last year, issued December, 1922. **TABLE I. Patients who are better.**

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge	Result Six Months after Discharge.	Late Result.	1924.	1925
M. 19	4 weeks	Fear of darkness and crowds. Epileptiform fits. Somnambulism. Headache. Terrifying dreams. Traumatic Neurosis.	Symptoms gone.	Quite well.	Quite well. (26)	Quite well	Very well. Hard at work
F. 48	5 weeks	Pains. Dyspepsia. Fears that she might become insane and kill her mother. Fatigue. Neurasthenia.	All symptoms gone.	Very well.	Very well. (24)	Quite well	Very well
F. 48	6 weeks	Fatigue (extreme) Indigestion. Depression. Neurasthenia.	Able to walk 20 miles Depression and Indigestion gone.	Quite well.	Is quite well. (24)	Quite well	Very well
F. 55	2 months; later, 4½ months	Depression. Failure of memory and concentration. Fear of insanity. In second visit, attack of confusion. Second attack. Manic Depressive.	Left improved but relapsed. Left second time in March.	Now doing well.	Has had several relapses. (24)	Has had slight relapses but now better	Has had a relapse
F. 48	7 weeks	Depression. Weeping. Worry over everything. Insomnia. Fears of future. Neurasthenia.	Depression and fears gone. Sleep uncertain.	Not depressed. Sleep good.	Is on whole very well. Occasionally depressed. (24)	On whole fairly well	Keeping fairly well
F. 21	8 weeks	Tachycardia necessitating absolute rest. Insomnia. Fears. Exhaustion. Neurasthenia.	Heart normal. Sleep good. Able to do everything.	Feels quite well. Fears much less.	Christmas, 1923, quite well. Working (24)	Well	Quite well. Working

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.	1925
11 F. 20	12 weeks	Headaches. Insomnia. Hysterical attacks. Refusal to live at home. Neurasthenia.	Feeling well. Returned home of own accord.	Feeling well and been at work since. Passed medical profess. exam.	Is quite well (27)	Well, at work.	Well and at work
12 F. 40	10 weeks	Headache. Insomnia. Fear of apoplexy. Severe gastric pain. Fear of insanity. Polyarthrititis. Neurasthenia.	All nervous symptoms gone. Arthritis in statu quo.	Writes: "Joy of joys that she went to Swaylands." All symptoms gone. Arthritis better also.	Christmas, 1923, is quite well (27)		Is fairly well. Has had much worry
13 M. 44	5 weeks	Depression. Cloud in head. Poor sleep. Second attack. Manic Depressive	Improved. Sent to work.	Has kept well and at work	Still at work. Is in slight attack now. (24)		Has had slight attack. Kept at work
15 M.	1 month	Depression. Cloud in head. Hysterical pain in knee. Neurasthenia.	Condition not changed. Left most dissatisfied because physical cause of pain in knee was not acknowledged.	Writes to say he is well; that but for Swaylands knee would not have become well	Has kept well (25)	Well	
16 M. 48	4 weeks	Lack of energy. Depression. Headache. Neurasthenia (?) probably Recurrent Depressive.	Symptoms gone.	Is well and at work	Has had two relapses — in one just now (24)	Further relapse	
18 M. 47	22 weeks	Insomnia. Inability to concentrate. Outbursts of furious temper with the use of foul language. Neurasthenia.	All symptoms gone.	Is quite well	Is quite well (24)	Relapse in hospital. Now not so ill as last time	Relapse certified

	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.	1925
I. 7	6 weeks	Peculiar feelings in head. Inability to work or concentrate. Impotent. Probably organic, absent knee jerks. (Dr. Head) Neurasthenia.	Felt well	Feels quite well. Impotence in statu quo.	Feels quite well (24)	Well	Is well
I.	10 weeks	Fatigue. Inability to do things. Always quarrelling with superiors. Neurasthenia	Symptoms improved	Feels quite well. Finds can work smoothly with superiors.	Has kept well. Been on duty since leaving (23)	Well, on duty	Well. On duty
. 8	2 months	Weakness. Feelings of impending death. Difficulty in concentration. Cannot walk out of house. Neurasthenia.	All symptoms gone.	Has kept quite well	Has kept quite well (23)	Well	Nerves well
. 0	3 months	Fatigue. Headache. Insomnia. Asthenopia. Cardiac pain and fears. Depression. Has mitral incompetence and been alarmed about it. Neurasthenia.	All symptoms gone except some headache.	All symptoms remain away. Is called a "resurrection."	Is very well (22)	Has had serious operation; recovering	Still suffering after operation
.	6 weeks	Depression. Lack of concentration. Fatigue. (Third Attack). Manic Depressive	Symptoms all gone.	In Spring had Influenza with slight return of depression, but recovered without help	Been well since last report (24)	Well	Well
.	4 weeks	Insomnia present for 16 years. Never slept without drugs Neurasthenia.	Sleeping well without drugs	Slept well for months; latterly not sleeping so well, but feeling better	Feels well, much better than before he came, sleep uncertain (25)	Still improved	Is not sleeping

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.	1925.
28							
F. 43	6 weeks	Headache. Exhaustion. Giddiness. Palpitation. Faintness. Depression. Neurasthenia.	Symptoms all gone.	Still headaches but able to do all her work. Feels she learned a lot	"Health still better, able to go about in my usual way which is a great delight" (27)	Is well.	Is well
29							
M. 69	6 weeks and 6 later.	Pollakiuria, had to rise 6-10 times each night. Palpitation severe. Concentration poor. Neurasthenia.	Symptoms gone but relapsed and he returned four months later in October, 1921. Left with all symptoms improved.	Has kept much better. Has to rise only once at night.	Feels well. Occasional pollakiuria (26)	Feels well, at business	
30							
F. 64	5 weeks	Fatigue. Worried. Insomnia. Fears of insanity, murder and noises. Neurasthenia.	Symptoms much relieved. Sleep good. Fatigue gone.	Sleep much better. Sometimes fears of Insanity but can overcome them.	Sleep good, fears not gone but is feeling much better (25)	Feeling better, not quite well	Sleep good, occasional fears
32							
M. 32	8 weeks	Weak and exhausted. Shy, giddy, poor concentration. Neurasthenia.	Symptoms all improved.	Physically much better. Mentally better, but periods of depression. Has worked all the time since leaving.	Not well. Is under treatment elsewhere. (24)	Had rest cure elsewhere. No better.	Not well
33							
F. 53	10 weeks	Neuralgic pains in body, needing morphia frequently. Hysteria.	Pain much less.	Been at work a year. Pains much less; not gone. (Husband died, she had to nurse him.) Returned July, 1922, for three weeks. Has no pain.	At work since discharge. Feels better. Pain occasionally present for short time. (24)		Well, and at work
34							
M. 45	4 weeks	Headache. Pains in right arm. Poor sleep. Loss of temper. Loss of weight. Neurasthenia.	Pains gone. Sleep good. Gained 16lbs. in 4 weeks.	No pains in arms. Sometimes in head. Gained further 20 lbs. Sleep good. Fitter than for five years.	Continues to be well. (26)	Well.	Is well

Stay.	Symptoms and Diagnosis.	Result on Discharge	Result Six months after Discharge.	Late Result.	1924.	1925.
1 month	Fear of Tabes. Obsessional Neurosis.	Improved. Fear less.	Says nine-tenths of fear gone. Able to do most things he wishes.	Feels well. (26)	Well	Is quite well
6 weeks	Headache and fears of disease. Neurasthenia.	Headache gone. Fears much less.	Has kept at work but not feeling very well.	Has kept at work. Some headaches but they do not last long. (26)	Kept at work, much as last year	
3 months	Severe headaches. Violent outbursts of temper. Hysteria.	Improved.	Better mentally and as regards nerves. Physically easily tired. Has "faints." Very grateful.	The improvement has been fully maintained. (24)	Improvement maintained	Much more control over herself
3 months	Claustrophobia, especially of Churches. Agoraphobia. Inability to keep any engagements or meet strangers. Compulsion Neurosis.	Able to go to Church and to go in the streets easily.	At work regularly. Goes to all meetings easily. Previously never able to get regular employment, now been made a partner.	Is much better than last year. (24)	Well.	Very well at work
3 months	Headache. Insomnia. Depression. Lack of concentration. Neurasthenia.	Felt well.	Has no work to do and is depressed about it, but feels if he had work he would be well.	Failed to get work and has relapsed, but not so ill as when he came (24)	Is well.	Quite well, and at work
5 months	Astasia - abasia, headache and depression. Hysteria.	Could walk several miles. More cheerful. Sleep better. Still some headache.	Still headaches, but otherwise as when she went away.	Has steadily improved. Been working since last report. (20)	No return of paralysis still some headache	Much headache, not well

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge	Result Six Months after Discharge.	Late Result.	1924.	1925.
44 F. 63	3 months	Noises in head. Fainting. Cardiac Pain. Inability to leave bedroom or see people. Neurasthenia.	Can walk 3 or 4 miles; meets people easily. No heart symptoms.	Keeps working in home. No complaint of heart, but does not go out much except to work in garden.	The same as on last report (20)	Not so well	Still easily tired, better than she used to be
45 F. 53	5 months	Depressed. Headache. Insomnia. Failure of concentration. Fatigue. Very thin. Neurasthenia.	Symptoms all relieved. Gained one stone.	Gradually became well. No Insomnia. Happier.	Is now quite well (24)	Well	Well
46 F. 23	4 months	Weakness. Lethargy. Cannot walk a mile. Headache. Inability to concentrate. Sense of inferiority. Neurasthenia.	Can walk 18 miles. Mental feelings better.	Had a relapse for some weeks. Then recovered after taking up work.	Has been at work since last report. Better than she used to be (24)	At work but not quite well	Hard at work, very well
47 M. 46	2 months	Feelings that he had heart disease. Palpitation. Pain. Fears. Neurasthenia.	Sometimes feels better but not always.	Doctor writes is now nearly well.	Is now well (22)	Fairly well	
48 F.	7 weeks	Spastic Paraplegia. Headache. Insomnia. Tinnitus. Fears. Hysteria.	Walks well. All symptoms improved.	Legs kept well. Still headache and hysterical at times.	No return of paralysis. Feels much better (22)	Well	Not well depressed
49 F.	6 months	Fear of Insanity. Depression. Insomnia. Dyspepsia. Fatigue. Neurasthenia.	Sleep fair. Fears less. Dyspepsia gone.	Is much as on discharge.	Relapsed and returned to Swaylands for 6 months. Not yet been away six months.	Now well	Became depressed in the summer

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.	1925.
M. 55	1 month	Depression. In-somnia. Instability about religion.	Symptoms gone			Quite well. At work	Very well. Hard at work
F. 38	4 months	Depression Pain in back. Insomnia. Hysterical weeping	Improved			Is now well. At work	
F. 48	6 weeks	Dysphagia with loss of weight. Backache. Poor sleep.	Better			Well	Dead
M. 56	6 weeks	Insomnia. Depression. Shuffling gait. Fear of paralysis.	Improved			Can walk some miles	Dead
M. 22	3 months	Giddiness. Headache. Fear of dark.	Symptoms much less.	At work since leaving. Still has fears.			Is quite well
F. 35	5 weeks	Depression. Weakness. Fears and emaciation. In-somnia.	Gained 11 lbs., but otherwise in statu quo.	In statu quo	In statu quo	Is getting better.	Still improving
F. 33	5 months	Headache. Depression. Insomnia. Fatigue.	Symptoms all greatly relieved.	Been getting steadily better.			Quite well
F. 54	8 months	Depression. In-somnia.	Improved. Depression much less.		Well	Well	Well

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.	1925.
58 F. 38	2 months	Exhaustion. In-somnia. Nervousness.	Symptoms all greatly improved.	Is well			Very well
59 M. 55	2 months	Pains in abdomen	Symptoms much less.	Well	Well	Feelings of discomfort in throat	Well

TABLE II.

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.	1925.
1 M. 45	4 weeks	Fears. Palpitation. Lack of concentration. Poor sleep. Doubts. Neurasthenia.	Sleep good. Fears less, not absent	Is much the same as when he came to Swaylands	In statu quo (24)		
2 F. 30	3 weeks	Dyspepsia. Asthenopia. Diarrhoea. Giddiness. Exhaustion. Hysteria.	All symptoms gone. Felt well	Not well. Has had many treatments since discharge.	Became well after the death of a daughter "for her husband's sake (24)	Fairly well all the year	
4 F. 43	2 months	Giddiness. Phobia of streets, railway platforms and people. Compulsion Neurosis.	Giddiness gone. Phobias disappeared as tested at Tunbridge Wells and on railways. A feeling of discomfort but she can succeed in going to a street or station.	Husband writes that all symptoms soon returned and are still present	Returned to Swaylands, 1923. Left improved	Not well	Better and happier. Not able to face crowds

Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.	1925.
3 months	Fear of suicide. Depression and Insomnia. Neurasthenia.	Symptoms gone. Felt well	Fears and depression less but worked only four months. Not working now. Sleep fair	Not well. Doctor writes he is degenerating (24)	Slightly better, doing farm work	Certainly better. Farm work and coaching pupils.
7 weeks	High blood pressure (200). Fears she is lost. Depressed. Melancholia.	Happier but fears not gone. B.P. unaltered.	Writes quite cheerfully that she is in the same condition	Still in same state (26)	In statu quo	Dead
6 months	Depression. Feelings of unworthiness. Melancholia.	In statu quo	In statu quo	In statu quo (24)		
10 weeks	Dysphagia. Backache. Loss of weight. Fatigue. Hysteria.	Gained 6 lbs. Still tired. Backache present	In statu quo	In statu quo (24)		Very poorly
3 months	Feelings of stiffness and pains all over body. No objective stiffness. Fears of venereal disease. Hysteria.	In statu quo	Reports that she has been cured by vaccine therapy	Remains well (26)	Quite well	Well
4 months	Headache. Inability to feel pleasurable emotion. Home behaviour impossible. Hysteria.	Behaviour good here. Other symptoms in statu quo.	In statu quo. Home behaviour bad.	In statu quo. (24)	In statu quo	Home behaviour better. Easily upset.

Sex and Age	Stay.	Symptoms and Diagnosis.	Result on Discharge	Result Six Months after Discharge.	Late Result.	1924.	1925.
19							
M. 45	3 weeks	Loss of vision. Detachments and hemorrhage. Fears of insanity.	In statu quo.			Fears Cured by Spiritual healing.	Quite well
20							
M. 47	4 weeks	Pains in arms (called neuritis). Headache.	Improved.		Not well, having treatment for acute intoxication.	Having treatment for colitis.	
21							
F. 59		Burning feelings in skin. Insomnia after hysterectomies 10 years ago.	In statu quo	In statu quo	In statu quo	In statu quo	Returned to Swaylands. In statu quo
22							
M. 6 months		Depression. Feeling of unworthiness. Retardation.	In statu quo				In statu quo
23							
F. 48	4 months	Lack of concentration. Headache. Inability to carry out plans.	In statu quo				Worse
24							
M. 58	3 weeks	Depression and anxiety. Insomnia, due to financial loss.	In statu quo	In statu quo		Worse	Slightly better last few months

Date	Description	Amount	Balance	Total	Remarks
1891 Jan 1	To Balance	100.00	100.00	100.00	
Feb 1	By Cash	50.00	150.00	150.00	
Mar 1	To Cash	25.00	175.00	175.00	
Apr 1	By Cash	75.00	250.00	250.00	
May 1	To Cash	100.00	350.00	350.00	

