

**Seventh annual report to the committee from the medical director :
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Nervous Disorders.**

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THE CASSEL HOSPITAL FOR FUNCTIONAL
NERVOUS DISORDERS,
Swaylands, Penshurst, Kent.

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

PRESENTED 31st DECEMBER, 1928.

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The Cassel Hospital for Functional Nervous Disorders.

ANNUAL REPORT FROM THE MEDICAL DIRECTOR TO THE COMMITTEE ON PATIENTS WHO HAVE BEEN DISCHARGED FROM THE HOSPITAL UP TO 31ST DECEMBER, 1927.

Presented — 31st December, 1928.

FOLLOWING the usual custom no patient's case is reported on till he has been away from the hospital for at least one year. This report, therefore, will deal in the first place with those patients who were discharged during the year 1927, and next with the after histories so far as they can be ascertained of all patients who had been in in previous years. For purely statistical purposes the last year or two is probably of some value, but as time elapses, this does not hold good. Too many names drop out and this for several reasons. Patients change their address and do not give notice ; others who may have done quite well say that they do not wish to be constantly reminded of their past illness ; in other instances responsible relatives write to say that the patient was well until we asked him how he was getting on and so forth. But although statistically the reports after some years are of small value, *i.e.*, one cannot calculate percentages of recovery from them, it is worth while to make them as complete as possible. They do show that there is a considerable number of people who have for several years been able to live useful and happy lives, who before treatment were unable to do so ; it seems worth while to record this. We have, therefore, included even some patients who were in the hospital in 1921. It was suggested at the Committee that it would serve no useful purpose to circularize patients after five years, and therefore we did not do so. But we could not stop a certain number of them from writing—a habit which some have acquired for Christmas time. Naturally these are patients who have done well, and in some cases have done so in the teeth of adversity. It is gratifying to think that before treatment they would in most instances have been overwhelmed by their ill-luck and that now they have been able to stand against it.

The form of classification which was proposed last year has been adhered to, though it is recognized that these categories are not distinguished by any hard and fast line. The hope is that the rule has been followed that they should be firm at the centre, though they may be loose at the periphery. Thus among the schizophrenic states will be found the case of a woman of 35 (1927 ; Group iii. Table ii. Case 3) who complained of abdominal pain, and who had also delusional ideas of persecution. It is arguable whether she should be classified as a hysteric or a schizophrenic. In the days when Kraepelin's rigid categories seemed to carry along with them a sort of prognostic certainty, this point was of more importance than it is now that it is known that schizophrenic states, even though they may recur after disappearance, do not of necessity lead to dementia. If this is true we get rid of a question which was always rather meaningless, the question : Is dementia praecox curable ? If all patients with schizophrenic symptoms are to be regarded as suffering from dementia praecox, those who advocate some special treatment will be able to show from time to time that their system can score a triumph. Our case records over the years show that some patients with clearly marked schizophrenic symptoms have become well without any special method of treatment. We have certainly taken particular care of these patients ; wherever it has been feasible we have given them

a special nurse, on whom we have constantly impressed that they are very sick people. We have endeavoured to guard them from shocks and strains, and we do know of some who have become and have remained well. The first patient on the list referred to furnishes a case in point. This patient suffered for months from, *inter alia*, auditory hallucinations, taking the form of voices which said that they would murder her father. She has now been apparently quite well for more than a year.

It is regretted that we have to send so many of these patients away. Unless they can have a special nurse it is nearly impossible to keep them. It is not good for them to be left alone for very long, and it is damaging to the psychoneurotic patients to allow them to mix with them. The kind which come to Swaylands are quiet and tractable, but though they are usually well-behaved they are too liable to do and say odd things to make them safe for the other patients. There is no need for them to be certified, and indeed we find as a rule that they are not certified when we discharge them. They drift about, upsetting their homes, and I cannot but think that if we could keep more of them they would stand a better chance of recovery. The general atmosphere of our hospital is exactly that which would suit them, and if we did not have more than three or four at a time we should not develop any atmosphere of "insanity", a real thing I think and one to be avoided. The whole thing turns on nursing facilities. We send them away because they cannot afford a special nurse. It would perhaps be worth while to provide a few special nurses and keep a few cases. If the Committee thinks well of the plan, I suggest that we should carry it out as an experiment for a couple of years. Unfortunately these patients do not get well quickly, the one referred to last was with us for fourteen months.

Before the report for 1927 proper is dealt with in detail some cases bearing on the question of focal sepsis may be put forward, as the subject continues to be discussed a good deal. I have gone through the records of this and of previous years more especially with the view of finding patients who have been relieved by operations for sepsis when we had failed to do so by other methods. The number of examples is small, but each has been studied individually with some intensity. In certain reports which have been published elsewhere no great care has been exercised in demonstrating the psychiatric differential diagnosis, a point of some importance. In others there have been reports on large numbers with not much case description. In this report the paucity of numbers may be partly atoned for by the fact that the clinical description is given. Some of the histories seem to show that benefit was derived from operations but it is clear from the bulk of our statistics that at least one fallacy prevents our coming to a conclusion. It has been shown in the reports which have been submitted each year since the hospital opened that the majority of the patients have been relieved of their symptoms by measures which have certainly been psychological. These measures have varied from simple assurance to more prolonged psychological enquiry but they all have it in common that they have been non-physical. That physical measures have been present is also evident; such things as suitable rest and exercise, fresh air and good food have been administered it is hoped to all, but many who have had these things for months or years before they came to us, without benefit, responded favourably to the fresh idea. Now an operation is a procedure with, among other things, a psychological aspect. The enthusiasm of the person who recommends the operation cannot be without effect. This is shown by the fact that there is sometimes a rapid improvement after an operation—an improvement however which is not sustained. With this in mind, some examples will be brought forward where there was possible benefit from the operation.

I am not making reference here to dental sepsis. Very many of our patients are edentulous before they come. We always look for dental sepsis, and send the patient to the dentist if there are any indications. I think it probably true that the majority of the patients, who have any teeth at all, see the dentist while they are at Swaylands.

The first patient to be considered was a man of 48 who held an important public position. In 1923 he had a brief phobia that he had cancer of the stomach which was easily dispelled. This was followed some weeks later by depression with remorse in which stage he poured out a tale of an irregular life ; it was at this point that he came to the hospital. He soon began to develop religious ideas of a kind that were strange in a person who had had a biological education; he dilated on the wickedness of the belief in evolution, and wondered that it was tolerated. Later he became so depressed that he was advised to enter a mental hospital, where he was ultimately certified after a determined attempt at suicide. At this time he suffered from delusions of a serious character, such as that the inmates of the institution were being killed by his presence. He remained ill till the Summer of 1928 when he began to improve, and at the same time there appeared a purulent nasal discharge. His antra and other sinuses were found to be infected and were treated surgically ; the surgeon's opinion was that they had been the seat of purulent collection for years. The improvement continued, and he was well soon after. In his letter to me he said that he had had slight nasal discharge since 1917 when he had an unusually severe cold in France, and he thought that it was unfortunate that no one had taken the trouble to light up his sinuses in all these years of mental ill health. It is of course desirable that every patient should be thoroughly examined, and this particular examination is not very difficult to make ; some other places where focal sepsis may occur are not so easy of access, and their examination may even involve serious operative procedures.

The difficulty in drawing any conclusion in a case like this is firstly that it clearly belongs to the class where spontaneous recovery may be looked for. One is accustomed to think of these patients as not being amenable to direct therapy of any kind ; one thinks of them as people who must be taken care of till they are well. Certainly we have had many who have cleared up very soon after admission to Swaylands. So far as we have recognised them we have never claimed credit for this. They have been classified in the psychotic depression groups, and if they have recovered in hospital we have always thought that we had been lucky. Secondly there is no proof that the sinus condition had been present for years as alleged. In the course of his illnesses he saw about a dozen doctors and had been in a diagnostic clinic. To none of these doctors had he complained of his nose. He was getting better before the operation, though that is attributed by him to the pent up pus having begun to escape. It is difficult to see why mere overflow of pus from ill-drained cavities should relieve toxæmia. There is altogether too much uncertainty about the facts of this case to make it convincing. Nevertheless one would not deny that there may be a connection between the operation and the recovery.

Along with this example there may be considered that of a patient who was in the hospital in 1927. He was a man of 60 who complained of depression, loss of weight and abdominal pain. There was marked hyperalgesia of the abdominal wall especially below the umbilicus, on both sides but confined to the front of the body. He was very suspicious and somewhat retarded. He too had been investigated in a diagnostic clinic with negative results. His history disclosed that he had had an attack of depression in 1909 which had passed off spontaneously in a few weeks. Under treatment he gained 17 pounds in weight, but he did not improve otherwise. A medical relative suggested that he was suffering from a toxic state, and that it was probably the gall bladder which was at fault. He was removed for operation. No gall stones were found, but there was cholecystitis. His appendix was also removed. A few weeks after the operation he became well. I saw him lately and thought him slightly exalted. This too, is an instance where it is difficult to exclude spontaneous recovery.

Contrasted with this may be taken the case of a woman of 25 who was in hospital with headache, insomnia, fatigue, phobias and anxiety. In hospital she improved considerably with psychotherapy, but her symptoms did not disappear. During the following year she continued to have symptoms

of anxiety, especially poor sleep with distressing dreams. During that year she was operated on for an old mastoid and was very soon well. She has reported herself well ever since. This is not the kind of case which tends to spontaneous recovery, and the patient had no further treatment except the operation.

A man of 51 was in the hospital in 1925 suffering from frequent attacks of depression which lasted about two weeks. In one such attack he became retarded, and had ideas of reference that the other patients were speaking of him and avoiding him as a disreputable person. He became so depressed that he was specially watched for a week or so, when the attack suddenly passed off. His antrum was found to be the seat of an abscess, and this was accordingly dealt with.

When he was not in an actual attack he had a good many distressing ideas such as that he had ruined himself in boyhood by masturbation. These ideas had troubled him often for years. Re-assuring explanation was given. Since treatment he has not had these attacks of intense depression and has been much better in other ways; though he has remained a somewhat inefficient person. He is, however, now happy. To me he says that the psychological treatment was the important one but he would probably say that to me because he was grateful. The fears had been present since boyhood when he was frightened by some books he had been advised to read; but the depressive attacks had come on soon after he had discovered that he had "nasal catarrh" some twenty years before. It looks as if this patient had been in need of both physical and mental treatment.

I have notes of several patients who had not benefited from operations which they had undergone.

A woman of 35 who had schizophrenic symptoms, that she was slowly dying, yet that she was immortal, was after leaving the hospital operated on for visceroptosis. Her mother reports that there has been no improvement, and that she is as bad as ever. It may be argued that this is not local sepsis, but the theory was that she was suffering from intestinal toxæmia.

A woman of 38 with severe headaches associated with mental difficulties got better after a nasal operation for sinus disease, but relapsed.

A woman of 36 suffered from insomnia, noises in the head, agoraphobia and abdominal discomfort. There was marked visceroptosis for which she was wearing a Curtiss belt. She did not feel that the latter helped her, and on X-ray examination it was obvious that it was holding up nothing. In the hospital she became very well, and left without symptoms. She was however, returning to an uncongenial home, where she soon relapsed. A year after she wrote to me upbraiding me for not having had her bowel fixed, she was just about to have the operation performed. She has been no better since it was done.

A man of 54 who was in the hospital in 1923 complained of pain and discomfort in the nose. He had suffered from "catarrh" for 18 months. Life had become quite intolerable and he had become unfit to do his work. A nasal operation had been performed without benefit. He was sure that he would never be well so long as he had to work in the ill-ventilated office to which he had to go every day. His history, however, showed that he had suffered from a nervous breakdown twenty years before, and it gradually emerged that there was something wrong with the office besides the ventilation. For ten years he had hated and dreaded the Manager. He had also for many years been depressed at home; his wife had become absorbed in the children and had taken no notice of his affairs. Since he left Swaylands he has resigned from the office and has been pensioned; he has also had his nose operated on again. Five years later he is no better.

It is possible to hold several views about a case like this. One may regard the nasal catarrh and its toxæmia as the last straw in a situation where the burden was already too heavy. Or one may regard it as a convenient arrangement whereby he escaped from the hateful office, and at the same

time brought himself prominently before his wife's notice. Or one may suppose that the catarrh was of no importance physically or mentally except that it was a substitutive idea which prevented him brooding on his real troubles. It may be a kind of comfort to dwell on a physical ill which, by its insistence, keeps out of the mind the fact that one is in most respects a failure. The case at any rate is a good illustration of the complexity of the questions raised. It is so easy to think that it must be advantageous to remove a septic focus ; to the Surgeon it is self-evident—and yet the patient may not be thankful even if it succeeds. He may only have been robbed of something that was a mental comfort, inasmuch as it hid other discomforts.

There are notes in the records of several other patients where operation has seemed to do little good. A lady in chronic marital difficulties was in the hospital in 1923. She derived a certain amount of benefit. It was discovered after she left that she had an infected antrum. This was operated on, and the assurance was given by the Surgeon that all her nervous troubles would be ended. She continued however for the next two years to come to see me about every two months. She is now able to stand on her own feet, but there was no indication that the operation had hastened this result.

Another patient who was subject to violent outbursts of temper was in Swaylands in 1921. In 1924 she saw a Surgeon who wrote to tell me that an operation he had performed on her nose had greatly improved her state. His letter was written about two weeks after the operation. It is not easy to get a faithful report from a patient on the state of her own temper but from what I gather she is in statu quo.

Some patients have had several operations ; a lady who married a man of, as she considered, inferior social station and one very much older than herself, suffered from headaches. She was in Swaylands in 1922, and since then has had tonsillectomy and lately cholecystotomy but the headaches persist.

Finally one must point out that while it cannot be good for any nervous patient to have an unnecessary operation, some of these operations are not destitute of risk to life. We had one patient who underwent a nasal operation after leaving the hospital; she died with meningeal symptoms a few days later. There must also be some limit to the amount of search by operation which is tolerable.

These cases so far as they go do not encourage the belief that psychoneurotic symptoms are likely to be benefited by operation. The only case where there seems to be a clear unmistakable connection is the third one cited, the case of mastoid antrum. If I were asked to advise about operation, I should say that the indications for its performance were identical with those in normal people. I take it that all antral abscesses should be dealt with surgically, and therefore if I found such a state I should advise surgical help, but I should not promise that it was likely that any benefit would ensue so far as the psychoneurosis was concerned.

In the year 1927 the year we are considering specially in this report will be found the case of a woman of 46, which provides an excellent example of the sharp distinction which may be made between functional and organic disease, whether toxic from infection or otherwise. She had suffered for about two years from epileptiform fits with loss of consciousness and convulsive movements which were clearly hysterical ; she complained from time to time of febrile attacks which were equally clearly due to chronic pyelitis ; she became tired very easily, and œdema appeared in the legs when she did much walking ; this was associated with two illnesses in previous years which had been complicated by severe double white leg. She had extensive varices in both legs, and it is probable that her venous return was conducted largely through them. Her case has been described in more detail in the *Journal of Neurology and Psychopathology* (vol. viii, page 296). It was shown that the fits, which were severe and frequent, were unaffected by the state of her physical health.

Before admission to Swaylands she had had intensive medical and surgical treatment for the kidney condition. In the early part of her stay she had prolonged rest in bed, which must have benefited her circulatory and exhaustion trouble, so far as this was physical in origin. During that period she had many fits. After about six weeks the psychological enquiry into her state had shown to what painful constellations of ideas she was reacting in this way, and it had also revealed to her a better way of dealing with them; thereafter she had no more fits. Occasionally after that time she over-fatigued herself, but an adjustment of the amount of exercise she was fit for was obtained. During her stay she had one acute attack of pyelitis, but this was neither accompanied nor followed by neurotic manifestations. I had the opportunity of seeing her doctor in December, 1928, and he tells me that the renal condition is serious but that she is not suffering in other ways. Her husband has told me that whereas she was formerly a difficult, querulous person, the sort of person who could never keep a servant, she is now smooth and easy. Before she came to the hospital he came to see me and said that, quite apart from the fits, he had come to the conclusion that he could not live with her any longer unless things were different; since she was treated psychologically all this has been altered. This was not arrived at by any threat on his part that he would leave her, for he had never been able to summon the courage to say anything of the kind; indeed he had wanted me to do so, a task the necessity for which fortunately never arose. It was accomplished by inducing her to see the significance of certain things which had been repressed from consciousness for years, whereupon she saw that the problems of life need not be run away from.

There is, however, one indication for operation which I do not seem to have come across in the literature, but which is I think of value. Obviously it can be used only when the operation is not a serious one. An operation may be of value in driving a patient from a position that he is suffering from organic disease, when he has as a matter of fact such disease but is not suffering from it. A case in point will be given immediately; but first it may be worth while to glance shortly at a difficulty which presents itself to those practising in a place like Swaylands which is not dogmatically associated with any particular species of therapy. Thus we attach primary importance in our anorexic cases to getting the patient fat; we do not practice any analytic therapy in primarily depressed patients nor in those who show schizo-phrenic tendencies. We give due weight to organic conditions. If patients or their friends ask what the treatment is before the patients come, we say we do not know till we have studied the case. If after such study we come to the conclusion that it is psychological we have then to persuade the patient that this is so, and sometimes this is a difficult matter. I think that this is a difficulty with which professed psychotherapists such as psychoanalysts are not faced. No one who believed that his illness depended on heart disease, and who declined to listen to any other idea would go to an analyst; and I take it that if by chance he had gone, and if he continued obstinately in his error, and refused therefore to be analysed, the analyst would give him up. We are not in the position to give a patient up merely because he disagrees on fundamentals, though he may give us up. If we believe that his case is one of nervous disorder we are bound to go on. There is a patient in the hospital now who came with the fixed belief that he had tabes: he came because he believed that we as a "nerve hospital" would treat that "nerve disease". He would not take any part in a psychological talk, nor relate his personal history on the ground that such things could have no bearing on the case: his strictly medical history he told quite fully. After some weeks he began to accept the continued daily proof that whatever he had it was not tabes. He then stated that he had lumbago. It was proved that he had not. He then fell back on the statement that he had a chronic nasal discharge which was poisoning him. It was true that he had a slight discharge and therefore he was sent to a rhinologist. He was most unwilling to go. The rhinologist said that he had a deviated septum, and that straightening this would probably stop the discharge. Again he was most unwilling that this should be done. But he had committed himself to the position

that the insomnia, depression and fears from which he was suffering must be due to some physical disease, and as he had found something which we were all agreed was a physical disease and his only one, he could not back out. The operation was, therefore, done, and the discharge has ceased. As his original symptoms persisted he now became convinced that he had better give the psychological view a hearing, and he has now brought forward much clinical material, and has begun to improve.

This patient illustrates another point of interest, viz: that patients who strenuously put forward a theory of disease do not wish it to be taken too seriously. Even to them it is something to talk about, a counter in a game, and they are rather shocked if the doctor takes them at their word. This is probably a common attitude. In 1928 a medical student of considerable intelligence was a patient at the hospital. After leaving he wrote a very interesting paper putting forward his views. He is sometimes frankly critical but his criticism has been made in a very friendly spirit, and has given us all valuable food for thought. He makes the following remark about complaints of physical illness.

"The neurotic is apt to choose diseases, aches and pains which he is fairly convinced have no serious significance . . . But let a doctor tell him that he is suffering from a disease and he will be seriously disturbed. Miss A. told the writer that she had a sore throat—one of the usual sore throats which she developed every week. The writer suggested that she had septic tonsils and she turned as white as a sheet. Her sore throat disappeared and did not recur . . . Physicians who have treated neurotics will realise that a patient may come to them suffering from symptoms A, B & C. But even though the physician is successful in removing all three symptoms the patient will be no whit the better, and feeling no better will invent symptoms D, E & F, and so on until the real cause of his illness, which itself may be symptomless, is discovered and removed. In consequence of this, perhaps, the neurotic is rather scared of real symptoms even when he sees them in others. If a patient new to the neurotic society betrays a serious symptom everyone looks dismayed, and the unfortunate is shown that he must never lose control of himself to that extent again."

REPORT ON PATIENTS DISCHARGED IN 1927.

During the year 190 patients were discharged from the Hospital, of whom 161 were new, the remainder had been in previously. Ninety-nine suffered from various forms of psychoneurosis, 43 from psychotic states, 3 were alcoholic and 7 were the subject of organic disease, 9 were classified under the head of Psychopathic Personality.

In the psychoneurotic group there were 99 patients ; 81 of them have been classed as suffering from anxiety states, 14 as hysterical and 4 as compulsive obsessional. The percentage of those who have reported is high, only eight failed to reply to the letter of enquiry. We have endeavoured as far as possible among those who have reported themselves as better to have only two classes of betterness, improved and well. Those who are called well have described themselves as being so, and have not complained of any symptoms. They may have had days when they were not quite well, but they have learned to recognise that that occurs to everybody. The three catagories of anxiety state, hysteria and obsessional neurosis have been adhered to. In the third the results have been as in former years, disappointing ; only one patient showed any improvement, and that was on a precarious basis.

Out of the 91 psychoneurotic patients who replied to the letter of enquiry, 70 reported themselves as well or improved ; fifty-eight were in the anxiety class, twelve in the hysterical ; fourteen are no better in any respect ; two are at work though not well, and one is well but does not give Swaylands credit for that. There are also the four obsessional cases who did not improve, but who may fitly be kept separate from the others.

It is difficult to pick out cases of special interest without naming too many, but comment on one or two may be permitted. Case 18, Group I. Table I. was of great interest. The patient was a young man of 24 with a severe phobia of venereal disease, which had been present for two years. During this time he had been told by many doctors that he was well. The Wassermann reaction had been shown to be negative six times. The phobia had come on shortly after a visit to a venereal cinematograph to which he had been sent by his father. The disease was supposed to have been acquired at a time when he had cut himself with a chisel which had been used by a man, who, the patient had heard, was syphilitic. On investigation, the source of the phobia was seen to be unimportant ; if the patient had not believed he had this disease it is almost certain he would have believed that he had some other. He wanted to be married ; he was dominated by his mother who did not want him to be married, and there seemed little doubt that he deferred the marriage without losing his self-respect by the device of phobia. When these ideas were accepted, he was able to return to his mother's house, no longer under her domination ; he has since married. He wrote that there was much opposition, but that he had been easily able to overcome it without quarrelling with her. This does not exhaust the interest of the case. The family history is one which shows fairly clearly how little real importance environment may play in the genesis of neurosis, how it merely precipitates it, and gives it colour. This man had a twin brother and a younger sister. They belong to a good working class family. The environment of male twins must in such a household be very much the same. The other twin was not the least affected by the dominance of the Mother, whose wishes he constantly disregarded from an early age. The patient on the other hand could never bear to see her distressed in any way, and always did what he was told. When they were about sixteen the Mother said that now they would leave school and earn money. The other twin said he was going on with the school, and went on. The patient left school, and got a job in an engineering shop. The other

twin is now a graduate and assistant to a professor in a University, the patient was when he came to Swaylands a working man. This was not because he was intellectually inferior nor was he a less hard worker : he was a pattern maker earning £7 a week ; he was, however, jealous of his brother's position. At Swaylands he occupied himself with correspondence classes, and he is now a draughtsman in an engineering works—a thing very difficult for anyone to rise to from the ranks. Environment then seems to have been unimportant. There was conflict which arose wholly internally, because he was more tender minded than his brother.

Case 24 in the same group was of interest from the point of view of diagnosis. He suffered from severe post concussion headache which had been present for over a year. He was sent by a neurologist who said that he thought that the symptoms pointed to cerebral contusion, but that he would like him treated psychologically before other measures were resorted to. In two months he was well. It transpired that he did not wish to go abroad for various reasons, none of which he cared to state publicly. The case is of interest not only because of the difficulty of diagnosis in such a condition unless there has been a psychological enquiry, but also in view of certain statements made by psychologists who are not in sympathy with the doctrine of the unconscious, and who hold that all psychotherapy is merely suggestion. This patient came with the idea that he probably had an organic brain condition, and so far as suggestion went it had tended towards the direction that he would not be cured by psychotherapy : he did not expect to be ; but when he saw that there were certain duties which he must face his symptoms disappeared.

It has been customary to discuss in some detail why certain patients did not improve. As before these have been divided into three categories, those no better but at work, those who have claimed that though they are better their improvement has nothing to do with treatment given at the hospital and those who are simply no better or are worse.

The first category has two names in it.

The first was a woman of 37 who complained of exhaustion, headaches and nervousness by which she meant that she was shy of making friends. This shyness had originally shown itself with regard to the male sex. There had been a series of sexual experiences in early childhood, with a remorse period of puberty. This was attended by a resolution that she must never marry as she was unworthy. She therefore avoided friendship with men. A history of this sort is one that is met with fairly frequently. It is one which can often be dealt with very advantageously. A patient can usually be induced to see that an experience of the kind in childhood is of no ethical importance, that it all happened before the child was clear in its views between right and wrong, and that it cannot be right to let such events dominate the rest of life and destroy its happiness. A person, however, who consciously requires to make a resolution of this kind is a highly sexed person, and, men having been ruled out, the patient made one or two passionate friendships with women which ended disastrously. As she had to earn her living and had to mix with people it is easy to see how she could not avoid conflict in every phase of her life. No sooner did she begin to settle down in a place than for some reason or another she left it, so that in seventeen years she had occupied something like thirty different posts. Either the post was too dull, or there was someone in it, to whom she became too devoted, but who did not reciprocate the devotion. At the hospital she saw that she had been unwise to condemn herself for life on account of something which had happened at the age of 6 or 7, but it is probable that the knowledge had come too late to be of much value.

This case is an illustration of a common difficulty we have to deal with, the difficulty of getting patients early. This patient had been complaining in a mild way of occasional headaches for years, but the breakdown was of some months duration only. She was regarded more or less as an early

case. It is clear, however, that she had not been well since puberty, when this grave scruple first made its appearance. One cannot of course demand that a young girl should be expected to consult a doctor or indeed anyone else about a scruple of the kind, though, perhaps, if education were a better conducted thing the scruple might not have arisen. But the continual change of occupation was itself a nervous symptom ; with wider spread knowledge of mental illness one may hope some day that anyone who changes his or her situation every few months will be recognised as needing investigation, just as he would if he had a persistent cough.

To return to the origin of the scruple. About the time of puberty an elderly lady with whom the patient was then staying undertook to initiate her into the meaning of menstruation, and seized the opportunity to read a lesson in sex morals. The incident of childhood which had been forgotten for years flashed into her mind, and she knew at once from what she had just been told that she was a wicked person beyond the hope of forgiveness. The teacher on this occasion was of course in complete ignorance of what she was doing. If instruction in sex is to be given it would seem better that it should be done either at a very early age, or, if it is given later, by someone who can feel confident that he or she knows all about the history of the pupil. Puberty seems the wrong age.

The second patient is a married woman who believes that her husband is unfaithful, but feels she cannot leave him, not because she is dependent on him but because he is on her. They have a business of which she is the driving force. This view which was derived from herself is strongly corroborated by her doctor.

In the second category there is one patient. She was a married woman of 44 who complained of giddiness, pains in the back and right knee. After two months she left saying that she was quite well. She had told a story of marital and family difficulties to which she had to return. It was hoped that she had realised that her symptoms were dependent on these difficulties, and that she had been sufficiently instructed to enable her to deal with them successfully. She however relapsed very soon and was sent to Bath where she was cured in three weeks. She has now been well for some months. We do not claim to have benefited her ; but if she was in truth suffering from a rheumatic affection, it is odd that a treatment which was wholly psychotherapeutic should have abolished her symptoms altogether so long as she was away from mental irritations. Should she now keep well one may hope that, though she does not think it, she did learn some lessons on the art of managing her life when she was in the Hospital.

We now come to the third category—those who are no better or who are worse. There are thirteen patients in it. Seven of them improved in hospital, the others did not. Four others who did not improve have not been heard from. Of those who replied, one, a man of 49 with symptoms of tremulousness, insomnia, palpitation and inability to concentrate had been a commercial traveller in a special line of business which, because of the lapse of a patent, had come to an end. The market had suddenly become flooded with a much cheaper imitation. He had tried to take up work of the same nature in another kind of business, but this involved making new acquaintances, and he was unable to do it. It has been observed in other instances how wearied commercial travellers become of the routine of their lives at or about 50 : they complain bitterly of never sleeping twice in the same bed except at week-ends, of the hotel society in the evenings, etc. It seems possible, too, that because a well-to-do brother-in-law was giving him financial help almost whenever he asked for it, the difficulty of adaptation might be being increased. In some ways it was a compensation case. The patient seemed to accept the possibility of this view. The probability was enhanced by the fact that on two occasions on which he made up his mind to leave he became temporarily worse, relapses which disappeared with postponement of his discharge. It is however, possible that there was a physical cause as well for his failure to adapt easily. About six months after discharge he had a stroke.

A man of 48 had complained of debility, catarrh, exhaustion and "faintness of the right side". He left improved; he now writes to say he is very much better, but that this improvement has taken place since he has been receiving treatment for abscess of the liver. This treatment has been medical. After a year of it the patient has written to say he is not well yet.

A single lady of 57 complained of absence of will power, insomnia, loss of memory and worry. She had lived many years as neighbour to a rather older woman who was her chief interest in life. The latter was of dominant character and had at last become so tyrannical that the patient had revolted, and had given up the friendship. This was followed by depression. She could not however face a return to the tyranny though she greatly deplored the loss of the friend. She formed another strong friendship with another woman, and when she came to hospital her intention was to set up house with her as soon as she was well. Having seen both we came to the conclusion that this new partner was much too busy a person to make the plan even probably successful. It has failed altogether and the patient has evidently drifted again into a very depressed state. Patients of this sort present great difficulties. The first friendship had been so intense that the patient for lack of time made few other acquaintances; now she is a very lonely person.

A woman of 33 complained of exhaustion, dysphagia, flatulence, tremblings, depression, attacks of faintness. She broke down after being jilted, which was followed by resumption of the friendship on an unsatisfactory basis. She has never got on well with her mother to whom she had to return. She had also hoped when she left Swaylands that her engagement would be renewed. Later she received a letter from her former fiancé of a cold nature, whereupon she relapsed.

A clergyman of 32 was troubled with sexual thinking, became engaged to be married, and then doubtful about the wisdom of this step. He then underwent a long and searching psychological investigation, which he called psycho-analysis, but which, it must be stated, was not carried out by a recognised psycho-analyst. According to himself he was much worse at the end of the treatment. It is certainly difficult to be the second doctor to undertake a psycho-therapeutic problem if the first treatment has perhaps done harm.

A woman of 33, married for about four years, suffered from insomnia with nightmares. Her marriage had not been consummated. She had been frightened by things she had heard beforehand about the marriage relationship. It was considered before she left the hospital that she had been reassured on this point, but evidently this was not so.

A man of 39 had suffered from vertigo and loss of confidence since 1918 when it was alleged that he had sunstroke; the present symptoms have existed ever since. The patient had joined the army in 1916 and had been left at home as an instructor. In the early part of 1918 he himself arranged that he should be transferred to the tanks, so that he might get to France. He was however aware that he dreaded it. Soon after the "Sunstroke" he was categorized as B ii. Sunstroke acquired in this country and followed by prolonged symptoms just when a man is going to the front may be regarded with great probability as a symptom of conflict. In my experience such symptoms if they have originated in a man who never went to France are much more intractable than those that have arisen after a man has done some fighting. This is what one would expect. There have been several similar cases in the hospital; one, a schoolmaster has continually disappeared from his work whenever he has seen anything that reminded him of soldiers or war; another, a regular officer was for some years at the base at Rouen and broke down when arrangements were made to give him a turn at the front: he remained ill for many years; he became well but his illness was a severe one.

A patient of 46, a solicitor with marked bodily deformity from Pott's disease of the spine had failed in business. He had had great ambitions, had entered into an ill-considered partnership and was

now in a law suit of some years standing with his partner. What little money he ever had was lost, and a former practice which he had abandoned for this partnership was lost also. He appeared to fit in with Adler's conception of bodily inferiority. He had tried to compensate for this by attempting a career for which he was not fitted. In addition to these constitutional factors he had undergone a fearful experience. He had married, and his wife had to be certified within a week. She has been in a mental hospital ever since.

A lady of 26 after being disappointed in a love affair, which however partook somewhat of the nature of fantasy, developed an illness in which she faked temperatures. She complained also of the sense of unreality and was depressed. She became well but broke down again. It is possible that there is here a Schizo-phenic element.

Two others who did not improve left the hospital against advice before they had had time to derive benefit.

It is not surprising that some of these patients should not have recovered. Circumstances were much against them.

For two years the tabulated results have been omitted from these reports. It will be within the Committee's recollection that it was decided they should be presented this year. With the accumulated records of so many years this proved to be a somewhat formidable task. For 1927 the record is a full one ; for previous years all organic cases have been omitted. It was felt that the number of these was so small that they were not worth collecting. For the early years all cases have been omitted for which there was no report within the last two years. It will be found that in these early years the numbers do not run consecutively ; for office purposes of identification it is convenient to retain the same number for the same patient year after year. Even with these omissions the report is bulky. To save paper space it has been thought best to signify the results in the earlier years by letters rather than words. The signs thus chosen are :

W. stands for well i.e. the patient reports good health so far as his neurosis is concerned.

I. stands for improved.

R. stands for relapsed, and the sign is continued if the patient has continued in ill health.

I.S.Q. refers to a condition which is about the same as before treatment. It has not been used for the continuation of relapse.

Ex. stands for mental exaltation.

The Groups under which the cases are presented are the same with slight modifications as in previous years. If on subsequent consideration it is thought that a patient should be in a different group, no change has been made. Thus in the report for 1923 the first patient in the Psychoneurotic Group was clearly on subsequent reports shown to be a manic depressive. She remains weighing against the results of the group, and is incidentally a yearly stimulus to greater accuracy of diagnosis

No attempt is made here to analyse the results of the earlier years. The information is there. Whether a patient remains in the table of " improved " or " not improved " depends upon the report received a year after discharge. If the patient is not at that time improved or well, it is assumed that later improvement had nothing to do with residence at Swaylands.

1927.

GROUP I.

TABLE I. (a)

ANXIETY STATES.

Patients who are Well or Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 M. 66	9 weeks	Headache. Unable to read.	Well.	Well.
2 M. 35	10 weeks	Palpitation. Faintness. Phobias of heart disease and streets.	Improved.	Well.
3 F. 29	4 months	Fatigue. Headache. Various phobias.	Well.	Well.
4 M. 23	9 weeks	Headache. Tinnitus. Indigestion. Fear of Insanity.	Improved.	Well.
5 F. 22	7 weeks	Aching in right eye. Headaches.	Well.	Well.
6 M. 63	9 weeks	Fear that he may injure his wife. Hysterical outbreaks.	Improved.	Well.
7 M. 33	3 weeks	Giddiness in church. Odd sensations in body. Faint feelings.	Much improved.	Well.
8 F. 29	2 months	Pressure and tension in head. Poor sleep. Depression. Panics.	Improved.	Improved.
9 M. 42	2 months	Fears. Depression. Exhaustion.	Well.	Well.
10 F. 39	3½ months	Loss of interest. Sleep poor. Headaches.	Improved.	Improved.
11 M. 35	7 months	Headache. Lack of concentration. Fear of heart failure. Diarrhoea.	Improved.	Improved.
12 F. 19	3 months	Fear of being alone, of fainting, indigestion.	Improved.	Well.
13 M. 47	2 weeks	Depression. Inferiority feelings. Pain in back. Flatulence.	Improved.	Well.
14 M. 38	3½ months	War dreams. Poor sleep. Numbness in limbs. Alcoholism.	Improved.	Improved.
15 F. 50	15 months	Depression. Sense of unreality. Indigestion.	Improved.	Well.
16 M. 51	5 months	Depression. Difficulty of concentration.	Improved.	Well.
17 M. 37	2½ months	Eye strain. Giddiness. Insomnia. Fears. Indigestion.	Well.	Well.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
18 M. 24	3 months	Phobia about disease. Fear of company. Anxiety.	Improved.	Well.
19 M. 50	4 weeks	Palpitation. Indigestion. Loss of weight. Insomnia. Fear of cancer.	Gained 5 lbs. Improved.	Improved.
20 F. 29	2 months	Exhaustion. Headaches. Claustrophobia. Poor concentration.	Improved.	Well.
21 F. 43	4 months	Agoraphobia.	Improved.	Improved.
22 F. 37	2 months	Pressure on head. Pains in eyes. Many fears.	Improved.	Well.
23 M. 20	4 months	Inability to use brain. Fear of insanity. Shyness. Introspection.	Improved.	Well.
24 M. 24	11 weeks	Headaches. Depression. Irritability. (Post concussion).	Well.	Well.
25 F. 46	5 weeks	Odd sensations in stomach. Palpitation. Eye strain.	Improved.	Well.
26 F. 33	3½ months	Exhaustion. Unreality. Insomnia.	Improved.	Well.
27 F. 26	4 months	Depression. Unreality. Insomnia.	Well.	Well.
28 M. 28	3½ months	Agoraphobia. Fear of dark. Unreality.	Improved.	Improved.
29 M. 26	3 months	Exhaustion. Unable to concentrate. Headache. Asocial. Indigestion.	Improved.	Improved.
30 F. 38	8 months	Insomnia. Fatigue. Backache. Indigestion.	Well.	Well.
31 M. 25	2 months	Nervousness. Weakness. Non-dissociated fugues.	Improved.	Well.
32 M. 42	7 weeks	Lack of concentration. Fear of insanity. Insomnia. Palpitation. Twitching.	Improved.	Well.
33 M. 21	4 weeks	Self-consciousness. Shyness. Paraesthesiæ.	Improved.	Well.
34 M. 20	4 weeks	Loss of appetite. Fatigue. Loss of concentration.	Improved.	Improved.
35 F. 32	3½ months	Exhaustion. Neuralgic pains. Depression.	Well.	Well.
36 F. 32	6 weeks	Insomnia. Worried about everything.	Well.	Well.
37 F. 47	3 months	Pains in head and breasts. Nervousness. Giddiness. Exhaustion. Menorrhagia.	Improved.	Improved. Has had teeth out and fibroids removed.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
38 M. 49	4 months	Fears of insanity, disease and knives. Depressed.	Improved.	Improved.
39 F. 25	2½ months	Panics in the street.	Improved.	Well.
40 F. 35	11 months	Attacks of fear, especially of suicide.	Improved.	Well.
41 F. 33	11 months	Intolerance of noise. Photophobia. Headache. Bad temper.	Improved.	Improved.
42 M. 29	5 months	Worry about everything. Loss of concentration. Insomnia.	Improved.	Well.
43 M. 33	2 months	Exhaustion. Poor sleep. Inferiority feelings.	Improved.	Well.
44 M. 53	4 months	Tremor on left side. Pressure on head and in mouth. Poor sleep.	Well.	Well.
45 M. 38	5 months	Fear of knives, headaches. Insomnia, exhaustion.	Improved.	Well.
46 F. 49	10 weeks	Unworthy thoughts. Terrors.	Improved.	Well.
47 F. 35	2 months	Exhaustion. Depression. Confused feelings. Hysterical attacks.	Improved.	Improved.
48 M. 44	6 weeks	Fear of everything.	Well.	Well.
49 M. 20	10 weeks	Fear of insanity. Unreality.	Improved.	Well.
50 F. 42	3 months	Headaches. Insomnia. Nausea. Exhaustion.	Improved.	Improved.
51 F. 42	5 weeks	Exhaustion. Depression. Diarrhoea.	Well.	Well.
52 F. 24	3 months	Attacks of terror in the street.	Improved.	Improved.
53 M. 24	14 weeks	Fear of falling down dead. Palpitation. Poor sleep.	Improved.	Improved.
54 F. 41	3 months	Insomnia. Fears of suicide. Has right optic atrophy.	Improved.	Improved.
55 M. 41	4 months	Depression. Fear of crowds. Apprehension. Clonic movements of right arm and leg (encephalitis).	Nervous symptoms gone. Tremor I.S.Q.	At work as on discharge.
56 F. 33	2 months	Headaches. Exhaustion. Indigestion. Suspicious of husband.	Well.	Well.
57 F. 42	3½ months	Palpitation on little exertion. Nervousness.	Well.	Well.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
58 F. 39	6 months	Phobias of snakes and knives. Emotional attacks.	Improved.	Well.
59 F. 32	9 weeks	Exhaustion. Fear of heart disease. Loss of weight.	Well. Gained 1 stone.	Not heard from.
60 F. 34	1 month	Fear of fainting. Faints. Depression. Claustrophobia.	Improved.	Not heard from.
61 M. 37	10 weeks	Headache. Unreality. Apprehension. Giddiness.	Improved.	Not heard from.

1927.

GROUP I.

TABLE I. (b)

HYSTERIA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 F. 22	7 weeks	Depression. Instability of Moods.	Well.	Well.
2 F. 46	11 months	Epileptiform fits. Insomnia. Pyelitis.	No nervous symptoms.	No nervous symptoms.
3 F. 27	7 months	Pain in coccyx. (traumatic) Hiccups.	Well.	Well.
4 F. 30	4 months	Vomiting. Retention of urine. Outbursts of temper. Suicidal demonstrations.	Well.	Well.
5 F. 37	3 months	Flaccid Paralysis left leg (12 years). Secondary talipes—organic. Pains in back.	Able to walk well. No pains.	Remains well.
6 F. 22	2 months	Tic of shoulders. Attacks of unconsciousness.	Improved.	Tic much improved. No attacks.
7 F. 50	12 months	Exhaustion. Confused feeling.	Improved.	Improved.
8 M. 61	4 months	Spasticity and tremor of legs. Insomnia. Fatigue. Anxiety.	Well.	Well.

GROUP I.

TABLE I. (b)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
9 M. 30	5½ months	Photophobia. Ideas of self-mutilation.	Improved.	Improved.
10 F. 34	5 months	Depression. Suicidal demonstrations.	Symptoms still present.	Well.
11 F. 33	3½ months	Headaches. Vomiting. Exhaustion.	Improved.	
12 F. 45	3 months	Aphonia. Emotionalism.	Improved.	

SUB-GROUP.

ANOREXIA NERVOSA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
13 F. 20	5 weeks	Anorexia. Amenorrhoea. Loss of weight.	Gain of 14 lbs.	Well.
14 F. 20		Anorexia. Amenorrhoea. Loss of weight.	Gain of 3 lbs.	Returned. Now much better.

1927.

GROUP I.

TABLE I. (c)

OBSESSIONAL COMPULSIVE.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 M. 48	6 months	Constant working of bowels. Fear of diseases.	I.S.Q.	Worse.
2 M. 20	5 months	Obsessions that testicles are too small.	I.S.Q.	Improved.
3 F. 17	3 months	Obsessional thoughts of sex. Compulsive acts of washing. Re-arranging things.	Sex thoughts and washing better. Still re-arranging.	As on discharge.
4 F. 17	3½ months	Constant washing of hands. Constant thoughts about dirt.	I.S.Q.	I.S.Q.

1927.

GROUP I.

TABLE II.

ANXIETY STATES.

Those who are at work but not Better.

Sex and Age	Duration of Stay	Symptoms			Result on Discharge	Report in 1928
1 F. 37	5 months	Nervousness. aches.	Exhaustion.	Head-	Improved.	Not well.
2 F. 44	2 months	Insomnia. Depression.	Exhaustion.	Anorexia.	Improved.	Not well.

GROUP I.

TABLE III.

Those who are Better but who do not admit that their
Improvement is due to Treatment at Swaylands.

Sex and Age	Duration of Stay	Symptoms			Result on Discharge	Report in 1928
1 F. 46	2 months	Giddiness. knee.	Pain in back and right		Symptoms gone.	Relapsed but better after Spa treatment at Bath.

1927.

GROUP I.

TABLE IV.

Patients who are no Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 M. 32	5 months	Depression. Unable to concentrate. Worry about engagement.	I.S.Q.	I.S.Q.
2 F. 31	2 months	Insomnia. Indigestion. Disgust at sex.	I.S.Q.	I.S.Q.
3 M. 40	6½ months	Vertigo. Flatulence. Fear of strangers.	I.S.Q.	I.S.Q.
4 M. 49	10 weeks	Tremulousness. Insomnia. Palpitation. Fatigue. Cannot concentrate.	Improved.	Had a stroke. Not well.
5 M. 46	6½ months	Depression. Cloudiness in head. Loss of confidence. Insomnia.	Worse.	Better, but not well.
6 M. 43	2 weeks	Debility. Catarrh. Exhaustion. Faintness on right side.	Rather better.	Says now being treated for abscess of liver.
7 F. 46	4 months	Pains and weakness in legs. Tinnitus. Insomnia.	Improved.	Relapsed.
8 M. 49	6 weeks	Insomnia because of fears on dropping to sleep.	I.S.Q. Left against advice.	I.S.Q.
9 M. 50	12 days	Loss of concentration. Insomnia Indecision.	I.S.Q.	
10 F. 57	4 months	Insomnia. No will power. Loss of Memory. Worries.	I.S.Q.	I.S.Q.
11 F. 33	3 months	Headaches. Depression. Fears of going out. Fear of swallowing.	Improved.	Relapsed.
12 F. 57	3 months	Indigestion. Pain in back. Insomnia. Tempers. Otorrhœa.	I.S.Q.	
13 F. 41	3 months	Tachycardia. Exhaustion. Pains in shoulder.	Improved.	Has had a stroke.
14 F. 57	2½ months	Tight feelings in head. Curious sensations in jaw. Lack of interest.	Well.	Relapsed.
15 F. 26	14 months	Depression. Sense of unreality. Has been faking temperatures.	Well.	Relapsed.
16 M. 22	11 weeks	Tics affecting chiefly the trunk.	I.S.Q.	
17 F. 38	2½ months	Dimness of vision. Palpitation. Outbreaks of temper.	I.S.Q.	

1927.

GROUP II.

ALCOHOLICS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 F. 30	1 months	Bouts of alcohol. Fear of facing people.	I.S.Q.	
2 M. 28	6 months	Bouts of alcoholism.	?	At work and apparently doing well.
3 M. 36	2 weeks	Chronic Alcoholism.	?	?

GROUP III.

TABLE I. (a)

PSYCHOSES.

Patients with Mental Depression. (Improved).

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 F. 31	3 months	Depression. Loss of affection. Obsessive thoughts.	Improved.	Well.
2 M. 55	5 months	Restlessness. Depression. Insomnia.	Improved.	Well.
3 F. 49	9 months	Inability to think. Depression. Fear of being alone.	Improved.	Improving.
4 M. 61	10 weeks	Depression. Insomnia. Self-reproach.	Well.	Well.
5 F. 40	6 weeks	Depression.	I.S.Q.	Well.
6 M. 50	6 weeks	Depression. Retardation. Remorse.	I.S.Q.	Well.
7 M. 63	3 months 2 months 3 months	Depression. Insomnia. Retardation.	Improved on being discharged but not well.	Well.
8 M. 60	5 months	Depression. Abdominal pain. Loss of weight.	I.S.Q.	Well after cholecystectomy and appendicectomy.

1927.

GROUP III.

TABLE I. (b)

PSYCHOSES.

Patients with Mental Depression. (Not Improved).

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 M. 56	1 day	Depression. Delusions of various kinds.	Discharged unsuitable.	
2 M. 62	4 weeks	Retardation. Depression. Insomnia.	Certified.	Still in mental hospital.
3 F. 55	7 weeks	Insomnia. Depression. "The Unpardonable sin."	I.S.Q.	I.S.Q.
4 F. 35	6 months	Depression. Unreality feeling.	Worse.	Certified.
5 F. 54	3 months	Exhaustion. Depression. Worried over trifles. Loss of weight.	Felt well but relapsed in 1928 and again felt well.	Committed suicide.
6 M. 70	1 week	Weakness. Loss of flesh. Delusions about poisons.	I.S.Q.	
7 M. 50	1 month	Idea that he will be arrested. Apathy. Cannot concentrate.	I.S.Q.	I.S.Q.
8 F. 65	1 week	Depression. Discontent.	I.S.Q.	I.S.Q.
9 F. 19	8 months	Depression. Self-reproach. Retardation. Fatigue. Later—boisterous, busy, amorous.	Normal.	Depressed.
10 F. 54	5 months	Insomnia. Discontent. Depression. Palpitation.	I.S.Q.	Died two months later with bulbar symptoms.
11 M. 55	2 months	Depression. Self-reproach. Retardation.	Well.	Relapsed but better again.

GROUP III.

TABLE I. (c)

With Mental Exaltation.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 M. 22	3 months	Overactivity. Disorderly conduct.	Improved.	Well.
2 F. 54	2½ months	Disturbing other patients. Disorderly conduct. Confused feelings.	I.S.Q.	In Mental Hospital.

1927.

GROUP III.

TABLE II.

SCHIZOPHRENIC STATES.

(a) Well or Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 F. 29	14 months	Insomnia. Fear of spiritualism. Hears voices saying that they would murder her father.	No symptoms.	Well.
2 M. 24	11 weeks	Anorexia. Emaciation. Discomfort in swallowing. Fear that food will injure him.	Gain of 6 lbs.	At work. Improved.
3 F. 35	5 weeks	Abdominal pain. Ideas of persecution.	Much improved.	Well.
4 F. 28	9 weeks	Ideas of persecution. Lethargy.	Much improved.	Certified but well again.
5 F. 25	7 months	Hallucination of voices. Insomnia.	Much improved.	Improved.
6 F. 49	4 months	Insomnia. Ideas of persecution. Hallucinations of people being in her room all night.	Improved.	Improved.

(b) Not Improved or Worse.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
7 M. 20	1 month	Hypochondriacal delusions. Fears that he has weakened himself.	I.S.Q.	I.S.Q.
8 F. 35	3 weeks	Delusion that she has had an illegal operation.	I.S.Q.	
9 M. 46	2 weeks	Ideas of reference. Insomnia. Exhaustion.	I.S.Q.	I.S.Q.
10 M. 26		Ideas of reference. Hypochondriacal delusions.	I.S.Q.	I.S.Q.
11 F. 37	5 months	Feeling of unreality. Belief that her body is decaying and that she is immortal.	I.S.Q.	I.S.Q.
12 F. 50	6 weeks	Ideas of reference and of persecution. Insomnia. Unhappiness.	I.S.Q.	I.S.Q.
13 F. 54	3 weeks	Menière's Syndrome. Inability to manage her life.	I.S.Q. Wrote to ask the doctor to stop hypnotizing her.	
14 F. 37	3 months	Exhaustion. Emaciation. Refusal of food. Belief in impending death.	I.S.Q.	I.S.Q.

(b) Not Improved or Worse.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
15 F. 21	4 months	Exhaustion. Depression. Later—disorders of conduct and ideas of reference.	Well for 3 months.	In Mental Hospital.
16 M. 27	6 weeks	Hallucinations of voices. Has sinned beyond redemption.	I.S.Q.	In Mental Hospital.
17 F. 25	5 weeks	Laughs at some private joke. Fits of muttering. Outbreaks of temper.	I.S.Q.	I.S.Q.
18 M. 24	1 week	Auditory hallucinations. Depression. Negativism.	I.S.Q.	

1927.

GROUP III.

TABLE III.

PARANOID STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 M. 41	5 months	Delusions of influence, that a man alters the weather to annoy him, etc.	I.S.Q.	I.S.Q.

GROUP III.

TABLE IV.

HYPOCHONDRIA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 M. 63	3 weeks	Pain in abdomen, Dyspnoea. Dysphagia.	I.S.Q.	
2 M. 61	3 months	Giddiness. Listlessness. Absence of will-power.	Improved.	Relapsed.
3 M. 53	4 weeks	Brain fag. Cannot concentrate. Slow at everything.	I.S.Q.	

1927.

GROUP IV.

ORGANIC DISEASES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 F. 45	3 weeks	Headache, attacks of lethargy. Cerebral tumour.	I.S.Q.	Very ill.
2 F. 35	5½ months	Palpitation. Fatigue. Depression Mitral lesion.	Symptoms less.	I.S.Q.
3 M. 54	7 weeks	Spastic gait. Incontinence of urine.	I.S.Q.	Can walk a little better.
4 F. 65	12 weeks	Post herpetic. Neuralgia. Insomnia.	I.S.Q.	I.S.Q.
5 F. 57	11 days	Great Memory defect. Shuffling gait.	I.S.Q.	I.S.Q.
6 F. 62	5 weeks	Indigestion. Malnutrition. No nervous symptoms.	I.S.Q.	I.S.Q.
7 M. 49	4 weeks	Odd feelings in head. Feels he is going to slip into unconsciousness.	I.S.Q.	Has polycythaemia.

PSYCHOPATHIC PERSONALITIES—ANXIETY STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1928
1 F. 48	10 months	Always liable to fits of passion. Sleep poor. Fears.	Feeling well.	Improved.
2 M. 57	4½ months	Lack of interest. Insomnia. Depres- sion. Incapacity to work. Homo- sexual.	Improved.	Not well.
3 F. 45	2 months	Always eccentric. Indigestion. Constipation.	Improved.	Improved.
4 M. 53	4 weeks	Always untruthful. Sexual pervert. Headaches. Exhaustion.	Symptoms improved.	Relapsed.
5 F. 29	7 months	Fits of temper. Exhaustion. Mental deficiency.	I.S.Q.	I.S.Q.
6 M. 50	5 weeks	Always a failure in life. No will- power. Worries over everything.	I.S.Q.	I.S.Q.
7 M. 21	1 month	Thieving. Antagonism towards his family.	I.S.Q.	I.S.Q.
8 F. 30	3 months	Always jealous and passionate. Faintness. Giddiness. Palpitation and dazed feelings.	I.S.Q.	I.S.Q.

1926.

GROUP I.

TABLE I.

PSYCHONEUROSES.

Patients who have Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927	Report in 1928
1 F. 36	10 weeks	Backache. Odd feelings in head.	Slightly better.	Improved.	Improved.
2 M. 34	3 months later 3 months	Depression. Loss of confidence. Magical beliefs.	Improved.	Well and at work.	Well.
3 F. 29	13 months	Choreiform movements.	Symptoms gone.	Fairly well.	Relapsed.
4 M. 23	4 months	Palpitation. Faintness. Flatulence. Malaise.	Improved.	At work but under treatment.	Improved.
5 M. 35	2 months	Self-conscious. Blushing. Insomnia. Headache. Palpitation. Sweating. About to retire from work.	Improved.	Is at work.	Improved.
6 F. 33	3 months	Fears of insanity. Agoraphobia.	Improved.	Well.	Well.
7 M. 40	2 months	Exhaustion. Giddiness. Pain and tremor right side. Palpitation. Photophobia.	Improved.	Well at work.	Well.
8 F. 25	6 weeks	Anorexia. Insomnia. Constipation. Amenorrhœa.	Much improved.	Well.	Well.
9 M. 46	10 weeks	Writers' cramp. Stutter in speech. Sense of inferiority.	Symptoms gone.	Well.	Relapsed.
10 F. 39	10 months	Spasmodic torticollis.	Much improved.	Well.	Well.
11 F. 27	10 weeks	Obsession that she is losing her good looks. Hysterical outbursts. Insomnia.	More controlled. Obsession still present.	Is well.	Well.
12 F. 24	2 months	Untruthfulness. Stealing.		Well.	Well.
13 F. 47	4 months	Headache. General pains. Insomnia. Exhaustion.	Much improved.	Well.	Well.
14 M. 40	6 weeks	Agoraphobia. Fears of insanity. Chronic alcoholism.	Symptoms gone.	Well. Tee-total.	Relapsed.
15 F. 35	9 months	Headache. Fears. Dyspepsia. Spastic gait.	All symptoms improved.		

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927	Report in 1928
16 F. 44	3 months	Exhaustion. Insomnia. Apprehensive.	Improved.	Well.	Well.
17 M. 36	1 month	Loss of confidence. Fear of insanity.	I.S.Q.	Much better.	Not well.
18 F. 27	6 weeks	Fatigue. Abdominal pain. Poor sleep. Fear of suicide.	Improved.		
19 M. 45	2 months	Fatigued. Excitable.	Improved.	Better.	Well.
20 F. 40	9 months	Fears and terrors of the night. Insomnia. Night-mares.	Slightly improved.	Well.	Well.
21 F. 42	1 month	Depression. Insomnia. Suicidal demonstration. Alcoholic excess. Homosexual tendency.			
22 F. 32	2 months	Awful feelings in head. Weeping. Homosexual friendship.	Symptoms improved.		
23 F. 35	4 weeks	Fear of going off to sleep. Exhaustion.	Improved.	Improved.	At work, not so well.
24 F. 44	4 months	Hysterical foot drop. Insomnia. Constipation fears.	Well.	Well.	Well.
25 F. 25	1 year	Refusal of food. Emaciation. Unreality of day life. Reality of dream life.	Improved.	Well.	Well.
26 M. 47	3 months	Weakness of back and legs. Attacks of falling. Agoraphobia. Fears of insanity.	Well.	Well.	
27 F. 40	2 weeks	Fear of sleep. Horrors at night. Fear of suicide.	Much improved.	At work, fairly well.	
28 F. 55	6 months	Dreads everything, illness, meeting people, etc. Exhaustion. Rigors. Pyelitis.	Much improved.	Well.	Well.
29 F. 35	3 months	Noises in throat. Tremors. Backache.	Well.	Well ; working.	Well.
30 M. 34	7 months	Fear of heights and trains. Palpitation. Impotence.	Improved.	Improved.	Improved.
31 F. 32	2 months	Insomnia. Unreality. Fear of insanity.	Improved.	Well.	Well.
32 M. 31	3½ months	Feels in a haze. Unable to remain alone. Depression. Exhaustion.	Well.		Well.
33 F. 23	10 months	Insomnia. Malaise. Depression. Loss of weight.	Well.	Well.	Well.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927	Report in 1928
34 M. 20	5 months	Sense of detachment. Religious preoccupation. Nocturnal epilepsy.	Improved.	Feels well. No fit for months.	Well.
35 F. 17	4 months	Anorexia. Emaciation. Amenorrhœa.	Gained 34 lbs.	Fairly well.	Well.
36 F. 40	2 months	Loss of weight. Indigestion. Agoraphobia. Headaches.	Improved.	Well.	Not well.
37 F. 17	7 weeks	Loss of weight (2 st.). Loss of strength.	Gained 17 lbs. Felt well.	Well.	Well.
38 M. 45	3 months	Periodic drinking.	Well in hospital.	No relapse.	Well.
39 M. 19	7 weeks	Lack of confidence. Shyness. Feels different from others.	Much better.	Happy and enjoying life.	Well.
40 M. 28	3 months	Insomnia. Terrifying dreams.	Well.	Well and working.	Relapsed.
41 F. 25	5 months	Dyspnœa. Headaches. Choreiform movements. Palpitation.	Improved.	Much better. At work.	Fairly well.
42 M. 32	7 weeks	Pain in spine. Inability to concentrate. Syphilophobia. Nightmares. Frequent emissions.	Well.	Well.	Well.
43 M. 32	2 months	Pain in head. Insomnia. Nervousness. Giddiness.	Well.		
44 M. 40	12 months	Depression. Insomnia. Inability to concentrate. Inability to sign his name.	Well.	Well.	Well.
45 M. 37	1 month	Tremor, right hand. No money sense.	Tremor gone.	Much better.	Well.
46 M. 44	5 months	Tinnitus. Depression. Dull pain in head. Insomnia. Nightmares.	Improved.	Well except for tinnitus.	Fairly well.
47 M. 31	5 months	Blushing and sweating. Headaches. Chronic alcoholism.	Improved.	Well.	Well.
48 F. 47	6 weeks	Fear of meeting strangers. Deafness.	Improved.		
49 F. 35	11 months	Spastic paraplegia. Depression. Insomnia.	Walking some miles. Still rather spastic.	Well.	Well.
50 F. 36	4 months	Weakness. Tremor. Failure of concentration. Insomnia. Fears. Loss of weight.	Gained 17 lbs. Almost well.	Well.	Well.
51 F. 50	7 weeks	Exhaustion. Depression. Confusion.	No symptoms.	Much better.	Well.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms			Result on Discharge	Report in 1927	Report in 1928
52 M. 45	10 months	Depression. of people.	Insomnia.	Fear	Improved	Well.	Well.
53 M. 38	4 months	Alcoholic outbursts. Depression.	Insomnia.		No attack in hospital.	Is at work. One relapse.	At work. Probably relapsing.
54 F. 32	2½ months	Fear of cancer. compulsion.	Washing		Improved.		
55 M. 44	3½ months	Insomnia. in back.	Fatigue.	Weakness	Improved.	Well.	
56 F. 19	6 weeks	Anorexia. of weight.	Amenorrhœa. Feels well.	Loss	Gained 10 lbs.		
57 F. 17	3½ months	Headache.	Nausea.	Fatigue.	Well.	Well.	
58 F. 44	10 months	Pain in neck. Constipation.	Insomnia.		Improved.	Improved.	Well.
59 F. 38	2 months	Giddiness. Insomnia.	Dyspnœa.	Palpitation.	No symptoms.	Fairly well.	Fairly well.
60 M. 49	1 month	Insomnia. Apprehensive.	Tinnitus.		No symptoms.	Is well.	
61 M. 41	4½ months	Attacks of dyspnœa. Head-aches.	Fear of dark.	Inferiority feelings.	Improved.	Improved.	Well.
62 F. 36	4 months	Fear of going out alone. Exhaustion.	Tremor.		Improved.		Improved.
63 M. 35	3 months	Asthenia. Spasms of pain.	Twitchings of body.		Well.	Well.	Well.
64 F. 35	6 months	Exhaustion.	Pains.	Insomnia.	Well.	Well.	Well.
65 M. 40	8 months	Agoraphobia. Headaches.	Depression.		Improved.	Well.	
66 M. 33	6 months	Weakness. Insomnia.	Giddiness. Loss of confidence.	Insomnia.	Well.	Well.	Well.
67 F. 63	6 weeks	Anxiety about future. of insanity.	Fear		Well.	Well.	Well.
68 F. 35	3 months	Insomnia.	Fatigue.		Improved.	Well.	Well.
69 M. 41	5 weeks	Attacks of loss of temper.			?	Well.	Well.
70 M. 29	3 months	Tight feeling in head and eyes. Retardation.			Improved.	Well.	Well.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927	Report in 1928
71 F. 52	3 months	Fatigue. Dyspnœa. Backache.	Improved.	Well.	Well.
72 F. 64	6 months	Headache. Pain in eyes. Inability to read. Exhaustion.	Well.	Well.	Well.
73 M. 58	2 months	Palpitation. Giddiness. Exhaustion.	Improved.	Improved.	Well.
74 M. 38	10 weeks	Headaches after taking meat. Fatigue. Apprehensive.	Improved.	Well.	Well.
75 M. 29	2½ months	Bouts of sweating in church and at meals. Poor concentration.	Well.	Well.	Well.

1926.

GROUP I.

TABLE III.

Patients who are Well but who do not attribute this to Treatment at the Hospital.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927	Report in 1928
1 F. 26	3 months	Nervousness. Fear of noise, of insanity and that she will die. Insomnia.	I.S.Q.	Well.	Relapsed.
2 M. 33	12 months	Unable to rest or sleep. Fear of being alive. Pressure in head. Spasm of arm.	I.S.Q.	Well.	
3 F. 26	6 months	Insomnia. Tight feeling in head. Exhaustion.	I.S.Q.	Well after vaccines.	Well.
4 F. 35	6 weeks	Nymphomania. Nerve storms. Depression. Unable to concentrate.	Improved.		Well but from subsequent treatment.

1926.

GROUP I.

TABLE IV.

Patients who have not Improved or are Worse.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927	Report in 1928
1 M. 36	4 months	Depressed. Irritable. Sense of unreality. Jerkings of body.	Improved.	Not well.	Not well.
2 F. 39	8½ months	Depression. Insomnia. Palpitation.	I.S.Q.	I.S.Q.	Well.
3 M. 54	3 months	Obsessive thoughts. Fear of insanity. Headache. Fear of homosexual assaults.	Worse.	Worse.	In Mental Hospital.
4 F. 34	6 weeks 2 weeks	Insomnia. Depression. Exhaustion.	I.S.Q.	I.S.Q.	I.S.Q.
5 F. 32	4 weeks	Headache. Insomnia. Fears of travelling alone.	All symptoms gone.	Not well.	Not well.
6 M. 30	6 months	Odd feelings. Tinnitus. Spermatorrhoea. Constipation.	Improved.	Relapsed.	
7 M. 30	2 months	Complete impotence.		Not well.	Well.
8 F. 36	6 months	Chronic alcoholism.	Improved.	Relapsed.	
9 F. 49	10 months	Spasmodic torticollis. Various phobias.	I.S.Q.	I.S.Q.	I.S.Q.
10 F. 44	2 months	Alcoholic outbursts.	No outbursts here.	Relapsed.	Improved.
11 F. 47	8½ months	Giddiness. Weakness of legs. Pains in neck at meals. Feeling that body is light.	Improved, except the giddiness.	Not well.	Not well.
12 F. 41	9 months	Exhaustion. Headache. Insomnia. Irritability.	Improved.	Relapsed.	
13 F. 54	2 months	Headaches. Concentration difficult. Dyspepsia.	Improved.	Not very well.	I.S.Q.
14 M. 50	6 months	Obsessive thoughts and compulsive acts.	I.S.Q.		
15 F. 37	7 months	Exhaustion. Insomnia. Sexual sensation.	I.S.Q.	I.S.Q.	
16 F. 25	5 months	Fear of fatigue. Fear of heart stopping.	Improved.	Improved.	Relapsed.

GROUP I.

TABLE IV.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927	Report in 1928
17 M. 58	10 months	Headache. Insomnia. Giddiness. Depression.	Improved.	Relapsed.	Ill.
18 F. 52	3 months	Agoraphobia. Dizziness. Lassitude. (B.P. 210.)	I.S.Q.	I.S.Q.	I.S.Q.
19 F. 35	3 months	Nervousness. Palpitation. Poor sleep.	Improved.	Improved.	Relapsed.
20 F. 16	6 weeks	Loss of appetite and of weight (2 st.). Amenorrhœa.	Gain of 2 stones.	Relapsed.	In hospital again.
21 F. 45		Spastic paraplegia.	I.S.Q.		

1926.

GROUP II.

DRUG ADDICTS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927
1 M. 55	2 months	Cardiac pain. Phobias. $\frac{1}{2}$ -gr. morphia daily.		Still taking morphia.
2 F. 42	10 months	Morphia addiction.		I.S.Q.

1926.

GROUP III.

TABLE I. (a)

PSYCHOSES.

SYMPTOMS, THOSE OF DEPRESSION.

Patients who have Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927	Report in 1928
1 M. 63	10 months	Depression. Agitation. Poor sleep. Headache.	Improved.	Is well.	Dead.
2 M. 55	5 months	Depression. Retardation. Indecision. Fear.	I.S.Q.	Much better.	
3 F. 39	7 weeks	Headache. Insomnia. Depression. Self-reproach.	I.S.Q.	Well.	
4 M. 44	3 months	Depression. Headache. Retardation.	Improved.	Better.	Better.
5 M. 44	7 weeks	Depression. Pain in stomach. Worry about business. Poor sleep.	Well.	Well.	Dead. Suicide
6 M. 51	4 weeks	Depression. Lack of concentration. Impotence.	I.S.Q.	Well.	Hypomanic.
7 M. 46	2 months	Depression. Giddiness. Retardation.	Improved.	Well.	Well.
8 M. 53	4 months	Depression. Insomnia. Hyperchlorhydria.	Improved.	Well.	
9 M. 46	5 months	Depression. Slowness at work. Headaches. Insomnia.	Improved.	Well.	Well.
10 F. 34	2 months	Depression. Insomnia. Headache. Dyspepsia.	Improved.	Well.	
11 M. 32	6 weeks	Exhaustion. Insomnia. Hiccough. Worry.	Well.	Well.	Well.
12 M. 35	3 months	Depression. Exhaustion. Deafness.	Felt well.	Doing manual labour. Not well.	As before.
13 M. 54	6 weeks	Depression. Headache. Destructive habits. (C. S. F. Wassermann.)	I.S.Q.		
14 F. 55	3 months	Depression. Suicidal attempts. Insomnia.	Improved.	Well.	Relapse.
15 M. 48	2 months	Depression. Hypochondriacal fears.	Well.	Well.	Well.
16 M. 54	2 months	Lack of energy. Depression. Hypochondriacal delusions.	Well.	Well.	Relapse.

1926.

GROUP III.

TABLE I. (b)

Patients who have not Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927	Report in 1928
14 M. 60	4 months	Depression. Inability to feel or think except for himself. Pains in head. Insomnia.	I.S.Q.	I.S.Q.	I.S.Q.
15 F. 40	3 months	Depression. Unable to concentrate. Poor memory. Loss of interest. Insomnia. Self-reproach.	Improved.	Committed suicide.	
16 M. 58	2 weeks	Pain in head. Depression. Insomnia.	Committed suicide.		
17 F. 50	3 months	Depression. Remorse. Headache. Insomnia.	I.S.Q.	Voluntary boarder in asylum.	
18 F. 63	2 weeks	Insomnia. Depression. Delusion that she was becoming an animal.	I.S.Q.	In Mental Hospital.	
19 F. 36	1 month	Indecision. Retardation. Lack of interest.	I.S.Q.	I.S.Q.	
20 F. 62	1 week	Restlessness. Depression.	Discharged unsuitable.	Died.	
21 M. 63	1 week	Depression. Insomnia. Remorse.	I.S.Q.	I.S.Q.	I.S.Q.
22 M. 54	2 weeks	Depression. Insomnia. Lethargy. Pains in head. Attempt at suicide in hospital.	I.S.Q.		
23 M. 32	10 months	Attacks of depression in which all interest is lost, and there are suicidal ideas. Constantly changes occupation.	Well.	Relapsed.	Improved.
24 F. 45	2½ months	Depression. Insomnia. Fatigue. Constipation.	I.S.Q.	Suicide.	
25 M. 46	2 months	Constipation. Fear of insanity. Insomnia. Belief that his bowels were obstructed.	I.S.Q.	Dead.	
26 M. 60	3 weeks	Depression : tormenting thoughts and self-accusations.	I.S.Q.		Suicide.

1926.

GROUP III.

TABLE III.

SCHIZOPHRENIC STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1927	Report in 1928
1 F. 42	2 months	Fears. Soils her bed. Obsessional thoughts.	I.S.Q.		
2 F. 35	1 week	Cannot get head clear. Hot feelings in head. Never finishes a sentence.	I.S.Q.	I.S.Q.	
3 M. 21	7 weeks	Feels as if body was disturbed ; as if going mad, as if limbs are falling off. Loss of interest. Horrible dreams.	I.S.Q.	Much better.	
4 M. 25	1 month	Feeling of unreality. Religious delusions. Attempt at self-castration.	I.S.Q.	In Mental Hospital.	Well.
5 M. 27	1 month	Feeling that people are against him. Smiling to himself.		Is chicken farming and quite well.	
6 M. 22	1 week	Insomnia. Worry. Feeling of compression in head. Hallucinations.	I.S.Q.	Was better but now worse.	Not well.
7 F. 26	6 months	Absence of emotion. Worried over religion. Pre-occupied. Smiles to herself.	Well.	Well and working.	Well.
8 M. 23	1 week	Hearing voices. Apathetic.	I.S.Q.	Well.	Well.
9 F. 28	4 months	Depression. Delusions of persecution. Attempts at suicide.	Improved.	Improved.	Well.
10 F. 40	5 months	Lethargy. Loss of interest. Disorderly conduct.	Improved.	Improved.	Relapsed.

1925.

GROUP I.

TABLE I.

PSYCHONEUROSES.

Patients who are Well or Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1926	Report in 1927	Report in 1928
1 F. 32	3½ months	Hysteria. Incapable of looking after her children.	Improved.	Relapsed.	Well.	
2 F. 26	5 months	Epileptiform seizures.	Improved.	Well.	No attacks.	
3 M. 35	3 months	Lack of confidence. Inability to stick to work.	Improved.	Improved.	Improved.	Improved.
4 F. 34	6 weeks	Sinking in abdomen. Fatigue. Loss of weight. Attacks of depression.	Well.	Well.	Well.	
5 F. 50	5 months	Exhaustion. Depression. Headaches.	Well.		Well.	Well.
6 M. 43	2 months	Strain. Aching on head. Giddiness. Dyspepsia.	Well.	Well.	Well.	Well.
7 M. 39	2 months	Headaches. Apprehension. Inability to work. Dyspepsia.	Well.	Well.	Well.	Well.
8 M. 26	1 month	Violent nightmares.	Well.	Well.	Well.	Well.
9 M. 24	2½ months	Depression. Inability to continue at any occupation.	Well.	Well.	Ret'd for 5 days.	Well.
10 M. 31	4 months	Odd feelings in head.	Improved.	Well.	Well.	
11 M. 48	1 month	Dyspepsia. Insomnia.	Well.	Well.	Well.	Well.
12 F. 40	1 month	Inability to mix with people.	Improved.	Well.	Well.	Well.
13 F. 43	1 month	Aphonia. Pain in chest.	Well.	Well.	Well.	
14 F. 23	9 months	Depression. Weeping. Lack of interest.	Improved.	Improved.	Well.	Well.
15 M. 47	4 months	Great misery. Unable to concentrate. Homosexual thoughts.	Well. Thoughts normal.	Well. Married.	Well.	Well.
16 F. 23	10 months	Insomnia. Emaciation. Depression. Hysterical attacks.	Gain of 2 stones. Well.	Well.	Well.	Well.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1926	Report in 1927	Report in 1928
17 F. 25	6 months	Depression. Unreality feeling.	Improved.	Improved.	Improved.	Improved.
18 M. 52	1 month	Depression. Suicidal thoughts. Lack of confidence.	Well.	Well.	Well.	Well.
19 F. 29	3½ months	Nausea. Fear of vomiting. Loss of weight.	Gained 20 lbs. Well.	Well.	Well.	Well.
20 F. 24	6 weeks	Pain in leg. Depression. Fatigue.	Well.	Well.	Well.	Well.
21 F. 20	3 months	Restlessness. Headache. Fears about sex.	Well.	Well.	Well.	Well.
22 F. 33	3 months	Depression. Weeping. Fears. Pain in sacrum.	Improved.	Improved.	Improved.	Improved.
23 F. 36	6½ months	Fears of insanity. Exhaustion. Insomnia.	Improved.	Improved.	Improved.	Improved.
24 M. 57	1 month	Insomnia. Weakness.	Improved.	Well.	Well.	Well.
25 F. 29	3 months	Exhaustion. Headache. Agoraphobia.	Improved.	Well.	Well.	Relapsed.
26 F. 35	4 months	Short attacks of depression every month.	Improved.	Improved.	Improved.	Improved.
27 M. 43	10 weeks	Nervousness. Insomnia.	Improved.	Improved.	At work.	
28 M. 30	2 months	Agitation. Depression. Insomnia.	Well.	Well.	Well.	Well.
29 F. 60	8 months	Depression. Irritability.	Well.	Well.	Well.	Well.
30 F. 30	5 weeks	Headache. Nervousness. Fatigue.	Improved.	Well.	Well.	Well.
31 F. 30	3½ months	Pain in left side of body. Feels she is going mad. Insomnia.	Improved		Well.	
32 F. 14	2 months	Anorexia. Loss of weight. Amenorrhœa.	Gain 21 lbs. Improved.	Well.		Well.
33 M. 58	7 weeks	Apprehension. Fears of cancer. Unable to work.	Improved.	Well.	Relapse.	Relapse.
34 M. 30	6 months	Insomnia. Loss of will. Depression. Fear of diseases. (Invert.)	Improved.	Improved.	Well.	Well.
35 M. 27	3 months	Feeling of unreality. Fear of insanity.	Well.	Well.	Well.	Well.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1926	Report in 1927	Report in 1928
36 F. 61	6 weeks	Pains in head.	Improved.	Improved.	Well.	Well.
37 M. 52	8 weeks	Insomnia. Indigestion. Tremors.	Well.	Well.	Well.	Well.
38 F. 36	7 months	Anorexia. Palpitation. Sickness.	Well.	Well.	Well.	Well.
39 F. 29	6 weeks	Exhaustion. Dyspnoea. Pains.	Well.		Well.	
40 F. 37	2 months	Insomnia. Poor memory. Depression. Colitis.	Improved.	Improved.	Improved.	Improved.
41 F. 44	4 months	Pollakiuria. Menorrhagia. Insomnia. Headaches. Exhaustion.	Well.	Well.	Well.	Well.
42 F. 51	10 months	Fears on going to sleep. Fear of knives. Depression.	Well.	Well.	Well.	Well.
43 F. 33	13 weeks	Easily tired. Headache. Fear of excitement.	Well.	Well.	Well.	Well.
44 M. 43	3 weeks	Depression. Weeping. Talking of suicide.	Improved.	Well.	Well.	Well.
45 M. 47	1 month	Insomnia. Diarrhoea. Tremor. Giddiness. Sweating.	Well.	Well.	Well.	Well.
46 M. 27	4 months	Loss of emotion. Loss of energy. Poor sleep.	Improved.	Improved.	Well.	Well.
47 F. 47	2 months	Exhaustion. Fear of meeting people. Insomnia.	Improved.	Well.	Well.	Well.
48 F. 32	2 months	Fear of meeting people. Exhaustion. Insomnia.	Well.	Well.	Relapse.	
49 F. 29	7 months	Giddiness. Panics.	Improved.	Improved.		Improved.
50 M. 48	4 months	Depression. Numbness in legs.	Improved.	Improved.	Improved.	Improved.
51 F. 34	4 months	Exhaustion. Dyspnoea. Agoraphobia.	Improved.	Well.	Well.	Well.
52 F. 28	15 months	Fears. Menorrhagia. Depression.	Improved.	Improved.	Improved.	Improved.
53 F. 39	1 month	Brain in a whirl. Fear of insanity.	Improved.	Improved.	Well.	
54 F. 56	2 weeks	Exhaustion. Apprehension.	Improved.	Well.	Well.	Well.
55 F. 29	6 weeks	Fears of the dark. Nightmares, headaches.	Improved.	Improved.	Well.	
56 M. 26	3½ months	Headache. Afraid to meet people.	Improved.	Well.	Well.	

1925.

GROUP I.

TABLE III.

PSYCHONEUROSES.

Patients who are Improved but who do not attribute this to Treatment at the Hospital.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1926	Report in 1927	Report in 1928
1 F. 62	14 weeks and 16 weeks	Emotionalism. Hysterical attacks.	I.S.Q.	Re-admitted.	Not well.	Well.
2 F. 43	6 months	Fears. Insomnia. Headaches. Tinnitus.	I.S.Q.	I.S.Q.	I.S.Q.	Improved.
3 M. 48	2 months	Depression. Poor sleep. Pressure on head. Fears.	I.S.Q.	I.S.Q.	Well.	Well.
4 F. 55	6 months	Tinnitus. Giddiness. Deafness. Weakness.	I.S.Q.	I.S.Q.	Well. Christian science.	Well.

GROUP I.

TABLE IV.

PSYCHONEUROSES.

Patients who are no Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1926	Report in 1927	Report in 1928
1 F. 25	10 weeks	Exhaustion. Poor sleep. Fear of insanity. Headache. Shyness.	Well.	Well.	Relapse.	Relapse.
2 F. 40	5 weeks and 8 weeks	Phobia of cancer of tongue. Obsessions about sex. Insomnia.	Improved.	I.S.Q.		I.S.Q.
3 F. 29	2 months	Pain in abdomen. Nausea. Indigestion.	Improved.	Relapse.	Relapse.	
4 M. 47	1 month	Nervous tension. Loss of confidence.	I.S.Q.		I.S.Q.	
5 F. 62	1 month	Tinnitus. Headaches. Violent tempers.	I.S.Q.	I.S.Q.	Improved.	Relapsed.
6 F. 46	2 months	Depression. Fainting attacks. Unable to concentrate.	Improved.	Relapsed.		

GROUP I.

TABLE IV.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1926	Report in 1927	Report in 1928
7 M. 41	2 months	Pain in abdomen. Insomnia. Depression.	I.S.Q.	Well. Appendicectomy.	Relapse.	Not well.
8 M. 48	3 months	Giddiness. Depression. Fear of impending death.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
9 F. 23	4½ months	Phobias of travelling in trains and of being alone.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
10 F. 53	2 months	Loss of confidence. Stammering. Fear of suicide.	Improved.	Improved.	Relapsed.	Relapsed.
11 M. 41	9 weeks	Exhaustion. Palpitation. Headaches.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
12 F. 67	5 weeks	Occipital pain. Loss of memory. Giddiness. Palpitation.	I.S.Q.	I.S.Q.		
13 M. 35	4 months and 9 months	Severe headaches. Amnesic periods. Violent tempers. Homosexuality.	Improved.	Relapsed.	Relapsed.	
14 M. 59	3 months	Depression. Insomnia. Loss of weight. Homosexual inversion.	Improved.	Relapsed.	Relapsed.	Relapsed.
15 M. 34	2 months	Fears. Loss of memory. Poor sleep.	I.S.Q.	I.S.Q.		
16 F. 18	3½ months	Headache. Backache. Hysterical attacks. Loss of weight.	Well.	Relapsed.	Ill.	Ill.
17 F. 46	6 months	Pains and aches in arms and back. Headache. Poor sleep.	Improved.	Relapsed.	Sometimes well.	

1925.

GROUP III.

TABLE I. (a)

PSYCHOSES.

Patients with Depression who have Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1926	Report in 1927	Report in 1928
1 M. 25	5 weeks	Depression. Lack of interest. Retardation.	Improved.	Improved.	Improved.	Well.
2 F. 50	1 month	Feeling of incompetence. Insomnia. Unable to concentrate.	I.S.Q.		Improved.	Relapsed.

GROUP III.
TABLE I.(a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1926	Report in 1927	Report in 1928
3 M. 51	2 months	Attacks of intense depression. Chronic nasal discharge. (Antrum drained.)	Improved.	Improved.	No severe depression.	
4 M. 46	6 weeks	Depression. Insomnia. Retardation.	Improved.	Well.	Well.	Well.
5 F. 51	6½ months	Depression. Remorse. Retardation. Insomnia.	I.S.Q.	Well.	Well.	Well.
6 F. 28	9½ months	Depression. Agitated.	Improved.	Well.	Well.	Well.
7 M. 42	10 weeks	Remorse. Retardation. Depression.	Well.	Relapsed.	Ill.	Ill.
8 F. 51	8 months	Depression. Insomnia. Retardation.	Improved.	Improved.	Improved.	Well.

1925.

GROUP III.

TABLE I. (b)

Patients with Depression who have not Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1926	Report in 1927	Report in 1928
1 F. 52	6 months	Loss of will power. Cannot concentrate. Insomnia. Remorse.	I.S.Q.	I.S.Q.	In Mental Hospital.	
2 F. 68	5 weeks	Depression. Indigestion.	Manic.	Ill.		
3 F. 59	3½ months	Depression. Hypochondriacal. Delusions. Loss of hair. Dry skin. Thyroid administered.	Hair thicker. Mental symptoms. I.S.Q.		I.S.Q.	

GROUP III.

TABLE III.

SCHIZOPHRENIC STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1926	Report in 1927	Report in 1928
1 M. 24	3 months	Lack of concentration. Delusions of persecution.	I.S.Q.	I.S.Q.	Improved.	Improved. At work.

TABLES OF THE CASES OF THE PATIENTS WHO LEFT DURING 1924.

GROUP I.

TABLE I.

PSYCHONEUROSES.

Patients who are now Well or Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge 1924	Reports in			
				1925	1926	1927	1928
1 M. 43	6 months	Depression. Nervous attacks. Loss of appetite. Headaches. Poor sleep. Phobias.	I.	W.	W.	W.	W.
2 F. 18	7 months	Terrors of different sorts.	W.	W.			
3 F. 35	6 months	Pains all over. Feeling of inability to work.	W.	W.	R.	R.	R.
4 M. 19	2 months	No energy. Tires easily. Indigestion. History of convulsive attacks.	W.	W.	W.	R.	W.
5 M. 39	2 months	Peculiar feelings in head. Depressed. Emotional attacks, weeping. Odd sensations in body and limbs.	I.	W.	W.	W.	W.
6 F. 26	5 weeks	Miserable. Head feels in a muddle. Tired. Cannot say certain words, such as "death," "funeral."	W.	W.	W.	W.	W.
7 F. 34	2 months	Depression. Brooding. Inability to work. Excessive day dreaming.	I.	W.	W.	R.	W.
8 M. 26	5 months	Feels very weak. Headache. Fear of certain diseases.	I.	W.	W.	W.	W.
9 F. 40	2 months	Exhaustion, bodily and mental. Insomnia. Headaches. Indigestion.	W.	W.	W.	W.	W.
10 M. 58	3 months	Miserable. Restless. No interest in life. Defective memory. Constipation.	W.	W.	W.	W.	
11 F. 38	2 months	Obsessional ideas about husband. Alcoholism.	W.	W.			
12 F. 37	3 months	Headache. Backache. Poor sleep. Exhaustion.	W.	W.	W.		
13 F. 47	2 months	Worries easily. Headache. Insomnia. Bad dreams. Depression. Fears about her work.	W.	W.	W.		
14 F. 58	3 months	Anxiety. Fear of insanity. Pain in head. Uncertain sleep. Lack of concentration. Easily tired.	W.	W.	W.	W.	W.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge 1924	Reports in			
				1925	1926	1927	1928
15 M. 29	1 month	Exhaustion. Depression. Inability to make up his mind about marriage.	I.	W.	W.	W.	W.
16 M. 22	2 months	Feelings of faintness. Tremblings, fear of insanity. Unable to concentrate.	I.	W.	W.	R.	R.
17 F. 19	5 months	Depression. Loss of weight. Headache. Indigestion. Constipation. Irregular menstruation.	I. Gain of 2 stone.	W.		R.	W.
18 F. 34	4 months	Indecision. Insomnia. Obsession that she may have said or done the wrong thing.	I.	W.	W.	W.	R.
19 M. 33	7 months	Insomnia. Poor concentration and memory. Fear of doing criminal acts. Fears of gas taps.	I.	W.	W.	W.	W.
20 M. 46	2 months	Mental prostration and exhaustion. Bad dreams. Trembling of hands.	W.	W.	W.	W.	W.
21 M. 26	1 month	Lethargy. Always ready to fall asleep. Sexual thoughts.	I.	W.	W.		I.
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.		W.			
23 F. 41	2 months	Intense headaches so that she has to lie flat. Hiccough.	I.	W.	W.	W.	W.
24 F. 26	6 months	Fears. Exhaustion. Depression. Inability to meet people. Self-consciousness.	I.	W.	W.	W.	W.
25 F. 44	2 months	Insomnia. Restlessness. Palpitation. Depression. Fear that something will happen.	I.	W.	W.	W.	R.
26 M. 49	1 month	Severe indigestion. Extreme limitation of food. Insomnia. Terrifying dreams. Tremblings. Fits of horror.	I.	W.	W.	W.	W.
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.	I.	I.	I.	I.	W.
28 F. 29	13 months	Depression. Exhaustion. Obsession, fear of cancer.	I.	W.	W.	W.	W.
29 F. 36	7 months	Poor sleep. Depression. Hallucinations of the Devil. Compulsive acts. Insight good.	I.	W.	W.	W.	W.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge 1924	Reports in			
				1925	1926	1927	1928
30 M. 32	5 weeks	Sensations of blankness of mind. Dejection. Difficulty in grasping a situation. Fear of brain deterioration.	I.	W.	W.	W.	W.
31 F. 22	2 months	Over-conscientious. Sexual fears. Mind strain due to introspection.	I.	W.	W.		W.
32 F. 19	2 months	Insomnia. Fears. Religious ideas of depressed nature.	I.	W.	W.		R.
33 M. 31	6 weeks	Nervousness. Moody, shy, will not mix with people. Palpitation.	I.	W.	R.	I.	W.
34 F. 23	4 months	Loss of confidence. Terror. Fear of insanity and suicide.	W.	W.	W.		
35 M. 28	9 weeks	Attacks like coming out of gas. Fears that something is going to happen. Off work two years.	W.	W.	W.	W.	W.
36 F. 21	1 month	Depression. Exhaustion. Loss of weight.	I.	W.			
37 F. 33	6 weeks	Indigestion. Dyspareunia. Loss of weight.	I.	W.	W.	W.	W.
38 F. 25	2 months	Cannot adapt herself to married life. Inability to manage her home. Longing for old freedom.	I.S.Q.	W.	W.	W.	W.
39 F. 30	4 months	Exhaustion. Headache. Anorexia. Constipation. Loss of weight.	I. Gained 1 stone.	W.	W.	W.	W.
40 F. 54	5 months	Exhaustion, chiefly physical. Sleep uncertain. Palpitation. Depression.	I.	W.	W.	W.	W.
41 M. 26	2 months	Dullness. Retardation. Depression. No interest. Bestiality.	I.	W.	W.	W.	W.
42 M. 59	1 month	Insomnia. Depression. Fears of many things. Poor concentration.	I.S.Q.	W.			
43 M. 47	3 months	Unhappiness. Unable to concentrate.	I.	W.	W.	W.	W.
44 F. 41	8 months	Insomnia. Worries over work. Obsession that she had done the wrong thing.	I.	W.	W.	R.	
45 M. 23	6 weeks	Insomnia. Headache. Dizziness. Depression.	I.	I.	W.	W.	W.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge 1924	Reports in			
				1925	1926	1927	1928
46 M. 43	3 months	Palpitation. Insomnia. Exhaustion. Headache.	I.	I.	W.	W.	
47 M. 15	2 months	Nervousness. Stammering. Night terrors	I.	I.	W.	W.	W.
48 M. 43	3 months	Constant trembling. Fear of going to work in coal mine. Hair gone grey rapidly.	I.	I.	R.	R.	I.
49 F. 40	3 months	Weakness. Headache. Insomnia. Confusion.	I.	I.	I.	W.	
50 F. 32	3 months	Exhaustion. Suffocating feelings. Dysphagia. Inability to concentrate.	I.	I.	W.	I.	I.
51 M. 38	2 months	Insomnia. Fear of being alone. Poor concentration.	I.	I.	W.	W.	W.
52 F. 23	9 months	Fear of Spaces. Violent tempers. Alcohol addiction.	I.	W.		Phthisis.	
53 F. 25	17 months	Vomiting. Anorexia. Extreme emaciation. 4 st. 3 lbs. Insomnia. Terrifying dreams. Amenorrhœa.	I. Gained 20 lbs.	I.	I.	I.	I.
54 M. 28	12 months	Headaches. Globus. Pressure of head. Fear of meeting people. Cannot go out in the streets. Exhaustion.	I.	I.	I.	I.	I.
55 M. 24	2 months	Inability to read. Restlessness. Concentration poor, unable to play games properly. Ideas that he does not get due recognition.	I.	W.	W.		
56 F. 49	2 months	Exhaustion. Headache. Backache. Fear of everything. Flatulence. Abdominal pain.		I.	I.	I.	I.
57 M. 44	4 months	Inability to concentrate. Poor sleep. Fear of disease, especially influenza. Depression. Exhaustion.	I.	I.	W.	W.	W.
58 F. 45	2 months	Insomnia. Dyspepsia. Grief at sudden death of husband.	I.	I.	W.		
59 F. 39	4 months	Headache. Insomnia. Loss of weight. Poor memory. Worry.	I.	I.	I.	R.	R.
60 F. 37	6 weeks	Always tired. Pains in abdomen and neck. Insomnia.	I.	I.			

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge 1924	Reports in			
				1925	1926	1927	1928
61 F. 33	2 months	Inability to cope with life. Pain in right side of abdomen. Exhaustion. Backache. Nervousness. Loss of weight.	I. Gained 13 lbs.	I.	R.	I.	W.
62 M. 38	7 months	Loss of memory. Does not remember yesterday's occurrences. Violent hatred of relatives.	I.	I.	R.	R.	R. (organic)
63 F. 25	2 months	Cannot go out far. Giddiness. Peculiar sensations in head and neck. Fear of dark, omnibuses and trains.	I.	I.	I.		
64 M. 22	1 month	Tired. Depressed. Giddiness. Inability to stick to anything. Aching in one leg.	I.	I.			
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.	I.	I.	R.	R.	R.
66 F. 40	6 months	Exhaustion. Pains in head. Fear of fatigue, of cold. Insomnia. Depression.	I.	I.	I.	R.	R.
67 F. 29	1 month	Fears of company, of windows, of hurting someone.	I.	I.		W.	W.
68 F. 45	2 months	Pain in left abdomen. Irritability.	I.	I.	W.	W.	W.
69 F. 39	2 months	Palpitation and Tremors. Exhaustion.	I.	I.	I.		W.
70 F. 30	7 months	Fears. Particularly in dark. Visual hallucinations. Tremor. Unsteady gait. Stammer.	I.	R.	R.		I.
71 M. 43	1 month	Loss of self-control. Obsessed about wife. Fear of heights and death.	I.	I.	W.	R.	W.
72 F. 39	3 months	Depression. Exhaustion. Fears of being alone, of losing reason, of suicide, of heights.	I.	I.	W.	W.	W.
73 F. 39	11 months	Dysmennorrhœa. Headache. Depression. Loss of appetite. Constipation. Loss of weight. In bed for several months.	I. Gained 11 lbs.	I.	R.	R.	R.
74 M. 56	4 months	Feeling of something going to happen to him. Pains in abdomen. Depression. Fits of weeping.	I.	I.	I.	I.	

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge 1924	Reports in			
				1925	1926	1927	1928
75 M. 42	2 months	Attacks of Alcoholism. Fears. Self-reproach.	I.	I.			
76 M. 26	1 week and 1 month	Stammering. Sense of inferiority.		I.	I.		I.
77 F. 53	2 months	Insomnia. Headache. Constipation. Indigestion. Exhaustion.	I.	I.	I.	W.	W.
78 M. 26	6 months and 2 months	Out of sorts. Bilious. Nervousness. Sex worries. Lost both legs in the war.	I.	I.	I.	W.	W.
79 F. 30	1 month	Oppression on head. Frightened of everything. Giddiness. Impairment of vision, when the weather is dull. Horror of crowds.	I.	I.			I.
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.	I.	R.	R.	I.	W.
81 F. 30	6 months	Sickness. Feelings of faintness.	I.	W.	W.		
82 F. 64	2 months and 2 months	Pains everywhere. Unable to walk without sticks. Unable to bath herself.	I.	R.	R.		
83 F. 28	5 months	Shortness of breath. Difficulty in swallowing. Headache. Sleeplessness. Constipation. Exhaustion.	I.	I.		R.	
84 M. 19	4 weeks	Inability to concentrate. Excessive sexual desires. Feeling that he will smash furniture.	W.	W.			
85 M. 20	5 months and 3 weeks	Anxiety. Fears of crowds, of noise and of fainting.	I.	I.		I.	W.
86 F. 27	2½ months	Dragging of left leg. Pains in hip. Depression. Headache.	W.	W.		W.	W.
87 M. 38	7 weeks	Homosexual feelings. Superiority feelings.	I.		I.	W.	W.

1924.

GROUP I.

TABLE II.

Patients who are not Better but who are at Work.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1925	1926	1927	1928
1 M. 52	2 months	Insomnia. Feeling of stupidity. Inability to think.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.

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	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1925	1926	1927	1928
1 F. 19	3 months	Noises in ears. Blepharospasm.	I.	R.			
2 F. 23	4 months	Fear of walking in sleep, of insanity. Of never recovering.	I.S.Q.	W.	W.	W.	

GROUP I.

TABLE IV.

Patients who are no Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1925	1926	1927	1928
1 F. 18	2 months	Indigestion and constipation. Headache. Insomnia. Amenorrhœa. Loss of weight.	I.	R.			
2 F. 46	10 days	Exhaustion. Easily worried. Insomnia.	I.S.Q.	I.S.Q.			
3 M. 38	8 months	Attacks of unconsciousness, sometimes with epileptiform convulsions. Fugues.	I.	R.	R.	R.	R.
4 F. 40	2 months	Tiredness. Backache. Depression. Indigestion. Insomnia. History of operations. Emaciation.	I.S.Q.	I.S.Q.	I.S.Q.		

GROUP I.

TABLE IV.—*contd.*

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge	Reports in			
				1925	1926	1927	1928
5 M. 32	1 month	Compulsions of staring at sun, of straining his body, of having to hurt himself some-way.	I.S.Q.	I.S.Q.	I.S.Q.		
6 F. 41	3 months	Exhaustion of mind and body. Belief that she is insane. Loss of memory.	I.	R.	I.	W.	I.
7 F. 60	2 months	Giddiness. State of emotional excitement.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	
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.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	
9 F. 43	4 months and 2 months	General debility. Abdominal pains.	I.	R.	R.		
10 F. 47	1 month	Insomnia. Fatigue. Failure of concentration. Dyspepsia. Noises in head.	I.	R.	R.	I.	I.
11 M. 36	2 months	Loss of appetite. Dyspepsia. Loss of sleep. Depression. Exhaustion.	I.	R.			
12 M. 31	9 months	Stress in head. Fear of killing wife. Ejaculatio Praecox.	I.	I.S.Q.	I.S.Q.	I.	I.
13 F. 23	2 months	Exhaustion. Fear of meeting people. Feels well only after alcohol. Broken sleep.	I.	R.			
14 F. 75	1 month	Weakness. Poor sleep. Irritable and hypercritical. Depression.	I.	R.			
15 F. 50	7 months	Odd feeling in neck. Noises in ears. Bad smell in nose. Depression. Insomnia. Fear of insanity.	I.	R.	R.	R.	
16 M. 63	1 month	Irritation of dorsal spine. Mental excitability. Restlessness. Emotionalism.	I.	R.	I.		
17 F. 45	2 months	Severe pain in vagina. Pollakiuria. Depression.	I.	R.	W.		
18 F. 52	2 months	Depression. Fear of diseases especially duodenal ulcer. Pain after food. Insomnia.	W.	R.	R.	I.	R.

GROUP I.

TABLE IV.—*contd.*

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge	Reports in			
				1925	1926	1927	1928
19 F. 69	4 months	Depression. Associated with religious fear of saying blasphemous words. Insomnia. Inability to read newspaper.	W.	R.	R.		
20 M. 56	5 months	Depression. Questions as to whether things happened really, whether he is himself. Insomnia. Fear.	I.	R.	R.	R.	R.
21 F. 42	2 months	Exhaustion. Insomnia. Depression recurrent for the last six years.	I.	R.	R.	R.	R.
22 M. 65	4 months	Obsession that he will be sent to goal. Pains and aches. Exhaustion. Poor sleep. Abdominal discomforts.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
23 M. 43	9 months	Complete exhaustion. Chilliness. Poor concentration. Anxiety. Done no work for 16 years.	W.	W.	R.	R.	R.
24 F. 64	2 months	Dyspnœa (subjective only). Choking sensations. Inability to walk.	I.S.Q.	I.	Dead.		
25 M. 25	8 months	Headaches. Pressure. Losing intellectual power. Poor sleep.	I.	R.			
26 F. 22	4½ months	Inability to meet people. Insomnia. Excessive blushing.	I.	R.	R.	R.	R.

1924.

GROUP II.

DRUG ADDICTS.

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge	Reports in			
				1925	1926	1927	1928
1 F. 51	1 month	Nervousness. Poor sleep. Poor appetite. Craving for alcohol.	I.S.Q.	I.S.Q.	R.		
2 F. 32	4 months	Morphia addict, Takes 5 grains daily.	I.	R.	R.	R.	R.
3 F. 44	1 month	Insomnia. Depression. Pain in back when walking. Morphia addict.	I.S.Q.	I.	R.		

1924.

GROUP III.

TABLE I.

PSYCHOSES.

Patients with Symptoms mainly those of Depression.

(A)—Those who have Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1925	1926	1927	1928
1 F. 34	12 months	Loss of concentration. Lack of interest. Insomnia. Depression.	I.	I.	I.		R.
2 F. 32	1 month	Depression. Insomnia. Fear of insanity. Cannot make friends. Absence of emotion.	I.	I.	I.	W.	W.
3 F. 42	3 months	Depression. Attacks in which she smashes things.	I.	W.	W.	W.	R.
4 F. 43	1 month	Depression. Insomnia. Feels career has finished. Hopeless.	I.	W.	W.	R.	R.
5 F. 36	3 months	Intermittent attacks of depression. Religious trouble.	I.	W.	W.	W.	W.
6 M. 39	1 month	Insomnia. Dazed feelings. Depression. Impaired vision. Delusions about wife.	I.	W.	W.	W.	W.
7 F. 60	3 months	Loss of grip and interest. Extreme negativism. Loss of faith. Has been given over to the Evil One. Insomnia.	I.S.Q.	W.	W.	W.	W.
8 F. 48	1 month	Restlessness. Depression. Insomnia. Fear of insanity.	Manic	I.	I.		
9 M. 50	1 month	Inability to work. Insomnia. Depression. Self-depreciation. Fear of going to Hell.	I.S.Q.	I.S.Q.	I.		R.
10 F. 56	5 months	Pressure on head. Insomnia. Religious depression.	I.	I.	I.	I.	
11 M. 68	4 weeks	Depression. Insomnia. Symptoms getting better.	W.	W.	W.	R.	

1924.

GROUP III.

TABLE I.

(B)—Those who have not Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1925	1926	1927	1928
1 M. 58	1 month	Insomnia. Lack of concentration. Feelings in head as if he were becoming insane. Fears about losing money.	I.S.Q.	I.S.Q.			
2 M. 57	1 month	Worry. Inability to work. Sense of failure. Depression.	I.S.Q.	I.S.Q.	W.	W.	W.
3 M. 42	3 months	Depression. Insomnia. Unable to appreciate beauty. Poor appetite. Fears (Many attacks in last 25 years.)	Mania	R.	R.	R.	
4 M. 49	1 month	Depression. Weakness. Pain in back. Defective vision on attempting to work. Lack of confidence.	W.	R.			
5 M. 48	4 months	Fear of insanity. Insomnia. Depression. Suspicious that he will be taken to an asylum.	I.S.Q.	R.	R.	R.	W.
6 M. 61	3 months	Depression. Self-reproach. Insomnia. Second attack.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
7 F.	4 days	Auditory hallucinations. Dirty habits. Unable to dress herself.	I.S.Q.	R.			
8 F. 47	2 days	Great mental retardation. Feeling of numbness. Insomnia. Depression. Restless movements.	I.S.Q.	R.	R.		
9 F. 55	4 months	Depression. Insomnia. Feeling of something having snapped in head. Destructive habits.	I.S.Q.	Dead.			

GROUP III.

TABLE II.

Patients with Symptoms mainly of Exaltation.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1925	1926	1927	1928
1 F. 60	2 months	Poor sleep. High spirits. Excitable. A long list of recurrent attacks of exaltation and depression.	I.S.Q.	I.	I.	R.	R.

1924.

GROUP III.

TABLE III.

Patients with Symptoms of Dementia Praecox.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1925	1926	1927	1928
1 F. 28	3 days	Depression. Delusions of persecution.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
2 M. 20	6 weeks	Inability to concentrate on work. Extremely introspective. Silent. Hardly talks.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
3 M. 15	8 days	Delusions that he does not belong to the family. Hallucinations of voices.	I.S.Q.	I.S.Q.			
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.	I.S.Q.				
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.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
6 M. 19	2 months	Weakness in head. Hears voices which say " rude " things.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
7 F. 28	8 months	Self-conscious. Not able to look at men, even her father. Depression. Sleepy.	I.	I.			
8 M. 22	6 weeks	Inability to concentrate. Pains in the eyes. Shy with strangers. Fatigue. Loss of weight. Various fears.	I.	R.	R.		
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.	I.	R. delusions of perse- cution Auditory halluci- nations.	W.	W.	W.

TABLES FOR 1923.

GROUP I.

TABLE I.

PSYCHONEUROSES.

Patients who are now Well or Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1924	1925	1926	1927	1928
1 F. 38	2 months	Worries over trifles. Depression with weeping. Frightened feelings.	W.	W.	R.			
2 M. 32	5 months	Easily fatigued body and mind. Worries easily. Loss of weight. (6 ft. 2 ins. 9.13½)	I. 11 stone 2 lbs.	I.	W.	W.	W.	W.
3 F. 19	1 month	Headache. Sleeplessness. Indigestion. Fatigue.	I.	W.	W.	W.	W.	W.
5 F. 45	3 months	Pains in Limbs and body. Palpitation. Insomnia. Giddiness.	I.	I.	W.	W.	W.	W.
6 F. 19	4 months	Restlessness. Loss of feeling. Feels she does everything wrong.	I.	W.	W.	W.		I.
7 F. 40	2 months	Insomnia. Depression. Loss of weight.	I. Gained 13 lbs.	I.		R.		R.
8 F. 24	6 months	Attacks of shaking. Fear of being alone, of the dark, of burglars, of losing consciousness. Fatigue.	W.	W.	W.	W.	W.	W.
9 F. 29	7 months	Confusion. Insomnia. Depression.	W.	W.	W.	W.	W.	W.
10 M. 61	2 months	Obsession about bowels. Will not go out till they are moved. Loss of interest. Symptoms arose after encephalitis.	I.	W.	I.	I.		
11 F. 54	1 month	Bodily and mental fatigue. Pains in head and joints. Emotional. Fears of draughts.	I.	W.	W.	W.	W.	R.
12 F. 36	1 month	Insomnia. Perpetual worry. Headache. Fear of insanity. Double talipes equinus.	W.	W.	W.	W.	W.	W.
13 F. 40	13 months	Headaches. Want of concentration. Fatigue. Insomnia. Outbursts of temper. Has had three years of analysis.	I.	I.	W.	W.	W.	W.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1924	1925	1926	1927	1928
14 F. 61	2 months	Lack of will-power and interest. Loss of caring for her family. Fear of insanity.	W.	W.	W.	W.	W.	W.
15 M. 58	2 months	Depression. Insomnia. Constantly calling his wife's name. Self-depreciation. Fatigue. Unjustified financial fears.	I.	W.	W.	W.	W.	W.
16 F. 34	5 months	Poor sleep. Headaches. Poor appetite. Worry. Diarrhoea. Abdominal pains.	I.	W.	I.	I.	W.	W.
17 F. 25	3 months	Terror. Emotion. Some confusion. Sleeplessness. Menorrhagia.	W.	W.	W.	W.	W.	W.
18 F. 21	4 months	Burning feelings in head. Insomnia. Somnambulism. "Fainting."	I.	W.	W.	W.	W.	W.
19 F. 24	2 months	Fear of suicide. Depression. Fear of having children.	I.	W.	W.	W.	W.	W.
20 M. 42	2 months	Trembling on right side. Headache. Loss of sense of environment. Poor sleep. Fatigue. Fear of impotence.	I.	I.	I.	I.	I.	I.
21 F. 24	3 months	Severe pain in head. Tinglings of skin. Fears of insanity and of paralysis.	W.	W.	W.	W.	W.	
22 M. 36	2 months	Headaches. Broken sleep. Depression. He has twice "disappeared" and been lost for months.	W.	W.	W.	W.	W.	
23 F. 40	3 months	Difficulty in walking. Feels as if she could not control her legs.	I.	I.	W.	W.	W.	R.
25 F. 61	4 months	Constipation. Insomnia. Difficulty in swallowing. Poor appetite. Agoraphobia.	I.	W.	W.	W.	W.	W.
27 F. 18	2 months	Great loss of weight. (6 st. 4 lbs.) Amenorrhœa.	I. Gained 20 lbs.	R.	W.	W.	W.	W.
28 F. 36	10 months	"Strung up." Very weak. Bad sleep. Diarrhoea frequent. Loss of concentration.	W.	W.	W.	W.	W.	
29 F. 33	1 month	Loss of weight. Fatigue. Rheumatism.	I.	W.	W.			

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1924	1925	1926	1927	1928
30 F. 31	3 months	Mental and physical fatigue. Insomnia. Loss of weight. Self-depreciation.	I. Gain of 10 lbs.	W.	W.	W.	W.	W.
31 F. 42	5 months	Discomfort and flatulence after food. Vomiting. Depression. Nervousness. Has had four abdominal operations.	I.	I.	I.	R. Organic	R.	I.
32 M. 29	9 months	Full feeling in stomach. Headaches. Insomnia. Attacks of despair. Had had gastro-enterostomy, and subsequent operation for adhesions.	I.	I.	R.	R.		
33 F. 55	1 month	Fatigue, bodily and mentally. Visceroptosis.	I.	I.	I.	I.	I.	W.
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.	I.	I.	I.	R.	W.	R.
36 F. 45	2 months	Pressure on head. Insomnia. Pricklings of body. Dazed feelings. Fear of insanity. Fear of suicide.	I.	I.	W.	W.	W.	W.
37 M. 61	6 weeks	Depression. Insomnia. Inability to concentrate. Nervousness. Fatigue.	I.	I.	I.	I.	W.	W.
39 F. 69	3 months	Depression. Agitation and calling out in morning. Apprehension.	I.	I.	I.			
40 M. 61	2 months	Lack of initiative. Pains in back.	W.	W.	W.	W.	W.	W.
41 M. 42	7 months	Fear of doing something to his detriment, that he may shoot someone, that he may write a cheque wrongly.	I.	I.	W.	W.	W.	W.
43 F. 48	11 months	Headaches. Panics in street. Agoraphobia. Bad sleep. Indigestion. Obsessions concerning sex.	I.	I.	I.	I.	W.	W.
44 M. 36	2 months	Inability to do anything. Bad memory. Bad tempers directed against wife. Fatigue.	I.	R.	W.	W.	W.	W.
45 M. 42	2 months	Pains in head and back. Bad sleep. Loss of weight.	I.	I.	W.	W.	W.	W.
46 F. 45	1 month	Depression. Poor sleep. Nervousness. Indigestion.	I.S.Q.		I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1924	1925	1926	1927	1928
47 F. 50	2 months	Trembling. Headache. Insomnia. Suspicious of people. Unwilling to tell about herself.	I.	I.	R.	I.		
48 F. 25	2 months	Headaches. Insomnia. Fatigue. Phobias. Anxiety.	I.	I.	W.	W.	W.	W.
49 F. 38	2 months	Pain in back. Inability to stand or walk. Headache. Insomnia.	I.	I.	I.	W.	R.	R.
50 F. 55	11 months	Pains in the head. Weakness. Insomnia. Failure of concentration.	I.	I.	W.	W.	W.	W.
51 F. 52	9 months	Aphonia. Weakness. Dyspnœa. Indigestion. Poor sleep.	I.	I.	W.	W.	W.	R.
52 F. 30	4 months	Insomnia. Fatigue. Irritability.	I.	I.	W.	W.		W.
53 F. 36	3 months	Headaches. Depression. Uncertain sleep. Bad dreams.	I.	W.	W.	W.		Died of cancer.
54 M. 19	3 months	Exhaustion. Indigestion. Constipation. Poor concentration. Pain in back.	I.	W.	W.			W.
55 F. 30	3 months	Depression. Fatigue. Twitching of limbs, face and body. Coldness up and down spine. Pregnant.	I.	I.	I.		R.	
56 F. 39	9 months	Talipes varus. Insomnia. Hideous dreams.	I.	I.	I.	I.		I.
57 F. 23	3 months	Headache. Palpitation. Bad sleep. Depression. Fixation of right knee, left ankle, right elbow.	I.	I.	I.			R.
58 F. 24	2 months	Tiredness. Attacks of loss of power in legs. Fears of doing things alone.	I.	I.	R.	R.	I.	R.
59 F. 39	7 months	Indigestion. Vomiting. Fatigue. Bad sleep. Panics. Sweatings.	I.	I.	I.	I.		I.
60 F. 24	2 months	Fatigue. Palpitation. Headache. Indigestion. Constipation. Loss of weight. 5 st. 4 lbs. Amenorrhœa.	I. Gained 6 lbs.	I.	R.	R.	R.	R.
61 F. 41	9 months	Pains in back and head. Apprehensive. Loss of concentration. Terrifying dreams.	I.	I.	W.	W.	W.	W.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1924	1925	1926	1927	1928
64 F. 26	6 weeks	Headache. Weakness. Exhaustion. Vomiting. Loss of weight.	I.		I.	W.	W.	
65 M. 26	4 months	Attacks with fear of death. Feels heart has stopped. Fear of traffic.	I.		I.	W.		
66 F. 35	3 months	Pains in back and limbs. Exhaustion. Indigestion.	I.		I.	I.		

1923.

GROUP I.

TABLE II.

Patients who are not Better but who are at Work.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1924	1925	1926	1927	1928
1 M. 39	1 month	Fatigue. Pains in head. Uncertain sleep. Irritable. Cannot do his work. Idea that he emits an odour.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
3 M. 54	3 months	Catarrh of nostrils. Feelings of stuffiness. Tension. Loss of concentration. Insomnia.	I.	R.	R.	R.	R.	R.

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	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1924	1925	1926	1927	1928
1 F. 48	14 weeks	Headache. Feeling of unreality. Phobias of closed spaces. Fear of murdering husband and daughter.	I.	I.	R.	W.	W.	R.
2 F. 40	3 months	Headache. Poor sleep. Depression.	I.S.Q.	I.	R.	R.		R.

1923.

GROUP I.

TABLE IV.

Patients who are no Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1924	1925	1926	1927	1928
3 M. 40	3 months	Anæsthesia of legs. Pain in back. Peculiar gait.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
4 F. 35	4 months	Tired. Indigestion. Flatulence. Headache.	I.	R.	R.	R.		
5 F. 30	6 months	Indigestion. Bad sleep. Exhaustion. Dysmenorrhœa.	I.	R.	R.	R.	R.	R.
6 F. 46	2 months	Attacks of intense depression with intervals when she is well. Masochistic masturbation during depressed attacks.	I.	R.	I.	I.		I.
7 F. 39	3 months	Insomnia. Depression. Exhaustion.	I.S.Q.	I.S.Q.	I.S.Q.	I.	I.	I.
8 F. 51	2 months	Insomnia. Poor concentration.	I.	R.	R.			
10 F. 26	2 months	Vomiting. Astasia-abasia. Sleep poor.	I.	R.	I.			
11 M. 22	6 months	Attacks of unconsciousness with epileptiform convulsions. Tongue bitten; occurring about once in two weeks. Inability to work.	I.	R.	R.	R.		W. No attack 14 months.
12 M. 40	9 months	Lack of concentration. Insomnia. Fear of marriage.	I.S.Q.	I.S.Q.	I.S.Q.	I.	I.	W.
14 F. 57	5 months	Uncomfortable feelings in head. Feeling of nerves giving way in head. These present for many years.	I.	I.	W.	I.	I.	I.
15 F. 38	3 months	Paraplegia. Headaches. Dyspepsia. Pains in back; later intense depression.	I.	R.		W.		
16 F. 15	9 months	Inability to walk any distance because of hysterical contracture.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.		
17 M. 25	5 months	Tired and weak. Inability to concentrate. Headaches. Fear of meeting people, of being alone in dark. Inability to work.	I.	R.	I.	I.	I.	R.

1923.

GROUP II.

DRUG ADDICTS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1924	1925	1926	1927	1928
3 M. 54	2 months	Insomnia. Inability to concentrate Odd feelings in head. Depression. Morphia in bouts.	I.	R.	R.		W.	W.
4 F. 44	2 months	Great fatigue. Difficulty in concentration. Loss of weight. 8 st. 8½ lbs. Morphia addiction.	I.	R.	R.	I.S.Q.		Dead.
5 F. 41	2 months	Noises in the head. Depression. Deafness. Bouts of alcohol.	I.	R.	R.	I.		D.
6 M. 30	11 months	Dipsomania. Homosexuality.	I.S.Q.	I.	W.	R.	W.	R.
8 M. 24	7 months	Alcoholism since the war.		W.	R.	I.	I.	I.

1923.

GROUP III.

TABLE I.

PSYCHOSES.

Patients with Symptoms mainly of Depression.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	§ Reports in				
				1924	1925	1926	1927	1928
2 F. 43	4 months	Depression. Insomnia. Feeling of nothing inside her (absence of emotional reaction). Desire to die.	W.	W.	W.	W.	W.	W.
3 M. 60	5 months	Restlessness. Insomnia. Depression.	I.	W.	R.	I.		
5 M. 35	6 months	Fear of the future. Loss of confidence. Poor sleep. Concentration bad. Paralysis agitans.	I.	R.	R.	W.	W.	W.
7 F. 53	2 months	Failure of concentration. Inability to make up her mind. Afraid of people.	I.	R.	W.	W.	W.	
8 M. 49	4 months	Depression. Lack of interest. Pains in head. Second attack.	I.	I.	I.	W.	W.	W.
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.	R.	I.	R.	I.	Dead. Suicide.	
12 F. 52	2 months	Depression. Fear of insanity. Trembling attacks.	I.	R.	R.	R.		
13 F. 60	3 months	Depression. Insomnia. Inability to concentrate. Loss of religious faith.	I.S.Q.	I.S.Q.	I.S.Q.			
14 F. 60	1 month	Ideas that she does harm to other people. Depression.	I.S.Q.	W.	W.	W.	W.	W.
15 M. 43	6 months	Depression. Insomnia. Difficulty of concentration. Fears of people. Sense of unworthiness.	I.S.Q.					Dead.
16 F. 27	6 months	Insomnia. Absence of emotion. Inability to grasp things. Forgetful. (Puerperal Insanity.)	I.		W.	W.	W.	W.

TABLES FOR 1922.

GROUP I.

TABLE I.

PSYCHONEUROSES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in					
				1923	1924	1925	1926	1927	1928
1 M. 41	7 months	Depression. Dyspepsia. Insomnia. Phobias. Inability to work.	W.	W.	W.	W.	W.	W.	W.
3 F. 54	5 months	Dysphagia. Excessive salivation. Depression. Unable to work.	I.	W.	W.	W.	W.		
4 F. 46	2½ months	Cardiac Pain. Worry. Not worked for three years.	W.	W.	W.	W.		W.	W.
5 F. 45	7 weeks	Exhaustion. Depression. Constipation. Anæmia.	I.	W.	W.	W.	W.	W.	W.
6 F. 44	10 months	Depression. Fatigue. Insomnia. Various fears.	I.	I.	W.	W.	W.	R.	R.
7 M. 42	8 weeks	Pain in back. Hysterical Paraplegia.	W.	W.	W.	W.	W.	W.	W.
8 M. 23	8 months	Inability to work. Bad sleep. Hysterical fits. Coma. Fear of sex.	W.	W.	W.	W.	W.	W.	W.
9 M. 17	3 months	Fear of streets, of death. Depressed. Emotional weeping.	W.	W.	W.	W.	W.	R.	W.
10 F. 29	2 months	Depression. Inability to concentrate. Poor sleep. Fatigue. Epileptiform fits.	I.	W.	W.	W.	W.	R.	W.
13 F. 40	3 months	Sensitiveness. Feelings of unworthiness. Fits of temper.	I.	W.	W.	R.	R.		W.
14 F. 22	5 months	Hysterical paraplegia (11 years). Vomiting. Depression.	I.	I.	W.	W.	W.	W.	W.
15 F. 25	9 weeks	Attack of depression. Suicidal thoughts. Pains in neck. Fatigue. Dyspepsia.	W.	W.	W.	W.	W.	W.	
16 M. 30	10 weeks	Phobia of old men. Depression. Headache. Insomnia. Suicidal thoughts. Inability to work.	W.	W.		W.	W.	W.	W.
17 M. 31	2 months	Unable to work. Memory bad. Headache. Loss of weight. Loss of confidence.	I.	W.	W.	W.	W.	W.	W.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in					
				1923	1924	1925	1926	1927	1928
22 F. 29	3 months	Loss of strength, physical and mental. Headache. Bad sleep. Apprehensive. Loss of weight. Inability to work.	I. Gained 2 stones.	W.	W.	W.	R.	W.	W.
23 M. 34	5½ months	Fear of people. Claustrophobia. Bad dreams. Compulsive thoughts. Hallucination of voices, but aware that they were unreal.	W.	W.	W.	W.	W.	W.	W.
25 F. 22	5 months	Headache. Insomnia. Fears of dark. Diarrhœa.	I.	W.	W.	W.	W.	W.	W.
26 F. 25	2 months	Nervousness. Dyspepsia. Emaciation. Headache.	I. Gained 22 lbs.	W.	W.	W.	W.	W.	W.
30 F. 34	5 months	Headache. Depression. Mutism. Not worked for 3 years. Attempted suicide in Hospital.	I.	I.	I.	I.	I.	I.	I.
32 M. 21	11 weeks	Depression. Fear away from home. Dyspepsia. Fatigue. Inability to work.	I.	I.	W.	W.	W.		
35 F. 56	3 months	Exhaustion. Insomnia. Pains in head. Coughs. Constant catarrh and fear of colds.	I.	I.	R.	R.	R.		R.
36 M. 43	2 months	Loss of intellectual power. Pains all over body. Fatigue. Indigestion. Nervousness.	I.	I.	W.	W.		W.	W.
37 F. 47	3½ months	Prostrating headaches. Photophobia. Lay in dark. Insomnia. In bed for over a year.	I.	I.	I.	I.	R.	R.	R.
38 M. 28	10 weeks	Palpitation on going off to sleep, wakens screaming. Head dazed. Fatigue. Inability to work.	I.	I.	I.	I.			W.
41 M. 49	6 weeks	Nervousness. Failure of concentration. Agoraphobia. Indigestion. Off work 9 months.	I.	I.	I.	I.	W.	W.	W.
42 F. 40	3 months	Inability to move left arm or hand (contracture). Insomnia. Dyspepsia.	I.	R.	R.	R.	R.	R.	R.
44 M. 59	2 months	Depression. Insomnia. Loss of concentration. Dyspepsia. Inability to work.	I.	I.		R.	I.	I.	W.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in					
				1923	1924	1925	1926	1927	1928
43 F. 52	2½ months	Paraplegia (18 years). Noises in head. Constipation.	Able to walk.						
45 F. 47	3 months	Headache. Dyspepsia. Nervousness. Fatigue. Poor concentration. Visceroptosis. Many operations, at work but finding it very difficult.	I.	I.	I.		R.	R.	R.
47 F. 30	10 weeks	Headache. Insomnia. Fatigue. At work, but finding it impossible to continue.	I.	I.	R.	R.	I.	I.	I.
48 M. 34	8½ months	Depression, unable to concentrate. Insomnia. Many phobias. Inability to work.	I.S.Q.	I.	R.	W.	W.	W.	W.
49 F. 43	9 weeks	Depression. Indigestion.	I.	I.	I.	W.		R.	R.
50 F. 22	7 weeks	Anorexia. Amenorrhœa. Emaciation. Distension of abdomen.	I. Gained 16 lbs.	I.	I.	I.	W.	W.	W.
51 F. 43	4 weeks	Phobias. Insomnia. Inability to work.	I.S.Q.	I.	I.	R.	R.	R.	R.
52 M. 68	5 weeks	Headache. Poor sleep.	I.	I.	I.	I.	I.	W.	
53 M. 60	3 weeks	Insomnia. Lack of concentration. Lack of interest.	I.	I.		R.			W.
55 M. 23	6 weeks	Poor sleep. Depression. Fears.	I.	I.	I.		W.	W.	W.
57 M. 27	3 months	Fears of falling in street. Inability to concentrate. Dyspepsia. Depression.	W.	R.	W.	W.	W.	W.	
61 F. 35	5 weeks	Weakness. Hysterical attacks. Depression. Poor sleep.	W.	I.	I.	R.	R.	R.	R.
62 F. 40	13 months	Exhaustion. Pains all over body. Violent tempers. Inability to work.	I.	I.	I.	I.	R.	R.	R.
63 M. 49	4 weeks	Fits of weakness. Loss of weight. Fear. Depression.	I.S.Q.	I.	W.	I.	W.	W.	
64 F. 44	2 months	Dyspepsia. Fatigue. Fears. Insomnia. Depression. Loss of weight. Visceroptosis. Inability to walk 1 mile.	W.	W.	W.	W.	W.	W.	W.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in					
				1923	1924	1925	1926	1927	1928
65 F. 25	4 months	Headache. Insomnia. Dislike of people. Worried. Suicidal feelings. Inability to work.	I.	I.	R.	I.	R.	R.	R.
68 F. 40	13 months	Insomnia. Fear of being alone and of suicide.	I.	I.	I.	I.	I.	I.	I.
69 M. 46	5½ months	Exhaustion. Pain at heart. Diarrhoea. Fear of people.	I.	I.	I.	I.		W.	
70 M. 29	4 weeks	Attacks of depression.	I.	W.	R.			I.	
72 F. 41	4 weeks	Fears of something about to happen to her legs. Nervous sexual fears.	I.	I.	W.	W.	R.	R.	I.
73 F. 40	10 weeks	Headache. Pain on right side. Loss of confidence. Fear of insanity, and of going about.	I.	I.	I.	I.	W.	W.	
74 F. 39	7 weeks and 3 months	Depression. Exhaustion. No power of thought.	I.	I.	W.	W.	W.	I.	I.
75 M. 60	7 weeks	Inability to concentrate. Irritability. Memory poor. Unable to face people.	I.	W.	W.	W.	W.	W.	I.
77 F. 59	4 months	Fatigue. Headache. Tinnitus. Poor sleep.	I.	I.		W.	W.	W.	W.
79 F. 40	4 weeks	Giddiness. Insomnia. Agoraphobia.	I.S.Q.		I.S.Q.	I.			I.
80 F. 31	2 months	Exhaustion. Loss of weight. Hysterical gait. Insomnia.	I.		I.	W.	W.	W.	W.
82 F. 30	6 months	Difficulties of expression. Depression.	I.	I.		I.			I.

1922.

GROUP I.

TABLE II.

Patients who State they are not any Better but are at Work.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in					
				1923	1924	1925	1926	1927	1928
1 F. 36	5 months	Fears. Faintness. Headache.	I.	I.	I.	W.	W.	W.	W.
2 M. 38	10 weeks	Headache. Fatigue. Dizziness. Insomnia. Fears. Depression.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.		I.S.Q.

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	Duration of Stay	Symptoms	Result on Discharge	Reports in					
				1923	1924	1925	1926	1927	1928
1 F. 38	2 months	Intense Depression. Many phobias.	I.S.Q.	I.		R.	R.		
2 M. 46	8 weeks	Headache. Poor sleep. Lack of vitality. Abdominal pains. Emaciation.	I.	W.	R.	R.	I.		
3 F. 54	4 months	Profound asthenia. Wasting of muscles. Paraplegia. Knee jerks absent.	I.S.Q.	W.	W.	W.	W.	W.	W.

1922.

TABLE IV.

Patients who report they are no Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in					
				1923	1924	1925	1926	1927	1928
4 F. 43	5½ months	Severe headache. Depression. Inability to work.	I.S.Q.	I.S.Q.	I.S.Q.	W.	W.	W.	
5 M. 19	8 months	Attacks of dyspnoea. Pains in legs. Inability to concentrate.	I.S.Q.	I.S.Q.	I.S.Q.	W.	W.		
6 F. 34	4½ months	Pains in neck. Depression. Fatigue.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.		I.S.Q.	
7 F. 50	2 months	Loss of energy and of concentration. Depression.	I.	I.	W.	W.	W.	I.	I.
9 F. 41	5 months	Pain over left sacro iliac joint; organic Insomnia. Fear of insanity. Fugue.	I.	R.		I.	R.	R.	R.
10 F. 33		Heart attacks. Weakness. Tremblings. Asthenopia. Emaciation. (6 st. 8 lbs.)	I. Gain of 9 lbs.	R.		I.	R.	R.	R.
11 F. 20	7 weeks	Nervous attacks in street; has to sit down. Dislike of meeting strangers.	I.S.Q.	I.S.Q.	W.	W.	W.	W.	W.
13 F. 52	5 months	Band round head. Depression. Poor sleep. Fear of being alone.	W.	R.	W.	R.		Dead. Suicide	
15 F. 27	10 months	Insomnia. Nightmares. Headache. Violent tempers. Loss of weight.	I. Gained 17 lbs.	R.	R.	R.	R.		
16 M. 56	6 weeks	Indigestion. Depression. Fears.	W.	R.	R.	R.	I.		R.
17 F. 48	3 weeks 1 Year	Somnambulism.		I.		R.	R.		

GROUP II.

DRUG ADDICTS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in					
				1923	1924	1925	1926	1927	1928
1 M. 44	13 months	Insomnia. Great depression. Tremor Paraldehyde drinking up to 18 drams a day.	I.	I.	W.	W.	W.	W.	W.
3 M. 48	2 months	Hallucinations. Tremors. Insomnia. Paraldehyde, 8 ozs. a week.	I.		I.	R.	I.	R.	R.

1922.

GROUP III.TABLE I.

PSYCHOSES.

Symptoms chiefly those of Mental Depression.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in					
				1923	1924	1925	1926	1927	1928
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.	I.	W.	W.	W.	W.	W.	W.
2 M. 35	5 months	Pains in head. Anxiety. Depression. Loss of confidence. History two previous attacks with exalted interval.	I.	W.	W.	W.	W.	W.	W.
3 F. 32	2 months	Loss of affection. Unable to concentrate. Attempt at suicide before admission.	W.	W.	W.	W.	W.	W.	W.
4 M. 50	4 months	Anxiety. Loss of concentration. Self-accusations of being unworthy. History of attack 10 years ago.	I.	I.	W.	W.	W.	W.	W.
5 M. 38	8 weeks	Depression. Poor sleep. Headache. Slowing of mental processes. Loss of power to do fine manual work. Second attack.	I.	W.	R.		R.	R.	R.
6 F. 55	2 weeks	Not sleeping well, but better. Depression. Third attack.	I.	I.	I.	I.	I.	I.	W.
7 M. 61	6 weeks	Depression. Feelings of unworthiness. Insomnia. Attacks of this have alternated with asthma.	I.	I.	I.	I.	I.	W.	Dead.
9 M. 36	4½ months	Depression. Unworthiness. Insomnia.	I.	I.	W.	W.	R.	I.	W.
10 F. 48	6 months	Inability to think. Insomnia. Indigestion. Depression. Three previous attacks with periods of exaltation.	I.	I.	Ex.	R.	W.	W.	Ex.
13 F. 60	7 weeks	Insomnia. Lack of interest. Depression. Fatigue. Epigastric pains.	I.	I.	I.	I.	I.		I.
14 M. 61	2 months	Depression. Retardation. Insomnia. Fifth attack.	I.S.Q.	I.S.Q.		I.S.Q.	I.S.Q.		

GROUP III.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in					
				1923	1924	1925	1926	1927	1928
15 F. 62	2 months	Depression. Insomnia. Apathy. Emaciation.	I.S.Q.	I.S.Q.	I.	W.	W.	W.	
18 M. 52	5 months	Insomnia. Depression. Fear of damnation. Agitation. Previous attack 25 years ago which lasted one year.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.		
19 F. 60	3½ months	Very marked retardation. Depression. Fear of sin.	I.S.Q.	I.S.Q.	I.S.Q.	I.	I.	I.	W.
20 F. 59	3 months	Depression. Confused feelings in head. Insomnia. Loss of pleasure in life. Fifth attack.	I.	R.	R.	R.	R.	R.	R.
22 F. 45	3½ months	Depression. Visual hallucinations. (Insight.)	I.	I.		I.	W.		W.
23 F. 42	5 weeks	Mind wandering. Poor concentration. Insomnia.	W.	R.	R.	R.	R.	R.	I.
24 F. 49	2 weeks	Hallucinations of hearing. Delusions. Indigestion.	I.S.Q.	R.		W.	W.	W.	W.
25 F. 52	1 week	Depression. Agitation. Delusions.	I.S.Q.			W.	W.		W.

TABLES FOR 1921.

Patients who are Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in						
				1922	1923	1924	1925	1926	1927	1928
3 M. 19	4 weeks	Fear of darkness and crowds. Epileptiform fits. Somnambulism. Headache. Terrifying dreams.	W.	W.	W.	W.	W.	W.		W.
4 F. 48	5 weeks	Pains. Dyspepsia. Fears that she might become insane and kill her mother. Fatigue.	W.	W.	W.	W.	W.	W.	W.	W.
5 F. 48	6 weeks	Fatigue (extreme). Indigestion. Depression.	W.	W.	W.	W.	W.	W.	W.	W.
9 F. 48	7 weeks	Depression. Weeping. Worry over everything. Insomnia. Fears of future.	I.	I.	I.	I.	I.	I.		W.
10 F. 21	8 weeks	Tachycardia necessitating absolute rest. Insomnia. Fears. Exhaustion.	W.	W.	W.	W.	W.	W.	W.	W.
11 F. 20	12 weeks	Headaches. Insomnia. Hysterical attacks. Refusal to live at home.	W.	W.	W.	W.	W.	W.	W.	W.
12 F. 40	10 weeks	Headache. Insomnia. Fear of apoplexy. Severe gastric pain. Fear of insanity. Polyarthrititis.	W.	W.	W.		W.	W.		
15 M. 60	1 month	Depression. Cloud in head. Hysterical pain in knee.	I.S.Q.	W.	W.	W.		R.	R.	R.
19 M. 47	6 weeks	Peculiar feelings in head. Inability to work or concentrate. Impotent. Probably organic, absent knee jerks.	W.	W.	W.	W.	R.	R.		
20 M. 38	10 weeks	Fatigue. Inability to do things. Always quarrelling with superiors.	I.	W.	W.	W.	W.	W.	W.	W.
21 F. 48	2 months	Weakness. Feelings of impending death. Difficulty in concentration. Cannot walk out of house.	W.	W.	W.	W.	W.	W.		
25 F. 50	3 months	Fatigue. Headache. Insomnia. Asthenopia. Cardiac pain and fears. Depression. Has mitral incompetence and been alarmed about it.	I.	W.	W.	I.	I.	I.	I.	I.
27 M. 70	4 weeks	Insomnia present for 16 years. Never slept without drugs.	I.	I.	I.	I.	R.	W.	I.	

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge	Reports in						
				1922	1923	1924	1925	1926	1927	1928
28 F. 43	6 weeks	Headache. Exhaustion. Giddiness. Palpitation. Faintness. Depression.	W.	W.	W.	W.	W.	W.		W.
30 F. 64	5 weeks	Fatigue. Worried. Insomnia. Fears of insanity, murder and noises.	I.	I.	I.	I.	I.	I.	I.	R.
34 M. 45	4 weeks	Headache. Pains in right arm. Poor sleep. Loss of temper. Loss of weight.	W.	W.	W.	W.	W.	W.	W.	
35 M. 40	1 month	Fear of Tabes.	I.	I.	W.	W.	W.	W.		R.
36 M. 32	6 weeks	Headache and fears of disease.	I.	I.	I.	I.	W.	W.	W.	W.
37 F. 45	3 months	Severe headaches. Violent outbursts of temper.	I.	I.	I.	I.	I.	I.		
38 M. 40	3 months	Claustrophobia, especially of Churches. Agoraphobia. In- ability to keep any engage- ments or meet strangers.	W.	W.	W.	W.	W.	W.	W.	W.
41 M. 26	3 months	Headache. Insomnia. Depression. Lack of concentration.	W.	R.	R.	W.	W.	R.	R.	
43 F. 40	5 months	Astasia-abasia, headache and depression.	I.	I.	I.	I.	R.	R.	R.	
44 F. 63	3 months	Noises in head. Fainting. Cardiac pain. Inability to leave bedroom or see people.	I.	I.	I.	R.	I.	I.	R.	
45 F. 53	5 months	Depressed. Headache. In- somnia. Failure of concen- tration. Fatigue. Very thin.	I.	I.	W.	W.	W.	W.		
46 F. 23	4 months	Weakness. Lethargy. Can- not walk a mile. Headache. Inability to concentrate. Sense of inferiority.	I.	R.	I.	I.	W.	W.	W.	
48 F. 35	7 weeks	Spastic Paraplegia. Head- ache. Insomnia. Tinnitus. Fears.	I.	I.	I.	W.	R.	W.	W.	
49 F. 40	6 months	Fear of insanity. Depression. Insomnia. Dyspepsia. Fatigue.	I.	I.	R.	W.	R.	W.		R.
50 M. 55	1 month	Depression. Insomnia. Instability about religion.	W.			W.	W.	W.		
51 F. 38	4 months	Depression. Pain in back. In- somnia. Hysterical weeping.	I.			W.		W.		

1921.—*contd.*

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge	Reports in						
				1922	1923	1924	1925	1926	1927	1928
55 F. 35	5 weeks	Depression. Weakness. Fears and emaciation. Insomnia.	I.S.Q. Gained 11 lbs.	I.S.Q.	I.S.Q.	I.	I.	I.		I.
56 F. 53	5 months	Headache. Depression. Insomnia. Fatigue.	I.	I.			W.			W.
57 F. 54	3 months	Depression. Insomnia.	I.		W.	W.	W.	R.	R.	R.
58 F. 38	2 months	Exhaustion. Insomnia. Nervousness.	I.	W.			W.		W.	W.
59 M. 55	2 months	Pains in abdomen.	I.	W.	W.	R.	W.		W.	W.

TABLE II.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in						
				1922	1923	1924	1925	1926	1927	1928
2 F. 30	3 weeks	Dyspepsia. Asthenopia. Diarrhœa. Giddiness. Exhaustion.	I.	R.	W.	W.	R.	R.	I.	
4 F. 48	2 months	Giddiness. Phobia of streets, railway platforms and people.	I.	R.	R.	R.	I.	R.	R.	R.
5 M. 28	3 months	Fear of suicide. Depression and Insomnia.	I.	I.	R.	I.	I.	I.	W.	
16 F. 34	10 weeks	Dysphagia. Backache. Loss of weight. Fatigue.	I.S.Q.	I.S.Q.	I.S.Q.		I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.
17 F. 23	3 months	Feelings of stiffness and pains all over body. No objective stiffness. Fears of venereal disease.	I.S.Q.	W.	W.	W.	W.	W.	W.	
19 M. 45	3 weeks	Loss of vision. Detachments and hemorrhage. Fears of insanity.	I.S.Q.			I.	W.	W.		
22 M. 34	6 months	Depression. Feeling of unworthiness. Retardation.	I.S.Q.				I.S.Q.	I.S.Q.	I.S.Q.	
23 F. 48	4 months	Lack of concentration. Headache. Inability to carry out plans.	I.S.Q.				R.	I.S.Q.		
24 M. 58	3 weeks	Depression and anxiety. Insomnia, due to financial loss.	I.S.Q.	I.S.Q.		R.	I.	I.		
25 M. 39	1 month	Fatigue. Inability to work. Collapsed in pulpit. Fears.	W.	R.	R.	R.	I.			
26 M. 17	4 months	Obsessions about words.	I.S.Q.				R.	R.		

