Ninth annual report to the committee from the medical director : presented 31st December, 1930 / The Cassel Hospital for Functional Nervous Disorders.

THE CASSEL HOSPITAL FOR FUNCTIONAL NERVOUS DISORDERS,

Swaylands, Penshurst, Kent.

NINTH ANNUAL REPORT TO THE COMMITTEE FROM THE MEDICAL DIRECTOR.

PRESENTED 31st DECEMBER, 1930.

The Cassel Hospital for Functional Nervous Disorders

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The Cassel Hospital for Functional Nervous Disorders.

ANNUAL REPORT TO THE COMMITTEE BY THE MEDICAL DIRECTOR ON PATIENTS WHO WERE DISCHARGED FROM THE HOSPITAL DURING THE YEAR 1929.

Presented — 31*st December*, 1930.

THIS report deals as usual only with patients who have been discharged for at least one year.

178 patients were discharged during the period of whom 22 had been in previously. The latter will be dealt with in their appropriate year in the next annual report, which will be a long retrospective one.

The classification is on the same lines as in former years.

With regard to the new patients, 90 were classed among the psychoneuroses. Sixty-six of these are now well or much improved, i.e., from one to two years after discharge. Seventeen are not any the better for treatment ; five have not been heard from.

There were seven patients in the obsessive-compulsive table of this group. Three of these are known to be so much improved now, that they might be called well. The difficulty of successful treatment in this class of patient has been frequently commented on in previous reports.

One of these was a man of 36, married, who had the compulsion to count numbers and be influenced by them. He had to go in and out of a house four times or sixteen times before he could enter finally ; he was unable to read because he had to read each line sixteen times before he could proceed to the next. He was therefore debarred from going about or otherwise occupying himself, and he had begun to suffer from bouts of alcoholism, which he had begun to relieve his misery. The four or multiple of four idea was related to the date of his birth and was of no great importance. An analytic investigation revealed intense jealousy of a younger sister who had displaced him in his mother's eyes. This with its ramifications was duly explored and the symptoms cleared up. He was in the hospital six months.

The second was a man of 26, whose main compulsion was to examine his clothes to see that they were " right." He had to look at them constantly to see that there was no dirt on them, that the trousers were let down equally and to the proper length and so on. As he had to stop when walking to do this carefully enough, going out had become difficult. There were other minor obsessions. He was a Roman Catholic and there were severe conscious conflicts between his religious beliefs and his sexual desires and practices. But there was also the strongest wish to coerce his father, who was a very mild person, and he achieved this largely through the instrumentality of his illness. It was necessary to give the father a good deal of advice, which he followed. This patient was in the hospital 10 months.

The third, who improved, was also in the hospital 10 months. He was 22 years of age. His thoughts and compulsive acts varied : but some were always present. At one time it would be, that

he must return on his footsteps to pick up a twig, which he had stepped over 50 yards further back; at another, that he must say a particular thing or his brother would die. He was undoubtedly very jealous of his brother, who was younger than he was, but who had outstripped him even at school: at the same time he insisted that his brother was the person he loved most in the world. He was greatly troubled by homosexual dreams, and had the thought by day that he had a feminine appearance. It is probable that he was a true invert.

Among previous treatments he had been ordered a voyage round the world. He informed the doctor that he was able to endure it only by being intoxicated nearly the whole time. He did not appear to have benefited by his stay at Swaylands, although he understood himself better. Ever since he left he has, however, been at work and much improved.

A fourth patient, aged 19, with obsessions and compulsions about fires and gas was in the hospital for two months; he left much improved but has not been heard of.

A fifth with obsessions about words, especially about religious words, improved greatly, but has not been heard of.

Two others did not improve.

This is a more encouraging report than in previous years, and it is to be noted that the three who improved were all in hospital for a long time, and it may be added that their treatment was more intense than that of the average patient. They were subjected to an analytic investigation. They were, on the whole, young people. The two who did not improve at all were 45 and 56 respectively.

In the period under review, there was one patient with anorexia nervosa, whose case was singularly difficult to treat. Usually the feeding of these patients is extremely easy. So long as they are watched while eating, it is not difficult to get them to put on weight. This patient, however, laid down the law that she would take neither milk nor carbohydrate, and for several months she adhered to this. She weighed 5st. 1 lb. on admission, but she must have lost many pounds after this, though there is no record, as she was soon too ill to be weighed. She smelt strongly of acetone throughout a period of two or three months, when the desperate expedient of saying to the nurse that she was not likely to live through the night was tried. At the time the patient was seemingly unconscious, though it was judged that she was not. Soon afterwards she began to take food, though for a long time there was great difficulty. It took eleven months to get her to gain 22 lbs. from the time of admission, and even then she was only 6 st. 9 lb. But as her mental condition of hostility had gone, it was thought that a change home would be beneficial. The report from her parents is that she has been at work since her return, that she eats like anyone else and that she is plump.

This difficulty is in our experience unprecedented; these patients will cheat if they get a chance, but if they do not they are most docile. The mental state indeed would usually have suggested that the patient was not suffering from anorexia nervosa, but from a psychosis. However, the history gave us certain information which showed that the girl had a case against everybody. Two years before she came into hospital, her parents were advised to send her to Swaylands. The illness was then just beginning. They thought, however, that if the remedy was as simple as it seemed to be, viz.: getting her to eat, it could be done as well at home. If she had no disease, but only was not taking food well, anyone could cure that. This attitude is fairly common among parents. When it failed in this example, the patient was one day asked to take a drive; the drive stopped at a house into which she was induced to enter, and before she knew where she was, she was taken charge of by two nurses and put to bed. Naturally, she was angry and this treatment failed wholly. Later she was

taken for another drive and this time, as she humorously remarked, she took her night things with her. She was quite obstinate and resolved to resist everything. It will hardly be credited that she was brought to Swaylands in the same manner, but it has been fully authenticated that this was done. At first, therefore, no attempt at feeding was made ; she was merely told what would happen if she starved long enough. She did not believe it, it was only when she realized how desperately weak she had become, that she gave in.

Two interesting histories are found in the anxiety group.

M. Age, 22. He complained of inability to continue his medical studies on account of panics in trains, he was also anxious lest he be sick or have a heart attack when travelling. These anxieties were so acute, that he was forced to live with his parents and was unable to do any work at all.

He proved a difficult subject, because he tended to use his intellect for speculation rather than for recollection of his earlier experiences, and at times this rendered investigation almost impossible. Treatment had to consist in proving to him that his symptoms were not of organic origin, which was accomplished with difficulty on account of his medical knowledge, which was sufficient to enable him to raise many objections and insufficient to enable him to be convinced easily. Then followed teaching about mentation, both conscious and unconscious, which was difficult, for his natural scepticism gave him opportunity for using his keen intellect to argue excessively. But progress was made and he began to view life from a different standpoint.

He was then invited to elucidate the principles he had learnt with illustrations from his own life, which he was able to do with considerable success, though with great reluctance, for he possessed reserve in a high degree.

He was able, however, to show himself that his symptoms were due to anxiety, which he had felt in childhood lest his mother should desert him, anxieties by no means unfounded in fact, and these as he grew up had led to inhibitions in his development and adjustment to life. He had felt constant anxiety about his mother when at school or away from home, and so did not learn to mix with other people, whom he left at the earliest opportunity. Later, when he had to work with others, he felt ignorant and shy and suffered acutely. It was an acute feeling of inferiority, and this he could not bear. This mental pain called for relief, and he began to wonder whether he were not suffering from some of the diseases which he was studying. He came to believe he was, and became so worried that he had to stay at home.

The symptoms served two purposes, i.e., they alleviated his still-lingering childhood anxiety about his mother by keeping him at home, and they enabled him to escape from the pain of the feeling of inferiority from which he suffered when forced to associate with others. The case is interesting, because, investigation being almost impossible, teaching methods and persuasion were employed, which enabled him to understand himself without wholesale revelation of self, which he was unable to do. He has returned to his studies and has continued at them.

A patient aged 42 complained of having some time previously, suddenly fallen unconscious after a motor run with a friend. He was sent to a convalescent home from which he disappeared one day ; he turned up however at his home about 36 hours later in a confused state of mind and with no memory of the intervening time. It was said of him, that he was responsible for a considerable sum of money which had disappeared from the office and could not be accounted for. He was a partner with his father and an elder brother.

It became evident that this fugue was not the only one and that he had suffered from loss of memory on other occasions too. He had lost memories of train journeys, and seems to have successfully carried out an important piece of business and later not to have had any memory of having done the work till evidence was given that he had done it.

His life story showed that his father especially, and his brother to a less extent, had domineered over him and that he had been unhappy for years. He had suffered as a boy from a tuberculous leg, which interfered with his education and handicapped him later on. He had married happily, but was nevertheless unhappy in his marriage, because the father practically refused to recognise his marriage until his son became ill, after which he domineered over his daughter-in-law.

The patient felt a sense of duty toward the father as does a boy, not an adult ; he felt bound to obey him and this often interfered with his duty to his wife. He felt his father was unjust and he longed to escape ; he longed also sometimes for revenge, but he was a man of high moral principles and could never allow himself to entertain antagonistic thoughts against his tyrannical master.

Apparently all this mental commotion rendered him at times seriously confused, and he could not solve the problems of his life. He worked in an increasingly dazed state of mind till finally he had the wandering attack which brought him to hospital. Recovery of the lost memories of the wandering was made entirely through dreams. The fugue was a confused attempt to return to the refuge of his home, a home to which, on the other hand, he did not wish to return, because it was associated with so much unhappiness. The losses of memory seem to have served several purposes.

(1) They were attempts to forget his father and to forget his unkind thoughts about him, for they were wicked.

(2) They were attempts to forget his wife and so liberate him to fulfil his sense of duty to his father.

(3) They enabled him to revenge himself on his father by not attending to his financial duties, a thing he would not think of doing intentionally.

(4) They were an attempt to escape from this whole wretched life.

After these causes had been revealed, they were explained to the father in the presence of the patient, and the father was told that he was largely responsible. New arrangements were made for the office and the patient has remained well.

The first patient in the hysterical table, though now well, was not benefited at Swaylands. She had attacks of screaming, which became so bad that her brother was sent for to remove her. She refused to go and had to be carried out and put in the car. At Tonbridge, she refused to get out and the car went on to London, where she was put into the train for Cardiff with her brother ; the door was locked. At Cardiff she jumped on to the line and lay on it screaming. She was thereupon certified, and next day she was sane. She was, however, detained a fortnight and this experience has apparently made her well. Her brother reports that she has been quite well and at work since. There is still, therefore, room for the disciplinary treatment of hysteria, though it can be applied only when the circumstances are exceptionally favourable.

The cases of the other psychoneurotic patients will be found in the tables.

In the group of psychopathic personalities, there were two patients now at work. The case of the first is described at length.

A clergyman, aged 27, unmarried, suffered from insomnia, occasional alcoholic bouts and terrifying nightmares. Soon after admission to hospital, further symptoms of visual hallucinations were complained of and sometimes preposterous ideas, which he knew to be absurd obsessed him. The uncontrollable mental activities were so vivid and persistent, that he thought he was going mad. He said that the alcoholic bouts were an attempt to escape from the horrible thoughts.

The dreams and hallucinations were of a terrifying and disgusting nature, but he knew that they were the result of a sick mind, though he had thought of ending his life to put a stop to the suffering.

His life story showed that his sexual desires and activities were not in accordance with the principles of his church or society, and his sense of shame and guilt were considerable. Confession of his misdoings and relation of his horrid mental presentations intensified his distress so much, that considerable doses of sedatives were given for some days lest he should decide to take any drastic steps. He quietened down and after being very hostile for some time, proceeded with his interviews with the doctor.

It appears he was an imaginative boy who indulged in extravagant day-dreams. He read with joy Dante's " Inferno," and the stories by Poe, he also loved to read of murders, ghosts and everything sensational. His father, a clergyman, instructed him in the principles of Christianity and a morbid interest in the Crucifixion, and Resurrection, developed in him. At puberty his sexual feelings became strong and remained so and bothered him, for deviation from normal desires developed along with the normal.

His father died and his subsequent grief was unduly protracted. He felt he ought to look after his mother, and it was to please her that he became a clergyman. She was too narrow-minded and unimaginative for him, and he came to dislike her and finally to hate her .He had horrid thoughts about and against her and believed he was wicked and currupt in mind and body. Later his morbid and gruesome interests had become tangled up with Christian beliefs. His sexual longings, his sense of guilt and ideas about strange ancient religious rites had become woven in also, and could not be unravelled. He had become very confused and could hardly distinguish reality from imagination. All these thoughts and practices had been present for many years. He had become a thoroughly unreliable person ; but his public appearances were quite normal.

Attempts were made with considerable success to help him to separate facts from fiction and faith from both, and to get ideas about his mother, birth, reproduction and death into better perspective. His symptoms ceased and he took up theological work again.

Patient No. 4 was of interest in a negative way. Many physicians had seen her and no one had been able to get a word out of her with regard to her case. She had attacks when she jerked her body and talked to invisible people. These were of no long duration. If one kept conversation on general subjects, she was bright and intelligent though uneducated. She was artistic and clever with her fingers, but the slightest attempt to turn the conversation on to her health made her shut her mouth and refuse to utter a word.

Among the patients classified as suffering from psychoneuroses, who did not improve, there is one who committed suicide. This patient, aged 39, did not seem to suffer from anything except phobias. He feared that he might be swept away by a passing train while he was standing on the platform, that he might fall from a window, that he might kill his wife and children. Behind this was a fear of insanity. A sister had been killed by a train and it was doubtful whether this was an

accident or not. There was also a story, which he did not go into deeply, of a man friend with whom he quarrelled a good deal and made it up again often. The only other factor he detailed of importance, was that he was about to lose a position which he valued highly. He had been at the war and had now, though only 39, come to the end of his period of office as Lieutenant-Colonel of a territorial battalion. It was felt that he should go, as there were many who desired promotion. It was a genuine grief for him to have to go. His career at the hospital was chequered, but on the whole he seemed to improve until another patient, with whom he was very friendly and with whom he went a walk every day, died of influenza. This, as seemed natural, depressed him. A week later he went for a walk alone, promising to meet some other patients at tea at an inn to which they were going by a shorter route. He did not turn up and next day we heard that he had jumped from a train, with fatal result.

Looking back, it would seem that this was a case of concealed psychosis. The story of the man with whom he had quarelled before he came to Swaylands, suggested the partial breaking through into consciousness of a homosexual trend. He himself, had no conscious idea of its being anything of the kind ; and no suggestion was made to him that it was, but he was certainly uneasy about it, though he did not know why.

Later in the year we had another suicide, also unexpected. The patient was a man of 62, who complained that he seemed to have become old fashioned in his work. Certain principles had changed, and he had acquired great dexterity in work which was now not being done. He wept when he spoke of it. At other times he was fairly cheerful and he mixed freely with the other patients. He was in the hospital only one week when he cut his throat. He had just finished a game of billiards, when he went upstairs and carried out his purpose. He has since been classified as an example of involutionary melancholia.

In addition to these, there were two suicidal attempts. One was made by a patient who took sufficient medinal to sleep for 24 hours. Her symptoms are described in the table of patients with psychopathic personality. It may be considered doubtful whether this was a genuine attempt or a demonstration. The other was an involutionary melancholic in an early stage, who had made two previous attempts which were seemingly dramatic, but who was at the time of her last attempt being watched. The first attempt was at Brighton, where she walked down the steps of the pier into deep water, but came back on being told to ; the second was wading into a ditch well within her depth. The attempt at Swaylands was genuine. She eluded her nurse and jumped over the stair. She unfortunately fractured her spine and femur. She was sent to a mental hospital six months later and is still alive. Her complaint was that of intractable neuralgia of the mouth and jaw, which she described as agonising. After the accident, this entirely disappeared and nothing more was heard of it.

Before the first patient mentioned above, we had been so fortunate as to have no patient commit suicide for three years, but since then we have had more--three in the next year. Two of these were people with phobias and anxieties, the third a depressed person apparently improving.

There were fourteen patients suffering from psychotic depression. Seven became well and five are now well ; two have not reported. One of the remaining seven went out slightly elated, and has since had alternations of elation and relapse : one improved and went out apparently well, but has relapsed.

The others went out in *statu quo*.

Schizophrenic States.

There were twelve patients with Schizophrenia, only two of whom should have been sent to Swaylands. This one came in with functional paraplegia. The symptom disappeared on explanation and persuasion, whereupon the patient exhibited a number of delusions, the chief of which was that she was being poisoned. This became so great, that she refused to eat in the hospital and it was necessary to send her to a mental hospital. The other seemed to be suffering from an anxiety state : but developed some delusional ideas about conversations with her deceased husband.

In connection with the first of these patients, we are faced again with the question of concealed psychosis. This paralysis was clearly a compromise to the solution of some problem, the nature of which is unknown. But when the patient was deprived of it, she responded by a graver form of reaction : and she undoubtedly belonged to a small group whom it would be better not to attempt to cure. It is not easy to say how this is to be known beforehand. She said one odd thing on admission. Her statement was that she was unable to stand or walk. She said she must have a key for her door. Would a person suffering from hysterical paralysis of pure type make so foolish a remark ? It was obvious that a key was of no value to her, a paralysed person such as she was would be unable to get back to bed after she had locked the door. She must have visualized herself walking ; and though it is sometimes difficult to distinguish, in practice, between hysteria and malingering, neither the hysteric nor the malingerer is apt to make a mistake of this sort at the first interview. No other incongruity, however, was noticed until she began to refuse food : and one would hardly refuse treatment to a patient, even to a malingerer, who had made a mistake in technique on such a small point as this.

Melancholia.

There were ten patients of the involutionary type : one of them has since committed suicide : one attempted suicide in the hospital as described above. One patient became ill mentally after influenza, eight months before admission : she is now in a mental hospital.

Mania.

There was one patient with simple mania, who was discharged in three days.

Paranoid State.

One patient had delusions of having been accused of cruelty to children in a nursing home where she was a patient.

Three patients have been described as hypochondriacs ; one of these is a woman. For many years she had had one slight ailment after another, none of which should have disabled her. She was strong and very healthy, walked for many miles, but was always consulting a doctor about something. There seems to be a tendency not to call such patients hypochondriacs if they are women ; it is difficult to see on what grounds.

Thirteen patients suffered from organic disease as shown in the table.

One patient suffered from anxiety panics, insomnia, depression. He was in hospital from February to May and left considerably improved. Five months later he died from cerebral tumour. This was not suspected at Swaylands. No further details were obtained.

The other patients were discharged as unsuitable for treatment.

1929.

GROUP I.

PSYCHONEUROSES.

TABLE I. (a)

ANXIETY STATES.

Patients who are Well or Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
1 F. 34	4½ months	Feelings of wrong doing. Fear of suicide.	Well.	Well.
2 F. 53	8 months	Depression. Headaches. Vomiting. Poor sleep.	Improved.	Well.
3 F. 58	10 months	Panics and fears.	Improved.	Well.
4 F. 43	10 weeks	Fear of insanity. Insomnia.	Improved.	Well.
5 M. 32	9 months	Hatred of sex. Solitary. Depressed. Terrors.	Improved.	Well.
6 F. 32	4 months	Depression. Feels unfit to be married. Insomnia.	Well.	Well. (Married.)
7 F. 33	15 weeks	Exhaustion. Failure of concentration. Outbursts of fury.	Improved.	Well.
8 M. 35	2 months	Loss of concentration. Suspicions. Sexual difficulties.	Improved.	Well.
9 F. 60	5 months	Agonizing pains in shoulder. Insomnia. Depression.	Well.	Well.
10 F. 35	2½ months	Fears. Palpitation. Headache. Photophobia. Backache.	Improved.	
11 M. 41	5 months	Compulsive flights without dissociation. Nervousness. Fears.	Improved.	Well.
12 M. 30	2 months	Depression. Feeling of inadequacy.	Well.	Well.
13 M. 49	2 months	Anxiety lest he should fail in business and home life.	I.S.Q.	Improved.
14 F. 40	5½ months	Anxiety attacks. Odd sensations in body.	Improved.	Improved.
15 F. 50	1 month	Fears she will damage her grandchild. Intense jealousy. Depression.	Improved.	
16 F. 29	2½ months	Dreads and Panics.	Improved.	Much Improved.
17 F. 23	4½ months	Depression. Lack of initiative. Suicidal demonstrations. Self reproach.	Well.	Well.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
18 F. 34	6 months	Inferiority feelings. Fear. Depression. Unable to cope with her work.	Well.	Well.
19 M. 55	5 months	Depression. Worries easily. Shy. Headache. Tinnitus.	Improved.	Much Improved.
20 M. 22	13½ months	Fear of travelling in trains, of exhibitionism, of death, from disease. Vomiting at meals.	Well.	Well.
21 M. 38	10 months	Panics. Fear of insanity, of death, that he has ruined his life.	Improved.	Well.
22 F. 50	5 months	Pain in head and abdomen. Anxieties. Sinus disease, Operated on.	Improved.	Well.
23 M. 32	5 months	Nervousness. Headaches. Fears of insanity.	Improved.	Well.
24 M. 27	2 months	Loss of memory. Anxiety depression.	Well.	Well.
25 F. 32	2½ months	Diarrhœa. Exhaustion. Headaches.	Improved.	
26 M. 21	2½ months	Fears of sex, of sin, of homosexuality. Has had confusional attack.	Well.	Well.
27 F. 43	11 months	Depression, Loss of weight. Phobia. of rabies. Occult ideas.	Improved.	Much Improved.
28 F. 32	3 months	Pain in throat. Unreasonableness. Pains in limbs.	Improved.	Well.
29 F. 56	6 weeks	Headaches with vomiting (migraine). Fatigue. Failure of concentration.	Improved.	Improved.
30 M. 25	5 months	Headache. Insomnia. Terrifying dreams. Fears of dark and diseases. Indigestion.	Improved.	Well.
31 M. 58	3½ months	Doubts concerning validity of ordination. Depression.	Well.	Well.
32 F. 38	4½ months	Pains. Giddiness. Fears at night and of suicide.	Improved.	Improved.
33 M. 16	3½ months	Unable to mix with people. Anxiety about eyes.	Improved.	Much Improved.
34 M. 32	2 months	Fear of heart disease. Panics.	Improved.	Improved.
35 M. 61	3 months	Fatigue. Lack of concentration. Poor sleep. Anxiety.	Well.	Well.
36 M. 37	2 months	Fatiguability, loss of concentration.	Improved.	

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
37 F. 60	2½ months	Insomnia. Exhaustion. Emotionalism. Fear of Insanity. Nymphomania.	Improved.	Improved.
38 F. 45	4½ months	Dizziness. Headache. Fatigue. Insomnia. Bedridden for years.	Improved.	Well.
39 M. 43	6 months	Prostatic pain. Depression. Emotionalism. Sex fears.	Improved.	Well.
40 F. 42	6 months	Insomnia. Fatigue. Emotionalism.	Improved.	Much Improved.
41 M. 42	5 months	Insomnia. Lassitude. Depression. Unable to concentrate. Flatulence.	Much Improved.	Much Improved.
42 M. 44	2½ months	Morbid blushing. Feelings of inefficiency. Depression.	Improved.	Much Improved.
43 F. 45	2 years	Depression. Loss of memory. Headache. Exhaustion. Tempers. Nymphomania.	Improved.	Much Improved.
44 M. 54	6 months	Depression. Unable to use his brain. Headache. Poor sleep.	Much Improved.	Much Improved.
45 F. 34	6 weeks	Weeping. Inability to go out alone. Insomnia. Fear of having children.	Well.	Well.
46 M. 50	6 weeks	Always nervous about work. Fear of mistakes. Failure to consummate marriage.	Improved.	Improved.
47 F. 40	2 months	Pains in arms and legs. Sweatings. Malaise.	Well.	Well.
48 F. 48	2½ months	Vomiting. Indigestion. Constipation.	Improved.	Much Improved.
49 M. 21	3 months	Odd sensations in head. Unreality. Fatigue. Cardiac sensations.	Improved.	Well.
50 M. 62	1 month	Inability to concentrate or make decisions. Poor sleep. Suicidal thoughts. Painful sexual ideas.	Well.	Well.
51 F. 24	3 months	Terror. Fear of insanity. Religious doubts. Exhaustion.	Improved.	Improved.
52 F. 27	4½ months	Never strong. Poor physique. Inferiority feelings.	Improved.	Improved.

1929.

GROUP I.

TABLE I. (b)

HYSTERIA.

Patients who are Well.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
1 F. 32	10 weeks	Attacks of weeping, moaning, screaming. Suspicions.	In statu quo.	Well.
2 M. 36	9 months	Complains that he has locomotor ataxia. Depression. Loss of concentration. Headaches.	Improved.	Much Improved.
3 M. 40	5½ months.	Anxieties. Fugues. Amnesias. One epileptiform attack. Insomnia.	Well.	Well.
4 F. 19	11 months	Anorexia. (Anorexia Nervosa.) Amenorrhœa. Emaciation (5st. 1lb.). Untruthfulness.	Improved. (6st. 8½lbs.)	Well.
5 M. 37	3½ months	Spasmodic contraction of neck muscles pushing the head forward.	Much Improved.	Well.
6 F. 27	4½ months	Paralysis of left leg. General anxiety.	Well.	Well.
7 F. 58	4½ months	Vertigo with tinnitus. Falling; attacks of unconsciousness.	Improved.	Improved.
8 M. 42	7 weeks	Tics and jerks of body every few minutes. Pressure on head.	Improved.	Improved.
9 F. 34	2 months	Pain in spine. Depression.	Well.	Well.
10 F. 18	4½ months	Sleep walking. Depression. Fits of starving herself. Suicidal demonstrations.	Improved.	Well.
11 F. 40	2 months	Attacks of temper; breaking plates, etc.	Well.	Well.
12 F. 27	9 months	Ptosis. Imitation of other people's symptoms. Sexual fears.	Well.	Well.
13 F. 34	11 months	Pains in back. Headaches. Agoraphobia	Well.	Well.
14 F. 41	5½ months	Fainting. Emotionalism. Insomnia. Depression.	Improved.	Much Improved.

1929.

GROUP I.

TABLE I. (c)

OBSESSIVE—COMPULSIVE.

	Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
1	M. 36	6 months	Compulsion to count numbers; to make several attemps before he enters a door. Fears of children. Inability to read because of having to count. Occasional alcoholic bouts.	Much Improved.	Much Improved.
2	M. 26	10 months	Obsessions about clothes not being right. Various other obsessions.	Much Improved.	Slight relapse then well.
3	M. 19	2 months	Obsessions about fires, gas, doors; that he had swallowed things.	Much Improved.	
4	M. 22	10 months	Obsessional thoughts and compulsive acts which vary.	I.S.Q.	Improved and at work.
5	F. 56	2 months	Obsessions of words. Depression. Insomnia.	Improved.	Relapsed.
6	F. 55	3 months	Obsessions about words, about religious things. Unable to go to Church.	Able to go to Church. Improved.	
7	F. 45	3½ months	Compulsive acts. Arranging things endlessly. Outbursts of temper.	I.S.Q.	I.S.Q.

1929.

GROUP I.

TABLE IV.

Patients who are no Better.

	Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
1	F. 22	2 months	Lethargy. Bad tempers. Weeping. Depression.	Improved.	Not Well.
2	F. 32	15 months	Fear of knives. Depression. Fear of insanity.	I.S.Q.	I.S.Q.
3	F. 35	3½ months	Depression. Unable to manage her household.	Improved.	Not Well.
4	F. 53	5 months	Headaches. Palpitation. Exhaustion.	Improved.	Relapsed.
5	F. 40	5 weeks	Headache. Exhaustion. Depression. Abdominal pains. Loss of weight.	Improved.	Relapsed.

GROUP I.

TABLE IV.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
6 M. 30	3 months	Tremor at meals in public.	Improved.	Relapsed.
7 M. 27	6 months	Inability to breathe. Loud retching. Fear of heart disease. Panics. Insomnia.	I.S.Q.	I.S.Q.
8 M. 27	2½ months	Weeping. Attacks of anger. Anxiety.	Improved.	Returned to hospital in 1930.
9 F.	7 months	Violent tempers. Unable to live with her husband.	I.S.Q.	I.S.Q.
10 F. 41	2 months	Weakness. Feelings of contraction.	Improved.	Relapsed.
11 F. 46	10 months	Indigestion. Neuralgia. Insomnia. Loss of weight. Palpitation. Many operations.	Improved.	Relapsed.
12 F. 32	10 months	Hatred of Mother. Quarrelsome. Refusal of food. Sleep walking. Amnesias.	I.S.Q.	I.S.Q.
13 M. 31	4 months	Tremor of right arm in company. Desire to avoid company.	Improved.	Not Well.
14 F. 25	7 months	Anorexia. Insomnia. Recurrent cystitis. Bad dreams. Depression. Alcoholism.	I.S.Q.	I.S.Q.
15 F. 35	4½ months	Fatigue. Lack of concentration. Depression.	Improved.	Relapsed.
16 F. 55	2 months	Frequent sexual desire. Fear of sexual words.	Improved.	Not Well.
17 M. 39	6 months	Indigestion. Anxiety about trains, that he might be swept by a passing train. Fear of windows that he might fall out. Fear that he might kill his wife and children.	Committed. Suicide.	

1929.

GROUP II.

ALCOHOLICS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
1 M. 40	6 weeks	Steady drinking. An epileptiform fit.	No symptoms here.	Relapsed in 6 weeks. Re-admitted.

1929.

GROUP III.

TABLE I. (a)

PSYCHOSES.

Patients with Depression. (Improved).

	Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
1	M. 42	5 weeks	Depression. Lack of energy and self confidence. Unworthiness.	Well.	Well.
2	M. 56	3 months	Depression with anxiety. Unworthiness. Delusions about financial position.	Well.	Well.
3	F. 47	3 months	Depression. Headache. Insomnia. Unworthiness.	Well.	Well.
4	F. 50	10 weeks	Belief that people have a secret sexual language. Depression.	Well.	Well.
5	F. 67	3 months	Lack of concentration. Indecision. Unreality feelings. Bad sleep. Depression. Similar attacks every few years for forty years.	Well.	
6	M. 48	3½ months	Apathy. Lack of interest. Depression. Several attacks previously.	Well.	
7	M. 51	1 month	Pessimism. Lack of decision. One previous attack and one of elation.	Well.	Well.

GROUP III.

TABLE I. (b)

PSYCHOSES.

Patients with Depression. (Not Improved).

	Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
1	M. 67	1 week	Slight depression. Discontent. Fatigued. Many previous attacks.	I.S.Q.	
2	M. 63	2 weeks	Depression. Insomnia. 5 previous attacks.	I.S.Q.	
3	M. 55	1 month	Remorse. Delusion that he has venereal disease, that his son is in the house.	I.S.Q.	I.S.Q.
4	M. 38	2 months	Depression. Unable to concentrate. Bad sleep.	Elated	Not Well.

GROUP III.

TABLE I. (b)—*contd.*

	Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
5	M. 56	5 weeks	Remorse. Depression. Fears and dreads.	I.S.Q.	
6	F. 57	2½ months	Insomnia. Depression. Indecision.	Improved.	Relapsed.
7	F. 57	6 weeks	Unworthiness. Has disgraced her friends. Impulses towards suicide.	I.S.Q.	

1929.

GROUP III.

TABLE IV.

HYPOCHONDRIACS.

	Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
1	M. 66	5 weeks	Many anxieties about health. Introspective.	I.S.Q.	I.S.Q.
2	M. 49	4 months	Generalized abdominal pain. Flatulence. Constipation.	I.S.Q.	
3	M. 60	1 month	Always slight ailments.	I.S.Q.	I.S.Q.

1929.

GROUP IV.

ORGANIC DISEASES.

	Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
1	M.	4 months	Tumour of Brain. (Not diagnosed). Symptoms those of anxiety, viz.: Panics, Insomnia, Depression.	Improved considerably.	Died 5 months later.
2			Parkinsonism after encephalitis.	*4 cases.*	
3			Disseminate sclerosis.	*1 case.*	
4			Organic hemiplegia. Sent in on account of emotionalism with pains in hands and feet of paralysed side.	Not Improved.	
5	30		Petit mal. Has had petit mal since whooping cough at 8.	I.S.Q.	

GROUP IV.

Organic Diseases.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
6		Premature senility—2 cases. Failure of memory: childish conduct.		
7		Enlargement of prostate with history of manic depressive psychosis.	Referred for Operation.	
8		Anæmia; not addisonian.	Referred elsewhere.	
9		Weakness. Has had much ill-health and many operations.		

Psychopathic Personalities.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930
1 M. 27	6 months	Untruthfulness. Alcoholism. Bisexual practices. Financial dishonesty.		Is reported to be at work and doing better.
2 F. 36	5 months	Frequent refusal of food. Irregular habits; lies in bed, baths at odd hours. Like this all her life.	I.S.Q.	I.S.Q.
3 M. 22	1 day	Anti-social. Arrogant. Refusal to work.	Declined to stay.	
4 F. 18	6 months	Attacks when she jerks her body and talks to invisible people. Refuses to discuss her case. For the rest of the time bright and happy. Clever with her fingers, as at painting, &c.	I.S.Q.	I.S.Q.
5 F. 27	6 weeks	Hatred of everyone. Always quarrelling. Suicidal attempt by medinal: slept 24 hours.	I.S.Q.	Reported to be improved.
6 F. 42	3 months	Obsessions about her body. Perpetual state of feeling she has just had sexual gratification. No external interests.	I.S.Q.	I.S.Q.
7 M. 27	8 months	Untruthfulness. Swindling. Alcoholic excess. Antagonism to father.	I.S.Q.	I.S.Q. but teaching in a Prep. School.
8 F. 28	5½ months	Attacks of temper. Jealousy.	Improved.	Improved.
9 M. 30	3 weeks	Periods of amnesia in which he practices homosexuality.	Refused Investigation.	
10 M. 26	6 months	Fetichism. No money sense. Inability to remain at any job.	Improved.	
11 F. 26	2 months	Difficult to manage. Untidy. Never finishes anything.	I.S.Q.	Improved.

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