Eighth annual report to the committee from the medical director : presented 31st December, 1929 / The Cassel Hospital for Functional Nervous Disorders.

THE CASSEL HOSPITAL FOR FUNCTIONAL NERVOUS DISORDERS,

Swaylands, Penshurst, Kent.

EIGHTH ANNUAL REPORT TO THE COMMITTEE FROM THE MEDICAL DIRECTOR.

PRESENTED 31st DECEMBER, 1929.

The Cassel Hospital for Functional Nervous Disorders.

(Founder: The Right Honourable Sir ERNEST CASSEL, G.C.B., G.C.M.G., G.C.V.O.)

Patrons.

HIS MAJESTY THE KING.

HER MAJESTY THE QUEEN.

Trustees.

Sir FELIX CASSEL, BT., K C. (Chairman)
Sir COURTAULD THOMSON, K.B.E., C.B.
Sir MAURICE CRAIG, C.B.E., M.D., F.R.C.P.

General Committee.

Sir FELIX CASSEL, Bt., K.C. (Chairman)
J. L. BIRLEY, C.B.E., M.D., F.R.C.P.
SIR E. FARQUHAR BUZZARD, Bt., K.C.V.O., M.D., F.R.C.P.
Brig.-General F. A. BUZZARD, D.S.O.
Lady HELEN CASSEL.
Sir MAURICE CRAIG, C.B.E., M.D., F.R.C.P.
LORD DAWSON OF PENN, P.C , G C.V.O., K.C.B., K.C.M.G., M.D., F.R.C.P.
Miss E. S. HALDANE, J.P., LL.D.
BERNARD HART, M.D., F.R.C.P.
A. F. HURST, M.D., F.R.C.P.
W. J. JENNINGS, Esq.
Mrs. JOSHUA
Lady LOUIS MOUNTBATTEN
J. A. RYLE, M.D., F.R.C.P.
Sir COURTAULD THOMSON, K.B.E., C.B.

Consulting Physicians.

J. L. BIRLEY, C.B.E., M.D., F.R.C.P.
Sir E. FARQUHAR BUZZARD, Bt., K.C.V.O., M.D., F.R.C.P.
Sir MAURICE CRAIG, C.B.E., M.D., F.R.C.P. (Chairman of the Medical Committee.)
LORD DAWSON OF PENN, P.C., G.C.V.O., K.C.B., K.C.M.G., M.D., F.R.C.P.
BERNARD HART, M.D., F.R.C.P.
A. F. HURST, M.D., F.R.C.P.
J. A. RYLE, M.D., F.R.C P.

Consulting Ophthalmologists.

J. F. CUNNINGHAM, O.B.E., F.R.C.S.
A. F. MACCALLAN, C.B.E., M.D., F.R.C.S.

Consulting Laryngologist.

G. SECCOMBE HETT, F.R.C.S.

Consulting Gynæcologist.

E. L. HOLLAND, M.D., F.R.C.P., F.R.C.S.

Medical Director & Physician.

T. A. ROSS, M.D., F.R.C.P.E., M.R.C.P.

Assistant Physicians.

CHRISTINE H. SHEARER, M.B., Ch.B.
H. M. PALMER, M.R.C.S., L.R.C.P., B.A.

Resident Medical Officer.

O. H. BOWEN, M.R.C.S., L.R.C.P.

Solicitors.

Messrs. LEWIS & LEWIS

Auditors.

Messrs. BARTON, MAYHEW & Co., Chartered Accountants.

Architect.

J. MACLAREN ROSS, A.R.I.B.A.

Secretary.

C. HURFORD, B.A. (Cantab.)

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, 1928.

Presented — 31st December, 1929.

IN accordance with the resolution of the Committee that a full report on all patients who had been discharged from the hospital should be presented every third year, this report will deal only with those who were under care in 1928.

During the year, 179 patients were discharged of whom 143 were new ; the remainder had been in the Hospital previously. Of the new, 94 suffered from psychoneuroses, 28 from psychotic states, three were alcoholic, two were drug addicts, nine were classified under the heading Psychopathic Personality, while six were the subject of organic disease. One patient suffered from migraine.

The classification of the psychoneuroses, which has been in use for the last three years has been adhered to ; but as has been pointed out previously, there are many occasions when it is difficult to decide whether a given case should be grouped under a particular heading ; this difficulty is felt in nearly all categories. For example, the hysteric with indifference, does not seem to be a common patient at Swaylands, and examples are found from time to time where patients, whose symptoms are those of great anxiety, develop a functional paralysis. Thus a patient with attacks of profound anxiety in which he experienced grave apprehension about his health, his career and his sanity, one who was troubled by insomnia and distressing dreams, complained one day of weakness of a foot ; this progressed into complete foot drop which lasted about a week. The symptom occurred during a period when his anxieties had become definitely lessened, and was associated with a proposed expedition to London, which he knew he ought not to take ; it effectually prevented him from doing so. It has been frequently observed, that the removal of an hysterical symptom without further treatment may be followed by the appearance of anxiety ; that the mechanisms can work the other way round, is not so commonly appreciated. A similar difficulty exists with respect to the classification between obsessional and anxiety states. In a sense, any neuropath is obsessional ; he is preoccupied by a small number of troublesome affairs, and it has always seemed to the writer, that those who come across many examples of the obsessional neurosis are probably using the term rather widely. It is probably best to keep the term for those where compulsive acts or compulsive thoughts are a prominent symptom, and where there are no complaints of bodily discomfort. The difficult cases are those where a phobia of disease is so insistent, that the patient may be classed as obsessive ; there can be no doubt however, that such are more easily helped than the truly compulsive patients ; and probably they are affected in a different way psychologically. The phobic patient presents the features of an anxiety neurotic state, while the obsessive shows more marked regressive features.

The difficulty of distinguishing between hysterical and schizophrenic patients has been commented on in previous reports.

Ninety-four patients who were discharged in 1928 have been placed in the group of the psychoneuroses. Eighty-one improved or became well during their stay in hospital, but of these, six relapsed, and nine have not been heard of. One of the six who relapsed returned to the Hospital and had again improved when he died of influenza in February of last year.

That is 71 patients out of 94 in the psychoneurotic group are known to have remained well for at least one year after discharge.

This may be shown in tabular form :

PSYCHONEUROSES.

	No.	Improved in Hospital	Well or improved a year later.	Not well a year later.	Not heard from.
(*a*) Anxiety States	67	60	54	9	4
(*b*) Hysteria	25	19	15	5	5
(*c*) Obsessional Compulsive ..	2	2	2	—	—
	—	—	—	—	—
Total	94	81	71	14	9

Among these patients who have improved are two with obsessive compulsive symptoms. We have reported very few cases during the years where there has been improvement in this group, and it is therefore interesting to note that these two are the only example of the condition during the year. One was a girl of 20 with washing mania, of not very long duration, who is now described as reasonable in this respect. The other was a very severe case with many elaborate rituals against defilement, which made life almost impossible. They had been present for three years. Under treatment he improved considerably ; his sister with whom he lives wrote that he was much better, and she regretted that we had not kept him much longer. A few months later she wrote to say that he was well ; in this letter she stated that he had been to an osteopath, who had rectified some spinal displacements ; she also said that his father had died and that he had to everyone's surprise displayed great calmness at the funeral and had been well since. The situation is one which emphasizes the difficulty of locating causes of cure. The sister was inclined to share the honour of the cure between us and the osteopath. She felt that we had done a certain amount of good, but that for lack of knowledge of osteopathy, we could not complete the cure. She did not lay any emphasis on the death of the father, and it was obvious that it had not entered her head that it could have any significance. But the investigation at Swaylands had made it abundantly clear that the patient, a man of 48, was living in great fear of his father, and his death cannot be regarded as of no importance with respect to the disappearance of his symptoms. The fears had been because of certain things which he had done of which he felt his father must disapprove, and the ritualistic acts had been partly expiratory, partly to symbolize a reaction against further defilement. Talking this out had led to considerable improvement, but the presence of his father, to whom he went back had as we thought, prevented complete recovery. If such a scheme is approximately near the truth, the osteopathy had its effect also. It gave a peg on to which he could hang his cure. It is not as a rule difficult for any patient to acknowledge that his illness has depended on what he considers to be his misdeeds ; it is more difficult for him to acknowledge even to himself the reason that he regards them as misdeeds is chiefly because he is afraid of his father and all that his father represents. Even if he has seen this, it is often difficult for him to give up the idea that he deserves to suffer ; to acknowledge it, would be to own up that he has been punishing himself in a rather silly way. He may do so without acknowledging it if, only when he has seen everything, he is given some quite fresh treatment from another person. He can

then benefit from the teaching he has received without having to make the somewhat painful and humiliating confession that it was true. In previous reports, there are to be found examples where the patient got well soon after leaving the hospital when some absurd treatment had removed symptoms of many years standing ; one was that of a lady, who had suffered from headaches for many years, who was no better on discharge, but who was cured by a nurse giving her an enema, which removed material which was known by the nurse to have been there for twenty-five years.

Among many cases of interest was one of a man of 26, who had received a slight injury to his back, who became gradually paraplegic with the coarse rapid tremors in all limbs which were so common in the war patients. There seemed little doubt that his illness had been fostered by legal advice. When the patient came to hospital he had the ambition of becoming a dairy farmer, which he thought could be achieved for about £800, the sum he frankly proposed to get from the insurance company. He however accepted the opinion that this ambition was the sole cause of the continuation of his symptoms, and on renouncing it he became well. It seems in our experience to be true, that it is easier to get patients to accept this kind of view if they are suffering from civilian injuries than if they are army pensioners. There are many possible reasons for this. The war patients were subjected to terrifying experiences for a long time before the final catastrophe, which was of itself of a very terrifying nature, the civilian accident is commonly a slight one not accompanied by terror. The war patient usually knew for a number of months or years, that if he got well he might be returned to the inferno of the war. There was often a long time when he hoped for every reason that he would not get well ; the conditioned reflexes became very fixed. If as seems probable, the effects of terror in childhood may leave their mark long into adult life, it is probable that those of early manhood and late adolescence have an effect also, long after the exciting causes have ceased. It seems likely, bearing this in mind, that a case which depended on terror would be more difficult to deal with after some years of illness than one which depended largely on legal sophistication. It is true that during the war, the shell shock patients were comparatively easy to cure, but this in part depended on the wide spread knowledge, that on the whole, the army did not want them back, that in any event they would not in all probability be sent back to the front. The point of interest here and now however, is that if the view is correct that the civilian is easier to help, there must be some factor other than that of mere receipt of pension.

Since the above was written, a paper has appeared in the Bulletin of the *New York Academy of Medicine* for January, 1930. on Neuroses following accident by Foster Kennedy. He quotes a statement by Dr. Lewy, Chief Medical Examiner for the Compensation Commission of the State of New York, to the effect, that he (Dr. Lewy) has never known " of a single case, from my very large material, which was ever disposed of, unless the individual received a monetary remuneration to his own satisfaction." We have of course very few cases to quote, but we can show that a considerable proportion became well without any final monetary settlement. I have sent for Dr. Lewy's paper and I will go into our cases later on, when I have got it.

The psychoneurotic patients who either did not improve in hospital or relapsed within the year, have always been the subject of special comment in this Report. They number sixteen aitogether. Four of these improved in hospital, and four left without symptoms but relapsed.

One of those who lost his symptoms in hospital was a man of 60, who was ill, probably because his wife was a drug addict. He was promised that we would make an attempt to help her and he left well and full of hope. The treatment of the wife did not succeed and he relapsed. His improvement, therefore, depended on no increased ability to face a difficult situation, but only on a hope that it would be modified. It rested therefore on an insecure basis.

A second was a man of 25, who was angry that his mother did not consult him but did consult an elder stepbrother about her affairs when his father died. It is probable that he was not easy to help, partly because he was very deaf, a condition which makes psychotherapy very difficult, not only because of the natural suspicion of the deaf, but also because it is difficult to be persuasive and explanatory when one is talking very loud.

A third was a schoolmistress, aged thirty, with severe phobias, of the street, of choking, of sudden death by heart failure. She relapsed after a few months, but has since been re-admitted and again discharged well. This time she appears to understand better the reasons of her phobias. She has now been at work for three months and is getting on well.

A fourth was a man of 56 with agoraphobia, which had been in existence for many years, who relapsed very soon after being exposed to the difficulties of ordinary life. At the hospital he never acquired insight into his condition, as indeed was not probable at his age.

The fifth was a woman of 46, who had been subject to hysteria since early childhood, and who had retained a very childish outlook on life.

The three who improved, but relapsed were all people of poor morale, of the type who persistently hang on to someone stronger, and the improvement in them could only be attributed to the fact that they were living in a sheltered place.

Eight made no improvement. One a woman of 58 is possibly paranoid ; she made persistent accusations of unfaithfulness against her husband, which on the whole seemed unlikely, as they were of a rather fantastic kind.

The second, a man of 36 with hypochondriacal sexual phobias and the complaint that he suffered from frequent " snappings " in the brain, was six weeks in the hospital when he was removed by his mother, who thought he was making no progress. This was true. Whatever be the explanation it would seem that this symptom of snapping in the brain is of bad omen ; and that it is more akin to a psychotic than a neurotic condition.

The third, a man of 45 with a history of a fugue for four days, made a suicidal attempt after being a month in the hospital and was discharged. There is little doubt that he was gravely disturbed at the attempt which was made to lay bare the facts of the fugue.

The fourth, a woman of 57, who was childless, had suffered from abdominal symptoms with pains all over her body ; she had had treatments of all sorts for years. She was of the type whose only interest for many years had been health and treatments.

The fifth, a woman of 57, with depression and " colitis " stayed only one month.

The sixth, a woman of 36, who suffered from vomiting and headache was of hysterical type. She had been married six years and the marriage had never been consummated. Her desire was to get back to her mother, whom however, she at the same time hated. A case of this sort would require long treatment. She stayed only two months.

The seventh, a man of 34, was a person without morale. He had married a woman who supported him, whom he despised socially. He had always sponged on somebody. Before he came to the hospital, he had been subjected to a rather wild psycho-analysis in the course of which he was supposed to have recovered an accurate memory of his own birth ; this he believed to be true. It was a complete adult description, and he affirmed, that from that time of his life was derived a phobia of knives which now beset him. As he had not the slightest intention that his wife should cease to support him, he did not improve.

The eighth, a woman of 53, suffered from spasmodic torticollis and made no improvement. In this connection it may be of interest that a patient with this disorder, who was in the hospital in 1925 and who became well there, is still well. She is the only patient with this condition we have had who has done so. The question is, whether there is a hysterical spasmodic torticollis and an organic one. Several of the histories we have collected show that the patients were hysterical, i.e., there had been undoubted hysteria in former years in unequivocal form ; in other instances the illness seemed to start as a reaction to some difficult mental situation. One such history seemed to show that the torticollis had been acquired as the result of a desire to have psychological treatment for a phobia of tetanus, which had afflicted the patient for years. The phobia was removed, but the torticollis remained. In the case of the patient who is reported here, no history of a psychogenic nature could be obtained as regards the torticollis, but about twenty years previously she had had an attack in which she was completely prostrate and unable to move any limb. A doctor had told her plainly that this was hysteria and had ordered her to get up and walk, which she had accomplished immediately. She herself however, never recounted this story which was told to me by her sister. As the patient never remembered it spontaneously, I brought it to her notice one day, but she said she did not remember clearly. She was not a patient who confided her secrets, and no satisfactory history of any sort was obtained from her.

Each year we have had a small group of patients who stated that they had been no better for treatment at the hospital, but who soon after discharge had been cured elsewhere. This year there have been no patients in this group.

The Group of Psychopathic Personalities has been kept as small as possible. There were nine patients in it and as four have shown marked improvement, it has been worth while to have them.

One was a man who had previously been in prison for exhibitionism. He had been arrested again for the same offence, which he acknowledged he had committed hundreds of times. On the second arrest a strong appeal backed by medical evidence had been made to have his case regarded as mental. He was bound over and ordered to be put under the care of the medical man who appeared on his behalf. The latter asked us to take him. It seemed certain that we could do so without danger because his desire arose only in the presence of complete strangers, and it had never been present except when he was in a railway train. He was eighteen weeks in the hospital, where his conduct was exemplary ; and by this is meant that he was a most helpful patient, organizing the games and seeing that people who were shy were included in the games, etc. His wife, who had become estranged from him, but who had not left him, wrote after he left that he was a changed person ; he himself says that his desire has not wholly left him, but that he has no difficulty in controlling it. The case is of some interest in view of a paper written a few years ago by a prison doctor, who said that he had seen many prisoners convicted for this offence after they had received psychological treatment for it,

but that he knew of no case where the patient had relapsed after serving a sentence in prison. The first statement is probably true, the second very unlikely to be so. Even if the condition is to be looked on as a crime and not as a disease, it must be the only one which is permanently stopped by a short stay in prison.

A second who improved and who has remained at work, is a man of 29, the only son of a widow, who is jealous of certain aunts who live with his mother. He was subject to furious outbursts of temper. He was a very uncouth person, who did not walk but could only be described as charging about the corridors. He has apparently been much more easy to live with since his stay at the Hospital.

A third, a man of 28, has always been in trouble with his family most of whom are eccentric He was brought to Swaylands because he was determined to marry a woman of 54. He had constantly to repeat a formula of some sort to keep his brain acting rightly. He did not marry the lady and has been at work for a year, but he is a most unstable person.

The fourth was a girl of 23, who could not keep any job because of untruthfulness and untidiness. She was a very plain unattractive person, who was so unfortunate as to have an extremely attractive twin. It is probable that her mother had been unable to conceal her dislike for her, which had wounded her greatly. She was in the Hospital four months and in addition to psychological re-education, was put under the care of the cook, and succeeded in learning the value of regularity. She has kept a job for a year, which is for her a very long period.

There were three alcoholic patients, by which is meant those where bouts of alcoholism were the only manifest symptom, none others being complained of. Two were discharged because they were unable to keep themselves free from alcoholic outbursts. One was discharged without having taken alcohol for three months, but has not replied to the letter of enquiry.

Two patients suffered from drug addiction. In one who took morphia the drug was stopped easily by the fractional method; but he relapsed as soon as he was discharged. The other took bromidia, she was unfortunately unable to stand complete reduction of the dose and became mentally confused. She was discharged.

There were seventeen patients with schizophrenic symptoms. Two of these improved and are now well. Both were elderly. One was a woman of 44 with delusions that she was being damaged by electric currents. The other was 55 with ideas that people were laughing at her. She suffered also from self-accusations. Both were sufficiently able to keep their ideas from the other patients and were able to mix with them.

Fifteen patients did not get well or relapsed within the year. In two of these the psychosis was masked by hysterical symptoms. One patient came in on account of functional paralysis of the left arm, insomnia and headaches. These symptoms disappeared under treatment and were replaced by ideas of reference which persisted. The other a girl of twenty, was sent in as a case of anorexia nervosa with the usual classical signs. She gave however the reason, unusual in this disorder, for not eating that she feared there were germs in her food. With very mild persuasion these ideas disappeared and she made an apparently good recovery, gaining 24 lbs. in weight. She however, relapsed soon and was re-admitted this year. The ideas of germs were definitely fixed and we were unable to keep her.

In the depressive psychotic group, there were nine patients. Six went out in *statu quo* ; three of them are now well. Two went out well, one of them has since relapsed. One became manic in the hospital and was discharged.

Two patients suffered from hypochondria and were discharged in *statu quo.*

There were six patients suffering from organic disease, two with Parkinsonism, one with alcoholic cirrhosis of the liver, one with mitral disease with oedema of the legs, one with arterio sclerosis, and one with cerebral degeneration.

There were thirty-six patients in the hospital during 1928, who had been in previously. Thirteen suffered from anxiety states. Four did not improve on this second visit ; the other nine showed marked improvement. Only three of these were relapses. The other six felt that they wished to see if still more improvement than they had gained was possible. In two the re-admissions were really continuations of treatment. The patients had for private reasons been obliged to go home for a time. There were fourteen cases of hysteria of which two were examples of anorexia nervosa. Of these fourteen, four did not benefit materially from their second stay ; the others did improve. Of the two patients with anorexia nervosa, one had lost all the weight she had gained and was without appetite. She again gained and on this occasion, has so far kept well. The other, during her first stay, was very recalcitrant and left unimproved. In this second stay she gained one stone.

Two patients suffered from obsessive states. One, a girl of twenty, with washing mania had lost this symptom on her first stay ; it had not returned. Her mother complained that she was still a very fussy person, taking too long to dress and that she was constantly arranging and rearranging things. She will probably remain an over particular person, but she is more easy to live with.

Two patients suffered from the manic depressive psychosis. They had attempted to live outside but felt themselves unequal to it and were re-admitted. One is now very well ; the other has not been heard from.

There were two schizophrenic patients. Both had improved greatly at the first visit. One had continued at her work as a clerk all the time she had been away—18 months. She again improved and has returned to work. The other, on her second admission, was so ill that we could not keep her.

One patient who had been in the hospital in 1924 on account of post-concussional symptoms, was found on this occasion to be suffering from cerebellar degeneration.

It seems necessary that we should re-admit a certain number of patients. There are some who improved, kept at work for years and then began to feel that they were breaking down again. There can be no doubt that they should be re-admitted. There are others who leave experimentally for the laudable reason that they wish to try to return to their work before they are quite fit. They may succeed, but if they do not, and we are satisfied that further treatment would put them on a sound basis, they should be taken back without delay. There are however, some who wish to use the Hospital as a permanent refuge or even as a pleasant place in which to pass the holidays. We refuse these. As might be expected, this class does not take a refusal easily ; much pressure on the part of relatives and doctors has to be encountered.

1928.

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 1929
1 F. 40	5 weeks	Headache. Fatigue. Stuffiness in chest.	Well.	Well.
2 M. 40	9 months	Panics in street. Impotence.	Well.	Well.
3 F. 18	4 months	Exhaustion. Indigestion. Palpitation. Shyness. Loss of weight. Nightmares. Dysmenorrhœa.	Well. (gained 17 lbs.)	Well.
4 M. 46	5 weeks	Pains in abdomen. Insomnia. Bad dreams.	Improved.	Well.
5 M. 43	9 weeks	Migraines. Fear of eating. Constipation. Emaciation. Mitral disease.	Gained 12 lbs. Fears gone.	Improved.
6 F. 60	1 year	Insomnia. Fear of insanity. Odd feelings in head.	Well.	Well.
7 M. 34	3 months	Giddiness; fear of heart disease. Inferiority feeling.	Improved.	Well.
8 M. 38	5 weeks	Insomnia. Anxiety. Self-depreciation.	Well.	Well.
9 M. 34	3 months	Fear of phthisis. Somnolence. Dyspepsia.	Improved.	Well.
10 F. 25	15 weeks	Insomnia. Trembling. Weeping. Worry.	Well.	Well.
11 M. 33	9 months	Anxiety. Impulsive. Quarrelsome.	Improved.	Well.
12 M. 28	9 months	Fear of insanity. Self-consciousness. Inferiority feeling.	Well.	Well.
13 M. 24	6 weeks	Fear of blood. Insomnia. Anxiety attacks.	Well.	Well.
14 F. 45	5½ months	Fatigue. Insomnia.	Well.	Well.
15 F. 36	9 months	Agoraphobia. Sacralgia. Fear of insanity. Insomnia.	Improved.	Improved.
16 F. 24	3 months	Recurrent thoughts against God. Visual hallucinations. Insomnia. Irritability. Hysterical weakness of legs.	Improved.	Well.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
17 F. 56	4½ months	Headache. Fears of illness. Depression.	Well.	Well.
18 M. 32	2 months	Epigastric distress. Anxiety. Alcoholism.	Well.	Well.
19 M. 22	1 month	Pain in little finger on playing piano.	I.S.Q.	Well.
20 F. 36	15 months	Attacks of violent tempers. Secrache. Loss of concentration. Constant worry.	Improved.	Well.
21 F. 31	2 weeks	Exhaustion. Weeping. Agora-phobia. Worries.	Improved.	Improved.
22 F. 33	6½ months	Fear of insanity. Insomnia. In-digestion. Formication.	Improved.	Well.
23 F. 34	3½ weeks	Fear of knives. Depression. Insomnia.	Well.	Well.
24 F. 31	3 months	Fears of all kinds. Depression.	Well.	
25 F. 38	10 weeks	Fear of bridges, water, gas taps. Fear of pregnancy.	Improved.	Well.
26 M. 34	4½ months	Worries. Depressed. Emotional. Feels world hostile.	Improved.	Improved at work.
27 M. 35	4 months	Depression, weeping. Insomnia. Lack of concentration.	Well.	Well.
28 F. 57	4 months	Giddiness, weakness. Poor sleep. Numbness of Arm.	Improved.	Well.
29 M. 46	1 month	Fatigue.	Well.	
30 M. 24	1 month	Excessive day dreaming. Fears of future.	Improved.	Well.
31 F. 24	4½ months	Pain in back and head. Depression.	Improved.	Improved.
32 M. 25	3½ months	Irritable heart. Rigors. Megalo-mania.	Well.	Well.
33 M. 52	1 year	Depression. Insomnia.	Died of influenza.	
34 M. 22	5 months	Unreality. Depression. Restless-ness.	Improved.	Well.
35 F. 45	1 month	Depressed, worried. Insomnia.	Improved.	Improved.
36 M. 50	2 months	Anxiety in presence of other people.	Well.	Well.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
37 M. 24	1 month	Sense of unreality. Fear. Anxiety.	Well.	Well.
38 M. 28	3 weeks	Sense of unreality. Doubts.	Improved.	Well.
39 M. 33	4 months	Loss of confidence. Fears of suicide.	Improved.	Well.
40 M. 45	5 weeks	Lack of energy. Unable to concentrate. Insomnia. Headache.	Well.	Well.
41 F. 35	4½ months	Depression. Insomnia. Loss of weight.	Improved, gained 7 lb.	Well.
42 F. 30	2½ months	Fear of vomiting. Insomnia. Headaches. Sensations in abdomen.	Improved.	
43 F. 60	6½ months	Depression. Insomnia. Lack of concentration.	Improved.	Improved.
44 M. 33	6½ months	Depression. Pains in head and neck.	Improved.	Improved.
45 F. 55	4 months	Depression. Indecision. Discontent. Insomnia.	Improved.	Well.
46 F. 35	3½ months	Difficulty in concentration. Depression.	Improved.	Well.
47 F. 33	4 months	Vasovagal attacks. Exhaustion. Anxiety. Homosexuality.	Well.	Well.
48 M. 43	4 months	Feeling of impending illness. Unable to concentrate. Failure of memory.	Improved.	
49 F. 28	6 months	Coarse tremor right arm. Fears of insanity and cancer.	Well.	Well.
50 F. 23	1 month	Vomiting. Diarrhœa. Refusal to live in her own house or to consummate her marriage.	Improved.	Well.
51 M. 49	5 weeks	Fears of brain giving way. Distressing sensations in the penis.	Well.	Well.
52 M. 53	3 weeks	Alleged loss of temper.		Improved.
53 F. 42	3 months	Lack of concentration. Claustrophobia. Feelings of incapacity. Loss of memory.	Improved.	
54 F. 45	6 months	Depression. Insomnia. Loss of concentration.	Well.	Well.
55 F. 34	6 months	Poor sleep. Depressed. Hysterical outbursts with screaming.	Well.	Well.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
56 F. 34	8 months	Crashing headaches — trephined twice. Outbursts of temper. Unhappiness.	Improved.	Well.
57 M. 24	3 months	Depression. Self-reproach and cannot face work but can play games.	Improved.	Well.
58 F. 30	9 months	Insomnia. Pains. Depression.	Improved.	Well.

1928.

GROUP I.

TABLE I. (b)

HYSTERIA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
1 F. 53	10 weeks	Attacks of loss of control of limbs. Spastic movements of limbs.	Attacks much less.	Much improved.
2 F. 27	10 weeks	Bad temper. Ideas that mother persecuted her. Attempts to malinger madness.	Improved.	At work. Better with relapses.
3 F. 30	10 weeks	Weakness of legs. Exhaustion. Heats in skin. Insomnia.	Improved.	Improved.
4 F. 58	2 months	Aphonia. Dyspnœa. Insomnia. Exhaustion.	Improved. Alphonia gone.	
5 F. 34	3 months	Tinnitus. Depression. Anxiety. Spots in front of eyes.	Well.	Well.
6 F. 22	4 months	Artefact rashes. Romantic tales. Erotomania.		Well. Married.
7 M. 21	3 months	Sense of inferiority. Thinks his chin is too small. Cannot stay long in any place.	Well.	Well.
8 F. 50	2 months	Fatigue. Dyspepsia. Insomnia.	Improved.	Well after appendicectomy.

GROUP I.

TABLE I. (b)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
9 M. 55	5½ months	Poor sleep. Worry. Lack of decision Lack of sexual control. Depression.	Improved.	Well.
10 M. 26	7 months	Paraplegia with coarse tremor. Agoraphobia. Nightmares.	Improved.	Well.
11 F. 32	4½ months	Dysphagia. Paraplegic gait. Depression.	Well.	Well.
12 F. 44	3 months	Demonstrations of suicide. Pains in neck. Tempers.	Well.	
13 M. 32	8 months	Unable to open mouth more than ½-inch. Insomnia. Constipation.	Improved.	
14 F. 39	4½ months	Attacks of unconsciousness. Convulsive attacks.	Well.	Well.
15 F. 60	2 months	Pains and weakness in leg. Stabbing pain in forehead.	Improved.	Well.
16 F. 42	3 months	Unable to stand or walk. Palpitation. Exhaustion. Emaciation.	Gain 12 lbs. Improved.	Improved.
17 F. 33	4 months	Headaches. Pains in spine. Jerkings of back and thighs. Exhaustion.	Well.	Well.
18 F. 35	14 months	Inability to stand or walk. Insomnia. Tremors. Lack of concentration.	Improved.	Well.

1928.

GROUP I.

TABLE I. (c)

OBSESSIVE—COMPULSIVE.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
1 M. 48	4 months	Washing mania. Elaborate rituals against defilement.	Improved.	Much improved. Has had treatment from Osteopath.
2 F. 20	6 weeks	Washing mania. Childish conduct.	I.S.Q.	Improved.

1928.

GROUP I.

TABLE IV.

Patients who are no Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
1 F. 24	8 months	Terror. Constipation.	Improved.	Relapsed.
2 F. 58	3 months	Pains all over. Dazed feelings. Exhaustion. Palpitation. Tempers.	I.S.Q.	I.S.Q.
3 M. 25	4½ months	Tremor of head and neck. Insomnia. Headache.	No symptoms.	Relapsed. Re-admitted.
4 M. 56	3 months	Fear of being alone. Insomnia. Depression.	No symptoms.	Relapsed. Re-admitted.
5 F. 30	4½ months	Phobias of many kinds.	No symptoms.	Relapsed. Re-admitted.
6 M. 36	6 weeks	Soreness in penis. Exhaustion. Snapping in brain.	I.S.Q.	I.S.Q.
7 M. 45	1 month	Fugue for 4 days. Depression. Insomnia and suicidal attempts.	I.S.Q.	
8 F. 57	10 weeks	Bad taste in mouth. Indigestion. Pains in legs, eyes and head.	I.S.Q.	I.S.Q.
9 F. 47	5 weeks	Depression. Anxiety. Colitis.	I.S.Q.	I.S.Q.
10 F. 36	2 months	Vomiting. Headache.	I.S.Q.	I.S.Q.
11 M. 60	5 weeks	Loss of confidence.	Well.	Relapsed.
12 M. 34	6 months	Emotionalism. Weeping. Full of grievances.	Improved.	Relapsed.
13 F. 35	5 months	Exhaustion. Pains all over.	Improved.	Relapsed. Re-admitted.
14 M. 49	7 months	Generalized tremor. Agoraphobia.	I.S.Q.	I.S.Q.
15 F. 53	11 months	Polyuria. Spasmodic torticollis.	I.S.Q.	I.S.Q.
16 F. 46	2 months	Hatred of noise. Insomnia. Pains all over body.	Well.	Relapsed.

Anxiety, 9; Hysteria, 7.

GROUP II.

(a) Alcoholics.

	Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
1	M. 37	5 weeks	Boastfulness. Bouts of alcoholism.	I.S.Q.	
2	M. 40	3 months	Insomnia. Irritability. Tremulousness.	Well.	
3	M. 33	10 months	Bouts of drunkenness. Megalomania.	I.S.Q.	Well.

(b) Drug Addicts.

	Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
1	M. 42	3 months	Morphia addiction. 2 grs. per day. Alcoholism.	Free from drugs for 2 months	Relapsed.
2	F. 60	1 month	Bromidia addiction. Delirious attacks.	I.S.Q.	I.S.Q.

GROUP III.

Table I. (a)

Psychoses.

Patients with Mental Depression. (Improved).

	Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
1	F. 27	11 weeks	Loss of emotion. No thoughts. Despair.	Improved.	Well.
2	F. 38	5 weeks	Depression. Restlessness. Suicidal attempts. Insomnia.	I.S.Q.	Well.
3	F. 57	3 months	Depressed. Retarded.	Manic.	
4	F. 63	6 weeks	Agitated depression. Mutters to herself.	I.S.Q.	Well.
5	M. 50	5 months	Depression. Remorse. Insomnia. Fears.	I.S.Q.	Improved.

Wm. Hodge & Chilver Ltd
Printers
86 Hatton Garden, E.C.