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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.

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**Medical Report**  
FOR THE YEAR ENDED  
31st DECEMBER, 1935.

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# The Cassel Hospital for Functional Nervous Disorders.

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## MEDICAL REPORT.

In accordance with the wishes of the Chairman of the General Committee the Medical Director has the honour to submit the following report on the experience of his first year of office. The report is necessarily incomplete as it is the practice of the Hospital only to furnish statistics of the patients who have been discharged during the previous year, in this case, 1934. The latter task is now superfluous as Dr. Ross expects to publish in the near future a comprehensive review of the results of treatment from the opening of the Hospital up to and including that year. The present report therefore can be no more than a prefatory sketch of the longer report which it will be the duty of the Medical Director to bring out in about a year's time.

In all 165 patients were discharged from the Hospital in 1935. Of this number 98 were women. Of the total number 20 were re-admissions, 15 women, 5 men. Of the re-admissions 4 were re-admitted and discharged within the year and one man was re-admitted and discharged twice.

With regard to the question of diagnosis and grouping of the cases one of the cardinal facts of psychiatry must be understood at the outset, *viz.*, the very great difficulty of fitting any case however carefully studied, finally and with certitude, into any one group. That so-called "pure" cases occur is beyond doubt, but they form only a small minority of all those studied. This is perhaps more noticeable at this Hospital. The Director has been impressed with the great complexity of many of the cases referred for treatment, a fact which is readily understood when one reflects that it is only the more difficult and intractable case which is sent for in-patient treatment in a Hospital. The milder case with conspicuously good prognosis is kept in the consulting room or out-patient department elsewhere. Nevertheless it is possible to roughly group certain cases according to their more predominant characteristics; otherwise even an attempt at a scientific psychiatry would become impossible. It must be clearly understood therefore that the diagnoses furnished below are only convenient labels. Bearing these considerations in mind the cases admitted may be grouped as follows:

Of the 145 first admissions discharged during the year 47 were cases of depression of one form or another. 13 of these were recurrent cases. 11 were of the type commonly called involutional. In many there were present neurotic features *e.g.*, hysterical and obsessional which in some formed a prominent part of the picture. It is not proposed to furnish a detailed analysis of the cases here. This will be reserved for the full medical report. 24 were cases of hysteria, 19 of obsessional states, 12 anxiety states, 2 cases of anorexia nervosa and 1 other referred with this diagnosis but which was regarded as not belonging properly here, 12 cases of alcoholism mostly chronic and one case of paraldehyde addiction. 15 were diagnosed as schizophrenic, and there were two paranoid states, one of which seems to have been definitely schizophrenic. A group of cases classed as miscellaneous was made up as follows:

Persistent insomnia 1, writer's cramp 1, high grade mental defect with paranoid features 1, old standing general paralysis with some dementia 1, and 3



cases of mild depression with paræsthesiæ of the type commonly called "neurasthenic," one of which may have been a true nervous exhaustion.

Of the re-admissions discharged during the year 5 were cases of depression, one of them with maniac phases, hysteria 5, obsessional states 2, anxiety states 2, "neurasthenia" 2, chronic alcoholism 1 (patient re-admitted twice), schizophrenia 1.

The Director cannot unfortunately speak personally of several of the cases mentioned as the patients were discharged before he took up duty.

The long duration of the symptoms before admission in an overwhelmingly large number of cases is a striking feature, and the virtual impossibility in many cases of forecasting the future of the patient when first seen becomes ever more evident. The seemingly hopeless patient, for many years useless to the community, has achieved a measure of adjustment sufficient to permit him to live again without friction in the world, and in some cases to take up a useful occupation on leaving the Hospital. The patient with a *primâ facie* good prognosis after months of treatment has remained as before and so on. Others who left apparently unchanged were reported later by their relatives to have seemed much improved. Obviously however such reports are of little value until a longer period has elapsed.

A word may be said about the selection of cases for treatment. Experience has shown that in many cases the general practitioner's description could not be relied on as indicating suitability. Nevertheless, and this is a point the Director wishes to stress, such cases even if unlikely to respond to treatment are by no means valueless, as the Hospital has a wider sphere of usefulness to the community than that of merely treating patients, namely that of research. The necessity for detailed clinical and experimental research in this dark field of medical study becomes ever more apparent, and with it the desirability of preserving complete freedom from narrow conceptions of the genesis and structure of these disorders. It is the Director's earnest hope that such research in which the example was set by his distinguished predecessor will form not merely a side line in the Hospital's activities but a dominant feature. Unfortunately, as far as the present staff is concerned their time is so fully occupied with their duties that little is left for reflection and for discussion of the problems involved. An all important line of research is that of the hereditary and constitutional relationships of the neuroses, and it is to be hoped that at no distant date it may be possible to investigate the incomparable and in many ways unique material of the Hospital along these lines. Daily experience shows with increasing force the part played in these illnesses by heredity. Indeed it is hardly too much to say that one very rarely finds a family history in these patients which is entirely negative in respect of similar illnesses. But impressions are of little value; what is required is carefully controlled research.

With regard to the details of the treatment given at the Hospital it is unnecessary to remind this Committee that first and foremost comes the personal relationship of the patient to the physician; the question of the particular technique employed is probably second. Indeed without the former no technique will avail.



Until the Director is able to give precise records of his first year's work no adequate statement as to the results of treatment in the period under review can be offered.

During the year a drill class and a eurythmic class have been started for the patients. It is impossible to say much about the latter as it has only just been commenced. Previous experiments here suggested it as a useful adjuvant to the medical treatment. The director feels very strongly that the patient's day must be well filled and preferably with Hospital as opposed to outside activities, so that the influence of the Hospital as an organic whole may be exercised to its utmost. Such influence on the patients cannot be precisely assessed—it is one of the great imponderables in treatment of which there are so many. It is necessary above all things to prevent the Hospital becoming a mere hotel or hostel for the housing of patients with a visit daily to the doctors' consulting room. This is not enough. Such can be as easily obtained outside. It is necessary that the patient should feel himself an integral part of the small community—a cog in the wheel—a preparation for the larger community outside, as of course this lack of ability to rub along with his fellows is a distinguishing mark of most, perhaps of all, our patients. To this end occupation and team games are of great importance. The latter are under the able and tactful control (subject of course to medical sanction) of the Secretary, and the Director wishes to record his appreciation of the latter's activities in this respect. With regard to the Occupation Department, the new Occupations Officer, Miss Greaves, records a substantially increased attendance and interest in these activities, the scope of which it may be possible later to enlarge. The Director feels however that the problem of employment for men especially in the winter months is not solved. It is felt that some such occupation as carpentry would do much to meet this difficulty. The activities within the scope of the Occupation Department do not often provide sufficiently satisfying employment for men. The patients as before find helpful and useful employment in the grounds, but this is seasonal only.

The Director wishes to thank his colleagues and all members of the staff for loyal assistance throughout the year and to express his appreciation of the Matron's services which are invaluable.

E. W. ANDERSON,

*Medical Director.*

27th February, 1936.

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