

**Tenth annual report to the committee from the medical director : presented
31st December, 1931 / The Cassel Hospital for Functional Nervous
Disorders.**

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THE CASSEL HOSPITAL FOR FUNCTIONAL
NERVOUS DISORDERS,

Swaylands, Penshurst, Kent.

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

PRESENTED 31st DECEMBER, 1931.

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The Cassel Hospital for Functional Nervous Disorders.

ANNUAL REPORT TO THE COMMITTEE FROM THE MEDICAL DIRECTOR ON PATIENTS WHO WERE DISCHARGED FROM THE HOSPITAL DURING THE YEAR 1930, WITH TRIENNIAL REPORT ON THE AFTER HISTORIES OF PATIENTS WHO WERE DISCHARGED DURING THE PRECEDING YEARS.

Presented — 31st December, 1931.

IT WAS decided that, in the reports which included those of previous years, it was not worth while to attempt to record what had happened to patients who had been away from the hospital for more than five or six years. No systematic attempt, therefore, has been made for the purposes of this report to communicate with any patient who left before 1926. Nevertheless we are not without information about a considerable number of those who were in the hospital in its earlier years. Patients write at Christmas ; they call when they are in the district. They recommend their friends. Naturally it is those who believed that they had derived benefit who keep in touch in these ways. There is at least one who keeps in touch because of a grievance, but on the whole we have lost sight of our failures. It is, however, interesting that a considerable number have kept free from a neurosis for as long as ten years after a comparatively simple therapy.

During the year 1930, that which is now specially under review, 185 patients were discharged from the hospital. Twenty-one of them had been in in previous years ; 164 were new patients. They have been classified in the same groups as in previous reports. The numbers in the various groups are as follows :—

Psychoneuroses	...	...	...	...	100
Alcoholics	...	...	...	...	3
Drug addicts	...	...	...	...	2
Psychoses	...	...	...	...	31
Psychopathic Personalities	...	...	...	...	11
Unclassified or Unsuitable patients	...	...	...	...	9
Organic cases	...	...	...	...	8
					<hr/> 164
Return cases	...	...	...	...	21
					<hr/> 185

As in the past, no report has been issued as to the result of treatment until the patient has been away for at least one year.

The patients with psychoneuroses have been sub-divided as previously into four groups. Seventy-four were placed in the table "anxiety states." All except two showed improvement in hospital. Nine relapsed. One is dead. Only four have not been heard from. Thus fifty-eight out of the seventy-four are well or improved at a date at least a year after they left the hospital.

In the group "hysteria" nineteen were well or improved.

In the Obsessive Compulsive group there were five patients; one of these is now well, a second much improved. Outlines of their cases are given below. Three suffer still severely from the neurosis.

In the group Anorexia Nervosa there were two patients, both of whom are now well.

During the past year there has been a recurrence of interest in the subject of anorexia nervosa in the medical press. A report of an elaborate investigation into the physical aspect of the problem was published in the *Lancet*, and in answer a pamphlet reporting a symposium was issued under the auspices of the Society for the Study of Individual Psychology. In these circumstances it seems opportune to put on record the after results of all the examples we have had since the hospital opened. We have now had thirteen patients suffering from this disorder. From the study of their cases the inference may be drawn that the prognosis of the illness is good, that a comparatively simple treatment is all that is necessary, that there are no primarily physical problems connected with the condition, but that these are wholly psychological. The illness will disappear if proper steps are taken. It tends to drag on till this is done.

The term anorexia nervosa has been restricted in these reports to a well-defined clinical syndrome, which is marked by seven characteristics that have been present in all our cases. There have been three positive symptoms, anorexia, loss of weight often carried to the point of emaciation and amenorrhoea. Three other characteristics have been that the patient is female, unmarried and of an age between puberty and about twenty-four. There has been one constant negative symptom, viz. : that despite her deathly appearance she has stoutly maintained that she is never tired. She has usually said that she feels quite well. Two in the series complained of headache. None complained of dyspepsia—it might be said why should they, seeing that they eat nothing, but there are other thin nervous girls, most of whom, in contrast with those we are now considering, feel tired, who say that they do not eat, because eating causes so much indigestion. The patients in this well-defined group do not say this. They do not eat because they do not want to, and as they feel well it seems clear to them that they do not need to. In patients whose cases have been allowed to run on, exhaustion is found, but this is a late and probably ominous symptom. We have not had an example in the hospital.

In the more advanced cases where the patients were greatly emaciated, the nose and finger tips showed the cyanotic tint which has been frequently described. The skin in most instances is dry and harsh.

With regard to the question of sex, it has been our experience that young men, sent to the hospital with anorexia and emaciation without physical lesion, have been the subjects of grave mental disease, associated with delusions about food, such as that food will rot the brain and that it is better to starve than to become insane, or that their bowels are completely obstructed and that it is useless to put more food on the top of what is already there, etc. In the discussion on Anorexia Nervosa referred to (Individual Psychology Publications, Medical Pamphlets—No. 2) more than one contributor stated that the disease occurred in males, but as several of these required tube feeding, and others displayed obvious schizophrenic symptoms, such as that when the patient's father entered the room it felt charged with electricity, and that he (the patient) had then no will of his own, it seems clear that they are in a different category from the young women whom we are considering.

The illness indeed, seems to be one much better defined than any other which may be described as a psychoneurosis. Why it should be confined to unmarried girls is unexplained. It is true that outside the hospital I have met socially, not professionally, one married woman obviously suffering from this disorder, it is interesting to note that she was childless.

As the illness begins insidiously it is usually not recognized until it has obtained firm hold, when indeed it has become a point of honour with the patient to continue it. She has probably been examined on several occasions with negative results; but even when the positive diagnosis of anorexia nervosa has been arrived at, the parents usually think that the treatment can be carried out at home. The patient herself does not wish to leave home, and it is she who dominates the situation. Consequently we do not get any patient till she has been ill for many months.

With regard to etiology, we have not as a rule examined these patients very deeply from the psychological standpoint. The details of one examined by Dr. Palmer are given below. But the results of treatment without deep examination are so satisfactory that it seems unnecessary as a rule that there should be any prolonged enquiry. On superficial examination it has emerged in most of our examples that the patient dreaded being fat. She may have been teased for being fat; in some instances she has had a very fat mother whose example she has dreaded to follow. The feeling of being conspicuous because of the development of the mammæ has been a causal factor in a few examples. In two cases there was a history of shock.

In the discussion quoted above, dominance of the mother has been referred to as of great importance. While this is true, we have had others where the parents were meek enough. Anything may upset the equanimity of these patients, and I do not think that the condition can be correlated with anything specific. In one instance where the parents were rather down-trodden by a son and daughter, the son had had a brilliant career. Jealousy on this account, coupled with the desire to attract attention somehow, seemed to be the most important factor in the development of the neurosis in the daughter.

From our histories we have failed to find an explanation of the amenorrhœa. Sometimes the menses had never been established satisfactorily, sometimes there had been regular periods. The stoppage does not seem to be the result of the emaciation, as it has occurred sometimes before there was any great loss of weight. The return of the menstrual flow does not take place as a rule for months or even a year or two after the patient has become well. This delay seems to be of no importance, though the patient's mother is often anxious about it.

It is known that eleven out of these thirteen patients did well. One of these is dead, but she did not die of this disease nor of any disease, such as tuberculosis, which is liable to overtake these emaciated patients if they remain thin indefinitely. She gained 28 lbs. in the hospital and thereafter was well and at work for five years, when she had an attack of septicæmia, from which she died in a month. She had not lost weight before this illness. One other of these eleven patients, who are now well, did not get well at Swaylands when she was there in 1927. She gained only 3 lbs. She came back but would not take the treatment seriously. She is now, however, well and well nourished. The two others cannot be called failures; one has been lost sight of. She was in the hospital for 6 weeks, gained 10 lbs. and was then obliged to go to America, and has not been heard of since. The other gained 20 lbs. in 8 weeks. She has been at work ever since but is thin. She does eat but is a food faddist.

These results are shown in tabular form.

Year of treatment.	Duration of stay in Hospital.	Age of Patient.	Gain in Weight.	Subsequent history.	Known period of keeping well.
1922	6 weeks	22	16 lbs.	Well and at work up to 1931.	9 years.
1923	8 weeks	18	20 lbs.	Relapsed and re-admitted same year. At work since, but a food faddist and rather thin. No anorexia. Lost sight of in 1928	4 years
1925	8 weeks	14	21 lbs.	Relapsed and re-admitted same year. Well ever since	5 years
1925	10 months	23	28 lbs.	Well to 1930. Died after short illness (Septicæmia).	5 years
1926	6 weeks	16	28 lbs.	Relapsed in 1927. Re-admitted. Gained 20 lbs. Well to date	4 years
1926	16 weeks	17	34 lbs.	Well to date	5 years
1926	6 weeks	19	10 lbs.	Lost sight of	
1926	7 weeks	17	17 lbs.	Well to 1930. Lost sight of since	4 years
1927	5 weeks	20	14 lbs.	Well to 1930. Lost sight of since	3 years
1927	6 weeks	20	3 lbs.	Returned but did not improve. Is now fat and well	2 years
1929	11 months	19	22 lbs.	Well to date	2 years
1930	16 weeks	17	14 lbs.	Well to date	1½ years
1930	12 weeks	19	23 lbs.	Well to date	1½ years

The reports on which these results are based have not come from the patients, who would probably report that they were well in any event, but from the parents. It is striking to note that the latter almost always report improvement in the disposition of the patients as well as in the physical state. Even before their illness they seem to have been difficult people to live with. This improvement is not due to harsh treatment by which we have broken their spirits, for they are described as being changed from somewhat morose into cheerful people.

It will be noted that three patients relapsed shortly after discharge. Two, however, became and remained well on receiving a second course of treatment. The third is the doubtful result, the food faddist. I think it might be just, to say that what really happened was that the first course of treatment was too short, that the improvement had not been sufficiently stabilized to be permanent.

Treatment was based on the Weir-Mitchell method, i.e., rest in bed, an increasing diet, absolute isolation from the family and friends whether by visit or letter, and massage. Isolation is essential for these patients because they have dominated the relatives who have become powerless. If the patient is permitted to write letters she will be so pathetic that her friends will come to rescue her. It is also necessary at first that a nurse should see that the food is actually swallowed, or it will be otherwise disposed of. There is no need for any harshness, however, for as soon as the patient realizes that the doctor is in earnest she will co-operate heartily in the treatment, so that in a few weeks she need not be watched while she eats. The weighing machine, as she knows, is a sure indicator of whether she is taking her food or not. While this physical treatment is proceeding the current difficulties of the patient's life are discussed, and she is able to see as a rule that life is easier if one conforms to the ordinary standards of eating, and that it is one's duty to do so. To induce a change for the better in the mental attitude towards life is also essential. If that is done the patient may return home and keep well, though often work away from home may be the wise course to advise.

In the face of these results it does not seem necessary to make any elaborate investigation into the deep psychology of these patients, nor does any searching enquiry into their metabolism seem called for. This form of treatment seems efficacious. It has stood the test of time very well, and though troublesome to carry out, it is simple.

Fortunately then we are unable from these hospital records to throw any light on the fate of uncured patients. In the pamphlet already referred to, Dr. Crookshank reports his observations on three patients *in articulo mortis* who died a few hours after his visit. In the year 1906 I treated a patient who relapsed on going home. A year later she was sent back to me riddled with tubercle from which she died in a few weeks. On the other hand, I attended a lady in 1902 who had become anorexic fourteen years before, soon after she had witnessed the accidental death of her brother. She responded well to treatment, gaining 28 lbs. in weight. She returned home and relapsed quickly. Nothing further was done. She died last year aged about 60. During these years I saw her frequently and often at meals. She only picked at her food, and was throughout the period an emaciated person.

The following are the details of Dr. Palmer's case:—A patient aged 19 came with the history that she had lost two stones in weight in about a year. Her parents said that she ate almost nothing, though she knew that she was losing weight. She was very energetic at home, and even enjoyed cooking for the family.

The parents reported that she had been at an agricultural college where she was unhappy. She lost her appetite and was sent home. When she arrived there she showed a considerable degree of irritability, and even flew into violent tempers when she would defy any member of the family to cross her. Formerly she had been a happy child though sometimes obstinate. The parents reported also, that she was deceitful about her food, disposing of it under the table, or in her dress. She sometimes resorted to ingenious devices for hiding portions inside the skin of a potato, part of which she had eaten.

A few months before the attack came on she had had a period of mild exhaustion. This had not lasted for long, but during it the menses stopped. It then cleared up entirely, and in the subsequent illness there was no complaint of exhaustion. Shortly after this she left home for college, and after she had been there for six weeks she presented the symptoms of complete lack of appetite, amenorrhœa and irritability of temper.

On coming to hospital she was bright, cheerful and friendly. She said that she would co-operate. She was put on a two-hourly diet beginning with milk and bread and butter. A nurse stayed in the room till she finished each feed. The quantities were gradually increased. When she was having $2\frac{1}{2}$ pints of milk a day she vomited. She had been expressing annoyance at the increasing quantity of food and at the presence of the nurse, and it was judged that this vomiting was a manifestation of resistance. The meals were continued and there was no more vomiting. The following week she burst into a rage. The opportunity was taken to explain to her that it was futile to try to get her own way by a display of symptoms. She was angry most of the day but apologised in the evening for her outburst, and after that was a pleasant patient who was willing instead of unwilling to discuss her troubles. It was discovered that she had formed an association between food and dirt; this dated from her first sight of frog spawn at the college which resembled tapioca pudding and made her feel sick.

The disgust spread to other food. This, however, was only a determinant of the onset of the symptoms. An underlying cause was an ill-defined complex about her affection for her father, with resentment about the discipline which her mother exercised. These ideas were uncrystallized and were allowed to remain so. The psychological treatment was continued on educational lines. She gained 23 lbs. in weight: the monthly periods have not yet been re-established though her mother reports that she is quite well.

In the Anxiety and Hysterical Groups there are some cases of special interest, of which the main points may be described.

GROUP I. TABLE I (a) No. 6.

This patient, a woman of 48, complained of insomnia, nightmares, indigestion and of uncontrollable attacks of fury in which she said outrageous things. She had, for example, said to her doctor that she was glad that a neighbour had died, as his widow would now be able to know what sorrow was.

She had nothing against these two people, and when this attack of rage was over she naturally feared that ungovernable attacks like this meant that she was losing her reason. The indigestion from which she suffered had been accompanied by pain about ten minutes after food; she had developed a phobia of cancer of the stomach which had not been abolished after X-ray examination.

Her previous history revealed a mild neurosis of long standing. Twenty-five years before this she had been obliged to bicycle rather hurriedly some miles for the doctor. A few days later her heart had begun to palpitate and was then declared to be weak. She stopped all active exercise, and took care of her heart for twenty years. She then saw a doctor who gave her strong doses of digitalis; the cardiac symptoms disappeared to be replaced gradually by the group enumerated above. During the whole period she had continued to do her work, which was of a trying nature, with perfect satisfaction to her employers.

She was given an explanation, in simple language, of the psychological nature of her illness with assurance that it was not a psychosis. This explanation was received with complete scepticism, but two events, alarming to her, happened very soon, which were, however, easily explained; this had the result of making her a patient who was easily approached.

The first event was that she was wakened one night by the hooting of owls, which had thrown her into a state of terror. A night or two later she was kept awake by a storm which had also frightened her very much. When asked why she was so alarmed, she said, "The beating of wings." This

naturally brought up the question of the owls, whether it was their wings as well as their screech that had been alarming. She replied that she was terrified of birds and that she had been so all her life. She was then persuaded to think about birds and say whatever came into her mind. There emerged a vague picture of herself as a small child being pursued by geese, and she felt that it was their wings which had alarmed her. Later she had a very clear picture of being shut up by an elder brother in a hen house, and of a hen flopping in the air about her head and face. She knew that she fainted on this occasion.

The story of the geese was verified later by a relative, but before that was done the patient felt that it was true, and was convinced that now she had recovered the experience she would not be afraid of birds. This happened to be a point of some importance as she lodged in a farm house near a village where she worked. If any hens were loose in the garden she hardly dared to enter, and often someone had to drive them away before she could do so. She decided to test the matter, and she therefore took up work in the poultry farm. She carried this out with complete success, and we have photographs of her surrounded by hens, with hens on her arms.

Along with this came the disappearance of another fear which is certainly not a common one—the fear of going to Heaven. She was a religious woman but she had always been possessed of this curious dread. She did not mention the matter at all until one day she announced that she had been subject to it, but that now it had gone, and that she knew the reason. What she had feared had been the wings of the angels. It should be observed that not till she knew why she was afraid of birds, did she know that it was the actual wings which made Heaven not wholly a joy. The conscious thought was merely a vague one of fear of Heaven.

This concatenation of circumstances removed all doubts of the power of psychotherapy, but did not bring about improvement in her symptoms except in the one specific direction. She remained unhappy; she experienced feelings of rage. But now from having been an unwilling talker she became a very willing one. By further investigation it seemed that her illness had arisen in consequence of two love affairs which had come to nothing because of the deaths of her lovers. She had been soured and had become jealous. The sense of deprivation which these misfortunes had engendered had been on the whole repressed, and this repression seems to have been a sufficient cause for the outbursts of temper, for she could see herself that these were the outcome of repressed jealousy. The mere facing up to these causes seems to have been sufficient to make her well.

GROUP I. TABLE I(a) 49.

This patient, a woman of 44, is of interest as her case presented difficulty from the presence of both psychoneurosis and organic disease. Her complaints were those of depression, remorse, poor sleep, nightmares, weeping and pruritus vulvæ. The last symptom was so severe that she could not stay long in company as she had to leave the room frequently to relieve herself by scratching. This had caused excoriation of the vulvar region, and the mucous membrane was covered with thick horny plaques. She had been seen by a dermatologist to whom she recited so many stories of sexual irregularities, for which she expressed great remorse, that he decided that the pruritus was functional and she was sent to Swaylands. She derived considerable peace of mind, but the pruritus continued and it was obvious that no psychological treatment would be followed by benefit, especially as she continued to have very broken nights on account of the itching, although the nightmares had disappeared. She was therefore sent to the gynecologist of our hospital, who gave his opinion that nothing short of removing the entire mucous membrane of the vulva would relieve the symptom. He pointed out that the operation in itself was a serious one, as a large area of mucous membrane would require removal. In addition to the risk from sepsis he said that there might be subsequent trouble with the urethral

orifice. He said also that if the operation were performed there would be complete anæsthesia of the region, including sexual anæsthesia, which he suggested might involve some risk for the mental state of this rather highly sexed woman. He agreed, however, to perform the operation if we still thought that it was desirable. It seemed to us that to do nothing was in itself to let the patient run a grave risk as regards her mental state.

His opinion was put before her in its entirety, and she did not hesitate to run any risk rather than to continue in her present misery. The operation was therefore performed ; a year later the patient has reported that she is quite well in every respect.

GROUP I. TABLE I(a) 30. (WIDOW).

This patient was one of great interest on account of a variety of hallucinations from which she suffered. She had been ill about six months before admission. Shortly before that she had received a shock on account of the sudden death of a friend from angina pectoris. About ten days later she began to hear the voice of her friend and enjoyed doing so, but within a week there was also an accusatory voice saying that she was responsible for his death.

It was, however, immediately answered by the voice of her dead friend assuring her that she was in no way responsible. This voice was joined by that of another dead friend which also exculpated her. Though she was living in terror she continued to lead her ordinary life which included a certain amount of dining out. It was especially at dinner parties that the trouble was greatest ; sometimes the noise which the voices made was so great that she could hardly hear what her neighbour was saying. Once the accusatory voice insisted on her walking to the river when it advised her to finish the matter. The other voices, however, advised against this course, and she walked home.

About this time she remembered that she had met a certain man whom she had admired for some public work, and that he had said that if she were in difficulties he would help her if he could. She resolved to seek his advice, but was prevented for a long time from doing so by the accusatory voice. One night, however, she succeeded in eluding it and spoke to him on the telephone. She told him her story and asked him whether it was that she was insane or that the voices were real. He informed her immediately that her subconscious mind was producing the phenomena and that a doctor could cure her. He recommended one who gave her bromide, and in a day or two the voices ceased to be heard.

They did not return but soon she began to suffer from severe headaches, inability to concentrate and distressing dreams. These did not improve and she was sent to hospital. After a few days in bed she said that she felt well, that she was a fraud, and that she thought she would leave. Next day she had a different tale to tell. She wakened up at about 2 a.m. to the sound of an orchestra playing music that she did not know. It may be said parenthetically that the possibility of this being due to a patient playing a wireless set was excluded ; moreover, at that hour no European stations are functioning. She also perceived, though it was dark, that there was a rat on her bed on the left side. She wished to turn on the light, but the switch was on the right side, and she did not dare to take her eyes off the rat to see where the switch was. At last she managed to feel it, and to turn on the light, when the rat disappeared and the music ceased. She knew that the rat was hallucinatory, but she asked me in earnest whether we did indeed make music at that hour for some testing purpose. On receiving an assurance that we did not, she accepted it at once.

During her stay this music was heard again on two other occasions. This experience made her decide to stay, and also to tell her story about which she had hitherto kept silence. An outline of it will be given presently. The story itself involved a good many questions of scruple ; while she was engaged in telling it she had no hallucinations, but when she had finally decided what to do they

returned, though in the end she got rid of them. The form in which they returned was different from what had been experienced before. She was frequently troubled by a face in the mirror looking over her shoulder, which disappeared before she could recognize it. When she was in the street she often recognized friends and went up to them, only to find that they were total strangers. For example, on two occasions on which she visited London from the hospital, she recognised her Swaylands doctor several times, and each time found that she was mistaken. Gradually these hallucinations became less frequent. After she left she had them occasionally, but she has now been well for about a year.

The arguments between the voices, which her friend told her were from her own subconscious, were in all probability the projections from two mental conflicts, which were never very far from consciousness.

The first conflict was on the question whether she had done anything to hasten her friend's death. There is no question that she had done a good deal to annoy him, that she had upset him several times, and that he had seemed to be ill after she had done so. At the same time there is presumably some doubt as to whether upsetting the subject of angina pectoris is really damaging or not, and as the disease in itself tends to be fatal, she was given the benefit of the doubt and was assured that she had had nothing to do with it.

The second conflict was not so easy to settle. Her friend had left her the bulk of his money, but he had several near relatives who were not well off. She, however, was not well off either. There was some legal doubt about the validity of the will, and some question of undue influence. Unpleasant remarks had been made which had come to her ears. She was extremely anxious to obtain an assurance that her actions throughout had been correct.

It did not seem to the doctor who was in charge of her case that it was part of his business to decide moral issues. Principles might be discussed, but it seemed right that the patient should be left to make her own decision. When she found that she could not get a definite opinion she made up her own mind that she was in the right, and it was then that the final series of hallucinations began to make their appearance. By this time she was aware that all her symptoms had arisen because she had not settled a moral point. Finally, she kept to her decision, and whether it was right or wrong it would seem as if her courage in keeping to it had had something to do with her ultimate recovery.

No deep analysis was undertaken. When we consider the manner in which the original symptoms disappeared after treatment by bromides, the variable character of these symptoms and the complete acceptance of the explanations given to her, it would seem right to classify this case among the psychoneuroses rather than with the psychoses.

GROUP I. TABLE I(a) 60.

This patient's case is of interest from the peculiar nature of one subjective symptom. When he came to hospital he complained of panics and depression. After a few weeks he improved, and was soon feeling almost too well. He then stated that he was seeing things in three dimensions, by which he meant that when he had been depressed objects had appeared in two dimensions. He himself was greatly struck with the difference, which, he insisted, was as great as that between looking at a photographic view with or without a stereoscope. Along with this solidity there was a great enrichment of colour. He had not noticed the two dimensional landscape until he had recovered the three. He had merely observed that there was something wrong with the appearance of everything.

No correlation was obtained between this symptom and any historical fact or analytical finding. His case was in other respects of a not uncommon type. He was born and brought up in Spain till he was 10. Then he was sent to the care of an Aunt whom he dreaded and hated and an uncle whom

he adored. The uncle died when he was at the University. He felt his great support in life had been taken from him. He found solace from time to time in the friendship of young women, but his Aunt had impressed on him the dangers of sex to such a degree that he was unable to go on with these friendships. Three months after he left Swaylands he relapsed and returned to Hospital. Further discussions of his difficulties were followed by disappearance of his symptoms. He has now been well for about a year. The two dimensional symptom did not return.

GROUP I. TABLE I(b) 18.

The interest in this patient lies in the diagnosis. He had been ill for two years. His complaints were coldness in the penis, that he heard voices ridiculing him, that there was an "influence" against him. The nature and duration of the symptoms naturally suggested that he was suffering from a schizophrenic condition. The fact that the symptoms disappeared and have remained absent does not wholly negative this supposition. Yet the symptoms seemed to go immediately after a psychogenic explanation had been given. He had been distressed over the subject of sex, and his mind had been full of it. There is nothing extraordinary therefore, in his having suffered from sensations of some sort in the penis. It is easy to imagine that people are talking about one if a feeling of guilt is present. We have had other patients with schizophrenic symptoms in the past who were from the subsequent history evidently suffering from anxiety conditions. One in 1926 was apathetic and heard voices. After a month's observation he was discharged in *statu quo*. Shortly afterwards we heard that he was well. He had married secretly; when he went home he told his parents and became well. He has been well since.

GROUP I. TABLE I(a) 26.

A married man aged 58 complained of great anxiety lest his heart was diseased and would stop. He was depressed and retarded. He feared also that certain actions which he had done many years ago might endanger the lives of others at the present time. One of these was that 40 years previously he had driven a nail into a wall upon which to hang a picture and had punctured a gas pipe. He had filled up the hole with soap and said nothing about it rather than report the accident which he knew would have angered his father. He did not give the matter another thought for years.

Two years before coming to the hospital he had suffered from severe indigestion. A year later an operation was performed for duodenal ulcer. Three weeks after the operation when he was convalescing satisfactorily an attack of depression came on quite suddenly. Anxiety about his heart developed, and soon the memory of the gas pipe incident came back to him; this troubled him so much that he had to write to the Gas Company and also to the occupants of the house. The Gas Company investigated the matter and reported that new pipes had been put in some time before and that all was well. This information did not however relieve him in the least. He thought he must have given the wrong number, so another house was suggested and examined with the same result, but still he had no comfort. Other anxieties developed but they were not so severe.

At hospital he was persuaded to get up in spite of his supposed heart trouble, but neither previous medical opinion nor present assurances that it was all right weighed with him at all. He went for short walks but never out of sight of his doctor's window lest he should die suddenly. He was, however, caught one day by the doctor rushing up the stairs to fetch something in a hurry, and when questioned about this he admitted that he had momentarily forgotten about his health. Henceforth he made steady progress till he was quite well.

No deep investigation of his case was undertaken. Daily persuasion was given and reassurance persisted in. Gradually his depression eased and anxieties about his health ceased, and he became well.

The question whether this is neurosis or psychosis presents itself, and along with that whether persuasion or analytical investigation was the preferable mode of treatment. The latter was decided against on two grounds, the age of the patient and the considerable degree of depression which was present.

In instances of neurotic obsessions and compulsions symptoms of some kind have usually existed from early days. Persuasive methods have little effect on them. Deep investigation seems to be the only road to relief. In this case, however, the patient had been in good health most of his life, the anxieties welled up as it were from forty years ago while he was in a low state of health, during which repression had failed. Had analysis been employed it is probable that his usual adjustments, which had failed only temporarily, would have been unable to re-form themselves, that still more repressed material would have emerged, and perhaps thrown him off his balance completely. A reassuring and persuasive treatment would on the other hand tend to fortify these adjustments and to restore their integrity; at his age he could not have made fresh ones.

In this group of patients who improved, one (Group I. Table I. 50) died suddenly some months after leaving the hospital. It was found post mortem that an aortic aneurysm had ruptured. His symptoms were mainly psychological depression and loss of interest.

There were two patients with obsessive compulsive neurosis who have done fairly well, and as the outlook in this neurosis is as a rule not favourable, an outline of their cases will be given.

Both had been ill for many years; both were under treatment for about 18 months.

It has been our custom to keep this group a small one. No patient has been included unless the obsessive thinking was the dominant content of consciousness and was unrelieved by distraction. One might say that a patient with nervous dyspepsia was always thinking about his stomach, but he is distractible; he is often thinking of other matters. The true obsessive is not distractible. Further, in all the cases recorded this year most of the patient's conduct was related to compulsive acts. Everything he tried to do was interrupted by the necessity for performing these acts, which left him no peace till he had wearied himself out in doing them.

The first patient was a boy of 20, whose main thought was how to circumvent foreign powders, i.e., chemicals, from getting among his belongings. He spent hours every day in examining his possessions. He had about two hundred books in his room at home; before admission he had been spending four or five hours a day for some months peering at these books leaf by leaf at various angles to see that no speck of powder had got between the leaves. When his washing returned from the laundry—a place where chemicals abound—it took him some hours to examine each article before he put it away. No one else was allowed to do so. He was an amateur photographer and the compulsions had begun two and a half years before, with an idea that an enemy might have put powdered hypo on his plates or prints, for the purpose of destroying them. He was aware who this enemy was.

He was an only child with a strong fixation on his mother, who he felt did not give him enough attention. He never made friends much with other boys, and though he went to boarding school he remained rather solitary. He was exceptionally good at work and took a high place in class, but he never learnt even the rudiments of school games. An infantile interest in other boys urinating persisted up to the time he came into hospital. He had no interest in the opposite sex, but at school though he was solitary he made one violent friendship. For this he got into trouble, although it seems certain that he had in no way transgressed the code. Unfortunately his word was not believed, but except for that nothing was done by way of punishment. He bitterly resented not being believed. At fifteen he had a feverish illness, which, it was thought later, might have been encephalitis. There were no physical sequelæ but after it his brilliance of intellect vanished. He was now always at the bottom

of the class instead of the top. After a year, the attempt to continue at school was given up. He took up photography. He was sent to a tuberculosis sanatorium for discipline. He was sent abroad to learn German. While he was in Germany the idea that his enemy might be contaminating his plates occurred to him. After that he knew no peace. His parents had taken people into their house as paying guests. He hated them probably because they took up his mother's attention to an extent greater than suited him, and he repeatedly requested that they should leave. No attention was paid to this. It seemed on investigation, that this accusation gave him a reasonable excuse for hating them and for insisting on their removal. Except, however, that it fanned the flame of his own wrath it was of no service, for he never told his parents about it. He retained enough insight to be aware that they would have stigmatized the idea as absurd. He did, however, achieve a considerable amount of revenge on them, if this hypothesis were true, for the whole house was upset month after month by the unending examination of everything which belonged to him. It seemed to me that unless his parents would part with these guests we should have little chance with the obsession. As the boy's life was an agony I informed the parents that I thought we could do nothing until these people left; and as the parents had waged a wholly unsuccessful warfare with him for many months and were tired of it, they agreed after some months of negotiation. Very soon the compulsions relaxed and finally disappeared.

When they did, it was found that the content of his mind was wholly infantile. There was a great interest in trains of a very childish nature. True it had a more adult component. He photographed trains running at high speed. He did it extremely well, so well that the prints looked as if the trains were standing quite still in a high wind—the latter appearance resulting from the smoke blowing back. He was interested in the character of the engines, their courage or otherwise, in the wise look of the signals, in the interesting facial features of the telegraph poles. All this was a wholly childish interest. He had not the slightest interest in their mechanism. His other great interest was in small boys, especially in watching them urinate. He did not interfere with them in any way, but would bicycle for miles to see them come out of school, hoping that he would see some of them perform this act.

During this time he did, however, succeed in learning that he must free himself from dependence on his mother, the excessive amount of which had been the chief trouble in his life.

After about 18 months the attempt to resume his education was made. It was discovered that he could do mathematics quite well, and he is now studying at a University. He is, however, finding this very hard as he still has difficulty in associating with his fellows, and as he had done no work for so many years he does not find it easy to keep up with the others. It may be that he will not be able to continue.

The second case was that of an unmarried man of 32, the eldest of two boys, complained of obsessive ideas and compulsive acts which were so persistent and intense that his life had become utterly miserable. He was quite unable to do any work. The obsessions were variable but were concerned chiefly with his own health, the safety of other people and the dread of punishment.

His precautions to safeguard his own health were contradictory. He would wear an excessive amount of clothing which made him so hot that he feared to go into a cool room in case he took cold. He bathed and washed very seldom, yet he was always afraid that he might poison other people from traces on his hands of certain poisons which he employed to kill moths and butterflies of which he was an ardent collector. He was sometimes excessively careful of other people. On one occasion after motoring past a motor cyclist he thought that he might have knocked him down, and he turned and searched the ditches for miles, spending three hours in doing so. He would go out frequently at night to see if the garage door was shut lest his engine would freeze. One night while he was at Swaylands, though he knew that there were 22 degrees of frost he did not empty his radiator—as everyone else had

—and found it frozen in the morning. He then became terrified at the punishment which the doctor would inflict, though he knew it was no one's business but his own. He once turned on his electric light dozens of times to see whether it had been properly turned off, but he could never explain what he expected to discover by this procedure.

His sexual life was retarded at an infantile level. He derived gratification from auto-erotism of an anal kind. He recollected that his mother had always been over anxious about the children's health and especially about the action of the bowels. Aperients were ordered very freely. After a dose had been given the mother would pop her head in at the nursery door several times during the morning and enquire, "Any results, nurse?" The patient hated the doses, these visits of the mother, the nurse's efforts to obtain "results," and the results themselves. As a consequence of this concentration on what should have been an ordinary function, the patient and his brother invented a game embodying the subject. There was a drain which carried surface water from the house into the garden. The boys used to mix a bright yellow clay with water into a sloppy mess, pour it down the drain and then rush down the garden to see it come out. This game, which gave great satisfaction, was called "Resulting," but it was one to be played in absolute secrecy for if it had been detected there would have been severe punishment.

This interest in drains was still active when he came to hospital. He said that one of the golf greens required draining and he obtained permission to improve it. He removed the turf and laid drains which he immediately took up again. At the end of three months, though he worked with zest, he was no further on than when he had started, and it was necessary to order that the turf should be relaid without further delay. During this drain-laying time he was completely free from his obsessions and compulsive acts. They returned when the work was taken from him. They disappeared, however, when the origins of his case had been brought into consciousness.

The investigation seemed to show that his anxieties about his own health originated from the anxiety shown in it by his mother. The anxiety about the health of other people seemed to be a compensation for an infantile wish that his mother and nurse might die from taking the medicines, which they had given to him. This wish was also connected with the fear of punishment. The abnormal emphasis laid on the anal functions appeared to be a determinant of his sexual practices.

It may be pointed out that it took him eighteen months to correct his views and to lose his symptoms.

The Patients who did not improve or who Relapsed.

The most interesting of these is *No. 3*. He complained of agoraphobia and fear of heart disease; the latter had been present for sixteen years during which period of time he had been subject to palpitation on very little exertion. He complained also of indigestion, but this complaint was completely overshadowed by his other symptoms. When he had been $4\frac{1}{2}$ months in hospital he was seized suddenly by severe abdominal pain which later in the day was recognized to be serious enough to call for laparotomy. A perforated duodenal ulcer was found. He recovered from the operation, but his general state is as bad as it was.

No. 4. This patient after relapsing recovered, and is now well and at work. Though she appeared to be suffering from a psychoneurosis it is possible that there is a cycloid element in her case.

No. 8. This patient had always suffered from a sense of sexual guilt with a considerable amount of religious gloom. It is possible that he is sinking into a definitely psychotic condition. Some of his religious ideas border on the delusional.

No. 9. This patient returned to great marital incompatibility. She was a woman who felt that she had married a man who was socially and intellectually her inferior ; during her stay she never became reconciled to the position.

No. 10. This patient who is now in hospital, relapsed because his business became involved in disaster. He was, however, a man who had often suffered in the past from nervous illness whenever his difficulties became greater than usual.

The other patients in this Table returned to an environment with which they were unable to cope.

During the year 1930 there were three patients in whose cases alcohol played an important role. It has been considered that it might be well to search the records to see what has become of those with this difficulty who had been patients in previous years.

Since 1923, 24 patients in whose cases the abuse of alcohol played a prominent part have reported or have been reported on by their relatives. Reports from the patients only have not been considered as valid. Nine of them are known to be well now. Though the numbers are small, each of these patients has been subjected to an intensive study, and therefore it may be possible to draw certain tentative conclusions.

In eight examples where the result has been good, it seemed that alcohol was taken to excess to relieve the misery of certain symptoms or of a known intolerable situation. Each of these patients was relieved of the symptoms or was enabled to face the intolerable situation, and the tendency to alcoholism disappeared. Not all of these have remained teetotalers.

The first patient was in the hospital in 1926. He was 31 years of age, and had been drinking to excess for eight years. He seldom went to bed sober. His complaint was morbid blushing, which was so severe that he was unable to go about except after dark. He had done no work for six years, and had established himself parasitically on his mother. He was analysed. There seemed to be little doubt that his symptoms depended on a strong *Œdipus* situation. Since he left the hospital he has been sober, in regular work and is about to be married.

The second patient also in the hospital in 1926, was a man of 40, a teacher with agoraphobia which disappeared if he was accompanied in the street or if he had taken sufficient alcohol. He had therefore, either to be taken to school by his wife or arrive there somewhat intoxicated. For some years a quantity short of intoxicating had sufficed, but for some months before admission he had been compelled to increase the dose to such an extent that the authorities had been obliged to deal with the matter. He had been brought up in a teetotal household. The agoraphobia had begun when he was about 17 years of age. He had endured it for some years, and then while on holiday in France he tasted wine for the first time. He perceived that his agoraphobia had not been present during his holiday. It returned with his return home, and he tried alcohol to see if it relieved him as well at home as it had abroad. At first very small doses (in France a glass of claret) were enough ; but as time went on, he was obliged to increase the amount, though it took nearly twenty years before the remedy became worse than the disease. The agoraphobia seemed to have started from certain frights in childhood, which had been repressed. The patient was in hospital for six weeks. His wife has reported that he remained well in 1927, had two short attacks in 1928 and 1929, but that he has been well in 1930 and 1931, without further treatment.

The third patient who was in the hospital in 1927, had marital difficulties. He wished to leave his wife and could not make up his mind to do so. He was sober in hospital and decided to leave her. Since then his father writes that he has been well and working the whole time. It seems likely, therefore, that the alcohol was a consequence and not a cause of the failure of the marriage.

The fourth in the hospital in 1929, suffered from obsessions and compulsions, connected with numbers, i.e., he had to think of the number 4 and its multiples and to do most acts four or 16 times before he could actually accomplish them. He had become unable to work or read, and spent most of the day drinking. He was analysed. The obsessions and compulsions disappeared, and he has been in employment for almost a year. He has not been teetotal but is a moderate drinker. His mother and his wife have both reported on these facts.

The fifth, in hospital in 1930, a man of 32, suffered from many phobias, the chief of which was that he would drop down dead from heart disease. He was a conscious practising homosexual who was at the same time terrified that he would incur Divine punishment. He had been drinking for many years. Psychological investigation showed that he had become inverted sexually at the age of 14 after a sister had been drowned, with whom he had had some sexual experiences. He had thereupon become an apparent homosexual. He lost his phobias under treatment and has remained sober.

The sixth also in 1930 was a man of 45 who was drinking large quantities of whisky continuously without becoming intoxicated. He had had marital misfortunes for which he had been suffering from remorse. It was possible to persuade him to look at his affairs in a better light ; he has been well for a year during which he has held a responsible post.

A seventh patient, also in 1930, suffered from anxiety. He also was drinking continuously. After a month he said he was well and has remained well and at work since. It is possible that he belongs to the manic depressive group. We did not feel that we had ascertained any cause for his nervous symptoms nor done anything to relieve them. He became well suddenly.

Two more patients who have dropped alcohol remain. The recoveries were not due to any assistance which we were able to afford.

One was in the hospital in 1923. He was a homosexual invert, aged 30, and so far as is known he was a true one. He was chaste, but said that he found life very dull, and that from time to time he became drunk deliberately to escape from boredom. He said that other men got amusement and recreation from female society ; he got none. He was anxious not to get into trouble with the law and therefore avoided boys. He saw no reason why he should not get intoxicated now and then. He remained sober for weeks and then was drunk for a week or so. He made no attempt to co-operate in treatment, and after two bouts at Swaylands we were obliged to part with him. For a year this state of affairs continued. He was, of course, unable to hold any post and was supported by his father. The latter then told him that he would support him no longer. In the next six years he has been intoxicated twice only, so far as can be made out. He has held a post during this time.

The other patient was a periodic drinker. He was in hospital in 1927. He was in the Excise Office and had ample opportunities for drinking without payment. His bouts lasted a few days. He resolved to become a teetotaler and has apparently carried out his intention. He is the only patient we have had who seems to have cured himself by making a good resolution and keeping it. This is the patient who had no disagreeable symptoms which alcohol might abolish, nor was he facing any intolerable situation.

The other patients have either relapsed or been lost sight of ; and seeing what kind of patients we are considering, it is probable that they have relapsed.

These figures may not seem to be very encouraging. They have a certain value in that they show that for at least some patients, psychotherapy is of use, that it is worth while to treat patients who suffer in this way. They have no statistical value because of the difficulty of saying whether any

individual is an alcoholic or not. Many of the patients in the psychoneurotic groups have probably taken more alcohol than was good for them. Some of them may have been drinking to very considerable excess before admission, and yet we may have known nothing about it. There are also too few patients in the group to entitle anyone to draw statistical deductions. Further, we are hedged in by social considerations in treating these patients. The large majority of our patients are not alcoholic and if a known alcoholic cannot keep sober we are obliged to part with him. It is possible that we have had to discharge some whom a longer treatment might have benefited. Other patients are allowed to have many relapses of their symptoms during their stay in hospital ; not so these. For this reason also, then our statistics are falsified, this time against us.

Psychopathic Personalities.

Eleven patients have been placed in this group. Two of these are behaving better since their stay in hospital.

One, a boy of twenty, had been quite unmanageable at home. He was jealous of his brother and was constantly devising plans for hurting his mother. On one occasion he and a friend had climbed by night into the public gardens of the town in which he lived, and had pulled up hundreds of flowering plants by the roots. He refused to work, and stole money. In the hospital he was apparently wholly devoid of moral sense and expressed no regret of any kind. He was induced to join the air force where he has done well for eleven months.

The second, a lady of 21, was engaged in a constant quarrel with her father which made life at home intolerable. She was said to have a first-class singing voice but would do no work, though she professed to be very musical. Since being in hospital her mother reports that she is showing energy in her practising and that the general atmosphere is much calmer.

Unclassified or Unsuitable.

Ten patients have been grouped under this heading. Four were in the hospital for a week or less.

Two others with hysterical symptoms left against advice.

One patient was said to suffer from attacks of temper, but showed no sign of this in hospital.

One patient was said by her husband to suffer from various neurotic symptoms. She herself denied this and continued to say that she was always well.

The remaining patient suffered from severe occipital headache. He had suffered for a year. Thirteen years ago he had had a similar headache which had lasted for about two years and then had disappeared. During these years he had undergone an operation on the back of his head and neck. There was a long horizontal scar running from mastoid to mastoid. A letter was addressed to the hospital where this operation had been performed, but no satisfactory account was received in reply. The patient is still in *statu quo*.

Eight patients suffered from organic disease. In one there was considerable difficulty in arriving at a diagnosis. The patient was a boy of 19. He had convulsive attacks which lasted for some minutes, sometimes with and sometimes without loss of consciousness. He also had jerkings of the body at any time. He fell down often. He had intense hatred of his mother. These symptoms had been present

for ten years. On one occasion after lumbar puncture he had been free of attacks for a few weeks. He had been examined by many neurologists and the opinion on the whole was that he was the subject of hysteria. He did not improve. Soon after he left Swaylands a decompression operation was performed. It is reported that he has had no fit for four months.

The diagnosis in the other cases will be found in the table.

PSYCHOSES.

Eighteen patients suffered from depression of whom only two improved. Three committed suicide while under treatment, one of these had been in five years previously with an illness of the same nature.

Eleven patients suffered from schizophrenic symptoms of whom one only improved.

Three suffered from paranoid states. Two of these presented hysterical symptoms which concealed their paranoid condition. In one the hysterical symptoms preceded the paranoid state. The patient was a woman of 42 complaining of fainting attacks, fatigue, indigestion, insomnia. She was jealous of her husband. She left in *statu quo*. Since she left she has written to the doctors at Swaylands demanding that they shall stop hypnotizing her from a distance.

The second made accusations against her husband which are probably unfounded. Her hysterical symptoms were trances lasting for a day and attacks of paraplegia. These symptoms disappeared but have returned. She lives with her husband but continues to accuse him of unfaithfulness.

Return Cases.

Twenty-one patients had been in the hospital in previous years. Two of these were patients during the first year of the hospital ; both had kept well during these years.

One, a young woman of twenty at her first admission, was a medical student in her first year. She had a deplorable family history, both parents being chronic alcoholics who were living apart. The daughter in addition to pursuing her studies was looking after both till she broke down. Her symptoms were headache, insomnia and attacks of depression, but before being sent to Swaylands they had appeared to be grave enough to warrant certification. She remained six weeks at the hospital, then went back to work and also resumed the care of her parents.

During the course of her studies she was pursued by other misfortunes, an illness which was said to be pulmonary tuberculosis by which she lost about a year of her time, an acute appendix with abscess, a compound fracture of the left arm. She, however, showed no frank nervous symptoms. She duly qualified, and was given some house appointments. Her father had died while she was a student, and her mother died early in 1930. There was then a return of symptoms, and she came back to Swaylands in March of that year. In two weeks she returned to work. Fifteen months later she married and is doing well.

This might appear to be a very satisfactory result from a comparatively simple therapy, which was of the "persuasion" type. But it might be objected that the original attack was one of adolescent psychosis of a form which is not specially liable to recur. Another objection of a different kind might be raised, viz., that the so-called phthisis was really neurotic. There was certainly no signs of the disease when she was examined in 1930, but there was a good history of an attack of pleurisy. It is, however, arguable that neurosis might account for that year off work.

With regard to the question of psychosis the evidence against this view is fairly strong. She was certified because she had indulged in what was probably an hysterical prank. She had climbed to the roof of a nursing home ; within a day or two she was seen by another psychiatrist who could find no trace of insanity, and who sent her to Swaylands.

The other patient of the first year was an army officer who had had great difficulty in getting on with his superiors. Neither was he on good terms with his wife. He felt also that his abilities had been seriously overlooked. He broke down with symptoms of great emotionalism. After treatment he returned to the army, and in most ways found life much easier. His wife also reported that he was more comfortable to live with. He remained in the service until his term was completed, but again had a grievance that he had not been retained with high rank. He also fell out seriously with his wife. He was full of financial anxiety, could not live as he wished to unless he found a remunerative occupation, and as he could not find one he gave way to despair, which made him quite unable to look for what he needed. He was in hospital for five months, at the end of which he found a suitable post ; since that time has been living again in peace with his wife.

Eleven of the twenty return patients were in the hospital for less than a month, some for a few days only or a week. None of these had seriously relapsed. There were certain points which they had not quite understood, or there were certain new problems which they wished to discuss. In all of these great benefit resulted from these short visits. There are many patients who have done well who will probably need short courses to keep them going, many who keep well if they can have the assurance that they will be helped again if the need arises. It is, however, necessary to discriminate here. There are some who have found Swaylands for various reasons much more attractive than their own homes. There are others who have tried to make it a place to spend a holiday, even though they have kept well.

Four of these twenty patients were admitted with recurrent psychosis which had been of mild type during their first stay. In three, however, this second attack was more severe, and it was necessary to discharge them with their illness unrelieved.

The fourth committed suicide in the hospital. She had been in the hospital five years previously suffering from depression which had disappeared. She had remained well till three months before admission when she relapsed after failing in an examination.

One patient was re-admitted rather because he had been given a holiday from the hospital than because he had been discharged. He was the boy of 20 with a severe obsessional compulsive neurosis for which he was being treated by prolonged analysis. His case had been detailed above. We have found that such patients get very weary of their treatment and that they return to it more readily if they have occasional holidays. This boy's total treatment lasted over eighteen months. So severe an illness has left him unable to stand alone yet. He is at the University but comes to Swaylands for a week during each vacation. In all probability it will be well that he should feel for some years to come that Swaylands is open to him for these periods.

There were two patients who should not have been re-admitted. They are the subjects of chronic neurosis who did not improve at all, during their previous courses of treatment.

The tables for previous years back to 1926 are printed after the tables for 1930.

Report on patients discharged during the year 1929.

Sixty-six patients were reported from the two groups of anxiety states and hysteria as well or improved a year after discharge. Forty-nine of these have now reported themselves as still well. Four have not been heard from. The remainder have either definitely relapsed or are not so well as they felt the year before.

Among the obsessive compulsive group, four who improved or became well have remained so.

Among the seventeen who did not do well, four are now much improved or are well.

One of these (1929. *Group I. Table IV. No. 2*) was a married woman whose husband refused to live with her. All the time she was at Swaylands she was engaged in efforts to get him back. She left the hospital still endeavouring to achieve this end. She has now given the idea up, and her health has improved very much.

No. 8 in the same table. This patient did not stay long enough for his first period of treatment. He returned to hospital in 1930 and has been well since.

No. 14. This patient is better probably only temporarily. Her betterness has coincided with her engagement to be married. Her case was not, however, a promising one.

For the year 1928, out of 78 patients with psychoneurosis who were well or improved, a year after discharge, 38 are known to be well now, eleven have relapsed ; the remainder have not been heard from. In that year among those who were returned as relapsed a year after discharge, two were re-admitted. They have both kept well and at work since.

For the year 1927, 33 out of 75 who improved are known to be well or improved. Six are known to have relapsed ; the remainder have been lost sight of.

For 1926, 35 out of 77 have kept well or improved. Four have relapsed.

So many have been lost sight of that it is impossible to guess what proportion of patients derive a lasting benefit, but from the number who write that they are well it seems that many derive a gain which lasts for several years at least.

1930.

GROUP I.

PSYCHONEUROSES.

Patients who are Well or Improved.

TABLE I. (a)

ANXIETY STATES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
1 M. 19	5 weeks	Poor sleep. Self conscious. Obsessive thoughts. Headache.	Improved.	Well.
2 F. 43	5½ months	Fear of her Father. Insomnia. Homosexuality.	Well.	Well.
3 F. 35	13½ months	Fear of knives and of damaging other people. Suicidal thoughts. Insomnia. Nightmares. Tempers.	Improved.	Improved.
4 M. 45	3 months	Anxiety lest he should commit a misdemeanour. Insomnia.	Well.	Well.
5 F. 28	10 weeks	Outbursts of temper. Exhaustion.	Improved.	Improved.
6 F. 48	3 months	Insomnia. Nightmares. Indigestion. Ornithophobia. Rages and hatred.	Well.	Well.
7 M. 15	11 weeks	Attacks of depression. Visual hallucinations.	Improved.	Improved.
8 F. 39	3 months	Exhaustion. Depression. Headaches. Flatulence.	Improved.	Well.
9 F. 50	4 months	Exhaustion. Indigestion. Poor sleep. Rheumatic pains.	Improved.	Well.
10 M. 32	1 year	Phobias of many kinds. Homo- sexuality. Alcoholism.	Improved.	Improved.
11 F. 36	8 months	Exhaustion. Malaise. Fear of im- pulsive acts.	Improved.	Well.
12 M. 17	4 weeks	Confused feelings. Fears of insanity. Depression. Poor sleep.	Well.	Well.
13 F. 54	5½ months	Indigestion. Insomnia.	Well.	Well.
14 M. 27	8 months	Poor memory. Unable to concen- trate. Inferiority.	Well.	Well.
15 M. 39	2½ months	Panics. Pain in eyes. Fear of people.	Improved.	Improved.
16 M. 60	2 weeks	Fear of not sleeping. Fear of paralysis.	Well.	Well.

1930.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
17 M. 32	10 weeks	Dyspepsia. Depression. Fear of impotence. Homosexual.	Improved.	Improved.
18 F. 42	5½ months	Fear of being left alone. Exhaustion. Feelings of impending death.	Improved.	Improved.
19 F. 57	2 months	Insomnia. Disgusting dreams. Depression.	Improved.	Improved.
20 F. 48	10 months	Ideas of reference. Poor sleep. Headache. Indigestion.	Improved.	
21 F. 53	2 months	Pain in abdomen. Insomnia. Weeping.	Improved.	
22 F. 54	7 weeks	Exhaustion. Failure of concentration. Insomnia. Nasal Catarrh.	Improved.	Well.
23 M. 27	6 weeks	Exhaustion. Eyestrain. Fear of insanity and heart disease. Indigestion. Palpitation.	Well.	Well.
24 M. 42	3 months	Depression. Weeping. Inferiority feeling.	Well.	Well.
25 M. 54	3½ months	Insomnia. Panics. Fears of insanity, that he will kill wife and family and commit suicide.	Improved.	Well.
26 M. 61	4 months	Anxiety about health. Fear of death. Obsessional reproaches.	Well.	Well.
27 M. 62	4½ months	Inability to concentrate. Apprehensive. Fear of being alone.	Well.	Well.
28 M. 44	10 weeks	Religious doubts. Depressed.	Well.	Well.
29 F. 35	2 months	Panics. Agoraphobia.	Improved.	Well.
30 F. 39	5½ months	Voices which upbraid. Headaches. Bad dreams.	Improved.	Well.
31 F. 42	2 months	Panics in street, house, trains. Fears of insanity and heart disease.	Improved.	Improved.
32 M. 53	5 weeks	Exhaustion — mental and physical. Poor sleep. Headaches. Indigestion. Sickness.	Well.	Well.
33 M. 32	4 months	Agora and claustrophobias. Sex worries.	Well.	Well.
34 F. 32	6 months	Anxiety attacks.	Well.	Well.
35 F. 32	19 months	Idea that she had committed a crime.	Well.	Well.

1930.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
36 F. 40	4 months	Fatigue. Insomnia. Fears of serious disease.	Well.	Well.
37 M. 34	4 weeks	Phobias in street and trains.	Well.	Well.
38 F. 43	1 month	Fatigue. Depression. Fears.	Improved.	Improved.
39 M. 25	4 months	Unable to concentrate. Dislike of indoor work.	Well.	Well.
40 M. 56	2 months	Insomnia. Syphilophobia.	Well.	Well.
41 M. 47	6 months	Fear of lingering death. Brain fatigue. Poor sleep. Wakened up by spasmodic movements.	Well.	Well.
42 M. 27	5 months	Lack of confidence. Sense of inferiority. Shuns all social intercourse.	Improved.	Improved.
43 F. 54	4 months	Exhaustion. Insomnia. Depression.	Well.	Well.
44 M. 54	6 months	Fear of impotence, of some serious disease. Depression.	Well.	Well.
45 F. 46	8 months	Urticaria. Dyspepsia. Weakness of legs.	Well.	Well.
46 F. 37	2½ months	Depression. Loss of confidence. Insomnia.	Well.	Well.
47 M. 21	4½ months	Fears of insanity and suicide. Agoraphobia. Bursting feelings in head. Panics.	Improved.	Well.
48 M. 32	3½ months	Debility. Impotence. Inability to concentrate. Poor sleep.	Improved.	Improved.
49 F. 44	4 months	Depression. Remorse. Nightmares. Weeping. Pruritis Vulvae.	Improved as regards nervous symptoms. Operation for pruritus.	Well.
50 M. 35	1 month	Depression. Loss of interest. Wakes with a start at night.	Well.	Died suddenly of aneurysm of aorta.
51 M. 54	4 months	Agoraphobia. Unable to concentrate. Depression.	Improved.	Well.
52 F. 45	4 months	Exhaustion. Insomnia. Indigestion.	Improved.	Well.
53 F. 23	3½ months	Inability to retain urine. Anorexia. Anxiety. Exhaustion.	Improved.	Well.

1930.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
54 F. 45	2 months	Exhaustion. Unhappiness. Poor sleep.	Improved.	Well.
55 F. 26	10 weeks	Insomnia. Exhaustion. Excitability.	Improved.	Well.
56 M. 41	1 month	Indigestion. Insomnia ; requiring alcohol.	Well.	
57 M. 48	6 weeks	Indigestion. Insomnia. Depression.	Improved.	
58 M. 32	3 weeks	Fear of responsibility. Alcoholism. One epileptiform fit.	Improved.	Well.
59 M. 24	3 months	Depression. Feeling of inferiority. Unable to concentrate.	Improved.	Well.
60 M. 22	4½ months	Panics. Depression. Sees things "in two dimensions."	Well ; but relapsed same year readmitted.	Well.
61 F. 28	4 months	Headache. Fear of becoming blind. General anxiety.	Improved.	Well.
62 M. 35	3 months	Sense of guilt. Bad dreams. Inability to concentrate. Feeling of superiority.	Improved.	Improved.
63 M. 31	3½ months	Panics in trains. Unreality. Cloudiness in mind. Fear of marriage.	Well.	Short recurrence before marriage. Then well. Married.

1930.

GROUP I.

TABLE I. (b)

HYSTERIA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
1 F. 54	2 months	Flatulence. Feeling that heart would stop.	Improved.	
2 F. 35	2 weeks	Fear of being responsible for father's death. Something snapped in head. Feels out of control.	Improved.	Much Improved.

1930.

GROUP I.

TABLE I. (b)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
3 F. 47	4½ months	Pain in left arm and leg. Inability to walk. Insomnia. Lilliputian hallucinations.	Improved.	Well.
4 F. 23	5½ months	Pain in spine. Depression. Attempt at suicide by morphia.	Well.	Well.
5 F. 50	4½ months	Indigestion. Eructation. Borborygmi.	Well.	Well.
6 F. 25	6 months	Dislikes to people. Ideas of reference. Outbursts of temper.	Well.	Well.
7 F. 43	4 months	Rigidity of neck. Unable to raise head from bed. Unable to feed herself. Pain in neck.	Well.	Well.
8 F. 28	3½ months	Hæmaturia. Exhaustion. Sleep-walking. Fugues. Emaciation.	Improved.	Improved.
9 F. 64	5 weeks	Indigestion. Flatulence. Pains over body.	Improved.	Well.
10 M. 48	3 months	Dyspepsia. Insomnia. Hallucinations. Exhausted. Every part of body out of order.	Well.	Well.
11 F. 34	2 months	Headaches. Weakness of legs. Falling down. Fear of sex.	Improved.	Improved.
12 F. 37	8 months	Severe headache. Photophobia.	Well.	Well.
13 F. 44	6 months	Homosexual attachments. Jealousy. Suicidal threats.	Improved. Married immediately.	Well.
14 F. 32	6 weeks	Inability to pass water.	Well.	Well.
15 F. 36	3 months	Attacks of screaming. General debility.	Well.	Well.
16 F. 22	1 month	Amnesias. Two attempts at suicide. Visual hallucinations.	Well.	Well.
17 F. 31	6 months	Pains in eyes. Fatigues. Fear of men. History of various paralyses.	Well.	Well.
18 M. 24	6 weeks	Coldness in penis. Voices ridiculing him. Says that there is an "influence" against him.	Well.	Well.
19 M. 39	11 weeks	Exhaustion. Panics. Feeling of numbness in legs and that they will give way. Unable to concentrate.	Well.	Well.

1930.

GROUP I.

TABLE I. (b)—*contd.*

ANOREXIA NERVOSA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1929
1 F. 17	4 months	Anorexia. Emaciation. Amenorrhoea. Insomnia. Suspicion of people.	Gained 1 stone Symptoms improved.	Well. Gained more weight.
2 F. 19	3 months	Anorexia. Amenorrhoea. Loss of 2 stones in weight.	Gained 23 lbs.	Well.

1930.

GROUP I.

TABLE I. (c)

OBSESSIVE COMPULSIVE.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
1 M. 26	18 months	Compulsions of various sorts. Obsessive thinking. Anal erotism.	Much improved.	Well.
2 F. 25	9½ months	Washing. Fears of diet.	Improved. Washing and fears less.	Has relapsed.
3 M. 23	4 months	Compulsive thinking about Christian science. Depression. Weeping. Panics.	Improved. Able to think more comfortably.	
4 M. 27	2½ months	Washing Mania. Anxiety.	Improved. Washing much less.	Relapsed.
5 M. 20	16 months at intervals	Fear of dirt getting on his things. Compulsions to inspect them for hours. Infantile sexuality.	Obsessions gone.	Improved. At work.

1930.

GROUP I.

TABLE IV.

Patients who are no Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
1 M. 23	3 months	Depression. Worries easily. Par-aesthesiae of head.	Improved.	Relapsed.
2 F. 36	5 weeks	Vomiting and insomnia.	Well.	Relapsed.
3 M. 35	4½ months	Depression. Agoraphobia. Fear of heart disease. Later, perforated duodenal ulcer.	I.S.Q.	I.S.Q.
4 F. 45	10 weeks	Insomnia. Backache. Depression.	Well.	Relapsed.
5 M. 49	7 weeks	Phobias of crowds, trains, omnibuses. Insomnia. Alcoholic excess.	Well.	Relapsed.
6 F. 49	1 year	Depression. Fearful dreams. Aphonia. Exhaustion.	Well.	Relapsed.
7 M. 25	1 month	Insomnia. Exhaustion.	I.S.Q.	
8 M. 49	3 months	Feelings of guilt and depression. Marital difficulties.	Improved.	Relapsed.
9 F. 41	11½ months	Headache. Fear of insanity. Marital incompatibility.	Improved.	Relapsed.
10 M. 40	6 weeks	Anxiety. Poor sleep. Pain in back.	Well.	Relapsed.
11 F. 50	6 months	Insomnia. Depression. Fear that she might do something dreadful, i.e. kill people.	Improved.	Relapsed.

1930.

GROUP II.

(a) ALCOHOLICS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
1 M. 27	13 months	Agoraphobia. Indigestion. Alcoholic outbursts.	I.S.Q.	I.S.Q.
2 M. 50	3½ months	Bouts of alcohol lasting 5 days.	I.S.Q.	I.S.Q.
3 M. 42	4½ months	Continuous over-drinking. Depression.	Well.	Well.

1930.
GROUP II.
(b) DRUG ADDICTS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
1 F. 28	2 weeks	Morphia addict. Superiority feelings. Unruly conduct.	Discharged unsuitable.	
2 M. 47	6 weeks	Inhalation of nitrous oxide. Depressed.	Well.	

UNCLASSIFIED OR UNSUITABLE.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
1 F. 48	3 days	Backache. Pains everywhere. Calling out. Fears of insomnia.	Noisy, unsuitable.	
2 M. 33	2 days	Alcoholism. Depression. Emotionalism.		
3 F. 42	1 week	Depression. Insomnia.		
4 M. 57	2 months	Severe headache.	I.S.Q.	I.S.Q.
5 M. 19	1 week	Bouts of alcohol.	Would not stay.	
6 M. 48	3 weeks	Tachycardia. Fear of heart disease. Fatigue.	Left against advice.	
7 F. 35	2 weeks	Exhibitionist attacks such as demonstrations of swimming about on the floor.	Would not stay.	
8 F. 28	3 weeks	Said to be bad tempered. Not getting on with husband.		
9 F.	3 weeks	Presented no symptoms. Said to have had anxiety symptoms.		

PSYCHOPATHIC PERSONALITIES.

Sex and Age	Duration of Stay.	Symptoms	Result on Discharge	Report in 1931
1 M. 43	3 months	Insomnia. Has never worked. Lives at home with his parents.	I.S.Q.	I.S.Q.
2 F. 47	2½ months	Violent tempers. Hatred of husband. Indigestion.	I.S.Q.	I.S.Q.
3 F. 19	3 weeks	Refusal of food. Indigestion. Untruthfulness. Stole money.	I.S.Q.	I.S.Q.
4 M. 21	5 months	Bi-sexuality. Swindling. Alcoholic outbursts. Restlessness.	I.S.Q.	I.S.Q.

1930.

GROUP II.

PSYCHOPATHIC PERSONALITIES.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
5 M. 57	8 months	Disorderly sexual conduct all his life. Insomnia. Garrulous about affairs. Inability to concentrate.	I.S.Q.	I.S.Q.
6 F. 42	5 weeks	Outbursts of temper all her life. Hatred of husband. Suicidal threats.	I.S.Q.	I.S.Q.
7 M. 20	4 months	Untruthfulness. Anti-social conduct. Hatred of mother.		Doing well. In Air Force 11 months.
8 F. 44	4 months	Nymphomania. Untruthfulness. Emotional attacks.	I.S.Q.	
9 F. 58	6 weeks	Eccentric in many ways.		
10 M. 19	2 months	Eccentric ideas about food. Quarrels with father.	I.S.Q.	
11 F. 21	8 months	Always having violent quarrels with her father. Intense jealousy of sister. Tendency to alcoholism.	?	Very much better.

1930.

GROUP IV.

ORGANIC DISEASES.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1931
1 F. 45	2½ months	Post encephalitic rigidity.	I.S.Q.	I.S.Q.
2 M. 49	2 weeks	Headache. Aphasia. Hemianopsia.	Sent for operation—died after removal of cerebral tumour.	
3 M. 63	4 months	Emphysema.	I.S.Q.	Died.
4 M. 58	1 month	Exhaustion. Purpura. Anæmia. Low blood pressure.	I.S.Q.	Died.
5 M. 49	3 weeks	Ataxic gait. Signs of disseminate sclerosis.		
6 F. 38	6 weeks	Indigestion. Colitis. Abdominal pain. Fear of cold. Had operation for sarcoma of leg.	Discharged because of return of sarcoma.	
7 F. 58	1 month	Diabetes Mellitus.		
8 M. 19	7 months	Epileptiform attacks. Jerkings of the body. Falling down. Hatred of mother.	I.S.Q.	Has had no fit for months after a decompression.

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	Report in 1931
1 F. 34	4½ months	Feelings of wrong doing. Fear of suicide.	Well.	Well.	Well.
2 F. 53	8 months	Depression. Headaches. Vomiting. Poor sleep.	Improved.	Well.	Well.
3 F. 58	10 months	Panics and fears.	Improved.	Well.	Well.
4 F. 43	10 weeks	Fear of insanity. Insomnia.	Improved.	Well.	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.)	Well.
7 F. 33	15 weeks	Exhaustion. Failure of concentra- tion. Outbursts of fury.	Improved.	Well.	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.	Well.
10 F. 35	2½ months	Fears. Palpitation. Headache. Photophobia. Backache.	Improved.		
11 M. 41	5 months	Compulsive flights without dissocia- tion. Nervousness. Fears.	Improved.	Well.	Well.
12 M. 30	2 months	Depression. Feeling of inadequacy.	Well.	Well.	Well.
13 M. 49	2 months	Anxiety lest he should fail in business and home life.	I.S.Q.	Improved.	Well.
14 F. 40	5½ months	Anxiety attacks. Odd sensations in body.	Improved.	Improved.	Well.
15 F. 50	1 month	Fears she will damage her grand- child. Intense jealousy. Depression.	Improved.		Well.
16 F. 29	2½ months	Dreads and Panics.	Improved.	Much Improved.	Well.
17 F. 23	4½ months	Depression. Lack of initiative. Suicidal demonstrations. Self re- proach.	Well.	Well.	Well.

1929.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930	Report in 1931
18 F. 34	6 months	Inferiority feelings. Fear. Depression. Unable to cope with her work.	Well.	Well.	Well.
19 M. 55	5 months	Depression. Worries easily. Shy. Headache. Tinnitus.	Improved.	Much Improved.	Improved.
20 M. 22	13½ months	Fear of travelling in trains, of exhibitionism, of death, from disease. Vomiting at meals.	Well.	Well.	Well.
21 M. 38	10 months	Panics. Fear of insanity, of death, that he has ruined his life.	Improved.	Well.	Well.
22 F. 50	5 months	Pain in head and abdomen. Anxieties. Sinus disease, Operated on.	Improved.	Well.	Improved.
23 M. 32	5 months	Nervousness. Headaches. Fears of insanity.	Improved.	Well.	Well.
24 M. 27	2 months	Loss of memory. Anxiety depression.	Well.	Well.	Well.
25 F. 32	2½ months	Diarrhoea. Exhaustion. Headaches.	Improved.		
26 M. 21	2½ months	Fears of sex, of sin, of homosexuality. Has had confusional attack.	Well.	Well.	Well.
27 F. 43	11 months	Depression, Loss of weight. Phobia. of rabies. Occult ideas.	Improved.	Much Improved.	Well.
28 F. 32	3 months	Pain in throat. Unreasonableness. Pains in limbs.	Improved.	Well.	Well.
29 F. 56	6 weeks	Headaches with vomiting (migraine). Fatigue. Failure of concentration.	Improved.	Improved.	Improved.
30 M. 25	5 months	Headache. Insomnia. Terrifying dreams. Fears of dark and diseases. Indigestion.	Improved.	Well.	Well.
31 M. 58	3½ months	Doubts concerning validity of ordination. Depression.	Well.	Well.	Well.
32 F. 38	4½ months	Pains. Giddiness. Fears at night and of suicide.	Improved.	Improved.	Well.
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.	Well.
35 M. 61	3 months	Fatigue. Lack of concentration. Poor sleep. Anxiety.	Well.	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	Report in 1931
37 F. 60	2½ months	Insomnia. Exhaustion. Emotion- alism. Fear of Insanity. Nymphomania.	Improved.	Improved.	Well.
38 F. 45	4½ months	Dizziness. Headache. Fatigue. Insomnia. Bedridden for years.	Improved.	Well.	Improved.
39 M. 43	6 months	Prostatic pain. Depression. Emotionalism. Sex fears.	Improved.	Well.	Well.
40 F. 42	6 months	Insomnia. Fatigue. Emotionalism.	Improved.	Much Improved.	Well.
41 M. 42	5 months	Insomnia. Lassitude. Depression. Unable to concentrate. Flatulence.	Much Improved.	Much Improved.	Well.
42 M. 44	2½ months	Morbid blushing. Feelings of in- efficiency. Depression.	Improved.	Much Improved.	Improved.
43 F. 45	2 years	Depression. Loss of memory. Head- ache. Exhaustion. Tempers. Nymphomania.	Improved.	Much Improved.	Well.
44 M. 54	6 months	Depression. Unable to use his brain. Headache. Poor sleep.	Much Improved.	Much Improved.	Improved.
45 F. 34	6 weeks	Weeping. Inability to go out alone. Insomnia. Fear of having children.	Well.	Well.	Relapsed.
46 M. 50	6 weeks	Always nervous about work. Fear of mistakes. Failure to consummate marriage.	Improved.	Improved.	Improved.
47 F. 40	2 months	Pains in arms and legs. Sweatings. Malaise.	Well.	Well.	Well.
48 F. 48	2½ months	Vomiting. Indigestion. Constipation.	Improved.	Much Improved.	Well.
49 M. 21	3 months	Odd sensations in head. Unreality. Fatigue. Cardiac sensations.	Improved.	Well.	Well.
50 M. 62	1 month	Inability to concentrate or make decisions. Poor sleep. Suicidal thoughts. Painful sexual ideas.	Well.	Well.	Well.
51 F. 24	3 months	Terror. Fear of insanity. Religious doubts. Exhaustion.	Improved.	Improved.	Improved.
52 F. 27	4½ months	Never strong. Poor physique. Inferiority feelings.	Improved.	Improved.	Well.

1929.

GROUP I.

TABLE I. (b)

HYSTERIA.

Patients who are Well.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930	Report in 1931
1 F. 32	10 weeks	Attacks of weeping, moaning, screaming. Suspicions.	In statu quo.	Well.	Well.
2 M. 36	9 months	Complains that he has locomotor ataxia. Depression. Loss of concentration. Headaches.	Improved.	Much Improved.	Well.
3 M. 40	5½ months.	Anxieties. Fugues. Amnesias. One epileptiform attack. Insomnia.	Well.	Well.	Well.
4 F. 19	11 months	Anorexia. (Anorexia Nervosa.) Amenorrhœa. Emaciation (5st. 1lb.). Untruthfulness.	Improved. (6st. 8½lbs.)	Well.	Well.
5 M. 37	3½ months	Spasmodic contraction of neck muscles pushing the head forward.	Much Improved.	Well.	Working. Neck relapsed.
6 F. 27	4½ months	Paralysis of left leg. General anxiety.	Well.	Well.	Well.
7 F. 58	4½ months	Vertigo with tinnitus. Falling ; attacks of unconsciousness.	Improved.	Improved.	Improved.
8 M. 42	7 weeks	Tics and jerks of body every few minutes. Pressure on head.	Improved.	Improved.	Improved.
9 F. 34	2 months	Pain in spine. Depression.	Well.	Well.	Well.
10 F. 18	4½ months	Sleep walking. Depression. Fits of starving herself. Suicidal demonstrations.	Improved.	Well.	Well.
11 F. 40	2 months	Attacks of temper ; breaking plates, etc.	Well.	Well.	Well.
12 F. 27	9 months	Ptoxis. Imitation of other people's symptoms. Sexual fears.	Well.	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.	Well.

1929.

GROUP I.

TABLE I. (c)

OBSESSIVE—COMPULSIVE.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930	Report in 1931
1 M. 36	6 months	Compulsion to count numbers; to make several attempts before he enters a door. Fears of children. Inability to read because of having to count. Occasional alcoholic bouts.	Much Improved.	Much Improved.	Improved.
2 M. 26	10 months	Obsessions about clothes not being right. Various other obsessions.	Much Improved.	Slight relapse then well.	Well.
3 M. 19	2 months	Obsessions about fires, gas, doors; that he had swallowed things.	Much Improved.		Well.
4 M. 22	10 months	Obsessional thoughts and compulsive acts which vary.	I.S.Q.	Improved and at work.	Well.
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	Report in 1931
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.	Well.
3 F. 35	3½ months	Depression. Unable to manage her household.	Improved.	Not Well.	
4 F. 53	5 months	Headaches. Palpitation. Exhaustion.	Improved.	Relapsed.	Improved.
5 F. 40	5 weeks	Headache. Exhaustion. Depression. Abdominal pains. Loss of weight.	Improved.	Relapsed.	

1929.

GROUP I.

TABLE IV.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Report in 1930	Report in 1931
6 M. 30	3 months	Tremor at meals in public.	Improved.	Relapsed.	Relapsed.
7 M. 27	6 months	Inability to breathe. Loud retching. Fear of heart disease. Panics. Insomnia.	I.S.Q.	I.S.Q.	Improved.
8 M. 27	2½ months	Weeping. Attacks of anger. Anxiety.	Improved.	Returned to hospital in 1930.	Well.
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.	Relapsed.
11 F. 46	10 months	Indigestion. Neuralgia. Insomnia. Loss of weight. Palpitation. Many operations.	Improved.	Relapsed.	Relapsed.
12 F. 32	10 months	Hatred of Mother. Quarrelsome. Refusal of food. Sleep walking. Amnesias.	I.S.Q.	I.S.Q.	I.S.Q.
13 M. 31	4 months	Tremor of right arm in company. Desire to avoid company.	Improved.	Not Well.	Relapsed.
14 F. 25	7 months	Anorexia. Insomnia. Recurrent cystitis. Bad dreams. Depression. Alcoholism.	I.S.Q.	I.S.Q.	Well.
15 F. 35	4½ months	Fatigue. Lack of concentration. Depression.	Improved.	Relapsed.	Improved.
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.

NOTE.—To save space letters have been employed as follows:

W.—Well.

I.—Improved.

R.—Relapsed.

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	Reports in		
				1929	1930	1931
1 F. 40	5 weeks	Headache. Fatigue. Stuffiness in chest.	W.	W.	W.	W.
2 M. 40	9 months	Panics in street. Impotence.	W.	W.	W.	W.
3 F. 18	4 months	Exhaustion. Indigestion. Palpitation. Shyness. Loss of weight. Nightmares. Dysmenorrhœa.	W. (gained 17 lbs.)	W.	W.	W.
4 M. 46	5 weeks	Pains in abdomen. Insomnia. Bad dreams.	I.	W.	R.	R.
5 M. 43	9 weeks	Migraines. Fear of eating. Constipation. Emaciation. Mitral disease.	Gained 12 lbs. Fears gone.	I.	R.	R.
6 F. 60	1 year	Insomnia. Fear of insanity. Odd feelings in head.	W.	W.		
7 M. 34	3 months	Giddiness; fear of heart disease. Inferiority feeling.	I.	W.	W.	W.
8 M. 38	5 weeks	Insomnia. Anxiety. Self-depreciation.	W.	W.	W.	W.
9 M. 34	3 months	Fear of phthisis. Somnolence. Dyspepsia.	I.	W.	W.	W.
10 F. 25	15 weeks	Insomnia. Trembling. Weeping. Worry.	W.	W.	W.	W.
11 M. 33	9 months	Anxiety. Impulsive. Quarrelsome.	I.	W.	R.	R.
12 M. 28	9 months	Fear of insanity. Self-consciousness. Inferiority feeling.	W.	W.	R.	R.
13 M. 24	6 weeks	Fear of blood. Insomnia. Anxiety attacks.	W.	W.	W.	W.
14 F. 45	5 months	Fatigue. Insomnia.	W.	W.	W.	W.

1928.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in		
				1929	1930	1931
15 F. 36	9 months	Agoraphobia. Sacralgia. Fear of insanity. Insomnia.	I.	I.	I.	R.
16 F. 24	3 months	Recurrent thoughts against God. Visual hallucinations. Insomnia. Irritability. Hysterical weakness of legs.	I.	W.	R.	R.
17 F. 56	4½ months	Headache. Fears of illness. Depression.	W.	W.	W.	
18 M. 32	2 months	Epigastric distress. Anxiety. Alcoholism.	W.	W.	W.	W.
19 M. 22	1 month	Pain in little finger on playing piano.	I.S.Q.	W.	W.	
20 F. 36	15 months	Attacks of violent tempers. Sacralgia. Loss of concentration. Constant worry.	I.	W.	W.	W.
21 F. 31	2 weeks	Exhaustion. Weeping. Agoraphobia. Worries.	I.	I.		
22 F. 33	6½ months	Fear of insanity. Insomnia. Indigestion. Formication.	I.	W.	W.	W.
23 F. 34	3½ weeks	Fear of knives. Depression. Insomnia.	W.	W.	W.	
24 F. 31	3 months	Fears of all kinds. Depression.	W.		R.	R.
25 F. 38	10 weeks	Fear of bridges, water, gas taps. Fear of pregnancy.	I.	W.	W.	W.
26 M. 34	4½ months	Worries. Depressed. Emotional. Feels world hostile.	I.	Improved at work.	I.	R.
27 M. 35	4 months	Depression, weeping. Insomnia. Lack of concentration.	W.	W.		
28 F. 57	4 months	Giddiness, weakness. Poor sleep. Numbness of Arm.	I.	W.	R.	W.
29 M. 46	1 month	Fatigue.	W.			
30 M. 24	1 month	Excessive day dreaming. Fears of future.	I.	W.	I.	I.

1928.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge	Reports in		
				1929	1930	1931
31 F. 24	4½ months	Pain in back and head. Depression.	I.	W.	W.	W.
32 M. 25	3½ months	Irritable heart. Rigors. Megalomania.	I.	I.	W.	W.
33 M. 52	1 year	Depression. Insomnia.	Died of influenza.			
34 M. 22	5 months	Unreality. Depression. Restlessness.	I.	W.	W.	W.
35 F. 45	1 month	Depressed, worried. Insomnia.	I.	I.	I.	I.
36 M. 50	2 months	Anxiety in presence of other people.	W.	W.		
37 M. 24	1 month	Sense of unreality. Fear. Anxiety.	W.	W.	W.	
38 M. 28	3 weeks	Sense of unreality. Doubts.	I.	W.	I.	I.
39 M. 33	4 months	Loss of confidence. Fears of suicide.	I.	W.	W.	W.
40 M. 45	5 weeks	Lack of energy. Unable to concentrate. Insomnia. Headache.	W.	W.	W.	W.
41 F. 35	4½ months	Depression. Insomnia. Loss of weight.	I. Gained 7 lbs.	W.	W.	W.
42 F. 30	2½ months	Fear of vomiting. Insomnia. Headaches. Sensations in abdomen.	I.			
43 F. 60	6½ months	Depression. Insomnia. Lack of concentration.	I.	I.	R.	R.
44 M. 33	6½ months	Depression. Pains in head and neck.	I.	I.	W.	R.
45 F. 55	4 months	Depression. Indecision. Discontent. Insomnia.	I.	W.	W.	W.
46 F. 35	3½ months	Difficulty in concentration. Depression.	I.	W.	W.	W.
47 F. 33	4 months	Vasovagal attacks. Exhaustion. Anxiety. Homosexuality.	W.	W.	W.	

1928.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge	Reports in		
				1929	1930	1931
48 M. 43	4 months	Feeling of impending illness. Unable to concentrate. Failure of memory.	I.			
49 F. 28	6 months	Coarse tremor right arm. Fears of insanity and cancer.	W.	W.	W.	W.
50 F. 23	1 month	Vomiting. Diarrhoea. Refusal to live in her own house or to consummate her marriage.	I.	W.		
51 M. 49	5 weeks	Fears of brain giving way. Distressing sensations in the penis.	W.	W.	W.	
52 M. 53	3 weeks	Alleged loss of temper.		I.		
53 F. 42	3 months	Lack of concentration. Claustrophobia. Feelings of incapacity. Loss of memory.	I.			
54 F. 45	6 months	Depression. Insomnia. Loss of concentration.	W.	W.	W.	W.
55 F. 34	6 months	Poor sleep. Depressed. Hysterical outbursts with screaming.	W.	W.		
56 F. 34	8 months	Crashing headaches — trephined twice. Outbursts of temper. Unhappiness.	I.	W.	W.	W.
57 M. 24	3 months	Depression. Self-reproach and cannot face work but can play games.	I.	W.	W.	W.
58 F. 30	9 months	Insomnia. Pains. Depression.	I.	W.		

1928.

GROUP I.

TABLE I. (b)

HYSTERIA.

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge	Reports in		
				1929	1930	1931
1 F. 53	10 weeks	Attacks of loss of control of limbs. Spastic movements of limbs.	Attacks much less.	Much Improved.	I.	

1928.

GROUP I.

TABLE I. (b)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in		
				1929	1930	1931
2 F. 27	10 weeks	Bad temper. Ideas that mother persecuted her. Attempts to malingering madness.	I.	At work. Better with Relapses.	R.	
3 F. 30	10 weeks	Weakness of legs. Exhaustion. Heats in skin. Insomnia.	I.	I.	W.	W.
4 F. 58	2 months	Aphonia. Dyspnoea. Insomnia. Exhaustion.	I. Aphonia gone.			
5 F. 34	3 months	Tinnitus. Depression. Anxiety. Spots in front of eyes.	W.	W.	W.	W.
6 F. 22	4 months	Artefact rashes. Romantic tales. Erotomania.		W. Married.	W.	W.
7 M. 21	3 months	Sense of inferiority. Thinks his chin is too small. Cannot stay long in any place.	W.	W.	W.	W.
8 F. 50	2 months	Fatigue. Dyspepsia. Insomnia.	I.	W. after appendicectomy		
9 M. 55	5½ months	Poor sleep. Worry. Lack of decision. Lack of sexual control. Depression.	I.	W.	W.	
10 M. 26	7 months	Paraplegia with coarse tremor. Agoraphobia. Nightmares.	I.	W.	W.	W.
11 F. 32	4½ months	Dysphagia. Paraplegic gait. Depression.	W.	W.		
12 F. 44	3 months	Demonstrations of suicide. Pains in neck. Tempers.	W.			
13 M. 23	8 months	Unable to open mouth more than ½-inch. Insomnia. Constipation.	I.			
14 F. 39	4½ months	Attacks of unconsciousness. Convulsive attacks.	W.	W.	W.	W.
15 F. 60	2 months	Pains and weakness in leg. Stabbing pain in forehead.	I.	W.	W.	W.
16 F. 42	3 months	Unable to stand or walk. Palpitation. Exhaustion. Emaciation.	Gain 12 lbs. I.	I.	W.	
17 F. 33	4 months	Headaches. Pains in spine. Jerkings of back and thighs. Exhaustion.	W.	W.	W.	W.
18 F. 35	14 months	Inability to stand or walk. Insomnia. Tremors. Lack of concentration.	I.	W.	W.	W.

1928.

GROUP I.

TABLE I. (c)

OBSESSIVE—COMPULSIVE.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in		
				1929	1930	1931
1 M. 48	4 months	Washing mania. Elaborate rituals against defilement.	I.	Much improved. Has had treatment from Osteopath.	W.	W.
2 F. 20	6 weeks	Washing mania. Childish conduct.	I.S.Q.	Improved.		

GROUP I.

TABLE IV.

Patients who are no Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in		
				1929	1930	1931
1 F. 24	8 months	Terror. Constipation.	I.	R.	I.	I.
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.	R. Re-admitted.	W.	W.
4 M. 56	3 months	Fear of being alone. Insomnia. Depression.	No symptoms.	R. Re-admitted.		W.
5 F. 30	4½ months	Phobias of many kinds.	No symptoms.	R. Re-admitted.	W.	W.
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.		

1928.

GROUP I.

TABLE IV.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in		
				1929	1930	1931
10 F. 36	2 months	Vomiting. Headache.	I.S.Q.	I.S.Q.		
11 M. 60	5 weeks	Loss of confidence.	W.	R.	W.	W.
12 M. 34	6 months	Emotionalism. Weeping. Full of grievances.	I.	R.	I.	
13 F. 35	5 months	Exhaustion. Pains all over.	I.	R. Re-admitted.	I.	I.
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.	Dead.	
16 F. 46	2 months	Hatred of noise. Insomnia. Pains all over body.	W.	R.		

Anxiety, 9; Hysteria, 7.

GROUP II.

(a) ALCOHOLICS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in		
				1929	1930	1931
1 M. 37	5 weeks	Boastfulness. Bouts of alcoholism.	I.S.Q.			
2 M. 40	3 months	Insomnia. Irritability. Tremulousness.	W.			
3 M. 33	10 months	Bouts of drunkenness. Megalomania.	I.S.Q.	W.		Dead.

(b) DRUG ADDICTS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in		
				1929	1930	1931
1 M. 42	3 months	Morphia addiction. 2 grs. per day. Alcoholism.	Free from drugs for 2 months.	R.		
2 F. 60	1 month	Bromidia addiction. Delirious attacks.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.

1927.

GROUP I.

TABLE I. (a)

ANXIETY STATES.

Patients who are Well or Improved.

Sex and Age	Duration of Stay	Symptoms.	Result on Discharge	Reports in			
				1928	1929	1930	1931
1 M. 66	9 weeks	Headache. Unable to read.	W.	W.	W.	W.	R.
2 M. 35	10 weeks	Palpitation. Faintness. Phobias of heart disease and streets.	I.	W.	Dead.		
3 F. 29	4 months	Fatigue. Headache. Various phobias.	W.	W.	W.	W.	W.
4 M. 23	9 weeks	Headache. Tinnitus. Indigestion. Fear of Insanity.	I.	W.			
5 F. 22	7 weeks	Aching in right eye. Headaches.	W.	W.			
6 M. 63	9 weeks	Fear that he may injure his wife. Hysterical outbreaks.	I.	W.			
7 M. 33	3 weeks	Giddiness in church. Odd sensations in body. Faint feelings.	Much Improved.	W.	W.		
8 F. 29	2 months	Pressure and tension in head. Poor sleep. Depression. Panics.	I.	I.	R.	W.	
9 M. 42	2 months	Fears. Depression. Exhaustion.	W.	W.	W.	W.	W.
10 F. 39	3½ months	Loss of interest. Sleep poor. Headaches.	I.	I.			W.
11 M. 35	7 months	Headache. Lack of concentration. Fear of heart failure. Diarrhoea.	I.	I.	I.	I.	I.
12 F. 19	3 months	Fear of being alone, of fainting, indigestion.	I.	W.	W.	W.	W.
13 M. 47	2 weeks	Depression. Inferiority feelings. Pain in back. Flatulence.	I.	W.			
14 M. 38	3½ months	War dreams. Poor sleep. Numbness in limbs. Alcoholism.	I.	I.	W.		
15 F. 50	15 months	Depression. Sense of unreality. Indigestion.	I.	W.	W.	W.	W.

1927.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1928	1929	1930	1931
16 M. 51	5 months	Depression. Difficulty of concentration.	I.	W.	W.	W.	In hospital now.
17 M. 37	2½ months	Eye strain. Giddiness. Insomnia. Fears. Indigestion.	W.	W.	W.		
18 M. 24	3 months	Phobia about disease. Fear of company. Anxiety.	I.	W.			
19 M. 50	4 weeks	Palpitation. Indigestion. Loss of weight. Insomnia. Fear of cancer.	Gained 5 lbs. I.	I.	I.	R.	R.
20 F. 29	2 months	Exhaustion. Headaches. Claustrophobia. Poor concentration.	I.	W.	I.		W.
21 F. 43	4 months	Agoraphobia.	I.	I.	I.	R.	W.
22 F. 37	2 months	Pressure on head. Pains in eyes. Many fears.	I.	W.	W.	W.	W.
23 M. 20	4 months	Inability to use brain. Fear of insanity. Shyness. Introspection.	I.	W.	R.	W.	
24 M. 24	11 weeks	Headaches. Depression. Irritability. (Post concussion).	W.	W.	W.	W.	W.
25 F. 46	5 weeks	Odd sensations in stomach. Palpitation. Eye strain.	I.	W.		W.	W.
26 F. 33	3½ months	Exhaustion. Unreality. Insomnia.	I.	W.	R.	R.	R.
27 F. 26	4 months	Depression. Unreality. Insomnia.	W.	W.	W.	W.	W.
28 M. 28	3½ months	Agoraphobia. Fear of dark. Unreality.	I.	I.	W.		
29 M. 26	3 months	Exhaustion. Unable to concentrate. Headache. Asocial. Indigestion.	I.	I.			
30 F. 38	8 months	Insomnia. Fatigue. Backache. Indigestion.	W.	W.	W.	W.	W.
31 M. 25	2 months	Nervousness. Weakness. Non-dissociated fugues.	I.	W.	W.	W.	W.
32 M. 42	7 weeks	Lack of concentration. Fear of insanity. Insomnia. Palpitation. Twitching.	I.	W.	W.		

1927.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1928	1929	1930	1931
33 M. 21	4 weeks	Self-consciousness. Shyness. Paraesthesiae.	I.	W.	W.		
34 M. 20	4 weeks	Loss of appetite. Fatigue. Loss of concentration.	I.	I.	I.		
35 F. 32	3½ months	Exhaustion. Neuralgic pains. Depression.	W.	W.	W.	W.	W.
36 F. 32	6 weeks	Insomnia. Worried about everything.	W.	W.	W.		I.
37 F. 47	3 months	Pains in head and breasts. Nervousness. Giddiness. Exhaustion. Menorrhagia.	I.	I.	I.	R.	
38 M. 49	4 months	Fears of insanity, disease and knives. Depressed.	I.	I.	W.	W.	W.
39 F. 25	2½ months	Panics in the street.	I.	W.	W.	W.	W.
40 F. 35	11 months	Attacks of fear, especially of suicide.	I.	W.	W.	W.	W.
41 F. 33	11 months	Intolerance of noise. Photophobia. Headache. Bad temper.	I.	I.	W.	W.	W.
42 M. 29	5 months	Worry about everything. Loss of concentration. Insomnia.	I.	W.	W.	W.	W.
43 M. 33	2 months	Exhaustion. Poor sleep. Inferiority feelings.	I.	W.	W.		
44 M. 53	4 months	Tremor on left side. Pressure on head and in mouth. Poor sleep.	W.	W.		W.	W.
45 M. 38	5 months	Fear of knives, headaches. Insomnia, exhaustion.	I.	W.	I.	I.	I.
46 F. 49	10 weeks	Unworthy thoughts. Terrors.	I.	W.	W.	W.	W.
47 F. 35	2 months	Exhaustion. Depression. Confused feelings. Hysterical attacks.	I.	I.	I.		
48 M. 44	6 weeks	Fear of everything.	W.	W.	W.	W.	W.
49 M. 20	10 weeks	Fear of insanity. Unreality.	I.	W.	W.	W.	W.

1927.

GROUP I.

TABLE I. (a)—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1928	1929	1930	1931
50 F. 42	3 months	Headaches. Insomnia. Nausea. Exhaustion.	I.	I.	I.	I.	I.
51 F. 42	5 weeks	Exhaustion. Depression. Diarrhoea.	W.	W.	W.	W.	W.
52 F. 24	3 months	Attacks of terror in the street.	I.	I.	W.		
53 M. 24	14 weeks	Fear of falling down dead. Palpitation. Poor sleep.	I.	I.	I.		
54 F. 41	3 months	Insomnia. Fears of suicide. Has right optic atrophy.	I.	I.	I.	R.	I.
55 M. 41	4 months	Depression. Fear of crowds. Apprehension. Clonic movements of right 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.	W.	W.	W.		W.
57 F. 42	3½ months	Palpitation on little exertion. Nervousness.	W.	W.			
58 F. 39	6 months	Phobias of snakes and knives. Emotional attacks.	I.	W.	I.	I.	I.
59 F. 32	9 weeks	Exhaustion. Fear of heart disease. Loss of weight.	W. Gained 1 stone.	Not heard from.			
60 F. 34	1 month	Fear of fainting. Faints. Depression. Claustrophobia.	I.	Not heard from.			
61 M. 37	10 weeks	Headache. Unreality. Apprehension. Giddiness.	I.	Not heard from.			
62 F. 30	9 months	Insomnia. Pains. Depression.	I.		W.		
63 M. 42	3½ months	Shy. Pain in back when eating.	I.	I.	R.	I.	R.

1927.
GROUP I.
TABLE I. (b)
HYSTERIA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1928	1929	1930	1931
1 F. 22	7 weeks	Depression. Instability of Moods.	W.	W.	W.	W.	W.
2 F. 46	11 months	Epileptiform fits. Insomnia. Pyelitis.	No nervous symptoms.	No nervous symptoms.	W.	W.	W.
3 F. 27	7 months	Pain in coccyx. (traumatic) Hiccups.	W.	W.	W.	W.	
4 F. 30	4 months	Vomiting. Retention of urine. Outbursts of temper. Suicidal demonstrations.	W.	W.	R.	W.	R.
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.	I.	Tic much improved. No attacks.			
7 F. 50	12 months	Exhaustion. Confused feeling.	I.	I.	W.	I.	R.
8 M. 61	4 months	Spasticity and tremor of legs. Insomnia. Fatigue. Anxiety.	W.	W.	W.	W.	W.
9 M. 30	5½ months	Photophobia. Ideas of self-mutilation.	I.	I.			
10 F. 34	5 months	Depression. Suicidal demonstrations.	Symptoms still present	W.		R.	
11 F. 33	3½ months	Headaches. Vomiting. Exhaustion.	I.				
12 F. 45	3 months	Aphonia. Emotionalism.	I.				

SUB-GROUP.
ANOREXIA NERVOSA.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1928	1929	1930	1931
13 F. 20	5 weeks	Anorexia. Amenorrhœa. Loss of weight.	Gain of 14 lbs.	W.		W.	
14 F. 20		Anorexia. Amenorrhœa. Loss of weight.	Gain of 3 lbs.	Returned.	Now much better.	W.	W.

1927.

GROUP I.

TABLE I. (c)

OBSESSIONAL COMPULSIVE.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1928	1929	1930	1931
1 M. 48	6 months	Constant working of bowels. Fear of diseases.	I.S.Q.	Worse.	I.S.Q.	I.S.Q.	I.S.Q.
2 M. 20	5 months	Obsessions that testicles are too small.	I.S.Q.	I.	I.	I.	I.
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.	I.	I.	R.
4 F. 17	3½ months	Constant washing of hands. Constant thoughts about dirt.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.

GROUP I.

TABLE II.

ANXIETY STATES.

Those who are at work but not Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1928	1929	1930	1931
1 F. 37	5 months	Nervousness. Exhaustion. Headaches.	I.	Not well.	R.	R.	R.
2 F. 44	2 months	Insomnia. Exhaustion. Anorexia. Depression.	I.	Not well.	I.S.Q.		

1927.

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. Pain in back and right knee.	Symptoms gone.	Relapsed but better after Spa treatment at Bath.

GROUP I.

TABLE IV.

Patients who are no Better.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1928	1929	1930	1931
1 M. 32	5 months	Depression. Unable to concentrate. Worry about engagement.	I.S.Q.	I.S.Q.	I.S.Q.		
2 F. 31	2 months	Insomnia. Indigestion. Disgust at sex.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.	
3 M. 40	6½ months	Vertigo. Flatulence. Fear of strangers.	I.S.Q.	I.S.Q.	I.S.Q.		
4 M. 49	10 weeks	Tremulousness. Insomnia. Palpitation. Fatigue. Cannot concentrate.	I.	Had a stroke. Not well.			
5 M. 46	6½ months	Depression. Cloudiness in head. Loss of confidence. Insomnia.	Worse.	Better, but not well.	I.	I.	I.
6 M. 43	2 weeks	Debility. Catarrh. Exhaustion. Faintness on right side.	Rather better.	Now being treated for abscess of liver.	I.S.Q.	I.S.Q.	W.
7 F. 46	4 months	Pains and weakness in legs. Tinnitus. Insomnia.	I.	R.			

1927.

GROUP I.

TABLE IV.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in			
				1928	1929	1930	1931
8 M. 49	6 weeks	Insomnia because of fears on dropping to sleep.	I.S.Q. Left against advice.	I.S.Q.	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.	I.S.Q.	I.S.Q.	I.S.Q.
11 F. 33	3 months	Headaches. Depression. Fears of going out. Fear of swallowing.	I.	R.	R.	R.	R.
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.	I.	Has had a stroke.	R.	R.	R.
14 F. 57	2½ months	Tight feelings in head. Curious sensations in jaw. Lack of interest.	W.	R.	Dead.		
15 F. 26	14 months	Depression. Sense of unreality. Has been faking temperatures.	W.	R.	W.	W.	W.
16 M. 22	11 weeks	Tics affecting chiefly the trunk.	I.S.Q.		W.		
17 F. 38	2½ months	Dimness of vision. Palpitation. Out-breaks of temper.	I.S.Q.				

1927.

GROUP II.

ALCOHOLICS.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in		
				1928	1929	1930
1 F. 30	1 month	Bouts of alcohol. Fear of facing people.	I.S.Q.			
2 M. 28	6 months	Bouts of alcoholism.	?	At work and apparently doing well.	W.	
3 M. 36	2 weeks	Chronic Alcoholism.	?	?		

1926.

GROUP I.

TABLE I.

PSYCHONEUROSES.

Patients who have Improved.

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1927	1928	1929	1930	1931
1 F. 36	10 weeks	Backache. Odd feelings in head.	Slightly better.	I.	I.	W.		W.
2 M. 34	3 months later 3 months	Depression. Loss of confidence. Magical beliefs.	I.	Well and at work.	W.	W.	W.	W.
3 F. 29	13 months	Choreiform movements.	Symptoms gone.	Fairly well.	R.			I.S.Q.
4 M. 23	4 months	Palpitation. Faintness. Flatulence. Malaise.	I.	At work but under treatment. Is at work.	I.	R.	R.	R.
5 M. 35	2 months	Self-conscious. Blushing. Insomnia. Headache. Palpitation. Sweating. About to retire from work.	I.		I.	R.	R.	I.
6 F. 33	3 months	Fears of insanity. Agoraphobia.	I.	W.	W.	W.	W.	W.
7 M. 40	2 months	Exhaustion. Giddiness. Pain and tremor right side. Palpitation. Photophobia.	I.	Well at work.	W.	W.		
8 F. 25	6 weeks	Anorexia. Insomnia. Constipation. Amenorrhœa.	Much improved.	W.	W.	R.	R.	I.
9 M. 46	10 weeks	Writers' cramp. Stutter in speech. Sense of inferiority.	Symptoms gone.	W.	R.			
10 F. 39	10 months	Spasmodic torticollis.	Much Improved.	W.	W.	W.	R.	W.
11 F. 27	10 weeks	Obsession that she is losing her good looks. Hysterical outbursts. Insomnia.	More controlled Obsession still present	Is well.	W.			
12 F. 24	2 months	Untruthfulness. Stealing.		W.	W.	W.	W.	W.

1926.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1927	1928	1929	1930	1931
13 F. 47	4 months	Headache. General pains. Insomnia. Exhaustion.	Much improved.	W.	W.	W.		W.
14 M. 40	6 weeks	Agoraphobia. Fears of insanity. Chronic alcoholism.	Symptoms gone.	Well. Teetotal.	R.	I.	I.	R.
15 F. 35	9 months	Headache. Fears. Dyspepsia. Spastic gait.	All symptoms improved.					
16 F. 44	3 months	Exhaustion. Insomnia. Apprehensive.	I.	W.	W.	W.	W.	W.
17 M. 36	1 month	Loss of confidence. Fear of insanity.	I.S.Q.	Much better.	Not well.	I.S.Q.		
18 F. 27	6 weeks	Fatigue. Abdominal pain. Poor sleep. Fear of suicide.	I.			W.		
19 M. 45	2 months	Fatigued. Excitable.	I.	Better.	W.	W.		
20 F. 40	9 months	Fears and terrors of the night. Insomnia. Nightmares.	Slightly improved.	W.	W.	W.	W.	W.
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			I.		
23 F. 35	4 weeks	Fear of going off to sleep. Exhaustion.	I.	I.	At work, not so well.	I.	I.	I.
24 F. 44	4 months	Hysterical foot drop. Insomnia. Constipation. Fears.	W.	W.	W.	W.	W.	
25 F. 25	1 year	Refusal of food. Emaciation. Unreality of day life. Reality of dream life.	I.	W.	W.	W.	W.	W.
26 M. 47	3 months	Weakness of back and legs. Attacks of falling. Agoraphobia. Fears of insanity.	W.	W.		I.	W.	W.
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.	W.	W.	W.	W.	R.

1926.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1927	1928	1929	1930	1931
29 F. 35	3 months	Noises in throat. Tremors. Backache.	W.	Well ; working.	W.	W.	W.	W.
30 M. 34	7 months	Fear of heights and trains. Palpitation. Impotence.	I.	I.	I.			
31 F. 32	2 months	Insomnia. Unreality. Fear of insanity.	I.	W.	W.	W.	W.	W.
32 M. 31	3½ months	Feels in a haze. Unable to remain alone. Depression. Exhaustion.	W.		W.			
33 F. 23	10 months	Insomnia. Malaise. Depression. Loss of weight.	W.	W.	W.	W.	W.	W.
34 M. 20	5 months	Sense of detachment. Religious preoccupation. Nocturnal epilepsy.	I.	Feels well No fit for months.	W.	W.	W.	
35 F. 17	4 months	Anorexia. Emaciation. Amenorrhœa.	Gained 34 lbs.	Fairly well.	W.	W.	W.	W.
36 F. 40	2 months	Loss of weight. Indigestion. Agoraphobia. Headaches.	I.	W.	Not Well.	W.	W.	
37 F. 17	7 weeks	Loss of weight (2 st.). Loss of strength.	Gained 17 lbs. Felt well	W.	W.	W.	W.	
38 M. 45	3 months	Periodic drinking.	Well in hospital.	No Relapse.	W.	W.	W.	W.
39 M. 19	7 weeks	Lack of confidence. Shyness. Feels different from others.	Much better.	Happy and enjoying life.	W.	W.	W.	
40 M. 28	3 months	Insomnia. Terrifying dreams.	W.	Well and working.	R.	R.		
41 F. 25	5 months	Dyspnœa. Headaches. Choreiform movements. Palpitation.	I.	Much better At work	Fairly Well.	I.	I.	I.
42 M. 32	7 weeks	Pain in spine. Inability to concentrate. Syphilophobia. Nightmares. Frequent emissions.	W.	W.	W.	W.		
43 M. 32	2 months	Pain in head. Insomnia. Nervousness. Giddiness.	W.					

1926.

GROUP I.

TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1927	1928	1929	1930	1931
44 M. 40	12 months	Depression. Insomnia. Inability to concentrate. Inability to sign his name.	W.	W.	W.	W.	W.	W.
45 M. 37	1 month	Tremor, right hand. No money sense.	Tremor gone.	Much better.	W.	W.	W.	W.
46 M. 44	5 months	Tinnitus. Depression. Dull pain in head. Insomnia. Nightmares.	I.	Well except for tinnitus.	Fairly Well.	I.	I.	I.
47 M. 31	5 months	Blushing and sweating. Headaches. Chronic alcoholism.	I.	W.	W.	W.	I.	W.
48 F. 47	6 weeks	Fear of meeting strangers. Deafness.	I.				I.	
49 F. 35	11 months	Spastic paraplegia. Depression. Insomnia.	Walking some miles. Still rather spastic.	W.	W.	W.	W.	W.
50 F. 36	4 months	Weakness. Tremor. Failure of concentration. Insomnia. Fears Loss of weight.	Gained 17 lbs. Almost Well.	W.	W.	W.	W.	
51 F. 50	7 weeks	Exhaustion. Depression. Confusion.	No symptoms.	Much better.	W.	W.	W.	
52 M. 45	10 months	Depression. Insomnia. Fear of people.	I.	W.	W.	W.		
53 M. 38	4 months	Alcoholic outbursts. Insomnia. Depression.	No attack in hospital.	Is at work. One relapse.	At work. Probably relapsing			
54 F. 32	2½ months	Fear of cancer. Washing compulsion.	I.					
55 M. 44	3½ months	Insomnia. Fatigue. Weakness in back.	I.	W.				
56 F. 19	6 weeks	Anorexia. Amenorrhœa. Loss of weight. Feels well.	Gained 10 lbs.					
57 F. 17	3½ months	Headache. Nausea. Fatigue.	W.	W.		W.	W.	W.
58 F. 44	10 months	Pain in neck. Insomnia. Constipation.	I.	I.	W.			
59 F. 38	2 months	Giddiness. Dyspnœa. Palpitation. Insomnia.	No symptoms.	Fairly well.	Fairly well.			

1926.
GROUP I.
TABLE I.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1927	1928	1929	1930	1931
60 M. 49	1 month	Insomnia. Tinnitus. Apprehensive.	No symptoms.	Is well.		W.	W.	W.
61 M. 41	4½ months	Attacks of dyspnœa. Headaches. Fear of dark. Inferiority feelings.	I.	I.	W.	I.		
62 F. 36	4 months	Fear of going out alone. Exhaustion. Tremor.	I.		I.	W.	W.	W.
63 M. 35	3 months	Asthenia. Twitchings of body. Spasms of pain.	W.	W.	W.	W.	W.	W.
64 F. 35	6 months	Exhaustion. Pains. Insomnia.	W.	W.	W.	W.	W.	W.
65 M. 40	8 months	Agoraphobia. Depression. Headaches.	I.	W.				
66 M. 33	6 months	Weakness. Giddiness. Insomnia. Loss of confidence.	W.	W.	W.	W.	W.	W.
67 F. 63	6 weeks	Anxiety about future. Fear of insanity.	W.	W.	W.	W.		
68 F. 35	3 months	Insomnia. Fatigue.	I.	W.	W.			
69 M. 41	5 weeks	Attacks of loss of temper.	?	W.	W.	W.	W.	W.
70 M. 29	3 months	Tight feeling in head and eyes. Retardation.	I.	W.	W.		W.	
71 F. 52	3 months	Fatigue. Dyspnœa. Backache.	I.	W.	W.	W.		
72 F. 64	6 months	Headache. Pain in eyes. Inability to read. Exhaustion.	W.	W.	W.	W.	W.	W.
73 M. 58	2 months	Palpitation. Giddiness. Exhaustion.	I.	I.	W.	W.	I.	W.
74 M. 38	10 weeks	Headaches after taking meat. Fatigue. Apprehensive.	I.	W.	W.	I.	W.	W.
75 M. 29	2½ months	Bouts of sweating in church and at meals. Poor concentration	W.	W.	W.	W.	W.	W.
76 M. 46	3 months	Abdominal pains. Constipation. Exhaustion.	W.	W.	W.	W.	W.	W.
77 F. 32	3 months	Headaches. Fear of being alone. Indecisive.	I.	I.	R.	I.	W.	W.

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	Reports in				
				1927	1928	1929	1930	1931
1 F. 26	3 months	Nervousness. Fear of noise, of insanity and that she will die. Insomnia.	I.S.Q.	W.	R.	I.	W.	W.
2 M. 33	12 months	Unable to rest or sleep. Fear of being alive. Pressure in head. Spasm of arm.	I.S.Q.	W.				
3 F. 26	6 months	Insomnia. Tight feeling in head. Exhaustion.	I.S.Q.	Well after vaccines.	W.	W.	R.	
4 F. 35	6 weeks	Nymphomania. Nerve storms. Depression. Unable to concentrate.	I.		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	Reports in				
				1927	1928	1929	1930	1931
1 M. 36	4 months	Depressed. Irritable. Sense of unreality. Jerkings of body.	I.	Not well.	Not well.			
2 F. 39	8½ months	Depression. Insomnia. Palpitation.	I.S.Q.	I.S.Q.	W.	W.	W.	W.
3 M. 54	3 months	Obsessive thoughts. Fear of insanity. Headache. Fear of homosexual assaults.	Worse.	Worse.	In Mental Hospital.	I.S.Q.		
4 F. 34	6 weeks 2 weeks	Insomnia. Depression. Exhaustion.	I.S.Q.	I.S.Q.	I.S.Q.			

1926.

GROUP I.

TABLE IV.—*contd.*

Sex and Age	Duration of Stay	Symptoms	Result on Discharge	Reports in				
				1927	1928	1929	1930	1931
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. Spermatorrhœa. Constipation.	I.	R.				
7 M. 30	2 months	Complete impotence.		Not well.	W.	W.	W.	W.
8 F. 36	6 months	Chronic alcoholism.	I.	R.				
9 F. 49	10 months	Spasmodic torticollis. Various phobias.	I.S.Q.	I.S.Q.	I.S.Q.	I.S.Q.		
10 F. 44	2 months	Alcoholic outbursts.	No outbursts here.	R.	I.	I.		
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.	R.		
12 F. 41	9 months	Exhaustion. Headache. Insomnia. Irritability.	I.	R.				
13 F. 54	2 months	Headaches. Concentration difficult. Dyspepsia.	I.	Not very well.	I.S.Q.	I.S.Q.	I.S.Q.	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.	I.	I.	R.	R.		
17 M. 58	10 months	Headache. Insomnia. Giddiness. Depression.	I.	R.	R.	I.S.Q.		
18 F. 52	3 months	Agoraphobia. Dizziness. Lassitude. (B.P. 210.)	I.S.Q.	I.S.Q.	I.S.Q.	I.	I.	I.
19 F. 35	3 months	Nervousness. Palpitation. Poor sleep.	I.	I.	R.	R.	R.	R.
20 F. 16	6 weeks	Loss of appetite and of weight (2 st.). Amenorrhœa.	Gain of 2 stones.	R.	In Hospital again.	I.	I.	W.
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.

