

Medical report for the year ended 31st December, 1922 / The Cassel Hospital for Functional Nervous Disorders.

Contributors

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

Medical Report
FOR THE YEAR ENDED
31st DECEMBER, 1922.

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CASSEL HOSPITAL.

REPORT ON FIRST SIX MONTHS OF WORKING.

This is the first Medical Report on the working of the hospital. It was considered impossible to evaluate the results of treatment in any case until the patient had left the hospital, and had been subjected to the strains of ordinary life for a period of at least six months.

BEFORE the detailed Report on the individual patients who have passed through the hospital is given, it will be convenient to describe the general routine which has been adopted.

The procedure is as follows: When the patient arrives he goes straight to his room, and is usually kept in bed for a few days, whether his physical state demands this or not. This is done because it is well that he should know his doctor before he hears the hospital gossip, or gets the other patients' views as to what the treatment of his case will be. If his physical state demands prolonged rest, this is of course carried out, otherwise he will be up and about in a few days. The history is taken fully, and considerable stress is laid on the importance of this. The patient is examined. He is ordered such physical treatment as seems indicated, and he receives much therapeutic conversation at frequent intervals—daily at first, not so often later. If he remains in bed he is visited by the lady superintending the workshop, who teaches him light basket or leather work, which he can do while still in bed. If he is up he goes to her workshop or the carpenter's shop. There are some who will not work, but they are in a minority. Pressure is not put on them at an early stage, but later, when such complain that they are not making progress, they are asked how they can expect to do so considering the life they are leading. At last this brings most in, but there remains a residue of loafers who are, on the whole, rather out of it. Outdoor games and amusements are encouraged as much as possible, and here the Medical Staff are greatly indebted to Major Hume, whose indefatigable care and enthusiasm cannot be sufficiently praised.

Indoor amusements are also organised by him, such as dancing, the cinematograph, etc. The patients frequently get up little plays and concerts in which they are regularly assisted by the junior nurses. These amusements have not only helped to pass time but have widened the outlook of a number of people.

During the period under review, *i.e.*, from 23rd May to 31st December, 1921, 144 patients were admitted, 109 were discharged. Of these, 20 were discharged as unsuitable for treatment, either because their malady was of the nature of an organic disease, or an insanity of too pronounced a kind to be dealt with at the hospital.

These 20 patients have not been communicated with. The remainder have either been written to or have been seen in June and July, 1922, *i.e.*, at least six months after they had left.

Seventy-five of these 89 patients have in one or other of these ways been kept in touch with. A summary of their cases has been given in tabular form.

Table I. contains the cases of 49 patients who report themselves as having derived benefit from their stay in the hospital. In one or two instances the patient is abroad, and the report of the friends has been taken.

Patients 1 to 26 describe themselves (or are described) as quite well; 27 to 49 as very much improved.

TABLE I.**Patients who Improved.****(1) Patients who report themselves Quite Well.**

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
1				
F. 34	4 weeks.	Pains. Exhaustion. Palpitation. Sweats. Tremors. Insomnia. Symptoms present one year. Neurasthenia.	All symptoms disappeared absolutely.	Is quite well.
2				
F. 48	4½ weeks.	Insomnia. Depression. Irritability. Headache. Fears. Palpitation. Neurasthenia.	Improved.	Quite well.
3				
M. 19	4 weeks.	Fear of darkness and crowds. Epileptiform fits. Somnambulism. Headache. Terrifying dreams. Traumatic Neurosis.	Symptoms gone.	Quite well.
4				
F. 48	5 weeks.	Pains. Dyspepsia. Fears that she might become insane and kill her mother. Fatigue. Neurasthenia.	All symptoms gone.	Very well.
5				
F. 48	6 weeks.	Fatigue (extreme). Indigestion. Depression. Neurasthenia.	Able to walk 20 miles. Depression and Indigestion gone.	Quite well.
6				
M. 56	8 weeks.	Insomnia. Depression. Shuffling gait. Fear of paralysis. Neurasthenia.	Insomnia and depression better but not walking well.	Sleep and spirits good. Can walk six miles.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
7				
F. 59	7 weeks.	Pains all over body. Inability to stand. Insomnia. Palpitation. Fear of insanity. Gout (tophi in fingers). Neurasthenia.	Functional symptoms much relieved. Fingers better.	Quite well. Sleep good.
8				
F. 55	2 months later, 4½ months.	Depression. Failure of memory and concentration. Fear of insanity. In second visit, attack of confusion. Second attack. Manic Depressive.	Left improved but relapsed. Left second time in March.	Now doing well.
9				
F. 48	7 weeks.	Depression. Weeping. Worry over everything. Insomnia. Fears of future. Neurasthenia.	Depression and fears gone. Sleep uncertain.	Not depressed. Sleep good.
10				
F. 21	8 weeks.	Tachycardia necessitating absolute rest. Insomnia. Fears. Exhaustion. Neurasthenia.	Heart normal. Sleep good. Able to do everything.	Feels quite well. Fears much less.
11				
F. 20	12 weeks.	Headaches. Insomnia. Hysterical attacks. Refusal to live at home. Neurasthenia.	Feeling well. Returned home of own accord.	Feeling well and been at work since. Passed medical profess. exam.
12				
F. 40	10 weeks.	Headache. Insomnia. Fear of apoplexy. Severe gastric pain. Fear of insanity. Polyarthrititis. Neurasthenia.	All nervoussymptoms gone. Arthritis in statu quo.	Writes: "Joy of joys that she went to Swaylands." All symptoms gone. Arthritis better also.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
13				
M. 44	5 weeks.	Depression. Cloud in head. Poor sleep. Second attack. Manic Depressive.	Improved. Sent to work.	Has kept well and at work.
14				
F. 37	2 months.	Depression because of sexual infidelity. Neurasthenia.	Improved and hopeful.	Writes to say she feels well.
15				
M.	1 month.	Depression. Cloud in head. Hysterical pain in knee. Neurasthenia.	Condition not changed. Left most dissatisfied because physical cause of pain in knee was not acknowledged.	Writes to say he is well; that but for Swaylands, knee would not have become well.
16				
M. 48	4 weeks.	Lack of energy. Depression. Headache. Neurasthenia.	Symptoms gone.	Is well and at work.
17				
F. 38	8 weeks.	Fatigue. Insomnia. Nervousness. Neurasthenia.	Symptoms all greatly improved.	Has kept well. Done all her housework. Has married.
18				
M. 47	22 weeks.	Insomnia. Inability to concentrate. Outbursts of furious temper with the use of foul language. Neurasthenia.	All symptoms gone.	Is quite well.
19				
M. 47	6 weeks.	Peculiar feelings in head. Inability to work or concentrate. Impotent. Probably organic, absent knee jerks (Dr. Head). Neurasthenia.	Felt well.	Feels quite well. Impotence <i>in statu quo</i> .

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
20				
M.	10 weeks.	Fatigue. Inability to do things. Always quarrelling with superiors. Neurasthenia.	Symptoms improved.	Feels quite well. Finds can work smoothly with superiors.
21				
F. 48	2 months.	Weakness. Feelings of impending death. Difficulty in concentration. Cannot walk out of house. Neurasthenia.	All symptoms gone.	Has kept quite well.
22				
F. 38	4 months.	Depression. Pain in scoliotic back. Insomnia. Hysterical weeping. Neurasthenia.	Pain gone. Depression gone. Insomnia improved.	Brother reports she is well and quite happy. Is abroad.
23				
F. 48	5 months.	Extreme depression. Loss of weight. Insomnia. First attack. Manic Depressive.	Depression less. Gain of 20 lbs. Left because could not afford special nurse and was sent to asylum.	Is now well and at home.
24				
M. 55	1 month.	Depression. Changing religion frequently to catholicism and back. Insomnia. Neurasthenia.	Depression gone. Sleep better.	Has kept well.
25				
F. 50	3 months.	Fatigue. Headache. Insomnia. Asthenopia. Cardiac pain and fears. Depression. Has mitral incompetence and been alarmed about it. Neurasthenia.	All symptoms gone, except some headache	All symptoms remain away. Is called a "resurrection."
26				
M. 50	6 weeks.	Depression. Lack of concentration. Fatigue. (Third attack.) Manic Depressive.	Symptoms all gone.	In Spring had Influenza with slight return of depression but recovered without help.

TABLE I.—*contd.*

Patients who Improved.

(2) Patients who report themselves Much Improved.

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
27				
M. 70	4 weeks.	Insomnia present for 16 years. Never slept without drugs. Neurasthenia	Sleeping well without drugs.	Slept well for months; latterly not sleeping so well, but feeling better.
28				
F. 43	6 weeks.	Headache. Exhaustion. Giddiness. Palpitation. Faintness. Depression. Neurasthenia.	Symptoms all gone.	Still headaches but able to do all her work. Feels she learned a lot.
29				
M. 69	6 weeks and later 6 weeks.	Pollakiuria—had to rise 6-10 times each night. Palpitation severe. Concentration poor. Neurasthenia.	Symptoms gone, but relapsed and he returned four months later in October, 1921. Left with all symptoms improved	Has kept much better. Has to rise only once at night.
30				
F. 30	5 weeks.	Fatigue. Worried. Insomnia. Fears of insanity, murder, and noises. Neurasthenia.	Symptoms much relieved. Sleep good. Fatigue gone.	Sleep much better. Sometimes fears of insanity but can overcome them.
31				
M.	5 weeks.	Exhaustion. Inability to work. Unable to enter pulpit. Dyspepsia. Failure of concentration. Neurasthenia.	All symptoms gone. Preached at Tunbridge Wells, before going home.	No fears or dyspepsia, but still fatigued.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
32				
M. 32	8 weeks.	Weak and exhausted. Apprehensive. Shy, giddy, poor concentration. Neurasthenia.	Symptoms all improved.	Physically much better. Mentally better but periods of depression. Has worked all the time since leaving.
33				
F. 53	10 weeks.	Neuralgic pains in body, needing morphia frequently. Hysteria.	Pains much less.	Been at work a year. Pains much less; not gone. (Husband died, she had to nurse him). Returned July, 1922, for three weeks. Has no pain.
34				
M. 45	4 weeks.	Headache. Pains in right arm. Poor sleep. Loss of temper. Loss of weight. Neurasthenia.	Pains gone. Sleep good. Gained 16 lbs. in 4 weeks.	No pains in arms. Sometimes in head. Gained further 20 lbs. Sleep good. Fitter than for five years.
35				
M. 40	1 month.	Fear of Tabes. Obsessional Neurosis.	Improved. Fear less.	Says nine tenths of fear gone. Able to do most things he wishes.
36				
M. 32	6 weeks.	Headache and fears of disease. Neurasthenia.	Headache gone. Fears much less.	Has kept at work but not feeling very well.
37				
F. 45	3 months	Severe headaches. Violent outbursts of temper. Hysteria.	Improved.	Better mentally and as regards nerves; physically easily tired. Has "faints." Very grateful.
38				
M. 40	3 months.	Claustrophobia, especially of Churches. Agoraphobia. Inability to keep any engagements or meet strangers. Compulsion Neurosis.	Able to go to Church and to go in the streets easily.	At work regularly. Goes to all meetings easily. Previously never able to get regular employment, now been made a partner.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
39				
M. 62	4 months.	Hypochondriacal depression. Delusions that throat diseased and would die. Emaciation. Inability to swallow. (First attack). Manic Depressive.	Gained 17 lbs. but symptoms unchanged Too noisy to remain at Swaylands.	Has been in a Mental Hospital, but now out and nearly well.
40				
F. 47	10 weeks.	Abdominal Pains. Pains in arms and chest. Fear of chills. Fatigue. Loss of weight. Neurasthenia.	Pains gone. Can walk 6 miles. Gained 13½ lbs.	Sometimes pain. Not fatigued.
41				
M. 26	3 months.	Headache. Insomnia. Depression. Lack of concentration. Neurasthenia.	Felt well.	Has no work to do and is depressed about it, but feels if he had work he would be well.
42				
M. 22	3 months.	Giddiness. Headache. Fear of death, heart disease and suicide. Neurasthenia.	Symptoms ameliorated.	Has been at work nine months but still has headaches.
43				
F. 40	5 months.	Astasia-abasia, headache and depression. Hysteria.	Could walk several miles. More cheerful. Sleep better. Still some headache.	Still headaches but otherwise as when she went away.
44				
F. 63	3 months.	Noises in head. Fainting. Cardiac pain. Inability to leave bedroom or see people. Neurasthenia.	Can walk three or four miles; meets people easily. No heart symptoms.	Keeps working in home. No complaint of heart, but does not go out much except to work in garden.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
45 F. 53	5 months.	Depressed. Headache. Insomnia. Failure of concentration. Fatigue. Very thin. Neurasthenia.	Symptoms all relieved. Gained one stone.	Gradually became well. No Insomnia. Happier.
46 F. 23	4 months.	Weakness. Lethargy. Cannot walk a mile. Headache. Inability to concentrate. Sense of inferiority. Neurasthenia.	Can walk 18 miles. Mental feelings better.	Had a relapse for some weeks. Then recovered after taking up work.
47 M. 46	2 months.	Feelings that he had heart disease. Palpitation. Pain. Fears. Neurasthenia.	Sometimes feels better but not always.	Doctor writes, is now nearly well.
48 F.	7 weeks.	Spastic Paraplegia. Headache. Insomnia. Tinnitus. Fears. Hysteria.	Walks well. All symptoms improved.	Legs kept well. Still headache and hysterical at times.
49 F.	6 months.	Fear of Insanity. Depression. Insomnia. Dyspepsia. Fatigue. Neurasthenia.	Sleep fair. Fears less. Dyspepsia gone.	Is much as on discharge.

It will be noted that some of these patients were in the hospital a short time only; but though occasionally they may lose all their symptoms in a few weeks, such a recovery is apt to be unstable. This will be brought out more clearly when Table II. is studied. It is advisable in most instances that the patients should remain for at least two months.

No. 1 is an interesting example of a patient who stayed a short time only and who yet has remained well. She had been ill for one year after nursing her mother—she had been in bed most of the time. She took little food, had bad sleep, trembled whenever she was spoken to, and displayed all the symptoms of a person in an extremity of terror. With considerable

difficulty the information was obtained that she thought she had neglected her mother; when she had related this she became very bad and for a day or two looked almost as if she would become insane. Then one morning she was calm, collected, without headache, and said that she felt well. When asked for an explanation she said that though she might not seem to have been listening to what had been said during the past day or two, she had really done so, and had decided in the night that it was folly to go on living in the past, and that forthwith she had become well. She said she would leave in a week, and did so. The whole thing savoured so much of a sudden conversion that the news which was expected was that of speedy relapse. The report obtained, one year after discharge, however, is to the effect that she has remained quite well.

Case 5 is also of interest. This lady had been an invalid for 22 years, during which time she had undergone six formal rest cures. She came to Swaylands for the seventh. She could not walk across the room without fatigue, and within a month was walking 20 miles a day. The illness had arisen through a series of misinterpretations of emotional reactions, which were all elicited in the initial history taking.

One case is of particular interest because the patient left in a rage, thought the matter over, applied the principles he had been taught, and subsequently wrote to give Swaylands the credit he had previously refused. He was a gentleman with a painful knee, alleged by an orthopaedic surgeon to be organic. He had been ordered to wear a splint for many months. As the condition was clearly hysterical the splint was taken off. At first he was pleased but later changed his mind. In the final report nine months after discharge he says that he is well.

One patient was analysed on Freudian lines. He is an officer, who had hitherto been in constant difficulties with his superiors. He had been put on half-pay, which he stated was only the preliminary to retirement. Since his analysis, however, he has had three boards, and has finally been passed by a special appeal board as fit for general service. He has worked with various superiors and finds he gets on with them very well. It may be of interest to state that he reports that on his last board, when he was passed fit, there was an eminent civilian neurologist who stated that this was the only patient he had ever come across who had been cured by psycho-analysis. He is also the only one in this list who can be said to have been analysed in the orthodox way. It is the fact that the method of dream analysis, which was followed strictly as advised by Freud, without any suggestions on the part of the analyser, yielded not a single sexual complex. It did yield, however, a very definite authority complex against the father, which involved curious religious ideas.

In this list there are four cases of manic depressive psychosis, 8, 13, 23, and 26. One of these had, unfortunately, to be sent away—went home first but was transferred to the asylum, and is now well. She wrote to say that it was horrible in the asylum because of the others with whom she had to be placed, and that it was harder to bear because Swaylands had been so different. Of the others one would not have required certification, but the other two probably would. One was discharged convalescent but later returned in a state of mental confusion, which would probably have necessitated certification but for Swaylands. She was given special nurses for a few weeks and made a good recovery. The other had shot himself in the head in a previous attack, and was accepted with doubt. He, however, got well very soon after his arrival.

This list has been drawn up quite strictly. No patient is included in the first 26 who has reported any symptoms at all. There are many in the second half who probably are as well as all those in the first, but inasmuch as they have reported some symptoms they have evidently not the same healthy outlook as those who report none. Thus, patient 28 had done no work for months before admission; she was unable to raise her head off the pillow when she arrived because of her headaches; now she does her work. Case 33 was a schoolmistress who frequently required morphia because of the agonizing pains in her back and sides. She has worked the whole year since, nursed her husband, who died, and has had no narcotic or drugs at all. Patient 34 reports he is fitter than he has been for five years, but as he complains of some headache he is not in the top list.

In this second half of the list are two patients with obsessional or compulsion neurosis, both of whom did fairly well. One suffered from fear of tabes. He had seen many neurologists but their assurance that he had no sign of the disease had done nothing to get rid of the obsession. It was, of course, primarily a cover for fear of syphilis, of which he had no history or sign either clinically or serologically. This dated from a period a few years before when he had undoubtedly been guilty of an act of moral cowardice. He had remembered clearly the occasion when he might have acquired syphilis and had striven to forget the other source of anxiety, of which he was greatly ashamed. They had been nearly simultaneous in time. It is not clear whether he had really forgotten the cowardice or whether he was using the idea of the disease as an excuse for it; but there can be little doubt that he had transferred emotion from the idea of cowardice to that of disease. He was persuaded to face the matter and now reports as shown. Whether this is a safe method of treating an obsession is questionable. It is conceivable that a person who is convicted of cowardice might commit suicide; and after the incident had come out we were anxious about him. There was, unfortunately, little to be done in the way of putting the incident in a favourable light.

The other patient was a man of about 40 who had suffered from various phobias for about twenty-five years. He was a professional man, intensely religious, and he was unable to pursue his wishes in either of these directions with any satisfaction. He could not keep an appointment for certain, because he might not be able to leave the house on account of agoraphobia. He could not, therefore, hold an assistantship, a partnership, nor have a practice of his own. A colleague in the same town sent him some work occasionally to his own house, but of course it was very little. Even here the matter was difficult because he could not guarantee to be able to work except on certain days. He is now this colleague's partner and is able to go to business like anyone else. He formerly could not go to any public meeting without intense distress. He often had to leave church and would only attempt to go at all if he felt specially well. He is a very zealous non-conformist and church is his real interest in life. This claustrophobic condition arose before the agoraphobia. At the first interview he informed me that on religious grounds he objected to any psycho-analysis—that things which were unpleasant to say were a matter for his own conscience and that he would not say them. He had evidently been reading about the subject as this was said before his history was taken. This revealed the fact that he had fainted as a boy of sixteen at a meeting about hospitals, where "they described gruesome things." A few days later at church there was a hospital sermon. He had to come out. This seemed to be the starting point of the claustrophobia, and this was all the scaffolding obtained with which to build up his re-education. By persuasion and encouragement he was induced to go to church and to do other things with gradually decreasing difficulties. Once or twice here he failed but on the whole got steadily better. His life was enlarged in various other ways. He played tennis for the first time and began to see that there were other aspects of existence besides those of work and religion. In the latter, however, he has succeeded completely. He has not missed a service or a church meeting since he left Swaylands in the autumn of 1921; he has even conducted services. He does not say that he has no difficulties; but when he has them he can also say to himself that now it will give him much more misery to fail than it possibly could to do the thing that he knows he should do: and so he does not fail. The easy times are getting more frequent.

Five patients are dead. One committed suicide in the hospital during the period under review. Two were discharged from the hospital because, although they suffered from functional nervous disorders, they had also serious organic disease. Two died after discharge from causes unknown.

TABLE II.

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
1				
M. 45	4 weeks.	Fears. Palpitation. Lack of concentration. Poor sleep. Doubts. Neurasthenia.	Sleep good. Fears less, not absent.	Is much the same as when he came to Swaylands.
2				
F. 30	3 weeks.	Dyspepsia. Asthenopia. Diarrhœa. Giddiness. Exhaustion. Hysteria.	All symptoms gone. Felt well.	Not well. Has had many treatments since discharge.
3				
M. 47	4 weeks.	Pains in arms. Headache. Dazed feelings. Neurasthenia.	Headacheless. Other symptoms gone.	Not well. Is having treatment for "auto-intoxication."
4				
F. 43	2 months.	Giddiness. Phobia of streets, railway platforms and people. Compulsion Neurosis.	Giddiness gone. Phobias disappeared as tested at Tonbridge Wells and on railways. A feeling of discomfort but she can succeed in going to a street or station.	Husband writes that all symptoms soon returned and are still present.
5				
M. 38	3 months.	Fear of suicide. Depression and Insomnia. Neurasthenia.	Symptoms gone. Felt well.	Fears and depression less but worked only four months. Not working now. Sleep fair.
6				
M. 49	4 weeks.	Pain in eyes. Headaches. Backache. Pain in hip. Fatigue. Neurasthenia.	Eyes not quite free from pain. Other symptoms gone.	All symptoms relapsed except hip.

TABLE II.—*contd.*

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
7				
F.	5 weeks.	Depression. Weakness fears. <i>Dyspepsia</i> . Emaciation. Insomnia. Neurasthenia.	Gain of 11 lbs.; otherwise <i>in statu quo</i> .	<i>in statu quo</i> .
8				
F. 42	5 weeks.	Insomnia. Anxiety. Depression. Neurasthenia.	Sleep better and depression less.	Sleep not good.
9				
F. 59	7 weeks.	High blood pressure (200). Fears she is lost. Depressed. Melancholia.	Happier but fears not gone. B.P. unaltered.	Writes quite cheerfully that she is in the same condition.
10				
M. 47	8 weeks.	Severe pains in head. Extreme depression. Delusion that neck was broken. Melancholia.	Improved.	In a Mental Hospital.
11				
F. 59	7 weeks.	Burning feelings all over. Insomnia symptoms arose after oöphorectomy and hysterectomy. Probably Physical after Operation.	<i>in statu quo</i> .	<i>in statu quo</i> .
12				
M. 40	6 months.	Depression. Feelings of unworthiness. Melancholia.	<i>in statu quo</i> .	<i>in statu quo</i> .
13				
F. 43	5 weeks.	Ideas that she is being stared at and talked about; that people put out their tongues. Paranoia.	Delusions seemed weaker.	Delusions returned.

TABLE II.—*contd.*

Sex and Age	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.
14 M. 64	6 months.	Religious depression. Emaciation. Extreme shyness. Had wandered and been taken up by police. Melancholia.	Gained 20 lbs. Symptoms disappeared.	Symptoms reappeared. Has wandered again.
15 F. 48	4 months.	Lack of concentration. Headache. Worried about self. Indecision. Doubtful—possibly Menopause Condition.	Symptoms slightly improved.	Condition much as on discharge.
16 F. 34	10 weeks.	Dysphagia. Backache. Loss of weight. Fatigue. Hysteria.	Gained 6 lbs. Still tired. Backache present.	<i>in statu quo.</i>
17 F. 23	3 months.	Feelings of stiffness and pains all over body. No objective stiffness. Fears of venereal disease. Hysteria.	<i>in statu quo.</i>	Reports that she has been cured by vaccine therapy.
18 F. 34	4 months.	Headache. Inability to feel pleasurable emotion. Home behaviour impossible. Hysteria.	Behaviour good here. Other symptoms <i>in statu quo.</i>	<i>in statu quo.</i> Home behaviour bad.
19 F. 42	9 weeks.	Tired. Irritable. Weeps. Loss of interest. Headache. Neurasthenia.	Symptoms all improving.	Relapsed to where she was.

Nineteen patients derived no benefit from their stay. Their cases are described in Table II. The first eight patients on this list should have recovered.

Patients 1, 2, 3, 6 and 8 all stayed too short a time in the hospital. Five weeks was the longest period that any of them remained. Each came with the idea that a month was the period in which a neurosis ought to be cured. In some, finance prevented this period from being extended.

Patient 5 has been in the hospital again in September, 1922. He is a professional man who returned to work after his first treatment in October, 1921, and continued at it till February. He had suffered from insomnia—from fear of suicide, of death, and of insanity. The symptoms had not altogether disappeared on discharge. In February he was not very well and took a few days off. His employers thereupon gave him three months' leave which was gradually extended to six, and he returned here. On admission it was found that he was nearly well. None of the old symptoms were present; he was rather worried over an attempt which was being made to get compensation from the Ministry of Pensions, as from one point of view he might have been regarded as a case of shell shock. This idea was quite hopeless for he had had no symptoms for about two years after the war. On advice given here the attempt was abandoned, whereupon he rapidly improved. He worked here the whole day and was sent back to his own work in three weeks. It is likely that if he had not been given three months' leave, nor begun a compensation hunt, he would never have needed a six months' holiday. When he came the second time he was clearly becoming one of those who acquiesce in ill-health.

No. 7 was a patient who though benefited physically never obtained any change of mental outlook.

One patient was a working man. All his symptoms were regarded as undoubtedly functional except the hip, about which there was some doubt, and it was decided to treat it by ionization. The other symptoms were treated by persuasion and disappeared in a few days, only to relapse soon after he left the hospital. The condition of the hip showed little change till about two weeks after admission when there was an accident in the electrical room. The shunt on the galvanic table short circuited and the patient received the full 100 volts for a moment. He got a considerable shock and thereafter his hip was well and has remained so. This might be used as an argument against psychotherapy by persuasion, but it is not really one in favour of physical treatment. There is no reason to suppose that electricity given safely would have cured him, and the particular treatment, which apparently did so, will not we hope be repeated in the hospital. It is rather an argument for very dramatic psychotherapy in the case of the uneducated classes, who do not easily retain any lesson taught by ordinary means.

Patients 9 to 15 were discovered after a time to be unsuitable and were discharged.

Patients 16 to 18 failed to make the recovery which, on consideration, they should have done.

It would be possible to continue commenting on all the other cases, but enough perhaps has been said to show the kind of material which is coming to the hospital.

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