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

Medical Report

PRESENTED
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The Cassel Hospital for Functional Nervous Disorders.

Report to the Medical Committee from the Medical Director on patients discharged during the year 1922, with a further report on those discharged during the year 1921.

1922.

DURING the period under consideration 195 patients were discharged from the Hospital, but as thirteen of these were in twice during that time the report deals with only 182 individuals. Of these 113 suffered from one or another form of psychoneurosis,

- 4 were drug addicts,
- 47 suffered from a psychosis,
- 13 suffered from organic diseases,
- 5 will be dealt with separately.

GROUP I. PSYCHONEUROSES.

As regards the general procedure and management there is little that is fresh to say in addition to what was described in the report of last year. The treatment may be summarised as consisting in (1) obtaining the patient's confidence, so that he may discuss his troubles, in order that the attempt may be made to get him to see them from another point of view; (2) keeping him at rest in bed until he has in some degree obtained this point of view; (3) encouraging him to enlarge his way of living, and to drop the "rules of health" which have hitherto been hemming him in.

For the attainment of the first desideratum, history taking and careful physical examination seem to be the most important means. History taking in minute detail appears to the writer of this report to be infinitely more fruitful than the process which is usually called psycho-analysis. The former yields a vast amount of important material of which the patient had never been unconscious in the Freudian sense, but which he had never correlated. He had not seen that certain events occurring at or about the same time had had anything to do with each other, but as soon as they have been placed together before him he has accepted readily enough the conclusion that they had some connection with each other. There are certain symptoms such as phobias whose origins do frequently appear to have been lost in the true unconscious; but very often history taking, if thorough enough, will enable patients to recollect something about them even though they had been forgotten for years. It is not denied that free association methods will sometimes discover these lost memories when history taking has failed: but the year's work has tended to increase the writer's belief that the vast majority of the complexes so discovered are of no value in treatment. He is convinced, further, from observation on several patients, that certain of the stereotyped complexes, such as the Oedipus Complex, are not arrived at spontaneously by the patient: and a little care in questioning patients who have been analysed elsewhere has shown him that most analysts are constantly imposing Freud's views on them, and that there is not a great deal of true analysis being done.

Rest is carried out for varying periods. Most patients complain of fatigue when they arrive, and they are kept in bed till they feel that this has disappeared. Even if they are not fatigued they are kept in bed in order that the early stages of psychical examination may be carried out apart from the other patients, among whom there is far too much talk about symptoms. In spite of repeated warnings it is difficult to stop such general discussions.

Enlargement of life. Here is where the various occupations and games have their place. Many patients are afraid of these when they come. The Medical Director is glad to report that during the present year there has been a notable improvement both in work and games. The patients have done a great deal of useful carpentry: they have improved the golf course immensely by re-turfing greens and making bunkers; and the games, especially lawn tennis and golf, have been pursued more vigorously. Although this report does not deal with present results, it may be stated here that during this autumn of 1923 about fifteen patients played hockey three times a week.

Of the 113 patients suffering from psychoneuroses, 97 have been heard from at least six months after discharge; this was the minimum time which was adopted last year before any decision was come to as to whether the patient was really better, *i.e.*, fitter to face the world, or not. On the whole it is true that the state on discharge is an index of the further report; but it is not one which is of absolute value. There are some patients who, when they leave, still complain of most of their symptoms, who yet report some months later that they have experienced steady improvement afterwards, an improvement which they readily attribute to the treatment which they have received, and to the lessons they learned at the Hospital. On the other hand, there are a few who leave saying that they are quite well, who speedily relapse. It will be seen, however, that these constitute a small proportion of the whole.

The first table of patients in this group comprises 75 names. Of these the first 29 state that they are absolutely well. The remainder are at least considerably better, and many of them are very much better. Forty-one are definitely at work; this by no means represents the increased working power of the group. Some married women who are probably looking after their houses are not included; and unfortunately there are several men who cannot get work, often because they have been so long out of it, that they cannot get anyone to employ them. A case in point is that of a patient (No. 23 in Table I. of the group), a scientific chemist who has been ill for about ten years and off work for about five. During the period of illness when he was working he was obviously so fussy because of his obsessive thoughts, which quite disappeared under treatment, that he became a nuisance, and now cannot get anyone to give him a chance.

GROUP I. PSYCHONEUROSES.

TABLE I.

(The figure in brackets in the last column is the number of months between discharge and report).

Patients who are now better.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
1				
M. 41	7 months.	Depression. Dyspepsia. Insomnia. Phobias. Inability to work.	Symptoms gone.	Quite well and at work. (20)
2				
M. 25	3 months.	Lethargy. Insomnia. Headache. Depression. Inability to work.	Symptoms all less.	"Back to normal." At work. (18)
3				
F. 54	5 months.	Dysphagia. Excessive salivation. Depression. Unable to work.	Symptoms becoming much less.	No dysphagia. No depression. Feels well. At work. (16)
4				
F. 46	2½ months.	Cardiac Pain. Worry. Not worked for three years.	Symptoms gone.	Well and at work ever since discharge. (14)
5				
F. 45	7 weeks.	Exhaustion. Depression. Constipation. Anæmia.	Much improved.	Well and at work since discharge. (14)
6				
F. 44	10 months.	Depression. Fatigue. Insomnia. Various fears.	Symptoms much less.	Now quite well. At work. (13)

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
7				
M. 42	8 weeks.	Pain in back. Hysterical Paraplegia.	Able to do everything. No pain.	Quite well. At work as wheelwright. (14)
8				
M. 23	8 months.	Inability to work. Bad sleep. Hysterical Fits. (Coma). Fear of sex.	All symptoms gone.	Been at work ever since. Is well. (16)
9				
M. 17	3 months.	Fear of streets, of death. Depressed. Emotional weeping.	Symptoms gone.	"A wonderful change." At work; well. (13)
10				
F. 29	2 months.	Depression. Inability to concentrate. Poor sleep. Fatigue. Epileptiform fits.	All symptoms gone.	Well, and at work. (12)
11				
M. 39	4 weeks.	Vertigo. Headache. Attacks of unconsciousness. History of trauma.	All symptoms gone.	Keeping well. At work. (13)
12				
M. 45	3 weeks.	Fatigue, bodily and mental.	Symptoms gone.	At work. Feels well. (11)
13				
F. 40	3 months.	Sensitiveness. Feelings of unworthiness. Fits of temper.	Symptoms all better.	Has kept very well. (10)
14				
F. 22	5 months.	Hysterical paraplegia (11 years). Vomiting. Depression.	Paraplegia and vomiting gone. Still depressed.	Is in good spirits. Other symptoms gone. (10)

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
15				
F. 25	9 weeks.	Attack of depression. Suicidal thoughts. Pains in neck. Fatigue. Dyspepsia.	Symptoms gone.	Is very well. (11)
16				
M. 30	10 weeks.	Phobia of old men. Depression. Headache. Insomnia. Suicidal thoughts. Inability to work.	All symptoms gone.	Feeling quite well. Better than he has felt for 10 years. At work. (10)
17				
M. 31	2 months.	Unable to work. Memory bad. Headache. Loss of weight. Loss of confidence.	Feels much better. Confidence restored.	Feels quite well. At work. (10)
18				
M. 36	4 weeks.	Failure of concentration. Frontal headache.	All symptoms gone.	Quite well. At work. (10)
19				
F. 23	2 months.	Poor sleep. Faint feelings.	Sleep good. Faints gone.	Quite well. At work. (10)
20				
M. 64	4 weeks.	Fatigue, mental and physical. Inability to do his work.	Symptoms gone.	Feels well. At work. (9)
21				
M. 41	3 weeks.	Pain in tongue. Fear of cancer. Depression. Insomnia. Self-reproach.	Pain disappeared. Sleep good. Feels well.	Is quite well. At work. (9)
22				
F. 29	3 months.	Loss of strength, physical and mental. Headache. Bad sleep. Apprehensive. Loss of weight. Inability to work.	Gained two stones. All symptoms gone.	At work since discharge. Well. (11)

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
23				
M. 34	5½ months.	Fear of people. Claustrophobia. Bad dreams. Compulsive thoughts. Hallucination of voices, but aware that they were unreal.	All symptoms gone.	Quite well. Cannot get work. (8)
24				
F. 23	3 weeks.	Loss of interest. Depression.	In statu quo.	Now quite well. (10)
25				
F. 22	5 months.	Headache. Insomnia. Fears of dark. Diarrhoea.	All Symptoms improved.	Well and at work. (22)
26				
F. 25	2 months.	Nervousness. Dyspepsia. Emaciation. Headache.	Gained 22 lbs. Feeling better.	Feels quite well. (14)
27				
M. 62	10 weeks.	Delusion that he had appropriated money fraudulently.	Delusion gone.	Delusion gone. Is well. (15)
28				
M. 60	4½ weeks.	Delusion that he had cheated the Inland Revenue. Insomnia. Depression.	Symptoms all relieved.	Been at work since discharged. Is well. (12)
29				
M. 49	2½ months.	Delusions of people under bed. Insomnia.	All symptoms disappeared.	Has kept well. (7)
30				
F. 34	5 months.	Headache. Depression. Mutism. Not worked for 3 years. Attempted suicide in Hospital.	Was transferred to mental hospital after attempt, but was already more cheerful.	At work for 15 months. Still headaches, but quite cheerful. (18)
31				
M. 32	6 weeks.	Dyspepsia. Poor sleep. Loss of concentration.	Symptoms much less.	Fairly fit and well. At work. (14)

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
32				
M. 21	11 weeks.	Depression. Fear away from home. Dyspepsia. Fatigue. Inability to work.	All symptoms less.	Much better. At work. (14)
33				
M. 30	2 months.	Inability to concentrate. Tremulous. Insomnia. Unable to stay away from home. Alcohol.	Symptoms gone.	Sleep good. Concentration not quite good. (14)
34				
F. 35	7 months.	Depression. Inability to concentrate. Curious sex ideas. Been under medical treatment 20 years.	Much better.	Feeling much better. Has had no doctor since discharge. (13)
35				
F. 56	3 months.	Exhaustion. Insomnia. Pains in head, Coughs; constant catarrh and fear of colds.	Symptoms all less.	Much better than has been for many years. Sleep good. Less depressed. (13)
36				
M. 43	2 months.	Loss of intellectual power. Pains all over body. Fatigue. Indigestion. Nervousness.	All symptoms relieved.	All physical symptoms gone. At work. Is nervous occasionally, but less so. (13)
37				
F. 47	3½ months.	Prostrating headaches. Photophobia. Lay in dark. Insomnia. In bed for over a year.	Severe headache gone. Photophobia gone. Sleep much improved.	Slight occasional headaches. Sleep much better. Plays tennis; does her work. (11)

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result
38 M. 28	10 weeks.	Palpitation on going off to sleep, wakens screaming. Head dazed. Fatigue. Inability to work.	Palpitation only occasionally. Head feels well. Fatigue gone.	When very anxious has attack of palpitation. Otherwise well. (14)
39 F. 55	3 weeks.	In the Hospital the year before on account of severe pains. They are better, but she is a little tired. Been at work since previous discharge. (Schoolmistress).	Fatigue much less.	Been at work since discharge. Occasional pains on anxiety. (11)
40 F. 55	6 weeks.	Headaches. Flatulence. Fears.	All symptoms relieved.	Very fit on the whole. (8)
41 M. 49	6 weeks.	Nervousness. Failure of concentration. Agoraphobia. Indigestion. Off work 9 months.	All symptoms less.	At work; occasionally nervous. (9)
42 F. 40	3 months.	Inability to move left arm or hand (contracture). Insomnia. Dyspepsia.	Arms move freely. Insomnia and indigestion relieved.	No return of contracture, but was depressed. Is now in the Hospital. (11)
43 F. 52	2½ months.	Hysterical paraplegia 18 years. Noises in head. Headache. Constipation.	Able to walk. Other symptoms much improved.	Walking well. Other symptoms not commented on. (10)
44 M. 59	2 months.	Depression. Insomnia. Loss of concentration. Dyspepsia. Inability to work.	Symptoms all greatly relieved.	Feels fairly well. Sometimes depressed. (18)

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
45 F. 47	3 months.	Headache. Dyspepsia. Nervousness. Fatigue. Poor concentration. Visceroptosis. Many operations. At work, but finding it very difficult.	Symptoms less.	At work since discharge, but easily tired. (18)
46 F. 38	4 weeks.	Phobias of knives and heights. Dyspepsia. Anaemia.	Symptoms less.	Fears much less, but not absent. Much more able to manage. (18)
47 F. 30	10 weeks.	Headache. Insomnia. Fatigue. At work, but finding it impossible to continue.	Symptoms all less.	At work since discharge. Better but not well. Still fatigued. (19)
48 M. 34	8½ months.	Depression, unable to concentrate. Insomnia. Many phobias. Inability to work.	Symptoms not much changed.	Sleep good. Feels better. Doing some work. (16)
49 F. 43	9 weeks.	Depression. Indigestion.	Symptoms improving.	Has been much better. Done her work since discharge. (16)
50 F. 22	7 weeks.	Anorexia. Amenorrhoea. Emaciation. Distension of Abdomen.	Gained 16 lbs. Distension less. Amenorrhoea still present.	Feels much better and at work. Amenorrhoea still present. Some distension. Has kept weight. (15)
51 F. 43	4 weeks.	Phobias. Insomnia. Inability to work.	Little changed.	Sleep good. Able to work. Phobias not gone. (14)
52 M. 68	5 weeks.	Headache. Poor sleep.	Better on some days.	Sleep good. Occasional headache. Feels better. At work since discharge. (14)
53 M. 60	13 weeks.	Insomnia. Lack of concentration. Lack of Interest.	Improved.	At work since discharge. (6)

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
54				
F. 43	2 months.	Loss of confidence. Exhaustion. Depression. Aches and pains.	Symptoms much better.	Symptoms gone except for aches and pains
55				
M. 23	6 weeks.	Poor Sleep. Depression. Fears.	Symptoms much less.	At work. Better. (13)
56				
M. 46	8 weeks & 4 weeks.	Fear of being alone, of heights, of trains. Cardiac discomfort.	Much better.	At work. Much better but still some train fear.
57				
M. 27	3 months.	Fears of falling in street. Inability to concentrate. Dyspepsia. Depression.	Symptoms gone.	Returned to work at once, but relapsed. Further psychotherapy at Birmingham. At work now. (12)
58				
M. 33	7 weeks.	Insomnia. Failure of concentration. Fatigue. Tension in head. Fear of marriage.	Symptoms relieved.	Did not marry. Sleep good. Symptoms all much better. At work. (12)
59				
F. 56	5½ months.	Headache and Insomnia. Loss of weight.	Symptoms improved.	Has had further treatment by diet. Now well. (12)
60				
M. 60	7 weeks.	Dazed feeling in head. Bad sleep. Anxiety.	Sleep rather better, but does not feel well.	Feels much better but has given up work. (12)
61				
F. 35	5 weeks.	Weakness. Hysterical attacks. Depression. Poor sleep.	Sleep good. Depression gone.	Has kept much better. All these symptoms gone but has a phobia not complained of here, which she returned to discuss in August, 1923. (11)
62				
F. 40	13 months.	Exhaustion. Pains all over body. Violent tempers. Inability to work.	Symptoms less. Complains that she is tired too easily.	Been at work till two months ago. Tempers less. Better generally, but still fatigued. (13)

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
63 M. 49	4 weeks.	Fits of weakness. Loss of weight. Fear. Depression.	In statu quo.	Depression gone. Can do what he has to do better. (10)
64 F. 44	2 months.	Dyspepsia. Fatigue. Fears. Insomnia. Depression. Loss of weight. Visceroptosis. Inability to walk 1 mile.	Gained 9½ lbs. Can walk 8 miles. Depression gone.	Sleep better. Feels better. Some dyspepsia. (10)
65 F. 25	4 months.	Headache. Insomnia. Dislike of people. Worried. Suicidal feelings. Inability to work.	Headache gone. Sleep good. Suicidal feelings gone. Still shy.	Feeling better. Not quite well. Is working. (10)
66 M. 41	4 weeks.	Insomnia. Poor appetite. Indigestion. Headache. Palpitation. Off work for 10 months.	Sleep good. All symptoms relieved.	At work since discharge, but not quite well. (9)
67 M. 37	2 months.	Fatigue. Fear of noise. Depressed.	All symptoms relieved. Can walk several miles.	Much better. (10)
68 F. 40	13 months.	Insomnia. Fear of being alone and of suicide.	Symptoms all much less.	Physically well, but is depressed. (6)
69 M. 46	5½ months.	Exhaustion. Pain at heart. Diarrhoea. Fear of people.	All symptoms improved.	Feeling much better. Cannot get work. (8)
70 M. 29	4 weeks.	Attacks of Depression.	Left without symptoms.	Well and at work. Has had one short attack. (14)
71 M. 55	13 months.	Pain in right leg. Cannot walk 100 yards. Dyspepsia.	Can walk some miles, dance, play cricket, still complains of pain. Dyspepsia gone.	Improvement on discharge maintained. (12)

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
72 F. 41	4 weeks.	Fears of something about to happen to her legs. Nervous sexual fears.	Symptoms better. Fears about legs quite disappeared.	Feels calmer and better. (12)
73 F.	10 weeks.	Headache. Pain on right side. Loss of confidence. Fear of insanity and of going about.	Symptoms less.	Husband states is better and going about more. (16)
74 F. 39	7 weeks and 3 months.	Depression. Exhaustion. No power of thought.	Slightly improved. Returned in 3 months.	Much better. No depression. (7)
75 M.	7 weeks.	Inability to concentrate. Irritability. Memory poor. Unable to face people.	Symptoms all improved.	Perfectly well away from work. Cannot concentrate well at work but has continued at it since discharge. (10)

On going through the list of symptoms it is interesting to note that in comparison with a few years ago symptoms referred to the lower part of the body seem to be less frequent. Dyspepsia, it is true, is still a common complaint, but it does not seem to obsess the patient in the way it did in former years; food faddists, who in the writer's earlier experience were extremely common, are now hardly ever encountered. It used to be common for patients to say they could not take milk. No patient was admitted who was unable to take it. There is no example in the list of a patient who complained of colitis.

On the other hand, there seems to be a larger proportion of patients with odd, indescribable sensations in the head, more with phobias, more with headaches of all sorts.

There are only seven examples of patients with gross hysterical disability discharged during the period, and it is interesting that six of these lost their obvious symptoms. Three of them are among the first 24, viz.: patients No. 3 (dysphagia), No. 7 (paraplegia) and No. 14 (paraplegia and vomiting). Two others are in the second half of the list, No. 42 (contracture of the left arm), and No. 43 (paraplegia). The last patient had been bed-ridden for eighteen years. Another patient who lost a monoplegia of the right leg has not been heard from.

In all these patients the treatment adopted was the method of direct persuasion after the history had been taken and the position explained. No electrical or manipulative treatment was given, and it may be said that these results were accomplished with the same ease as was experienced in the cases of war paralysis or contracture, *i.e.*, the bulk of the favourable result was accomplished at one sitting. This statement is made because it has been averred that army patients with gross hysterical disability were more easily relieved than is the case with civilians.

The seventh patient was one whose disability did not readily lend itself to this form of therapy. She was a girl of 20 (Case No. 11, Group I., Table IV.), who was subject to attacks in the street, during which she was compelled to sit down wherever she was. The reason for the onset of the attacks was never ascertained.

In the six who lost their symptom or symptoms, ordinary history taking revealed a reason for the onset of the attacks which was sufficient to enable the patient to proceed hopefully and with understanding. Thus the dysphagia originated during a meal in the course of which the patient received a piece of very distressing news, and the food stuck in her throat. Paraplegia (No. 7) came on when the patient strained his back lifting a heavy weight; this made him think he had injured his spine; paraplegia No. 14 originated in a diagnosis of spinal caries many years before. Patient No. 43 suffered from some congenital or infantile hip condition. Eighteen years before admission to Swaylands she strained this hip, was put to bed in an infirmary ward, and was thereafter left alone till some charitable lady took up her case.

In the report for next year it will become evident that this form of therapy will not effect an abolition of gross hysterical disability in every patient, as at least two will be reported on where it failed, one where recovery would have entailed the loss of a pension of about £200 a year, the other where the affection had persisted since the age of six. It may be doubted whether any other form of therapy would have been attended by better results in these two.

In the report for the previous year, 1921, there were three patients with gross disability, one with epileptiform convulsions, two with paraplegia. The first has been absolutely well since his discharge, the two others have remained free from paralysis and have steadily improved in health. These three also were treated by the same method (1922 Report—Cases 3, 43 and 48).

These cases altogether do not constitute a large number, but so far as they go, they do not seem to indicate that any indirect method of suggestion is necessary for the removal of these obvious disabilities, but that direct open persuasion is sufficient. If it is sufficient, it is certainly a much more desirable method than any which involves the use of physical means. The latter must tend to increase the patient's belief that the relief from his symptoms is no business of his, but the sole concern of the doctor, and must therefore prevent his coming to an understanding of himself; whereas when he has seen for himself that a change of belief is followed by a striking amelioration of symptoms, he becomes willing to change his ideas in many other directions. It may be noted further that in none of these patients has any relapse of the morbid condition occurred, nor has there been a change into any other form of gross disability. In all, too, it may be claimed that there has been a decided improvement in the anxiety state. In this connection it may be pointed out that anxiety symptoms were present in all but three of these ten patients of the two years. These three were very uneducated, stupid persons; the others, who combined anxiety symptoms with their hysterical symptoms, were in every way more sensitive and much more highly educated. It would almost seem that to the educated the escape into paralysis afforded little relief to their anxiety, as if they knew that the phenomenon they were presenting had an air of unreality about it.

It will be seen that patient No. 8, Table 1, had hysterical fits. His case has not been included in the above discussion because the fits were not a marked feature of it. There were only three attacks during his stay of eight months; they were quite overshadowed by the other symptoms, and no special treatment was given for them. They have disappeared.

TABLE II.

Patients who state that they are not any better but are at work.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
1				
F. 36	5 months.	Fears. Faintness. Headache.	Fears less. Headaches less.	Symptoms all present. Is at work. (18)
2				
M. 38	10 weeks.	Headache. Fatigue. Dizziness. Insomnia. Fears. Depression.	Symptoms in statu quo.	Been at work since discharge. Appears cheerful to others. He himself feels in statu quo. (18)
3				
F. 48	4 weeks.	Fatigue. Nervousness. Disturbed sleep.	Less fatigue but still nervous.	Has been at work since discharge but all symptoms present. (10)

Patient No. 2 has been seen on several occasions since discharge. He is the headmaster of a large boys' school. Before he came to Swaylands he was very depressed and quite unable to perform his duties. He has now been back at work for 18 months. His wife reports that he does not appear to her depressed, that he is perfectly easy to live with, which he was not formerly; but he himself says that he feels as bad as ever.

TABLE III.

Patients who are better but who report that the improvement has nothing to do with Swaylands but was obtained elsewhere.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
1				
F. 38	2 months.	Intense Depression. Many phobias.	In statu quo.	Now much better, but says was frightened at Swaylands by the general environment. (15)
2				
M. 46	8 weeks.	Headache. Poor sleep. Lack of vitality. Abdominal pains. Emaciation.	Gain of 16 lbs. Symptoms improved.	Relapsed but is now well. Had operation on antrum 6 months after discharge and attributes improvement to that. (14)

TABLE III.—contd.

Sex and Age.	Symptoms and Drug.	Result on Discharge.	Result on Discharge.	Late Result.
3				
F. 54	4 months.	Profound asthenia. Wasting of muscles. Paraplegia. Knee jerks absent.	Worse. Discharged unsuitable.	Gradually became quite well at home. Knee jerks present. (11)
4				
F. 25	4 weeks.	Fears. Hallucinations and delusions. Somnambulism.	In statu quo.	All symptoms now absent. It is more probable that they were hysterical rather than psychotic. (12)

This is a group of considerable interest. No. 1 was a homosexual who had been deserted and who on arrival was in a state of self abasement. Out of this state she did not come in the least. She was unable to face the other patients, and she was obsessed with her depressed thoughts if left alone. She was unable to afford a special nurse; at the time she was in the Hospital the special nurse we have now had not been instituted; and as matters then were the place was probably not suitable. She went to some relatives, where she recovered.

No. 2 was a middle-aged man who had suffered at intervals from neurasthenic attacks since boyhood. It seems hardly likely that during all that time he had suffered from antral disease.

No. 3 was a lady who had undergone an operation for cancer of the breast eight years before. Her symptoms were so suggestive of organic disease that she was sent home; she, however, called at the Hospital in person eleven months later, and seemed to be quite well. She had had a previous attack three years before. It seems doubtful, however, in any case whether such an attack should be called a psychoneurosis when the physical signs are taken into consideration.

No. 4 was probably a severe "war" psychoneurosis.

TABLE IV.

Patients who report that they are no better.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
1				
F. 39	2 months.	Noises in head. Deafness. Headache. Fear of being alone. Insomnia.	Symptoms all improved.	Noises less, but is very depressed. (18)
2				
F. 63	2 months.	Pains in head and spine. Hysterical outbursts.	In statu quo.	In statu quo. (18)

TABLE IV.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
3				
M. 37	10 weeks.	Pain after food. Nervous attacks. Extreme emaciation.	Gained 32 lbs. All symptoms improved.	Relapsed. "Not any better." (17)
4				
F. 43	5½ months.	Severe headache. Depression. Inability to work.	In statu quo.	In statu quo. (16)
5				
M. 19	8 months.	Attacks of dyspnoea. Pains in legs. Inability to concentrate.	In statu quo.	In statu quo. (16)
6				
F. 34	4½ months.	Pains in neck. Depression. Fatigue.	In statu quo.	In statu quo. (16)
7				
F. 50	2 months.	Loss of energy and of concentration. Depression.	Symptoms gone.	Has had carbuncles and is not well now. (20)
8				
M. 59	2 months.	Poor sleep. Indigestion. Loss of weight.	Gained 5 lbs. otherwise in statu quo.	Not well. Symptoms of indigestion. (14)
9				
F. 41	5 months.	Pain over left sacro iliac joint; organic(?) Insomnia. Fear of insanity. Fugue.	Symptoms slightly better.	Pain as bad as ever. Not well. (13)
10				
F. 33		"Heart" attacks. Weakness. Tremblings. Asthenopia. Emaciation (6st. 8lbs.)	Gain of 9 lbs. Fears less.	Has not kept well. Has returned to Swaylands.
11				
F. 20	7 weeks.	Nervous attacks in street; has to sit down. Dislike of meeting strangers.	Fear still present. No attack here.	Still having attacks and does not go out alone. (12)

TABLE IV.—*contd.*

Sex and Age	Stay.	Symptoms.	Result on Discharge.	Late Result.
12				
F. 60	4 weeks.	Pains in head. Palpitation. Exhaustion. Pains in joints.	In statu quo.	In statu quo. (18)
13				
F. 52	5 months.	Band round head. Depression. Poor sleep. Fear of being alone.	Symptoms gone.	Relapsed and is now in Swaylands.
14				
F. 20	2½ months.	Obsessions of names.	In statu quo.	In statu quo. (6)
15				
F. 27	10 months.	Insomnia. Nightmares Headache. Violent tempers. Loss of weight.	Gained 17 lbs. All symptoms better.	All symptoms still present. (6)

Two of these patients, Nos. 10 and 13, are in Swaylands now, and are doing better than they did on their first visit. Neither is very promising, but both are in the mood of expecting less than they did. Each left last time with the idea that their difficulties in life were over.

It may be said that no patient in this group was ever very promising. Patients Nos. 2, 8, and 12 were prematurely aged people. Patients 3, 5, and 11 were much below the standard of normal intelligence. Patient No. 4 suffered from intense boring headache of obscure origin. No. 6 was physically a weakling who had been psycho-analysed for two years before admission and whose mind was full of sexual images. No. 9 was possibly organic. No. 15 was in receipt of a war pension, plus allowances.

GROUP II.

DRUG ADDICTS.

Although only two of these have been heard from, the other two have been reported here, to emphasise that the group is really a small one. Patient No. 1 is very satisfactory, as he had been drinking paraldehyde steadily for five years. No. 2 was seen by Dr. Head at the Hospital, who advised that at the patient's age, in view of the long addiction, it would be wrong to attempt treatment. No. 4 was a psychotic lady with delusions of persecution on the part of her family whose drug taking was a refuge from that symptom. She would probably remain well in an institution.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
1 M. 44	13 months	Insomnia. Great depression. Tremor. Paraldehyde drinking up to 18 drams a day.	No drugs last 2 months of stay. Slept well without them. No symptoms.	Been at work since discharge. No drugs. Feels much better. (12)
2 M. 68	3 weeks	Chlorodyne 8 drams a day. Felt well. Unreliable. Habit been in existence 30 years.	Discharged as unsuitable for treatment.	No report.
3 M. 48	2 months	Hallucinations. Tremors. Insomnia. Paraldehyde 8 oz. a week.	Paraldehyde stopped. Sleep better. Hallucinations less frequent.	No report.
4 F.	3 weeks	Insomnia. Irritability of temper. Variety of drugs; sometimes morphia.	Sleep better. No drugs here.	Says she sleeps only with drugs.

GROUP III. PSYCHOSES.

Table I. consists of patients all of whom showed varying degrees of depression, which was not even temporarily relieved by encouragement of any sort; in certain instances there was a clear history of exaltation between previous attacks; in all there was a degree of self-abasement which could not be relieved by any reassurance. There are 26 names on this list, of whom 22 have been heard of. Eleven of these improved greatly in the Hospital. Two of these eleven have relapsed. One of them was sent to the Maudsley Hospital, and is now well; the other (No. 8) is now in Swaylands. At least six of these would sooner or later have required treatment in a mental hospital if they had not been at Swaylands.

Two patients in this Table have committed suicide, one in the Hospital, the other a few days after leaving.

No. 7 was of interest in showing a state of alternation between depression and asthma.

TABLE I.

Symptoms chiefly those of mental depression.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
1				
M. 37	3 months.	Depression. Retardation. Loss of confidence. Temporary attack of confusion in the hospital. History of previous excess of confidence, alternating with depression.	Symptoms all much relieved.	Been at work and well since discharge. (12)
2				
M. 35	5 months.	Pains in head. Anxiety. Depression. Loss of confidence. History two previous attacks with exalted intervals.	Symptoms gone except pains.	All symptoms gone. (12)
3				
F. 32	2 months.	Loss of affection. Unable to concentrate. Attempt at suicide before admission.	Felt quite well.	Quite well. (12)
4				
M. 50	4 months.	Anxiety. Loss of concentration. Self-accusations of being unworthy. History of attack 10 years ago.	Feels much better.	At work since discharge. Nearly well. (9)
5				
M. 38	8 weeks.	Depression. Poor sleep. Headache. Slowing of mental processes. Loss of power to do fine manual work. Second attack.	Feels much better.	Returned to work as photograph re-toucher. Feels quite well. (8)

GROUP III. PSYCHOSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result of Discharge.	Late Result.
6				
F. 55	2 weeks	Not sleeping well, but better. Depression. 3rd attack.	Sleep better.	Has continued to improve. Now nearly well. (11)
7				
M. 61	6 weeks	Depression. Feelings of unworthiness. Insomnia. Attacks of this have alternated with asthma.	Depression disappeared, but asthma became bad.	Still asthmatic. Not depressed. (8)
8				
F. 55	7 weeks	Insomnia. Loss of interest. Depression. Fears.	All symptoms gone.	Remained well till August, 1923, when became suddenly depressed. In Swaylands now.
9				
M. 36	4½ months	Depression. Unworthiness. Insomnia.	All symptoms less.	Returned to work at once and has continued well. (14)
10				
F. 48	6 months	Inability to think. Insomnia. Indigestion. Depression. 3 previous attacks with periods of exaltation.	Symptoms much less.	Now slightly exalted. (9)
11				
M. 62	6 months	Delusion of having been in jail as a young man, followed by simple depression; delusion lasted one week. Insomnia.	Depression much less.	Relapsed and sent to Maudsley. Now quite well. (9)
12				
F. 55	4½ months	Confusional attack, followed by simple depression and Insomnia.	All symptoms absent.	Has had relapse and better again. (14)
13				
F. 60	7 weeks.	Insomnia. Lack of interest. Depression. Fatigue. Epigastric pain.	Improved. Sleep better. Depression less.	Symptoms not gone, sometimes better, sometimes worse. (12)
14				
M. 61	2 months.	Depression retardation. Insomnia. 5th attack.	In statu quo.	In statu quo. (12)

GROUP III. PSYCHOSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result of Discharge.	Late Result.
15				
F. 62	2 months.	Depression. Insomnia. Apathy. Emaciation.	Gain of 8 lbs., but mental state unchanged.	Mental state worse. Delusions of identity. (12)
16				
F. 23	3 weeks.	Loss of interest. Depression.	In statu quo.	Now well. (11)
17				
M. 34	9 weeks.	Depression. Cloud in head. Fear of insanity. Impotence. Loss of weight.	Appeared more cheerful. Gained 26 lbs. in weight.	Committed suicide 4 days later.
18				
M. 52	5 months.	Insomnia. Depression. Fear of damnation. Agitation. Previous attack 25 years ago, which lasted one year.	In statu quo. Sent to Mental Hospital.	In statu quo. (11)
19				
F. 60	3½ months.	Very marked retardation. Depression. Fear of sin.	Retardation somewhat less.	In statu quo. (9)
20				
F. 59	3 months.	Depression. Confused feelings in head. Insomnia. Loss of pleasure in life. 5th attack.	Sleep improved. Less depressed.	Relapsed and sent to Mental Hospital. (8)
21				
F. 42	6 weeks.	Depression. Self-abasement.	Committed suicide.	
22				
F. 45	3½ months.	Depression, visual hallucinations. (Insight)	Depression gone, but hallucinations remained.	As on discharge. (14)

DEPRESSION WITH AGITATION.

There were four patients. All were discharged within a week or two of admission as unsuitable for treatment at this Hospital.

TABLE II. Mental Exaltation.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
1 F. 28	3 months	Excitement. Flight of ideas.	Became quiet and normal.	Not heard from.
2 F. 26	6 weeks	Exuberance of spirits on admission.	Became maniacal and sent to mental Hospital.	Recovered. Relapse after six months.

TABLE III. Hypochondria.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.
1 M. 33	10 weeks	Numbness in penis. Epigastric sensation.	In statu quo	At work, but in statu quo. (9)
2 M. 72	3 months	Sore mouth. Inability to breathe. Insomnia.	In statu quo	In statu quo. (8)
3 M. 42	9 months	Weakness. Poor sleep. Weakness of heart, of throat, of digestion.	In statu quo	In statu quo. (14)

In addition to the patients whose cases have been tabulated there were five patients who suffered from symptoms of possible dementia praecox, five who suffered from systematised delusions, four who suffered from moral defects, and one with general paralysis. All these were discharged as unsuitable for treatment.

GROUP IV. Organic Disease.

Thirteen patients are returned as having suffered from organic disease. Four of these are known to be dead; viz.: one high-blood-pressure patient who died of a stroke in the Hospital, one disseminated sclerosis who arrived with bed-sores in a late stage of the disease, the patient with cerebral tumour, and the patient with organic disease of the bladder, both of whom died soon after operation. Exophthalmic goitre and spasmodic torticollis have been included in the group.

TABLE.

High Blood Pressure with arterio sclerosis	...	...	3
Paralysis Agitans	...	...	2
Disseminated Sclerosis	...	...	2
Exophthalmic Goitre	...	...	2
Cerebral Tumour	...	...	1
Organic Disease of Bladder	...	...	1
Torticollis (spasmodic)	...	...	1
Pain of causalgic nature	...	...	1
			13

GROUP V.

This Group contains those patients who have not been classified:—

1. F.33. Stayed three months, complained of depression, failure to concentrate, fatigue. She had been analysed before admission and her mind was full of sexual images; everything she saw was a sexual symbol.
2. F.37. Stayed three months. Complained of tachycardia (140 at rest), lack of energy. She was regarded as probably organic, hyperthyroidism. Was treated by strict rest. Unfortunately she developed some urticaria, which never cleared here. She left highly dissatisfied, and nothing further has been heard of her.
3. M.39. Here for two months in 1921 and again for three weeks. Depressed, fear of suicide, inability to work. Is either an uncured psychoneurotic or a psychotic. His doctor says he is deteriorating.
4. M.52. Stayed nine weeks, but has been in again this year. Has a shrewish wife and becomes hysterical and sleepless at home. Is quite well away from her and goes to a round of institutions from which he does his work quite well. Is afraid to have formal separation. The wife has been interviewed frequently but will not consent to be treated.
5. F.46. Stayed seven and a half months. Attacks in which she became completely paralysed for 3-6 hours. All four limbs were in a condition of flaccid paralysis. The masseters and facial muscles were in a state of spasm. Deep reflexes were *not* abolished. Patient was subject to urticaria. No physical or psychological reasons were discovered. The attacks still continue.

Further MEDICAL REPORT on patients who were discharged in the year 1921.

In the Report on patients discharged in 1921, twenty-six patients were described as having remained quite well. Seventeen only of these have replied to the enquiry. This seems disappointing, and it is curious to find that three or four of these took more than three months to answer the letter of enquiry, and as they were still well, it need not be assumed that the fact of others not answering means that they have relapsed. It is hoped that some will do so when written to next year. Of the 17 who have replied all but three are still well. Two of the three were recognised when they were in the Hospital as manic depressives, and therefore were liable to relapse; the third (case 16) was considered last year to be neurasthenic; but from the subsequent course of the illness it is more likely that his case belongs to the group of recurrent psychoses.

Of the 23 psychoneurotic patients who reported themselves as improved in Autumn, 1922, 19 have replied to recent enquiries. Of these 16 are satisfied with their progress, and some of them indeed report themselves now as quite well.

Of the three who relapsed one (No. 41) has failed to get work. He belongs to the class of young men who joined the army in 1914 just when he had left school, became neurasthenic during the war, and as he had not recovered by the end of it; he therefore has largely lost his chance in life.

Another (No. 49) returned to the Hospital and has improved.

An amended copy of last year's tables of these patients, of which the above is explanatory, is enclosed.

The number on the left hand of each case is the same as that in the printed Report for last year, issued December, 1922.

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.
3 M. 19	4 weeks.	Fear of darkness and crowds. Epileptiform fits. Somnambulism. Headache. Terrifying dreams. Traumatic Neurosis	Symptoms gone.	Quite well.	Quite well. (26)
4 F. 48	5 weeks.	Pains. Dyspepsia. Fears that she might become insane and kill her mother. Fatigue. Neurasthenia.	All symptoms gone.	Very well.	Very well. (24)

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.
5					
F. 48	6 weeks.	Fatigue (extreme) Indigestion. Depression. Neurasthenia.	Able to walk 20 miles. Depression and Indigestion gone	Quite well.	Is quite well. (24)
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.	Has had several relapses. (24)
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.	Is on whole very well. Occasionally depressed. (24)
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.	Christmas, 1923, quite well. Working. (24)
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.	Is quite well. (27)
12					
F. 40	10 weeks.	Headache. Insomnia. Fear of apoplexy. Severe gastric pain. Fear of insanity. Polyarthrititis. Neurasthenia.	All nervous symptoms gone. Arthritis in statu quo.	Writes: "Joy of joys that she went to Swaylands." All symptoms gone. Arthritis better also.	Christmas, 1923, is quite well. (27)

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.
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.	Still at work. Is in slight attack now. (24)
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.	Has kept well. (25)
16					
M. 48	4 weeks.	Lack of energy. Depression. Headache. Neurasthenia (?) probably Recurrent Depressive.	Symptoms gone.	Is well and at work.	Has had two relapses—in one just now. (24)
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.	Is quite well. (24)
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> .	Feels quite well. (24)
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.	Has kept well. Been on duty since leaving. (23)

Sex and Age	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result
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.	Has kept quite well. (23)
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."	Is very well. (22)
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.	Been well since last report. (24)
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.	Feels well, much better than before he came, sleep uncertain. (25)
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	"Health still better able to go about in my usual way which is a great delight." (27)
29 M. 69	6 weeks. and 6 later.	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.	Feels well. Occasional pollakiuria. (26)
30 F. 64	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.	Sleep good, fears not gone but is feeling much better. (25)

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.
32 M. 32	8 weeks.	Weak and exhausted. Shy, giddy, poor concentration. Neurasthenia.	Symptoms all improved.	Physically much better. Mentally better but periods of depression. Has worked all the time since leaving.	Not well. Is under treatment elsewhere. (24)
33 F. 53	10 weeks.	Neuralgic pains in body, needing morphia frequently. Hysteria.	Pains muchless.	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.	At work since discharge. Feels better. Pain occasionally present for short time. (24)
34 M. 45	4 weeks.	Headache. Pains in right arm. Poor sleep. Loss of temper. Loss of weight. Neurasthenia.	Pains gone. Sleep good. Gained 16lbs. in 4 weeks.	No pains in arms. Sometimes in head. Gained further 20 lbs. Sleep good. Fitter than for five years.	Continues to be well. (26)
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.	Feels well. (26)
36 M. 32	6 weeks.	Headache and fears of disease. Neurasthenia.	Headache gone. Fears muchless.	Has kept at work but not feeling very well.	Has kept at work. Some headaches but they do not last long. (26)
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.	The improvement has been fully maintained. (24)

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six months after Discharge.	Late Result.
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.	Is much better than last year. (24)
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.	Failed to get work and has relapsed, but not so ill as when he came. (24)
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.	Has steadily improved. Been working since last report. (20)
44					
F. 63	3 months	Noises in head. Fainting. Cardiac pain. Inability to leave bedroom or see people. Neurasthenia.	Can walk 3 or 4 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.	The same as on last report. (20)
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.	Is now quite well. (24)
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.	Has been at work since last report. Better than she used to be. (24)

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.
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.	Is now well. (22)
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.	No return of paralysis. Feels much better. (22)
49 F.	6 months.	Fear of Insanity. Depression. Insomnia. Dyspepsia. Fatigue. Neurasthenia.	Sleep fair. Fears less. Dyspepsia gone.	Is much as on discharge.	Relapsed and returned to Swaylands for 6 months. Not yet been away 6 months.

TABLE II.

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.
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.	In statu quo. (24)
2 F. 30	3 weeks.	Dyspepsia. Asthenopia. Diarrhoea. Giddiness. Exhaustion. Hysteria.	All symptoms gone. Felt well.	Not well. Has had many treatments since discharge.	Became well after the death of a daughter "for her husband's sake." (24)

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.
4 F. 43	2 months	Giddiness. Phobia of streets, railway platforms and people. Compulsion Neurosis.	Giddiness gone. Phobias disappeared as tested at Tunbridge 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.	Returned to Swaylands, 1923. Left improved.
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.	Not well. Doctor writes he is degenerating. (24)
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.	Still in same state. (26)
12 M. 40	6 months	Depression. Feelings of unworthiness. Melancholia.	In statu quo.	In statu quo.	In statu quo. (24)
16 F. 34	10 weeks	Dysphagia. Backache. Loss of weight. Fatigue. Hysteria.	Gained 6 lbs. Still tired. Backache present.	In statu quo.	In statu quo. (24)
17 F. 23	3 months	Feelings of stiffness and pains all over body. No objective stiffness. Fears of venereal disease. Hysteria.	In statu quo.	Reports that she has been cured by vaccine therapy.	Remains well. (26)
18 F. 34	4 months	Headache. Inability to feel pleasurable emotion. Home behaviour impossible. Hysteria.	Behaviour good here. Other symptoms in statu quo.	In statu quo. Home behaviour bad.	In statu quo. (24)

