Fifth annual report to the committee from the medical director: presented 31st December, 1926 / The Cassel Hospital for Functional Nervous Disorders.

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Publication/Creation

Penshurst, Kent: Cassel Hospital, [1927?]

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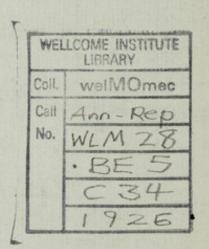


THE CASSEL HOSPITAL FOR FUNCTIONAL NERVOUS DISORDERS,

Swaylands, Penshurst, Kent.

FIFTH ANNUAL REPORT
TO THE
COMMITTEE FROM THE
MEDICAL
DIRECTOR.

PRESENTED 31st DECEMBER, 1926.





The Cassel Hospital for Functional Nervous Disorders.

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The

Cassel Hospital for Functional Nervous Disorders.

FIFTH ANNUAL REPORT

to the

Committee from the Medical Director.

In accordance with a resolution passed by the Committee in December, 1926, the Report this year is a short one. The Tables which were printed in previous years are omitted, and in all respects the Report is an abbreviated one.

Each year since the hospital opened has, however, been dealt with; the after reports from the psychoneurotic patients are presented to date, and make on the whole encouraging reading. The after histories relating to the other groups of patients have been collected as usual, but without the tables they are rather confusing and have therefore been largely omitted. They are, however, ready for printing when this is desired.

The

Cassel Hospital for Functional Nervous Disorders.

REPORT ON PATIENTS WHO WERE DISCHARGED DURING THE YEAR 1925.

During the period one hundred and eighty-two patients were discharged from the Hospital. Twenty-eight of these have been in on previous occasions. This leaves one hundred and fifty-four new patients discharged during the year. Four of these patients are dead. Reports have been received from one hundred and twenty-six of the remainder; these reports in accordance with previous practice concern the state of the patients one year after discharge. They have been classified as follows:—

Patients	suffering	from	Psychoneuroses	 	 	93
,,	,,	,,	Alcoholism	 	 	2
,,	,,	,,	Psychoses	 	 	18
,,	,,	,,	Organic Diseases	 	 	9
,,	,,	,,	Other Conditions	 	 	4
						126

The patients who have died.

- 1. R.S. aet. 50.—Complained in hospital of abdominal symptoms. Had been investigated very fully before admission with negative result. Three weeks after admission became jaundiced. Was referred back. On abdominal exploration found to be suffering from cancer of the head of the pancreas.
- L.I. aet. 20.—Had been discharged from Swaylands much improved where she had been suffering from nervous symptoms. Had suffered also from nasal polypi. Died with meningeal symptoms a few days after operation.
- 3. G.B. aet. 20.—Was admitted to Swaylands for loss of appetite and extreme emaciation. Had delusional ideas about food, that it

made his brain stop working, that he had the choice of going without food and possessing a brain which would work, or of taking food which would immediately clog his brain and make him no better than an idiot. He was completely impervious to argument. The friends were advised that he should be certified, and that if this were not done it was certain that he would die. They took him home, where he presently died. It is a matter of note that the symptom of nervous anorexia should in the male be so seldom of the benign type so common in the female.

4. A.J.I. aet. 46.—Admitted with severe headache and depression, which had come on after an operation for duodenal ulcer, which he had greatly dreaded. The symptoms of ulcer had been present for twelve years. Operation had been advised frequently, but had been always postponed. Finally the patient consented. The operation had, so far as dyspeptic symptoms were concerned, been a great success; but ever since the patient had felt that his head was not right. He developed delusional ideas, e.g., that gas was being pumped into his room, became more and more depressed, and had to be discharged as dangerous. We have not been able to ascertain the cause of death.

After-histories have been received from ninety-three patients suffering from psychoneuroses. Sixty-nine report themselves as much better; one as much better, but not due to treatment at Swaylands; twenty-three as no better. The patient who got better elsewhere did so after appendicectomy. Patients in this class are of great interest; and on going through the records of previous years one is struck by its small size. Every year we get reports on two or three who did not get better with us, but who did get better fairly soon after leaving, but the list is always small. It is not in the least suggested that this is an index of the value of the work done at Swaylands. To the present writer it has constantly suggested another set of ideas. Psvchoneurotic patients may be classified in many ways, but to his mind there is one outstanding basis of classification which is of the utmost importance. It is the response to the question: Is a particular patient willing to take up the responsibilities which cure implies or is he unable to face them. If the answer is that he is willing, then his recovery will be comparatively easy; if not, it will be difficult. If he is in the first category it will be found that he is merely a puzzled person who has lost his way, and almost any reasonable plan will aid him; but if he is in the second the problem is much more complicated. It will involve the possibility of changing his environment and

of changing certain aspects of his character; these things may be possible or impossible.

If this be a true analysis, and if it represents an approximately true view of the psychoneuroses, we are faced with the problem: Why should there be any patients at all who have derived no benefit from Swaylands, but who immediately or very soon after leaving derive benefit elsewhere? It is not likely that they have suddenly become capable of facing difficulties with equanimity over which they had previously been failing. The answer to this, too, is complex, but on looking through the records of previous years one sees that very often the patients in whose cases this happened were those with whom one had not got on well, patients between whom and the doctor there had been dislike perhaps on both sides. Such may quite well have been unable to accept help from someone who had in their view been unsympathetic. In the years 1922, 1923, 1924, 1925 there were eight patients in this category, and with five of these there was friction between doctor and patient, of a somewhat prolonged nature. Of course, an element of the kind enters into the treatment of many successful cases. There is resistance to be overcome; but once it has been overcome the relations are usually amicable. In the five referred to relations were somewhat strained when the patient left. Moreover, it is not a question of some physical remedy having ameliorated some physical disturbance; one of the five was cured immediately by psychotherapy elsewhere, another was cured of an illness which had lasted twentyfive years by a few enemata of plain water, a third was cured by faradism. The patient of this year may, of course, have really required appendicectomy; probably he did, but evidently it is by no means always the fact that we have been overlooking something organic. There must be such cases for psychotherapy is bound to be disturbing, and the beliefs of years are being overthrown. Fortunately, the great majority are able to get over this disturbance and benefit by the change of orientation.

The methods of treatment pursued during the period have not materially altered from those of previous years. They were described in great detail in the Fourth Annual Report, which dealt with patients discharged in the year 1924, and the description, therefore, need not be repeated.

Returning to the consideration of the patients in the psychoneurotic group, a few cases of special interest may be selected for narration.

There were three patients whose symptoms depended on homosexual inversion. Reports on two of these have already been published. One a man of 47 had, so far as he recollected, been devoid of sex feelings up to the age of about 40, when he began to be troubled with homosexual phantasies

which soon became obsessional. He became extremely miserable, and a few weeks before admission made an abortive attempt at suicide. Some time after admission doubt was cast on the certainty that he was truly as he had supposed, a homosexual person, and thereafter normal heterosexuality developed, and he has since married. It transpired during the course of his conversations that his mind had been totally deflected from sex after an unfortunate incident at the age of 15. Such cases have been described before in the literature, but they are probably uncommon.

A second patient, a young lady, was admitted on account of fits, of which the nature was doubtful. One of these fits was seen by Dr. Duncan, then one of the medical officers who had had a thorough neurological training. He had no doubt that the fit witnessed was epileptic, and reported that a double Babinski reflex had been obtained. He was unaware of the patient's history, and was therefore in an unbiassed state of mind. The history showed that the fits had started at a time when the patient was being parted from another woman, with whom she was in love, by reason of the latter's engagement to be married. The first attack actually occurred when the engaged lady was about to leave the patient in order to visit her fiancé. Other attacks seemed capable of preventing similar partings from taking place. The attack observed occurred when a meeting with a successor to this person was being prevented. The psychological aspect of the case seemed so clear that it was resolved to act on it rather than on the neurological report. The patient was induced to see that this was a poor and ineffectual method of getting her own way. She has had no fit now for over eighteen months. Her anomaly remains unchanged. She has had no drug treatment.

The third was a schoolmaster of over 60. He had exalted views on homosexuality, and had, according to his own story, been the means of helping a succession of boys on in the world in a way that he would not have done had he been merely interested in them. He had been in love with each of them one after the other. Of late years he had found that his power of attracting them had failed; he had broken down in his work, and was in a miserable state. His condition was like that of the last patient—a fixed one. He was totally unable to reconcile himself to a world devoid of this special love interest.

Another patient, whose case was of somewhat unusual interest, was a young man of 28. He had done well in the war. He had been a bank cashier, but had been dismissed because sums of money were missing. After a time his father bought for him a share in a business where sums of money were received by him day by day; and after a short time very large sums

amounting to hundreds of pounds were again missing. There could be no doubt whatever that he had taken them, as no one else had had access to them. In the bank it was possible that his subordinates might have lost the money; but this time it was certain that guilt would have been fixed on him alone as soon as an audit had been made. He admitted that on the facts he must be guilty, but stated that he knew nothing about it. He was put under hypnosis, and then recollected that he had reserved the money for the purpose of sending it to a man in Belgium who had power over him. He said that this man, who had lived in the same boarding-house as he had-he had served in a foreign branch of the bank there—had hypnotised him, and had ordered him to remit the money without conscious knowledge that he was doing so. He also recollected that he had stolen the missing sums from the bank. Even under hypnosis it was difficult to get the man's name; it was, however, ultimately obtained, but unfortunately the only address was "Poste Restante Brussels." The next question, viz., how the man had obtained such power, even if he had been able to hypnotise the patient, met with extreme resistance. With the patient under hypnosis the point was pressed, but he went into an epileptiform convulsion, so that the direct question had to be abandoned. Dr. McCurdy, of Cambridge, happened to be paying a visit about this time; he suggested that it might be worth while to try automatic writing under hypnosis; and this procedure produced the statement that the man was blackmailing the patient by means of a threat that he would tell his wife that the two had engaged in homosexual practices. The patient denied that he had done so, but he feared that his wife might believe that it was true.

When the patient arrived in hospital he was in a state of great terror, but after these matters had been dealt with he became well and has remained so. A private detective was engaged, and some attempts were made to lay a trap in Brussels, without result.

The story is one of interest, but considerable doubt remains as to whether the patient was in truth unconscious of the affair. It is obvious that, seeing he was in fact guilty, it was greatly to his advantage to allow himself to be apparently hypnotised and to make his confession in that state. It removed the case from the atmosphere of the criminal courts to that of the hospital in a very decided way. It is quite likely that the part of the story that he was being blackmailed is true. The violence of the resistance to obtaining this information was in marked contrast to the facility with which the confession of the theft—a thing already known—was obtained. Unless the blackmail story were true, this resistance is difficult to account for.

One other case may be described. It provides an example of the difficulty which exists in assessing the value of any one factor in treatment. The patient was a man of 55 who had suffered for about twenty years from recurring attacks in which depression played a considerable part. He arrived at the Hospital quite well. In about ten days, having been quite happy, he began to say that the patients were talking about him, and that everyone could see what a despicable person he was. He became exceedingly depressed, self-depreciatory, and retarded for ten days. Suddenly, as he said, the cloud lifted, and he became well. Attacks apparently of this nature had been going on for years, but of late they had become more frequent. Two factors were dealt with. He had a history of nasal catarrh which began about the same time, so far as he could recollect, as the series of attacks. On examination, he was found to have chronic antral suppuration. This was dealt with radically. Also, however, he was obsessed by the thought that he had ruined himself by masturbation. He produced a semi-medical book which he had read since boyhood, which was full of the terrible effects which follow this practice. This also was dealt with. The patient visited the hospital some months ago to say that he was now free from the affacks. The remark was made to him that the operation had been a success, to which he replied that he could not say how much he owed to the Hospital for having freed his mind from the dreads of years.

The two patients who suffered from alcoholism were both women, and have relapsed. Both had been suffering for many years from chronic drinking.

The Patients suffering from psychoses.

Eight presented symptoms of psychotic depression. Five became well in Hospital, and are now well. Three did not improve, and one of these was certified. Seven patients presented schizophrenic symptoms, and were discharged as unsuitable for treatment. They remain in statu quo. Three patients were hypochondriacal, and remain in statu quo.

The Patients with organic disease.

There were nine of these. Seven suffered from the late effects of encephalitis, six with parkinsonism, and one with alteration of personality; from being a bright, energetic, helpful person she had become dull, lazy and self-centred. She herself was fully conscious of the change which had come over her character, and deplored it greatly. One patient had chronic glaucoma, and was greatly distressed about it. The other patient suffered from an injury to the brain.

The patients not classified may be described as psychopathic personalities, who had great difficulty in fitting into any scheme of social life.

Further Reports from Previous Years.

Report on Patients who left in 1924.

In this year 114 patients who had suffered from psychoneuroses were dealt with in the report for that year. Eighty-six were reported as well or improved. Sixty of these have reported that they have remained so or have even improved further. Sixteen have not been heard from. Of the remainder one is dead; nine have not been so well. Two of these spent short periods in the hospital again last year. Their relapses were slight, and it may be hoped that they will do better. The other seven are probably definite failures. What has been said on previous occasions may be repeated, viz., that failure to hear from a patient does not imply that the patient is not well. Many will write in later years after keeping silence, and then say that they have been well. Some have said outright that now they are well they do not wish to recall their illness, and would rather not be asked how they are. Some are even indignant that they are written to, and say that they know the enquiry is made for statistical purposes only.

In the same year 25 patients were reported as no better. Three of these now report themselves as much better. They have had no special treatment since they left Swaylands.

In the same year, out of eleven patients who suffered from psychotic depression and who improved, ten are known to have remained well; the other has not been heard from. One patient who suffered from severe schizophrenic symptoms became well after about six months' stay in hospital. He had remained well since April, 1925, to the present date.

Report on Patients who left in 1923.

In this year there were 66 patients who had reported themselves well or much improved a year after discharge. Forty-six of these have reported themselves this year as holding the ground which they had gained. Four had relapsed by the time that last year's Report was published. One of these is better again, but two others have relapsed, making now five in all who are again ill. Fifteen have not been heard from.

In the group for this year of those who a year after discharge were not well, two are now well. One of these has had psychological treatment elsewhere; the other has slowly improved, having been relieved of a great mental strain under which she was living.

Report on Patients who left in 1922.

In this year 81 patients of the psychoneurotic group reported themselves as well or much improved a year after discharge. Reports have been received from 43 of these, of whom 35 describe themselves as well.

Report on Patients who left in 1921.

In the list of patients in the psychoneurotic group who left in 1921, 29 were reported last year as fairly well; 26 of these have reported themselves as well this year; two have relapsed.

