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# THE CASSEL HOSPITAL

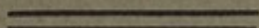
FOR

FUNCTIONAL NERVOUS DISORDERS

(Founder: The Right Honourable SIR ERNEST CASSEL, G.C.B., G.C.M.G., G.C.V.O.)

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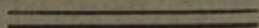
HER MAJESTY QUEEN MARY.



## Medical and General Report and Accounts

FOR THE YEAR ENDED

31st DECEMBER, 1941.



(From SWAYLANDS, PENSHURST, KENT.)

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# The Cassel Hospital for Functional Nervous Disorders.

(Founder: The Right Honourable Sir ERNEST CASSEL, G.C.B., G.C.M.G., G.C.V.O.)

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HER MAJESTY QUEEN MARY.

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*\*Consulting Physicians to the Hospital*

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Miss DOROTHY MALLION (*from October*)



**In Memoriam.**

T. A. ROSS

BORN 1875.

DIED 1941.

MEDICAL DIRECTOR, THE CASSEL HOSPITAL, 1919-1934.

CONSULTING PHYSICIAN FROM 1935.

## THOMAS ARTHUR ROSS, M.D., F.R.C.P.

The recent death of T. A. Ross stirs up memories which reach back many years. It must have been at the end of the last great war and during the first year of peace that Maurice Craig, Henry Head and I used to meet at Brook House and discuss with the Founder of the Hospital, Sir Ernest Cassel, the medical problems associated with the birth of the institution and, in particular, the choice of its first Director. We did not take very long in agreeing that if T. A. Ross was available he was our man. We had known him in pre-war days as a busy doctor in the Isle of Wight who seemed to have a natural gift for treating patients suffering from nervous ailments and we had watched his career in the Army during the war, in the course of which he had made his name as a successful psycho-neurologist. Ross did not hesitate to accept the post, offering as it did the kind of work to which he was enthusiastically devoted and he seized gladly the opportunity, provided for him by Sir Ernest Cassel, of spending many months abroad studying institutions with aims similar to those of the hospital whose destinies had been placed in his charge.

From the hour of his appointment no one had any reason to doubt its wisdom. It was no easy task for a man in middle

life, inexperienced in administration, to create a new species of hospital in this country, but he had his own ideas as to what were the right principles to adopt in the treatment of his patients and as to what kind of atmosphere was necessary for the success of his efforts. By dint of untiring energy and unswerving loyalty to his ideals he gradually achieved his purpose and when the time came to give up his post the Cassel Hospital had deservedly earned the great reputation it still holds.

Such, in the fewest possible words, is our memory of his work. And what of the man? Almost a life-long resident in the South of England, his Scottish origin was never in doubt to the end of his days, and perhaps to this source may be attributed his canny wisdom, his pawky humour and his imperturbability. Our memory of Ross is of one who combined the supreme gift of personal charm with intellectual honesty and courage. And finally, while we cannot forget that he had more than his share of domestic sorrow, we can rejoice that in the years spent at Swaylands he derived solace and contentment from his enduring contributions to the advance of knowledge and to the happiness of his fellow creatures.

E. F. B.

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## THE MEDICAL DIRECTOR'S REPORT.

This Report comprises a survey of the patients discharged during the year 1941 together with a review of the subsequent progress of those who were discharged during the years 1938-39-40. It, therefore, affords an excellent opportunity for an interim study of the effects of war both upon the type of functional nervous disorder admitted to the hospital and upon the war-time adjustment and special difficulties of a relatively unstable section of the population. It is felt that this problem is of sufficient importance to justify its particular emphasis in the Report.

In order that the clearest exposition of the data may be made, it is necessary to recapitulate briefly the type of cases admitted to the hospital, and the social and economic background from which they are derived. At the request of the Ministry of Health the Hospital has continued to perform its peace-time function, and the patients have, therefore, come almost entirely from the civilian population, being referred for treatment, as in previous years, mainly by general practitioners or by consultant physicians in psychological medicine.

Admission is limited to patients suffering from functional nervous disorders who are capable of living in the relatively open environment of the hospital, and who are likely to gain material benefit from treatment. The great bulk of patients, therefore, have suffered from what is generally and rather loosely termed psychoneurosis, including true anxiety neuroses and psychoneurotic depressions, hysterical reactions, and a number of mild depressions of psychotic type. Severe depressions and most other psychotic reaction types are not admitted to or retained in the hospital.

A statement of the fees charged in the hospital will be found in the general section of this Report. The flexibility in this respect accounts for the wide range of social and occupational types which pass through the hospital in the course of a year.

Those discharged during 1941 included lawyers, doctors, a priest, architects, an engineer's fitter, the managing director of a large engineering firm, a piano tuner, secretaries, housewives, a nurse-maid, adolescents still at school, indeed, the whole wide range of what might once have been referred to as the middle classes.

A total of 90 patients was discharged from the hospital during the year. The average number of occupied beds was 30.72 and the discharge rate (having due regard to the recovery rate) compares very favourably indeed with the last year of peace-time work, since in 1938, 137 patients were discharged during the year, the average number of beds occupied being 62.3 since the hospital was still in its larger Kentish home.

There are probably three main factors which account for this relatively increased turnover of patients. Firstly, owing to the whole world situation both patients and staff have a sense of urgency which is a constant stimulus. Secondly, many patients whose employment might have been difficult to arrange after their discharge in peace time, can now readily proceed to a useful occupation. This is an important point which will be referred to again. Thirdly, the introduction of electric shock therapy has materially shortened the length of many depressive illnesses.

Out of the total of 90 patients, five were found upon diagnosis to be unsuitable for treatment in the hospital and were discharged within one month. These have been, as is the custom, excluded from the detailed diagnostic analysis of cases given in Table 3. They were excluded mainly as suffering from severe psychotic disorders requiring mental hospital treatment. The three largest groups to be found in the Table are the anxiety neuroses, hysterias, and depressive states. One would not argue for a moment that these are ideal diagnostic categories; none are ideal in psychiatry, though it is possible that better ones than these might now be devised. However, it is important in a hospital report to be consistent from year to year and only to make changes in diagnostic groups after very careful consideration. The main categories here employed were defined by Dr. T. A. Ross in the Annual Report for 1927. They were restated by the present Medical Director in the Report for 1938 to which reference may be made for a discussion of their significance.

The number of patients included under each of these headings may fruitfully be compared with those in the year 1938, the last year of peace. A brief calculation from the Tables will show that approximately 26 per cent. of the cases discharged in 1941 were diagnosed as anxiety states, 13 per cent. as hysterias, and 31 per cent. as depressive states. The corresponding figures for 1938 were 29 per cent. anxiety states, 17 per cent. hysterias and 30 per cent. depressive states. Thus it is obvious that between these two periods there has been no significant change in the type of disorder for which patients were treated in the hospital.

It is perhaps worth recording that these figures came as a slight surprise at the end of the year. It was one's impression that the number of depressive reactions, both of neurotic and psychotic type, would show an increase over previous years. One has been on the look-out for patients suffering from the effects of war strain, and one had found a small number in whom depressive symptoms had occurred as a sequel to their experiences. These experiences were usually of violent change and upheaval occurring mainly in middle-aged patients with a limited capacity for adaptation. For example, a solicitor of 54, who had lived a sheltered life for many years in a south-east coast town, was forced to evacuate from his home and to live in uncomfortable and crowded lodgings in another part of the country. He developed a mild depression which responded satisfactorily to hospitalisation with simple psychotherapy. The wife of a parish priest in a large city found a considerable portion of her husband's parish in which she was wont to minister to the parishioners, destroyed or damaged by a heavy raid. She could not adapt herself to the emergency conditions and became depressed and tearful, with ideas of unworthiness. She also recovered satisfactorily.

Few of these patients showed much fear of air raids, they were chiefly preoccupied with their own conditions. Outstanding among those who were markedly afraid of raids were two patients suffering from anxiety states and one very complex hysterical reaction. All were predisposed to such reactions and the raids were only one among many factors responsible. A more frequent response to air-raid conditions was one of resignation or in-



difference, a feeling that these conditions were shared by every one in greater or lesser degree, and that any way they were far less unpleasant than their own subjective symptoms. This feeling was perhaps partly responsible for the absence of the gross hysterical reactions seen during the last war. Then some men were exposed to appalling danger and discomfort whilst others lived in comparative safety. This time there has been no such distinction and, therefore, not the same opportunity for escape through neurotic symptoms.

It is, of course, necessary to remember that the hospital has not been in the front line for receiving war casualties. The acute first reactions following air raids would tend to be sent directly into one of the hospitals under the auspices of the Emergency Medical Service. At the same time it may be said with assurance that the discharges from the Cassel Hospital must reflect fairly closely, over a period of time, the effects of war upon the particular section of the population with which it deals.

In so far as the discharges from the hospital are concerned, therefore, the picture appears to be very little altered since before the war. There is a clinical impression that a small series of depressive states and an insignificant number of anxiety states and hysterias have been precipitated by war conditions. The series of depressions is, however, too small to be reflected in the statistical tables of discharges for the year.

The war has, however, naturally figured to some extent as a source of preoccupation among other neurotic symptoms, as a more indirect cause of illness, and as a factor affecting the recovery rate of patients. With regard to the first two points, little need be said. It is obvious that, as with any major social cataclysm or disaster, the war would be bound to find a place in the thoughts and anxieties of patients. Among minor pathological reactions one may mention the psychopaths for whom it represents one more opportunity to be "against the government," the pessimists who link any bad news with their own pet theories of the decay of man, and the escapists who try to behave as if it did not exist at all. Then, too, there are the over conscientious individuals with mildly obsessional trends who react to every appeal for greater effort with a feeling that they are not doing enough themselves. One young man of this type employed as a fitter actually became ill through gross overwork, and it was hard to convince him, nor did his employers seem fully aware of the fact, that to attempt to increase hours of work and output beyond a certain point was to invite trouble. These lessons now appear, perhaps rather late in the day, to have been re-learned.

With regard to the effect of the war upon the recovery rate of patients, it is interesting to compare the percentages given in Table 3 with those in the first column of each section of Table 4. An explanation of the terms used is given at the foot of Table 4. It will be observed that from 1938 to 1940 inclusive the percentage of patients discharged as "improved" increased steadily at the expense of those "much improved." This trend was, however, reversed sharply in 1941. The explanation for this is probably a fairly simple one, since in each of the two years 1939 and 1940 a number of patients had to be discharged before their treatment was completed. In 1939 the outbreak of war caused some of those who were sufficiently well to do so to return to their families. In 1940 the heavy raids produced the same effect. Some of these patients were subsequently re-admitted to complete their treatment, but their initial discharge necessarily affects the figures. 1941 was in this respect a much smoother year in which hurried discharges occurred to a lesser extent.

In order to gain a clearer idea of the effect of the war upon recovery rates, it is advisable to bring into consideration also the follow-up results. Table 4 shows the results for patients discharged during 1938-39-40. These are abstracted from the replies received to a personal and individual letter sent to each old patient by the Medical Director. When the results at the end of one year are compared in each of the three sections, and those at the end of the second year in the first two sections they will be found to be remarkably consistent. To make a further comparison, an attempt was made to set out in similar fashion the results at discharge and for the first year after discharge of two earlier periods. For this purpose the Annual Reports for 1924 and 1931 were selected as being sufficiently detailed and useful for comparison. These include the results on discharge and after one year of the 1923 and 1930 cases. It is obvious that different workers must adopt varying standards in recording the status of their patients, both on discharge and at the time of subsequent report. In order to make the most accurate comparison it would be necessary to refer to the original case histories and the follow-up reports and to assess them again. Time has not permitted that this should be done, therefore the comparisons with the present figures must be very approximate. This is particularly true of the distinction between "improved" and "much improved." The term "not improved" is likely to correspond more accurately in the two series. The results of this tabulation are shown in Table 1.

TABLE 1. RESULTS OF TREATMENT FOR SELECTED PRE-WAR YEARS. PERCENTAGE DISTRIBUTIONS.

<i>Condition of Patients</i>	1923 CASES		1930 CASES	
	<i>On Discharge</i>	<i>In 1924</i>	<i>On Discharge</i>	<i>In 1931</i>
Much Improved ... ..	51	37	33	59
Improved ... ..	31	24	35	17
Not Improved ... ..	18	39	32	24
TOTAL ... ..	100	100	100	100
Number on which percentages based ... ..	127	118	152	109
Number not replying to follow-up	—	9	—	43



The figures for 1930 at discharge are actually not so good as those for any of the war years. The follow-up results after one year correspond closely with the present series. The figures for 1923 at discharge are very similar to the 1941 results. The largest discrepancy is shown by the one year follow-up for the 1923 cases. There is probably a very significant reason for this discrepancy which will be referred to in the next paragraph; meanwhile, it may be concluded that taken as a whole the war has not affected the results of treatment seriously as judged either by the cases discharged during the last three years or by these discharged during the years 1930 or 1923 which were selected for comparison.

If one refers to the 1938 follow-up results, it is apparent that as each year passes fewer patients reply to the follow-up letter. At the same time the percentage of patients "much improved" rises steadily. It would be gratifying to assume that these figures accurately reflect the proportion of the original group which have done well but this seems unlikely. It is pleasing indeed that so many patients report themselves so well, for it must be recalled that nearly all our cases represent serious neuroses or else they would not require hospitalisation. Also it is certainly true that not all the patients who are "much improved" have answered the letter. This may be judged by the experience of other years in which patients have written after one or two years' silence to say that they are, and have been, well. But it is indeed probable that more of the failures do not trouble to answer, and this suggestion is borne out by the 1923 figures in which all but nine of the patients replied to the follow-up. On this occasion it will be noted that a larger percentage of patients were "not improved" and a smaller percentage "much improved." One cannot forecast what the true percentages in any year would be but it is a problem which arises in all such follow-up studies. It might be solved by a special effort to obtain answers from those who have not replied in each of a series of years, thus providing a correction which could be applied to other years. Such research will have to await a return to more normal conditions; meanwhile, in studying the present results the proportion of the group from which they are derived in each year must always be borne in mind.

Turning now from the general tables of results to the question of the recovery and readjustment of individual patients, some interesting points emerge. The constancy of the recovery rate as studied statistically conceals the fact that some patients made a worse adjustment than they might have done under normal conditions, whilst others did much better. At this point it will be simpler to consider the patients discharged during 1941 and the follow-up studies of the years 1938-39-40 all together.

Several of the most chronic psychoneurotics improved strikingly after the war had begun and particularly when they found a chance to be of service to the community. They were mostly patients who for one reason or another had been living empty lives before the war, haunted by spectres of boredom and insecurity. One patient, a case of severe anxiety neurosis with considerable agitation, became symptom free for the first time for many years when he was able to work in a rest centre during the London blitz. He showed no fear whatever of bombardment, but relapsed during the lull in 1941. Others lost their feeling of insecurity which had come partly from a chronic fear of losing their jobs. When they found their services actually in demand by the community they were greatly encouraged. For the same reason it has been possible to discharge certain patients more speedily to some useful activity. Advantage has been taken of Government training schemes whereby individuals have been taught to undertake some skilled work

in some war industry. Occasionally, it has been possible to arrange for such training to coincide with treatment so that the patient is ready for work when he leaves the hospital. But although much can be done at the present time along these lines, there is no doubt that more could be done if more effective rehabilitation schemes were available. There are, for example, a number of psychasthenic individuals who are not quite fit to stand on their own feet in holding productive employment, but who might yet do useful work under special conditions with friendly supervision. Work on the land or light engineering might alike be possible for them under such circumstances, and they might gradually achieve a greater independence. A few years ago such suggestions might have seemed totally impracticable; at present every available hand is needed and in the future it may perhaps appear that the community owes a greater responsibility to these people for self-respecting employment than it has been willing to accept in the past.

Certain psychoneurotic patients have found their way into the armed forces, and a few have done well, but on the whole it appears that our patients have done less well in the Forces than in civilian employment. No doubt the life in the Army makes more exacting demands than does civilian life, but the difference does not appear to lie in the relative danger of the two positions. The patient who worked so well in a rest centre during the blitz was exposed to as much danger as many soldiers who have broken down; moreover, when patients complain of fear of the war, it is often found that they are not really any more afraid of losing their lives than are so-called normal people. For example, a bank clerk aged 38 was admitted to the hospital during 1940 with anxiety about the war as his chief preoccupation. He spoke of his horror of aerial bombardment, but when before the evacuation from Kent, a bomb burst close by outside his window, he showed very little fear. He was found in bed, covered with broken glass, very pleased that he had had the presence of mind to put his head under the bedclothes. In fact, with him, as with other patients, the chief fear was of violent upheaval, of being taken from known surroundings in which the patient's peculiarities were recognised to a new environment where unexpected demands might be made upon him. The great point of such a fear was often, therefore, the possibility of conscription into the armed forces.

In this connection there is a remark in the Medical Circular No. 1 issued under the U.S. Army Selective Service system to medical boards which appears highly pertinent—"The soldier . . . cannot depend upon any self-evolved protective mechanism that sets him apart from his fellows." So many psychoneurotics require and evolve some such mechanism which army life brings to an abrupt end. This is perhaps one of the reasons for the relative failure of psychoneurotic patients to adapt themselves to it.

In summary, therefore, one may say that a scrutiny of the records reveals no significant change either in the type of illness admitted or in the recovery rate which could be attributed to the effects of the war upon that section of the population which uses the hospital. A study of individual cases shows that some were made ill or made worse by war conditions, but that these were mostly predisposed and more especially unadaptable persons. Some showed a better level of adjustment than might otherwise have been expected, and this was particularly noted among those who remained in civil life even though exposed to danger and hardships. It appears that the feeling of being useful to the community and of assured employment were important contributing factors. If these are true observations it may be that in the better community life, which one hopes will follow after the war, a real reduction may be achieved



in the chronic burden of neurosis. It seems possible that even now by more effective rehabilitation schemes, some patients might usefully be employed whose lives are at present wasted through no fault of their own. This, however, represents only a small part of the problem which will recur when the sense of national peril is past. There is normally a great reservoir of energy running to waste through insecurity and lack of aim, and finding its outlet in neurotic symptoms of all kinds which could be mobilised as well in peace as in war. The extreme limitation of aim of many psychoneurotic patients, narrowly egocentric, and therefore ridden with anxiety, cannot fail to impress the observer. When, in wartime, such patients lift up their eyes to broader horizons and accept self sacrifice for the common good, their improvement is often equally impressive. It is one's hope that they, indeed the whole people, may be led to maintain such an outlook when the war is over.

Space will not permit a detailed discussion of other problems raised during the year's work. There have, as always, been a small series of patients whose psychological condition has depended chiefly upon an underlying organic disease. The cases of this type which are seen in the hospital are often of particular interest in that the organic condition may present practically no demonstrable clinical signs and the diagnosis may be established at first by the equivocal nature of the psychiatric condition. One patient, for example, showed apparently classical hysterical fits for which no adequate psychological background could be discovered. It is a wise rule that a diagnosis of primary

psychological illness must be based not only upon the absence of physical causation but also upon positive and adequate psychological findings. In this instance the fits proved to be due to, or at least to be released by, hyperinsulinism from a pancreatic tumour. The case is being fully published elsewhere.

Shock therapy for the treatment of depressive states was introduced early in the year. The treatment has, of course, been extensively used elsewhere, but great caution is necessary, with patients seen in this hospital who are likely to recover spontaneously in any case, not to undertake any treatment which might cause permanent damage, particularly in view of the fact that no satisfactory theoretical understanding of the treatment exists at present. It was felt that sufficient evidence had been gathered that no significant mental impairment follows the treatment and that the risk from fracture is less than was at one time believed. Cardiazol shock therapy was employed at first, but since August electrical shock therapy has almost entirely replaced it. The electrical shock method is far less unpleasant to the patient and seems clinically to be equally effective, though in some respects, for example, in its effect upon metabolism of brain cells it appears to differ from the cardiazol method.

The results obtained have fully justified all expectations and the time for recovery of some depressed patients can now be measured in terms of weeks rather than months. One is, however, strongly of the opinion that the initial course of shock therapy should always be followed by a period of psychotherapeutic treatment to stabilise the recovery. This would appear to be in line with common-sense expectation.

TABLE 2. TOTAL NUMBER OF PATIENTS DISCHARGED FROM HOSPITAL DURING 1941.

<i>New Patients</i>	<i>Re-admissions</i>	<i>Total</i>	<i>Discharged unsuitable within one month</i>	<i>Total in which treatment undertaken</i>
76	14	90	5	85

TABLE 3. TOTAL NUMBER OF PATIENTS FOR WHOM TREATMENT WAS UNDERTAKEN DURING 1941. CLASSIFICATION BY DIAGNOSIS, SEX AND CONDITION ON DISCHARGE.

<i>Diagnosis</i>	MALES				FEMALES				TOTALS			
	<i>Much Imp.</i>	<i>Imp.</i>	<i>Not Imp.</i>	<i>Total</i>	<i>Much Imp.</i>	<i>Imp.</i>	<i>Not Imp.</i>	<i>Total</i>	<i>Much Imp.</i>	<i>Imp.</i>	<i>Not Imp.</i>	<i>Total</i>
Anxiety States ...	9	2	—	11	7	4	—	11	16	6	—	22
Hysteria ...	1	—	—	1	8	3	1	12	9	3	1	13
Anorexia Nervosa ...	—	—	—	—	—	1	—	1	—	1	—	1
Obsessional States ...	—	—	—	—	—	1	—	1	—	1	—	1
Unclassified Neuroses ...	—	1	—	1	2	1	—	3	2	2	—	4
Alcoholic State and Drug Addiction ...	1	1	1	3	—	2	1	3	1	3	2	6
Depressive States ...	11	3	1	15	4	5	2	11	15	8	3	26
Schizophrenic States ...	—	—	1	1	—	—	2	2	—	—	3	3
Organic and Toxic States ...	—	2	1	3	1	—	—	1	1	2	1	4
Psychopathic Personality ...	—	1	—	1	—	2	2	4	—	3	2	5
Total ...	22	10	4	36	22	19	8	49	44	29	12	85
Percentage ...	61%	28%	11%	100%	45%	39%	16%	100%	52%	34%	14%	100%



TABLE 4.

## FOLLOW-UP DATA

PERCENTAGE DISTRIBUTION OF RESULTS ON DISCHARGE AND AT FOLLOW-UP.

CASES DISCHARGED DURING 1938.

Condition	On Discharge	Follow-up		
		1939	1940	1941
Much Improved ...	58	45	54	60
Improved ...	24	28	18	15
Not Improved ...	18	27	28	25
Total ...	100	100	100	100
Total cases on which percentages based	120	79	65	60
Number not replying to follow-up ...	—	41	55	60

CASES DISCHARGED DURING 1939

Condition	On Discharge	Follow-up	
		1940	1941
Much Improved ...	48	43	52
Improved ...	32	20	20
Not Improved ...	20	37	28
Total ...	100	100	100
Total cases on which percentages based	146	94	71
Number not replying to follow-up ...	—	53	75

CASES DISCHARGED DURING 1940

Condition	On Discharge	Follow-up 1941
Much Improved ...	42	44
Improved ...	40	27
Not Improved ...	18	29
Total ...	100	100
Total cases on which percentages based	130	68
Number not replying to follow-up ...	—	63

The term "much improved" includes patients who are well and those whose remaining symptoms are so slight as not to interfere with an adequate level of adjustment.

"Improved" includes patients who have shown symptomatic improvement but who are not sufficiently recovered to maintain a completely normal adjustment. It also includes those who while remaining well for most of the time have had a relapse during the year from which they have recovered at the time of follow-up.

"Not improved" includes those who are as bad or worse than they were at the time of admission, who have died from whatever cause, or who have been re-admitted during the year.



## REPORT OF THE GENERAL COMMITTEE.

**GENERAL.**—The evacuation of patients from Swaylands to Ash Hall was carried out on November 12th, 1940, but the necessary structural alterations at Ash Hall were not finally completed until the early part of 1941. In addition, during the year certain minor problems inseparable from the use of new and temporary premises were encountered, so that the number of beds available slowly increased from 30 at the beginning of the year to 34. It will continue to fluctuate slightly around this point according to the relative demand for single or sharing vacancies. This is made possible by the fact that there are certain rooms which can be used either for one or two patients.

The fees have been fixed, for the present, at four to five guineas a week for those sharing a room and from six guineas a week for those in single rooms. These fees are inclusive of everything except costly drugs not ordinarily dispensed in the hospital. The fees are fixed according to the means of the patient and not according to the type of room available. In certain cases it is possible to reduce these fees with the aid of a small fund which is available for the purpose. Owing to the limited accommodation within the hospital a few patients for whom in-patient treatment is no longer essential are generally in attendance as out-patients and fees thus received are also used in this manner. Occasional assistance in needy cases has been obtained from a charitable fund, the trustees of which desire it to remain anonymous.

The temporary premises have proved very satisfactory; the essential services are good; heating is adequate and economical and the kitchens conveniently situated. The grounds are small compared with Swaylands but there are two hard tennis courts and a large lawn which can be used for putting and croquet. There are also small rockeries and flower gardens which have been almost entirely maintained by the patients. With assistance from able-bodied and convalescent patients some derelict ground was dug over and produced a good crop of vegetables.

Within the hospital an excellent workshop is available under the direction of a trained Occupational Therapist. This department has been very busy throughout the year and some work of very high standard has been produced. The smaller number of patients in the hospital has made it possible for the occupational therapist to devote more time to each individual patient, with a consequent very real increase in the value of the work. Comforts for the forces have been produced both in the workshop and at a weekly Red Cross Knitting Party. Work of this kind has an especial value for many patients.

Importance has, as always, been attached to the problem of occupying patients throughout the whole of the day. Those who are deeply concerned with problems and difficulties which they have failed to solve successfully, stand in urgent need of rest. Mental rest cannot be obtained in the way that physical rest is obtained. To keep a patient lying in bed without occupation is to invite him to brood all the more over his worries. Fruitful occupation represents a true application of the principle of rest for psychoneurotic disorders. For our patients, particularly those who are convalescent, the spontaneity of their activities is also of great importance. For some years, therefore, they have been encouraged to arrange their own entertainments as far as possible and they have, as previously, elected by ballot each month an entertainments committee from among themselves. This committee takes the responsibility, under the guidance of the occupational therapist, for the arrangement of entertainments each week. In addition to the entertainments directly run by the patients there has been a weekly cinema show at which both educational and ordinary films have been shown. Country Dancing has been held each week and has been immensely popular

with both patients and staff. "Keep Fit" classes have been held twice a week for women patients.

A gift of £10 was made by the Chairman to the Hospital Library and several donations and books have also been received from patients. The Library has continued to play an important part in the life of the hospital and has been under the immediate direction of one of the patients assisted by other patients and supervised by a member of the staff.

Several meetings of the North Staffordshire branch of the Royal College of Nursing have been held at the hospital. In March a lecture was delivered by the Medical Director on "The Nursing of the Psychoneuroses" in connection with the silver jubilee of the Royal College of Nursing, at which Miss Goodall, the Secretary of the College, was present. Regular lectures for the nursing staff have been delivered by the medical staff throughout the year and a hospital certificate for proficiency is now being issued to those trained nurses who have completed a year at the hospital and have satisfied the required standards.

The Chairman of the Committee, Sir Felix Cassel, paid a visit to Ash Hall in July last.

The Committee desire to place on record how much the Hospital is indebted to the entire staff for the care, zeal and ability they have shown in the discharge of their duties.

The Committee desire, in particular, to place on record their high appreciation of the very valuable services of the Medical Director in connection with the change over from Swaylands to Ash Hall which had to be effected in circumstances of great difficulty and has been most satisfactorily accomplished.

**SWAYLANDS GARDENS.**—These have been carried on as market gardens and in spite of the adverse weather conditions and the difficulties of the change over to the new basis of operations a satisfactory year has been recorded.

**FINANCE.**—As foreshadowed in the last Annual Report, the Income of the Hospital from all sources during the twelve months to 31st December, 1941, has sufficed to meet both Ordinary and Extra Ordinary Expenditure. The year's working resulted in a surplus of Income over Expenditure of £3,878, compared with a deficit a year ago of £4,295. This improvement is due primarily to the Extra Ordinary Income derived from the rentals of evacuated properties amounting to £3,213 and also to the reduced upkeep and establishment charges of the temporary premises at Ash Hall, where the scope of the Hospital's activities has been unavoidably curtailed.

The surplus Income for the past year, as well as the proceeds of Investments redeemed during the year, have been invested by the Trustees for the greater part in 3 per cent. War Savings Bonds. It is satisfactory to record that the aggregate market value of the Investments at the close of the year amounted to £140,709, as against the cost price of £125,588. On the other hand the rate of income received from investments is falling and bound to fall still further when securities are redeemed, as it is impossible to replace them by others giving the same return.

The inclusive average weekly cost per patient during the year amounted to £8 12s. 8d., which shows a substantial reduction on the average cost for the previous year, although for various reasons the figures are not strictly comparable.

Essential repairs to the properties at Swaylands, not requisitioned by the Military Authorities, which form part of the Founder's Endowment, have been carried out as previously under the supervision of the Architect.

By Order of the General Committee,

FELIX CASSEL,

23rd April, 1942.

Chairman.



# THE CASSEL HOSPITAL FOR FUNCTIONAL NERVOUS DISORDERS.

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st DECEMBER, 1941.

INCOME.		EXPENDITURE.	
ORDINARY—		ORDINARY—	
£	s. d.	£	s. d.
I. RECEIPTS ON ACCOUNT OF SERVICES RENDERED.		I. PROVISIONS ... ..	
			2,293 13 1
FROM PATIENTS—		II. SURGERY AND DISPENSARY ... ..	
Fees ... ..	8,980 8 9		252 19 4
		III. DOMESTIC ... ..	
			1,162 9 9
II. INVESTED PROPERTY.		IV. SALARIES AND WAGES (MAINTENANCE)	
Interest, Dividends, etc. ...	5,307 11 2		6,161 10 1
		V. MISCELLANEOUS ... ..	
			545 19 0
		VI. ADMINISTRATION ... ..	
			1,355 7 5
		VII. ESTABLISHMENT ... ..	
			99 5 5
		VIII. FINANCE ... ..	
			943 14 11
		ORDINARY EXPENDITURE	
			12,814 19 0
EXTRAORDINARY—		EXTRAORDINARY—	
I. RENTS OF EVACUATED PROPERTIES ...	3,213 16 1	I. UPKEEP OF EVACUATED PROPERTIES (INCLUDING WAR DAMAGE INSURANCE) ... ..	705 4 3
II. SURPLUS ON SWAYLANDS GARDENS ...	72 8 5		
III. EVACUATION EXPENSES RECOVERED	136 16 0	II. ALTERATIONS AND DECORATIONS—Ash Hall ... ..	312 6 11
		EXTRAORDINARY EXPENDITURE	
			1,017 11 2
		TOTAL EXPENDITURE	
			13,832 10 2
TOTAL INCOME ...	£17,711 0 5	Balance, being excess of Total Income over Total Expenditure for the year ... ..	
			3,878 10 3
		£17,711 0 5	

## BALANCE SHEET 31st DECEMBER, 1941.

	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
<b>CREDITORS—</b>												
Tradesmen's Accounts and Accrued Expenses ... ..	1,249	0	4									
For Investments Purchased ... ..	5,371	4	6									
				6,620	4	10						
<b>CAPITAL ACCOUNTS—</b>												
(a) Founder's Trust Fund as at 31st December, 1940 ... ..	209,049	7	9									
Add: Profit on Realisations of Investments (net) ... ..	2,015	17	7									
	211,065	5	4									
(b) Special Funds as at 31st December, 1940—												
THE KATHARINE WALEY COHEN TRUST FUND—												
per contra gift for special purposes ... ..	1,900	0	0									
THE H.G.K. TRUST FUND—												
per contra gift for special purposes ... ..	500	0	0									
THE BERNARD TEMPLE WRINCH SETTLEMENT—												
per contra bequest for general purposes ... ..	7,782	13	0									
(c) General Fund as at 31st December, 1940 ... ..	13,620	19	1									
Add: Excess of Income over Expenditure for the year ended 31st December, 1941, per annexed Account ... ..	3,878	10	3									
				17,499	9	4						
				238,747	7	8						
<b>UNEXPENDED INCOME BALANCE OF SPECIAL FUND—</b>												
Medical Director's Special Fund ... ..				78	3	1						
				£245,445	15	7						
<b>CASH AT BANK AND IN HAND—</b>												
On Account of—												
(1) General Fund ... ..	7,518	10	7									
(2) Medical Director's Special Fund ... ..	78	3	1									
STOCKS ON HAND ... ..												
DEBTORS AND PAYMENTS IN ADVANCE ... ..												
INTEREST ACCRUED ON INVESTMENTS ... ..												
INVESTMENTS AT COST—												
(a) Founder's Trust Fund ... ..	104,184	14	8									
(b) Special Funds—												
THE KATHARINE WALEY COHEN TRUST FUND ... ..	1,900	0	0									
THE H.G.K. TRUST FUND ... ..	500	0	0									
THE BERNARD TEMPLE WRINCH SETTLEMENT ... ..	7,782	13	0									
(c) General Fund ... ..	10,182	13	0									
(Market Value £140,709 9 0)	11,221	0	7									
LAND, BUILDINGS AND EQUIPMENT												
As at 31st December, 1940 ... ..												

NOTE—A Claim for compensation is pending in respect of damage sustained by enemy action.

*We have audited the above Balance Sheet dated 31st December, 1941, and have obtained all the information and explanations we have required. In our opinion such Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of affairs, according to the best of our information and the explanations given to us and as shown by the books of the Hospital.*

BARTON, MAYHEW & CO,  
*Chartered Accountants,*



# INVESTMENTS AT COST—AS AT 31st DECEMBER, 1941.

## (a) FOUNDERS' TRUST FUND—

	£	s.	d.	£	s.	d.
£5,500 The Cunard Steamship Co., Ltd., 5% Mortgage Debenture Stock	5,333	15	0			
£26,862/19/10 India 3% Stock ... ..	14,777	7	0			
£9,970/5/11 3½% War Loan ... ..	9,837	8	3			
£15,500 Local Loans 3% Stock ... ..	12,702	9	6			
£10,000 Birmingham Corporation 4½% Redeemable Stock, 1945/55 ...	9,853	15	0			
£10,796/9/7 Commonwealth of Australia 5% Registered Stock, 1945/75	10,748	15	8			
£7,222/19/6 Consolidated 4% Stock ... ..	7,200	4	0			
£7,200 London & North Eastern Railway 4% 1st Preference Stock ...	4,973	8	9			
£3,237/13/6 3½% Conversion Loan, 1961 ... ..	2,476	19	7			
£500 London Transport 5% "A" Stock ... ..	496	18	0			
£3,100 Bass Ratcliff & Gretton Ltd., 3½% "B" Mortgage Debenture Stock ... ..	3,153	14	9			
£3,000 Barclay Perkins & Co., Ltd., 3½% Mortgage Debenture Stock	3,020	0	3			
£1,500 Bristol Corporation 3% Loan 1958/63 ... ..	1,491	12	3			
£4,253 Irish Free State 4½% Land Bonds ... ..	4,695	5	10			
£1,150 South Suburban Gas Co., 5% Perpetual Debenture Stock ...	1,273	0	10			
£2,000 London Transport 5% "B" Stock ... ..	2,279	11	0			
£8,900 3% Saving Bonds 1955/65 ... ..	8,900	0	0			
£368 William Younger & Co. Ltd. 3½% Debenture Stock ... ..	333	18	4			
£620 Great Indian Peninsular Railway 4% Irredeemable Debenture Stock	636	3	8			
(Market Value £117,522 19 1)				104,184	7	8

## (b) SPECIAL FUNDS—

THE KATHARINE WALEY COHEN TRUST FUND per contra—						
£2,000 "Shell" Transport & Trading Co., Limited,						
5% 1st Preference Stock. Fully paid (Market						
Value £2,475) ... ..						
	1,900	0	0			
THE H.G.K. TRUST FUND per contra—						
£496/4/6 3½% War Loan at cost (Market Value						
£521 0 9) ... ..						
	500	0	0			
THE BERNARD TEMPLE WRINCH SETTLEMENT—						
per contra £7,807/6/0 Consolidated 4% Stock						
(Market Value £8,705 2 9) ... ..						
	7,782	13	0			
				10,182	13	0

## (c) GENERAL FUND—

£10,164 Irish Free State 4½% Land Bonds						
(Market Value £11,485 6 5)				11,221	0	7
				£125,588	1	3

## STATISTICAL TABLES FOR THE YEAR ENDED 31st DECEMBER, 1941 and comparison with the Year ended 31st December, 1940.

### ACCOMMODATION.

	1941	1940
Number of available beds ... ..	33	63 (Reduced to 30 as from 12th Nov., 1940.)
Average number of patients resident daily ... ..	30.72	48.60
Number of admissions during the period ... ..	96	111
Number of discharges during the period ... ..	90	143
Number remaining at 31st December ... ..	32	26

### EXPENDITURE.

	Expenditure for the year ended 31st Dec., 1941.			Average weekly cost per patient during		
	£	s.	d.	1941.	1940.	
ORDINARY.						
Provisions ... ..	2,293	13	1	1 8 8	1 18 10	
Surgery and Dispensary ... ..	252	19	4	3 2	1 10	
Domestic ... ..	1,162	9	9	14 6	1 7 6	
Salaries and Wages ... ..	6,161	10	1	3 16 11	3 11 10	
Miscellaneous ... ..	545	19	0	6 10	7 11	
Administration ... ..	1,355	7	5	16 11	13 4	
Establishment ... ..	99	5	5	1 3	10 1	
Finance ... ..	943	14	11	11 9	4 7	
	12,814	19	0	8 0 0	8 15 11	
	1,017	11	2	12 8	16 8	
EXTRAORDINARY.						
Total Cost ... ..	£13,832	10	2	£8 12 8	£9 12 7	





