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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.

Patron : Her Majesty Queen Mary.

Medical and General Reports and Accounts

FOR THE YEAR ENDED

31st DECEMBER, 1945

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Founder :

The Right Honourable Sir ERNEST CASSEL, G.C.B., G.C.M.G., G.C.V.O.

Patron :

HER MAJESTY QUEEN MARY

Trustees :

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THE LORD COURTAULD-THOMSON, K.B.E., C.B.

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	V. E. VINCENT, Esq.

**Consulting Physicians to the Hospital.*

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C. H. ROGERSON, M.D., F.R.C.P., D.P.M.

Assistant Physician :

BERTA ANDRATSCHKE, M.D.

Medical Secretary :

Miss MARY A. MACRAE

Matron :

Miss O. P. E. HANN, S.R.N., Diploma in Nursing (London University).

Secretary and House Governor :

C. HAKE (Commander, R.N.R.—temporarily absent on war service)

Secretary :

Miss DOROTHY MALLION

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Auditors :

BARTON, MAYHEW & Co., Chartered Accountants, Alderman's House Bishopsgate, London, E.C.2.

Solicitors :

LEWIS & LEWIS and GISBORNE & Co., Ely Place, E.C.1.

The Medical Director's Report

I. ANNUAL MEDICAL REVIEW

Some Physical Correlates of Neurosis.

INTRODUCTION

THE term neurosis in modern usage implies a disorder in which the emphasis is upon the maladjustment of the individual personality as a whole rather than of the physical substratum of that personality. The term subordinates but does not exclude associated physical disorder. Such exclusion would be quite out of keeping with present emphasis upon the essential one-ness of the whole individual. We are in fact at liberty to decide that certain disorders are most conveniently to be discussed entirely in psychological terms but we are not thereby absolved from the study of such associated physical changes as may be found. This does not imply a search for the organic at all costs, a perversion which has repeatedly dogged the footsteps of psychiatry; nor does it imply that mind has ultimately to be explained in terms of brain. A belief in the one-ness of mind and body becomes both philosophically and practically sterile if it is limited to one-ness of mind and brain.

In considering physical correlates of neurosis it is important to have regard to these matters. It is our task to study personality as fully as we can and simultaneously to observe all the physical data of whatever kind which coincide with particular personality patterns. We have to perform this task with an open-minded spirit of enquiry without a burden of theoretical preconceptions. Many physical agents which affect the mind do so through the agency of the central nervous system in a manner which is quite clear. But there are other psycho-physical correlates which do not bear so simple a relationship to one another that they are easily explained in terms of neuro-physiology.

The Nature of Mind

Mind, as we see it, is a function of body in integrated action. Because the nervous system is the great integrator it has a special importance in relation to mind. It is, however, tempting but dangerous to accept the crudely mechanistic view and to regard mind as something which is to be reached solely by climbing to the top of that step ladder which we call the central nervous system. Indeed Sherrington himself offers little encouragement to this view point. "Not so long ago," he writes, "the expectation was entertained by many that mind would, with the growth of knowledge, prove to be energy of some form as yet not delineated . . . this expectation has not been fulfilled.

Further knowledge has not brought the two together. It has more definitely parted them . . . Mind for anything perception can compass goes therefore in our spatial world more ghostly than a ghost. Invisible, intangible, it is a thing not even of outline, it is not a 'thing.' It remains without sensual confirmation and remains without it for ever."

Mind then is an aspect, a function, of the individual possessing a quality of its own quite different from that of the body functions which subsume it. This being so, we need not limit our considerations to crudely mechanistic relationships, we can afford to take the bolder course and to lay the facts of observation gleaned at the psychological level alongside those derived from physical examination. Avoiding preconceived theories we may then begin to see how personality patterns and physical idiosyncrasies are different aspects of an organic integrated whole.

Scope of the Review

It is not within the scope of this report to consider all the physical disorders which occur in relationship to neurosis. It is however the privilege of such a report to select those associations which have commonly occurred in the clinical work of the hospital. The selection, though incomplete, is not therefore a random one but corresponds in some degree to the actual frequency of occurrence of certain types of case in the course of medical practice. That there are many others is not denied but a text book, not an annual report, would be required to describe them all.

The physical disorders most commonly associated with neurosis in our actual clinical experience may be divided into various categories of which the principal ones are endocrine, nervous, toxic exhaustive and a series of functional disorders such as asthma, peptic ulcer, various dermatoses, etc., in which the relationship is of a rather special character.

ENDOCRINE DISORDERS ASSOCIATED WITH NEUROSIS

(1) The Thyroid Gland

Hyperthyroidism is characteristically associated with a picture of tremulous anxiety and restlessness. The point of greatest interest here is whether the thyroid overactivity produces the mental symptoms or whether the presence of an underlying anxiety state stimulates the excessive glandular secretion.

The probability is that the two go hand in hand. Many severe anxiety states occur without leading to any change in the basal metabolic rate. On the other hand when an anxiety neurosis is associated with a moderate excess of thyroid function, its treatment may restore the metabolic rate to normal limits. At the other end of the scale hyperthyroidism may occur in an individual who has not previously been pathologically anxious. The commonest pattern lies between the two extremes and in such cases the endocrine disorders and the anxiety state work hand in hand. In treatment it is important not to ignore either factor but to consider physical and psychological therapy as complementary one to another.

Myxoedema presents a far less characteristic clinical picture. It is often thought to produce a general sluggishness of the whole function of the personality with mental depression and so indeed it may. On the other hand a silly, superficial, garrulous excitability and talkativeness sometimes occurs and there may be a resemblance to hypomania. Rarely, acute excitement requiring mental hospital care may be encountered in association with myxoedema and responding to thyroid treatment. It has been suggested that myxomatous swelling of brain tissue may account for such cases.

(2) The Reproductive System

In the female many psychological disturbances are attributed to endocrine disorders particularly at the time of the menopause. Many of these attributions are quite mythological. Obvious disturbances of endocrine function are of course frequently to be observed at the period of adolescence and at the climacteric but since exactly similar disturbances are seen with and without marked mental change, we have to exercise caution in the process of deducing cause and effect.

In the condition of anorexia nervosa when it occurs in its classical form in young women in their 'teens, there is almost always complete cessation of menstruation. That this is not simply a starvation phenomenon is demonstrated in our experience by the fact that the periods often cease before there is gross loss of weight and are not restored for some time after the weight has been regained. This has been used as an argument to suggest that the disorder has a primary endocrine origin and an analogy has been drawn with Simmonds' pituitary cachexia. Study of a quite large series of cases in this hospital however lends only moderate support to the endocrine theory. The condition appears to be a complex psycho-biological disorder, characterised by a wholesale turning away from the problems of adult life and from the process of sexual maturation. This is largely psychologically determined but not usually as simply as has sometimes been suggested. It has been said, for example, that the illness starts with an attempt at slimming which gives rise to a vicious circle of

anorexia and starvation. This is superficially true but the desire to slim often represents but a part of the whole refusal to develop the normal sexual form of the adult female.

The treatment of anorexia nervosa by endocrine means is quite unsuccessful. Sexual infantilism on the other hand may occur in the absence of any sign of anorexia nervosa or indeed of any serious psychological disturbance and may respond quite satisfactorily to endocrine treatment.

The whole function of menstruation is of course very susceptible to psychological factors. Secondary amenorrhoea may be caused quite obviously by emotion and cured at times by simple suggestion. Such psychological disorders as are associated with it are due as a rule not to any underlying endocrine disorder but rather to the meaning of the occurrence to the patient herself. This will vary with the individual and may range from a fear of pregnancy to a desire for it, the latter may even lead to that rare but fascinating disorder of pseudo-pregnancy. A psychological aspect of amenorrhoea in young women which is often overlooked is the feeling of lack of feminine potency which it induces and which may be quite distressing.

Another phenomenon of menstruation which is worthy of full psycho-biological study is the mental depression which occurs in many women just before or during the early stages of the period. Observation suggests that this is certainly not primarily a psychologically determined disturbance. It has been suggested that changes in sodium metabolism with water retention play a part but whether this is so or whether endocrine factors are more important is not at all clear.

At the period of the menopause, anxiety, emotional instability and involutional melancholia have all been attributed to ovarian insufficiency. In cases in which there are the characteristic physical disturbances of ovarian failure especially hot flushings, definite benefit may result from the administration of natural or synthetic ovarian hormone. But in the absence of such evidence of physical disorder the benefit is usually nil. The "change of life" demands a psychological readjustment as much as a physical one.

Reproductive System in the Male

In the male insufficiency of testicular hormone may produce an interesting though very variable clinical picture. Where there is real evidence on physical grounds of endocrine deficiency very striking mental improvement may be produced by treatment with testosterone in adequate dosage. The mental state most commonly seen in this connection is that of an asthenia in which the particular symptoms to which the individual in question is prone are apt to come to the fore. Thus in one case an obsessional disorder responded brilliantly, in another mental depression cleared up, and in a third a general "irritable weak-

ness" was greatly improved, by the administration of testosterone.

All these cases showed evidence of some degree of eunuchoidism or of a markedly feminine distribution of fat. The random administration of testosterone in similar mental states not associated with endocrine disturbance is absolutely useless, nor is it of much assistance for the treatment of impotence unless this symptom is the result of a deficiency.

(3) *The Pancreas*

Gross hyperinsulinism due to islet tumour will of course produce a picture of severe hypoglycaemia which is important here only in so far as it may be mistaken for hysteria or epilepsy. Less severe degrees of hyperinsulinism however occur quite commonly in psychiatric practice, without any evidence of pancreatic tumour. Symptoms of dizziness and fatigue result, which may be temporarily relieved by glucose. This relative hyperinsulinism is most common in the chronic invalid reaction and seems to be due to an imbalance between the insulin-adrenalin secretions as a result of the "pernicious inertia." It may be treated by giving a diet rich in complex carbohydrates which are slowly broken down together with atropine to depress the vagus function and a slowly acting adrenalin preparation (e.g. zinc-adrenalin). As the patient loses his chronic inertia the blood sugar curve, which may at first show a drop to 40 mgms per 100 c.c. two hours after the administration of glucose, tends to come back to normal. Much more research work is needed on this interesting problem.

At the opposite end of the scale, hyperglycaemia is of course produced by anxiety and quite high blood sugar curves are to be seen in patients with severe tension. Similarly the anxious diabetic needs much more insulin than the calm and placid one. In our experience the most striking instance was that of a diabetic with an agitated depression, who before psychiatric treatment had been carefully and expertly stabilised on 60 units of insulin per day. After six weeks psychological treatment her insulin requirements on the same diet were 25 units per day.

ORGANIC NERVOUS DISORDERS ASSOCIATED WITH NEUROSIS

These can be briefly dismissed since the majority of them are of interest simply as errors of diagnosis. During the past five years cases of cerebral tumour, disseminated sclerosis, postencephalitic parkinsonism and arteriosclerotic dementia have been seen at the hospital, with a diagnosis of primary neurosis. Two characteristic false claims of reasoning occur in the majority of these cases. The first is the assumption that because the presenting symptoms of an illness are in the mental sphere it must therefore have origins which can be explained in psychological terms. The truth is that any lesion which impairs the integration

of the central nervous system is likely to be associated with psychological changes. When, for example, hysterical symptoms occur for the first time in a patient over 40 who has not previously shown a marked tendency to the hysterical reaction, the probability is quite strongly in favour of underlying organic nervous disease. The second false assumption is that symptoms for which no organic explanation can be found must therefore be psychological in origin. This implies a capacity on the part of the physician to know infallibly the whole range of organic disease, an implication which few would accept. The diagnosis of neurosis must never be a negative one arrived at by exclusion of organic factors, there must in every case be positive evidence of the existence of psychological difficulties to account for the symptoms.

The diagnosis and treatment of head injury in its later stages is still a stumbling block between psychiatrist and neurologist in spite of the careful elucidations of the problems made during the war. A good example is that of a patient aged 45 who was referred to the hospital on account of anxiety symptoms following severe head injury. In the absence of any findings of organic disease the condition was believed to be a neurosis depending upon compensation factors. The patient's whole previous psychiatric history was against such a view and it was felt that, in spite of the absence of neurological signs or of objective psychometric evidence of deterioration, there was an important organic determining factor in the condition. He subsequently developed a tremor of Parkinsonian type and epileptic convulsions in one of which he died. Accurate clinical findings in the latter stages, and a post mortem examination were unfortunately not available.

It is not suggested that because the patient developed signs of organic disease he was therefore not suffering from a psychological illness. On the contrary, his psychological illness was the presenting symptom of his brain damage. It is certainly not suggested either that because of underlying brain damage the psychiatrist should wash his hands of such a case. In this instance psychotherapy could offer little assistance. In others it may be very useful in spite of the organic factor. There is plenty of scope for readjustment of the handicapped patient within the limits of his disability. There is scope too for the use of other psychotherapeutic techniques. For example, a patient with an inoperable cerebral tumour developed fits which were clearly hysterical in character. Suggestion under light hypnosis helped him considerably. Such help is not necessarily to be despised.

The essential point is that the psychiatrist should know what factors, organic and functional, are contributing to the total picture and should base his treatment and his prognosis accordingly. When the whole life history suggests a change in personality

following head injuries which cannot be explained adequately on psychological grounds alone, he must base his estimate of the case accordingly in spite of absence of demonstrable organic change.

TOXIC EXHAUSTIVE FACTORS IN NEUROSIS

The fact that there is a mythology associated with focal sepsis in relation to neurosis must not be allowed to obscure the fact that there is also a definite pathology. Infected teeth, tonsils and sinuses produce both physical ill health and accentuation of psychoneurotic tendencies. Influenza sometimes appears to precipitate an attack of depression in a susceptible individual and the stresses and strains of childbearing may of course have the same result.

On the whole it appears to be the less severe types of physical illness which produce the more serious psychiatric sequelæ (with the obvious exceptions of those leading to permanent damage). The reason is perhaps that illnesses which are completely incapacitating for the time being, produce a relief of environmental stress.

Constipation is often blamed for nervous ill health. In our experience it is nearly always a symptom rather than a cause.

Fatigue is a very variable factor in the production of psychiatric symptoms. The old saying that hard work never harms anyone seems to be true in a rather limited sense. The human organism is cer-

tainly capable of enduring long spells of extreme effort without apparent harm. The accumulation of worry and frustration and lack of adequate recreation and diversion are however potent causes of trouble. During the war certain individuals worked immensely hard for long periods under difficult conditions. A number of such individuals became patients in the hospital and their history suggested very strongly that overwork was the principal cause of the breakdown. Their symptoms varied from depression to obsessional symptoms and in one case to a frank schizophrenic psychosis. Their past psychiatric history was seldom entirely without taint but it appeared that actual breakdown would not have occurred save under very exceptional conditions of strain.

VISCERAL NEUROSIS

There remains a large and interesting group of psychosomatic disorders in which an unusual personality make-up with potential or actual neurotic trends is associated with physical disorder in the form of asthma, peptic ulcer, various skin disorders, etc. In these conditions it is not quite appropriate to speak either of the physical factors in the neurosis or of the neurotic factors in the physical disease. It is necessary rather to study the physical and mental phenomena as two aspects of one root deviation from the normal. It is not possible within the limits of this report to enter into discussion of these cases but they offer a most fruitful field for research which is already yielding many valuable results.

List of Publications during 1945 :

- ROGERSON, C. H. : "The Place of Psychiatry in the National Health Service of the Future," being the 21st annual address to the Liverpool Psychiatric Clinic. (*Mental Health*. Summer, 1945).

II. WORK OF THE HOSPITAL DURING THE YEAR 1945

NURSING

Members of nursing staff holding Cassel Hospital Certificates :—

Miss O. P. E. HANN, S.R.N., D.N., (Lond.)
(*Matron*).

Miss J. EVANS, S.R.N., S.C.M., (*Assistant Matron*).

Sister WADDINGTON, S.R.N.

Sister NETTLESHIP, S.R.N.

Sister BRIDGE, S.R.N., S.C.M., R.F.N.

Sister METCALFE, S.R.N., S.C.M., R.M.P.A.

There were no changes in the staff during the early months of the year and victory was celebrated by those who had seen the hospital through the difficult days of the war.

A service of thanksgiving was held on both V.E. and V.J. days with patients and staff taking part. A special tea and a dance followed in the evening. The front entrance of the hospital was floodlit and was a landmark for miles around. There were many bonfires in the district and these caused considerable excitement and were enjoyed by the staff and patients as much as by the local children.

Towards the end of the year Sister Evans left to take charge of a Nursing Home of her own and Sister Metcalfe resigned for a similar reason; Sister Nettleship has returned to general nursing. Our best wishes go with them in their new spheres.

Cassel Nurses' League

Members met together on several occasions for discussions, and a social evening was also held. It is hoped to continue and extend these activities.

Cassel Bursaries

Through the generosity of Sir Felix Cassel a bursary scheme is open to suitable members of the nursing profession. This enables them to take a short intensive course in medical psychology and sociology, with special reference to the nursing of the psychoneuroses. This should help to spread through the nursing profession a knowledge of the importance of the psychological factors in illness.

There were several applications for bursaries during the course of the year but only one student was able to take and complete the four months course.

The National Council for Mental Health again co-operated most helpfully and the student spent an interesting month in London seeing something of the social and environmental side of mental health work.

OCCUPATIONAL THERAPY DEPARTMENT, ENTERTAINMENTS, LIBRARY, ETC.

Occupational Therapist.—Miss M. P. R. BARCLAY.
In Charge of Library and Working Party.—Miss M. STILES (*Physiotherapist*).

Occupational Therapy

The Occupational Therapy department has continued throughout the year with its usual activities; some of them have been further developed and some new ones have been added.

The craft work done in the prescribed work periods and graded to suit individual capacities has, with many patients, reached a high standard and much interesting work has been undertaken and successfully carried through.

For patients in bed simple and attractive work is given and is for the most part graded as Stage 1, that is, work that does not call for much concentration and is simple in technique. The aim at this stage is either to provide rest for the over active mind, or to stimulate interest when this has been lost. In some cases the limitations of the work that can be done in bed have been an incentive to the patient to overcome his difficulties and to avail himself of the wider scope offered by the workshop and its facilities and to take part in the activities of the hospital in general.

The craftwork carried out in the workshop (Stage 2) has been varied and for the most part undertaken with a practical end in view. Both men and women have made slippers and leather bags of all kinds, woven rugs and cushion covers have also been popular. In this work many have discovered a new skill and a constructive or artistic ability hitherto unexplored. With others the craft work has helped to restore their self-confidence and improve their powers of concentration. Some patients on discharge have obtained permits from the Board of Trade for leather and so have been able to carry on their interest as a hobby after their return to work. During the evening work period patients have repaired library books, mended hospital linen and done many other odd jobs for the community in general. One evening each week during the summer and autumn was given to toymaking and work for the Day Nursery at which many patients have made their first contacts outside the hospital. Patients have also willingly taken part in domestic work when called upon.

Occupations outside the hospital (Stage 3) have again been useful in preparing patients for discharge and thanks to the co-operation of organisations and business firms in the neighbourhood a wide variety of interests have been successfully employed. This step from the sheltered life of the hospital to a normal

working day is often a difficult one, but with the gradual increasing of the periods spent at these external occupations patients prove to themselves that they are capable and useful members of society.

The project of the Marionette Theatre has been developed and at Christmas the Coventry Nativity Play was given, many patients and members of the staff taking part in the production. Two performances were given in the hospital to which members of the public were invited and a third performance was given outside the hospital at an Industrial School, and the enthusiasm of the boys was very gratifying to the patients and all taking part. Apart from its artistic value, the Marionette Theatre has proved of value therapeutically—many problems and difficulties arise for those taking part and these are for the most part successfully overcome.

The new activities of the Occupational Therapy Department are a Dalcroze Eurhythmics class for the women and music lessons for those who wish to revive or extend their interest in music. Attendance at the Dalcroze Eurhythmics class is voluntary, the members coming on the whole very regularly and the interest and enjoyment of this work is steadily growing.

Students

During the early part of the year another Bursary Student spent part of her course in the Occupational Therapy Department. Students from Dorset House School of Occupational Therapy have been working in the department for periods of three months during their training. Students have visited neighbouring hospitals and attended lectures of interest and value to their work.

Entertainments

The patients elect their own entertainments committee and programmes are arranged and carried out by them each evening. The programmes usually include a dance, and other popular entertainments are Ping-Pong Tournaments, Brains Trusts, and games of all kinds. During the winter documentary and feature films are shown on alternate weeks.

Library

Reading still maintains its place as one of the chief pastimes of patients and staff. During the last twelve months the librarians have been kept busy and interested supplying the demands and getting an idea of the types of book most widely read. On a patient's arrival his request is for light reading, or a "thriller," and it is of interest to note that with improvement in health and concentration there is progress from these to books of a more serious nature.

Many patients under the supervision of the chief librarian have done duty in the library. This work is very satisfactory as the fact of giving pleasure to others helps the librarian to regain his confidence and self-respect. In some cases it has opened up an

entirely new field of interest which has helped considerably in his rehabilitation both in the hospital and after he has left.

Working Party

During the war years a weekly Working Party was held and several hundred garments were made for the Forces. The funds for all material were raised within the hospital. This type of creative group activity is very stimulating to morale. Owing to its success and to the interests stimulated by it, it was decided to carry on the weekly meeting and to work for various societies which needed garments; as a result, pounds of wool were knitted for the children of liberated Europe and carpet slippers made for the wounded.

Great interest was shown at Christmas in toy-making for a Christmas Tree for a party of our local children. Here the patients reaped the benefit of their labours when they saw the smiles of appreciation.

The difficulty of obtaining materials is acute, but with the small amount in hand more children's clothes and cot coverlets are being made. The aim is to create a team spirit and to help the patients to realise that an external interest helps towards recovery and that there is happiness in helping others.

Gardening

During the past twelve months many patients of both sexes have worked in the grounds and have helped to maintain their tidiness. The work is done under the supervision of the Physiotherapist who allots a job to each patient according to his or her physical capacity.

The work is both satisfying and creative and there is scope for a wide range of interests. It is important that the patient should have confidence in the understanding and medical knowledge of the supervisor, as he can thus be encouraged towards useful efforts in spite of his fears about himself. For this reason the inclusion of gardening among the forms of physical exercise presided over by the physiotherapist is logical, and, in practice, successful. Moreover it is fully in line with the modern trend towards active and recreative types of exercise in physiotherapeutic work.

PHYSIOTHERAPY

Physiotherapists : Mr. G. SNAPE, C.S.P., and Miss M. STILES, C.S.P.

In the Physiotherapy Department many treatments have been undertaken during the last twelve months. These, in addition to massage, include sunlight, radiant heat, exercises and dancing lessons. The physiotherapists have also carried out all B.M.R. tests.

Most patients who are confined to bed are ordered massage to improve the tone of the muscle and particularly in many cases to assist in relaxation. The inability to relax completely is noted in many

anxious patients and is often associated with pain in the back of the neck and shoulders, and with appreciable tension of arms and pectoral muscles when treatment is being given. At a later stage massage is gradually replaced by exercises, until, at the end of a fortnight or three weeks, the patient is able to attend the Keep-Fit class.

These classes are held twice weekly, on medical prescription. Most of the exercises are of a slow rhythmical nature, all conducive to relaxation. Team games are very popular and are introduced into many

classes. These, besides being beneficial and stimulating, have a definite re-socialising value.

Country Dancing is held once a week during the winter. This is a more strenuous form of exercise than Keep-Fit and requires greater concentration. Attendance is voluntary, but the majority of the patients who are fit to do so, take part, and thoroughly enjoy an evening's pleasant entertainment. The standard of dancing is not very high, but the spirit in which it is done and the pleasure obtained compensate for that.

ANNUAL STATISTICAL TABLES FOR 1945

Results for 1945

Ninety-two patients were discharged from the hospital during 1945. Of these, three were discharged within one month as being unsuitable for treatment in the hospital. These three cases are excluded from Table 2. It should be noted that patients who discharge themselves against advice within this period are counted as "Not improved," since it is felt that this represents a failure in treatment rather than an exclusion on grounds of unsuitability.

There is a preponderance of female patients which is still almost certainly due to the abnormal period in which a large number of men were in one of the Services and therefore receiving treatment in Service hospitals. The ratio between males and females is likely to become more even again within the next year or two.

The results on discharge (Table 2) show a very close similarity to those of previous years as shown in Table 3, and the diagnostic groups show an equally close similarity of distribution with those of previous years (not shown in tables). In comparison with the years before the war there has been a slight relative increase in the number of patients admitted with a diagnosis of affective neurosis in comparison with the hysterical reactions and the depressions. For example, in 1939 the affective neuroses totalled 45, hysterical reactions 31, and depressive states 48 (available bed numbers were then 64). This trend may reflect to some extent a change in diagnostic concepts. Nevertheless, there are grounds for believing that major hysterical reactions are less common in the hospital than they were.

Electric shock therapy has continued to be used with striking success in the treatment of depressive states. In addition to those shown in the table many have been treated as out-patients with equally good results and without any serious complications. A small number of patients suffering from affective

neurosis have also received shock therapy. For these the treatment possesses in no sense the specific action shown in the depressions. It is, however, sometimes a useful procedure in the course of psychological treatment in helping to break up the rut formation and chronic invalidism associated with certain affective neuroses.

Two patients have been submitted to prefrontal leucotomy. Both presented severe personality disorders with chronic anxiety and depression which failed to respond to other means of treatment. Both responded excellently to the operation.

Among organic and toxic reactions is included a patient suffering from addiction to paregoric of which he was consuming more than a pint a day. He had developed an encephalopathy which appeared to be associated with a Vitamin B deficiency, and his general condition and mental state improved remarkably with the administration of massive doses of Vitamin B. The group also includes two patients suffering mainly from an exhaustion syndrome following prolonged overwork who responded rapidly to sleep treatment.

Follow-Up Tables

The number of patients replying to the annual follow-up letter is very high this year, particularly in respect of the 1941 and 1942 groups. It is, for example, quite unusual to get a 50% response at the end of the fourth year after discharge as has occurred this year in the cases discharged during 1941 (Table 3a). This is the more remarkable since many letters were inevitably returned marked "Gone away, address not known," and the percentage of replies from those actually reached was very high indeed. The probable reason for this success is that each patient receives a personal letter concerning his own immediate problems, commenting if possible upon his report of the previous year. It is felt that the results wholly justify the extensive work involved.

TABLE I

Total Number of Patients Discharged from Hospital during 1945

New Patients	Re-admissions	Total	Discharged unsuitable within one month	Total in which treatment undertaken
83	9	92	3	89

TABLE 2 Total Number of Patients for whom Treatment was Undertaken during 1945. Classification by Diagnosis, Sex and Condition on Discharge

Diagnosis	MALES				FEMALES				TOTALS			
	Much Imp.	Imp.	Not Imp.	Total	Much Imp.	Imp.	Not Imp.	Total	Much Imp.	Imp.	Not Imp.	Total
Affective Neurosis ...	7	1	1	9	10	6	—	16	17	7	1	25
Hysteria ...	—	1	—	1	—	4	3	7	—	5	3	8
Anorexia Nervosa ...	—	—	—	—	3	—	1	4	3	—	1	4
Obsessive Compulsive Neurosis	1	—	—	1	—	2	—	2	1	2	—	3
Psychopathic Personalities ...	1	1	3	5	1	4	1	6	2	5	4	11
Unclassified Neurosis ...	1	2	—	3	3	1	1	5	4	3	1	8
Alcoholism and Drug Addiction	1	1	—	2	1	—	—	1	2	1	—	3
Affective Psychosis (depression)	2	1	1	4	12	1	2	15	14	2	3	19
" " (Manic)...	—	—	—	—	1	—	—	1	1	—	—	1
Schizophrenic and Paranoid Reactions ...	—	—	1	1	—	1	—	1	—	1	1	2
Organic and Toxic Reactions	1	2	—	3	—	2	—	2	1	4	—	5
Total ...	14	9	6	29	31	21	8	60	45	30	14	89
Percentage ...	48%	31%	21%	100%	52%	35%	13%	100%	50%	34%	16%	100%

TABLE 3 Percentage Distribution of Results on Discharge and at Follow-up

(a) Cases Discharged during 1941

Condition	On Discharge	Follow-up			
		1942	1943	1944	1945
Much improved ...	52	54	50	41	53
Improved ...	34	19	23	18	19
Not Improved ...	14	27	27	41*	28
Total ...	100	100	100	100	100
Total cases on which percentage based...	85	59	52	54	43
Number not replying to follow-up ...	—	26	33	31	43

* Including 11% (6 cases) dead.

(b) Cases Discharged during 1942

Condition	On Discharge	Follow-up		
		1943	1944	1945
Much Improved ...	55	62	57	58
Improved ...	27	20	17	25
Not Improved ...	18	18	26*	17
Total ...	100	100	100	100
Total cases on which percentage based...	102	81	81	71
Number not replying to follow-up ...	—	21	21	31

* Including 5% (4 cases) dead.

(c) Cases Discharged during 1943

Condition	On Discharge	Follow-up	
		1944	1945
Much Improved ...	50	42	56
Improved ...	31	31	34
Not Improved ...	19	27*	10
Total ...	100	100	100
Total cases on which percentage based...	111	88	70
Number not replying to follow-up ...	—	23	41

* Including 7% (6 cases) dead

(d) Cases Discharged during 1944

Condition	On Discharge	Follow-up 1945
Much Improved ...	48	43
Improved ...	37	34
Not Improved ...	15	23
Total ...	100	100
Total cases on which percentage based ...	93	75
Number not replying to follow-up ...	—	18

Report of the General Committee

GENERAL

Committee Members

THE Committee has pleasure in recording that Dr. C. P. Symonds was awarded the K.B.E. by H.M. the King in the New Year's Honours (Jan. 1946). Sir Charles Symonds has been a member of the Medical and General Committees of the hospital since 1935.

The Committee also records with pleasure that in April 1945 Mr. S. W. Smart was appointed Superintendent of Operations on the Southern Railway.

During the year 1945 the Committee has suffered sad losses by the death of three of its members.

The Rt. Hon. Lord DAWSON OF PENN P.C., G.C.V.O., K.C.B., K.C.M.G., M.D., F.R.C.P., who died on the 7th March 1945, had been a member of the Medical and General Committees of the hospital since its inception and his help and advice had always been at the disposal of the hospital.

R. D. GILLESPIE, Esq., M.D., F.R.C.P., who died on the 30th October 1945, had been a member of the Medical Committee since 1935. His intimate knowledge of the hospital and his great interest had been of the utmost value.

Sir E. FARQUHAR BUZZARD, Bt., K.C.V.O., M.D., F.R.C.P., died on the 17th December 1945. He was one of the original members of the Medical Committee and had been its Chairman for many years. He always found time to give the closest attention to the affairs of the hospital and his death was a very great loss.

The following new members have been welcomed to the Committee during the year.

February 1945: Lord FORRESTER and Mr. V. E. VINCENT, as members of the General Committee.

August 1945: Dr. C. P. BLACKER as a member of the Medical and General Committees.

Committee Visits

In August 1945 the Chairman, The Rt. Hon. Sir Felix Cassel, Bart., K.C., visited the hospital where he saw the work in all departments and met and talked with the entire staff.

Medical Director

The Committee records with pleasure that in May 1945 the Medical Director, Dr. C. H. Rogerson, was elected a Fellow of the Royal College of Physicians.

ASH HALL

Library

In January 1945, the Chairman made a personal gift of money for the library and a number of new books of varied interest were purchased.

Staff

In November 1945, a locum tenens medical officer was engaged. This appointment has relieved somewhat the great strain under which the medical staff have worked for the past three years.

There has been one change in the senior permanent staff of the hospital. The Matron, Miss O. P. Hann, left at the end of the year to take up work in Trinidad. Miss D. Weddell was appointed as Matron to commence in January 1946.

The Committee desires to express its thanks and appreciation to the staff of the hospital who have continued to maintain, into a sixth year of evacuation, a high standard of work and morale. The Committee hopes that the hospital may soon return to Kent and to more pleasant conditions.

SWAYLANDS

De-requisitioning of Swaylands

In spite of repeated applications, the War Office has not yet been able to indicate when the buildings at Swaylands will be de-requisitioned. The Committee is hoping, however, that as buildings are now being released more rapidly, the return to Swaylands will not be much longer delayed and plans for the reinstatement of the hospital there are well in hand.

Cottages

The cottages previously occupied by doctors and secretary continue to be let on agreements which will give the hospital possession when it returns to Penshurst.

SWAYLANDS GARDENS

Trees

Some 100 old oak and elm trees have been cut down and sold. It is proposed to plant new trees to replace these.

Vegetables and Fruit

Through the continued kind assistance of the Southern Railway, weekly supplies of vegetables and fruit in season have again been sent up to Ash Hall from Swaylands.

Staff

The Committee is pleased to record that the two members of the garden staff who were prisoners of war in enemy hands have returned safely and are again working in the gardens.

In March 1945 the wages of the gardeners were raised to bring them into line with the Agricultural Minimum Wage for Kent.

The Committee desires to record its appreciation of the continued excellent work done in the gardens. Great credit is due to the head gardener and those working under him for the good results shown by the gardens.

FINANCE

The Accounts for the year ended 31st December, 1945, show a surplus of Income over Expenditure of £2,645, compared with £2,624 in the previous year. This surplus arises entirely from the Extraordinary Income received from the evacuated properties and gardens at Penshurst, Kent, as there was a deficit of £768, on the working of the Hospital at Ash Hall. Fees from Patients were £412 more than in 1944 but, owing to the lower rates of interest now obtaining, income from Investments was £81 less than in the previous year. The total Ordinary Income was thus £331 more than in 1944. On the other hand, expenditure on the Maintenance and Administration of the Hospital increased by £1,189, of which a considerable proportion was attributable to higher rates of pay of the Nursing and Domestic Staffs, which are in accordance with the recommendations in the Rushcliffe and Hetherington Reports. Increases in expenditure also occurred in the items of Provisions (£154) and Establishment (£262). The latter increase is attributable to repairs and redecorations which, during the war-time occupation of Ash Hall, were deferred or restricted to the barest essentials. In view of the uncertainty as to when the Hospital will be able to return to Swaylands, it was considered unwise to defer certain essential work indefinitely and, accordingly, some of the most urgent repairs have been carried out.

The surplus of Extraordinary Income amounted to £3,412 compared with £2,535 a year ago. This increase was mainly due to a notable improvement in the results of the Swayland Gardens. In the previous year crops were adversely affected by late frosts and, in addition, it was necessary to replace certain major items of equipment. These exceptional features did not arise in the year under review. Certain preliminary work in connection with the reinstatement of the Hospital at Swaylands was undertaken, including the preparation of plans for alterations and

modernisation, estimates of anticipated working costs and also enquiries as to the possibilities of alternative premises, the total cost of which amounted to £273.

In accordance with the policy adopted since the enforced evacuation of the Hospital, the whole of the Surplus Income has been earmarked for the reinstatement of the Hospital at Swaylands. The possibility of undertaking any substantial structural alterations seems remote and yet to maintain the existing property under the changed circumstances of today, particularly as regards the rates of pay and conditions of employment of Staff, may well entail expenditure far in excess of the income likely to be derived from Patients and Endowments. The Committee have therefore a difficult problem before them, but the accumulated surplus from the working of the Hospital on a reduced scale at Ash Hall during the war years, will help considerably towards alleviating the position and assist in connection with the re-establishment of the Hospital in its pre-war environment and the maintenance of the Patients until such time as conditions become more normal.

During the year, the following investments were redeemed at par :—

£10,000 Birmingham Corporation 4½% Redeemable Stock 1945/55 (Cost Price £9,853 15s. 0d.)

£5,796 9s. 7d. Commonwealth of Australia 5% Registered Stock 1945/75 (Cost Price £5,711 13s. 8d.)

The proceeds were applied towards the purchase of £16,000 3% Savings Bonds 1965/75. It will be observed that these unwelcome redemptions have resulted in an appreciable reduction in the Interest receivable. Further investments of General Funds were made, as follows :—

£2,000 2½% Funding Loan 1956/61 (Cost Price £1,977 14s. 0d.)

£1,000 3% Savings Bonds 1965/75 (Cost Price £1,000.)

The total book (or Cost) value of the investments at 31st December, 1945, was £151,067 11s. 0d. (compared with £147,655 5s. 8d. a year ago), the Market Value being £158,488 6s. 1d.—an appreciation of £7,420 15s. 1d.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st DECEMBER, 1945

INCOME		EXPENDITURE	
1944	£ s. d.	1944	£ s. d.
Ordinary—		Ordinary—	
I. RECEIPTS ON ACCOUNT OF SERVICES RENDERED		I. PROVISIONS	1,979 8 0
FROM PATIENTS—		II. SURGERY AND DISPENSARY	359 5 1
Fees	9,756 10 4	III. DOMESTIC	1,440 17 8
		IV. SALARIES AND WAGES (MAINTENANCE) ...	8,674 6 5
II. INVESTED PROPERTY Interest, Dividends, etc.	5,268 7 0	V. MISCELLANEOUS	801 16 3
		VI. ADMINISTRATION	1,177 5 11
		VII. ESTABLISHMENT	336 9 3
		VIII. FINANCE	1,023 5 11
Ordinary Income	15,024 17 4	Ordinary Expenditure	15,792 14 6
Extraordinary—		Extraordinary—	
I. RENTS OF EVACUATED PROPERTIES	3,007 3 0	I. UPKEEP OF EVACUATED PROPERTIES	337 4 8
II. SURPLUS ON SWAYLANDS GARDENS... ..	1,016 13 11	II. INITIAL EXPENDITURE ON REINSTATEMENT AT SWAYLANDS	273 7 0
Extraordinary Income	4,023 16 11	Extraordinary Expenditure	610 11 8
TOTAL INCOME ..	19,048 14 3	TOTAL EXPENDITURE	16,403 6 2
		Balance, being excess of Total Income over Total Expenditure for the year	2,645 8 1
£17,723	£19,048 14 3	£17,723	£19,048 14 3

BALANCE SHEET, 31st DECEMBER, 1945

1944	£	s.	d.
Creditors— Tradesmen's Accounts and Accrued Expenses	1,731	7	11
Capital Accounts— (a) Founder's Trust Fund as at 31st December, 1944	220,821	12	0
Add : Profit on Redemption of Investments	231	0	11
	221,052	12	11
(b) Special Funds as at 31st December 1944— THE KATHARINE WALEY COHEN TRUST FUND— gift for special purposes 1,582 1 6 THE H.G.K. TRUST FUND —gift for special purposes 500 0 0 THE BERNARD TEMPLE WRINCH SETTLEMENT— bequest for general purposes 7,782 13 0 THE MARY ANN OAKE BEQUEST 597 19 6			
	10,462	14	0
(c) General Fund as at 31st December, 1944 27,390 7 9 Add : Excess of Income over Expenditure for the year ended 31st December, 1945, per annexed Account 2,645 8 1			
	30,035	15	10
Unexpended Income Balance of Special Fund— Medical Director's Special Fund as at 31st December, 1944			
Add Interest and Donations for year	412	18	8
	387	3	2
	800	1	10
	82	0	4
Less Grants during year	718	1	6
	£264,000	12	2

NOTE.—The General Fund is earmarked for the reinstatement of the Hospital at Swaylands.

We have audited the above Balance Sheet dated 31st December, 1945, 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.

25th July, 1946.

INVESTMENTS AT COST—AS AT 31st DECEMBER, 1945

	£	s.	d.	£	s.	d.
(a) Founders' Trust Fund—						
£3,237/13/6 3½% Conversion Loan, 1961	2,476	19	7			
£3,500 2½% Funding Loan, 1956/61	3,399	2	0			
£2,000 2½% National War Bonds 1945/47	2,021	5	4			
£33,200 3% Savings Bonds 1955/65 "B"	33,205	15	9			
£8,900 3% Savings Bonds 1955/65 ...	8,900	0	0			
£8,200 3% Savings Bonds 1960/70 "A"	8,200	0	0			
£16,000 3% Savings Bonds, 1965/75	16,000	0	0			
£900 3% Defence Bonds P.O. 3rd Issue	900	0	0			
£9,699/18/10 3½% War Loan	9,570	13	5			
£15,500 Local Loans 3% Stock	12,702	9	6			
£1,500 Bristol Corporation 3% Loan 1958/63	1,491	12	3			
£500 London Transport 5% "A" Stock	496	18	0			
£2,000 London Transport 5% "B" Stock	2,279	11	0			
£7,200 London & North Eastern Railway 4% 1st Preference Stock	4,973	8	9			
£3,000 Barclay Perkins & Co., Ltd., 3½% Mortgage Debenture Stock	3,020	0	3			
£3,100 Bass Ratcliff & Gretton Ltd., 3½% "B" Mortgage Debenture Stock	3,153	14	9			
£368 William Younger & Co. Ltd. 3½% Debenture Stock	333	18	4			
£1,150 South Suburban Gas Co., 5% Perpetual Debenture Stock	1,273	0	10			
(Market Value £118,132 1 6)				114,398	9	9
(b) Special Funds—						
THE KATHARINE WALEY COHEN TRUST FUND—						
£1,665 Shell Transport & Trading Co., Limited, 5% 1st Preference Stock. Fully paid (Market Value £2,289 7 6)	1,582	1	6			
THE H.G.K. TRUST FUND—						
£496/4/6 3½% War Loan (Market Value £512 7 1)	500	0	0			
THE BERNARD TEMPLE WRINCH SETTLEMENT—						
£7,807/6/0 Consolidated 4% Stock (Market Value £8,802 14 7)	7,782	13	0			
THE MARY ANN OAKE BEQUEST—						
£100 3% Defence Bonds. P.O. Issue	100	0	0			
£495/17/5 3½% War Loan	497	19	6			
£250 Textile Trades Corporation Berlin 7% Stock Trust Certificates...						
(Market Value £611 19 9)	597	19	6			
				10,462	14	0
(c) General Fund—						
£130/10/2 3½% War Loan	128	15	4			
£7,222/19/6 Consolidated 4% Stock	7,200	4	0			
£14,114 Irish Free State 4½% Land Bonds	15,581	15	5			
£335 Shell Transport and Trading Co., Ltd., 5% 1st Preference Stock. Fully paid	317	18	6			
£2,000 2½% Funding Loan, 1956/61	1,977	14	0			
£1,000 3% Savings Bonds, 1965/75	1,000	0	0			
(Market Value £28,139 15 8)				26,206	7	3
				£151,067	11	0

STATISTICAL TABLES FOR THE YEAR ENDED 31st DECEMBER, 1945 and comparison with the Year ended 31st December, 1944

ACCOMMODATION			1945	1944
Number of available beds	...	...	30	30
Average number of patients resident daily	...	...	26.74	27.28
Number of admissions during the year	...	...	92	102
Number of discharges during the year	...	...	95	101
Number remaining at 31st December	...	...	25	28
EXPENDITURE	Expenditure for the year ended 31st Dec., 1945	Average weekly cost per patient during		
ORDINARY	£ s. d.	1945	£ s. d.	1944
Provisions	1,979 8 0	1 8 5	1 5 9	
Surgery and Dispensary	359 5 1	5 2	5 2	
Domestic	1,440 17 8	1 0 8	1 1 8	
Salaries and Wages	8,674 6 5	6 4 5	5 10 4	
Miscellaneous	801 16 3	11 6	11 1	
Administration	1,177 5 11	16 11	15 8	
Establishment	336 9 3	4 10	1 0	
Finance	1,023 5 11	14 8	14 2	
	15,792 14 6	11 6 7	10 4 10	
EXTRAORDINARY	610 11 8	8 9	6 11	
Total Cost	£16,403 6 2	£11 15 4	£10 11 9	

