The Bethlem Royal Hospital and the Maudsley Hospital : triennial statistical report : years 1955-1957 / edited by E. H. Hare.

THE BETHLEM ROYAL HOSPITAL
AND THE MAUDSLEY HOSPITAL

TRIENNIAL STATISTICAL REPORT

YEARS 1955-1957

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EDITOR'S FOREWORD

The first Triennial Statistical Report of the Bethlem Royal Hospital and the Maudsley Hospital was written by Dr. C. P. Blacker and Mr. A. T. Gore. The second Report was edited and largely written by Dr. Blacker. In editing the third Report, I have been very conscious of my inadequacy as successor to Dr. Blacker; but my task has been made smoother and my inexperience mitigated by the good fortune of my having had, at every stage, his ready help and guidance. It was his foresight and breadth of vision which set the pattern of these reports ten years ago and, although I have introduced a few minor changes (described in the introductory chapter), I have for the most part followed his pattern closely.

Many people have helped in the preparation of this report. I am particularly indebted to Mrs. J. A. Stitson, Records Officer, and to Mrs. D. Perkins, Transcription Officer, not only for much laborious work extracting data outside the punch-card information (the data of the appendix, for example), but also for putting so freely at my disposal their intimate knowledge of the hospital records system. I also thank Sir Aubrey Lewis, Mr. A. T. Gore, Miss N. Goodman and many others for helpful criticism, Mr. W. G. Cannon for general administrative assistance, and Mrs. D. Martin for typing the manuscript.

E. H. HARE.

27 July, 1959.

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TABLES

Table 1. *Number of Patients and Discharges*, 1955-57

	Male	Female	Total
ADULTS:			
Patients			
Hospital patients ...	4,486	5,068	9,554[1]
In-patients	1,509	2,071	3,580
Out-patients	3,081	3,148	6,229
Discharges			
Total	4,970	5,656	10,626
In-patient	1,652	2,290	3,942
Out-patient	3,318	3,366	6,684
CHILDREN:			
Patients			
Hospital patients ...	776	417	1,193[1]
In-patients	193	130	323
Out-patients	596	292	888
Discharges			
Total	812	440	1,252
In-patient	205	140	345
Out-patient	607	300	907

[1] See Chapter I, Definitions.

CHAPTER ONE

INTRODUCTION

1. The Third Report

The joint Bethlem Royal Hospital and Maudsley Hospital is a psychiatric post-graduate teaching hospital; its formation, its policy and the principles governing the referral of patients and their admission to the wards have been described in the two earlier reports. The present third triennial statistical report covers the years 1955-1957. During this period a new day-hospital was opened at Bethlem, and a new night-hostel at the Maudsley, but otherwise there was no major change in the services provided by the hospital or in its administrative arrangements.

The triennial reports of the hospital have two objects. The first is the provision of statistics relating to the medical administration of the hospital departments. The second is the provision of demographic, social and diagnostic data on the patient population attending the hospital. While these two objects have much in common, there is a basic difference between them. The administrator is concerned with the amount of work done by the various departments of the hospital in providing treatment for its patients. This work is most conveniently assessed by taking into account the total number of admissions of patients to (or their discharges from) a department during a given time. On the other hand, statistics relating to demography, social factors and diagnoses need for the most part to be based on the number of individual patients that attend the hospital, irrespective of the number of occasions on which they are admitted.

As compared with previous reports, the present report places rather more emphasis on the clinical and rather less on the administrative aspects of the data. One of the principal objects of this change is to allow the presentation of data concerning the whole population attending the hospital. Most of the published data on the statistics of mental illness in Great Britain deal only with in-patients. But psychiatric hospitals are becoming increasingly concerned with out-patient care and treatment. Moreover, because of changes in administration and in treatment, many cases that a few years ago would have been treated as in-patients are now treated as out-patients. There is consequently an increasing need for clinical statistics on all patients under care at psychiatric hospitals and not merely on the in-patients. It is in the belief that hospital statistics of this kind will have a growing value that the present editor has emphasised the clinical aspects of the data. This has required certain changes in definition of the terms used previously.

2. Definition of Terms

The statistical data in the hospital triennial reports are based on information collected routinely during a patient's attendance at the

hospital. It is not until the patient has been discharged that the information on his case is complete and is transferred to punched cards for sorting. The data are therefore based on the numbers of discharges from the hospital departments during the triennium and on the number of patients concerned in these discharges. The precise meaning of the word "discharge" is therefore of great importance. Its meaning is determined by the following considerations:—

A. *Adults and Children. Adult* patients are defined as those admitted to the adult departments of the hospital; with very few exceptions, adult patients are aged 16 or over. Patients described in this report as *children* are those admitted to the children's departments and are, with very few exceptions, aged under 16 at the time of admission. Statistics relating to children only are given in Chapter V; the statistics of Chapter VI, Parts C, D and E, include figures relating to children; Chapters I-IV, Chapter VI, Parts A and B, and the Appendix deal only with adults.

B. *The Hospital and its Departments.* The word "hospital" is here taken to cover the in-patient and out-patient departments of the Bethlem Royal Hospital and the Maudsley Hospital. For children, the *in-patient department* includes the children's unit at the Maudsley Hospital and the adolescent ward at Bethlem; the *out-patient department* is at the Maudsley Hospital. For adults, the *in-patient department* includes the wards at Bethlem and at the Maudsley, and also the Maudsley night-hostel, but does not include the wards of the Guy's-Maudsley Neurosurgical Unit. The adult out-patient department includes the Maudsley out-patient department, the day-hospitals at Bethlem, and at the Maudsley and all follow-up clinics.

C. *Admissions and Spells of Care.* A period of time during which a patient remains continuously under care at the hospital, without being discharged or lapsing in attendance, is called a *spell of care.** Thus a patient who is warded (*i.e.* becomes an in-patient) from the out-patient department, and who subsequently attends and is discharged from a follow-up clinic (*i.e.* the type of case described in previous reports as the "out-in-out" case) has had only one spell of care. Each spell of care begins with the admission of a patient and ends with his discharge. The meaning of the term *admission* is limited by the hospital's "three-months rule"; the rule is that if a person comes under the care of the out-patient department within three months of being discharged from either of the departments, then this does not count as a new admission but is considered simply as a continuation of his previous spell of care.

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* In his Statistical Reviews of England and Wales (Supplements on Mental Health), the Registrar General has used the term *visit* for this purpose; but that term referred only to in-patients, and in the present circumstances might be confused with an out-patient *attendance*.

D. *Discharges.* We may now define the ways in which the term "discharge" is used in the present report. An *in-patient discharge* is the discharge of a patient at the end of a spell of care which included a period of in-patient care. An *out-patient discharge* is the discharge of a patient at the end of a spell of care which did *not* include a period of in-patient care. A *hospital discharge* is the discharge of a patient at the end of any spell of care. Because each hospital discharge must be either an in-patient discharge or an out-patient discharge, the total number of hospital discharges equals the sum of the in-patient and out-patient discharges.

E. *Patients discharged.* During any triennium many patients have more than one spell of care at the hospital. Thus the number of patients discharged from the departments or from the hospital is less than the number of corresponding discharges. The patients are classed as either *in-patients* or *out-patients* or *hospital patients.* This can be seen in Table 1, where the number of adult in-patients, for example, was 3,580, but the number of in-patient discharges was 3,942. Because the same patient may be discharged as an in-patient on one occasion and as an out-patient on another occasion, the sum of in-patients and out-patients will in general be greater than the number of hospital patients. This can also be seen from Table 1; the number of adult in-patients plus out-patients is 3,580+6,229, or 9,809, while the number of hospital patients is 9,554. In other words, 255 patients were discharged from the in-patient department on one occasion and from the out-patient department on another occasion during the triennium.

F. *New Patients.* These are patients who, during the triennium, attend and are discharged from the hospital for the first time in their lives. A *new in-patient* is one who completes his first-ever spell of in-patient care; a *new out-patient* is one who completes his first-ever spell of out-patient care; and a *new hospital patient* is one who completes his first-ever spell of care at the hospital, whether as an in-patient or as an out-patient. Because a patient may qualify as a new in-patient on one occasion and as a new out-patient on another occasion, the sum of new in-patients and new out-patients will in general be greater than the number of new hospital patients (see Table 3).

It should be remembered that new patients are not equivalent to the "first admissions" of the Registrar General's reports on mental health, for new patients to the Bethlem-Maudsley Hospital may previously have received psychiatric treatment at other hospitals.

G. *Cases.* The word *case* has been used loosely in this report. Its appropriate meaning is mostly obvious from the context, but in general it has been taken to refer to a patient receiving a particular spell of care.

3. Comparison with Previous Triennia

Because of the changes in definition, there are three main differences between the present report and previous ones.

(1) In the present report, the use of the term "out-patient" and "out-patient discharge" is restricted to those out-patients who did *not*, during the spell of care under consideration, become in-patients; whereas in previous reports, the "out-in-out" patient was counted both as an out-patient and as an in-patient. The consequent difference in the number of out-patients is considerable. For example (Table 53), in the present triennium 2,004 of the 3,942 in-patient discharges were "out-in-out" cases; on the system of previous triennia, these 2,004 in-patient discharges would also have been counted as out-patient discharges, but in the present triennium they have not been counted as out-patient discharges. Because of this difference in definition, tables based on out-patients or out-patient discharges in the present report are not closely comparable with those of previous triennia.

(2) Most of the demographic and social data in the present report are based on the number of *hospital patients* instead of, as in previous reports, on the combined number of in-patients and out-patients. The difference, however, is relatively small. As can be seen from Table 1, the sum of in-patients and out-patients in the present triennia exceeds the number of hospital patients by less than 3 per cent. Thus, although this means that the tables in the present report based on hospital patients are not exactly comparable to those of earlier reports based on in-patients plus out-patients, the discrepancy for practical purposes is small enough to be neglected.

(3) Much of the diagnostic information in the present report is based on the number of individual patients instead of, as in previous reports, on the number of discharges. There is the additional difference that many of the tables are based on hospital patients rather than on the combined number of in-patient and out-patient discharges. For these reasons, the diagnostic tables of Chapter IV are not closely comparable with those of the previous reports, but attention is drawn to this where the discrepancy is likely to be considerable.

It is by no means an easy question whether the diagnostic data of a psychiatric hospital should be based on the number of individual patients or on the number of discharges. Each method has its advantages and disadvantages (see the discussion in the First Triennial Report, p. 11). In basing many of the present diagnostic tables (*i.e.* the tables discussed in Chapter IV, Section 1) on individuals, I have had in mind the following considerations:—

(1) In clinical statistics, we tend to be more interested in the number of individual patients than in the number of discharges; and

(2) In psychiatry, especially within a three-year period, one principal diagnosis can be applied, in the great majority of

instances, to each patient, however many times the patient may need hospital admission. This is so partly, perhaps, because the clinical picture of psychiatric illness is determined to a considerable extent by the patient's personality and also partly because the present diagnostic classification in psychiatry has been derived from observation of individual patients over an extended time.

There remains the difficulty that some patients are, in fact, given different diagnoses on different discharges during the same triennium. Which diagnosis is then to be accepted for the tables? For a purely technical reason (ease of sorting the punched cards), I have used the diagnosis given at the time of the patient's first discharge. The diagnosis made on the last (*i.e.* the most recent) discharge might perhaps be more satisfactory, but in any event the effect is unlikely to be very appreciable, for fewer than 5 per cent of hospital patients were admitted more than once during the present triennium (Table 1B), and it is probable that in the majority of multiple discharges the diagnosis was unchanged.*

4. Day-Patients

Patients attending the day-hospitals are referred to as *day-patients*; they are all adults. Data relating to day-patients are given in Chapter VI, but in the general analysis of adult cases (Chapters II, III and IV), day-patients count as out-patients. In view of the increasing number of day-patients and the fact that the administrative problems involved in their care are different from both those of out-patients and of in-patients, it may prove more convenient in the future to consider the day-hospitals (or day wards, as Dr. Harris suggested they should be named) as constituting a separate department of the hospital.

5. New Features of the Present Report

The work of the department of clinical neurophysiology is described in Chapter VI, part D; and that of the department of pathology in Chapter VI, part E.

Certain tables of the previous reports have been omitted, particularly those dealing with social and hospital data by diagnosis. Several new tables are introduced, particularly tables dealing with analysis by social class (Tables 27, 31, 33) and analysis by age groups (Tables 26, 38, 44, 46). For the rest, the Tables are essentially

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* The different psychiatric diagnoses made when a patient is transferred from one hospital to another have been considered, for particular circumstances, by Norris (Norris, V., *Mental Illness in London*, Maudsley Monographs No. 6, 1959, London); the diagnostic differences that occur when a patient is re-admitted to the *same* hospital might form the subject of an interesting dissertation.

the same as in previous reports so that, within the limitations mentioned above, comparisons may be made of three triennial periods.

6. The Hospital Staff

Table 2 shows the number on the staff in 1949, 1954 and 1957. In 1957, the senior medical staff was composed: of full-time staff, eight psychiatrists and one pathologist; of part-time staff, eleven psychiatrists, two neurosurgeons, one radiologist and one dental surgeon. In addition there were thirteen senior psychiatrists on the honorary staff of the hospital; these included the clinical staff of the Institute of Psychiatry.

Table 2. Hospital Professional Staff

Staff	1949	1954	1957
Doctors:			
Senior Staff			
Whole time	10	8	9
Part time	8	14	15[1]
Junior Staff	44	60	67
Nurses:			
Whole time	182	247	237
Part time	49	84	107
Psychologists	6	10	9
Psychiatric Social Workers ...	11	11	12
Occupational Therapists ...	9	12	12

[1] Equivalent to 9 full time Staff.

CHAPTER TWO

ADULTS: SOCIAL DATA

Introduction

This chapter deals with the demographic and social aspects of the patient population served by the hospital during the triennium 1955-57. All tables are based on the numbers of *individual patients* attending the hospital (or, where indicated, the numbers of individual patients attending only the in-patient or the out-patient departments). As explained in the First Triennial Report (pp. 10-12), many of the items of social information concerning a patient may differ each time he is admitted. Thus, of the various items considered in the present chapter, only two (sex and age at first marriage) will necessarily remain constant; all the others may change. For those patients who were discharged more than once during the present triennium, the social information used is that recorded at the time of the patient's first discharge.

1. Numbers of Patients and Discharges

Table 3 shows the number of cases dealt with by the hospital during the triennium under review. "New cases" means those individuals who attended (and were discharged from) the hospital for the first time in their lives during the triennium; these numbered 6,014. The total number of individuals dealt with is greater than this because many had attended the hospital in earlier years, either as adults or children; this total was 9,554. The number of discharges is still greater because many individuals were discharged more than once during the triennium; the total of discharges was 10,626. The number of re-discharges is given by the number of discharges which were not first-ever discharges; this is 10,626 minus 6,014, *i.e.* 4,612, and the re-discharge rate was therefore 43 per cent. For practical purposes, this rate may be taken as equivalent to the re-admission rate, and it is about equal to that in the mental hospitals of England and Wales during these years.

The number of cases dealt with in three triennia (*i.e.* since the introduction of the National Health Service Act) is shown in Table 4. There has been a continued increase in the numbers, though the relative increase was greater in the second than in the third triennium. The increase has been greater for in-patients than for out-patients. This is not due to any significant increase in the number of available beds, but it may reflect the policy of discharging in-patients at an earlier stage in the course of their illness than was formerly the custom.

Table 3. Number of Adult Patients and Discharges in the triennium, 1955-57

Status	Male	Female	Total
NEW CASES:			
Hospital patients	2,850	3,164	6,014
In-patients	1,237	1,683	2,920
Out-patients	2,220	2,248	4,468
INDIVIDUALS:			
Hospital patients	4,486	5,068	9,554
In-patients	1,509	2,071	3,580
Out-patients	3,081	3,148	6,229
DISCHARGES:			
Total	4,970	5,656	10,626
In-patient	1,652	2,290	3,942
Out-patient	3,318	3,366	6,684

Table 4. Numbers of Adult Patients and Discharges in three triennia

Status	1955–57	1952–54	1949–51
Hospital patients	9,554	*	*
In-patients	3,580	3,353	2,636
Out-patients	6,229	6,004	5,151
Total discharges	10,626	*	8,725
In-patient discharges	3,942	3,641	3,245
Out-patient discharges	6,684	*	5,480

* Figures not extracted in terms of present definition.

2. AGE AND SEX

The age- and sex-distribution of adult patients (discharged during 1955-57) is shown in Table 5. As in previous triennia, there are more females than males in the older age groups. Comparison of the triennia shows a slight trend (present in both sexes) towards an increasing proportion of older patients.

Compared with the population of Greater London in 1951, the hospital population has consistently shown a higher proportion in the younger age groups. Thus the percentage of the population aged between 16 and 34 was 45.8 (male) and 41.9 (female) for the hospital (1955-57) compared with 34.3 and 33.2 for Greater London.

Table 5. Age and Sex.—9,554 hospital patients

Age (years)	Males		Females		Persons	Persons, %		
	No.	%	No.	%		55–57	52–54	49–51
16—	782	17.4	709	14.0	1,491	15.6	15.0	17.4
25—	1,273	28.4	1,417	27.9	2,690	28.1	29.9	29.8
35—	1,094	24.4	1,149	22.7	2,243	23.5	23.1	23.2
45—	716	15.9	794	15.7	1,510	15.8	15.7	15.6
55—	397	8.9	576	11.4	973	10.2	9.9	9.1
65 and over ...	224	5.0	423	8.3	647	6.8	6.4	4.9
All ages ...	4,486	100.0	5,068	100.0	9,554	100.0	100.0	100.0

3. Previous Admissions

(*a*) *In-patients*. Table 6 shows the number of discharges from the in-patient department, at any time before 1955, of the 3,580 in-patients dealt with during the triennium 1955-57. The number of patients having no previous admissions represent the number of new in-patients dealt with during the triennium; thus, just over 80 per cent of in-patients were new cases (and see Table 3). Although the figures for the earlier triennia are similar to those of the present one, they are, in fact, not quite comparable as they were based on the number of in-patient discharges.

Table 6. Previous In-Patient Admissions (before 1955) of 3,580 in-patients

Number of Previous Admissions	Males	Females	Persons	Persons, %		
				55–57	52–54	51 only
None	1,237	1,683	2,920	81.6	82.4	83.9
1	216	301	517	14.4	12.5	12.6
2	41	48	89	2.5	3.5	2.6
3	10	21	31	0.9	1.1	0.7
4 and over	5	18	23	0.6	0.5	0.2
Total patients	1,509	2,071	3,580	100.0	100.0	100.0

(*b*) *Out-patients*. Table 7 shows the number of discharges from the out-patient department at any time before 1955, of the 6,229 out-patients dealt with during the triennium 1955-57. Of these patients, 72 per cent were new out-patients. Figures for 1952-54 are not closely comparable as they were based on out-patient discharges and, moreover, the term "out-patient" was defined in a slightly different way (see Chapter I).

Table 7. Previous Out-Patient Admissions (before 1955) of 6,229 out-patients

Number of Previous Admissions	Males	Females	Persons	Persons, %	
				55–57	52–54
None	2,220	2,248	4,468	71.7	67.9
1	448	438	886	14.2	21.1
2	233	275	508	8.1	7.2
3	103	109	212	3.4	2.4
4	48	37	85	1.4	0.9
5	15	26	41	0.7	0.3
6 and over ...	14	15	29	0.5	0.2
Total patients	3,081	3,148	6,229	100.0	100.0

4. Religion (Table 8)

Compared with previous triennia, the present triennium shows an increase in the proportion of Roman Catholic patients, and this is true for both sexes. There is also a trend towards a higher proportion of patients declaring themselves of "other" or of no religion. As in previous triennia, there are more than twice as many males as females having "no religion."

Compared with mental hospital admissions for England and Wales in 1950, the hospital figures show what would be expected of a London population, a deficiency of Nonconformists, and an excess of those giving their religion as Jewish, "other," and none.

Table 8. Religion.—9,554 hospital patients

Religion	Males	Females	Persons	Persons, % of known			Mental Hospitals E. & W. 1950
				55–57	42–54	49–51	
Church of England	3,023	3,597	6,620	70.5	73.5	74.1	72.4
Roman Catholic ...	586	654	1,240	13.2	11.6	11.3	10.1
Nonconformist ...	288	379	667	7.1	6.5	6.4	13.9
Jewish	183	177	360	3.8	3.7	4.4	1.2
Other	152	111	263	2.8	2.6	3.8	2.0
None	170	75	245	2.6	2.1		0.4
Not known ...	84	75	159	—	—	—	—
Total	4,486	5,068	9,554	100.0	100.0	100.0	100.0

5. Social Class

Table 9 shows that the social class distribution of male patients has remained fairly constant for the three triennia. The sex difference

in social class distribution, noticed in previous triennia, is again apparent and is present at all age groups. As mentioned in the Second Report, there are several possible reasons for this. One is that the excess of males in Class V is due to the preponderance of unskilled single males usually present in a psychiatric population; a second is the recognised tendency of married females to represent their husbands' occupation as of higher status than it really is; a third is the probability that Class I females, when they fall mentally ill, are more likely to be sent for treatment to private establishments than are Class I males. In addition the distribution of occupations, as regards their social class rating, is probably different for males and females, and so figures for the social class of females (which here include both those classed according to their own occupations and those according to the occupations of their husbands) probably cannot be strictly compared with figures for males.

Table 9. *Social Class.*—9,554 *hospital patients*

Social Class	Males, % of known			Greater London. Males 16 and over[1]	Females, % of known		
	55–57	52–54	49–51		55–57	52–54	49–51
I	6.7	5.7	7.1	4.9	3.6	3.3	3.7
II	15.1	14.6	13.7	16.6	16.3	15.8	12.7
III	52.6	52.9	50.8	54.7	57.7	57.9	65.3
IV	10.2	11.3	12.7	10.7	14.7	16.6	13.2
V	15.4	15.5	15.7	13.1	7.7	6.4	5.1
Total known	4,270	4,261	3,776		4,288	4,296	3,476
Not known	216	150	81		780	650	454
Total	4,486	4,411	3,857		5,068	4,946	3,930

[1] Census, 1951.

6. Occupation

In Table 10, the proportion of patients in certain broad occupational groups are compared with previous triennia and with the 1951 census figures for Greater London. The constancy of the hospital figures over the years is a notable feature. Persons in clerical and in professional and technical occupations, and males in personal service, are consistently over-represented in the patient population compared with that of Greater London. The group, " Unskilled, etc.," includes only those unskilled occupations not elsewhere specified in the Registrar General's classification, and its under-representation among the patients is not anomalous.

The percentage of married women recorded as engaged in part-time work (3.6 per cent., *i.e.* 182 patients in the present triennium) still seems surprisingly small. As suggested in a previous Report,

one reason for this may be the reluctance of married women to acknowledge the fact. Another reason may be that many married women take part-time jobs only from time to time and as occasion permits, and readily give up the job when, for example, a relative is sick and needs nursing, or a son is home on leave from the forces, or they themselves feel unwell. They do not then consider they are "off work," because their part-time job is viewed not as an obligation but as a matter of convenience.

The number of male patients recorded as "educational students" has increased: in 1952-54 there were 107 males and 58 females, and in the present triennium, 180 males and 61 females.

Occupation by diagnosis is shown in Tables 43 and 44.

Table 10. *Occupation : Proportion in Certain Occupational Groups.*—4,486 *male and* 5,068 *female hospital patients*

Code Nos.[1]	Occupational Group	Males, %				Females, %			
		55–57	52–54	49–51	Greater London 1951	55–57	52–54	59–51	Greater London 1951
110–279	Metal manufacturing	10.4	11.0	11.1	13.0	0.3	0.3	0.6	1.2
470–579	Wood, paper, etc.	4.1	4.8	3.5	5.0	0.6	0.4	0.3	0.8
580–609	Building, decorating	5.1	6.5	7.0	5.1	0.0	0.0	0.0	0.0
610–629	Administrators and managers ...	2.7	2.5	3.0	3.8	0.3	0.2	0.3	0.5
630–709	Transport and communications ...	9.5	10.7	10.4	11.0	1.3	1.4	1.4	1.1
710–759	Commercial, finance, insurance ...	9.0	9.1	9.3	9.8	4.0	3.9	3.9	4.0
760–819	Professional and technical ...	9.2	10.0	7.0	6.0	6.1	6.4	5.6	3.5
861–888	Personal service	5.1	5.7	5.3	4.3	8.3	9.5	10.4	9.7
890–895	Clerical	14.1	14.6	14.8	9.0	14.8	15.4	15.8	11.5
930–979	Unskilled etc.	9.4	10.6	16.8	14.2	3.4	3.2	4.2	4.0
	Other coded occupations	13.7	12.1	5.2	7.9	5.2	5.8	3.9	5.0
Total occupied		92.3	97.6	93.4	89.1	44.3	46.5	46.4	41.3
Retired or not gainfully employed		4.2	0.2	2.6[2]	10.9[2]	2.4	0.0	1.4[2]	
Housewives						40.8	42.2	40.9	58.7[2]
Part-time work (married women)						3.6	3.3	1.5	
Not known		3.5	2.2	4.0		8.9	8.0	9.8	
Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of patients		4,486	4,411	3,857		5,068	4,946	3,930	

[1] Census, 1951. *Classification of Occupations,* H.M.S.O., 1956.

[2] Includes students.

7. Income

The actual information recorded for a patient's income was "usual weekly income; if married, husband's and wife's combined income." This is shown in Table 11. As in previous triennia, there is an excess of males over females in the middle income group (£7-£12), and an excess of females in the lower two income groups. Although this may reflect the fact that the earnings of single women are, on the whole, less than those of single men, yet the proportion of patients whose income was not known is so large (26 per cent of males, 32 per cent of females) that no firm conclusions can be drawn from the figures. This must also apply to the apparent anomaly that, in spite of the general increase in wages, the proportion of patients having a weekly income of under £4 is higher in the present triennium than in 1952-54. It is more reasonable to compare in-patients with out-patients, and if we do this we see that, apart from greater representation of the highest income group in the in-patients, there is little difference in the income distribution of in- and out-patients. The same was found in the previous two triennia. The greater proportion of in-patients over out-patients in the highest income group is probably to be explained by the fact that many in-patients are admitted after private consultations (see Table 23); this apart, we may conclude that income is not a significant factor in determining in-patient admission.

Table 11. *Weekly Income : Numbers of patients in different Income Groups expressed as percentage of those with known income.*—3,580 *in-patients and* 6,229 *out-patients*

Weekly Income	Males		Females		Persons		
	In-Pt.	Out-Pt.	In-Pt.	Out-Pt.	55–57	52–54	49–51
Over £20 ...	9.5	3.9	6.1	4.0	5.2	18.1	7.6
£13–20 ...	21.1	19.3	19.3	20.8	20.0		
£7–12 ...	49.2	54.1	42.8	43.5	47.7	44.9	28.2
£4–7 ...	12.0	12.8	18.2	18.3	15.5	27.7	50.4
Under £4 ...	8.2	9.9	13.6	13.4	11.6	9.3	13.8
Total known	1,021	2,365	1,250	2,298	100.0	100.0	100.0
Not known...	488	716	821	850			
Total patients	1,509	3,081	2,071	3,148			

8. Period off Work before Attendance at Hospital

Table 12 shows the periods for which patients had been off work at the time of their first attendance at the hospital during the present triennium. Compared with previous triennia, the present triennium shows a higher proportion not off work and a lower proportion off

work for more than a year. This latter might possibly reflect an increased tendency towards early referral to the psychiatrists of persons who are out of work, who consult their general practitioners, and who are not clearly suffering from a physical disability.

Table 12. *Period off Work before* (*first*) *Hospital Admission.*—9,554 *hospital patients*

Period off work	Males		Females		Persons, % of No. employed		
	No.	% of No. employed	No.	% of No. employed	55–57	52–54	49–51
Not off work ...	2,230	58.7	1,371	53.7	56.7	52.2	51.2
Under 3 months...	117	30.5	832	32.5	31.3	38.3	39.4
3–12 months ...	237	6.2	223	8.7	7.2		
1–4 years ...	117	3.1	93	3.6	3.3	9.5	9.4
5 years and over...	56	1.5	38	1.5	1.5		
Number employed	3,797	100.0	2,557	100.0	100.0	100.0	100.0
Not employed ...	386		2,254				
Not known ...	303		257				
Total patients ...	4,486		5,068		9,554	9,357	7,787

9. Marital Status

Table 13 shows the usual preponderance of single males over single females in a psychiatric population; also the greater number of widows compared with widowers. The proportion of divorced patients is approximately equal in the sexes, and this has been so in previous triennia.

The number of patients recorded as engaged to be married was 144 (93 male, 51 female), and as cohabiting, 104 (41 male, 63 female).

Table 14 shows marital status by age and sex. The proportion of single patients in each age group is very similar to that shown in the Second Report (p. 9).

Table 15 shows the proportion of ever-married patients who had been married more than once. Table 16 shows the proportion of patients whose marriages were broken by separation or divorce at the time of their first attendance at the hospital during the triennium. Thus for this population one married patient in ten was living apart from his or her spouse. The age-group with the highest proportion of broken marriages was 45-55. Broken marriages by diagnosis are shown in Table 45.

Table 17 shows age at first marriage. Comparison of the triennia shows a slight trend towards an increasing proportion of first marriages under 20 years of age. This might be a reflection of the younger age at marriage during the second world war.

Table 13. *Marital Status.—9,554 hospital patients*

Marital status	Males	Females	Persons	Percentage of known status							
				Males				Females			
				55–57	52–54	49–51	London[1]	55–57	52–54	49–51	London[1]
Single	1,776	1,442	3,218	40.1	39.7	40.3	24.1	28.6	29.0	34.1	24.1
Married:											
Not separated	2,269	2,842	5,111	51.1	52.1	50.1		56.3	56.3	52.0	
Separated (non-judicial) ...	166	189	355	3.7			71.1	3.8		4.9	61.5
Separated (judicial) ...	38	37	75	0.9	5.8	5.8		0.7	6.3		
Divorced	93	118	211	2.1		1.6	0.7	2.3		1.8	1.1
Widowed	96	417	513	2.2	2.4	2.2	4.1	8.3	8.4	7.2	13.3
Total, known status ...	4,438	5,045	9,483	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Status not known	48	23	71								
Total	4,486	5,068	9,554								

[1] Greater London, 1951, percentage of population aged 16 and over.

Table 14. *Marital Status, by age.—9,554 hospital patients*

Age (years)	Marital status						All Statuses
	Single	Married		Di-vorced	Widowed	Not known	
		Not Separated	Separated[1]				
MALES							
16— ...	710	65	5	—	—	2	782
25— ...	595	598	46	17	3	13	1,272
35— ...	263	704	61	41	11	15	1,095
45— ...	141	474	50	28	12	10	715
55— ...	45	282	29	6	31	4	397
65 and over	22	146	13	1	39	4	225
All ages ...	1,776	2,269	204	93	96	48	4,486
FEMALES							
16— ...	488	208	12	—	1	—	709
25— ...	367	945	69	26	7	3	1,417
35— ...	238	773	67	34	32	5	1,149
45— ...	172	475	48	37	58	4	794
55— ...	102	297	22	18	131	6	576
65 and over	75	144	8	3	188	5	423
All ages ...	1,442	2,842	226	118	417	23	5,068

[1] Includes both judicial and non-judicial separation.

Table 15. *Re-marriages, per cent, among* 2,662 *male and* 3,603 *female ever-married hospital patients*

Triennium	Males %	Females %	Persons %
1955–57 ...	8.8	7.3	7.9
1952–54 ...	8.0	6.5	7.1
1949–51 ...	6.7	7.5	7.1

Table 16. *Broken Marriages, by age : the numbers of separated and divorced patients expressed as a percentage of those ever-married.*—2,662 *male and* 3,603 *female ever-married hospital patients*

Age (years)	Broken marriages, %	
	Males	Females
16—	7.1	5.4
25—	9.5	9.1
35—	12.5	11.1
45—	13.8	13.8
55—	10.0	8.5
65 and over ...	7.0	3.2
All ages... ...	11.2	9.5

Table 17. *Age at First Marriage.*—2,662 *male and* 3,603 *female ever-married hospital patients*

Age at first marriage	Males				Females			
	No.	% of known			No.	% of known		
		55–57	52–54	49–51		55–57	52–54	49–51
16—	109	4.3	3.6	3.1	609	18.0	15.3	15.1
20—	946	37.7	37.7	39.4	1,598	47.1	48.2	47.7
25—	903	35.9	36.0	35.8	815	24.0	25.3	25.6
30—	343	13.7	13.9	13.4	228	6.7	6.8	7.4
35—	138	5.5	6.0	5.6	87	2.6	2.7	2.5
40—	46	1.8	1.9	1.9	29	0.9	1.0	1.0
45 and over ...	27	1.1	0.9	0.8	24	0.7	0.7	0.7
Age not known	150	—	—	—	213	—	—	—
All ages ...	2,662	100.0	100.0	100.0	3,603	100.0	100.0	100.0

10. Sibship Size (Table 18)

The average size of patients' sibships (corrected by the Greenwood-Yule method) is shown for the three triennia. Sibship size is here defined as the number of brothers and sisters born alive to the patient's mother at the time of the patient's first hospital attendance during the triennium. Except for the age group 65-and-over, there is a possible trend towards smaller sibships. As noted in the First Report, the sibship size of the hospital patients does not seem to differ much from the national average.

Sibship size by diagnosis is shown in Table 46.

Table 18. *Sibship Size* (*corrected*), *by age.*—9,554 *hospital patients*

Age (years)	Males				Females			
	No.	Sibship size			No.	Sibship size		
		55–57	52–54	49–51		55–57	52–54	49–51
16—	741	2.3	2.3	2.4	663	2.3	2.3	2.4
25—	1,179	2.8	2.8	2.8	1,322	2.8	2.8	2.9
35—	1,016	3.0	3.2	3.2	1,067	3.1	3.3	3.3
45—	645	3.5	3.5	3.6	731	3.6	3.8	3.7
55—	367	3.8	4.0	4.1	526	4.1	4.0	4.6
65 and over ...	196	4.9	4.2	4.8	386	4.7	4.4	4.9
Sibship size not known	342				373			
All ages	4,486	3.0			5,068	3.1		

11. Fertility

Table 19 gives the average number of children born alive to ever-married patients. Comparison of the triennia suggests a trend towards a greater number of children born to patients in the younger age groups (16 to 34) and towards a smaller number born to those in the older age groups (45 to 64). As in Table 18, the 65-and-over age group is anomalous. Information of sibs and children is perhaps not very reliable from patients in this age group (see First Report, p. 23).

Table 20 shows the number of patients having families of none, one or more children. Comparing the triennia, there is a slight trend towards fewer families of none or one, and towards more families of two or three children. Comparison of the figures with the national figures has been made in the First Report (p. 25).

Table 19. *Fertility : expressed as average number of children born alive to patients of various ages.*—2,662 *male and* 3,603 *female ever-married hospital patients*

Age (years)	Males		Females		Persons, average number of children		
	No.	Average No. of children	No.	Average No. of children	55–57	52–54	49–51
16—	69	0.74	220	0.74	0.74	0.69	0.67
25—	653	1.26	1,032	1.47	1.39	1.36	1.31
35—	793	1.70	885	1.71	1.70	1.74	1.65
45—	546	1.79	594	1.65	1.72	1.79	2.10
55—	342	1.88	447	2.02	1.96	1.99	2.35
65 and over ...	192	2.68	328	2.77	2.73	2.90	2.70
No. of children not known	67		97				
All ages	2,662	1.68	3,603	1.71	1.69	1.72	1.69

Table 20. *Fertility : expressed as the numbers of patients who at the time of admission, had none, one or more children born alive.*—6,265 *ever-married hospital patients*

Children born to patients	Males		Females		Persons, % of whom		
	No.	% of known	No.	% of known	55–57	52–54	49–51
None	665	25.6	791	22.6	23.9	24.0	24.3
1	707	27.2	1,041	29.7	28.6	28.7	29.2
2	625	24.1	921	26.3	25.3	24.4	24.8
3	332	12.8	383	10.9	11.7	11.8	10.7
4	117	4.5	169	4.8	4.7	5.2	4.9
5–6	104	4.0	140	4.0	4.0	3.9	4.0
7–9	36	1.4	42	1.2	1.3	1.5	1.6
10 and over ...	10	0.4	19	0.5	0.5	0.5	0.5
Total known ...	2,596	100.0	3,506	100.0	100.0	100.0	100.0
Not known ...	66		97		163	103	52
Total patients ...	2,662		3,603		6,265	6,149	4,884

12. Relatives Treated Psychiatrically

Tables 21 and 22 show the number of patients recorded as having relatives treated either at the Bethlem-Maudsley Hospital or elsewhere. In this connection the term "relative" was not precisely defined, but may be taken to mean first-degree relatives together with cousins, uncles and aunts. Figures for relatives treated elsewhere were not extracted in previous triennia.

Females show a higher proportion having relatives treated psychiatrically (at the Bethlem-Maudsley Hospital, 8.1 per cent compared with 6.7 per cent males; elsewhere, 27.7 per cent compared with 24.3 per cent males). But this may only reflect a tendency for female patients to be more aware of the medical histories of their relatives.

Table 21. *Relatives treated at the Hospital.*—9,554 *hospital patients*

	Number of patients					
	Males	Females	Persons	Persons, % of known 55–57	52–54[1]	49–51[1]
Relatives treated ...	282	382	664	7.4	7.0	6.8
Relatives not treated ...	3,908	4,354	8,262	92.6	93.0	93.2
Not known	296	332	628	—	—	—
Total	4,486	5,086	9,554	100.0	100.0	100.0

[1] These figures were based on discharges and are not strictly comparable with the 55–57 figures.

Table 22. *Relatives treated Psychiatrically Elsewhere* (*i.e. not at the hospital*)

	Number of patients			
	Males	Females	Persons	% of known
Relatives Treated ...	895	1,160	2,055	26.1
Relatives not treated ...	2,779	3,036	5,815	73.9
Not known	812	872	1,684	—
Total	4,486	5,068	9,554	100.0

CHAPTER THREE

ADULTS: HOSPITAL DATA

INTRODUCTION

This chapter deals mainly with statistics relating to the clinical administration of the hospital. We are concerned here with the factors involved in each "spell of care" received by the patients. The tables are therefore based on the numbers of *discharges* occurring during the triennium, each discharge being the termination of a spell of care.

1. REFERRING AGENCIES

(*a*) *In-patients*. Table 23 shows the agencies by which patients were referred to the in-patient department. Although more than one agency may be listed for any particular case, in practice this did not often happen, the number of referrals being only slightly greater than the number of discharges.

We may note that during the present triennium about half the in-patient admissions were referred by the out-patient department, one in 6 admissions were referred from the Observation Ward, one in 10 from general hospitals, one in 14 from the domiciliary service, and one in 16 from the private practice of a consultant psychiatrist.

Comparing the triennia, there is a gross discrepancy in the proportion of admissions referred by general practitioners and a lesser but still marked discrepancy in the proportion referred from the out-patient department. These discrepancies may be attributed to differences in the method of recording data.

Table 23. *Referring Agencies for in-patients.*—3,942 *in-patient discharges*

Referring agency[1]	Male	Female	Total	Totals, % of discharges		
				55–57	52–54	49–51
Out-patient department ...	838	1,166	2,004	50.8	35.7	56.1
Observation ward	283	407	690	17.5	19.8	13.9
Psychiatric unit or department of general hospital	107	183	290	7.4	10.5	5.3
Domiciliary service	93	189	282	7.1	8.2	5.3
Consultant on hospital staff ...	66	87	153	3.9	5.0	2.9
Consultant not on hospital staff	37	38	75	1.9	2.7	3.5
Non-psychiatric hospital ...	43	58	101	2.6	5.8	2.3
Mental hospital	25	29	54	1.4	1.7	1.3
General practitioner	20	31	51	1.3	41.2	4.2
Spontaneous	14	24	38	1.0	8.2	6.0
Other	140	105	245	6.2		
Number of discharges ...	1,652	2,290	3,942	3,942	3,641	3,245

[1] A discharge may be associated with more than one referring agency.

(*b*) *Out-patients*. The agencies by which patients were referred to the out-patient department are shown in Table 24. Two-thirds of all out-patient cases were referred by general practitioners; one in 7 cases was a "spontaneous referral" (that is to say, the patient simply presented himself at the out-patient department with a request for help). Together, these two sources of referral account for four-fifths of the cases. The third largest single source of referrals was the probation service and allied agencies.

Comparison of the triennia shows a fairly constant proportion of cases referred by general practitioners, but an increasing proportion of spontaneous referrals. The difference in proportion of cases referred by "other" agencies is attributable to differences in the method of recording. It must be remembered that, because of the altered definition of "out-patient discharge," the present triennial figures are not strictly comparable with those of earlier triennia (see Chapter I).

If to the 6,684 out-patient discharges of Table 24 we add the 2,004 in-patient discharges of cases that were referred directly from the out-patient department (see Table 23), we obtain a total of 8,688 cases referred primarily to the out-patient department. Analysis of the referring agencies of these 8,688 cases gives the following table:—

REFERRING AGENCIES TO THE OUT-PATIENT DEPARTMENT

Referring Agency	*Cases referred, as percentage of all cases*
General practitioners	68.0
Spontaneous	14.4
General hospitals	6.5
Probation services etc.	4.1
Domiciliary service...	2.2
Consultants (Bethlem-Maudsley and others)	1.8
Mental Hospitals and Observation Wards	1.2
Others	1.8
All Cases	100.0

Table 24. Referring Agencies for out-patients.—6,684 *out-patient discharges*

Referring agency[1]	Male	Female	Total	Totals, % of discharges		
				55–57	52–54[2]	49–51[2]
1. General practitioners ...	2,092	2,239	4,331	64.8	63.7	60.6
2. Spontaneous	532	454	986	14.8	7.6	4.1
3. Probation service, remand home, court or prison ...	213	78	291	4.4	4.0	3.3
4. Non-psychiatric hospital or department	67	112	179	2.7	3.1	2.9
5. Psychiatric unit or department of general hospital	77	94	171	2.6	4.0	2.4
6. Domiciliary service ...	26	104	130	1.9	4.1	1.2
7. Psychiatrist on hospital staff	28	30	58	0.9	1.8	0.6
8. Psychiatrist not on hospital staff	20	22	42	0.6	0.9	0.5
9. Mental hospital	19	21	40			
10. Assistance institution ...	28	4	32			
11. Observation ward... ...	14	4	18			
12. Labour Exchange... ...	18	2	20			
13. Voluntary organizations ...	12	4	16			
14. Children's department ...	6	10	16	2.8	13.6	8.4
15. Child Guidance unit ...	4	7	11			
16. Other Government department	7	2	9			
17. Industrial medical officer...	6	2	8			
18. Ministry of Pensions ...	3	2	5			
19. L.C.C. Children's Care Committee	0	4	4			
20. Local education authority	1	1	2			
21. Other	182	202	384	5.7	29.6	16.6
Total discharges involved ...	3,318	3,366	6,684	6,684	8,499	7,713

[1] A discharge may be associated with more than one referring agency.
[2] See text.

2. Duration of Stay (in-patients)

Table 25 shows that the figures for the present triennium are very similar to those of the first triennium. For two out of every three admissions, the duration of stay is less than three months. The *average* duration of stay is 3.0 months for males and 3.3 months for females, but in this context the average is not perhaps a very meaningful figure. The median duration of stay was 2.28 months for males and 2.42 months for females (see also Table 48).

The effect of age on the duration of stay is shown in Table 26, where it can be seen that, in both sexes, the proportion of cases staying more than two months is higher in the youngest and oldest age-groups and lowest in middle age. The same trend is to be seen in the national statistics.

The effect of social class on the duration of stay is shown in Table 27. Patients of lower social class tend to stay longer in hospital, though the differences between the classes are not great.

Duration of in-patient stay by diagnosis is shown in Table 48.

Table 25. Duration of In-Patient Stay.—3,942 in-patient discharges

Duration of stay (months)	Male	Female	Total	Totals, %		
				55–57	52–54	49–51
Less than 1	310	362	672	17.1	14.9	18.0
1—	779	1,040	1,819	46.1	45.5	45.4
3—	480	751	1,231	31.2	32.7	31.1
8—	53	89	142	3.6	4.7	3.7
12 and over	30	48	78	2.0	2.2	1.8
All durations	1,652	2,290	3,942	100.0	100.0	100.0

Table 26. Duration of In-Patient Stay, by age. Showing the percentage of discharges in which the duration of stay was three months or longer.—3,942 in-patient discharges

Sex	Age (years)						All ages
	16–	25–	35–	45–	55–	65 and over	
Male	41	36	30	24	35	47	34
Female	50	40	32	33	37	48	39
All discharges ...	46	39	31	29	36	48	37

Table 27. Duration of In-Patient Stay, by social class.—3,607 in-patient discharges in which the social class was known (from 3,942 discharges)

Duration of stay (months)	Social Class					
	Males, %			Females, %		
	I+II	III	IV+V	I+II	III	IV+V
Less than 1	23	18	14	16	16	14
1—	44	50	47	49	46	45
3 and over	33	32	39	35	38	41
All durations	100	100	100	100	100	100
No. of discharges [1] ...	464	758	389	512	1,069	415

[1] Social class not known in 41 male and 294 female discharges.

3. Number of Attendances (out-patients)

From Table 28 it may be seen that 45 per cent of patients attending the out-patient department were seen only once (by a doctor), and a further 20 per cent were seen only twice during any one spell of care. On the other hand, 184 patients were seen more than thirty times. These proportions have remained constant for the triennia.

Females were seen on the whole slightly more often than males. Thus the proportion of cases seen four or more times was 28.5 per cent for females, 25.8 per cent for males. But for those seen more than 30 times, the proportions are the same.

The figures for the two earlier triennia are not strictly comparable with the present triennial figures because the term "out-patient discharge" has been defined in a slightly different way (see Chapter I). Attendances by diagnosis are shown in Table 49.

Table 28. *Number of Attendances.*—6,684 *out-patient discharges.*

Number of attendances	Male	Female	Total	Totals %		
				55–57	52–54[1]	49–51[1]
1	1,536	1,447	2,983	44.6	41.9	53.2
2	644	653	1,297	19.4	19.2	17.1
3	284	309	593	8.9	9.2	8.3
4	165	195	360	5.4	6.1	5.3
5–6	194	200	394	5.9	7.3	5.8
7–30	405	468	873	13.1	16.3	10.3
Over 30	90	94	184	2.7		
Total discharges ...	3,318	3,366	6,684	100.0	100.0	100.0

[1] See text.

4. Special Investigations (in-patients)

The interest of Table 29 lies in comparison of the triennia. There has been a considerable increase in the number and proportion of blood counts and of X-rays; it is easier to understand the increase in the former than in the latter of these tests. There has been a considerable decrease in the proportion of intelligence tests and of E.E.G's. The use of tests of intelligence and of deterioration has been diminishing, but new ("other") psychological tests are to some extent replacing them.

Table 29. Special Investigations.—3,942 in-patient discharges

Investigation	Number of tests performed				
	Male	Female	Totals, % of discharges 55–57	52–54	49–51
Laboratory Tests					
Wasserman or Kahn... ...	1,422	1,973	86.1	88.4	85.0
E.S.R.	1,390	1,970	85.3	87.8	84.4
Blood count	1,139	1,689	71.9	58.0	57.1
Glucose or insulin tolerance...	35	79	2.9	2.6	3.1
Gastric analysis	7	14	0.5	1.3	1.6
C.S.F.	180	192	9.7	11.2	9.2
Other biochemical	1,133	1,567	68.5	71.1	61.4
Bacteriological	149	335	12.3	8.6	7.3
Other (biopsy, immunity, etc.)	115	250	9.3	5.3	4.1
Clinical Tests					
Electroencephalogram ...	387	509	22.8	27.3	28.3
Electrocardiogram	85	114	5.1	4.1	4.0
X-ray	576	1,004	40.1	30.6	23.2
B.M.R.	39	119	4.0	3.4	4.2
Psychological Tests : Total ...	1,782	1,913	—	—	—
Verbal intelligence	729	814	39.2	53.7	54.3
Non-verbal intelligence ...	685	779	37.2	53.0	54.5
Tests of deterioration ...	128	103	5.9	7.1	9.4
Aptitude tests	50	36	2.2	1.8	2.7
Other	190	181	9.4	4.5	3.8
Specialist opinion	239	402	16.3	*	*
No tests performed	181	114	7.5	*	*
Number of discharges	1,652	2,290	3,942	3,641	3,245

* Figures not recorded.

5. Special Treatments (in-patients)

Comparison of the triennia in Table 30 reveals several points of interest:—

(1) The proportion of patients (during any one spell of care) in which special drug treatment was given is more than twice as great in the present as in previous triennia. This is no doubt largely to be accounted for by the increased use of chlorpromazine and reserpine in the treatment of psychoses but, in addition, many trials of new therapeutic drugs have been made.

(2) The proportion of cases receiving E.C.T. is increasing, though the increases are small and might be attributable to chance.

(3) The use of coma insulin therapy is decreasing. The actual number of cases given coma insulin therapy was 198 in the first, 210 in the second, and 166 in the present triennium.

(4) The use of modified insulin therapy is also decreasing, the actual number of cases given this treatment being 141, 166 and 113 in the successive periods.

(5) The operation of leucotomy was performed less frequently in the present than in the previous triennium, the number of such operations in successive periods being 34, 91 and 66.

(6) 15 per cent of cases were recorded as receiving psychotherapy. But all patients receive supportive treatment, and there is probably no satisfactory way of determining when "supportive psychotherapy" passes into psychotherapy as a special mode of treatment.

Table 30 thus reflects the fact that the corner-stones of in-patient treatment during recent years have been special drugs, E.C.T., and psychotherapy.

Table 30. *Special Treatments.*—3,942 *in-patient discharges*

Special treatment[1]	Male	Female	Total	Totals, % of discharges		
				55–57	52–54	49–51
E.C.T....	489	836	1,325	33.6	29.5	28.5
Coma insulin	77	89	166	4.2	5.8	6.1
Modified insulin ...	22	91	113	2.9	4.6	5.8
Leucotomy	22	44	66	1.7	2.5	1.1
Special drugs	626	962	1,588	40.3	14.4	15.1
Continuous narcosis ...	4	15	19	0.5	0.9	1.1
Treatment for G.P.I....	11	5	16	0.4	0.1	0.4
Drug abreaction ...	85	98	183	4.6	3.4	3.5
Group psychotherapy	8	11	19	0.5	0.9	0.6
Hypnosis	9	23	32	0.8	0.6	0.8
Psychotherapy ...	226	379	605	15.4	*	*
Total discharges ...	1,652	2,290	3,942	3,942	3,641	3,245

[1] More than one type of special treatment may be given during any one spell of care.

* Figures not extracted.

Table 31 shows the distribution of special treatments by the social class of the patients. In this table, physical treatments comprise E.C.T., coma insulin therapy, modified insulin therapy, continuous narcosis and leucotomy; psychological treatments comprise drug abreaction, group psychotherapy, hypnosis and psychotherapy; under the heading "None" are included 299 discharges (137 male, 162 female) in which no special treatment was recorded. It may be seen that passing from Class II to Class V, there is a slight decrease in the proportion of cases treated by psychological methods. But for physical treatments, drugs, and no special treatment, there are no real class differences. This is a finding in contrast to a recent report

from the United States*, although the patient populations are not closely comparable (the American results were based on patients under psychiatric care on a certain date, and thus included private cases, out-patients and chronic hospital cases).

Table 31. *Special Treatments, by social class (sexes together) : the number of treatments is expressed as a percentage of the total discharges in a class.*—3,942 *in-patient discharges*

Special treatment	Social Class					All classes
	I	II	III	IV	V	
Physical methods	43.5	43.2	42.2	36.7	40.2	42.6
Drugs	44.8	41.3	39.1	39.5	43.4	40.3
Psychological methods ...	21.2	24.6	23.2	19.4	16.0	20.3
None	8.6	6.6	7.0	7.8	7.6	7.5
Number of discharges ...	278	698	1,827	423	381	3,942[1]

[1] Of these, the social class was unknown in 41 males and 294 females.

6. Outcome of Treatment (in-patients)

The assessment of a patient's condition on discharge as recovered, improved or unchanged is often held to be so indefinite as to have little clinical significance. Yet the constancy of the proportions in each of these three categories (Table 32) would seem to imply either that the assessment has a definite validity from the statistical point of view, or that there has been, at least for the past nine years, a relatively unchanging climate of opinion on the proportion of discharges which should be allotted to the different categories.

Table 32. *Outcome of Treatment.*—3,942 *in-patient discharges*

Condition on discharge	Male %	Female %	Totals, %		
			55–57	52–54	49–51
Recovered or much improved ...	48.1	50.3	49.4	48.4	47.5
Improved or slightly improved ...	29.4	30.0	29.8	30.8	30.0
No change, worse or died ...	22.5	19.7	20.8	20.8	22.5
All	100.0	100.0	100.0	100.0	100.0
Total discharges	1,652	2,290	3,942	3,641	3,245

* Hollingshead, A. B., and Redlich, F. C. : *Social Class and Mental Illness*, New York, 1958.

The proportion of cases discharged "recovered or much improved" has remained at just under 50 per cent (Table 32). It is interesting to recall that during the years 1784 to 1794 the proportion of patients discharged "cured" from Bethlem was given by Haslam as 40.5 per cent. From 1823 to 1834, the proportion of recoveries is given by Farr as 46.2 per cent, and from 1827 to 1839 by Thurnham as 53.8 per cent*.

Table 33 shows the outcome of treatment by social class. Although there is a tendency in both sexes for the proportion of recoveries to decline with social class, yet this tendency is very slight. The figure of 13.7 per cent for the proportion of "no change" in females of social class I is based on only 14 cases; the difference between the proportion of "no change" in this and in the other social classes is not, therefore, a notable one.

The outcome of treatment by diagnosis is shown in Table 50.

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* Information on the recovery rates in the asylums of England and France during the late eighteenth and early nineteenth century may be found in Esquirol's *Des Maladies Mentales* (Paris, 1838, Vol. I, p. 92), William Farr's *Statistics of English Lunatic Asylums* (London, 1835), and John Thurnham's *Observations and Essays on the Statistics of Insanity* (London, 1845, p. 10). Farr criticises the management of the new Hanwell asylum in Middlesex for having a recovery rate during 1831–1835 of only 18.8 per cent, compared with the average for other English asylums of 46 per cent. But in criticising the management of the hospital, he might also have commended the veracity of its statistician, in contrast to that apothecary of the York asylum who (as Thurnham reminds us) had been in the habit of taking numbers from the list of deaths and adding them to the list of those "discharged recovered."

Table 33. *Outcome of Treatment, by social class.*—1,652 *male and* 2,290 *female in-patient discharges*

Social Class	Number of discharges	Outcome, % of discharges		
		Re-covered	Im-proved	No change
Male				
I	177	52.0	27.7	20.3
II	287	52.6	30.3	17.1
III	758	48.2	29.2	22.6
IV	163	45.4	27.6	27.0
V	226	46.5	30.1	23.4
Not known	41	8	16	17
Total discharges ...	1,652	788	486	353
Female				
I	101	56.5	29.8	13.7
II	411	51.6	28.2	20.2
III	1,069	51.4	30.2	18.4
IV	260	45.4	33.1	21.5
V	155	48.4	27.8	23.8
Not known	294	142	89	63
Total discharges ...	2,290	1,153	598	387

7. Disposal

(*a*) *In-patients* (Table 34)

On discharge, the majority of in-patients are referred back to their general practitioner, and also asked to attend the hospital follow-up clinic. This accounts for the high proportion of disposals both to the general practitioner and to the out-patient department. The much higher proportion of disposals to the general practitioner in the present as compared with the previous triennia is due to a change in the manner of recording.

A point of interest in Table 34 is the decreasing proportion of cases referred to the Observation Ward. The actual number of such cases in successive triennia was 141, 139 and 101. It would be reasonable to attribute at least part of this decrease to the increased efficacy of sedative drugs which, by calming excitement, often enable a patient to retain sufficient insight to agree to remain in the hospital on a voluntary basis. On the other hand, there has been an increase in the proportion of discharges referred to mental hospitals, the actual numbers in successive triennia being 75, 93 and 130. Of many possible explanations for this, the most likely would seem to be that the proportion of discharges referred *either* to an observation ward *or* to a mental hospital remains fairly constant.

Table 34. *Disposal of In-Patients.*—3,942 *in-patient discharges*

Disposal[1]	Male	Female	Total	Totals, % of discharges		
				55–57	52–54	49–51
A. *To general practitioner* ...	1,032	1,529	2,561	65.2	34.6	32.0
B. *Further treatment or supervision at the hospital*						
Out-patient supervision...	999	1,417	2,416	61.2	62.6	56.1
Out-patient social club ...	96	158	254	6.5	*	*
Out-patient psychotherapy	63	72	135	3.4	*	*
Day hospital	19	52	71	1.8	0.4	—
Clinic for epilepsies ...	46	51	97	2.5	3.8	2.7
Neurosurgical unit ...	16	16	32	0.8	*	*
C. *Recommended for residential observation or treatment*						
Observation ward ...	47	54	101	2.6	3.8	4.3
Mental hospital	64	66	130	3.3	2.6	2.3
Other psychiatric unit ...	11	4	15			
Non-mental hospital ...	26	48	74	3.9	4.1	4.3
Residential institution ...	23	43	66			
D. *To Disablement Resettlement Officer*	71	22	93	2.4	*	*
E. *Other*	117	158	275	7.0	16.2	13.1
Number of discharges ...	1,652	2,290	3,942	3,942	3,641	3,245

[1] A discharge may be associated with more than one disposal.

* Figures not extracted.

(*b*) *Out-patients* (Table 35)

In Table 35 the figures for the present triennium do not include the discharges of "warded out-patients," *i.e.* of those patients who were admitted to the in-patient department *via* the out-patient department (see Chapter I). As indicated in Table 23, there were 2,004 such warded out-patient discharges; the disposal of these is included in the figures of Table 34. However, we may note that the total number of cases dealt with by the out-patient department during the present triennium was 8,688 (*i.e.* 6,684+2,004), and the proportion of warded cases was therefore 23.1 per cent. In other words, one quarter of all cases referred to the out-patient department were admitted as in-patients. The corresponding proportion in 1952-54 was 15.2 per cent, and in 1949-51, 22.6 per cent.

Table 35. Disposal of Out-Patients.—6,684 *out-patient discharges*

Disposal[1]	Male	Female	Total	Totals, % of discharges
A. *To general practitioner*	1,710	1,832	3,542	53.0
B. *Further treatment or supervision at the hospital*				
Out-patient social club	25	28	53	0.8
Out-patient psychotherapy ...	44	25	69	1.0
Day hospital	42	175	217	3.2
Neurosurgical unit	6	6	12	0.2
C. *Recommended for residential observation or treatment*				
Observation ward	69	67	136	2.0
Mental hospital	217	348	565	8.4
Other	64	55	119	1.8
D. *To Disablement Resettlement Officer*	57	10	67	1.0
E. *Other*	436	281	717	10.7
No special disposal[2]	816	751	1,567	23.4
Number of discharges	3,318	3,366	6,684	

[1] A discharge may be associated with more than one disposal.

[2] Includes lapsed attendance, simple advice given to self-referrals, etc.

8. Mode of Leaving (Table 36)

(*a*) *In-patients.* Of 3,942 in-patient discharges, 548 were against medical advice. The proportion of discharges that were against advice was thus 13.9 per cent (12.3 per cent male, 15 per cent female), or one in seven. This is similar to the proportion in the first triennium of 13.8 per cent (13.7 per cent male, 13.9 per cent female).

Of the 31 in-patients who died, the causes of death were:—

	Male	Female
Primary cerebral neoplasm	2	4
Cerebral metastases from bronchial carcinoma ...	2	0
Other disease of the brain	5	3
Pneumonia	1	5
Cardiac disease	3	1
Dissecting aneurysm of the aorta	1	1
Asthma	2	0
Carcinoma of the stomach	0	1

The ages of these patients ranged from 24 to 79, with a median of 56 years. Post-mortem examinations were made in 27 of the 31 cases.

Of the seven in-patients who committed suicide, two (one of each sex) did so in hospital, the others while on leave or directly after absconding from the hospital. The means of suicide were coal gas (two male cases, one female), narcotic drugs (two females), hanging (one male), and jumping from a height (one male).

(*b*) *Out-patients.* As already explained, the out-patient figures of the present triennium are not strictly comparable with those of the previous triennia, because of the different definition of "out-patient." Yet the proportions remain very similar. In one-fifth of all cases (19.9 per cent male, 19 per cent female), out-patient treatment is terminated by the patient lapsing in attendance at the department. This matter is considered by diagnosis in Chapter IV (p. 56). The figures for out-patient deaths and suicide comprise only those instances that came to the notice of the hospital; other cases may have occurred.

Table 36. *Mode of Leaving.*—3,942 *in-patient and* 6,684 *out-patient discharges*

Mode of leaving	Male	Female	Total	Totals, % of discharges		
				55–57	52–54	49–51
In-patients						
Discharged	1,428	1,928	3,356	85.1		85.1
Left against advice[1] ...	204	344	548	13.9	*	13.8
Died	16	15	31	0.8		1.0
Suicide	4	3	7	0.2		0.1
Total discharges	1,652	2,290	3,942	3,942	3,641	3,245
Out-patients						
Discharged	2,648	2,716	5,364	80.4	78.7	80.5
Lapsed	665	641	1,306	19.5	20.8	19.3
Died	2	3	5	—	0.3	0.1
Suicide	3	6	9	—	0.2	0.1
Total discharges	3,318	3,366	6,684	6,684	8,499[2]	7,713[2]

[1] Includes absconded and failed to return from leave.
[2] See definitions of " discharge," Chapter I.
* Figure not recorded.

CHAPTER FOUR

ADULTS: DIAGNOSTIC DATA

Introduction

This chapter deals with two separate aspects of the diagnostic data about patients, and is accordingly divided into two sections.

Section I (Tables 37-47) deals with the numbers in the various diagnostic categories and with some of the *social* data considered in Chapter II. As in Chapter II, these tables are based on the number of *individuals* discharged during the triennium. Where an individual was discharged more than once in the triennium, his diagnosis is taken as that made on the occasion of his first discharge. In previous reports, all diagnostic tables were based on the number of *discharges*. As the number of discharges was, on the definitions then used, some 30 per cent more than the number of individuals discharged, and as re-discharges will probably be weighted by an excess of affective disorders, the figures for the previous triennia are not strictly comparable with the present figures.

Section 2 (Tables 48-55) deals with some of the *hospital* data considered in Chapter III and, as in Chapter III and for the reasons given in the introduction to that chapter, these tables are based on the number of *discharges* during the triennium. The tables based on in-patient discharges may therefore be strictly compared with those of previous triennia, but those based on out-patient discharges cannot be, as a different definition of "out-patient" has been used in the present triennium (see Chapter I).

Section 1

1. Numbers of Patients with Various Diagnoses

(*a*) *Diagnosis in Four Main Categories.* The numbers are shown in Table 37 for hospital patients, in-patients and out-patients. As in previous triennia, character disorders are twice as common in males as in females, and twice as common in out-patients as in in-patients. The relative proportions in the other three categories are almost identical in the two sexes.

(*b*) *Diagnoses in Nineteen Groups.* Tables 38 and 39 show the primary diagnosis of hospital patients (*i.e.* all individuals dealt with during the triennium). In-patient diagnoses are shown in Table 40, out-patients in Table 41.

On Table 38, the following observations may be made:—

(1) For affective states (that is, manic-depressive psychosis, anxiety reaction and neurotic depression taken together), females outnumber males at all ages with the single exception of anxiety reaction in the age-group 35-44 years.

(2) For hysteria, there are two and a half times as many females as males, but whereas the number of females decreases with increasing age, the number of males increases to a maximum in the age-group 35-44.

(3) For obsessional neurosis, the sex ratio is unity, but there is a notable deficiency of females in the 16-24 age-group and an excess in the 25-34 group. These are points of some interest as there are few published figures on the sex and age distribution of obsessional neurotics*; and although the hospital population is a selected one, there is no reason to suppose any appreciable selection for sex among the neurotics.

The numbers in certain diagnostic groups not specified in Table 38 (and not included in the "miscellaneous" category) were as follows:—

Code No.		Males	Females
301.0	Manic and circular psychosis	72	110
302	Involutional melancholia	75	205
305	Presenile psychosis	9	27
307	Alcoholic psychosis	22	10
308.0	Psychosis from brain tumour	2	1
312	Phobic reaction	55	104
	Neurosis with somatic symptoms:—		
315	(*a*) Affecting circulatory system ...	10	5
316	(*b*) Affecting digestive system ...	21	18
317	(*c*) Affecting other systems:—		
	317.0 Respiratory	42	74
	317.1 Genito-urinary	64	34
	Other systems	24	19
323	Other drug addiction (*i.e.* not alcoholism)	18	14

* See the various sex-ratios quoted by E. Rüdin (*Arch. f. Psychiat. u. Ztsch. Neurol.*, 1953, 191, 14).

Table 37. Diagnosis in Four Major Categories.—9,554 hospital patients, 3,580 in-patients and 6,229 out-patients

Diagnostic category	Males		Females		Persons %	Discharges %	
	No.	%	No.	%	55–57	52–54	49–51
Hospital patients							
Psychoses	1,292	28.8	1,824	35.9	32.6	33.3	30.2
Neuroses	1,724	38.5	2,325	45.9	42.3	43.3	44.5
Character disorders	1,004	22.3	472	9.4	15.5	13.6	15.7
Miscellaneous ...	466	10.4	447	8.8	9.6	9.8	9.6
All diagnoses ...	4,486	100.0	5,068	100.0	9,554	12,140[1]	8,725[1]
In-patients							
Psychoses	734	48.6	1,079	52.1	50.6	47.5	44.7
Neuroses	439	29.1	651	31.5	30.5	34.3	35.8
Character disorders	180	11.9	123	5.9	8.5	8.0	9.7
Miscellaneous ...	156	10.4	218	10.5	10.5	10.2	9.8
All diagnoses ...	1,509	100.0	2,071	100.0	3,580	3,641	3,245
Out-patients							
Psychoses	607	19.7	822	26.1	22.9	27.2	25.6
Neuroses	1,319	42.8	1,724	54.7	48.9	47.2	45.9
Character disorders	841	27.3	364	11.6	19.3	16.1	15.8
Miscellaneous ...	314	10.2	238	8.9	8.9	9.5	12.7
All diagnoses ...	3,081	100.0	3,148	100.0	6,229	8,499	7,713

[1] Out-patient plus in-patient discharges.

Table 38. Diagnosis, by age.—9,554 hospital patients (4,486 males, 5,068 females)

Code No.	Diagnosis	Age (years) 16— M.	F.	25— M.	F.	35— M.	F.	45— M.	F.	55— M.	F.	65 and over M.	F.	Age N.K. M.	All ages M.	F.
300-309	*Psychoses*	**133**	**118**	**299**	**321**	**256**	**367**	**242**	**371**	**198**	**316**	**164**	**331**		**1,292**	**1,824**
300	Schizophrenia	102	79	208	179	117	118	41	72	7	37	6	19		481	504
301	Manic-depression	26	32	78	128	113	202	142	169	106	159	98	170		563	860
303	Paranoid states etc.	2	2	8	5	16	17	14	23	6	12	3	11		49	70
304, 306	Senile etc.	—	—	—	—	—	1	2	2	18	21	37	76		57	100
305, 307, 308.0, 308.2	From disorders of the C.N.S. ...	1	2	4	3	6	2	14	15	17	26	5	9		47	57
308.1	From epilepsy	1	1	1	1	2	1	1	—	1	—	1	1		7	4
302, 309	Other	1	2	—	5	2	26	28	90	43	61	14	45		88	229
310-319	*Neuroses*	**261**	**335**	**538**	**821**	**500**	**588**	**265**	**314**	**120**	**190**	**37**	**77**		**1,724**	**2,325**
310	Anxiety state	77	85	216	280	182	156	65	74	26	44	6	14	1	573	653
311	Hysteria	14	88	25	68	30	50	19	31	6	17	—	—		94	254
313	Obsessional reaction	34	9	39	56	30	36	11	13	6	9	—	5		120	128
314	Neurotic depression	74	90	133	249	145	234	107	143	59	93	19	38	2	539	847
312, 315-318 ...	Others	62	63	125	168	113	112	63	53	23	27	12	20		398	443
320-326	*Character disorders etc.*	**277**	**161**	**324**	**132**	**236**	**105**	**121**	**51**	**39**	**19**	**7**	**4**		**1,004**	**472**
320.0-320.5, 321 ...	Path. and immature personality...	173	110	197	99	115	68	50	23	15	9	2	2		552	311
320.6	Sexual deviation	57	3	82	8	53	4	23	—	4	—	—	—		219	15
(320.7)	Non-sexual delinquency	5	7	13	15	13	12	7	10	3	3	—	—		41	47
322, 323	Alcoholism and drug addiction...	2	3	25	8	54	16	40	15	16	6	3	2		140	50
324	Primary childhood disorders ...	20	24	—	—	—	—	—	—	—	—	—	—		20	24
325	Mental deficiency, etc.	20	14	7	2	1	5	1	3	1	1	2	—		32	25
Other	*Miscellaneous* (outside 300-325) ...	**110**	**95**	**111**	**143**	**100**	**89**	**87**	**58**	**40**	**51**	**16**	**11**	2	**466**	**447**
	All diagnoses	781	709	1,272	1,417	1,092	1,149	715	794	397	576	224	423	5	4,486	5,068

The diagnoses in the "miscellaneous" category are shown in Table 39.

From Table 40 it can be seen that over 50 per cent of in-patients fall into three diagnostic groups—schizophrenia, manic-depressive psychosis and neurotic depressive reaction. We may notice in addition the sex difference in certain groups. "Other psychoses" (which include involutional melancholia) and hysteria are about three times as common in the females; while pathological and immature personality is twice as common, and drug addiction four times as common in the males. These groups apart, the distribution of the diagnostic groups is remarkably similar in the sexes.

The same sex differences in diagnosis can be seen in out-patients (Table 41). In addition there is a higher proportion of females in the manic-depressive and in the neurotic depressive groups; and a much higher proportion of males in the group of sexual deviation (mainly cases of homosexuality and indecent exposure).

(*c*) *Principal Accessory Diagnoses* (Table 42). An accessory diagnosis was made in about 15 per cent of hospital patients, a smaller proportion than in earlier triennia (21 per cent in 1949-51, 29 per cent in 1952-54). It is perhaps surprising that such common disorders as asthma, migraine and duodenal ulcer were recorded so infrequently (and as primary diagnoses these particular disorders were recorded only 5, 20 and 3 times respectively).

Table 39. Diagnoses in the "Miscellaneous" Category.—913 *among 9,554 hospital patients*

Code No.	Rubric	Males	Females	Persons
025	General paralysis	17	3	20
083	Epidemic encephalitis	12	3	15
193	Neoplasm of the central nervous system	2	6	8
252	Thyrotoxicosis	4	1	5
326	Other character, behaviour and intelligence disorders	57	31	88
334	Other vascular lesions affecting the C.N.S.	1	5	6
345	Multiple sclerosis	5	9	14
350	Paralysis agitans	9	2	11
353	Epilepsy	86	83	169
354	Migraine	10	10	20
355	Other brain disorders	13	9	22
688	Complications of the puerperium ...	—	76	76
780	Symptoms referable to the C.N.S. ...	16	13	29
852	Concussion	7	0	7
	Others (60 rubrics)[1]	95	89	184
(327)	Diagnosis uncertain	38	33	71
(328)	No psychiatric abnormality	94	74	168
Outside 300–325	All "miscellaneous" diagnoses	466	447	913

[1] No rubric containing more than 10 cases.

Table 40. *Diagnosis of In-Patients.*—3,580 *in-patients*

Diagnosis	Males	Females	Persons	Persons %	Discharges %	
				55–57	52–54	49–51
Psychoses						
Schizophrenia	252	331	583	16.3	15.2	15.0
Manic-depression ...	335	480	815	22.8	19.6	17.5
Paranoid states and paranoia	23	35	58	1.5	1.4	1.2
Senile etc.	25	38	63	1.8	2.3	2.3
From organic disorder of the C.N.S.	31	40	71	2.0	2.0	2.1
From epilepsy	5	4	9	*0.3*	*0.5*	*0.4*
Others	63	151	214	6.0	6.6	6.0
Neuroses						
Anxiety reaction ...	100	115	215	6.0	6.9	7.5
Hysteria	25	107	132	3.7	4.9	5.5
Obsessional reaction ...	34	47	81	2.3	2.2	3.1
Neurotic depression ...	201	273	474	13.2	15.5	15.6
Others	79	109	188	5.2	4.8	4.2
Character disorders etc.						
Pathological and immature personality ...	84	72	156	4.4	4.6	5.9
Sexual deviation ...	14	3	17	*0.5*	*0.4*	*0.6*
Non-sexual delinquency	7	13	20	*0.6*	*0.3*	*0.3*
Alcoholism and drug addiction	69	25	94	2.6	2.1	2.4
Primary childhood disorders	3	8	11	*0.2*	*0.3*	*0.4*
Mental deficiency ...	3	2	5	*0.1*	*0.2*	*0.2*
Miscellaneous (outside Code Nos. 300–325) ...	156	218	374	10.4	10.2	9.8
All diagnoses	1,509	2,071	3,580	100.0	100.0	100.0

Percentages in *italics* are based on less than 50 cases.

Table 41. *Diagnosis of Out-Patients.*—6,229 *out-patients*

Diagnosis	Males	Females	Persons	Persons %	Discharges %	
				55–57	52–54	49–51
Psychoses						
Schizophrenia	251	194	445	7.7	8.6	8.0
Manic-depression ...	246	422	668	10.6	11.0	10.3
Paranoid states and paranoia	28	36	64	1.0	1.1	1.0
Senile etc.	33	64	97	1.5	1.9	1.9
From organic disorder of the C.N.S.	17	18	35	*0.6*	*0.9*	*0.6*
From epilepsy	2	0	2	*0.0*	*0.1*	*0.2*
Others	30	88	118	1.9	3.5	3.7
Neuroses						
Anxiety reaction ...	479	556	1,035	16.6	15.2	15.3
Hysteria	71	152	223	3.5	4.5	5.5
Obsessional reaction ...	91	85	176	2.8	2.7	2.9
Neurotic depression ...	352	590	942	15.1	16.4	15.3
Others	326	341	667	10.6	8.5	6.8
Character disorders etc.						
Pathological and immature personality ...	474	250	724	11.7	9.4	9.2
Sexual deviation ...	205	12	217	3.4	2.9	2.3
Non-sexual delinquency	34	35	69	1.1	0.8	0.9
Alcoholism and drug addiction	82	28	110	1.8	1.7	1.7
Primary childhood disorders	17	16	33	*0.5*	*0.3*	*0.3*
Mental deficiency ...	29	23	52	0.8	0.9	1.4
Miscellaneous (outside Code Nos. 300–325) ...	314	238	552	8.8	9.6	12.7
All diagnoses	3,081	3,148	6,229	100.0	100.0	100.0

Percentages in *italics* are based on less than 50 cases.

Table 42. Principal Accessory Diagnoses.—9,554 hospital patients

Code No.	Rubric	Males	Females	Persons
	Psychiatric disorders			
300–309	Psychoses	13	17	30
310–318	Neuroses	38	60	98
320–325	Character disorders etc.:			
	Pathological personality	200	133	333
	Immature personality	51	122	173
	Drug addiction	6	4	10
	Mental deficiency	37	52	89
	Other and unspecified	22	7	29
	Non-psychiatric disorders			
002	Pulmonary tuberculosis	10	14	24
240	Hay fever	8	4	12
241	Asthma	4	5	9
252	Thyrotoxicosis	0	3	3
253	Myxoedema	1	8	9
260	Diabetes mellitus	15	15	28
353.3	Epilepsy, other and unspecified ...	7	13	20
354	Migraine	5	6	11
444	Essential hypertension	24	42	66
502	Chronic bronchitis	11	8	19
541	Duodenal ulcer	11	9	20
	Other (169 rubrics)	199	269	468
	Total accessory diagnoses recorded ...	662	789	1,451
	No accessory diagnosis recorded ...	3,824	4,279	8,103
	Total patients	4,486	5,068	9,554

2. Occupation, by Diagnosis

Table 43 shows the proportion of occupied patients in various occupational groups, by three major diagnostic categories. We may note here:—

(1) in each occupational group, the proportion of occupied patients is broadly similar for all three diagnostic categories; but

(2) in clerical occupations, and for both sexes, there is a higher proportion of neurotic patients; and

(3) among the unskilled (both sexes) and in personal service (males) the proportion of patients with character disorders is relatively high, and the proportion with neuroses is relatively low. Indeed, for males in these two occupational groups, the proportion with character disorders is over twice that of the neurotics.

In Table 44, use has been made of the information obtained on how long the patient had been in his occupation at the time of his first attending the hospital during the triennium. Perhaps the most useful figure is the proportion of patients who had been in their occupation for less than one year. In both age groups, this proportion is higher for schizophrenia and for pathological and immature personality than for the other diagnoses. The proportion is a little higher for neurotic depression than for the remaining three diagnoses in the younger age-group, but in the older age-group this difference has disappeared.

Table 43. *Occupation, in Three Diagnostic Categories.—9,554 hospital patients*

Code Nos.[1]	Occupational Group	Males, percentage of occupied				Females, percentage of occupied			
		Psychosis	Neurosis	Character disorders	All diagnoses	Psychosis	Neurosis	Character disorders	All diagnoses
110–279	Metal manufacture	9.5	12.9	9.6	11.2				
470–579	Wood, paper, etc.	4.0	5.3	4.1	4.5	3.4	2.5	1.4	2.6
580–609	Building, decorating	6.4	5.5	4.4	5.5				
610–629	Administrators and managers...	2.5	3.4	2.4	2.9				
630–709	Transport and communications	10.5	10.5	9.2	10.3	1.8	3.3	4.8	3.0
710–759	Commercial finance, insurance	8.5	11.3	8.1	9.8	7.2	9.8	10.5	9.0
760–819	Professional and technical ...	9.6	11.0	9.6	10.0	15.9	12.7	13.6	13.9
861–888	Personal service...	6.5	3.7	8.2	5.5	23.0	16.1	19.7	18.7
890–895	Clerical	14.6	16.9	14.0	15.3	28.6	36.1	30.0	33.3
930–979	Unskilled	12.0	6.3	14.8	10.2	7.5	6.7	10.2	7.7
980	Students	5.0	4.2	3.8	4.4	2.5	3.0	2.7	2.7
	All other occupations	10.9	9.0	10.8	11.7	10.1	9.8	9.1	9.1
Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of patients occupied		1,106	1,656	958	4,137	709	1,042	294	2,244
Number retired, unemployed		139	37	11	206	90	20	4	120
Occupation not stated		47	31	35	143	252	131	39	449
Housewives						773	1,132	135	2,255
Total patients		1,292	1,724	1,004	4,486	1,824	2,325	472	5,068

[1] Census, 1951—*Classification of Occupations*, H.M.S.O., 1956.

Table 44. *Duration of Occupation in Two Age Groups and Certain Diagnostic Groups.*—4,657 *male hospital patients under* 65 *years*

Age (years)	Duration of occupation (years)	Number of patients, percentage of known						
		Schizophrenia	Manic-depression	Anxiety reaction	Obsessional neurosis	Neurotic depression	Path. and immature personality	All diagnoses
16–34	Less than 1	40.7	24.4	21.9	21.0	31.2	46.8	36.2
	1—	44.4	52.5	51.8	61.3	46.8	40.3	45.1
	9 and over	14.9	23.1	26.3	17.7	22.0	12.9	18.7
	Total patients	214	82	242	62	173	310	1,661
	Not known	96	22	51	11	34	60	392
35–64	Less than 1	21.3	8.3	12.5	0	13.3	22.3	13.7
	1—	29.1	27.5	29.5	37.8	23.3	27.7	27.8
	9 and over	49.6	64.2	58.0	62.2	63.4	50.0	58.5
	Total patients	141	315	247	45	283	148	1,937
	Not known	24	45	26	2	28	32	267

3. Broken Marriages, by diagnosis

The interest of Table 45 is in its showing that the proportion of broken marriages is much higher among patients with character disorders than among those with other diagnoses. It was shown in Table 16 that the proportion of broken marriages varies with age, but Table 38 shows that this is in no way an explanation of the high broken-marriage rate among character disorders, for the broken-marriage rate increases with age up to 54 years, whereas the proportion of character disorders decreases with age. A considerable proportion of persons diagnosed as having character disorders become more stable as they grow older and, with this in mind, it would be interesting to determine whether the re-marriages of divorced persons were more enduring than their first marriages.

Table 45. *Broken Marriages* (*separation or divorce*), *by diagnosis.* 2,662 *male and* 3,603 *female ever-married hospital patients*

Diagnosis	Males			Females			Persons D.S.%	Discharges D.S.% 52–54
	Ever-married	D.S.[1]	D.S. %	Ever-married	D.S.[1]	D.S. %		
Psychosis	767	77	10.0	1,270	112	8.8	9.3	7.5
Neurosis	1,148	90	7.8	1,767	157	8.9	8.5	10.1
Character disorder ...	465	94	20.2	246	57	23.2	21.2	22.5
Miscellaneous	282	36	12.8	320	18	5.6	9.0	8.8
All diagnoses	2,662	297	11.2	3,603	344	9.5	10.2	10.3

[1] D.S.=Divorced and separated.

4. Sibship Size and Fertility, by diagnosis

In Table 46, the average size of patients' sibships (corrected by the Greenwood-Yule method) is shown for certain diagnostic groups. There is a tendency in each age-group for the sibships of patients with affective disorders (manic-depressive psychosis, anxiety reaction, neurotic depression) to be larger than those with other diagnoses.

Table 47 shows the fertility and duration of marriage, by the same diagnostic groups. It is based on 6,265 ever-married hospital patients, but of this number those who had been married more than once, those who were widowed, separated or divorced, and those whose age at first marriage was not known—these three groups totalling 1,795—have been excluded. The table therefore deals with only 4,470 patients. It is questionable whether the figures are based on sufficient numbers of patients to be very reliable. But it is perhaps worth noting the generally low fertility of obsessional neurotics (lower even than the schizophrenics) and the higher fertility, especially in the older age-groups, of patients with pathological and immature personalities. The lower fertility of obsessional neurotics, particularly in females, is observable in previous Reports (First Report, p. 66 ; Second Report, p. 63).

Table 46. *Sibship Size* (*corrected*), *by age and diagnosis*: *sexes together.*—9,554 *hospital patients*

Diagnosis	Age						All ages	Number of patients	Number, sibship size unknown
	16—	25—	35—	45—	55—	65 & over			
Schizophrenia	2.3	2.8	3.3	3.4	*	*	2.9	985	69
Manic-depression ...	2.2	3.1	3.3	3.6	3.7	4.9	3.5	1,423	125
Senile psychosis... ...					*	4.7	4.5	157	17
Anxiety reaction ...	2.5	2.9	3.1	3.4	3.8	*	3.0	1,226	83
Hysteria	2.6	2.6	3.1	3.3	*	*	2.8	348	17
Obsessional reaction ...	*	2.7	3.0	*	*	*	2.6	248	11
Neurotic depression ...	2.3	2.9	3.2	3.9	4.1	5.2	3.2	1,386	87
Pathological and immature personality ...	2.3	2.6	2.7	3.4	*	*	2.6	863	66
All diagnoses	2.3	2.8	3.0	3.6	4.1	4.8	3.0	9,554	710

* Numbers less than 50.

Table 47. Fertility (average number of children born alive) and Average Duration of Marriage, by age and diagnosis : sexes combined.—4,470 *of* 6,265 *ever-married hospital patients*

Diagnosis	Fertility (F) and duration of marriage in years (D)													
	16—		25—		35—		45—		55—		65+		All ages	
	F	D	F	D	F	D	F	D	F	D	F	D	F	D
Schizophrenia	1.2	2	1.3	6	1.4	12	1.7	21	1.8	29	*	*	1.5	12
Manic-depression	*	*	1.6	8	1.8	14	1.6	22	2.1	32	2.7	41	2.0	22
Senile psychosis									2.3	33	3.2	45	3.0	41
Anxiety reaction	0.5	2	1.4	7	1.6	14	1.7	22	1.9	32	2.3	41	1.5	13
Hysteria	0.7	3	1.5	8	1.8	14	1.8	23	2.3	29	*	*	1.6	12
Obsessional reaction	*	*	1.1	6	1.8	13	1.0	22	1.1	31	*	*	1.4	13
Neurotic depression	1.0	3	1.6	7	1.9	15	2.0	22	2.0	32	2.5	38	1.8	16
Pathological and immature personality ...	0.7	2	1.4	7	1.8	13	2.4	20	*	*	*	*	1.6	9
All diagnoses	0.7	2	1.4	7	1.7	14	1.7	22	2.0	32	2.7	42	1.7	16
Numbers of patients	267		1,405		1,270		787		496		245		4,470	

* Numbers of patients less than 10.

5. DURATION OF STAY, BY DIAGNOSIS (in-patients)

Table 48 shows the median duration of stay, by diagnosis, of in-patient discharges. Patients with psychosis tended to stay longer in hospital than those with other diagnoses. Among the psychoses the longest median stay was associated with schizophrenia (3.3 months) and senile psychosis (3.2 months). The shortest median stay was that of male hysterics (1.3 months) and female alcoholics (1.4 months), and this was probably due to the large proportion of these patients who discharged themselves against advice soon after admission. Previous Reports indicated that female alcoholics had the shortest *average* duration of stay of all diagnostic groups, though the average duration of male hysterics was not especially low.

Table 48. *Median Duration of Stay, by diagnosis.*—1,652 *male and* 2,290 *female in-patient discharges*

Diagnosis	Male		Female	
	Nos.	Median stay (months)	Nos.	Median stay (months)
Psychoses	**826**	**2.6**	**1,209**	**2.6**
Schizophrenia ...	283	3.2	364	3.3
Manic-depression ...	375	2.3	551	2.4
Paranoid states and paranoia	28	1.8	37	2.2
Senile etc.	27	3.2	39	3.2
From organic disorder of C.N.S.	33	2.6	40	2.5
From epilepsy ...	5	—	5	—
Other	75	2.2	173	2.1
Neuroses	**467**	**2.0**	**717**	**2.2**
Anxiety reaction ...	106	2.0	128	2.4
Hysteria	28	1.3	113	2.2
Obsessional reaction...	38	2.5	59	2.3
Neurotic depression...	212	1.9	298	2.2
Other	83	2.1	119	1.8
Character disorder etc. ...	**192**	**2.0**	**134**	**2.0**
Pathological and immature personality...	89	2.1	79	2.1
Sexual deviation ...	14	1.8	3	—
Non-sexual delinquency	8	—	14	1.8
Alcoholism and drug addiction	75	2.0	27	1.4
Primary childhood disorders	3	—	9	—
Mental deficiency ...	3	—	2	—
Miscellaneous (outside Code Nos. 300–325)	167	1.8	230	2.2
All diagnosis	1,652	2.28	2,290	2.42

6. Number of Attendances, by diagnosis (out-patients)

This is shown in Table 49. Where the number of discharges is small (less than 50), the *average* number of attendances is apt to be a misleading figure, being much influenced by the few patients who attended very many times (7 males and 3 females attended for over a hundred times). This probably accounts, in part at least, for the wide variations between some of the averages for 1955-57 and the corresponding figures for 1952-54 (*e.g.* for hysteria and for obsessional reaction in females).

In the present triennium, there is a notable sex difference in the numbers of cases of hysteria and of obsessional reaction seen on more than twenty occasions. Among obsessionals it is the males and among hysterics the females who seem to be the principal recipients of major psychotherapy. But for all diagnoses taken together, the number of cases seen more than twenty times were about equal in the sexes.

7. Special Treatments, by diagnosis (in-patients)

The special treatments given in certain diagnostic groups may be summarized as follows:—

(1) *Schizophrenia.* Of 647 discharges, coma insulin therapy was given in 24 per cent ; the proportion in 1952-54 was 35 per cent, and in 1949-51, 37 per cent. Thus fewer schizophrenics are receiving coma insulin therapy, though whether this is due to an increasing rarity of suitable cases or to an increasing belief in the efficacy of alternative treatments cannot be said. E.C.T. was given in 30 per cent of discharges, a proportion identical with that of previous triennia. Two male schizophrenic patients were treated by leucotomy.

(2) *Manic-Depression.* Of 926 discharges, E.C.T. was given in 65 per cent; the proportion in 1952-54 was 57 per cent, and in 1949-51, 63 per cent. Thus the indications for E.C.T. in manic-depressive psychosis have not changed appreciably over nine years. Eight females were treated by leucotomy.

(3) *Other Psychoses.* Of 462 discharges, E.C.T. was given in 47 per cent; the proportion in 1952-54 was 68 per cent, and in 1949-51, 72 per cent. Thus the use of E.C.T. in psychoses other than schizophrenia and manic-depression is decreasing. This is possibly due to the increased use of phenothiazine drugs. One male and four females were treated by leucotomy.

Table 49. *Number of Attendances, by diagnosis: showing the number of discharges associated with various numbers of attendances.*—6,684 *out-patient discharges*

Diagnosis	Number of attendances										
	Males					Females					
	1–4	5–20	Over 20	Average 55–57	Average 52–54	1–4	5–20	Over 20	Average 55–57	Average 52–54
Psychoses										
Schizophrenia	230	38	5	3.0	3.2	173	36	2	3.2	3.4
Manic-depression	227	36	4	3.0	3.5	376	66	11	3.4	3.8
Paranoid state etc.	24	4	4		3.5	31	6	0		2.6
Other	75	18	1			153	22	6		
Neuroses										
Anxiety reaction...	368	113	33	6.2	5.9	409	140	49	7.3	7.2
Hysteria	64	11	1	3.9	3.3	129	24	14	7.4	4.9
Obsessional reaction	57	25	16	10.4	9.5	63	23	3	6.2	9.3
Neurotic depression	290	67	14	4.4	3.9	480	127	20	4.4	4.7
Other	253	58	35		6.0	239	94	15		6.6
Character disorders										
Pathological and immature personality	435	68	11	3.3	3.3	230	33	10	4.1	5.4
Sexual deviation	137	67	9	5.8	7.8	9	2	1		
Alcoholism, etc.	85	6	0	2.3	3.0	26	6	0		3.6
Other	79	4	1			66	13	0		
Miscellaneous	304	30	10		3.6	240	24	9		3.2
All diagnoses	2,628	545	146	4.5	4.5	2,604	612	150	5.0	4.9

8. Outcome of Treatment, by diagnosis (in-patients)

Table 50 shows this. As in previous triennia, there is a marked difference in outcome between psychoses (with 60 per cent recovered or much improved) and character disorders (with only 26 per cent in this category). Comparing the sexes, it may be seen that the outcome is on the whole better for females than for males in psychoses, and in the miscellaneous category, whereas in the neuroses and character disorders, the reverse is true. This sex difference was also apparent in the triennium 1952-54 (Second Report, p. 77).

Compared with 1952-54, the figures for the present triennium show a better outcome for psychoses, but a worse one for the other three categories. These changes might be attributable to many factors. The improved outcome in the psychoses could be explained as the result of improved treatment, perhaps due to the introduction of the phenothiazine drugs; or we could account for the worse outcome in the other categories by invoking stricter standards of assessment or the admission of cases of poorer prognosis.

Table 50. *Outcome of Treatment, by diagnosis.*—3,942 *in-patient discharges*

Outcome	Diagnosis	Male %	Female %	Totals, % 55–57	Totals, % 52–54
Recovered or much improved	Psychoses	58.8	60.6	59.9	53.7
	Neuroses	46.0	42.6	44.0	49.8
	Character disorders	29.3	21.6	26.1	29.9
	Miscellaneous ...	22.0	37.0	30.7	33.5
Improved or slightly improved	Psychoses	21.4	24.6	23.3	24.7
	Neuroses	37.7	37.6	37.6	35.9
	Character disorders	40.8	44.1	42.2	39.9
	Miscellaneous ...	32.9	27.0	29.5	34.6
No change, worse, or died	Psychoses	19.8	14.8	16.8	21.6
	Neuroses	16.3	19.4	18.4	14.3
	Character disorders	29.9	34.3	31.7	30.2
	Miscellaneous ...	44.9	36.0	39.8	31.9

9. Disposal, by diagnosis

(*a*) *In-patients*. Table 51 shows the number of cases in certain diagnostic groups that were transferred either to the Observation Ward or to a mental hospital or psychiatric unit or to a non-mental hospital. The figures may be studied in conjunction with those of Table 34. They represent facts of considerable importance in the function of the Bethlem-Maudsley Hospital. In-patients transferred to an Observation Ward are in general those patients

in whom hospital treatment remains essential but who refuse to accept, or are for other reasons unsuitable for, voluntary treatment. In-patients transferred to mental hospitals are in general those who need continued hospital care but cannot remain longer in a teaching hospitals which is not designed to deal with long-stay cases.

Of the 101 cases transferred to Observation Wards, 47 were schizophrenic; and of 145 cases transferred to mental hospitals, 43 were s.hizophrenic. Comparing the triennia, however, there has been an appreciable reduction in the proportion of schizophrenic cases requiring transfer to other hospitals; the actual numbers that had to be transferred were 105 in the first, 104 in the second, and 95 in the present triennium. Altogether, 320 cases (of all diagnoses) required transfer, and although this represents a slight decrease through the triennia in the percentage of discharges transferred, yet the actual number has increased from 289 in the first and 304 in the second triennium.

Table 51. *Disposal of In-Patients, by diagnosis : numbers of discharges transferred to other hospitals.*—1,652 *male and* 2,290 *female in-patient discharges*

Diagnosis	Numbers transferred to						Total transfers, % of all discharges		
	O.W.		M.H.		G.H.				
	M.	F.	M.	F.	M.	F.	55–57	52–54	49–51
Schizophrenia ...	24	23	26	17	3	2	14.7	18.8	21.4
Senile psychosis	2	3	9	5	3	3	*37.8*	*19.3*	*
Organic psychosis	3	2	4	9	1	1	*26.0*	*27.4*	*
"Miscellaneous"	6	7	11	10	7	17	14.6	12.1	17.9
All others ...	12	19	25	29	12	25	4.4	4.7	*
All diagnoses ...	47	54	75	70	26	48	8.1	8.3	8.9

O.W. = Observation ward.
M.H. = Mental hospital or psychiatric unit.
G.H. = General hospital or other non-mental hospital.
Percentages based on less than 50 cases in *italics*.
* Figures not extracted.

(*b*) *Out-patients.* Table 52 (which should be studied in conjunction with Table 33), indicates that one of every ten out-patient cases are recommended for admission to an Observation Ward or mental hospital, a proportion which rises to one of three for schizophrenic and manic-depressive cases. It must be remembered that, by definition (Chapter I), the out-patient cases of Table 58 exclude "warded out-patients." There were 2,004 such warded out-patient discharges. Their disposal was, by definition, to the in-patient department; their distribution by diagnosis is shown in Table 53.

Table 52. *Disposal of Out-Patients, by diagnosis: numbers of discharges recommended for admission to Observation Ward or Mental Hospital.*—3,318 *male and* 3,366 *female out-patient discharges*

Diagnosis	Numbers recommended to				Total recommendations, % of all discharges		
	O.W.		M.H.				
	M.	F.	M.	F.	Male	Female	Total
Schizophrenia ...	21	23	61	40	29.9	29.9	29.9
Manic-depression ...	17	25	62	150	29.6	38.7	35.3
All others	31	19	94	158	4.5	6.5	5.5
All diagnoses... ...	69	67	217	348	8.6	12.3	10.5

Table 53 also shows, in its last three columns, the warded out-patient discharges expressed as a percentage of *all* cases seen in the out-patient department (*i.e.* of 6,684 out-patient discharges, plus 2,004 "warded out-patient" discharges). From this we may see, for example, that of all cases seen in the out-patient department, one in four (23.1 per cent) are admitted to the in-patient department. The sex difference in the proportions of "miscellaneous" cases admitted as in-patients is largely to be explained by the fact that, in females, this group includes puerperal disorders. The sex difference in the proportion of character disorders is probably to be explained by the fact that many such males are cases of homosexuality or indecent exposure, for which in-patient treatment is not usually indicated.

Table 53. "*Warded Out-Patient Discharges,*" *by diagnosis.*—2,004 *of* 3,942 *in-patient discharges*

Diagnosis	Male	Female	Total	Total as % of all out-patient cases[1]		
				Male	Female	Total
Psychoses	434	606	1,040	39.5	40.7	40.2
Neuroses	248	401	649	15.0	17.9	16.7
Character disorders ...	88	60	148	8.9	15.3	10.3
Miscellaneous	68	99	167	16.5	28.1	21.4
All diagnoses	838	1,166	2,004	20.1	25.8	23.1

[1] See text.

10. Mode of Leaving, by diagnosis

(*a*) *In-patients*. The great majority of in-patients left hospital on the advice of their doctors. The number of those that left against advice (including those who absconded or failed to return from leave) are shown in Table 54. Discharge against advice was most frequent among cases of schizophrenia, hysteria and alcoholism; it was least frequent among obsessional neurotics, though here the numbers are small. With one exception, and disregarding percentages based on small numbers, discharges against advice were consistently more frequent among females than among males. This sex difference was most marked for neuroses, least for psychoses. The single exception is schizophrenia, where a quarter of the male cases discharged themselves against advice, compared with only a fifth of the female cases. The rather wide diagnostic differences between the triennium of 1949-51 and that of 1955-57 are also probably to be accounted for by the small numbers involved; taken as a whole, the proportion of cases discharged against advice was the same in the two triennia (one case in seven).

(*b*) *Out-patients*. Table 55 shows the number of cases, by diagnosis, where out-patients failed to return to the out-patient department when advised to do so. Although the triennia are not strictly comparable, it is safe to say that there has been little change in the proportions that lapsed in attendance. The proportion of lapses is highest for alcoholism, though here the numbers are small; it is lowest for "other" psychoses and for the miscellaneous category. The lapse rate for psychoses is consistently lower than that for neuroses or character disorders.

Comparing out-patient lapses with in-patient discharges against advice, we may note:—

(1) The out-patient lapse rate is the higher for most diagnostic groups. Schizophrenia is a notable exception, the out-patient lapse rate being 17.4 per cent compared with the in-patient rate of 22.7 per cent.

(2) For out-patients the male lapse rate slightly exceeds the female rate, whereas the reverse is true for in-patients. Schizophrenia is again an exception. We might suppose that, among in-patients, females are more apt to discharge themselves against advice because they are more anxious to get back to their children; whereas, among out-patients, males (and especially those with affective disorders) are more apt to lapse because many of them are working and attendance at the out-patient department would often mean loss of wages.

Table 54. In-Patient Discharges against Medical Advice, by diagnosis. 1,652 male and 2,290 female in-patient discharges

Diagnosis	Male			Female			Total against advice, % of discharges	
	All discharges	Against advice No.	Against advice %	All discharges	Against advice No.	Against advice %	55–57	49–51
Psychoses	**826**	**119**	**14.4**	**1.209**	**179**	**14.8**	**14.7**	
Schizophrenia ...	283	71	25.1	364	76	20.9	22.7	21.1
Manic-depression ...	375	40	10.7	551	73	13.2	12.2	9.8
Paranoid states ...	28	3	*10.7*	37	7	*18.9*	*15.4*	
Others	140	5	3.6	257	23	9.0	7.1	
Neuroses	**467**	**49**	**10.5**	**717**	**111**	**15.5**	**13.5**	
Anxiety reaction ...	106	11	10.4	128	21	16.4	13.7	11.8
Hysteria	28	7	*25.0*	113	25	22.2	22.7	18.4
Obsessional reaction	38	2	*5.3*	59	7	11.9	9.3	13.1
Neurotic depression...	212	23	10.8	298	36	12.1	11.6	14.1
Others	83	6	7.2	119	22	18.5	13.8	
Character disorders ...	**192**	**24**	**12.5**	**134**	**25**	**18.7**	**15.0**	
Pathological and immature personality	89	9	10.1	79	14	17.7	13.7	20.0
Alcoholism etc. ...	75	11	14.7	27	9	*33.4*	19.6	18.2
Other	28	4	*14.3*	28	2	*7.1*	10.7	
Miscellaneous	**167**	**12**	**7.2**	**230**	**29**	**12.6**	**10.3**	**8.2**
All diagnoses	1,652	204	12.3	2,290	344	15.0	13.9	13.8

Percentages in *italics* are based on less than 50 cases.

Table 55. Lapses in Out-patient Attendance, by diagnosis.—3,318 *male and* 3,366 *female out-patient discharges*

Diagnosis	Male			Female			Total lapses, % of discharges		
	All discharges	Lapses No.	Lapses %	All discharges	Lapses No.	Lapses %	55–57	52–54[1]	49–51[1]
Psychoses	**666**	**112**	**16.8**	**882**	**128**	**14.5**	**15.5**	**18.1**	**16.2**
Schizophrenia ...	273	44	16.1	211	40	19.0	17.4	18.4	19.7
Manic-depression ...	267	47	17.6	453	62	13.7	15.1	17.8	14.9
Paranoid states ...	32	7	*21.9*	37	5	*13.5*	17.4	29.2	15.8
Others	94	14	14.9	181	21	11.6	12.7	15.2	13.8
Neuroses	**1,405**	**302**	**21.5**	**1,839**	**382**	**20.8**	**21.0**	**23.2**	**21.8**
Anxiety reaction ...	514	126	24.5	598	120	20.1	22.2	24.8	23.9
Hysteria	76	9	11.9	167	32	19.2	16.9	21.2	17.8
Obsessional reaction	98	15	15.3	89	22	24.8	19.8	21.2	21.2
Neurotic depression	371	96	25.9	627	141	22.5	23.8	22.9	21.9
Others	346	56	16.2	358	67	18.7	17.5	22.5	20.2
Character disorders ...	**902**	**203**	**22.5**	**392**	**94**	**24.0**	**22.9**	**23.1**	**23.1**
Pathological and immature personality	514	112	21.8	273	70	25.6	23.1	21.5	24.1
Sexual deviation ...	213	51	24.0	12	3	*25.0*	24.0	28.2	30.5
Alcoholism etc. ...	91	25	27.5	28	10	*35.7*	29.4	29.3	20.6
Others	84	15	17.9	79	11	13.9	15.9	17.3	14.7
Miscellaneous	**344**	**48**	**13.9**	**253**	**37**	**14.6**	**14.2**	**12.2**	**11.7**
All diagnosis	3,318	665	20.0	3,366	641	19.1	19.5	20.8	19.3

[1] Not strictly comparable with 1955–57 figures.

Percentages in *italics* are based on less than 50 cases.

CHAPTER FIVE

CHILDREN

BY DR. KENNETH CAMERON

The Children's Department of the joint hospital is responsible for out-patient and in-patient children and adolescents up to the age of 16.

All out-patients, children and adolescents, attend the Children's Out-patient Department at the Maudsley Hospital. This department is organised into a number of separate sections:—

(*a*) *General Clinics* (Dr. Cameron and Dr. Gillespie)

At these the whole range of child psychiatric problems not dealt with in the special clinics below is seen.

(*b*) *Children's Epileptic Clinic* (Dr. Pond)

This clinic deals with children showing any form of epilepsy who present problems of diagnosis or with special difficulties in behaviour, education, etc.

(*c*) *Children's Delinquency Clinic* (Dr. Scott)

At this clinic a direct association with a juvenile court is maintained to provide prompt consultation and out-patient treatment if indicated.

(*d*) *Clinic for Backward Children* (Dr. Hilliard)

To this clinic apparently defective children presenting particular problems of diagnosis or difficulties in behaviour are referred.

During the period under review, a special clinic for psychotic children (Dr. Anthony and Dr. Cameron), with two weeks' diagnostic admission, was run.

In the organising of the department the governing principles have involved the acceptance of every type of child psychiatric problem referred, and comprehensive investigation of the individual case, including the social and educational situation, not only for the conventional "child guidance" problem, but also for the more grossly handicapped attending the special clinics. Treatment in the widest sense, ranging from environmental or educational modification, case work and coaching, to specific drug therapy and direct psychotherapy of an extensive or intensive character, follows to the fullest extent in every case except where consultation only has been sought from another clinic or distance prevents continued contact.

These considerations must govern interpretation of numbers attending and outcome. Thus both our resources for investigation and non-selective policy of intake involve a high proportion of cases of poorer prognosis than may attend a more selective clinic. This is wholly acceptable in the light of the human, social, educational and scientific commitment of the hospital.

An important factor affecting the figures in the attached tables lies in the fact that these are derived from cases "closed" each year. In a proportion of individual patients and families attending the Children's Department, a therapeutic and supportive relationship may be maintained over years, and the cases not closed.

Thus, in the triennium under review, the number of new cases undertaken is 1,460, while the cases shown in the tables as "closed" number 907.

In-patient provision is divided into the children's in-patient department at the Maudsley Hospital of 25 beds for boys and girls up to the age of 12 (Dr. Cameron, Dr. Anthony and Dr. Pond), and the Adolescent Unit at Bethlem, which has separate wards of 17 beds each for boys and girls up to the age of 16, in the charge of Dr. Cameron and Dr. Warren respectively.

To the in-patient units cases are admitted where the severity of the disturbance precludes adequate care at home; cases who require more thorough observation and investigation than can be attained as out-patients; and those for whom the planned group environment involving nurses, occupational therapists and teachers is a necessary therapeutic factor and background to more intensive psychotherapy or other therapeutic measures. Finally, particular types of disorder may be the subject of particular research and admitted for that purpose. In the triennium under survey, a series of psychotic children was admitted for diagnostic purposes, each patient for two weeks only.

Cases for whom admission is desirable, arising both within our own services and from outside sources, go far beyond the capacities of our in-patient units. Considerable selection of cases for admission must therefore be made, but it has been a matter of policy to admit all types of psychiatric disturbance occurring in these age ranges. In respect of in-patients, therefore, a difference exists with the adult wards in that there are few alternative in-patient facilities for children and adolescents in the country, and the children's units of the joint hospital may admit for investigation and diagnosis cases of a severe and chronic nature.

Through the work outside the hospital of the five consultants concerned, the department is involved in other areas of psychiatric care of children and adolescents. Dr. Warren directs the Brixton Child Guidance Centre, which the Board of Governors run jointly with the London County Council. Dr. Peter Scott is consultant to the London Remand Homes. A paediatric association is maintained by Dr. Cameron consulting in the paediatric department at Farnborough, while Dr. Leys, the consultant there, consults reciprocally at Maudsley. Dr. Scott and Dr. Cameron consult at Mayford Approved School. Dr. Hilliard, who is an honorary consultant in this department, is the Medical Superintendent of the Fountain Hospital.

Table 56. Numbers of Patients and Discharges in three triennia (children)

	1955–57	1952–54	1949–51
Individuals			
Hospital patients ...	1,193	*	*
In-patients	323	300	250
Out-patients ...	888	846	961
Discharges			
Total	1,258	1,260[1]	1,410[1]
In-patient	345	313	284
Out-patient... ...	913	947[1]	1,126[1]

[1] Not comparable with 1955–57 figures. See definitions, Chapter I.
* Figures not extracted.

Table 57. Distribution of In-Patient Children

	Maudsley	Bethlem	Total
Boys	130	51	181
Girls	63	79	142
Children	193	130	323

Table 58. Age and Sex.—1,193 hospital children

Age group (years)	Boys	Girls	Children	Children, %		
				55–57	52–54	49–51
0– 4	52	25	77	6.5	7.5	9.0
5– 9	238	114	352	29.5	36.5	37.1
10–15	480	275	755	63.2	56.0	53.9
16 and over ...	6	3	9	0.8		
All ages	776	417	1,193	100.0	100.0	100.0

Table 59. *Previous In-Patient Admissions, at any time, of* 323 *in-patient children*

No. of previous admissions	Boys	Girls	Children	Children, %		
				55–57	52–54	49–51
None	181	121	302	93.5	91.0	*
1	11	9	20	6.2	8.3	
2	1	0	1	0.3	0.7	
3 or more ...	0	0	0	0	0	
Total	193	130	323	100.0	100.0	

* No comparable figures.

Table 60. *Previous Out-Patient Admissions, at any time, of* 888 *out-patient children*

No. of previous admissions	Boys	Girls	Children	Children, %		
				55–57	52–54	49–51
None	560	279	839	94.5	89.3	92.0
1	32	11	43	4.8	9.7	7.1
2	4	2	6	0.7	0.8	0.7
3	0	0	0		0.1	0.2
4 or more ...	0	0	0		0.1	
Total	596	292	888	100.0	100.0	100.0

Table 61. *Religious Upbringing.*—1,193 *hospital children*

Religion	Boys	Girls	Children	Children, % of known		
				55–57	52–54	49–51
Church of England ...	567	295	862	76.5	79.2	80.8
Roman Catholic ...	96	49	145	12.9	11.6	12.6
Nonconformist ...	32	25	57	5.1	4.4	1.1
Jewish	13	12	25	2.2	2.1	2.6
Other	17	8	25	2.2	2.0	4.6
None	6	6	12	1.1	0.7	
Not known	45	22	67	—	—	—
Total	776	417	1,193	100.0	100.0	100.0

Table 62. Social Class of Parents of 1,193 hospital children

Social class	Boys		Girls		Children, % of known			Greater London 1951[1]
	No.	% of known	No.	% of known	55–57	52–54	49–51	
I	43	6.2	28	7.7	6.7	6.0	3.9	4.9
II	117	17.0	62	17.0	17.0	13.6	12.7	16.6
III	379	55.0	190	52.0	54.0	55.2	58.8	54.7
IV	67	9.7	42	11.5	10.3	14.1	13.9	10.7
V	82	12.1	43	11.8	12.0	11.1	10.7	13.1
Total known ...	688	100.0	365	100.0	100.0	100.0	100.0	
Not known, as % of known ...	88	12.8	52	14.6	13.3	10.5	6.9	
Total children ...	776		417		1,193	1,146	1,211	

[1] Males aged 16 and over, Census 1951.

Table 63. Usual Weekly Income (gross) of Parents of 1,193 hospital children, expressed as percentage of those with known income

Income	Boys	Girls	Children		
			55–57	52–54	49–51
Over £20	14.1	9.5	12.5	22.1	10.5
£13–20	22.2	24.8	23.0		
£7–12	55.0	54.3	54.7	62.9	39.9
£4–7	7.9	11.1	8.8	14.7	47.1
Under £4	0.8	1.3	1.0	0.3	2.5
Total known	100.0	100.0	100.0	100.0	100.0
Numbers not known ...	407	264	671	419	414
Total numbers	776	417	1,193	1,146	1,211

Table 64. *Marital Status of Parents of* 1,193 *hospital children*

Marital status of parents	Boys	Girls	Children	Children, % of known		
				55–57	52–54	49–51
Single	20	23	43	3.7	3.2	2.1
Married:—						
Not separated	645	346	991	85.3	81.9	83.3
Separated (non-judicial) ...	22	9	31	2.7	5.2	3.8
Separated (judicial) ...	5	3	8	0.7	0.8	1.5
Divorced	25	11	36	3.1	3.1	3.5
Widowed	16	9	25	2.2	4.1	4.7
Cohabiting	23	4	27	2.3	1.7	1.1
Not known	20	12	32	—	—	—
Total	776	417	1,193	100.0	100.0	100.0

Table 65. *Mother's Age at First Marriage.*—1,193 *hospital children*

Age of mother at first marriage	No. of mothers	Mothers, % of known age		
		55–57	52–54	49–51
Under 20	120	20.5	18.9	21.3
20—	297	50.7	48.4	49.3
25—	126	21.6	24.5	21.8
30—	34	5.8	6.8	6.1
35—	4	0.7	1.1	1.4
40—	4	0.7	0.3	0
45 and over ...	0	0	0	0.1
Total known ...	585	100.0	100.0	100.0
Not known... ...	562			
Not married ...	46			
Total	1,193	1,193	1,146	1,211

Table 66. *Mother's Age at Birth of Patient.*—1,193 *hospital children*

Age of mother at birth of patient	No. of mothers	Mothers, % of known		
		55–57	52–54	49–51
Under 20	43	4.2	2.8	4.3
20—	263	25.6	28.4	29.5
25—	301	29.4	31.7	32.1
30—	237	23.1	22.0	19.8
35—	133	12.9	11.1	10.5
40—	46	4.5	3.6	3.5
45 and over ...	3	0.3	0.4	0.3
Total known ...	1,026	100.0	100.0	100.0
Not known... ...	167			
Total	1,193			

Table 67. *Sibship Size* (*corrected size in brackets*).—1,193 *hospital children*

Age of patient	Sibship size (including patient)		
	55–57	52–54	49–51
0–4	2.3 (1.8)	2.3 (*)	2.1 (1.6)
4–9	2.7 (2.0)	2.7	2.7 (2.0)
10–15	2.9 (2.1)	3.0	3.1 (2.3)
All ages	2.8 (2.1)[1]	2.9	2.9 (2.1)

* Corrected sizes not stated.
[1] Sibship size not known for 93 children.

Table 68. *Fertility of Children's Mothers* (*expressed as size of mother's family at time of child's first admission in the triennium*). 1,193 *hospital children*

Size of family	Number of mothers			Numbers, % of known		
	Boys	Girls	Children	55–57	52–54	49–51
1	122	59	181	16.4	17.6	17.0
2	254	133	387	35.2	36.0	32.8
3–4	267	140	407	37.0	32.4	32.1
5 and over ...	77	48	125	11.4	14.0	18.1
Not known ...	56	37	93	—	—	—
All sizes ...	776	417	1,193	100.0	100.0	100.0

Table 69. *Numbers of Children having a Twin etc.*

	Boys	Girls	Children
Patient with a twin of:			
Same sex...	12	5	17
Opposite sex	3	3	6
Sex unknown	4	4	8
Parents first cousins	5	0	5
Step- or foster-mother responsible for child	38	32	70
Brought up in institutions ...	48	24	72

Table 70. Referring Agencies for In-Patient Children.—345 in-patient discharges

Referring agency	Boy	Girl	Total	Totals, % of discharges		
				55–57	52–54	49–51
Out-patient department ...	102	89	191	55.4	24.3	56.0
Child guidance unit ...	33	16	49	14.2	27.8	10.5
Psychiatric unit of general hospital...	23	11	34	9.8	21.1	9.2
Local education authority...	9	2	11	3.2	4.8	1.8
Non-psychiatric unit of general hospital ...	6	4	10	2.9		
General practitioner ...	8	1	9	2.6	8.9	2.5
Mental hospital	3	5	8	2.3	3.8	0.7
Constant B/M. staff ...	3	4	7	2.0	3.2	0.7
Probation service	4	2	6	1.7	6.7	1.1
Others	15	6	21	6.1	10.2	9.5
Total discharges	205	140	345	345	313	284

Table 71. Referring Agencies for Out-Patient Children.—907 out-patient discharges

Referring agency[1]	Boy	Girl	Total	Totals, % of discharges		
				55–57	52–54[2]	49–51[2]
General practitioner ...	217	108	325	35.8	31.0	24.9
Probation service	118	35	153	16.7	12.6	10.4
L.C.C. Children's Committee	67	38	105	11.6	13.1	16.3
Child Guidance Unit ...	45	29	74	8.2	7.9	5.2
Non-psychiatric unit of general hospital ...	31	23	54	6.0	5.6	11.2
Parents and spontaneous ...	45	15	60	6.6	8.7	0.6
Psychiatric unit of general hospital...	24	14	38	4.2	8.4	5.6
Local education authority (other than London C.C.)	13	10	23	2.5	5.5	3.5
Others	28	20	48	5.3	5.3	15.9
Total discharges	607	300	907	907	947	1126

[1] A discharge may be associated with more than one referral.
[2] Not strictly comparable with 1955–57 figures. See definitions, Chapter I.

Table 72. Duration of In-Patient Stay (Children).—345 in-patient discharges

Duration of stay (months)	Numbers of discharges					
	Boy	Girl	Total	Totals, %		
				55–57	52–54	49–51
Less than 1	51	18	69	20.0	15.7	20.4
1—	39	42	81	23.5	25.2	32.4
3—	61	57	118	34.4	33.3	34.1
8—	28	16	44	12.8	12.3	8.5
12 and over	25	7	32	9.3	13.5	4.6
All durations	205	140	345	100.0	100.0	100.0
Median duration (months)...	3.7	3.6	3.7			

Table 73. Number of Attendances (Children).—907 out-patient discharges

Number of attendances	Boy	Girl	Total	Totals, %		
				55–57	52–54[1]	49–51[1]
1	202	101	303	33.4	31.9	27.7
2	48	35	83	9.2	10.6	9.6
3	35	13	48	5.3	6.2	6.8
4	25	14	39	4.3	4.9	6.0
5–6	49	26	75	8.3	10.8	9.4
7–12	79	33	112	12.4	15.2	20.6
13–20...	84	40	124	13.7	7.3[2]	10.2[2]
21–30...	44	19	63	6.9		
31–45...	26	16	42	4.7		
46–70...	10	2	12	1.3	13.1[3]	9.7[3]
71–100	4	0	4	0.4		
Over 100	1	0	1	0.1		
Total discharges	607	300	907	100.0	100.0	100.0

[1] See definitions of "discharge," Chapter I.
[2] Number of times seen = 13—18.
[3] Number of times seen = 19 and over.

Table 74. Special Investigations (Children).—345 in-patient discharges

Investigation	Number of tests performed				
	Boy	Girl	Totals 55–57	52–54	49–51
Laboratory tests					
Wasserman or Kahn	117	97	214	60	61
E.S.R.	93	92	185	63	55
Blood count	84	82	166	91	57
C.S.F.	15	11	26	17	8
Other biochemical	33	62	95	67	43
Bacteriological	21	18	39	27	17
Other (biopsy, immunity, etc.) ...	6	4	10	30	22
Clinical tests					
Electroencephalogram	154	105	259	239	203
Electrocardiogram	4	4	8	4	12
X-ray	137	97	234	121	71
B.M.R.	2	0	2	2	7
Psychological tests: total	418	254	672	618	513
Verbal intelligence	158	103	261	234	202
Non-verbal intelligence	155	103	258	225	193
Tests of deterioration	9	2	11	9	13
Aptitude tests	5	2	7	4	10
Educational tests...	40	21	61	40	95
Other	51	23	74	106	
Specialist opinion	30	35	65	62	77
Number of discharges	205	140	345	313	284

Table 75. Outcome of Treatment (Children).—345 in-patient discharges

Condition on discharge	Boy %	Girl %	Totals, % 55–57	52–54	49–51
Recovered or much improved ...	28.8	37.1	32.2	31.9	37.2
Improved or slightly improved ...	42.9	42.8	42.9	43.8	39.5
No change, worse or died	28.3	20.1	24.9	24.5	23.3
All	100.0	100.0	100.0	100.0	100.0
Total discharges	205	140	345	313	284

Table 76. Disposal of In-Patients (Children).—345 in-patient discharges

Disposal[1]	Boy	Girl	Total	Totals, % of discharges		
				55–57	52–54	49–51
To general practitioner ...	46	48	94	27.2	19.2	11.6
Further treatment or supervision at the hospital:						
Out-patient department ...	52	43	95	27.5	27.8	*
Clinic for epilepsies... ...	6	3	9	2.5	3.8	8.5
Psychotherapy (out-patients)	5	3	8	2.3	*	*
Neurosurgical unit	3	1	4	1.2	*	*
Recommended for residential observation or treatment:						
Foster home, residential school, etc.	58	22	80	23.2	24.0	16.9
Mental hospital	4	2	6	1.7	3.2	1.8
Other psychiatric unit ...	6	2	8	2.3	1.6	0.4
Residential institution ...	8	3	11	3.2	8.6	*
Other:						
Outside psychiatrist ...	10	18	28	8.1	6.7	10.2
D.R.O.	1	0	1	—	—	—
Reports	102	65	167	48.4	42.2	*
Other...	9	4	13	3.8	1.9	*
Number of discharges ...	205	140	345	345	313	284

[1] A discharge may be associated with more than one disposal.
[*] Figures not extracted.

Table 77. Disposal of Out-Patients (Children).—907 out-patient discharges

Disposal[1]	Boy	Girl	Total	Totals, % of discharges		
				55–57	52–54[2]	49–51[2]
To general practitioner ...	235	126	361	39.8	28.7	31.1
Recommended for admission to hospital or institution or home:						
Other hospitals	5	4	9	1.0	1.1	0.4
Residential institution ...	5	3	8	0.9	2.1	0.2
Foster home, residential school, etc.	30	10	40	4.4	5.5	*
Other:						
Outside psychiatrist ...	42	28	70	7.7	3.9	5.9
Reports	235	105	340	37.5	38.6	41.8
Other...	18	13	31	3.4	1.8	5.3
No special disposal[3]	83	30	113	12.5	16.7	13.5
Number of discharges ...	607	300	907	907	947	1,126

[1] A discharge may be associated with more than one disposal.
[2] Not comparable with 1955–57 figures. See definitions, Chapter I.
[3] Includes lapsed attendance, simple advice given to self-referrals, etc.
* Figures not extracted.

Table 78. Mode of Leaving (Out-Patient Children).—907 out-patient discharges

Mode of leaving	Boy	Girl	Total	Totals, % of discharges		
				55–57	52–54[1]	49–51[1]
Discharged	467	239	706	77.8	80.1	75.3
Lapsed	140	61	201	22.2	19.5	24.5
Died	0	0	0	0	0.4 (4 deaths)	0.2 (2 deaths)
Suicide	0	0	0	0	0	0
Total discharges	607	300	907	907	947	1,126

[1] Not strictly comparable with 1955–57 figures. See definitions, Chapter I.

CHAPTER SIX

THE WORK OF SOME OF THE SPECIAL DEPARTMENTS

A. Day Wards and the Night Ward

BY THE LATE ARTHUR HARRIS

1. Introduction

The term "day hospital" is in general use, but it would seem that for the establishments at the joint hospital "day wards" would be more appropriate, since they share all the diagnostic and therapeutic resources of the hospital and patients readily pass to them from the ordinary in-patient departments and *vice versa*. They are in fact wards of the hospital whose special characteristic is that the patients spend their evenings, nights and week-ends at home.

As forecast in the last triennial report, this triennium has seen a notable expansion in the provision for day-patients. The principles and policy, as described in the last report, have remained unaltered, but the number of places has been tripled. On March 13th, 1956, the accommodation in the Maudsley Day Ward was increased by taking in the whole of the basement of the Victorian house in which it is lodged, so enabling the doctors' offices to be moved downstairs and the large room vacated by them to be used as an extra day-room. This enabled thirty patients to be dealt with at a time and both sexes to be admitted. On April 3rd, 1956, a day ward was opened at Bethlem Royal Hospital in a pavilion which used to belong to a sports club, and is situated on the far side of the hospital grounds, well away from the main hospital, but about three minutes' walk from a bus stop and about seven from Eden Park railway station. These wards now each contain a large room where men and women patients can mix and undertake group activities, such as discussions, games and play-readings, and two smaller rooms, one for men and one for women, where the more ill patients can spend their time quietly without too much social pressure. Two rooms for doctors, an office for the nurse in charge, and lavatories complete the indoor accommodation. There is also a tennis court and grounds where the patients can play and walk. The Bethlem day ward, which has been given the name of Dayholme (so as to enable directing notices to be put up to help patients to find their way there, on account of its distance from the main hospital), has to be more self-contained than the Maudsley day ward. It therefore has in addition a kitchen, extra interviewing rooms for psychologists and social workers, and a hut for the administration of E.C.T. with a waiting room, treatment room and recovery room.

2. Statistics of Day Wards

The catchment area for day patients has changed little since the last report, although the opening of Dayholme has brought an increase in the numbers coming from the southern fringe of the metropolitan area, that is, from the northern parts of Surrey and Kent.

Table 79. This shows the number of patients dealt with and the number of discharges.

Table 79. *Numbers of Day Patients*

	Maudsley D.H.		Bethlem D.H.		Day-patients		
	Males	Females	Males	Females	Males	Females	Persons
Individuals							
1955	—	62	—	—	—	62	62
1956	15	75	14	37	29	112	141
1957	27	72	19	33	46	105	151
Total individuals							
1955–57 ...	42	209	33	70	75	279	354
Discharges							
1955–57 ...	42	231	38	73	80	304	384

Table 80. It will be seen that the age distribution has become more even since the last triennium, and that the numerical preponderance of the middle-aged groups has lessened. This is no doubt indicative of the wider use of day treatment for more varied types of patients. Comparison with Table 5, however, shows the day patients to be older than the generality of hospital patients.

Table 80. *Age of Day Patients*

Age group	Males	Females	Persons	Persons, %	
				55–57	53–54[1]
16—	9	11	20	5.5	5.8
25—	12	65	77	21.8	23.0
35—	15	64	79	22.3	20.9
45—	13	51	64	18.1	28.0
55—	18	54	72	20.4	18.7
65 and over ...	8	34	42	11.9	3.6
All ages... ...	75	279	354	100.0	100.0[2]

[1] 5th May, 1954, to 31st December, 1954, in this and subsequent tables for day-patients.

[2] All females.

Table 81. It will be seen that there has been a slight tendency for the number of patients from the upper social classes to increase; this is accounted for to some extent by the opening of the Bethlem ward, which is situated in a better-class suburb, although drawing the bulk of its patients from working class areas to the east. Comparison with Table 9 shows the proportion of day patients in social class I and II to be less, and in social class III greater, than the corresponding proportions among hospital patients.

Table 81. *Social Class of Day Patients : expressed as percentage of those of known social class*

Social class	Males	Females	Females 53–54
I	2.7	1.6	2.4
II	13.5	14.8	10.2
III	56.8	61.4	56.7
IV	16.2	13.6	18.9
V	10.8	8.6	11.8
	100.0	100.0	100.0
Number of known class ...	74	243	127
Number, class not known ...	1	36	12
Total	75	279	139

Table 82. This shows the marital status of the day-patients. Comparison with Table 13 shows that the unmarried form a smaller proportion of day patients than of hospital patients (22.6 per cent compared with 40 per cent for males ; 19.7 per cent compared with 28.5 per cent for females).

Table 82. *Marital Status of Day Patients*

Marital status	Males	Females	Persons	Persons, % 55–57	Persons, % 53–54
Single	17	55	72	20.4	22.3
Married... ...	51	171	222	62.7	64.7
Widowed ...	3	33	36	10.2	10.1
Divorced ...	4	20	24	6.7	2.9
Total	75	279	354	100.0	100.0

Table 83. There is an absence of referrals from sources indicating a highly disturbed social situation, such as the observation wards and courts, since day treatment is usually inappropriate in these circumstances.

Table 83. *Referring Agencies for Day Patients.*—384 *day-patient discharges*

Referring agency	Males	Females	Total
Out-patient department ...	69	267	336
In-patient department	5	11	16
Domiciliary service	3	12	15
General practitioner	1	5	6
Other	2	9	11
Number of discharges	80	304	384

Table 84. The proportion of patients in the main diagnostic categories is very similar in the two triennia. A small number of patients suffering from chronic phobic states and the like, who would be unable to live with their families if they did not attend the day ward, have been kept for prolonged periods.

Table 84. *Diagnosis of Day Patients*

Diagnosis	Males	Females	Persons	Persons, %	
				55–57	53–54
Psychosis	**34**	**125**	**159**	**44.9**	**47.5**
Schizophrenia	6	23	29	8.2	7.9
Manic-depression	22	74	96	27.2	26.6
Senile	5	25	30	8.5	13.0
Other	1	3	4	1.0	
Neurosis	**33**	**140**	**173**	**48.9**	**47.5**
Anxiety state	8	49	57	16.1	9.4
Hysteria	2	3	5	1.4	*
Neurotic depression	16	78	94	26.4	30.9
Obsessional state...	1	5	6	1.7	*
Other	6	5	11	3.1	*
Character disorders etc.	**4**	**11**	**15**	**4.2**	**3.6**
Pathological and immature personality	4	9	13		
Other	0	2	2		
Miscellaneous	**4**	**3**	**7**	**2.0**	**1.4**
All diagnoses	75	279	354	100.0	100.0[1]

[1] 139 persons, all female.

* Not available.

3. The Night Ward

For many years it has been the practice in the joint hospital, as in several other psychiatric hospitals, to allow suitable patients to go out to work and return to the hospital in the evenings. Their adjustment to the outside world is easier if they can make it in two instalments, first to the job and then to normal living conditions. In 1956 it was decided to collect these patients into a special night ward, and this was opened in August of that year in the Victorian house in which the Maudsley day ward is accommodated. The night patients use the day ward as sitting-rooms and sleep upstairs in single bedrooms, of which there are fourteen, one floor being for men and the other for women. The bedrooms are available in the day time (with necessary changes of bed linen) for the treatment of day patients by methods needing bed rest, such as modified insulin therapy. In this way an economical use of the house is assured. The atmosphere is one of work and achievement, and the morale of the patients tends to be better than if they are kept in a ward of the ordinary type with only one or two patients going to normal jobs from it. One nurse stays on from the day ward to receive them on their return from work, they see their doctor once a week, and they attend the evening amusements and social events arranged for the in-patients if they wish.

The night ward is much more valuable than the bare numbers treated in it would suggest. The great majority of patients are ready to leave hospital when they are fit for work. It tends to be used for the patients who present particularly intractable social problems.

The figures for the first seventeen months are as follows:—

	Admissions		Discharges		*Transfers to other wards and hospitals	
	M.	F.	M.	F.	M.	F.
1956 (August to December)	10	7	6	4	2	0
1957	10	15	5	7	3	6

* Of these, two patients (one male and one female) were transferred directly from the Night Ward to other hospitals; the remainder were transferred back to the hospital in-patient wards.

B. Domiciliary Visits

BY DENIS LEIGH

As was clearly foreseen in 1949, the demand for domiciliary visits has continued to grow, so that in the period 1955-57 a nearly threefold increase has occurred over the period 1949-51. The number of consultants undertaking these visits has remained practically constant since 1949, and the increased call on their services may be interpreted as a reflection of the growing confidence felt by general practitioners and public in psychiatry. General practitioners are busy people and do not call out consultants unless some benefit accrues to them and/or their patients. There is some evidence that the curve is levelling out, for in each of the three years the total number of visits has remained roughly unchanged (Table 85).

A possible abuse of the domiciliary service might occur if an appointment system such as is in operation at the joint hospital were so rigid as to make it difficult for a practitioner to have a patient seen urgently in the out-patient department. The provision of an emergency out-patient service, to which patients can be referred immediately, has done much to avoid this possibility. In fact, the consultant almost invariably speaks to the practitioner on the telephone before a visit is made and, if it is appropriate, may suggest that the patient ought to come up to the hospital and if necessary he will order an ambulance for this purpose. Flexibility is essential in the day-to-day running of a service which places additional strains on consultants carrying on the work outside their sessional time and with heavy appointment schedules. But in no circumstances are visits carried out at the expense of the sessional work of the consultants concerned. This means that visits are mainly carried out in the evening of the day the request is received.

A rota system of calling on consultants is in use but is in effect little used. The majority of requests are made personally, from general practitioners to consultant direct. Some consultants choose only to see cases so referred but they none the less take their place in the rota, so that illness or non-availability do not interfere with the smooth running of the service.

Disposal still remains the keystone of such a service. Table 86 shows that a most interesting change in disposal patterns has been taking place. In the triennium under review, 40 per cent of cases were treated either as in-patients (including day hospital patients) or out-patients at the joint hospital, whereas in the previous six years 73 per cent of patients had been so dealt with. The most marked change has been in the "other" disposal, a rubric which, in effect, means that the general practitioner has been advised on how to handle the patient himself. In 1949-51 only 8.8 per cent of cases were so disposed of; in 1952-54, 22.8 per cent; and in 1955-57, 41 per cent. In view of the stability of hospital policy and of personnel

carrying out the visits, it seems as if there is arising a group of general practitioners whose contact with the joint hospital has been educative in nature. As shown in previous triennial reports, there is a comparatively small body of general practitioners referring the majority of cases to the joint hospital. These doctors remain comparatively faithful over the years in their choice of either the hospital or the consultant. Together with the rise in the number of visits undertaken, this 41 per cent of "other" disposals suggest that the family doctor is learning how to apply the psychiatric advice available from the staff of the joint hospital within the framework of day-to-day clinical work.

Table 85. *Number of Domiciliary Visits, by year and sex of case*

Sex of case	Domiciliary Visits					
	1955	1956	1957	55–57	52–54	49–51
Male	114	129	131	374	267	140
Female ...	308	320	276	904	709	305
Total visits ...	422	449	407	1,278	976	445

Table 86. *Disposal of Cases seen at Domiciliary Visits*

Disposal	Number of cases				Percentage of cases		
	1955	1956	1957	55–57	55–57	52–54	49–51
In-patient	105	101	84	290	22.7	38.0	47.7
Out-patient	80	77	65	222	17.4	27.3	33.6
Mental hospital as V.P....	32	40	41	113	8.8	3.3	5.2
Observation ward ...	54	35	40	129	10.1	8.6	4.7
Other[1]...	151	196	177	524	41.0	22.8	8.8
All cases	422	449	407	1,278	100.0	100.0	100.0

[1] Mostly home treatment advised.

C. The Guy's-Maudsley Neurosurgical Unit

BY MURRAY A. FALCONER

The founding of this unit and the general aspects of its work were outlined in the Second Report. Yearly statistics from 1951 to 1956 were also presented in that Report. The present tables show statistics for the years 1957 and 1958.

Table 87 shows the number of patients that passed through the unit and the number of operations performed. Operations particularly related to the treatment of psychiatric conditions are shown in Table 88.

The work of the X-ray Department of the unit is shown in Table 89.

Table 87. Numbers of Patients and of Operations, Neurosurgical Unit

	1957	1958
In-patients		
Guy's	200	195
Maudsley	61	59
Others	118	191
Total	379	445
Out-patients		
Guy's and Maudsley	1,152	1,311
Major operations performed ...	287	287
Total operations performed ...	477	478

Table 88. Leucotomies and Operations for Epilepsy

Type of operation	1957	1958
Leucotomy	31	29
Temporal lobe epilepsy	12	13
Other types of epilepsy...	5	3
Total	48	45

Table 89. Attendances at X-Ray Department

Patients from	1957	1958
Neurosurgical unit	804	878
Bethlem and Maudsley	1,647	1,725
Other hospitals	107	143
Total	2,558	2,746

D. The Department of Clinical Neurophysiology, Institute of Psychiatry

BY DENIS HILL

1. Introduction

The Department of Clinical Neurophysiology came into being in 1948 with the creation of the Institute of Psychiatry. Throughout the war and in the two years immediately following it, the nucleus of staff and the equipment which was subsequently to form the basis of the department had worked first at Sutton Emergency Hospital and then after the war in the Teaching and Research Laboratories of the Maudsley Hospital. The functions of the department were to provide teaching and to promote research in the applications of neurophysiology to the problems of psychiatry. At the same time the department undertook to provide a clinical service in electro-encephalography for in-patients and out-patients of the Maudsley Hospital, and later for the joint hospital. As a result of this, active clinical collaboration with various departments of the hospital has developed and most particularly with the Guy's-Maudsley Neuro-surgical Unit when this came into existence in 1950 and moved to its permanent quarters in the Maudsley Hospital in 1952. While the main department has been housed in the old Teaching and Research Laboratories, a new laboratory was built in the Neurosurgical Unit to provide a clinical service for neurosurgical patients and to enable electrocorticography to be pursued in the operating theatre.

There are few academic departments of clinical neurophysiology in the world. There are, however, good historical reasons for the existence of the present department at the Maudsley Hospital. During the pre-war years, when the Central Pathological Laboratory of the London County Council Mental Hospitals Department was situated at the Maudsley, pioneer work in the field of clinical electro-encephalography was carried out by Dr. Grey Walter and Professor Golla. The first apparatus for clinical work was developed and built in the workshops and it was with this apparatus that Dr. Grey Walter first demonstrated at Maida Vale Hospital that cerebral tumours could be successfully located by the method.

2. Clinical Activities

The academic staff of the department hold honorary clinical appointments in the joint hospital. Out-patient clinics for epileptic patients are held weekly for both children and adults, and a unit of ten beds which is under the clinical responsibility of the staff of the department has been provided in the Maudsley Hospital for the investigation of patients in whom abnormal cerebral function can properly be examined by electrophysiological methods. The majority of these patients are epileptics, but patients suffering from a great variety of clinical disorders have been admitted during the period under review. The policy has been to admit for investigation and treatment only those patients who have suffered from a combination of "attack" disorders together with psychiatric illness. During 1955/57, 257 new adult patients have been admitted to this unit, while the total number of admissions has been 647. During the same period the total attendances at the epileptic out-patient clinics have been 2,759. Electro-encephalograms on patients in the joint hospital and those attending its out-patient clinics have been carried out as a routine service. A close relationship exists between the Neurosurgical Unit and the department both for clinical work and for research. Table 90 shows the number of cases examined from various sources during the three years.

Table 90. *Numbers of Cases, from various sources, examined at the Department of Clinical Neurophysiology*, 1955-1957

Source of referral	1955		1956		1957	
	In-pts.	Out-pts.	In-pts.	Out-pts.	In-pts.	Out-pts.
Maudsley-Bethlem ...	904	616	874	543	710	517
Guy's-Maudsley Neurosurgical Unit ...	247	12	200	34	204	34
Other hospitals ...	83	85	134	77	100	52
Electrocorticography ...	22		23		18	
Total (excluding electrocorticography) ...	1,234	713	1,208	654	1,014	603

3. In-Patients

Table 91 gives the number of new cases and discharges for three years in the unit of ten beds. The apparent high re-admission rate of these patients is due to the fact that during the three years under review a considerable proportion of the patients were referred after investigation to the Neurosurgical Unit for surgical operation, and were re-admitted subsequently to the psychiatric ward for rehabilitation or for further routine check-ups at intervals after surgery.

However, as Table 92 illustrates, the duration of stay of epileptic patients in hospital is not very dissimilar from that of all patients in the joint hospital. Nor indeed is the mode of leaving hospital (Table 93) different from that of other patients.

Table 94 gives the psychiatric diagnoses of 647 patients. It will be appreciated that while the majority of these patients suffered from some form of epileptic seizure, they also suffered psychiatric illness. This table illustrates the wide variety of psychiatric syndromes which are associated with epilepsy. An important outcome of the work of the department has been the demonstration that a high proportion of epileptic patients suffer seizures as the result of brain damage or disease and in a proportion of these the latter has been found to be of a local nature. Thanks to the close collaboration with the staff of the Guy's-Maudsley Neurosurgical Unit, with that of the Neuroradiological Department, and also with the Department of Neuropathology of the Institute, it has been possible to define the nature and extent of such lesions. During 1955-57, 108 cases of temporal lobe epilepsy were investigated in the epileptic unit and of these, twenty were found suitable for surgery and referred to the Neurosurgical Department. Operations have, however, been performed on a number of other patients for the removal of epileptic lesions in other parts of the brain. During the same period 22 epileptic children were investigated and treated as in-patients in the Children's Department.

Table 91. *Numbers of Adult Epileptic In-Patients*, 1955-1957

	Male	Female	Total
New cases	85	143	228
Individual patients ...	232	415	647
Discharges	254	447	701

Table 92. *Duration of Stay of Epileptic Patients.*—701 *in-patient discharges*

Duration of stay (months)	Male	Female	Total	Total %
Less than 1 ...	33	47	80	11.4
1—	119	211	330	47.1
3—	91	163	254	36.2
8—	6	19	25	3.6
12 and over ...	5	7	12	1.7
All durations ...	254	447	701	100.0

Table 93. *Mode of Leaving of Epileptic Patients.*—701 *in-patient discharges*

Mode of leaving	Male	Female	Total	Total % of discharges	Total % of all in-patient discharges
Discharged	234	388	622	88.7	85.1
Left against advice	14	54	68	9.7	13.9
Died	6	5	11	1.6	0.8
Suicide	0	0	0	—	0.2
Total discharges	254	447	701	100.0	100.0

Table 94. *Diagnosis of Epileptic In-Patients.*—647 *patients*

Diagnosis	Males	Females	Persons	Persons %	All In-patients %
Psychosis	**128**	**256**	**384**	**59.4**	**50.6**
Schizophrenia	5	38	43		
Manic depression ...	77	137	214		
Paranoid state	1	9	10		
Senile	19	27	46		
Organic...	8	10	18		
From epilepsy	3	2	5		
Other	15	33	48		
Neurosis	**27**	**66**	**93**	**14.3**	**30.5**
Anxiety state	4	6	10		
Hysteria	1	7	8		
Obsessional state ...	0	8	8		
Neurotic depression ...	13	38	51		
Other	9	7	16		
Character disorder, etc. ...	**10**	**17**	**27**	**4.2**	**8.5**
Path. and immature personality	5	11	16		
Sexual deviation ...	0	1	1		
Non-sexual delinquency	1	3	4		
Alcoholic and drug addiction	4	2	6		
Miscellaneous	**67**	**76**	**143**	**22.1**	**10.4**
All diagnoses	232	415	647	100.0	100.0

4. Teaching

Apart from lectures given in the D.P.M. courses by members of the staff of the department, lectures have also been given to post-graduate clinical psychologists every year. Joint conferences with the staff of the Neurosurgical Unit are held weekly, at which a number of post-graduates on the registrar staff of the joint hospital attend. A registrar has also been seconded every six months from the postgraduate staff to work in the epileptic unit. Courses in the basic principles of clinical electro-encephalography, each lasting ten weeks, are held twice yearly by the department, and are a joint responsibility with the National Hospital, Queen Square. These courses are open to psychiatrists and neurologists and have an average attendance of 20 doctors.

5. Research

The department's main research interest has been into methods of location of epileptogenic brain lesions with the ultimate object of understanding their origin and nature and with a view to their possible surgical removal. This has been made possible by the enthusiastic co-operation of the Neurosurgical Unit and its Director, Mr. Murray Falconer, as well as that of the Neuroradiological Department. Research has also been carried out, thanks to the co-operation of the Psychological Department, into problems of psychological deficit in association with epileptic lesions of the brain and after surgical removal of such lesions. With the help of grants from the Mental Health Research Fund and the Bethlem-Maudsley Research Fund, aspects of changing cerebral excitability in relation to epilepsy and psychosis have been investigated, as well as the fundamental problem of the ways by which epileptic discharge spreads in the human brain. The follow-up of patients submitted to various types of surgical operation for the relief of epilepsy has been made possible by a grant from the Medical Research Council, and this has been a joint responsibility of the department and the Neurosurgical Unit. Active research continues along these lines and has now been extended to the study of the precise clinical associations of epileptic discharge in various parts of the brain. The significant observation that epileptogenic lesions in the depths of the temporal lobe tend to be associated with personality disorder and with psychosis is a problem with which the department is actively engaged.

E. The Department of Clinical Pathology

BY D. R. C. WILLCOX

Although clinical laboratories existed at both hospitals before the formation of the joint hospital, it is only since 1951 that they have been organised as a single department under the continuous direction of a clinical pathologist. During these years the volume and scope of the work has increased considerably and is here briefly reviewed. It now includes the clinical pathology (excluding neuro-pathology) for the joint hospital and the Guy's-Maudsley Neurosurgical Unit, an E.C.G. service and a syringe service.

The clinicopathological work in psychiatry serves three main functions:—

1. The exclusion or detection of organic disease by routine admission tests.
2. The investigation and control of treatment of coincident organic disease.
3. The investigation of psychosomatic relationships.

It was in the performance of the last function that considerable development was required. While it was necessary that the organisation should remain flexible enough to meet various changing and sometimes temporary demands, it was clear that the investigation of endocrine function was a major interest, requests for which were likely to continue and increase for a number of years. Suitable methods in this field have been developed particularly with a view to the ability to handle fairly large numbers of specimens such as would allow the serial investigation of selected patients.

These developments were made full use of during the 1955-57 triennium, when more than 1,000 specimens each year were analysed for various steroid and other contents. The estimation of protein-bound iodine as a measure of thyroid function was also started early in this period, at first for special problems in serial studies and later as a general diagnostic test as well. These methods, among others, were used extensively in the investigation of patients in the metabolic unit which opened in 1955 and with which a close liaison has been continued throughout. Towards the end of this period, further endocrine investigations, namely, the assessment of oestrogen and progesterone activity from vaginal smear examinations, were undertaken.

The previous triennium (1952-54) had seen the opening, and later the complete occupation, of the Neurosurgical Unit (1952 and 1954). Alterations to the Maudsley laboratory to improve the use of the very restricted space, especially in relation to the new transfusion work, were completed in 1953. Two other innovations were made in that year. First the introduction of duplicate request and report forms with an appropriate filing system, which resulted in a considerable saving in clerical work. Secondly, a syringe service for the joint hospital was organised. This was based on the less

restricted accommodation at the Bethlem laboratory. It was here, too, that space was found for the more complex chemical procedures. Alterations to provide increased working space became necessary and were completed in 1956.

Table 95 shows the total units* dealt with in the department annually from 1950 to 1957. These are units used in one of a number of systems adopted at different times by the Ministry of Health. They have a man-time basis and give therefore a satisfactory comparison within a single department of the general turnover of work from year to year. It will be seen that the annual total of these units has increased more than fourfold between 1950 and 1957.

Detailed figures under the various technological headings have not been assembled. In summary, however, biochemical investigations represented in this triennium approximately 50 per cent of requests, although a larger proportion in terms of work units. The remaining requests are divided fairly equally between haematology and bacteriology. The Neurosurgical Unit is responsible for a majority of the bacteriological requests. Work of all kinds for this unit accounts for approximately 25 per cent of requests and a somewhat smaller proportion of work units.

Table 96 shows the total number of syringe issues for each full year since the service started. The syringes are used for both diagnostic and therapeutic procedures. It does not appear that the needs of the hospital in this respect have varied much during these years. The increase in 1957 is due to the full participation of the Neurosurgical Unit, which had previously continued to supply part of its own needs by sterilisation of syringes within the unit.

Some other features of the department's work during the present triennium may be mentioned in chronological order:—

1955

1. Start of investigations of endocrine functions in a series of patients suffering from puerperal psychosis (completed in 1957).
2. The conduct and investigation of a series of antabuse reactions (completed in 1956).
3. Start of investigations in the metabolic unit. (An investigation of thyroid-adrenocortical relationships completed in 1957; an endocrine study of depressed patients continues.)

1956

During each year facilities have been given to one or two registrars to carry out investigations in which they have had a

* One unit represents ten minutes' actual working time by one technician in the course of any method. Each procedure is therefore given a unit value based on the average duration of the test or estimation, and each request is scored accordingly. The units do not take account of time spent by technicians on clerical work, preparation of reagents, trial of methods, care of instruments, etc.

special interest. In addition, in this year, by arrangement between the Institute of Psychiatry and the British Council, an Austrian psychiatrist worked for six months in the department to obtain experience before starting a unit for endocrine investigations.

1957

In 1957 the routine haematology tests were extended to include blood grouping for ABO and D on all patients admitted to the oint hospital, as part of the R.M.P.A. investigation of blood groups in relation to mental illness.

Table 95. *Annual Totals of Work Units*[1] *in the Pathology Department*

Year		Units
1950	...	17,079
1951	...	22,714
1952	...	25,795
1953	...	33,391
1954	...	35,284
1955	...	58,743
1956	...	74,461
1957	...	78,322

[1] See text for definition.

Table 96. *The Syringe Service : Yearly Issues*

Year		No. of syringe issues
1954	...	32,292
1955	...	32,300
1956	...	33,659
1957	...	37,492

Appendix

APPENDIX

CASES REFERRED BY GENERAL PRACTITIONERS

This appendix concerns the numbers of adult cases referred to the hospital by general practitioners during the years 1955-57, and to the number and location of these practitioners. The cases were those discharged from the hospital during the triennium, but the dates shown in the tables are those of the year in which the cases were referred. These cases include those dealt with at the hospital as a consequence of domiciliary visits. The location of a practitioner is taken to be the postal address of the place (usually his surgery) from which he made his referrals.

Tables 97 and 98 show that the total number of cases referred by general practitioners was 6,171. This figure may be compared with the 10,626 hospital discharges (Table 1), and we may conclude that between 55 and 60 per cent of all hospital referrals are from general practitioners (compare table on page 14). The great majority of such referrals are made by practitioners working in the South London postal districts and in the neighbouring parts of Kent and Surrey. It may also be seen that the proportion of cases referred from various locations has remained fairly constant over the years. From Table 99, which shows the referrals from different English counties, it is apparent that most cases come from those counties nearest to London. Comparison of this table with the equivalent tables of earlier reports also shows that the proportion of cases referred from different counties has remained fairly constant.

The map shows in more detail the numbers of cases referred by practitioners in the postal districts round South London. It is evident from this and from the above considerations that the "law of distance" is a factor in determining referral to the hospital; in other words, the nearer a practitioner is to the hospital, the more likely he is to refer a case there.[1]

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[1] The "law of distance," viz. that the further a patient lives from a mental hospital, the less likely he is to be referred there, was first enunciated by Dr. Edward Jarvis (1866, *Amer. J. Insan.*, 22, 361). Dr. Jarvis had in mind the simple factor of distance, but in the present instance there is, of course, the additional factor that the further a practitioner works from the Maudsley Hospital, the more likely it is that a psychiatric hospital nearer to him will compete for his attention.

Table 97. General Practitioner Referrals (adults only), by location of general practice : numbers of referring practitioners and of cases referred by them

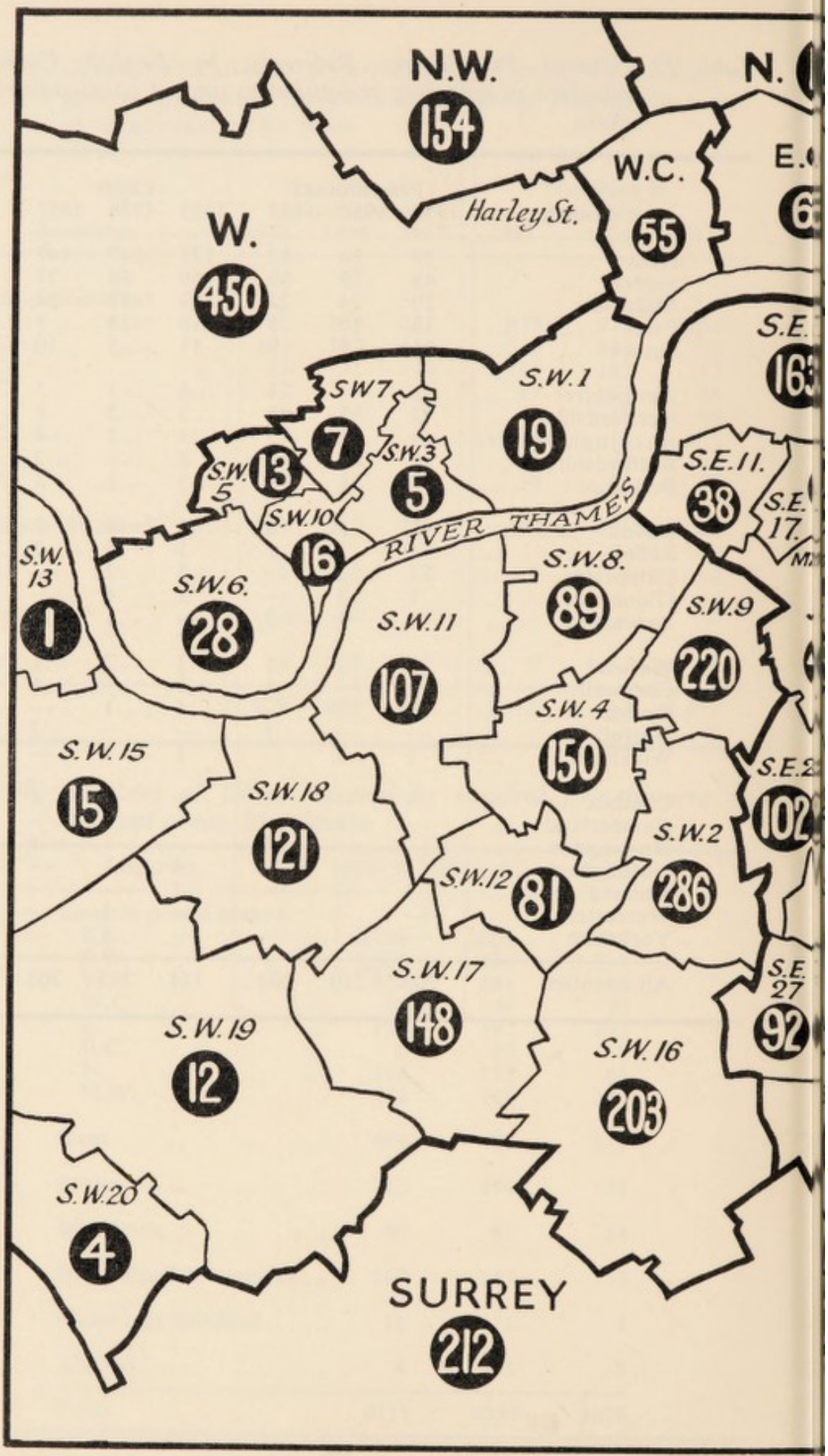
Location	Numbers of practitioners			Numbers of cases referred		
	1955	1956	1957	1955	1956	1957
London postal area:						
S.E.	302	309	282	919	972	908
S.W.	171	192	156	510	543	473
W.	73	71	70	146	162	142
W.C.	12	8	9	17	22	16
E.	29	34	29	43	39	44
E.C.	3	2	1	3	2	1
N.	38	32	25	41	39	32
N.W.	42	37	41	50	51	53
Counties of England ...	203	210	209	334	293	301
Wales	5	3	2	5	4	2
Scotland	—	—	—	—	—	—
Abroad	0	3	1	0	3	1
Total	878	901	825	2,068	2,130	1,973

Table 98. Numbers of Cases referred by General Practitioners in different areas, by triennia

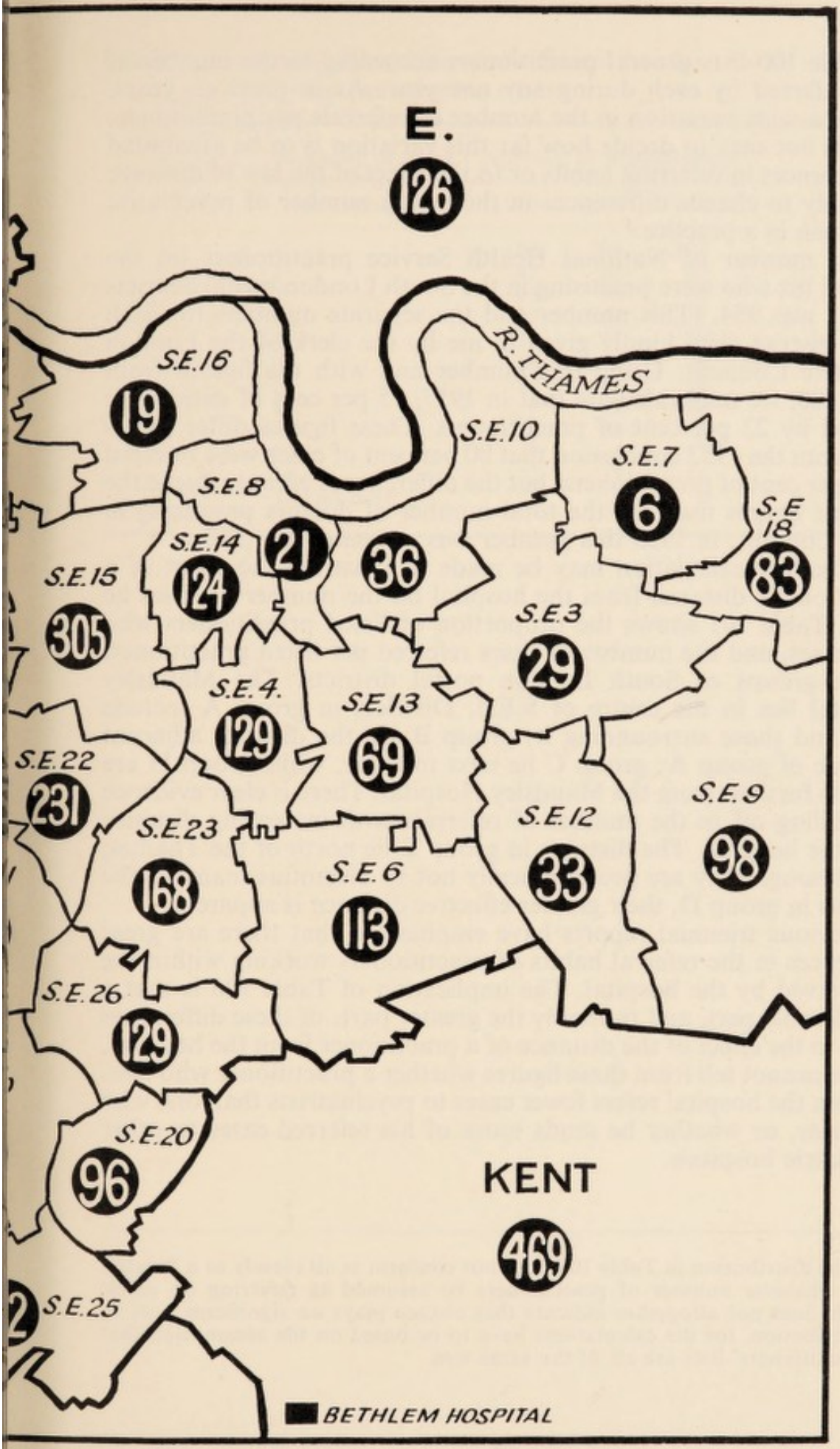
Location	1955–57	1952–54	1949–51
London postal area:			
S.E.	2,799	2,863	2,256
S.W.	1,526	1,638	1,273
W.	450	451	350
W.C.	55	39	20
E.	126	192	153
E.C.	6	12	3
N.	112	113	85
N.W.	154	188	154
Kent	469	489	311
Surrey	212	154	151
Middlesex...	80	83	54
Other English Counties ...	167	147	153
Wales and Scotland ...	11	11	4
Abroad	4	3	6
Total	6171	6383	4973

Table 99. General Practitioner Referrals, by English Counties: numbers of referring practitioners and of cases referred by them

County	Practitioners			Cases		
	1955	1956	1957	1955	1956	1957
Kent	78	76	82	175	147	147
Surrey	49	59	59	69	66	77
Middlesex ...	20	24	22	29	27	24
Essex	16	17	6	18	18	8
Sussex	11	5	9	11	5	10
Hampshire ...	6	3	4	6	3	5
Hertfordshire ...	3	3	8	3	3	8
Buckinghamshire	3	2	2	3	2	4
Bedfordshire ...	2	—	2	5	—	2
Berkshire ...	3	1	3	3	1	3
Devon	1	4	2	1	4	2
Suffolk	1	3	2	1	3	2
Cambridge ...	3	2	—	3	2	—
Gloucester ...	1	3	—	1	4	—
Lancashire ...	—	1	3	—	1	3
Warwick ...	1	2	1	1	2	1
Cornwall... ...	1	—	1	1	—	1
Dorset	1	1	—	1	1	—
Norfolk	—	—	1	—	—	2
Wiltshire... ...	1	1	—	1	1	—
Cheshire	—	—	1	—	—	1
Cumberland ...	—	1	—	—	1	—
Huntingdon ...	—	—	1	—	—	1
Nottingham ...	1	—	—	1	—	—
Stafford	1	—	—	1	—	—
Worcester ...	—	1	—	—	1	—
Yorkshire ...	—	1	—	—	1	—
All counties ...	203	210	209	334	293	301



MAP showing the number of cases n
by general practitioners worki



the Maudsley Hcspital 1955 to 1957,
rious postal districts of London.

Table 100 lists general practitioners according to the number of cases referred by each during any one year. As in previous years, there is a wide variation in the number of referrals per practitioner; but it is not easy to decide how far this variation is to be attributed to differences in referring habits or to the effect of the law of distance or simply to chance differences in the yearly number of psychiatric cases seen in a practice.[1]

The number of National Health Service practitioners on the London list who were practising in the South London postal districts in 1957 was 954. (This number and the separate numbers for each postal district were kindly given to me by the clerk of the London Executive Council). Using this number and with the figures from Table 100, we may calculate that in 1957, 75 per cent of cases were referred by 22 per cent of practitioners. These figures differ somewhat from the 1953 conclusion that 80 per cent of cases were referred by 14 per cent of practitioners, but the difference is entirely due to the different figures used for the total number of doctors practising in South London; in 1953 this number was *estimated* as 1,513.

A further calculation may be made to illustrate the effect of a practitioner's distance from the hospital on the number of cases he refers. Table 101 shows the proportion of listed practitioners who refer cases, and the number of cases referred per listed practitioner, in five groups of South London postal districts. The Maudsley Hospital lies in the centre of S.E.5. Districts in group A include S.E.5 and those surrounding it; group B are the districts adjacent to those of group A; group C lie next to these, while group D are districts furthest from the Maudsley Hospital. There is clear evidence of a falling off in the number of referrals with increasing distance from the hospital. The districts in group E lie north of the Thames, and although they are geographically not so distant as many of the districts in group D, their greater effective distance is apparent.

Previous triennial reports have emphasised that there are great differences in the referral habits of practitioners working within the area served by the hospital. The implication of Table 106 is that a considerable part, and probably the greater part, of these differences is due to the effect of the distance of a practitioner from the hospital. But we cannot tell from these figures whether a practitioner who lives far from the hospital refers fewer cases to psychiatrists than one who lives near, or whether he sends more of his referred cases to other psychiatric hospitals.

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[1] The distribution in Table 100 does not conform at all closely to a Poisson series, whatever number of practitioners be assumed as referring no cases. Yet this does not altogether indicate that chance plays no significant part in the distribution, for the calculations have to be based on the assumption that the practitioners' lists are all of the same size.

Table 100. *General Practitioners in South London Postal Districts referring one or more cases*

Number of cases referred by each practitioner	Number of practitioners		
	1955	1956	1957
1	192	204	167
2	87	88	83
3	53	53	50
4	39	44	33
5	37	31	28
6	19	26	26
7	12	14	14
8	9	11	11
9	8	10	5
10	3	6	7
11–15	12	12	14
15 and over ...	2	2	0

Table 101. *Number of Cases referred per year, Number of Referring Practitioners, and Number of National Health Service Practitioners in various groups of South London Postal Districts*

Group	Postal districts	Cases referred[1]	G.P's referring[1]	G.P's on list[2]	Cases referred per G.P. on list	G.P's referring, as % of G.P's on list
A	S.E.: 5, 11, 15 17, 22, 24 S.W.: 9	493	128	144	3.42	89
B.	S.E.: 1, 4, 14, 16, 21, 23 S.W.: 2, 4, 8	388	116	168	2.32	69
C.	S.E.: 6, 8, 10, 13, 19 S.W.: 11, 12, 16, 17	282	110	208	1.35	53
D.	S.E.: 2, 3, 7, 9, 12, 18, 20, 25, 26, 27 S.W.: 13, 14, 15, 18, 19, 20	253	99	299	0.85	33
E.	S.W.: 1, 3, 5, 6, 7, 10 (all north of the river)	29	17	135	0.22	13
All South London postal districts		1,445	470	954	1.57	51

[1] Mean of the three years 1955–57.
[2] N.H.S. general practitioners on the list of the London Executive Council, 1957.

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