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THE BETHLEM ROYAL HOSPITAL
AND THE MAUDSLEY HOSPITAL



TRIENNIAL
STATISTICAL REPORT
YEARS 1958-1960



Edited by
E. H. HARE



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THE BETHLEM ROYAL HOSPITAL
AND THE MAUDSLEY HOSPITAL

TRIENNIAL
STATISTICAL REPORT

YEARS 1958-1960



Edited by

E. H. HARE, M.A., M.D., D.P.M.

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FOREWORD

The present Report closely follows the pattern of the previous ones. There is one important change in lay-out: for each chapter, the commentary now precedes the tables. I have done this in the belief that it will make for easier reading and reference. About 20 tables of the previous reports—mainly those dealing with analysis of social and hospital data by diagnosis—have been omitted, but they have been replaced by about the same number of new tables (*see page 3*).

One purpose of the hospital Reports is to provide statistical information which may be of use to doctors in formulating plans for research studies, dissertations, etc. I would welcome any suggestions for new statistical analyses that might further this purpose.

Dr. C. P. Blacker, Professor Sir Aubrey Lewis, and Dr. R. H. Cawley read the manuscript, and I am grateful to them for their criticisms.

February, 1962

E. H. HARE
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Table 1.1 Number of new patients, patients, and discharges¹, 1958-60

					Male	Female	Total
ADULTS							
<i>New Patients</i>							
Hospital patients	...	...	...	...	2,972	3,155	6,127
In-patients	...	...	...	...	1,419	1,983	3,402
Out-patients	...	...	...	...	2,429	2,300	4,729
<i>Patients</i>							
Hospital patients	...	...	...	...	4,907	5,496	10,403
In-patients	...	...	...	...	1,642	2,305	3,947
Out-patients	...	...	...	...	3,401	3,351	6,752
<i>Discharges</i>							
Total	...	...	...	...	5,550	6,356	11,906
In-patient	...	...	...	...	1,836	2,641	4,477
Out-patient	...	...	...	...	3,714	3,715	7,429
CHILDREN							
<i>New Patients</i>							
Hospital patients	...	...	...	...	594	365	959
In-patients	...	...	...	...	149	163	312
Out-patients	...	...	...	...	528	293	821
<i>Patients</i>							
Hospital patients	...	...	...	...	692	461	1,153
In-patients	...	...	...	...	155	165	320
Out-patients	...	...	...	...	542	298	840
<i>Discharges</i>							
Total	...	...	...	...	708	473	1,181
In-patient	...	...	...	...	160	171	331
Out-patient	...	...	...	...	548	302	850

¹See definitions, Chapter 1

CHAPTER ONE

INTRODUCTION

1. THE FOURTH REPORT

The present triennial report, the fourth in the series, covers the years 1958-1960. Its general plan follows that of previous reports and its two objects are (a) to provide statistics relating to the medical administration of the departments of the joint Bethlem Royal Hospital and Maudsley Hospital, and (b) to provide demographic, social, and diagnostic data on the patient population attending the hospital.

The Bethlem-Maudsley Hospital is like other teaching hospitals in that its patients are drawn from a population that cannot be defined in geographical or other straight-forward terms. The patients are, to some extent, selected for the special purposes of a teaching hospital. This fact limits the general value of the social and diagnostic data in the present series of reports. However, insofar as there is selection, this operates mainly for the in-patients and much less strongly for those patients who are referred to the out-patient department. It is worthy of note, too, that the data on out-patients given in these reports provide the only detailed statistics on psychiatric out-patients so far published in Great Britain.

2. SOURCES OF DATA

For every patient attending the hospital, certain basic information about his case is recorded on the front page of his case-record. The front-pages in use during 1958-1960 are reproduced in the Appendix. When a patient leaves any department of the hospital, the appropriate information from the front-page is transferred to a punched card, and at the end of the triennium the cards are processed to provide the main body of data in the statistical reports. One consequence of this procedure is that statistical information on a patient's case only becomes available when the patient leaves. This presents no problem with in-patients, for very few in-patients stay longer than twelve months (*see* Table 3.6). But it sometimes happens that out-patients, particularly those attending the children's department or the clinic for epilepsies, continue to attend the hospital for years without being formally discharged. In such circumstances, the statistical data based on discharges will not give an accurate representation of the work done in a department during a particular period of time. Thus some misrepresentation of the administrative activities of the out-patient departments has occurred in previous reports and occurs again in the present report; but in future reports it will be possible to avoid this (*see* the Hospitals Records Handbook, 1961, page 42).

3. DEFINITION OF TERMS

The definitions adopted in the present report are those set out in the report for 1955-1957 (pages 1-3). For convenience, and because of their importance in correct interpretation of the tables, these definitions are given again.

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 the 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.

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 adults, the *in-patient department* includes wards at Bethlem and the Maudsley 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 Emergency clinic, the day-hospitals at Bethlem and at the Maudsley, and all follow-up clinics.

For children, the *in-patient department* includes the children's in-patient unit at the Maudsley Hospital and the adolescent ward at Bethlem; the *out-patient department* is at the Maudsley Hospital.

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*. Each spell of care begins with the admission of the 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.

D. *Discharge.* 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 a 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 (see Table 1.1).

E. *Patients Discharged.* During any triennium, many patients have more than one spell of care at the hospital. For this reason, the number of individual patients discharged from a department or from the hospital is less than the number of discharges. *Patients are classed as in-patients, out-patients, or hospital patients according to the type of discharge with which their spells of care are associated.*

Because a 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 (*see Table 1.1*); but, to the first approximation, hospital patients may be thought of as the sum of in-patients and out-patients.

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 (*Table 1.1*).

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

4. NEW FEATURES OF THE PRESENT REPORT

The work of the Emergency Clinic and of the Forensic Department are described in Chapter VII.

Some new tables are the consequence of new information recorded on the front page in this triennium.* These deal with the birth order of patients (*Tables 2.11, 5.8*), with the numbers of patients asking to be referred to a psychiatrist (*Tables 2.13, 4.7*), with out-patients receiving drugs at the time of first attendance (*Table 2.14*), with the numbers of patients having matrimonial and housing-or-neighbour troubles (*Table 4.8*), and with certain aspects of the mental state of in-patients at the time of admission (*Tables 4.9-4.11*). In addition, there is a table of self-referrals by age (*Table 3.3*) and one of marital status by diagnosis (*Table 4.6*).

In the Children's section, there are new tables dealing with special investigations, treatment, and diagnosis (*Tables 5.16, 5.17, 5.18, 5.22*). Compared with previous reports, there are more tables dealing with day-patients (i.e., patients attending the day hospitals) and with domiciliary visits.

*The front page is revised for each triennium.

Section B of Chapter VIII describes waiting-times for in-patient admissions and the numbers of "failed admissions" during the triennium.

5. NUMBERS OF IN-PATIENT BEDS AND OF HOSPITAL STAFF

During the period 1958-1960, the night hospital at Maudsley (*see* Report for the years 1955-57, page 74) was closed down because of difficulties in its administration. Apart from this there was no significant change in the in-patient facilities at the hospital. The average number of beds available for in-patients is shown in Table 1.2. Table 1.3 shows the numbers of professional staff at mid-year for various years.

Table 1.2 *Average number of in-patient beds available during 1958-60*

Department				Maudsley	Bethlem	Joint Hospital
<i>Psychiatric</i>						
Adults	...	...		200	193	393
Children	...	...		26	34	60
<i>Neurosurgical</i>						
	...	...		28	—	28
TOTAL	...	...	...	254	227	481

Table 1.3 *Numbers of Hospital Professional Staff*

				1949	1954	1957	1960
DOCTORS ¹							
<i>Senior Staff</i>							
Whole time	...	...		10	8	9	8
Part time	...	...	...	8	14	15 ²	18 ²
<i>Junior Staff</i>	...	...	...	44	60	67	64
NURSES							
Whole time	...	...		182	247	237	247 ³
Part time	...	...	...	49	84	107	96 ⁴
CLINICAL PSYCHOLOGISTS	...	...		6	10	9	8
PSYCHIATRIC SOCIAL WORKERS	...			11	11	12	14
OCCUPATIONAL THERAPISTS	...	...		9	12	12	13

¹Excluding the Neuro-surgical unit.

²Equivalent to 9 full time staff.

³Male 74, female 173: of whom 43 male and 73 female were state registered nurses.

⁴Male 4, female 92: of whom 10 female were state registered nurses.

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 1958-1960. The tables are based on the numbers of *individual patients* attending the hospital or, where indicated, on the numbers of patients attending the in-patient or the out-patient department. For those patients who were discharged more than once during the triennium, the social information used is that recorded at the time of the patient's first discharge.

1. NUMBERS OF PATIENTS AND DISCHARGES

From Table 1.1 (page x) it can be seen that there were 6,127 new adult patients (i.e. discharged for the first time ever) among a total of 11,906 discharges. This gives a first discharge rate, among all discharges, of 51%, and the re-discharge rate was therefore 49% (43% in the previous triennium). For in-patients, the corresponding re-discharge rate was 25%, and for out-patients it was 36%. In other words, among in-patients one in four had been in before; among out-patients, one in three had been to the out-patient department before; and among all patients coming to the hospital, one in two had come before, either as an in-patient or as an out-patient. The re-discharge rate for females was slightly higher than for males.

Table 2.1 shows that, for four triennia, there has been a continued increase in the number of patients seen at the hospital. Thus, taking the figures for 1949-1951 as 100, the in-patients discharged during succeeding triennia were 128, 136, and 150; and the out-patients, 117, 122, and 132. As there has been no great change in the number of in-patients beds during the past twelve years, the number of in-patients (and in-patient discharges) must very largely reflect a shortened average duration of stay (*see* Table 3.5).

When Table 2.2 is read in conjunction with Table 1.2, it may be seen that the yearly turnover, i.e., the number of discharges per year per bed, was 3.9 at the Maudsley and 3.8 at Bethlem Hospital.

2. AGE AND SEX

The age- and sex-distribution of adult patients is given separately for in-patients and out-patients (Table 2.3). A higher proportion of in-patients are in the older age-groups; thus 21% of in-patients are aged 55 and over, compared with 14% of out-patients.

3. PREVIOUS DISCHARGES

Table 2.4 indicates that, of all in-patients discharged during 1958-60, one in seven (14%) had been an in-patient at the hospital during previous years. The corresponding figure for out-patients is about one in three (Table 2.5). Of the in-patients, 8 males and 8 females had previously been discharged from the children's in-patient department. The corresponding figures for adult out-patients were 7 and 4 from the children's in-patient department, and 34 and 25 from the children's out-patient department.

4. RELIGION (Table 2.6)

Over the four triennia, the proportion of patients giving their religion as Church of England has steadily decreased, from 74.1% to 67.9%. This has been balanced by an increase in the proportion of Roman Catholics (from 11.3% to 15.9%) and of those giving their religion as "other" or none (from 3.8% to 6.4%).

5. OCCUPATION AND SOCIAL CLASS

The proportion of male patients in various occupational groups (Table 2.7) does not differ much from that of the previous triennium. Female patients are listed by whether the occupation recorded was that of their supporters (i.e. where the patients were mostly housewives, whether or not they also went to work), or of themselves (i.e. where they were mostly single women or chief wage earners). In general, the distribution of occupational groups of the supporters of female patients does not differ much from those of the male patients, the only marked exception being the proportions in the unskilled group. The numbers of patients described as students has again increased. The numbers of male students in successive triennia since 1952 have been 107, 180, and 225; and of female students, 58, 61, and 88.

Table 2.8 shows the social class distribution of hospital patients, as based on the occupation of the patients or their supporters.

6. TWINS, ETC.

Table 2.12 shows that 2.1% of hospital patients were born a twin. This is about the proportion in the general adult population. The ratio of same-sexed to opposite-sexed twins does not differ significantly from that expected on the assumption of a 2:1 distribution ($X^2=2.29$, $0.1 > P > 0.05$).

The proportion of patients whose parents were first cousins is close to that which has been found in the general population.

7. PATIENTS WHO ASKED TO BE REFERRED

The question asked of the patient at his first attendance was of the form, "Did you, or your relatives or friends, ask your doctor to send you to a psychiatrist?" Table 2.13 indicates that nearly a quarter of all in-patients and nearly a third of all out-patients answered yes to this question. The proportion of males saying yes was about 5% higher than that of females. The age-group with the highest proportion of patients asking to be referred was 35-44 years in both sexes. An analysis of patients asking to be referred, by diagnosis, is given in Table 4.7.

Patients with matrimonial and housing-or-neighbour troubles are dealt with in Chapter IV (page 31 and Table 4.8).

Assessment of the mental state of in-patients is also dealt with in Chapter IV (page 31 and Tables 4.9-4.11).

8. OUT-PATIENTS RECEIVING DRUGS FOR MENTAL STATE (Table 2.14)

Here the question to be answered was, "Is the patient receiving drugs for his mental state? If yes, then which drugs?" The answer was obtained from the referring doctor's letter or, if the information was not given there, from the patient. Among those for whom a definite answer was recorded, about 40% were stated to be receiving drugs at the time of their first attendance at the out-patient department; but for nearly half of all patients the answer was not known or not stated. No satisfactory analysis is possible of the type of drugs being given, because the proportion of not-knowns was here very high and the many new drugs introduced during the triennial period made coding difficult.

In spite of the limitations of the data in this table, it may reasonably be concluded that some two-fifths of all patients referred to the out-patient department were receiving drugs for their mental state. In view of the fact that such drugs may have a considerable effect on the patient's symptoms and behaviour, it would seem advisable that referring doctors should state the nature of any drugs they are prescribing for their patients.

9. PREVIOUS TREATMENT AT OTHER HOSPITALS

Table 2.15 shows that 40% of all hospital patients had previously been treated at other psychiatric units or hospitals. Part of this seemingly high figure is no doubt due to changes in domicile among patients with recurrent or chronic illness; and part is probably due to the patients, or their doctors, liking to try a change of hospital from time to time.

Table 2.1 Numbers of adult patients and discharges in four triennia

Status	1949-51	1952-54	1955-57	1958-60
Hospital patients	*	*	9,554	10,403
In-patients	2,636	3,353	3,580	3,947
Out-patients	5,151	6,004	6,229	6,752
Total discharges	8,725	*	10,626	11,906
In-patient discharges ...	3,245	3,641	3,942	4,477
Out-patient discharges ...	5,480	*	6,684	7,429

*Figures not extracted

Table 2.2 In-patient discharges, by hospital and year

Year	Maudsley			Bethlem		
	Male	Female	Total	Male	Female	Total
1958	335	425	760	280	451	731
1959	370	433	803	232	443	675
1960	357	410	767	262	479	741
Total	1,062	1,268	2,330	774	1,373	2,147

Table 2.3 Age and sex.—3,947 in-patients and 6,752 out-patients

AGE (years)	IN-PATIENTS					
	Males		Females		Persons	
	No.	%	No.	%	No.	%
Under 25 ...	286	17.4	350	15.2	636	16.1
25— ...	384	23.5	576	25.1	960	24.3
35— ...	363	22.1	503	21.8	866	21.9
45— ...	283	17.2	383	16.6	666	16.9
55— ...	203	12.4	268	11.6	471	11.9
65— ...	91	5.5	164	7.1	255	6.5
75 and over ...	32	1.9	61	2.6	93	2.4
All ages ...	1,642	100.0	2,305	100.0	3,947	100.0

	OUT-PATIENTS					
	Males		Females		Persons	
	No.	%	No.	%	No.	%
Under 25 ...	636	18.7	520	15.5	1,156	17.1
25— ...	1,010	29.7	926	27.6	1,936	28.6
35— ...	899	26.4	821	24.5	1,720	25.4
45— ...	465	13.7	546	16.3	1,011	15.0
55— ...	259	7.6	312	9.3	571	8.5
65— ...	104	3.1	176	5.3	280	4.2
75 and over ...	28	0.8	50	1.5	78	1.2
All ages ...	3,401	100.0	3,351	100.0	6,752	100.0

Table 2.4 Previous in-patient discharges (before 1958).—3,947 in-patients

Number of previous admissions	Males	Females	Persons	Persons, %	
				58-60	55-57
None ...	1,419	1,983	3,402	86.2	81.6
1 ...	168	239	407	10.3	14.4
2 ...	40	57	97	2.5	2.5
3 ...	11	14	25	0.6	0.9
4 and over ...	4	12	16	0.4	0.6
Total in-patients	1,642	2,305	3,947	100.0	100.0

Table 2.5 Previous out-patient discharges (before 1958).—6,752 out-patients

Number previous admissions	Males	Females	Persons	Persons, %	
				58-60	55-57
None	2,459	2,336	4,795	71.0	71.7
1	430	449	879	13.0	14.2
2	282	299	581	8.6	8.1
3	107	135	242	3.6	3.4
4	74	72	146	2.2	1.4
5	29	31	60	0.9	0.7
6 and over ...	20	29	49	0.7	0.5
Total out-patients	3,401	3,351	6,752	100.0	100.0

Table 2.6 Religion.—10,403 hospital patients

Religion	Males	Females	Persons	Persons, % of known	
				58-60	55-57
Church of England ...	3,144	3,784	6,928	67.9	70.5
Roman Catholic ...	790	834	1,624	15.9	13.2
Nonconformist ...	267	366	633	6.2	7.1
Jewish	182	184	366	3.6	3.8
Other	196	121	317	3.1	2.8
None	222	120	342	3.3	2.6
Total known	4,801	5,409	10,210	100.0	100.0
Not known	106	87	193	(1.9)	(1.7)
Total patients	4,907	5,496	10,403		

Table 2.7 Occupation: proportion in certain occupational groups.—10,403 hospital patients

Code Nos.	Occupational Group	MALES		FEMALES	
		No.	% of known	Supporter's occupation No.	Patient's occupation No. % of known
110-279	Metal manufacturing ...	482	10.4	273	13.1
470-579	Wood, paper, etc. ...	193	4.2	114	5.5
580-609	Building, decorating ...	206	4.4	131	6.3
610-629	Administrators and managers ...	129	2.8	99	4.8
630-709	Transport and communications ...	475	10.2	279	13.4
710-759	Commerce, finance, and insurance ...	456	9.8	258	12.4
760-819	Professional and technical ...	527	11.4	230	11.0
861-888	Personal service ...	288	6.2	133	6.4
890-895	Clerical ...	715	15.4	229	11.0
930-979	Unskilled etc. ...	572	12.3	127	6.1
980	Students ...	225	4.8	4	0.2
	Other coded occupations ...	374	8.1	205	9.8
Total occupied	...	4,642	100.0	2,082	100.0
Not known ...	...	265	(5.7)	241	(11.5)
Total patients	...	4,907		2,323	
					2,659 100.0 514 (19.3) 3,173

Table 2.8 *Social class.—10,403 hospital patients*

Social class	Males % of known		Females, % of known, 58-60	
	58-60	55-57	from supporter's occupation	from patient's occupation
I	7.1	6.7	7.5	2.0
II	15.7	15.1	18.2	14.8
III	50.5	52.6	56.5	56.6
IV	9.6	10.2	8.7	17.5
V	17.1	15.4	9.1	9.1
Not known ...	(5.7)	(3.5)	(11.7)	(29.5)
Total patients ...	4,907	4,486	2,323	3,173

Table 2.9 *Marital state.—10,403 hospital patients*

Marital state	Males	Females	Persons	% of known			
				58-60		55-57	
				Male	Female	Male	Female
Single	2,000	1,645	3,645	41.3	30.0	40.1	28.6
Married:							
Not separated ...	2,345	2,941	5,286	48.5	53.7	51.1	56.3
Separated (non-judicial) ...	252	239	491	5.2	4.4	3.7	3.8
Separated (judicial)	42	57	99	0.9	1.0	0.9	0.7
Divorced	106	145	251	2.2	2.6	2.1	2.3
Widowed	93	453	546	1.9	8.3	2.2	8.3
Total known ...	4,838	5,480	10,318	100.0	100.0	100.0	100.0
Not known ...	69	16	85	(1.4)	(0.3)	(1.1)	(0.5)
Total patients ...	4,907	5,496	10,403	10,403		9,554	

Table 2.10 Number of children born to patients: expressed as the number of ever-married hospital patients who at the time of admission had none, one, or more, children born alive and alive now.—6,673 ever-married hospital patients

Number of children born to patients		Children born alive				Children alive now			
		Males		Females		Males		Females	
		No.	% of known	No.	% of known	No.	% of known	No.	% of known
None	...	673	24.3	864	23.0	704	25.5	920	24.6
1	...	705	25.4	1,059	28.2	710	25.7	1,097	29.3
2	...	720	26.0	976	26.0	732	26.6	970	25.9
3	...	345	12.5	471	12.6	328	11.9	455	12.1
4	...	167	6.0	192	5.1	154	5.6	177	4.7
5	...	84	4.0	85	3.5	75	3.5	59	2.4
6	...	27		46		23		32	
7	...	18		16		19		16	
8	...	11	1.8	18	1.5	5	1.4	9	1.0
9	...	9		4		8		3	
10 and over	...	11		20		6		8	
Total known	...	2,770	100.0	3,751	100.0	2,764	100.0	3,747	100.0
Not known	...	68	(2.5)	84	(2.2)	74	(2.7)	88	(2.3)
Total patients	...	2,838		3,835		2,838		3,835	

Table 2.11 *Birth order: i.e., patients' birth order among children born alive to patients' mothers.—3,947 in-patients and 6,752 out-patients*

Birth order	In-patients		Out-patients	
	Males	Females	Males	Females
Only child ...	151	211	309	291
1	395	502	742	718
2	360	516	654	645
3	250	341	397	382
4	152	224	291	241
5	94	156	145	189
6	64	90	108	124
7	50	69	80	81
8	18	31	42	52
9	19	18	41	32
10	12	15	17	27
11	1	20	9	17
12	7	6	8	6
13-15 ...	5	9	12	16
16 and over ...	—	2	4	6
Total known ...	1,578	2,210	2,859	2,827
Not known ...	64	95	542	524
Total	1,642	2,305	3,401	3,351

Table 2.12 *Twins etc.—10,403 hospital patients*

	Males	Females	Persons	Persons % of known
Patients with a twin of:				
Same sex	51	63	114	} 2.1
Opposite sex ...	23	48	71	
Sex unknown ...	16	12	28	
Not known if a twin ...	364	332	696	(7.0)
Parents first cousins ...	17	27	44	0.5
Not known	937	948	1,885	(22.0)
Total patients	4,907	5,496	10,403	

Table 2.13 Asked to be referred: the proportion of patients who asked to be referred to a psychiatrist, by age.—3,947 in-patients and 6,752 out-patients

AGE	In-patients, % of known				Out-patients, % of known			
	Males		Females		Males		Females	
	Asked	N.K.	Asked	N.K.	Asked	N.K.	Asked	N.K.
under 25	17.8	(6.9)	12.9	(8.6)	26.5	(8.6)	23.1	(9.4)
25— ...	27.6	(11.0)	17.9	(12.3)	37.2	(11.7)	29.7	(10.7)
35— ...	29.4	(11.8)	22.4	(10.3)	38.8	(13.1)	29.8	(13.7)
45— ...	24.0	(12.0)	18.5	(12.5)	34.0	(14.2)	24.6	(11.7)
55— ...	18.2	(14.8)	17.9	(10.1)	33.6	(13.5)	26.9	(13.5)
65 & over	22.8	(11.4)	16.0	(7.6)	27.1	(14.3)	28.7	(11.3)
All ages...	25.4	(11.7)	20.7	(12.2)	34.6	(12.8)	27.8	(12.0)
Total patients	1,642		2,304		3,401		3,351	

Table 2.14 Out-patients receiving drugs for mental state at time of referral, by age.—6,752 out-patients (sexes together)

Age (years)	Taking drugs	Not known	Total persons	Persons, % of known	
				Taking drugs	Not known
Under 25 ...	171	572	1,156	29.3	(99)
25— ...	422	918	1,936	41.4	(90)
35— ...	375	881	1,720	44.6	(105)
45— ...	239	478	1,011	45.0	(90)
55— ...	148	268	571	48.8	(88)
65 and over ...	85	154	358	41.2	(75)
Total patients ...	1,441	3,271	6,752	41.4	(94)

Table 2.15 Previous treatment of hospital patients at other psychiatric units or mental hospitals.—10,403 hospital patients

Number of times treated elsewhere	Males	Females	% of known	
			Males	Females
None	2,895	3,290	60.9	61.3
Once	1,178	1,338	24.8	24.9
Twice	428	475	9.0	8.8
Three times	139	174	2.9	3.2
Four times	67	58	} 2.4	1.8
Five times or more	49	42		
Total known	4,756	5,377	100.0	100.0
Not known	151	119	(3.1)	(2.2)
Total patients	4,907	5,496		

Table 2.16 Relatives¹ treated psychiatrically: numbers of hospital patients whose relatives had had treatment at the hospital or at some other psychiatric unit or mental hospital.—10,403 hospital patients

	Males	Females	% of known		
			Males	Females	Persons
Relatives treated ...	1,183	1,607	28.5	33.5	31.1
Relatives not treated ...	2,970	3,197			
Not known	754	692	(18.2)	(14.4)	(16.1)
Total patients	4,907	5,496			

¹The term "relative" was not precisely defined, but may be taken to mean first-degree relatives together with uncle, aunts, and cousins.

CHAPTER THREE

ADULTS: HOSPITAL DATA

INTRODUCTION

This chapter deals with information relating to the number of spells of care given to patients in the hospital departments. The tables are therefore based on the number of discharges occurring during the triennium, each discharge being the termination of a spell of care.

1. REFERRING AGENCIES

(a) In-patients (Table 3.1). The number of referrals recorded in the table is only very slightly greater than the number of discharges, so that for practical purposes we may take each discharge as associated with one referral. About 60% of in-patients are referred from the out-patient department.

The numbers referred from the Observation Wards has been decreasing in spite of an increasing number of in-patient discharges. In the three successive triennia since 1952, the numbers referred from the Observation Ward have been 722, 690, and 640 (the proportion of all discharges being 19.8, 17.5, and 13.8 per cent). The numbers referred from mental hospitals has also decreased: 63, 54, and 43.

(b) Out-patients (Tables 3.2-3.4). The increasing numbers of spontaneous referrals (self-referrals) is noteworthy. During four successive triennia, these numbers and their proportions of all discharges have been: 318 (4.1%), 648 (7.6%), 986 (14.8%), 1,425 (19.1%). The main reason for this increase is the development of the emergency clinic (see page 62). An analysis of self-referrals by age (Table 3.3) shows, rather surprisingly, that the proportion of self-referrals among out-patients is highest in the oldest age-group.

The numbers referred by the domiciliary service have decreased. This is only partly due to the drop in the number of domiciliary visits, as the proportion of domiciliary patients who were referred to the out-patient department has been, for four successive triennia, 33.6, 27.3, 17.4, and 15.5 per cent (and see page 55).

If to the 7,429 out-patient discharges of Table 3.2 we add the 2,618 in-patient discharges of cases that were referred directly from the out-patient department (Table 3.1), we obtain a total of 10,047 cases referred primarily to the out-patient department. The distribution of referring agencies among these 10,047 cases is shown in Table 3.4.

2. DURATION OF IN-PATIENT STAY

Table 3.5 shows that the median and average durations of in-patient stay have notably decreased during the past two triennia. The average stay during 1958-60 was a month less than during 1949-51—a reduction of nearly 30%.

Table 3.6 indicates that 45% of in-patients stayed less than two months, and under 15% stayed longer than five months. From Table 3.7 it is apparent that duration of in-patient stay is not strongly related to social class, though there is a trend in males for the stay to be shorter among Classes I and II, and longer among Classes IV and V. This pattern is similar to that of the previous triennium (Third Report, Table 27).

3. NUMBER OF ATTENDANCES (Table 3.8)

The distribution of out-patient discharges by number of attendances was the same in the present triennium as in the previous one. Females tended to be seen rather more times than males, the proportion of cases seen more than four times being 22.2% for females and 19.7% for males.

4. SPECIAL INVESTIGATIONS (Table 3.9)

The proportion of in-patients having X-ray examination continues to rise, the percentages for successive triennia being 23.2, 30.6, 40.1, and 42.5. The proportion of in-patients having psychological tests has fallen. For non-verbal intelligence tests, the percentages for four triennia have been 54.5, 53.0, 37.2, and 34.7; the actual numbers of discharges in which non-verbal intelligence tests were given were 1,771, 1,928, 1,454, 1,555. The proportion of in-patients having EEGs has also fallen over the triennia, although the actual numbers of discharges in which an EEG was performed have remained fairly constant.

5. SPECIAL TREATMENTS (IN-PATIENTS)

Table 3.10 shows that, for four triennia, several physical methods of treatment (i.e. the first four treatments listed in this table) have tended to give place to special drug treatment.* Coma insulin therapy was abandoned during 1958, and the administration of modified insulin therapy and of continuous narcosis has almost ceased. Although the number of cases given E.C.T. has not diminished in the present triennium, the proportion so treated has, for the first time, fallen (Table 3.11).

The distribution of special type of treatment by social class (Table 3.12) follows the same pattern as that of the previous triennium (Third Report, Table 31). Psychological methods of treatment are given more often in Classes I and II, but the proportions having other treatments or no special treatment are much the same in all classes.

*No exact meaning can be attached to the terms "special drug treatment" and "psychotherapy" as here used, because no rules were laid down for the guidance of registrars. In general, however, "special drug treatment" was recorded when drugs (particularly "tranquillizing" and "anti-depressive" drugs) were considered to have been the principal aspect of an in-patient's medical treatment; and similarly for "psychotherapy."

6. OUTCOME OF IN-PATIENT TREATMENT

The distribution of outcome by social class (Table 3.14) is similar to that of the previous triennium (Third Report, page 31); there is little evidence of association between the two factors.

Table 3.15 shows the cause of death in 47 in-patients who died. Excluding the suicides, the median age at death was 62 years for both sexes; post-mortem examinations were made in 31 of these 40 cases.

Of the seven in-patients who committed suicide, three (one male, two female) did so in the wards of the hospital, all by hanging. The other four did so while on leave of absence from the hospital; one male by shooting and one by hanging, one female by coal-gas asphyxiation and one by jumping from a height.

Four male out-patients were recorded as committing suicide; two by coal-gas, one by drugs, and one by throwing himself under a train.

7. DISPOSAL

(a) In-patients (Table 3.16). The number and proportion of cases recommended to the observation ward continued to decrease; for the four successive triennia the numbers have been 182, 139, 101, and 65. As compared with the previous triennium, the number of cases recommended for treatment in mental hospitals or other psychiatric units fell from 145 to 128 (from 3.7 to 2.9 per cent of discharges).

(b) Out-patients (Table 3.17). Although the number of cases recommended to the observation ward have diminished during the past three triennia (from 314 to 136 and 128), the numbers recommended to mental hospitals have increased (from 558 to 565 and 624).

Besides the 7,429 out-patient discharges of Table 3.17, the out-patient department also disposed of 2,618 cases to the in-patient department (Table 3.1). The total cases disposed of from the out-patient department during the triennium was therefore 10,047 and the proportion of these cases which were admitted to the in-patient department was 26%. In other words, one-quarter of all cases referred to the out-patient department were admitted as in-patients.

8. LAPSES IN TREATMENT (Table 3.18)

The proportion of patients who lapsed in their treatment has remained constant over four triennia; this proportion is about 1 in 7 for in-patients and about 1 in 5 for out-patients.

Lapses in treatment, by diagnosis, are dealt with on page 31 and in Tables 4.12-4.14.

Table 3.1 Referring agencies for in-patients.—4,477 in-patient discharges

Referring agency ¹	Male	Female	Total	Totals, % of dis- charges	Totals, in 55-57
Out-patient department ...	1,102	1,516	2,618	58.4	2,004
Observation ward ...	274	366	640	14.3	690
Psychiatric unit or department of general hospital ...	130	231	361	8.1	290
Domiciliary service	92	213	305	6.8	282
Consultant on hospital staff ...	79	99	178	4.0	153
Consultant not on hospital staff ...	22	23	45	1.0	75
Non-psychiatric hospital ...	55	77	132	2.9	101
Mental hospital ...	9	34	43	1.0	54
General practitioners	13	33	46	1.0	51
Spontaneous (= self-referrals)...	22	12	34	0.8	38
Other ...	38	56	94	2.1	245
Total discharges ...	1,836	2,641	4,477		3,942

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

Table 3.2 Referring agencies for out-patients.—7,429 out-patient discharges

Referring agency	Male	Female	Total	Totals, % of discharges	Totals in 55-57
General practitioner ...	2,305	2,448	4,753	64.0	4,331
Spontaneous ¹ (=self-referrals) ...	724	701	1,425	19.1	986
Probation service, remand home, court or prison	211	66	277	3.7	291
Non-psychiatric hospital or department ...	67	71	138	1.9	179
Psychiatric unit or de- partment of general hospital ...	103	86	189	2.5	171
Domiciliary service ...	31	70	101	1.4	130
Psychiatrist on the hos- pital staff ...	30	26	56	0.8	58
Psychiatrist not on the hospital staff ...	11	21	32	0.4	42
Mental hospital ...	27	16	43	2.1	40
Assistance institution ...	4	3	7		32
Observation ward ...	19	19	38		18
Labour exchange ...	1	—	1		20
Voluntary organizations	22	6	28		16
Children's department ...	3	18	21		16
Child guidance unit ...	5	3	8		11
Other government dept.	3	2	5		9
Industrial medical officer	4	5	9		8
Ministry of Pensions ...	4	—	4		5
L.C.C. Children's Care Committee ...	3	—	3	3.7	4
Local education authority	1	—	1		2
Other and not stated ...	136	154	290	3.7	384
Total discharges ...	3,714	3,715	7,429		6,684

¹including patients who attend at the urging of relatives

Table 3.3 Self-referrals of out-patients, by age.—3,714 male and 3,715 female out-patient discharges

Age (in years)				Self-referrals, % of all discharges	
				Male	Female
Under 25	...	...	...	13.5	11.9
25—	...	...	...	17.5	18.3
35—	...	...	...	22.6	21.6
45—	...	...	...	19.6	19.9
55—	...	...	...	23.5	18.7
65 and over	...	...	...	28.3	23.8
All ages...	...	...	...	19.4	18.9
Total discharges	...	...	...	3,714	3,715

Table 3.4 Referring agencies to the out-patient Department

Referring Agency								Cases referred, as % of all cases referred
General practitioners	...	...	...	...	...	...	...	66.8
Spontaneous ...	...	...	...	...	...	...	...	16.5
General hospitals	...	...	...	...	...	...	...	5.2
Probation services, etc.	...	...	...	...	...	...	...	3.0
Consultants (Bethlem-Maudsley and others)	...	...	...	...	...	...	...	1.5
Domiciliary service	...	...	...	...	...	...	...	1.4
Mental hospitals and observation wards	...	...	...	...	...	...	...	1.3
Others...	...	...	...	...	...	...	...	4.3
Total	...	...	...	...	...	...	...	100.0
Number of cases referred	...	...	...	...	...	...	...	10,047

Table 3.5 Median and average durations of in-patient stay for four triennia.—In-patient discharges

Triennium				Median duration (months)			Average duration (months)		
				Male	Female	Total	Male	Female	Total
1949-51	...	...	...	2.3	2.6	2.5	3.6	4.0	3.8
1952-54	...	...	...	2.4	2.6	2.5	3.7	4.1	3.9
1955-57	...	...	...	2.3	2.4	2.3	3.0	3.3	3.2
1958-60	...	...	...	2.0	2.2	2.1	2.7	2.9	2.8

Table 3.6 Duration of in-patient stay.—4,477 in-patient discharges

Duration of stay	Male	Female	Total	Totals, %	
				58-60	55-57
Less than 1 week ...	95	127	222	5.0	17.1
1 week— ...	89	108	197	4.4	
2 weeks— ...	99	106	205	4.6	
3 weeks— ...	119	137	256	5.7	46.1
1 month— ...	524	712	1,236	27.6	
2 months— ...	362	563	925	20.7	
3 months— ...	302	532	834	18.6	31.1
5 months— ...	161	212	373	8.3	
8 months— ...	61	98	159	3.6	
1 year— ...	16	30	46	1.0	2.0
1½ years and over ...	8	16	24	0.5	
Total discharges ...	1,836	2,641	4,477	100.0	100.0
Median stay (months)	2.0	2.2	2.1	2.1	2.4

Table 3.7 Duration of in-patient stay, by social class: 1,797 male and 2,325 female in-patient discharges in which the social class was known

Duration of stay (months)	SOCIAL CLASS					
	Males, %			Females, %		
	I+II	III	IV+V	I+II	III	IV+V
Less than 1 ...	25	22	20	19	19	15
1— ...	48	49	48	47	49	51
3 and over ...	27	29	32	34	32	34
All durations ...	100	100	100	100	100	100
Total discharges of known social class ¹ ...	509	826	462	582	1,254	489

¹Social class not known in 39 males and 316 females

Table 3.8 *Number of out-patient attendances.—7,429 out-patient discharges*

Number of attendances				Male	Female	Total	Totals, %	
							58-60	55-57
1	...	...	...	1,712	1,636	3,348	45.0	44.6
2	...	...	...	748	693	1,441	19.4	19.4
3	...	...	...	334	343	677	9.1	8.9
4	...	...	...	187	218	405	5.5	5.4
5- 6	...	...	...	215	247	462	6.2	5.9
7-12	...	...	...	267	267	534	7.2	13.1
13-20	...	...	...	126	143	269	3.6	
21-30	...	...	...	53	72	125	1.7	
31-45	...	...	...	35	53	88	1.2	2.7
46-70	...	...	...	30	27	57	1.1	
71-100	...	...	...	4	12	16		
Over 100	...	...	...	3	4	7		
Total discharges ...				3,714	3,715	7,429	100.0	100.0

Table 3.9 *Special investigations on in-patients: number of discharges in which one or more of various investigations were made.—4,477 in-patient discharges*

Investigation	Male	Female	Totals, % of discharges	
			58-60	55-57
<i>Laboratory Tests</i>				
Wasserman or Kahn	1,580	2,269	86.0	86.1
E.S.R.	1,591	2,296	86.8	85.3
Blood count	1,488	2,161	81.5	71.9
Glucose or insulin tolerance	31	31	1.4	2.9
Gastric analysis	6	11	0.4	0.5
C.S.F.	198	161	8.0	9.7
Other biochemical	1,378	1,963	74.6	68.5
Bacteriological	255	441	15.5	12.3
Other (biopsy, immunity, etc.)	117	212	7.3	9.3
<i>Clinical Tests</i>				
Electroencephalogram	438	452	19.9	22.8
Electrocardiogram	85	115	4.5	5.1
X-ray	828	1,078	42.5	40.1
B.M.R.	5	45	1.1	4.0
<i>Psychological Tests</i>				
Verbal intelligence	801	928	38.6	39.2
Non-verbal intelligence	720	835	34.7	37.2
Tests of deterioration	164	129	6.5	5.9
Aptitude	87	49	3.0	2.2
Other	241	232	10.6	9.4
Specialist opinion	241	358	13.4	16.3
Total discharges	1,836	2,641	4,477	3,942

Table 3.10 Comparison of certain special treatments of in-patients for four triennia: showing the number of in-patients discharges in which the treatments were given.—In-patient discharges

Special treatment	1949-51	1952-54	1955-57	1958-60
E.C.T.	925	1,075	1,325	1,328
Coma insulin	198	210	166	54
Modified insulin	194	166	113	63
Leucotomy	34	91	66	62
Special drugs	491	525	1,588	2,505
Continuous narcosis	35	33	19	6
Treatment for G.P.I.	13	5	16	13
Total discharges	3,245	3,641	3,942	4,477

Table 3.11 Special treatments of in-patients.—4,477 in-patient discharges

Special treatment	Male	Female	Total	Totals, % of discharges	
				58-60	55-57
E.C.T.	462	866	1,328	29.6	33.6
Coma Insulin	27	27	54	1.2	4.2
Modified insulin	16	47	63	1.4	2.9
Leucotomy	15	47	62	1.4	1.7
Special drugs	996	1,509	2,505	56.0	40.3
Continuous narcosis	2	4	6	0.1	0.5
Treatment for G.P.I.	10	3	13	0.3	0.4
Drug abreaction	46	85	131	2.9	4.6
Group psychotherapy... ..	12	15	27	0.6	0.5
Hypnosis	11	5	16	0.4	0.8
Psychotherapy	249	429	678	15.1	15.4
No special treatment	158	154	312	7.0	7.5
Total discharges	1,836	2,641	4,477	4,477	3,942

Table 3.12 *Special treatments, by social class: showing the percentage of the discharges, in each social class, that received particular types of treatment.—1,836 male and 2,641 female in-patient discharges.*

Social Class	Type of Treatment				Number of discharges
	Physical	Drugs	Psycho-logical	None	
Male					
I	25.6	60.0	24.4	7.2	180
II	33.1	45.9	19.5	7.0	329
III	26.9	53.6	17.1	9.4	826
IV	31.8	56.1	14.3	7.4	189
V	28.6	58.6	10.3	9.5	273
All classes ...	28.4	54.2	16.7	8.6	—
Total discharges	522	996	306	158	1,836 ¹
Female					
I	34.3	61.9	26.1	3.7	134
II	39.3	56.7	25.2	6.0	448
III	35.4	56.1	22.8	5.6	1,254
IV	38.1	58.1	13.7	4.8	315
V	46.0	56.9	11.5	5.2	174
All classes ...	37.5	57.1	20.2	5.8	—
Total discharges	991	1,509	534	154	2,641 ¹

¹Of these, social class not known in 39 male and 316 female discharges

Table 3.13 *Outcome of in-patient treatment.—4,477 in-patient discharges*

Outcome on discharge	Male		Female		Totals, %	
	No.	%	No.	%	58-60	55-57
Recovered ...	347	18.9	640	24.2	22.0	} 49.4
Much improved ...	524	28.6	795	30.1	29.5	
Improved ...	313	17.0	413	15.6	16.2	} 29.8
Slightly improved	270	14.7	351	13.3	13.9	
No change ...	327	17.8	382	14.5	15.8	} 20.8
Worse	35	1.9	33	1.3	1.5	
Died	18	} 1.1	22	} 1.0	1.1	} —
Suicide	3		4			
Total discharges ...	1,836	100.0	2,641	100.0	4,477	3,942

Table 3.14 Outcome of treatment, by social class.—1,836 male and 2,641 female in-patient discharges

Social Class	Outcome ¹ , % of discharges			Number of discharges
	Recovered	Improved	No change	
Male				
I	51.7	31.1	17.2	180
II	49.3	31.9	18.8	329
III	47.1	32.2	20.7	826
IV	46.6	34.9	18.5	189
V	46.6	27.8	25.6	273
All classes...	47.5	31.7	20.8	—
Total discharges ...	870	583	382	1,836 ²
Female				
I	60.4	26.9	12.7	134
II	52.7	31.3	16.0	448
III	54.5	29.2	16.3	1,254
IV	52.1	31.8	16.1	315
V	65.0	27.0	8.0	174
All classes...	54.3	28.9	16.8	—
Total discharges ...	1,432	764	414	2,641 ²

¹In this table, "recovered" contains those classed as recovered and much improved in Table 3.13; "improved" contains improved and slightly improved; "no change" contains the remaining classes.

²Social class unknown in 39 males and 316 female discharges.

Table 3.15 Causes of death in 21 male and 26 female in-patients

	Male	Female
Primary cerebral neoplasm	2	4
Alzheimer's disease	1	1
Dementia paralytica	1	—
Other brain disease	1	3
Carcinoma of bronchus	4	—
Other malignant neoplasms	4	3
Cardiac disease	1	3
Pulmonary embolus	—	3
Pneumonia	2	3
Hepatic cirrhosis	—	1
Hodgkin's disease	—	1
Myelosclerosis	1	—
Injury (falling from a height)	1	—
Suicide	3	4

Table 3.16 Disposal of in-patients.—4,477 in-patient discharges

Disposal ¹	Male	Female	Total	Totals, % of discharges	
				58-60	55-57
<i>To general practitioner</i> ...	1,255	1,853	3,108	69.4	65.2
<i>Further treatment or supervision at the hospital</i> ...					
Out-patient supervision ...	1,229	1,878	3,107	69.4	61.2
Out-patient social club ...	201	329	530	11.8	6.5
Out-patient psychotherapy	76	73	149	3.3	3.4
Day-patient ...	8	35	43	1.0	1.8
Clinic for epilepsies ...	53	40	93	2.1	2.5
Neurosurgical unit ...	8	14	22	0.5	0.8
<i>Recommended for residential observation or treatment</i>					
Observation ward ...	31	34	65	1.5	2.6
Mental hospital ...	44	61	105	2.9	3.7
Other psychiatric unit ...	13	10	23		
Non-mental hospital ...	33	43	76	3.3	3.6
Residential institution ...	32	39	71		
<i>To Disablement Resettlement Officer</i> ...	84	39	123	2.7	2.4
<i>Other</i> ...	61	65	121	2.7	7.0
Total discharges ...	1,836	2,641	4,477	4,477	3,942

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

Table 3.17 Disposal of out-patients.—7,429 out-patient discharges

Disposal ¹	Male	Female	Total	Totals, % of discharges	
				58-60	55-57
To general practitioner ...	1,713	1,942	3,655	49.2	53.0
Further treatment or supervision at the hospital					
Out-patient social club ...	30	8	38	5.5	5.2
Out-patient psychotherapy	23	16	39		
Day-patient ...	108	182	290		
Neurosurgical unit ...	4	6	10		
Supportive clinic ...	14	20	34		
Recommended for residential observation or treatment					
Observation ward ...	65	63	128	1.7	2.0
Mental hospital ...	312	312	624	8.4	8.4
Other ...	70	45	115	1.5	1.8
To Disablement Resettlement Officer ...	51	10	61	0.8	1.0
Other ...	308	310	618	8.3	10.7
No special disposal ² ...	1,117	1,024	2,141	28.8	23.4
Total discharges ...	3,714	3,715	7,429	7,429	6,684

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

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

Table 3.18 Lapses in treatment.—4,477 in-patient and 7,429 out-patient discharges

Mode of leaving	Male		Female		Total	Total, % of discharges	
	No.	%	No.	%		58-60	55-57
In-patients:							
Left against advice ¹ ...	241	13.1	339	12.8	580	13.0	13.6
Out-patients							
Lapsed in attendance ...	858	23.1	718	19.3	1,576	21.2	19.5

¹Includes absconded and failed to return from leave.

CHAPTER FOUR

ADULTS: DIAGNOSTIC DATA

INTRODUCTION

This chapter follows the general order of subjects dealt with in Chapters II and III. Section 1 (Tables 4.1-4.11) deals with the numbers in various diagnostic groups and with some of the social data of Chapter II; the tables are based on the number of *individuals* discharged during the triennium. Section 2 (Tables 4.12-4.14) concerns some of the data dealt with in Chapter III, and the tables are based on the number of *discharges* during the triennium.

Where a patient was discharged more than once from a hospital during the triennium, the diagnosis is taken to be that made at the time of his first discharge from the department.

1. NUMBERS OF PATIENTS WITH VARIOUS DIAGNOSES

Compared with previous triennia, there was a marked increase in the proportion both of in-patients and out-patients diagnosed as having manic-depressive psychosis. There was also a marked decrease in the numbers and proportion of those diagnosed as anxiety state; but there was little change in the proportion diagnosed as neurotic depression (Tables 4.2, 4.3). The increased number and proportion, especially among in-patients, of those with a primary diagnosis of pathological or immature personality was also considerable (173 in-patients in 1955-57, 280 in 1958-60).

Among diagnoses in the miscellaneous category (Table 4.4) it is perhaps curious that no case had a primary diagnosis of thyrotoxicosis, though this was a principal accessory diagnosis in six females (Table 4.5). A principal accessory diagnosis of psychiatric disorder (300-326) was made in 2,246 patients, i.e., in 21.5% of cases; in the previous triennia this number was 762 (8.0%). The increase compared with the previous triennium is so marked as to suggest that the giving of an accessory diagnosis within Section V of the International Classification of Diseases is a somewhat loose procedure.

2. MARITAL STATUS

Table 4.6 shows that among male patients who were single, or whose marriages were broken by separation or divorce, character disorder was the commonest diagnosis. In both sexes neurosis was commonest among the married and psychosis commonest among the widowed.

3. ASKED TO BE REFERRED (Table 4.7)

For out-patients, the proportion of patients who asked to be referred showed very little difference among four diagnostic groups. For in-patients, there was a higher proportion among neurotics.

The proportion of self-referrals in out-patients (*vide* Table 3.3) showed no appreciable variation with diagnosis.

4. MATRIMONIAL AND HOUSING-OR-NEIGHBOUR TROUBLES (Table 4.8)

These questions were asked only of married patients. The proportion of not-knowns was high among out-patients (30%-40%) but, among those for whom an answer was recorded, more than a third of in-patients and nearly a half of out-patients had matrimonial troubles. Among patients with character disorders, the proportion with matrimonial troubles was 70%.

The proportion of patients having housing-or-neighbour troubles was considerably lower; and this proportion was not markedly higher among patients with character disorders than among other diagnostic groups.

5. ASSESSMENT OF DISORDER AMONG IN-PATIENTS

During the present triennium, in-patients were assessed by the registrars for the degree of thought disorder, emotional disorder, and social disorder shown at the time of (first) admission. An analysis of these assessments is given in Table 4.9-4.11.

About 15% of in-patients were judged to have thought-disorder severe enough to make ordinary social intercourse impossible. A degree of emotional disorder rendering social intercourse difficult or impossible was present in 37% of males and 49% of females. The sex difference in the disorders is appreciable, particularly the higher rate of emotional and social disorder among females with character disorders.

6. LAPSES IN TREATMENT (Tables 4.12, 4.13)

There has been little change over the triennia in the proportion of patients in the various diagnostic categories who leave hospital against advice or who lapse in out-patient attendance.

Table 4.14 is a new one and shows the lapses in out-patient attendance of those patients who, after discharge from the in-patient department, were followed-up in the out-patient department. For each diagnosis, the lapse rate is appreciably higher than for non-warded out-patients. As warded out-patients had presumably been more ill, one might have expected their lapse rate would have been less. The present finding may represent a tendency for doctors and patients to disagree on the length of time for which a follow-up is necessary.

Table 4.1 *Diagnosis in four major groups.—10,403 hospital patients, 3,947 in-patients, and 6,752 out-patients*

Diagnostic group	Males		Females		Persons, %	
	No.	%	No.	%	58-60	55-57
<i>Hospital patients</i>						
Psychoses	1,537	31.3	2,073	37.7	34.7	32.6
Neuroses	1,656	33.7	2,318	42.2	38.2	42.3
Character disorders ...	1,304	26.6	629	11.4	18.6	15.5
Miscellaneous	410	8.4	476	8.7	8.5	9.6
Total	4,907	100.0	5,496	100.0	10,403	9,554
<i>In-patients</i>						
Psychoses	859	52.4	1,262	54.8	53.7	50.6
Neuroses	386	23.5	690	29.9	27.3	30.5
Character disorders ...	260	15.8	170	7.4	10.9	8.5
Miscellaneous	137	8.3	183	7.9	8.1	10.5
Total	1,642	100.0	2,305	100.0	3,947	3,580
<i>Out-patients</i>						
Psychoses	743	21.8	912	27.2	24.5	22.9
Neuroses	1,302	38.3	1,645	49.1	43.6	48.9
Character disorders ...	1,080	31.8	488	14.6	23.2	19.3
Miscellaneous	276	8.1	306	9.1	8.9	8.9
Total	3,401	100.0	3,351	100.0	6,752	6,229

Table 4.2 *Diagnosis of in-patients.—3,947 in-patients*

Code No.	Diagnosis	Males	Female	Persons	Persons, % 58-60 55-57	
<i>Psychoses</i>						
300 ...	Schizophrenia ...	303	363	666	16.9	15.2
301.0 ...	Manic and circular ...	61	98	159	4.0	22.8
301.1, 301.2 302	Depression ¹ ...	395	666	1,061	26.9	
303 ...	Paranoid state ...	16	38	54	1.4	1.5
304, 306	Senile etc. ...	24	34	58	1.5	1.8
305, 307 308	Alcoholic, epileptic, etc.	44	47	91	2.3	2.3
309 ...	Other ...	16	16	32	0.8	6.0
<i>Neuroses</i>						
310 ...	Anxiety ...	87	72	159	4.0	6.0
311 ...	Hysteria ...	33	73	106	2.7	3.7
312 ...	Phobic ...	16	33	49	1.3	—
313 ...	Obsessional ...	35	39	74	1.9	2.3
314 ...	Depressive ...	148	380	528	13.4	13.2
315-317...	With somatic symptoms	35	38	73	1.8	5.2 ²
318 ...	Other ...	32	55	87	2.2	
<i>Character disorders etc.</i>						
320 (except 320.6), 321	Pathological and im- mature personality ...	141	121	262	7.1	4.9
320.6 ...	Sexual deviation ...	18	—	18		
322, 323	Alcoholism and drug addiction ...	88	27	115	2.9	2.6
324, 325	Childhood behaviour & mental deficiency ...	7	12	19	0.9	0.9
326 ...	Other ...	6	10	16		
<i>Miscellaneous</i>						
353 ...	Epilepsies ...	60	60	120	3.0	10.4
688 ...	Puerperal states ...	—	50	50	1.3	
	Others ...	76	72	148	3.7	
	All diagnoses ...	1,642	2,305	3,947	100.0	100.0

¹Includes involutional melancholia.²Includes phobic neurosis.

Table 4.3 *Diagnosis of out-patients.—6,752 out-patients*

Code No.	Diagnosis	Males	Females	Persons	Persons, % 58-60 55-57	
<i>Psychoses</i>						
300 ...	Schizophrenia ...	302	229	531	7.8	7.7
301.0 ...	Manic and circular ...	37	52	89	1.3	10.6
301.1, 301.2 302	Depression ¹ ...	306	535	841	12.5	
303 ...	Paranoid state ...	39	32	71	1.1	1.0
304, 306	Senile etc. ...	30	38	68	1.0	1.5
305, 307, 308 ...	Alcoholic, epileptic, etc.	23	19	42	0.6	0.6
309 ...	Other ...	6	7	13	0.2	1.9
<i>Neuroses</i>						
310 ...	Anxiety ...	407	417	824	12.2	16.6
311 ...	Hysteria ...	46	106	152	2.3	3.5
312 ...	Phobic ...	48	80	128	1.9	—
313 ...	Obsessional ...	75	86	161	2.4	2.8
314 ...	Depressive ...	463	724	1,187	17.6	15.1
315-317...	With somatic symptoms	113	82	195	2.9	8.5 ²
318 ...	Other ...	150	150	300	4.4	
<i>Character disorders etc.</i>						
320 (except 320.6), 321	Pathological and im- mature personality ...	595	342	937	13.9	11.7
320.6 ...	Sexual deviation ...	236	8	244	3.6	3.4
322, 323	Alcoholism and drug addiction ...	140	45	185	2.7	1.8
324, 325	Childhood behaviour & mental deficiency ...	42	34	76	1.1	2.4
326 ...	Other ...	67	59	126	1.9	
<i>Miscellaneous</i>						
353 ...	Epilepsies ...	23	21	44	0.7	8.8
688 ...	Puerperal states ...	—	22	22	0.3	
	Others ...	79	85	164	2.4	
	Diagnosis uncertain ...	63	39	102	1.5	
	No psychiatric disorder	111	139	250	3.7	
	All diagnoses ...	3,401	3,351	6,752	100.0	100.0

¹Includes involutional melancholia.²Includes phobic neurosis.

Table 4.4 *Miscellaneous diagnoses outside Section V (300-326) of the International Classification of Diseases.—410 males and 476 females among 10,403 hospital patients*

Code No.	Diagnosis	Males	Females
2 ...	Dementia paralytica	16	5
193 ...	Malignant neoplasm of the brain	3	5
241 ...	Asthma	7	7
289.2 ...	Other metabolic diseases	4	6
334 ...	Other and ill-defined vascular lesions affect- ing the central nervous system	5	5
345 ...	Multiple sclerosis	5	3
350 ...	Paralysis agitans etc.	6	3
353 ...	Epilepsy	82	81
354 ...	Migraine	7	9
355 ...	Other disease of the brain (including Huntingdon's chorea)	16	7
634 ...	Disorders of menstruation		7
649 ...	Pregnancy associated with other conditions		6
688.1 ...	Puerperal psychosis		64
726.2 ...	Torticollis	2	3
780.7 ...	Vertigo	6	1
	Other diagnoses outside 300-326 ¹	77	86
	Diagnosis uncertain (out-patients only) ...	63	39
	No psychiatric disorder (out-patients only)	111	139
	Total	410	476

¹No rubric containing more than 5 cases.

Table 4.5 *Principal accessory diagnoses.—among 10,403 hospital patients*

Code No.	Diagnosis	Male	Female	Total
<i>Psychiatric disorders</i>				
300-309	Psychoses	96	112	208
310-318	Neuroses	347	461	808
320 ...	Pathological personality	351	234	585
321 ...	Immature personality	140	163	303
322 ...	Alcoholism	68	21	89
323 ...	Other drug addiction	25	32	57
325 ...	Mental deficiency	57	76	133
	Other	35	28	63
<i>Non-psychiatric disorders</i>				
002 ...	Pulmonary tuberculosis	7	15	22
241 ...	Asthma	18	15	33
252 ...	Thyrotoxicosis	—	6	6
253 ...	Myxoedema	1	10	11
260 ...	Diabetes mellitus	20	11	31
353 ...	Epilepsy	19	31	50
354 ...	Migraine	4	13	17
444 ...	Essential hypertension	33	46	79
502 ...	Chronic bronchitis	19	5	24
541 ...	Duodenal ulcer	10	4	14
649 ...	Pregnancy associated with other conditions	—	59	59
	Other	444	549	993
	Total accessory diagnoses recorded	1,694	1,891	3,585
	No accessory diagnosis recorded	3,213	3,605	6,818
	Total patients	4,907	5,496	10,403

Table 4.6 Marital status by diagnosis: showing the percentage distribution of single, married, etc., patients among four diagnostic groups.—10,403 hospital patients

Diagnostic group	Marital Status							
	Males				Females			
	Single	Married ¹	Widowed	Broken ²	Single	Married ¹	Widowed	Broken ²
Psychosis ...	30.8	31.8	57.0	23.5	36.4	35.7	61.8	31.3
Neurosis ...	27.3	40.9	20.4	28.8	36.9	47.3	29.6	41.7
Character disorder etc.	34.4	18.8	6.4	40.0	18.6	7.3	3.5	20.0
Miscellaneous ...	7.5	8.5	16.2	7.7	8.1	9.7	5.1	7.0
All diagnoses	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total patients ³	2,000	2,345	93	400	1,645	5,286	546	841

¹ Includes only those whose marriages were unbroken.

² Includes separated judicially, separated non-judicially, and divorced.

³ Includes 69 males and 16 females of unknown marital status.

Table 4.7 Asked to be referred: the proportion of patients who asked to be referred to a psychiatrist, by diagnosis.—3,947 in-patients and 6,752 out-patients

Diagnosis	In-patients, % of known		Out-patients, % of known	
	Males	Females	Males	Females
	Asked N.K.	Asked N.K.	Asked N.K.	Asked N.K.
Psychosis	21.3 (10.9)	15.5 (9.3)	33.1 (14.0)	25.7 (13.0)
Neurosis	29.2 (13.7)	24.0 (13.8)	34.4 (13.1)	28.0 (13.2)
Character disorder etc.	28.8 (7.7)	18.2 (11.2)	35.2 (9.3)	29.1 (9.2)
Miscellaneous ...	19.0 (10.9)	12.6 (7.7)	36.6 (12.3)	28.2 (7.2)
All diagnoses ...	25.4 (11.7)	20.7 (12.2)	34.6 (12.8)	27.8 (12.0)
Total patients ...	1,642	2,305	3,401	3,351

Table 4.8 Matrimonial and housing-or-neighbour troubles, by diagnosis.—among 3,947 in-patients and 6,752 out-patients

Diagnosis	Matrimonial troubles, % of known				Housing-or-neighbour troubles, % of known			
	Males		Females		Males		Females	
	Yes	N.K.	Yes	N.K.	Yes	N.K.	Yes	N.K.
<i>In-patients</i>								
Psychosis ...	23.0	6.7	30.1	5.9	10.2	8.4	19.3	7.5
Neurosis ...	35.2	8.8	52.2	7.7	15.9	9.8	25.3	9.4
Character disorder	70.3	2.3	73.9	8.7	15.1	9.2	29.2	4.2
Miscellaneous ...	34.3	11.4	27.4	10.4	4.5	18.2	21.9	11.4
Total ...	34.0	7.0	38.7	7.0	11.9	9.6	21.9	8.4
Number of patients	293	60	455	82	100	81	254	97
<i>Out-patients</i>								
Psychosis ...	35.6	44.7	34.6	40.2	15.1	58.6	17.3	45.1
Neurosis ...	40.3	26.2	42.8	26.9	12.9	34.9	21.0	30.4
Character disorder	63.8	25.8	78.2	18.3	15.9	43.0	22.2	43.1
Miscellaneous ...	47.5	35.8	40.4	36.4	11.8	59.8	14.1	52.6
Total ...	46.0	30.5	44.0	29.9	14.0	43.4	19.0	37.3
Number of patients	656	434	715	486	181	563	302	574

Table 4.9 Thought disorder (on admission) among in-patients, by diagnosis.—3,947 in-patients

Diagnosis	Degree of thought disorder ¹ % of stated					No. of patients
	1	2+3	4+5	Total stated	Not stated	
<i>Males</i>						
Psychosis ...	42.7	34.7	22.6	100.0	(8.3)	859
Neurosis ...	83.8	14.8	1.4	100.0	(9.7)	386
Character disorder	86.5	12.2	1.3	100.0	(9.2)	260
Miscellaneous ...	66.4	20.6	13.0	100.0	(4.6)	137
All diagnoses ...	61.2	25.3	13.5	100.0	(8.5)	1,642
<i>Females</i>						
Psychosis ...	41.3	34.0	24.7	100.0	(8.2)	1,262
Neurosis ...	83.9	13.4	2.7	100.0	(6.9)	690
Character disorder	80.5	15.1	4.4	100.0	(9.0)	170
Miscellaneous ...	60.4	22.7	16.9	100.0	(6.4)	183
All diagnoses ...	58.5	25.5	16.0	100.0	(8.2)	2,305

¹The degree of thought disorder was rated on the following scale:

1. None whatsoever; perfectly normal.
2. Slight disturbance; only noticeable in psychiatric examination.
3. Disturbance noticeable in social and work life but not disabling.
4. Severe disturbance making ordinary social intercourse impossible.
5. Complete inability to think in an orderly manner.

Table 4.10 *Emotional disorder (on admission) among in-patients, by diagnosis.—3,947 in-patients*

Diagnosis	Degree of emotional disorder ¹ % of stated					No. of patients
	1	2+3	4+5	Total stated	Not stated	
<i>Males</i>						
Psychosis ...	9.0	42.5	48.5	100.0	(9.3)	859
Neurosis ...	12.0	56.1	31.9	100.0	(10.0)	386
Character disorder	35.9	48.5	15.6	100.0	(9.7)	260
Miscellaneous ...	28.4	55.4	16.2	100.0	(5.4)	137
All diagnoses ...	15.6	47.7	36.6	100.0	(9.2)	1,642
<i>Females</i>						
Psychosis ...	6.9	37.0	56.1	100.0	(8.5)	1,262
Neurosis ...	6.6	50.8	42.6	100.0	(6.9)	690
Character disorder	10.7	52.2	37.1	100.0	(8.5)	170
Miscellaneous ...	22.0	42.2	35.8	100.0	(5.8)	183
All diagnoses ...	8.3	42.7	49.0	100.0	(8.2)	2,305

¹The degree of emotional disorder was rated on the following scale:

1. Ordinary emotional reactions.
2. Slightly over-reactive, only noticeable in psychiatric examination.
3. Disturbance noticeable in social and work life, but not disabling.
4. Strongly over-reactive, making ordinary social intercourse difficult.
5. Fear, anxiety, and/or depressive reactions, so strong and continuous as to make social intercourse impossible.

Table 4.11 *Social disorder (on admission) among in-patients, by diagnosis.—3,947 in-patients*

Diagnosis	Type of social disorder ¹ , % of stated							No. of patients
	1	2	3	4+5	Total stated	Not stated		
<i>Males</i>								
Psychosis ...	24.0	45.4	20.8	9.8	100.0	(8.3)		859
Neurosis ...	9.3	43.2	38.2	9.3	100.0	(9.3)		386
Character disorder	9.7	33.8	43.8	12.7	100.0	(9.7)		260
Miscellaneous ...	6.2	33.3	52.7	7.8	100.0	(6.2)		137
All diagnoses ...	16.8	42.0	31.2	10.0	100.0	(8.6)		1,642
<i>Females</i>								
Psychosis ...	22.3	42.8	24.1	10.8	100.0	(7.9)		1,262
Neurosis ...	10.2	41.1	38.3	10.4	100.0	(8.3)		690
Character disorder	15.1	30.8	30.9	23.2	100.0	(6.9)		170
Miscellaneous ...	18.4	31.6	39.1	10.9	100.0	(5.2)		183
All diagnoses ...	17.8	40.6	30.0	11.6	100.0	(7.7)		2,305

¹The type of social disorder was assessed as follows:

1. Withdrawn to an unusual extent; actively dislikes company.
2. Tendency to withdraw, but not to an exaggerated extent.
3. Average liking for company.
4. Tendency to be over-sociable; likes company.
5. Exaggeratedly sociable; cannot tolerate isolation.

Table 4.12 *In-patient discharges against advice¹, by diagnosis.—among 1,836 male and 2,641 female in-patient discharges*

Diagnosis	Male		Female		Total, % of discharges	
	No.	% of discharges	No.	% of discharges	58-60	55-57
Psychosis ...	145	14.5	171	11.5	13.2	14.7
Neuroses... ...	31	7.6	112	14.6	12.2	13.5
Character disorder	54	19.6	37	19.9	19.7	15.0
Miscellaneous ...	11	7.3	19	9.5	8.6	10.3
All diagnoses ...	241	13.1	339	12.8	13.0	13.9

¹Includes absconding and failure to return from leave.

Table 4.13 Lapses in out-patient attendance, by diagnosis.—among 3,714 male and 3,715 female out-patient discharges

Diagnosis	Male		Female		Total lapses, % of discharges	
	No.	% of discharges	No.	% of discharges	58-60	55-57
Psychosis ...	164	20.2	163	16.1	17.9	15.5
Neurosis ...	328	23.2	395	21.7	22.4	21.0
Character disorder	317	26.5	126	23.1	25.4	22.9
Miscellaneous ...	49	16.7	34	10.1	13.2	14.2
All diagnoses ...	858	23.1	718	19.1	21.2	19.5

Table 4.14 Lapses in follow-up attendance, by diagnosis.—among 959 male and 1,368 female ward out-patient discharges

Diagnosis	Male		Female		Total follow-up lapses, % of discharges
	No.	% of discharges	No.	% of discharges	
Psychosis ...	140	26.4	174	21.9	23.7
Neurosis ...	77	29.5	109	27.8	28.5
Character disorder	55	42.3	26	26.8	35.7
Miscellaneous ...	7	18.9	16	18.6	18.7
All diagnoses ...	279	29.1	325	23.8	26.0

CHAPTER FIVE

CHILDREN

BY KENNETH CAMERON

The structure of the Children's Department has remained virtually unaltered during this triennium.

TABLE 5.1: Numbers of patients and discharges in four triennia.

The figures shown in the tables continue to be of cases "closed" each year. In a proportion of individual patients and families attending the Children's Department, a therapeutic supportive relationship may be maintained over years and the cases not "closed". Thus in the triennium 1958-1960 the number of new cases *admitted* was 1,391.

TABLE 5.2: In-patient discharges.

Here the difference of discharge rates of boys and girls from Bethlem may reflect a difference between the incidence and type of disorder (as suggested by a sudden relative increase of girls referred at this age). It may, however, be due to a difference in policy between the two consultants responsible in the wards.

TABLE 5.3: Age on admission and sex.

As compared with the previous triennium, this table reveals a general increase in the older groups. It is due, probably, to our resources for adolescents leading to a higher rate of referral in this age group. It probably reflects also an increase in the general provision of child guidance clinics in the London area, as a result of which we get an increasing proportion of the more established types of disorder.

TABLE 5.5: Social class of parents.

That the in-patient units have an increasing percentage of patients in social class I probably relates to admission to the adolescent units of cases in whom difficulties in education constitute a factor.

TABLE 5.6: Marital status of mother.

It is a matter for remark that nearly 85% of cases dealt with come from formally intact families.

TABLE 5.14: Duration of in-patient stay.

The shorter admissions, twenty-four hours to three weeks, are in the main explained by the extent to which diagnostic admission has been made. They also include some cases leaving against advice, which is normally in less than a week, but this is not a large factor.

TABLE 5.15: Number of out-patient attendances.

This indicates the number of times that *closed* cases have been seen. That 20% of the cases are dealt with in less than six and 80% in less than twelve visits is a somewhat misleading statement. Cases "not closed" do not appear (compare Table 5.1).

TABLE 5.18: Special treatments, in-patients and out-patients.

This table is useful only in showing specifically defined procedures. As all parents and patients have one or more interviews with doctor and/or social worker, it is difficult to delimit psychotherapy. "Play therapy" indicates only that modes of communication other than direct speech or structure projective tests have been used in interview.

TABLE 5.21: Lapses in treatment.

Out-patient lapsed attendances may indicate merely that the parent is satisfied with the degree of improvement, when the doctor thinks more requires to be done. This is not infrequent. It also indicates, of course, those cases in which the parents regard attendance as unprofitable from lack of improvement.

TABLE 5.22: Diagnosis of in-patients and out-patients.

During this triennium a rather limited group of terms has been used for diagnosis. A new system and coding was begun in January, 1960.

Table 5.1 *Numbers of patients and discharges in four triennia (children)*

Status	1949-51	1952-54	1955-57	1958-60
Hospital patients	*	*	1,193	1,153
In-patients	250	300	323	320
Out-patients	961	846	888	840
Total discharges	1,410 ¹	1,260 ¹	1,258	1,181
In-patient discharges	284	313	345	331
Out-patient discharges	1,126 ¹	947 ¹	913	850

¹Not strictly comparable with later figures, because of change in definition of "out-patient discharge".

*Figures not extracted.

Table 5.2 *Children's in-patient discharges, by hospital and year*

Year	MAUDSLEY			BETHLEM		
	Male	Female	Total	Male	Female	Total
1958	31	20	51	22	29	51
1959	36	22	58	23	40	63
1960	32	23	55	16	37	53

Table 5.3 *Age (on admission) and sex.—1,153 hospital children*

AGE (years)	Boys	Girls	Children	Children, %	
				58-60	55-57
Less than 3 ...	6	3	9	5.0	6.5
3	18	10	28		
4	13	8	21		
5	18	12	30	21.8	29.5
6	46	22	68		
7	26	6	32		
8	34	21	55		
9	48	19	67		
10	61	26	87	73.2	64.0
11	63	33	96		
12	87	63	150		
13	85	77	162		
14	101	84	185		
15	86	76	162		
16	—	1	1		
ALL AGES ...	692	461	1,153	100.0	100.0

Table 5.4 *Religious upbringing.—1,153 hospital children*

Religion	Boys	Girls	Children	Children, % of known	
				58-60	55-57
Church of England	468	314	782	73.2	76.5
Roman Catholic	95	58	153	14.3	12.9
Nonconformist	25	35	60	5.6	5.2
Jewish	23	12	35	3.3	2.2
Other	17	7	24	2.2	2.2
None	10	5	15	1.4	1.1
Total known ...	638	431	1,069	100.0	100.0
Not known ...	54	30	84	(7.9)	(5.6)
Total children ...	692	461	1,153	1,153	1,193

Table 5.5 Social class of parents.—320 in-patient children and 840 out-patient children (sexes together)

Social class					In-patients		Out-patients	
					No.	% of known	No.	% of known
I	...	...	...	...	32	10.8	45	5.8
II	...	...	...	...	47	15.9	123	15.9
III	...	...	...	...	155	52.3	435	56.1
IV	...	...	...	...	28	9.5	84	10.8
V	...	...	...	...	34	11.5	88	11.4
Total known					296	100.0	775	100.0
Not known					24	(8.1)	65	(8.4)
Total children					320		840	

Table 5.6 Marital status of mother.—1,153 hospital children

Marital status	Boys	Girls	Children	Children, % of known	
				58-60	55-57
Single ...	26	12	38	3.4	3.8
Married					
Not separated	569	368	937	84.9	87.1
Separated (non-judicial) ...	21	16	37	3.3	2.8
Separated (judicial) ...	7	7	14	1.3	0.7
Divorced ...	20	17	37	3.3	3.2
Widowed ...	24	18	42	3.8	2.4
Total known ...	667	438	1,105	100.0	100.0
Not known ...	25	23	48	(4.3)	(2.7)
Total children ...	692	461	1,153	1,153	1,193

Table 5.7 Sibship size: number of children (including patient) born alive to mother at time of child's first admission during the triennium.—1,153 hospital children

Sibship size	Boys	Girls	Children	Children, % of known	
				58-60	55-57
1	101	86	187	17.3	16.4
2	204	146	350	32.4	35.2
3	134	85	219	20.3	} 37.0
4	101	47	148	13.7	
5	49	26	75	6.9	} 11.4
6	27	20	47	4.3	
7	16	5	21	} 5.1	
8 and over ...	21	13	34		
Total known ...	653	428	1,081	100.0	100.0
Not known ...	39	33	72	(6.7)	(8.5)
Total children ...	692	461	1,153	1,153	1,193

Table 5.8 Birth order, i.e. patients' birth order among children born alive to patients' mothers.—1,153 hospital children

Birth order		Boys	Girls	Children
Only child	...	101	86	187
1	... ..	193	132	325
2	... ..	193	115	308
3	... ..	88	53	141
4	... ..	37	24	61
5	... ..	14	4	18
6	... ..	6	4	10
7	... ..	10	3	13
8	... ..	4	2	6
9	... ..	3	1	4
10 and over	...	1	3	4
Total known	...	650	427	1,077
Not known	...	42	34	76
Total children	...	692	461	1,153

Table 5.9 *Twins etc.—1,153 hospital children*

	Boys	Girls	Children	Children % of known
<i>Patients with a twin of</i>				
Same sex ...	6	4	10	} 2.1 (1.1)
Opposite sex ...	10	3	13	
Sex unknown ...	—	1	1	
Not known if twin	10	3	13	
<i>Parents first cousins</i>	2	5	7	0.7
Not known ...	93	60	153	(15.3)

Table 5.10 *Child cared for by foster-parents or in institution (at time of first admission during the triennium)—320 in-patient children and 840 out-patient children*

Cared for	Boys	Girls	Children	Children %
<i>In-patients</i>				
by foster-parents ...	9	10	19	5.9
in institution ...	24	10	34	10.6
Total children ...	155	165	320	100.0
<i>Out-patients</i>				
by foster-parents ...	31	25	56	6.7
in institution ...	26	13	39	4.6
Total children ...	542	298	840	100.0

Table 5.11 *Relatives treated psychiatrically (i.e. numbers of children whose relatives had had psychiatric treatment)—1,153 hospital children*

	Boys	Girls	Children	% of known	
				Treated	Not known
<i>Relatives treated at the hospital¹</i>	78	54	132	11.4	(12.5)
<i>elsewhere¹ ...</i>	136	94	230	19.9	(25.8)
Total children ...	692	461	1,153		

¹These categories were not mutually exclusive.

Table 5.12 Referring agencies for in-patient children.—331 in-patient discharges

Referring agency	Boy	Girl	Total	Totals, % of discharges	
				58-60	55-57
Out-patient department ...	80	94	174	52.6	55.4
Child guidance unit ...	22	22	44	13.3	14.2
Psychiatric unit of general hospital ...	16	21	37	11.2	9.8
Local education authority ...	9	6	15	4.5	3.2
Non-psychiatric unit of general hospital ...	9	8	17	5.1	2.9
General practitioner ...	2	2	4	5.7	8.6
Mental hospital ...	2	3	5		
Consultant on the hospital staff ...	2	3	5		
Probation service ...	4	1	5	7.6	6.1
Others ...	14	11	25		
Total discharges ...	160	171	331	100.0	100.0

Table 5.13 Referring agencies for out-patient children.—850 out-patient discharges

Referring agency	Boy	Girl	Total	Totals, % of discharges	
				58-60	55-57
General practitioner ...	215	124	339	40.0	37.0
Probation service ...	113	33	146	17.2	17.4
L.C.C. Children's Committee	47	29	76	8.9	11.9
Child guidance unit ...	51	29	80	9.4	8.4
Non-psychiatric unit of general hospital ...	16	9	25	2.9	6.1
Parents and spontaneous ...	32	18	50	5.9	6.8
Psychiatric unit of general hospital ...	23	12	35	4.1	4.3
Local education authority (other than L.C.C.) ...	15	16	31	3.6	2.6
Others ...	36	32	68	8.0	5.5
Total discharges ...	548	302	850	100.0	100.0

Table 5.14 *Duration of in-patient stay (children).—331 in-patient discharges*

Duration of stay	Boy	Girl	Total	Totals, %		
				58-60	55-57	
Less than 1 week	3	8	11	6.3	20.0	
1 week—	4	6	10			
2 weeks—	12	3	15	9.4	23.5	
3 weeks—	11	5	16			
1 month—	11	22	33	10.0	34.4	
2 months—	22	25	47	14.2		
3 months—	24	41	65	19.6	12.8	
5 months—	30	35	65	19.6		
8 months—	24	16	40	12.1	9.3	
1 year—	14	7	21	8.8		
1½ years and over	5	3	8			
Total discharges	160	171	331	100.0	100.0	
Median stay (months) ...	4.4	3.8	4.0	4.0	3.7	

Table 5.15 *Number of out-patient attendances (children).—850 out-patient discharges*

Number of attendances	Boy	Girl	Total	Totals, %	
				58-60	55-57
1	199	110	309	36.3	33.4
2	43	30	73	8.6	9.2
3	24	22	46	5.4	5.3
4	18	19	37	4.4	4.3
5-6	50	19	69	8.1	8.3
7-12	88	50	138	16.2	12.4
13-20	56	20	76	8.9	13.7
21-30	33	16	49	5.8	6.9
31-45	21	12	33	3.9	4.7
46-70	13	6	16	2.4	1.8
71-100	3	1	4		
Over 100	0	0	0	100.0	100.0
Total discharges	548	302	850		

Table 5.16 *Special investigations on in-patient children.—331 in-patient discharges*

Investigation	Boy	Girl	Totals	
			58-60	55-57
<i>Laboratory tests</i>				
Wasserman or Kahn	77	117	194	214
E.S.R.	75	122	197	185
Blood count	70	107	177	166
C.S.F.	17	15	32	26
Other biochemical	50	100	150	95
Bacteriological	49	27	76	39
Other (biopsy, immunity, etc.)	13	11	24	10
<i>Clinical tests</i>				
Electroencephalogram	120	134	254	259
Electrocardiogram	3	4	7	8
X-ray...	101	132	233	234
B.M.R.	1	0	1	2
<i>Psychological tests</i>				
Verbal intelligence	125	132	257	261
Non-verbal intelligence	129	121	250	258
Tests of deterioration	6	2	8	11
Aptitude	7	3	10	7
Educational	49	52	101	61
Other...	22	15	37	74
Specialist opinion	19	35	54	65
Total discharges	160	171	331	345

Table 5.17 *Special investigations on out-patient children.—850 out-patient discharges*

Investigation	Boy	Girl	Total
<i>Laboratory tests</i>			
	31	4	35
<i>Clinical tests</i>			
Electroencephalogram ...	117	62	179
Electrocardiogram ...	3	3	6
X-ray	16	11	27
<i>Psychological tests</i>			
Verbal intelligence ...	370	194	564
Non-verbal intelligence ...	366	185	551
Educational	154	69	223
Other	25	17	42
Specialist opinion	11	5	16
Total discharges	548	302	850

Table 5.18 *Special treatments, in-patients and out-patients (children).*
—331 in-patient and 850 out-patient discharges

Special treatment	In-patient		Out-patient	
	Boy	Girl	Boy	Girl
E.C.T.	2	6	2	2
Other physical treatments	10	10	2	1
Special drugs	50	44	15	8
Psychotherapy	31	22	51	25
Environment adjustment	35	42	27	20
Social case work with parents	41	45	136	71
Educational adjustment	18	17	29	17
Special coaching at hospital	3	2	23	4
Play therapy	58	50	185	94
No special treatment	18	15	18	12
Total discharges	160	171	548	302

Table 5.19 *Outcome of treatment (children).—331 in-patient and 850 out-patient discharges*

Outcome on discharge	In-patient				Out-patient		
	Boy	Girl	Totals, %		Boy	Girl	Total, % of stated
			58-60	55-57			
Recovered ...	5	7	30.7	32.2	33	21	33.0
Much improved...	45	44			66	45	
Improved ...	43	52	47.7	42.9	90	48	38.4
Slightly improved	30	32			36	18	
No change ...	35	34	21.6	24.9	98	40	28.6
Worse	0	1			4	1	
Died	1	0			0	0	
Suicide	0	0			0	0	
Not stated ¹ ...	1	1			221	129	(70.0)
Total discharges	160	171	100.0	100.0	548	302	100.0

¹Includes lapsed in attendance and no treatment given.

Table 5.20 *Disposal of in-patients and out-patients (children).—331 in-patient and 850 out-patient discharges*

Disposal ¹	In-patient		Out-patient	
	Boy	Girl	Boy	Girl
<i>To general practitioner</i>	64	89	253	155
<i>Further treatment or supervision at the hospital</i>				
Out-patient supervision	32	61		
Out-patient psychotherapy	3	1		
Clinic for epilepsies	3	7		
Neurosurgical unit	1	1		
<i>Recommended for residential observation or treatment</i>				
Psychiatric unit or hospital	6	6	12	4
Foster-home, residential school, etc	69	49	37	15
Residential institution	14	7	9	2
<i>Other</i>				
Outside psychiatrist	15	21	44	20
Other... ..	7	7	28	16
No special disposal ²	—	—	61	37
Total discharges	160	171	548	302

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

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

Table 5.21 *Lapses in treatment (children).—331 in-patient and 850 out-patient discharges*

Mode of leaving	Boy		Girl		Total No.	Totals, % of all discharges 58-60 55-57	
	No.	%	No.	%			
<i>In-patients:</i>							
Left against advice ...	12	7.5	18	10.5	30	9.1	*
<i>Out-patients:</i>							
Lapsed in attendance	134	24.5	69	22.8	203	23.9	22.2

*Figure not extracted.

Table 5.22 *Diagnosis of in-patients and out-patients (children).—320 in-patients and 840 out-patients*

Code No.	Diagnosis	In-patients		Out-patients	
		Boys	Girls	Boys	Girls
300 ...	Schizophrenia	20	23	8	4
301-309	Other psychoses	6	5	6	1
310-318	Neuroses... ..	22	43	52	55
324 ...	Primary childhood behaviour disorders	61	62	343	153
325 ...	Mental deficiency	11	10	41	38
320-323, 326 ...	Other disorders of character etc.	10	5	35	14
353 ...	Epilepsies	14	15	29	18
	Others	11	2	18	10
	Diagnosis uncertain	—	—	10	5
	Total patients	155	165	542	298

CHAPTER SIX

DAY PATIENTS AND DOMICILIARY VISITS

A. DAY PATIENTS

In Chapters II-IV, patients attending the day-hospitals have been classed as out-patients. However, in view of the differences between day-patients and other out-patients in the amount of clinical and nursing care given and in the administrative arrangements, a separate statistical analysis of day-patients is presented. Day-patients are all adults.

COMMENTARY ON THE TABLES

During the triennium there were 605 day-patient discharges (Table 6.1). This is 14% of the number of in-patient discharges. The age-distribution of the patient differs somewhat from that of both in-patients and out-patients: day-patients tend to be older, only 30% being under 35 years, compared with 40% of in-patients and 45% of out-patients (Table 6.2).

The social class of day-patients is similar to that of all hospital patients, though the small proportion of Class I females among day-patients is perhaps noteworthy (Table 6.3).

The median duration of stay is longer for day-patients (Table 6.6) than for in-patients (Table 3.6). However, in practice the duration of stay of day-patients is not always a clear-cut figure, for the number of days a week on which a day-patient attends is often gradually reduced.

The proportion of day-patients receiving E.C.T. is higher than that for in-patients (Table 6.7). This may reflect the fact that day-hospitals are particularly suited for the treatment of depressive illnesses of moderate severity. Table 6.9 shows that the proportion of depressed cases among day-patients was over 60% (41.6+21.3), compared with 44% of in-patients and 30% of out-patients.

The high proportion, compared with in-patients, of day-patients who were discharged as unchanged or worse (Table 6.8) is to be explained by the fact that some of the depressed patients admitted to the day hospitals are found to be too ill for treatment there and require to be admitted as in-patients.

B. DOMICILIARY VISITS

During the triennium, doctors making domiciliary visits recorded information on a special sheet (*see* Appendix) and the information was transferred to punched cards. A statistical analysis of this information is given here. Patients seen on domiciliary visits are referred to in this section as "domiciliary patients". For the present purpose the number of domiciliary patients has been equated with

the number of domiciliary visits, although in a few instances a patient may in fact have been the subject of more than one domiciliary visit during the triennium.

COMMENTARY ON THE TABLES

There has been a considerable fall in the number of domiciliary visits made during the past three years (Table 6.10). This may be a reflection of the increasing activities of the Emergency Clinic and perhaps of an increasing number of domiciliary visits made in the area by the staff of other hospitals.

Compared with hospital patients, there is a higher proportion of females among domiciliary patients—70% compared with 53% (Table 6.11). Domiciliary patients tend to be older than hospital patients; nearly 40% are aged 55 and over, compared with 16% of hospital patients (Table 6.11). On the other hand, among domiciliary patients the proportion of males of 55 years and over is higher than the proportion of females (42%, compared with 36%), whereas the opposite is true of hospital patients (14.1%, compared with 18.2%). In other words, older men are the subject of domiciliary visits proportionally more often than are older women.

Table 6.13 shows that the proportion of domiciliary patients recommended for in-patient treatment at the hospital has increased from about 23% to 30%. This suggests that, with the drop in the number of domiciliary visits requested, there is a higher proportion of more seriously ill cases. Table 6.13 also shows that some form of in-patient treatment was recommended for 51% of domiciliary patients. Some form of treatment at the Bethlem-Maudsley hospital was recommended in 40% of patients.

The diagnostic distribution of domiciliary patients (Table 6.14) is generally similar to that of in-patients, though the proportion of senile psychosis is much higher.

Table 6.1 Number of day-patient discharges, by hospital and year.—605 day-patient discharges

Year	Maudsley D.H.			Bethlem D.H.			Total day-patient discharges
	Male	Female	Total	Male	Female	Total	
1958 ...	24	98	122	42	52	94	216
1959 ...	38	57	95	37	60	97	192
1960 ...	32	61	93	31	73	104	197
Triennium	94	216	310	110	185	295	605

Table 6.2 Age of day-patients.—522 day-patients

Age	Males	Females	Persons	Persons, %	
				58-60	55-57
Under 25 ...	17	25	42	8.0	5.5
25— ...	44	73	117	22.5	21.8
35— ...	42	85	127	24.4	22.3
45— ...	36	79	115	22.0	18.1
55— ...	34	45	79	15.1	20.4
65— ...	9	31	40	8.0	11.9
75 and over ...	0	2	2		
All ages... ..	182	340	522	100.0	100.0

Table 6.3 Social class of day-patients.—522 day-patients

Social class			Males % of known	Females % of known
I	...	...	5.1	1.7
II	...	...	14.6	16.4
III	...	...	56.2	57.5
IV	...	...	6.2	13.7
V	...	...	18.0	10.7
Not known	...	...	(2.2)	(13.7)
Total patients	...	...	182	340

Table 6.4 Marital status of day-patients.—522 day-patients

Marital status	Males	Females	Persons	Persons, %	
				58-60	55-57
Single ...	52	77	129	24.7	20.4
Married ...	127	225	352	67.5	62.7
Divorced ...	0	7	7	1.3	6.7
Widowed ...	3	31	34	6.5	10.2
Total ...	182	340	522	100.0	100.0

Table 6.5 Referring agencies for day-patients.—605 day-patient discharges

Referring agency	Male	Female	Total	Totals, % of discharges	
				58-60	55-57
Out-patient department ...	170	322	492	81.4	87.5
In-patient department ...	10	30	40	6.6	4.2
Psychiatric department of general hospital ...	14	15	29	4.8	—
Domiciliary service ...	4	12	16	2.6	3.9
General practitioner ...	3	2	5	0.8	1.6
Other... ..	3	20	23	3.8	2.9
Total discharges	204	401	605	605	384

Table 6.6 Duration of stay of day-patients.—605 day-patient discharges

Duration of stay	Male	Female	Total	Totals, %
Less than 1 week	14	22	36	6.0
1 week—	20	18	38	6.3
2 weeks—	9	21	30	5.0
3 weeks—	12	15	27	4.5
1 month—	50	93	143	23.5
2 months—	33	80	113	18.7
3 months—	34	72	106	17.5
5 months—	17	46	63	10.4
8 months—	8	17	25	4.1
1 year—	1	10	11	} 4.0
1½ years and over	6	7	13	
Total discharges	204	401	605	100.0
Median stay (months) ...	1.9	2.4	2.3	

Table 6.7 Special treatments of day-patients.—605 day-patient discharges

Special treatment	Male	Female	Total	Total, % of discharges
E.C.T.	69	141	210	34.7
Modified insulin	1	8	9	1.5
Special drugs	84	185	269	44.5
Psychotherapy	36	94	130	21.5
Total discharges	204	401	605	—

Table 6.8 Outcome of day-patient treatment.—605 day-patient discharges

Out-come on discharge	Male	Female	Total	Total, %
Recovered	28	59	87	14.4
Much improved	49	97	146	24.1
Improved	44	88	132	21.8
Slightly improved	21	37	58	9.6
No change	49	86	135	22.3
Worse	11	32	43	7.1
Died	1	1	2	} 0.7
Suicide	1	1	2	
Total discharges	204	401	605	100.0

Table 6.9 Diagnosis of day-patients.—522 day-patients

Diagnosis	Males	Females	Persons	Persons %
<i>Psychoses</i>	90	177	267	51.1
Schizophrenia	20	27	47	9.0
Manic-depressive ¹	68	149	217	41.6
Other	2	1	3	0.5
<i>Neuroses</i>	73	143	216	41.4
Anxiety	18	24	42	8.1
Hysteria	1	7	8	1.5
Phobic	3	16	19	3.6
Obsessional	1	11	12	2.3
Depressive	39	72	111	21.3
Other	11	13	24	4.6
<i>Character disorders etc.</i>	15	16	31	5.9
Pathological and immature personality	13	14	27	5.2
Other	2	2	4	0.7
<i>Miscellaneous</i>	4	4	8	1.6
Total	182	340	522	100.0

¹Includes involutional melancholia.

Table 6.10 Number of domiciliary visits, by four triennia

Sex of case	Triennium				1958	1959	1960
	49-51	52-54	55-57	58-60			
Male ...	140	267	374	294	138	89	67
Female ...	305	709	904	706	283	234	189
Total ...	445	976	1,278	1,000	421	323	256

Table 6.11 Age of cases seen at domiciliary visits

Age (years)	Male		Female		Total	
	No.	%	No.	%	No.	%
Under 25 ...	35	11.9	74	10.5	109	10.9
25— ...	46	15.7	111	15.7	157	15.7
35— ...	45	15.4	132	18.7	177	17.7
45— ...	44	15.0	132	18.7	176	17.6
55— ...	67	22.6	85	12.0	152	15.2
65— ...	25	8.5	95	13.5	120	12.0
75 and over ...	32	10.9	77	10.9	109	10.9
All ages ...	294	100.0	706	100.0	1,000	100.0

Table 6.12 Marital status of cases seen at domiciliary visits

Marital status	Male		Female		Total
	No.	%	No.	%	
Single ...	90	30.6	145	20.5	235
Married:					
Not separated ...	174	59.2	393	55.7	567
Separated (non-judicial)	7	2.4	7	1.0	14
Separated (judicial) ...	3	1.0	9	1.3	12
Divorced ...	4	1.4	17	2.4	21
Widowed ...	16	5.4	135	19.1	151
Total ...	294	100.0	706	100.0	1,000

Table 6.13 Recommended disposal of cases seen at domiciliary visits

Recommended disposal	Male	Female	Total	Totals, %	
				58-60	55-57
In-patient (at B-M) ...	94	211	305	30.5	22.7
Out-patient (at B-M) ...	45	110	155	15.5	17.4
Day-patient (at B-M) ...	7	16	23	2.7	
Observation ward ...	22	47	69	6.9	10.1
Mental hospital ...	28	80	108	10.8	8.8
Other hospital ...	7	19	26	2.6	41.0
Home treatment advised ...	82	192	274	27.4	
Other... ...	9	31	40	4.0	
Total ...	294	706	1,000	100.0	100.0

Table 6.14 *Diagnosis of cases seen at domiciliary visits*

Diagnosis	Male	Female	Total	Total %
<i>Psychoses</i>	142	338	480	48.0
Schizophrenia	38	84	122	
Manic and circular	11	26	37	
Depressive ¹	44	128	172	
Paranoid state	6	14	20	
Senile etc.	26	72	98	
Alcoholic etc.	10	6	16	
Other... ..	7	8	15	
<i>Neuroses</i>	84	280	364	36.4
Anxiety	19	53	72	
Hysteria	7	44	51	
Phobic	4	15	19	
Obsessional	3	8	11	
Depressive	40	139	179	
With somatic symptoms	4	6	10	
Others	7	15	22	
<i>Character disorders etc.</i>	43	45	88	8.8
Pathological and immature person- ality	19	19	38	
Alcoholism and drug addiction	13	12	25	
Others	11	14	25	
<i>Miscellaneous</i>	25	43	68	6.8
Puerperal states	—	14	14	
Others	25	29	54	
Total	294	706	1,000	100.0

¹Includes involutional melancholia.

CHAPTER SEVEN

THE WORK OF TWO SPECIAL CLINICS

A. THE EMERGENCY CLINIC

BY MICHAEL DIXON

The emergency clinic evolved from the circumstance that persons often came to the Maudsley Out-patient Department, either of their own accord or brought by their relatives, with a request for immediate advice or treatment. Such cases could not all be referred to the regular out-patient clinics because they would have overloaded these clinics. The cases were therefore dealt with by the senior registrar attached to the out-patient department or by the duty doctor. Records of such cases date from 1949. In 1952 a special clinic room with a telephone was allotted to the doctors dealing with these emergencies, and since then the emergency clinic has had a recognized function in the out-patient department. It is supervised by the physician in charge of the out-patient department, and, during 1958-1960, it was staffed by a senior registrar and one or two registrars, all of whom also had duties in other parts of the hospital.

The clinic is closely comparable with the casualty department of a general hospital. Patients may attend spontaneously or be referred by their general practitioners as a matter of urgency; they may also be referred from other hospitals or from social agencies (Table 7.2). The work of the clinic involves not only seeing patients but also answering telephone calls from patients or from their doctors or other persons concerned. The number of such telephone calls is about two-thirds of the number of attendances.

Patients attending the emergency clinic are given whatever immediate advice or treatment seems necessary. In addition, the majority are also given an appointment to attend the out-patient clinic of a consultant. One case in every ten is admitted directly to the in-patient department. In about one-fifth of the cases, advice or reassurance is all that is needed (Table 7.4).

The volume of the work done in the emergency clinic has increased rapidly during the last ten years. In 1951, the number of day-attendances was 395. This number was more than doubled in 1953 (863 attendances) and was doubled again in 1958 (Table 7.1).

Data for the tables (Tables 7.1-7.5) were extracted from the record books of the Emergency Clinic. These tables are all based on the numbers of *attendances* of patients at the clinic. Patients often attended more than once, but it proved impracticable to extract data in terms of the numbers of *individual* patients who attended.

B. THE FORENSIC UNIT

BY PETER SCOTT

I. CLINICAL SERVICES

The hospital provides the psychiatric staff for the centres and services described below.

1. STAMFORD HOUSE BOYS' REMAND HOME

	1958	1959	1960
Psychiatric reports to juvenile courts	961	978	1,083
Reports for approved school classification	388	391	428

A few boys and their parents are seen on bail, mentally disturbed boys are treated during the remand, and advice is given to staff and probation officers. Two full-time psychiatric social workers and two full-time educational psychologists co-operate in this work.

At Cumberlow Lodge Girls' Remand Home, 780 girls were examined during 1958-1960.

2. MAYFORD APPROVED SCHOOL, WOKING

A consultant and registrar visit on one day weekly. The main emphasis is on helping the staff, but a selection of the more disturbed boys is treated. In 1958, 48 new cases were seen, 192 subsequent interviews undertaken, and 25 case conferences with the staff arranged.

3. MAUDSLEY ADULT OUT-PATIENT CLINIC

A hundred and fifty new cases per annum are seen in this clinic, either referred from magistrate's courts, or having some particular forensic interest. Two in-patient beds are available for the use of the clinic and two evening clinics per week (each attended by a consultant and registrar) absorb cases requiring out-patient treatment. Some evening group-psychotherapy is undertaken.

Of 200 consecutive patients from this clinic, 41% had offended against property and 42% were sexual offenders. 7% were suffering from epilepsy or organic mental illness, 8% were psychotic, 2% subnormal.

4. MAUDSLEY CHILDREN'S OUT-PATIENT CLINIC

In the triennium, 69, 68, and 49 new cases of forensic interest were subjected to intake conference. Where necessary the treatment of these children is undertaken by the current registrar of the children's department. In this manner, 15, 19, and 17 registrars annually gained some experience with problems of juvenile delinquency.

Of 56 consecutive cases attending the clinic (8 girls, 48 boys), all but nine were followed up for at least three years. The average age on admission of the girls was 14 (range 12-16) and of the boys 11½ (range 6-17). Thirty-five were transferred from juvenile courts, 11 from general practitioners, 6 from the Local Authority of Children's Care Committee. In only 13 had the parents sought medical help with the problem at any time. Despite full investigation, no formal psychiatric illness could be diagnosed in any of these 56 cases, nor did it develop during follow-up. Seventeen attended only once, 21 more than ten times; the average attendance was 7 times. There was very poor co-operation from mothers (average attendance twice per case). Some other relative, usually the father, attended in 15 cases. Apart from the 9 not followed up, 31 were better, 7 the same, and one worse; 8 were still in institutions. Thirty-five had had previous offences and 25 had subsequent offences.

5. H.M. PRISON, BRIXTON

A consultant attends this prison for one session per week with the object of carrying out treatment on convicted patients, and is available for consultation with the prison medical staff. During the triennium, 111 cases were treated.

II. TEACHING

One senior or acting senior registrar and two junior registrars are allotted to the unit, the junior registrars for a period of three months. All the clinical services of the unit are available to these registrars including (by arrangement with the Prison Commissioners) H. M. Prisons at Brixton, Wormwood Scrubs, and Holloway, where senior prison medical officers have proved most helpful. In addition, a programme of weekly visits to establishments of forensic interest is arranged. The following are visited regularly; juvenile court, magistrate's court, central criminal court, approved school, Borstal establishment and allocation centre, attendance centre, detention centre, open prison, Broadmoor, girls' remand home, girls' approved school and classification centre, reception centre, school for maladjusted children, occupation centre, probation hostel, family service unit, Henderson hospital. Weekly seminars are held. Registrars gain familiarity with the problems of crime and delinquency and learn the role of the psychiatrist in co-operating with courts and remedial institutions. Twenty-seven registrars or clinical assistants were taken into the unit during the triennium. Six registrars, during the three years, have carried out research in the unit which has led to publication.

Table 7.1 Numbers of attendances of patients at the Emergency Clinic

Year	Daytime	Night-time ¹	Total
1958 ...	1,766	418	2,184
1959 ...	1,509	469	1,978
1960 ...	2,274	547	2,821
1958-1960	5,549	1,434	6,983

¹i.e., outside the hours of 9.30 a.m. to 5.30 p.m.

Table 7.2 Referring agencies of attendances at the Emergency Clinic. —5,549 daytime attendances

Referring agency	Attendances				Attendances % 58-60
	1958	1959	1960	58-60	
General practitioner ...	795	746	1,100	2,641	47.6
Spontaneous ...	727	636	871	2,234	40.3
Out-patient department	177	52	163	392	7.1
Other hospitals ...	41	46	76	163	2.9
Social agencies ...	26	29	64	119	2.1
Total attendances ...	1,766	1,509	2,274	5,549	100.0

Table 7.3 Proportion of new, old, and current cases referred to the Emergency Clinic by different agencies (for the year 1960 only).—2,274 daytime attendances

Referring agency	Type of case			All types	No. of attendances
	New ¹	Old ²	Current ³		
General practitioner ...	62.6	30.1	7.3	100.0	1,100
Spontaneous ...	8.0	30.0	62.0	100.0	871
Other ...	24.1	13.2	62.7	100.0	303
All attendances ...	36.6	27.8	35.6	100.0	2,274

¹i.e., first-ever attendances at the hospital.

²i.e., previously discharged from the hospital.

³i.e., currently undergoing a spell of care at the hospital.

Table 7.4 *Disposal of attendances at the Emergency Clinic.—5,549 daytime attendances*

Disposal	No. of attendances			Attendances 1958-60	
	1958	1959	1960	No.	%
To general practitioner ...	85	26	68	179	3.2
Further treatment or supervision at the hospital as					
In-patient	174	196	244	614	11.1
Out-patient	992	796	1165	2,953	53.2
Day-patient	12	21	39	72	1.3
Recommended to another hospital					
Observation ward ...	25	24	95	144	2.6
Mental hospital	98	112	175	385	6.9
Out-patient	21	45	24	90	1.6
To P.S.W.	21	23	21	65	1.2
Advice only	338	266	443	1,047	18.9
Total attendances	1,766	1,509	2,274	5,549	100.0

Table 7.5 *Diagnosis of attendances at the Emergency Clinic.—5,549 daytime attendances*

Diagnosis	No. of attendances			Attendances, 1958-60	
	1958	1959	1960	No.	%
Schizophrenia ¹	326	259	407	992	17.9
Affective disorders ²	748	642	1,077	2,467	44.5
Organic psychoses	69	64	80	213	3.8
Neuroses (other than depressive)	333	308	327	968	17.4
Character disorders	266	196	346	808	14.6
Other	24	40	37	101	1.8
All diagnoses	1,766	1,509	2,274	5,549	100.0

¹Including paranoid states.

²Includes manic-depressive psychosis, involutional melancholia, and neurotic depression.

CHAPTER EIGHT

A. GENERAL PRACTITIONER REFERRALS

This section deals with the numbers of new adult cases referred by general practitioners to the hospital during 1958-1960, and with the location of these practitioners. The location of a practitioner is taken to be the postal address of the place (usually his surgery) from where he made his referral. It should be noted that the data in previous triennia were of a somewhat different nature (Third Report, page 87): the present data concern new cases rather than all referrals, and admissions rather than discharges; and the numbers do not include cases treated at the hospital as the result of domiciliary visits or private consultations. These changes were made for administrative reasons, but although the present tables are in consequence not fully comparable with those of previous reports they show essentially similar features.

Of the 5,346 new cases referred to the hospital by practitioners during 1958-1960, 4,492 (84%) were from practitioners in the London postal area, and 3,697 (69%) were from practitioners in the South London postal districts (Table 8.1).

The map indicates that most referrals come from practitioners near the Maudsley Hospital (in S.E.5.). Compared with the previous triennia, however, there appears to have been a considerable increase in the number of cases referred in the North and North-west postal districts of London.

Table 8.3 shows, in five areas of South London, the proportions of practitioners (on the Executive Council lists) who referred cases, and the number of cases referred per practitioner. The postal districts in area A comprise S.E.5 (where the Maudsley Hospital is) and those surrounding S.E.5; area B comprises the districts adjacent to those of A; the districts of area C lie next to these; and the districts of area D are those which lie furthest from the Maudsley Hospital. The districts of area E are all north of the Thames, and, though their geographical distance from the hospital is less than those of D, their administrative distance may be reckoned (on account of the river) to be greater. The conclusion to be drawn from Table 8.3 is the same as that drawn from the equivalent table for 1955-57 (Third Report, page 94): the nearer the general practitioner is to the Maudsley Hospital the more likely he is to refer cases there.

B. IN-PATIENT WAITING TIMES AND FAILED ADMISSIONS

The data for Tables 8.4 and 8.5 were extracted from books dealing with the waiting-list for adult in-patient admissions. These books record the date on which admission was advised, the date for which the patient was notified that a bed would be available for him, and the fact (if it happened) of the patient's failure to come.

In Table 8.4 (but not in Table 8.5), admissions to Ward 2 at the Maudsley Hospital have been excluded. This is because admissions to Ward 2 are often arranged to suit the convenience of patients; the waiting time may be several months and does not reflect the availability of beds. The average admissions per year to Ward 2 during 1958-60 were 115.

Two interesting points may be made from Table 8.4. First, only 10% of admitted patients had to wait more than a fortnight for admission, and only 20% more than a week. Second, the proportion of patients who could be admitted immediately increased notably from 1958 to 1960. Waiting times were considerably less at the Bethlem than at the Maudsley Hospital; at Bethlem during 1960 nearly 90% of patients were admitted in less than a week.

Table 8.5 indicates that the average failure rate among patients recommended for admission was about 5%. The failure rate was almost halved from 1958 to 1960, a fact which may be associated with the increasing proportion of patients who could be admitted immediately. The failure rate at Bethlem Hospital during 1960 was only 2.5%. The average waiting time of patients who failed was a day or two longer than those of patients on the waiting-list who accepted admission.

Table 8.1 Numbers of general practitioners and of new cases referred, by year and area

Location	Practitioners			New cases		
	1958	1959	1960	1958	1959	1960
London postal area						
S.E. ...	282	290	280	740	780	828
S.W. ...	188	177	162	471	439	439
W. ...	62	70	67	98	91	92
W.C. ...	10	12	12	12	27	14
E. ...	40	26	28	48	33	32
E.C. ...	4	8	3	4	9	6
N. ...	32	38	36	42	53	46
N.W. ...	42	55	54	57	64	67
Kent ...	70	69	68	114	117	106
Surrey ...	53	57	50	72	75	61
Other English counties ...	69	96	86	83	107	91
Wales ...	8	3	1	9	3	1
Scotland ...	3	1	—	3	1	—
Ireland ...	—	1	—	—	1	—
Channel Islands ...	2	—	—	2	—	—
Abroad ...	2	3	3	2	3	3
Total ...	867	906	850	1,757	1,803	1,786

Table 8.2 Numbers of general practitioners in South London postal areas, by number of new cases referred

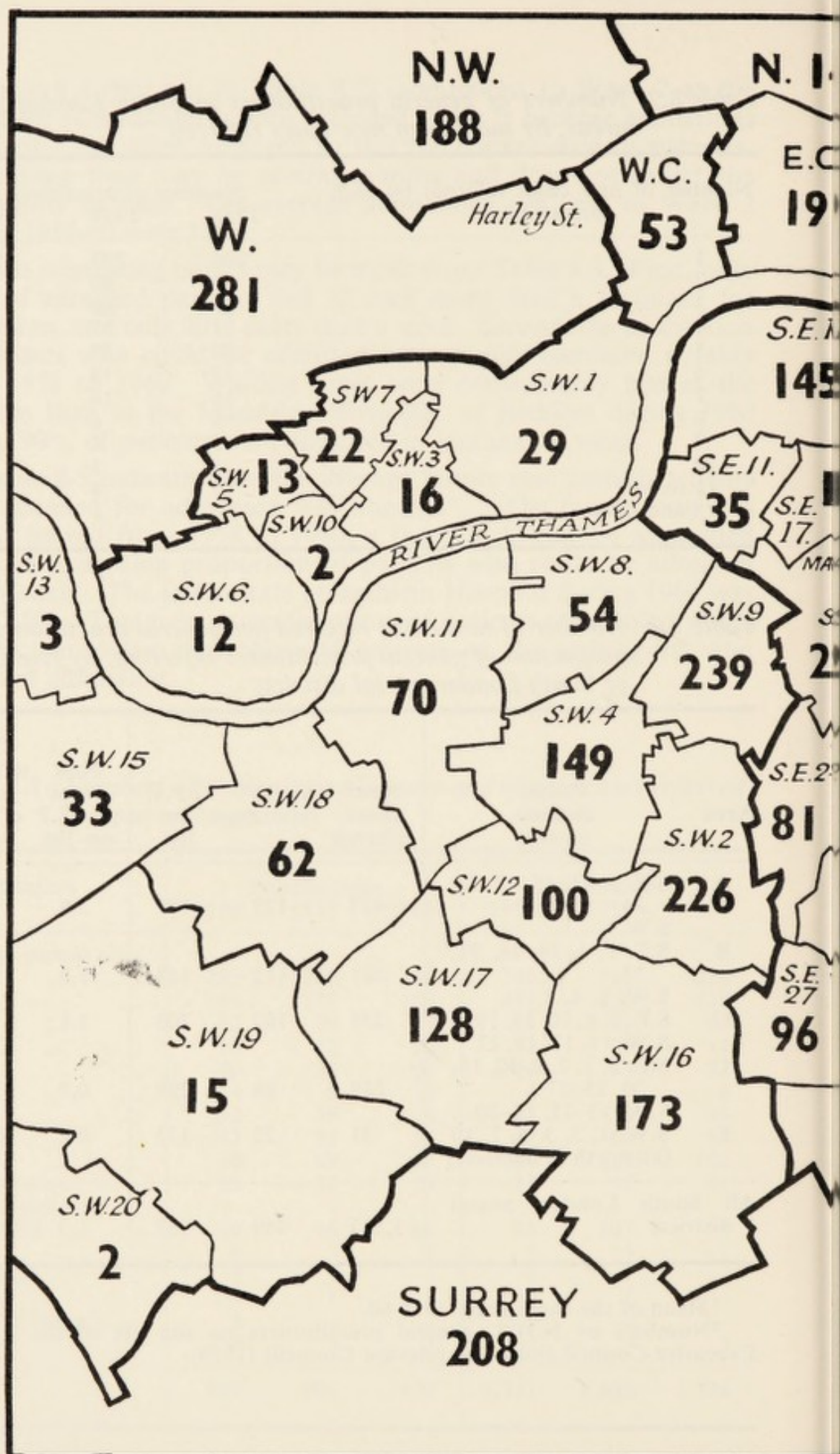
Number of new cases referred by each practitioner						Number of practitioners		
						1958	1959	1960
1	...	...	...	...	...	206	207	179
2	...	...	...	...	...	96	80	74
3	...	...	...	...	...	65	68	62
4	...	...	...	...	...	31	37	39
5	...	...	...	...	...	20	29	39
6	...	...	...	...	...	17	14	11
7	...	...	...	...	...	16	14	15
8	...	...	...	...	...	8	6	6
9	...	...	...	...	...	5	6	4
10	...	...	...	...	...	1	1	6
11 to 14	...	...	...	...	...	5	4	7
15 and over	...	...	...	...	...	—	1	—

Table 8.3 Number of new cases referred per general practitioner, and proportion of general practitioners referring, by five groups of South London postal districts

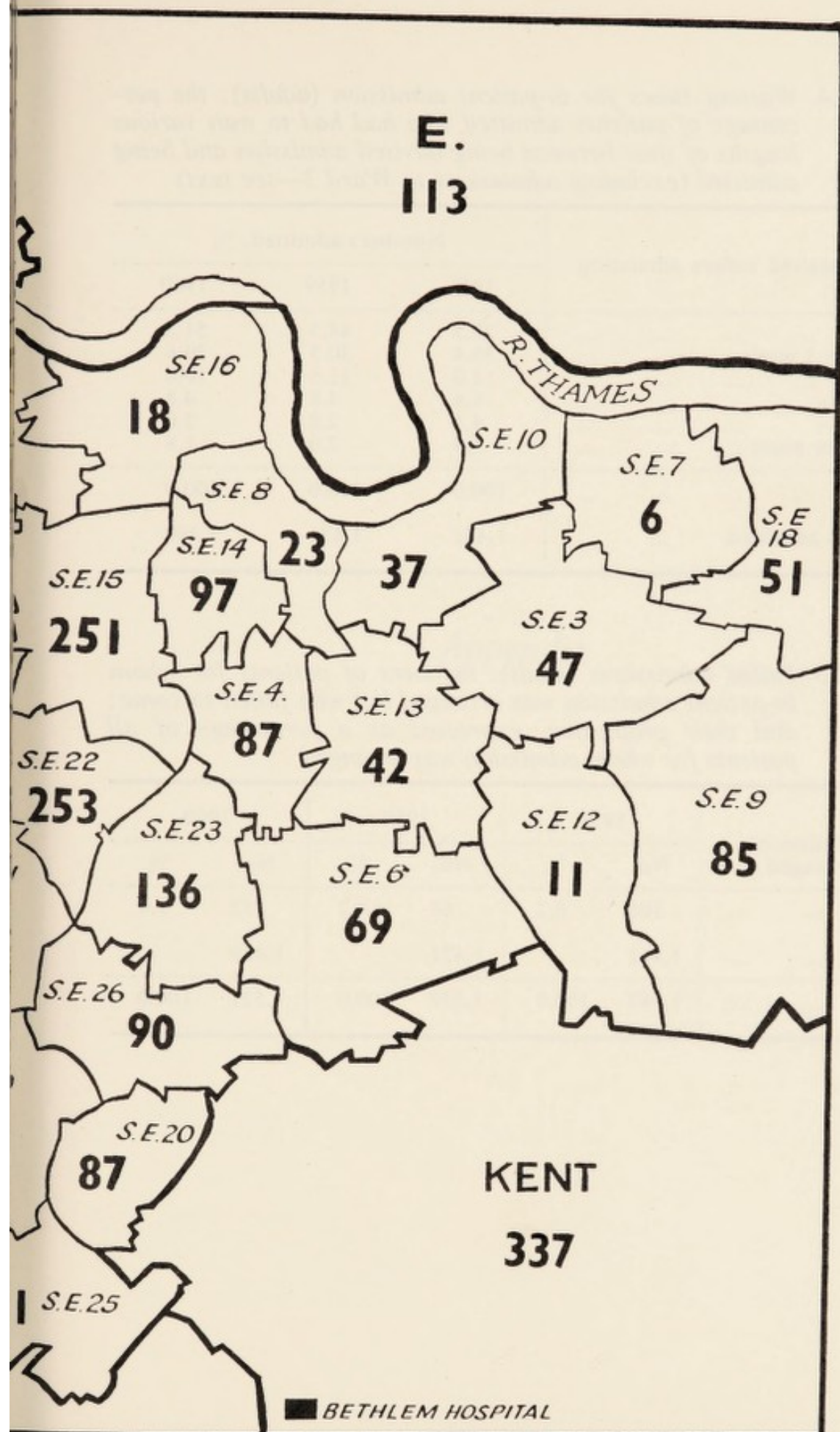
Area	Postal districts of area	New ¹ cases referred	G.P.s ¹ referring	G.P.s ² on list	New cases per G.P. on list	G.P.s referring, as % of G.P.s on list
A	S.E. 5, 11, 15, 17, 22, 24 ... S.W.9	427	125	147	2.9	85
B	S.E. 1, 4, 14, 16, 21, 23 ... S.W. 2, 4, 8	321	112	168	1.9	67
C	S.E. 6, 8, 10, 13, 19... S.W. 11, 12, 16, 17	235	102	208	1.1	49
D	S.E. 2, 3, 7, 9, 12, 18, 20, 25-27 ... S.W. 13-15, 18-20...	219	98	299	0.7	33
E	S.W. 1, 3, 5, 6, 7, 10 (all north of the river)	31	22	135	0.2	16
All South London postal districts	... ... ...	1,233	459	957	1.3	48

¹Mean of the three years 1958-60.

²Numbers of N.H.S. general practitioners on the list of the London Executive Council and other relevant Councils (1959).



MAP showing the number of new cases
by general practitioners working



1 to the Maudsley Hospital, 1958-1960,
ous postal districts of London.

Table 8.4 Waiting times for in-patient admission (adults): the percentage of patients admitted who had had to wait various lengths of time between being advised admission and being admitted (excluding admissions to Ward 2—see text)

Time waited before admission	Numbers admitted, %		
	1958	1959	1960
No wait	37.5	48.3	51.2
Less than 1 week	36.4	30.5	29.6
1 week—	14.0	11.6	10.6
2 weeks—	6.6	4.8	4.8
3 weeks—	4.1	2.8	2.0
4 weeks or more	1.4	2.0	1.8
Total	100.0	100.0	100.0
Numbers admitted	1,461	1,471	1,469

Table 8.5 Failed admissions (adult): numbers of patients for whom in-patient admission was arranged but who failed to come; and their proportion, expressed as a percentage of all patients for whom admission was arranged

Admission arranged	1958		1959		1960	
	No.	%	No.	%	No.	%
Failed	106	6.2	68	4.2	52	3.4
Came	1,461		1,471		1,469	
Total	1,567	100.0	1,539	100.0	1,521	100.0

Appendix

1 Name and Address of Patient 		The Bethlem Royal Hospital and The Maudsley Hospital ADULTS' DEPARTMENT		3 Number in Register	I-5																	
2 Maiden Name if Married Woman 		4 Age and Date of Birth Age _____ Date of Birth _____ N.K.*	*5 Sex M. F.	*6 Religion 1. C. of E. 2. R.C. 3. Non-Con. 4. Jewish 5. Other 6. None 7. N.K.	†7 Referred by Frames overleaf 1 _____ 2 _____ 3 _____ 4 _____	8 Previous Admissions <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">None*</th> <th style="width: 50%;">N.K.*</th> </tr> <tr> <td>As Adult</td> <td>No. of Admissions as:</td> </tr> <tr> <td>Frames overleaf</td> <td>O.P. I.P.</td> </tr> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td></td> </tr> <tr> <td>As child</td> <td></td> </tr> </table>	None*	N.K.*	As Adult	No. of Admissions as:	Frames overleaf	O.P. I.P.	1		2		3		4		As child	
None*	N.K.*																					
As Adult	No. of Admissions as:																					
Frames overleaf	O.P. I.P.																					
1																						
2																						
3																						
4																						
As child																						
†12a Diagnosis Principal Disease— Principal Accessory Conditions		Diagnostic Code 13-16 17-20 21-24	9 Name and Address of Patient's General Practitioner 																			
†12b Assessments (Inpatients only)* Thought Disorder 1 2 3 4 5 Emotional Disorder 1 2 3 4 5 Social Disorder 1 2 3 4 5		25 26 27	10 Name and Address of Nearest Relative Give Initials Telephone Nos. 																			
†12c Drugs Is Patient taking Drugs for Mental State* 1. Yes If Yes, Which _____ 2. No 3. N.K.		Cause of Death *P.M. Performed Yes No	11 Patient accompanied by: (Out-patients only) (Name and Address) Relationship To Patient 																			
To be filled in by P.S.W. (or by Doctor for Emergencies in the O.P.D. and direct admissions to wards)																						
13 Occupation (Record occupations of housewives' husbands as well as their own) N.K.*		14 Did Patient ask to be referred to a Psychiatrist* 1. Yes 2. No 3. N.K.	15 Duration of present off-work period or Unemployment* (see footnote) 1. Under 3 months 2. 4 months to 1 year 3. 1-5 years 4. 5+ years 5. N.K. 6. Employed	16 Usual Weekly Income: If Married, Husband's and Wife's combined* 1. Over £25 4. £5-7 2. £16-25 5. Under £5 3. £8-15 6. N.K.																		
17 Marital Status* 1. Single 2. Married 3. Widowed 4. N.K. 5. Sep. Jud. 6. Sep. Non-J. 7. Div. 8. Engaged		18 Married Patients only* <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Matrimonial Troubles</th> <th style="width: 50%;">Housing or Neighbour Troubles</th> </tr> <tr> <td>1. Yes</td> <td>4. Yes</td> </tr> <tr> <td>2. No</td> <td>5. No</td> </tr> <tr> <td>3. N.K.</td> <td>6. N.K.</td> </tr> </table>		Matrimonial Troubles	Housing or Neighbour Troubles	1. Yes	4. Yes	2. No	5. No	3. N.K.	6. N.K.	19 Patient's Age at First Marriage N.K.* Unmarried*	20 Age of first Spouse at Marriage N.K.* Unmarried*	21 Relatives treated at B.M. or other Psychiatric Unit, or Mental Hospital* (see footnote) 1. Yes 2. No 3. N.K.								
Matrimonial Troubles	Housing or Neighbour Troubles																					
1. Yes	4. Yes																					
2. No	5. No																					
3. N.K.	6. N.K.																					
22 Patient treated at other Psychiatric Unit or Mental Hospital* 1. Yes 2. No 3. N.K.		23 Twin* 1. Yes 4. Same Sex 2. No 5. Not Same Sex 3. N.K. 6. N.K.	24 Parents first Cousins* 1. Yes 2. No 3. N.K.	25 No. of other Children born alive to Patient's Mother 1. Born alive 2. Now alive None* N.K.*	26 Patient's birth order amongst sibs. born alive to patient's mother Only Child* N.K.*	27 No. of Patient's Children 1. Born alive 2. Now alive None* N.K.*																
28 Is Patient on Disablement Register?* 1. Yes 2. No 3. N.K.																						
* Encircle as or if appropriate. N.K.—Not Known. † Give appropriate item or No. in Handbook.																						
Question: 15 Not applicable to Housewives, Students and retired Persons.			Question: 21 "Relatives" here mean Parents, Uncles and Aunts, Grand-Parents, Sibs., Children and First Cousins.																			

FRAME 1 OUT-PATIENTS (1)				FRAME 2 IN-PATIENTS			
29 To be filled in by Records Department			30 Physicians in Charge	29 To be filled in by Records Department			30 Physicians in Charge
First Admission in Triennium	1. Yes 2. No	59		First Admission in Triennium	1. Yes 2. No	59	
Status of Patient		60		Admitted as I.P. from O.P.D.	3. Yes 4. No	60	
Duration of Marriage		61	62-64	Status of Patient		61	
31 Registrars				31 Registrars			
32 Dates of:				32 Dates of:			
Application		Admission		Application		Admission	
		65-66				65-66	
*33 Mode of Leaving		34† Disposal		33 Discharge against Advice		34† Disposal	
Discharged Died		Lapsed Suicide		No			
67		68-69		Yes		67	
35† Special Investigations		*36 Social Case Work		35† Special Investigations		36† Social Case Work	
		No Yes				Yes No	
70-71		72		70-71		72	
37†** Outcome		38† Treatment		37†** Outcome		38† Treatment	
73		74-75		73		74-75	
Date of Punching		40 For Follow-up*		Date of Punching		40 For Follow-up*	
		No Yes				No Yes	
		77				77	
FRAME 3 OUT-PATIENTS (2)				FRAME 4 OUT-PATIENTS (3)			
This frame should be filled in if the Patient is admitted to the O.P.D. a second time within a year of last Leaving—i.e. the Date of Leaving in frames 1 or 2 whichever is the later.				This frame should be filled in if the Patient is admitted to the O.P.D. a third time within a year of last Leaving—i.e. the Date of Leaving in frames 2 or 3 whichever is the later.			
29 To be filled in by Records Department			30 Physicians in Charge	29 To be filled in by Records Department			30 Physicians in Charge
First Admission in Triennium	1. Yes 2. No	59		First Admission in Triennium	1. Yes 2. No	59	
Status of Patient		60		Status of Patient		60	
Duration of Marriage		61	62-64	Duration of Marriage		61	62-64
31 Registrars				31 Registrars			
32 Dates of:				32 Dates of:			
Application		Admission		Application		Admission	
		65-66				65-66	
*33 Mode of Leaving		34† Disposal		*33 Mode of Leaving		34† Disposal	
Discharged Died		Lapsed Suicide		Discharged Died		Lapsed Suicide	
67		68-69		67		68-69	
35† Special Investigations		*36 Social Case Work		35† Special Investigations		*36 Social Case Work	
		No Yes				No Yes	
70-71		72		70-71		72	
37†** Outcome		38† Treatment		37†** Outcome		38† Treatment	
73		74-75		73		74-75	
Date of Punching		40 For Follow-up*		Date of Punching		40 For Follow-up*	
		No Yes				No Yes	
		77				77	

* Encircle as or if appropriate.

† Give appropriate item or number in Handbook.

W.A.S.D./Two

** Outcome: Outpatients. Make entry (number in Handbook) only if Treatments recorded in Box 38 are given.

† Number of times seen: Outpatients. Include here all visits to Joint Hospital at which the patient is seen by a Doctor for any purpose.

1 Name and Address of Patient 		The Bethlem Royal Hospital and The Maudsley Hospital CHILDREN'S DEPARTMENT		3 Number in Register																	
2a Name of School Address 2b Secretary Care Committee Address		4 Age and Date of Birth Age _____ Date of Birth _____ N.K.*	5 Sex M. F.	6 Religion 1. C. of E. 2. R.C. 3. Non-Con. 4. Jewish 5. Other 6. None 7. N.K.	7 Referred by Frames overleaf 1 _____ 2 _____ 3 _____ 4 _____	8 Previous Admissions None* N.K.* No. of Admissions as: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Frames overleaf</th> <th>O.P.</th> <th>I.P.</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> </table>	Frames overleaf	O.P.	I.P.	1			2			3			4		
Frames overleaf	O.P.	I.P.																			
1																					
2																					
3																					
4																					
12 Diagnosis Principal Disease— Principal Accessory Condition— Descriptive Code (Profile)— To be filled in by Records Department		Diagnostic Code 13-16 17-20 21-27	9 Name and Address of Patient's General Practitioner 																		
Cause of Death 		*P.M. Performed Yes No	10 Name and Address of Nearest Relative Give Initials Telephone Nos. 																		
11 Patient accompanied by: (Out-patients only) (Name and Address)		Relationship To Patient None* N.K.*																			
To be filled in by P.S.W. (or by Doctor for Emergencies in the O.P.D. and direct admissions to wards)																					
13 Occupation of Supporting Parent or Substitute (Record occupations of housewives' husbands as well as their own) N.K.*		14 Duration in this occupation (see footnote) N.K.*	15 Duration of present Unemployment* (see footnote) 1. Under 3 months 2. 4 months to 1 year 3. 1-5 yrs. 4. 5+ yrs. 5. N.K. Employed		16 Usual Weekly Income: (Parents or Substitute) 1. Over £25 2. £16-25 3. £8-15 4. £5-7 5. Under £5 6. N.K.																
17 Age of Mother at Patient's Birth N.K.*	*18 Marital Status of Patient's Mother 1. Single 2. Married 3. Widowed 4. N.K. 5. Sep. Jud. 6. Sep. Non. Jud. 7. Div. 8. Engaged		*19 Patient's Mother Married more than once 1. No 2. Yes Unmarried*	20 Patient's Mother's age at First Marriage N.K.* Unmarried*	21 Child cared for* 1. At Parents' Home 2. At Foster Parents' Home 3. In Institution																
22 Relatives treated at B.M. Hospital* (see footnote) 1. Yes 2. No 3. N.K.	23 Relatives Psychiatrically treated elsewhere* (see footnote) 1. Yes 2. No 3. N.K.	24 Twin* 1. Yes 2. No 3. N.K. 4. Same Sex 5. Not Same Sex 6. N.K.		25 Parents first Cousins* 1. Yes 2. No 3. N.K.	26 No. of other Children born alive to Patient's Mother 1. Born alive 2. Now alive None* N.K.*																
27 Birth Order among Sibs. born alive Only Child* N.K.*																					
28 1. Seen by P.S.W. 2. Not Seen		Name of P.S.W.		* Encircle as or if appropriate reply. N.K. = Not Known † Give appropriate item or No. in Handbook.																	
Questions: 14 Not applicable to Housewives. 18 Students and retired Persons.		Questions: 22 "Relatives" here mean Parents, Uncles and Aunts, 23 Grand-Parents, Sibs., Children and First Cousins.																			

FRAME 1 OUT-PATIENTS (1)				FRAME 2 IN-PATIENTS			
29 To be filled in by Records Department			30 Physicians in Charge	29 To be filled in by Records Department			30 Physicians in Charge
First Admission in Triennium	I. Yes 2. No	62		First Admission in Triennium	I. Yes 2. No	62	
Status of Patient		63		Admitted as I.P. from O.P.D.	3. Yes 4. No		
Duration of Marriage		64	65-67	Status of Patient		63	
31 Registrars				Duration of Marriage		64	
32 Dates of:				31 Registrars			
Application	Admission	Leaving		65-67			
*33 Mode of Leaving			34† Disposal	32 Dates of:			
Discharged	Lapsed			Application	33 Discharge against Advice	34† Disposal	
Died	Suicide			Admission	No		
		70	71-72	Discharge	Yes		
35† Special Investigations			*36 Social Case Work	35† Special Investigations			
			No Yes	36† Social Case Work			
73-74			75	Yes			
37†** Outcome			38† Treatment	No			
		76	77-78	75			
Date of Punching			40 For Follow-up* No Yes	37† Outcome			
				76			
FRAME 3 OUT-PATIENTS (2)				FRAME 4 OUT-PATIENTS (3)			
This frame should be filled in if the Patient is admitted to the O.P.D. a second time within a year of last Leaving—i.e. the Date of Leaving in frames 1 or 2 whichever is the later.				This frame should be filled in if the Patient is admitted to the O.P.D. a third time within a year of last Leaving—i.e. the Date of Leaving in frames 2 or 3 whichever is the later.			
29 To be filled in by Records Department			30 Physicians in Charge	29 To be filled in by Records Department			30 Physicians in Charge
First Admission in Triennium	I. Yes 2. No	62		First Admission in Triennium	I. Yes 2. No	62	
Status of Patient		63		Status of Patient		63	
Duration of Marriage		64	65-67	Duration of Marriage		64	
31 Registrars				31 Registrars			
32 Dates of:				32 Dates of:			
Application	Admission	Leaving		Application	Admission	Leaving	
68-69				68-69			
*33 Mode of Leaving			34† Disposal	*33 Mode of Leaving			
Discharged	Lapsed			Discharged	Lapsed		
Died	Suicide			Died	Suicide		
		70	71-72			70	
35† Special Investigations			*36 Social Case Work	35† Special Investigations			
			No Yes				
73-74			75	73-74			
37†** Outcome			38† Treatment	37†** Outcome			
		76	77-78	76			
Date of Punching			40 For Follow-up* No Yes	Date of Punching			
				40 For Follow-up* No Yes			
80				80			

* Encircle as or if appropriate.

† Give appropriate item or number in Handbook.

W.A.S.I.A. 1969

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THE BETHLEM ROYAL HOSPITAL AND THE MAUDSLEY HOSPITAL

DOMICILIARY SERVICE

* Encircle as appropriate

Number in
Domiciliary
Register

1-5

NAME OF DOCTOR PAYING VISIT		NAME AND ADDRESS OF PATIENT		NAME, ADDRESS, TELEPHONE No. AND KINSHIP OF NEAREST RELATIVE	
DATE OF VISIT		DATE OF APPLICATION		NAME, ADDRESS AND TELEPHONE No. OF PATIENT'S PRIVATE DOCTOR	
AGE AND DATE OF BIRTH		SEX	RELIGION *	MARITAL STATUS *	OCCUPATION
Age		1. M	1. C. of E. 2. R. C.	1. Single 2. Married	N.K.*
Date of Birth		2. F	3. Non. Con. 4. Jewish	3. Widowed 4. N.K.	
10-11			5. Other 6. None	5. Separated 6. Sep. Non-Jud.	
* N.K.			7. N.K.	7. Divorced 8. Engaged	
12		13	14	15-18	
PRINCIPAL DIAGNOSIS			DISPOSAL RECOMMENDED		
19-22			(Encircle appropriate number)		
			1. To Wards of Joint Hospital 5. To O.P.D. Joint Hospital 2. To Wards of Mental Hospital 6. To Day Hospital 3. To Observation Ward 7. Advice to G.P. 4. To Wards of other Hospital 8. Other disposal		
23-24					
Approximate distance of Patient's home from		Time of arriving at, and leaving Patient's home			
Maudsley *miles		Arrival			
Bethlem *miles		Departure			
* Encircle nearest to patient's home					
VISITING DOCTOR'S NOTES					

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