The Bethlem Royal Hospital and the Maudsley Hospital : triennial statistical report : years 1961-1963 / edited by E. H. Hare.

THE BETHLEM ROYAL HOSPITAL
AND THE MAUDSLEY HOSPITAL

TRIENNIAL STATISTICAL REPORT

YEARS 1961-1963

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

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FOREWORD

The present Report is somewhat bulkier than its two predecessors. This is because it not only presents the statistics of the current triennium but compares them with those of the four previous triennia and discusses some of the statistical trends discernable over this period. As Reports accumulate, the study of such trends should be of increasing historical interest; it may also perhaps have a practical value, though how far a trend reflects psychiatric progress rather than a change in fashion, selection, distribution or natural history, will never be easy to determine. With the hope of emphasising the historical interest of hospital statistics, I have made a brief comparison of the present triennial figures with those of Bethlem Hospital a hundred years ago (Chapter I).

A change in lay-out from previous reports may be noted. Percentages are given to the nearest whole number and not, as formerly, to a decimal place. To help distinguish numbers from percentages, all percentage figures in the tables are printed in italics.

Professor Sir Aubrey Lewis and Dr. Michael Shepherd read the manuscript, and I am grateful to them for their criticisms.

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COMMENTARY

TABLES

Table 1.1 *Numbers of new patients, patients, and discharges*[1], 1961-63

	Male	Female	Total
ADULTS			
New Patients			
Hospital patients	4,184	4,280	8,464
In-patients	1,413	1,913	3,326
Out-patients	3,112	2,782	5,894
Patients			
Hospital patients	5,539	5,963	11,502
In-patients	1,676	2,272	3,948
Out-patients	3,960	3,806	7,766
Discharges			
Total	6,217	6,809	13,026
In-patient	1,920	2,689	4,609
Out-patient	4,297	4,120	8,417
CHILDREN			
New patients			
Hospital patients...	650	405	1,055
In-patients	174	134	310
Out-patients	483	274	757
Patients			
Hospital patients...	683	415	1,098
In-patients	180	134	314
Out-patients	503	281	784
Discharges			
Total	690	421	1,111
In-patient	185	138	323
Out-patient	505	283	788

[1]See definitions, Chapter 1

CHAPTER ONE

INTRODUCTION

1. The Fifth Report

The present triennial statistical report, the fifth in the series, deals with cases discharged during the years 1961-63 and also with a comparison of statistics over five triennia. The purpose, method of collection, and essential limitations of these statistics have been described and discussed in earlier reports. It may be repeated, however, that the reports contain the only detailed statistics on psychiatric out-patients so far published in Great Britain.

2. Trends During the Past 15 Years

The first five Statistical Reports of the Bethlem Hospital cover the years 1949-1963. Statistical trends over this 15-year period can be discerned in the appropriate tables and are discussed in the commentaries, but for ease of reference the most interesting and clear-cut of these trends are summarised below. It must be remembered that the existence of a statistical trend tells us nothing about its cause and that the causal explanations offered here are no more than likely possibilities.

(1) *Numbers of Patients.* There has been a steady and marked increase in the numbers of adult patients attending the hospital. The over-all increase in 15 years has been 50% (p. 8). For out-patients, the rate of increase has been growing since 1952, and this is probably due in part to the increasing use being made of the Emergency Clinic. There has been no increase in the numbers of children; the numbers of out-patient children are falling (p. 42).

(2) *Duration of Stay.* The duration of stay of adult in-patients has steadily decreased (pp. 19, 24), such that over the last twelve years there has been a 30% reduction for both sexes in the time of stay. For children, the median duration of stay has decreased for girls, but for boys it has increased (p. 44).

(3) *Special Investigations* (pp. 20,26). X-ray examination of adult patients has become progressively more common, the proportion of cases X-rayed increasing from 23% to 55%. The use of blood counts and bacteriological tests has also increased, but that of electroencephalography, basal metabolic rate and special psychological tests of intelligence has decreased. The decrease in psychological tests probably reflects the fact that simple intelligence tests are increasingly administered by the medical staff.

(4) *Special Treatments* (pp. 20,27). Coma insulin therapy declined after 1952-54 and was discontinued altogether in 1958. Modified insulin therapy has progressively declined from 65 cases per year to 11 per year. The number of leucotomy operations, which at first rose from 11 per year to 30 per year (in 1952-54),

has since fallen again to 10 per year. The proportion of cases receiving electro-convulsive therapy rose between 1949 and 1957 from 29% to 34%, but has since fallen back to 25%. It is thus clear that what have been called the physical treatments of psychiatry are being used less. Their decline has been off-set by an increased use of drugs.

(5) *Diagnosis* (p. 32). Among adult in-patients there has occurred a steady and notable decrease in the proportion of cases diagnosed as neurotic. This is due to a decrease in anxiety neurosis, hysteria and obsessional neurosis, but not in neurotic depression. The proportion of cases diagnosed as manic-depressive psychosis has increased greatly (from 18% to 31%). Psychopathic disorder and alcoholism have also increased, but only since 1958. Similar trends occur in the diagnoses of out-patients (p. 36) and day-patients (p. 63). Possible causes are discussed in Chapter IV.

(6) *Mode of Discharge.* There has been a progressive decrease, from 45 per year to 9 per year, in the number of cases where transfer from the hospital to an Observation Ward (or Emergency Unit) was necessary (p. 21). Every such transfer represents a failure on the part of the hospital to continue treatment on a voluntary or informal basis, and the fall in numbers may reflect an increased efficacy of drug treatment in the management of disturbed cases.

The proportion of in-patients who discharged themselves against medical advice decreased slightly (from 14% to 12%) during fifteen years. But there was an increase, and a fairly marked one (from 19% to 28%), in the proportion of out-patients lapsing in attendance (p.21). Among out-patient children a similar trend is apparent (p. 44).

(7) *Outcome of Treatment.* The proportion of adult in-patients discharged as recovered or much improved has increased steadily (from 47% to 53%), with a corresponding decrease in the proportion discharged as unchanged or worse (p. 21). Among in-patient children, however, trends opposite to these occurred (p. 44). It would be hazardous to guess the probable causes of these trends.

To summarise in one sentence the main trends of the past fifteen years: the number of adult patients coming to the hospital is increasing; the duration of stay of in-patients is decreasing; physical methods of treatment are giving place to drugs; anxiety neurosis is being diagnosed less and manic-depressive psychosis more; fewer patients are needing to be transferred on account of disturbed behaviour; and a small but noteworthy increase is occurring in the proportion of patients discharged as recovered or much improved.

3. A Hundred Years Ago

Hospital statistical reports provide the historian with a record not only of numbers and types of cases but also of the varieties

of information thought at the time to be worth collecting; and what is thought worth collecting will depend not only on the technical development of the subject but also on prevailing ideas about causation and prognosis. Much of the present report is concerned with a comparison of figures in the past five triennia, and it may therefore be of interest to devote a page or two to the Bethlem statistics of a hundred years ago.

During 1861-63, Bethlem hospital was in St. George's Fields, Lambeth, on the site of what is now the Imperial War Museum. The hospital cases at that time were classed as curable, incurable, and criminal. The criminal cases (numbering about 130) were transferred to Broadmoor in 1863-64; the incurable cases (numbering about 70) were those not fit for discharge after at least a year's stay in the curable section and for whom a bed was available; the curable cases were cases thought to be of good prognosis and admitted under the provision that they would not ordinarily stay more than a year. It is the admission and discharge of the curable cases which were the main statistical concern of the Resident Physician of Bethlem in his annual reports and it is these cases which are fairly comparable with those nowadays admitted to the Bethlem-Maudsley hospital.

The average annual number of discharges during 1861-63 was 60 male and 101 female cases. Their median age (31 years for males, 35 for females) was five years younger than in 1961-63, and 45% were unmarried compared with 36% now. Acute melancholia was the commonest diagnosis, made in 30%. No category of chronic melancholia is listed and the next commonest diagnosis was chronic mania (22%), followed by acute mania (18%) and dementia (18%). Puerperal mania was recorded in 7% of females[1]. Cases of general paralysis were not admitted to Bethlem because such cases were incurable; but doubtful cases were given the benefit, and the increasing proportion of admissions (5% in 1861-63) in which this diagnosis was eventually made led Sir Charles Hood to lament "how manifestly a form of mental disease known as general paralysis appears to be on the increase".

In each annual report a table lists the total of curable patients admitted during the previous hundred years. For the centennium 1762-1861 this total was 19,624 of whom 44% were discharged cured and 7% died in hospital. For 1861-63 the proportion discharged cured was 55%, a figure which may be compared with the 53% discharged recovered or much improved during 1961-63.[2]

[1] And by one of those slips from which no statistical report can claim immunity, this diagnosis is also assigned to 7 males. See also *Brit. Med. J.*, 1965, **i**, 401, for a grosser example and some pertinent comment.

[2] Fluctuations in the cure rate might be the subject of an interesting study. When Edward Tyson was physician to Bethlem (from 1684 to 1703), 69 per cent of the patients were "cured and discharged". See Leigh, D., *The Historical Development of British Psychiatry* (London, 1961, page 2).

The proportion of deaths in 1861-63 was 8%, the commonest cause of death being exhaustion following acute mania or melancholia. In 1961-63, the death rate among an older population of in-patients was less than 1% and though administrative changes may provide a partial explanation yet this fall in death rate is perhaps the most striking of the differences to be remarked in a comparison of these centenary statistics.

Many statistics in the old reports have no counterpart now, and the reasons for this may variously be assigned to changes in frequency of the events, in ideas of the reliability of information, or simply in administrative concepts of what figures should be taken to reflect a progresive hospital. In 1861-63, 42% of the patients are recorded as having meditated or attempted suicide before admission, while 34% were at the time of admission classed as dangerous or violent to others. Today, only a minute proportion of Bethlem patients could be described as dangerous or violent; and even if we included the Psychiatric Emergency Unit at St. Francis' Hospital, the proportion would still be very small[2]. Yet in spite of the high proportion of violent admissions, the weekly average of patients under restraint was nil and had been so since 1851. We learn from another table that of those discharged cured 41% had been ill for less than a month before admission, while of those discharged uncured this proportion was only 19%—a contrast which led the resident physician, William Helps, to observe that "it cannot be too strongly impressed . . . how much a favourable result in the treatment of the insane depends on early and judicious management", and to regret that the loss of opportunity for early treatment "can only be accounted for by supposing that a false notion exists, that by becoming an inmate of an Asylum a person incurs an ineradicable social stain".

Aetiological factors in mental illness seemed less obscure a century ago than they do today. In a table of "apparent or assigned causes", puerperal or uterine disturbance is the commonest in females (20% of cases) and masturbation in males (12%). Heredity accounts for 10%, mental anxiety for 8%; then come loss of relatives (6%), reduced circumstances (5%), and intemperance, surprisingly low at 4%. Other causes of mental illness (leading to the social stain of asylum admission) include disappointment, fright, excessive study and religious excitement. "Previous attacks" was considered a sufficient cause and covers 15% of cases, while in a final 15% the cause is "not traceable, probably idiopathic". The degree of education, anticipating our present social class by occupation, was rated superior in 8%, good in 35%, moderate in 56% and indifferent or none in 1%; but no analysis of diagnosis, or of outcome, by education is attempted. The proportion of patients

[2] This and other differences between Bethlem patients a hundred years apart have been described and discussed by Klaff and Hamilton (*J. Ment. Sci.*, 1961, **107**, 819).

attending Sunday chapel in 1861 is recorded as 55.80%, a figure which declined during the triennium to 53.13%[1].

4. New Features of the Present Report

The work of the adolescent unit (at Bethlem) is described in Chapter V, and that of the Out-patients Department in Chapter VII. Chapter VII also gives statistics for discharges from the Psychiatric Emergency Unit at St. Francis' Hospital, Dulwich, which is staffed by doctors from the Bethlem-Maudsley hospital.

New tables deal with the patients' country of birth (Tables 2.17, 5.30), with self-referrals by social class (Table 3.3) and with an analysis of factors associated with the time taken by patients to travel from home to the Out-patient Department (Tables 3.19-3.22). Also new are the tables dealing with cases first seen at the Emergency Clinic (Tables 7.1-7.4) and with waiting-times for out-patient appointments (Tables 7.7, 7.8).

In the present report, percentage figures have been given in whole numbers and not (as previously) to a decimal place; in the tables, percentages are printed in italics.

5. Definition of Terms

The same definitions are adopted as in the previous two reports. They are as follows:

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 Royal Bethlem 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.

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[1] The figure continued to decline steadily, and in 1882 it was only 32.2 per cent. But we should resist the temptation to conclude that this was why it was omitted altogether from the reports after that year.

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-patients 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.

Table 1.2 *Average number of in-patient beds available during* 1961-63

Department	Maudsley	Bethlem	Joint Hospital
Psychiatric			
Adults	197	199	396
Children	26	30	56
Neurosurgical	30	—	30
TOTAL	253	229	482

Table 1.3 *Numbers of hospital professional staff*

	1949	1954	1957	1960	1963
DOCTORS[2]					
Consultants					
Whole-time	10	8	9	8	8
Part-time (and whole-time equivalent in brackets)	8	14	15 (9)	18 (9)	30 (12)
Senior Registrars					
Whole-time					
Part-time					
Registrars and Senior House Officers	44	60	67	64	65
Clinical Assistants ...					
NURSES					
Whole-time					
Male				74	84
Female	182	247	237	173	227
Part-time					
Male				4	3
Female	49	84	107	92	82
CLINICAL PSYCHOLOGISTS ...	6	10	9	8	9
PSYCHIATRIC SOCIAL WORKERS	11	11	12	14	16
OCCUPATIONAL THERAPISTS...	9	12	12	13	15

[1]Excluding the Neurosurgical Unit

CHAPTER TWO

ADULTS: SOCIAL DATA

Introduction

This chapter deals with the demographic and social aspects of patients. The tables are based on the number of patients attending the hospital or its departments. For those patients who were discharged more than once during a triennium, the information used is that recorded at the first discharge.

1. Numbers of Patients

Table 2.1 shows the continued steady increase in the number of cases dealt with at the hospital during five triennia. In 1961-63 the numbers of in-patients, of out-patients, and of total discharges were all 50% higher than in 1949-51. Between 1955-57 and 1961-63 (the figures for earlier triennia were not extracted), the number of new in-patients increased by 14% and the number of new out-patients by 32%. It is thus clear that, in terms of care given to patients, the volume of work done in the hospital has greatly increased over the past fifteen years. Moreover, as there has been no significant increase in the number of in-patient beds or in the space of the out-patient department during this period, the increased work is reflected for in-patients in an increased turn-over of cases, and for out-patients in an increased number of clinics and number of cases per clinic.

Table 1.1 (page x) shows that during 1961-63 there were 8,464 new adult patients, i.e., patients discharged for the first time from the hospital The total discharges were 13,026 so that the re-discharge rate was 35%. This rate is notably less than in the previous two triennia (49% and 43%); the diminution is largely to be accounted for by the increased numbers of new cases seen at the Emergency Clinic. For in-patients, the re-discharge rate was 28%, for out-patients, 30%.

2. Age and Sex (Table 2.3)

Since 1955-57 the proportion of hospital patients under 25 years old has increased from 15% to 20%, and the proportion of those over 55 has decreased from 17% to 11%. Thus the hospital population is at present tending to become younger.

3. Previous Discharges (Tables 2.4, 2.5)

There has been no important change during five triennia in the proportion of discharged patients who had also been discharged from the hospital in previous years. This proportion is about 15%.

Of in-patients discharged during 1961-63, 11 males and 16 females had previously been in-patients in the Children's Department and 21 males and 18 females had been out-patients there. For out-patients, these numbers were 17 males and 14 females, and 61 males and 38 females respectively.

4. Religion (Table 2.6)

Over five triennia, the proportion of patients who belonged to the Church of England has steadily decreased (from 74% to 65%). This has been balanced by an increase in the proportion of Roman Catholics (from 11% to 18%) and of those giving their religion as "none" (from 2% to 5%).

5. Occupation and Social Class (Tables 2.7, 2.8)

Among males, a noteworthy change in occupational rates from the previous triennium is the increase in the professional and technical group from 11% to 14% (i.e., from 527 patients to 756).

The number of patients who are students (at school, college or university) continues to increase. In successive triennia since 1952, the numbers have been: Males, 107, 180, 225, 280; Females, 58, 61, 88, 184.

Among 3,318 females who were housewives, 13% were in part-time, and 17% in full-time, remunerative employment.

Table 2.8 suggests that during the first three triennia there was a slight trend towards higher social class, reversed in the last two triennia. The development of the Emergency Clinic may be a factor in this reversal.

6. Marital Status (Table 2.9)

The proportion of single males has increased over three triennia, from 40% to 44%. This is consistent with the increased proportion of younger patients (Table 2.3).

7. Patients who asked to be Referred (Table 2.13)

The question asked at the patient's first attendance was of the form "Did you, or your relatives or friends, ask your doctor to send you to a psychiatrist?" One-quarter of in-patients and nearly a third of out-patients answered yes to this question, proportions the same as in 1958-60. Asking to be referred was commoner in males and most frequent in the middle age-groups.

8. Country of Birth (Tables 2.16, 2.17)

Table 2.16 is a new table. It shows that 84% of patients were born in the United Kingdom, 8% in other Commonwealth Countries and 8% elsewhere. Of the 1,705 patients born outside the U.K.,

nearly one-third were born in Eire and about one-fifth in Europe. Noteworthy is the relatively large number of males born in Asia (which mostly means those born in India and Pakistan). From most foreign countries there were more males than females, but from the group of "other European countries" there were over twice as many female patients as males.

If we make the assumption that the Asian-born patients are all from the Commonwealth and that those born in "other" countries are all foreign born, then we have the comparison shown in Table 2.17. The Maudsley Hospital is in Camberwell but close to the adjacent borough of Lambeth. Compared with London as a whole, Camberwell has a smaller proportion of persons born in the overseas commonwealth countries whereas Lambeth (which includes Brixton) has a higher proportion. The table suggests that persons born in England and Wales are under-represented among the hospital patients. The foreign-born are much over-represented and those from Scotland and N. Ireland and from Eire somewhat over-represented. But it does not seem likely that there is any over-representation of persons born in the commonwealth countries.

Table 2.1 *Numbers of adult patients and discharges in five triennia*

Status	1949-51	1952-54	1955-57	1958-60	1961-63
Hospital patients	*	*	9,554	10,403	11,502
In-patients	2,636	3,353	3,580	3,947	3,948
Out-patients	5,151	6,004	6,229	6,752	7,766
Total discharges	8,725	*	10,626	11,906	13,026
In-patient discharges ...	3,245	3,641	3,942	4,477	4609
Out-patient discharges ...	5,480	*	6,684	7,429	8,417

*Figure not extracted.

Table 2.2 *In-patient discharges, by hospital and year*

Year	Maudsley			Bethlem		
	Male	Female	Total	Male	Female	Total
1961 ...	380	418	798	245	499	744
1962 ...	379	443	822	283	451	734
1963 ...	354	410	764	279	468	747
1961-63	1,113	1,271	2,384	807	1,418	2,225
1958-60	1,062	1,268	2,330	774	1,373	2,147

Table 2.3 *Age and sex.*—3,948 *in-patients and* 7,766 *out-patients*

Age	Males No.	Males %	Females No.	Females %	Persons No.	61-63 %	58-60 %
IN-PATIENTS							
Under 20 ...	172	*23*	202	*19*	374	*21*	*16*
20— ...	205		226		431		
25— ...	336	*20*	486	*22*	822	*21*	*24*
35— ...	354	*21*	486	*21*	840	*21*	*22*
45— ...	291	*17*	383	*17*	674	*17*	*17*
55— ...	200	*12*	271	*12*	471	*12*	*12*
65— ...	94	6	155	*6*	249	*6*	*7*
75 and over	24	*1*	63	*3*	87	*2*	*2*
All ages ...	1,676	*100*	2,272	*100*	3,948	*100*	*100*
OUT-PATIENTS							
Under 20 ...	317	*21*	275	*19*	392	*20*	*17*
20— ...	516		442		958		
25— ...	1,155	*29*	1,063	*28*	2,218	*29*	*29*
35— ...	980	*25*	918	*24*	1,898	*23*	*25*
45— ...	623	*16*	590	*16*	1,213	*16*	*15*
55— ...	276	*7*	310	*8*	586	*8*	*9*
65— ...	76	*2*	170	*5*	246	*4*	*5*
75 and over	17		38		55		
All ages ...	3,960	*100*	3,806	*100*	7,766	*100*	*100*

Table 2.4 *Previous in-patient discharges* (*before* 1961).—3,948 *in-patients*

Number of previous discharges	Males	Females	Persons	Persons, % 61-63	58-60	55-57
None	1,413	1,913	3,326	*84*	*86*	*82*
1...	173	215	388	*10*	*10*	*14*
2...	50	82	132			
3...	23	31	54	*6*	*4*	*4*
4 or more ...	17	31	48			
Total in-patients ...	1,676	2,272	3,948	*100*	*100*	*100*

Table 2.5 *Previous out-patient discharges* (*before* 1958).—7,766 *out-patients*

Number of previous discharges	Males	Females	Persons	Persons, % 61-63	58-60	55-57
None	3,112	2,782	5,894	*76*	*71*	*72*
1...	455	582	1,037	*13*	*13*	*14*
2...	209	250	459	*6*	*9*	*8*
3...	84	93	177	*2*	*4*	*3*
4...	49	46	95			
5...	27	30	57	*3*	*3*	*3*
6 or more ...	24	23	47			
Total out-patients	3,960	3,806	7,766	*100*	*100*	*100*

Table 2.6 *Religion.*—11,502 *hospital patients*

Religion	Males	Females	Persons, % of known 61-63	58-60	55-57	52-54[1]	49-51[1]
Church of England ...	3,345	3,958	*65*	*68*	*71*	*73*	*74*
Roman Catholic	998	998	*18*	*16*	*13*	*12*	*11*
Nonconformist	294	326	*5*	*6*	*7*	*6*	*7*
Jewish ...	156	185	*3*	*4*	*4*	*4*	*4*
Other	253	191	*4*	*3*	*3*	*3*	*4*
None	362	192	*5*	*3*	*2*	*2*	
Total known ...	5,408	5,850	*100*	*100*	*100*	*100*	*100*
Not known ...	131	113	(2)	(2)	(2)	(2)	(2)
Total patients...	5,539	5,963					

[1]In-patients plus out-patients

Table 2.7 Occupation: proportion in certain occupational groups.—11,502 *hospital patients*

Code Nos.	Occupational Group	MALES		FEMALES			
				Supporter's occupation		Patient's occupation	
		No.	% of known	No.	% of known	No.	% of known
110-279 ...	Metal manufacturing	530	*10*	356	*13*	169	*7*
470-579 ...	Wood, paper, etc.	234	*4*	148	*5*	48	*2*
580-609 ...	Building, decorating	2,929	*6*	161	*6*	36	*1*
610-629 ...	Administrators and managers	199	*4*	140	*5*	45	*2*
630-709 ...	Transport and communications	523	*10*	409	*14*	85	*3*
710-759 ...	Commerce, finance and insurance	525	*10*	369	*13*	86	*4*
760-819 ...	Professional and technical	756	*14*	308	*11*	435	*18*
861-888 ...	Personal service	328	*6*	131	*5*	449	*18*
890-895 ...	Clerical	746	*14*	282	*10*	737	*31*
930-979 ...	Unskilled	740	*14*	211	*7*	146	*6*
	Other coded occupations	431	*8*	305	*11*	189	*8*
Total known	... ...	5,304	*100*	2,820	*100*	2,425	*100*
Not known	... ...	235	*(4)*	452	*(16)*	266	*(11)*
Total patients	... ...	5,539		3,272		2,691	

Table 2.8 Social class of males for five triennia.—Hospital patients

Social class	Males, % of known				
	49-51	52-54	55-57	58-60	61-63
I	*5*	*6*	*7*	*7*	*7*
II	*14*	*14*	*15*	*16*	*15*
III	*52*	*53*	*53*	*50*	*50*
IV	*13*	*11*	*10*	*10*	*10*
V	*16*	*16*	*15*	*17*	*18*
Total known...	*100*	*100*	*100*	*100*	*100*
Not known	*(2)*	*(3)*	*(4)*	*(6)*	*(6)*
Total patients	3,776	4,411	4,486	4,907	5,539

*Table 2.9 Marital status.—*11,502 *hospital patients*

Marital state	Males		Females		London A.C.[1]	
	No.	% of known	No.	% of known	Males %	Females %
Single	2,386	*44*	1,804	*30*	*31.5*	*28.4*
Married:						
Not separated ...	2,471	*45*	3,230	*55*		
Separated (non-judicial) ...	290	*6*	246	*4*	*64.1*	*56.0*
Separated (judicial)	37		69	*1*		
Divorced	135	*3*	170	*3*	*1.0*	*1.6*
Widowed	106	*2*	413	*7*	*3.4*	*14.0*
Total known ...	5,425	*100*	5,932	*100*	*100.0*	*100.0*
Not known ...	114	*(2)*	31	*(1)*		
Total patients ...	5,539		5,963			

[1]Census 1961, London, aged 15 and over

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.*—7,167 *ever-married hospital patients.*

Number of children	With children born alive				With children alive now	
	Males		Females		Males	Females
	No.	% of known	No.	% of known	No.	No.
None	736	*25*	877	*21*	758	915
1	743	*25*	1,049	*26*	761	1,089
2	779	*26*	1,093	*29*	767	1,094
3	354	*12*	536	*12*	339	503
4	186	*6*	237	*6*	178	236
5	78	*4*	124	*4*	74	86
6	42		58		38	49
7	16		35		14	24
8	5	*2*	11	*2*	2	6
9	6		6		9	3
10 and over ...	8		14		7	16
Total known ...	2,953	*100*	4,040	*100*	2,947	4,021
Not known ...	86	*(3)*	88	*(2)*	92	107
Total patients ...	3,039		4,128		3,039	4,128

Table 2.11 *Birth order: i.e., patients' birth order among children born alive to patients' mothers.*—11,502 *hospital patients*

Birth order	Males	Females	Persons % of known
Only child	555	561	*11*
1	1,251	1,292	*25*
2	1,108	1,208	*24*
3	634	714	*14*
4	460	438	*9*
5	251	333	*6*
6	161	191	*4*
7	120	152	
8	62	74	*7*
9 or lower	46	174	
Total known	4,648	5,137	*100*
Not known	891	826	*(17)*
Total patients	5,539	5,963	11,502

Table 2.12 *Twins, etc.*—11,502 *hospital patients*

	Males	Females	Persons	Persons, % of known
Patients with a twin of:				
Same sex	61	84	145	
Opposite sex ...	41	51	92	*2.2*
Sex unknown ...	11	10	21	
Not known if twin ...	442	395	837	*(7)*
Parents first cousins:				
Yes	39	40	79	*0.7*
Not known ...	1,495	1,545	3,040	*(26)*
Total patients ...	5,539	5,963	11,502	

Table 2.13 *Asked to be referred: the proportion of patients who asked to be referred to a psychiatrist, by age.*—3,948 *in-patients and* 7,766 *out-patients*

Age	In-patients, % of known		Out-patients, % of known	
	Males	Females	Males	Females
Under 25	*19*	*15*	*26*	*20*
25—	*31*	*24*	*33*	*26*
35—	*32*	*23*	*36*	*32*
45—	*34*	*21*	*34*	*31*
55—	*21*	*26*	*28*	*30*
65 and over... ...	*19*	*19*	*23*	*26*
All ages	*28*	*22*	*33*	*29*
Not known if asked to be referred (as % of known) ...	*(4)*	*(3)*	*(5)*	*(5)*
Total patients ...	1,676	2,272	3,960	3,806

Table 2.14 *Previous treatment of hospital patients at other psychiatric units or mental hospitals.*—11,502 *hospital patients*

Number of times treated elsewhere	Males	Females	Persons, % of known 61-63	58-60
None	3,618	3,861	*67*	*61*
Once	879	1,096	*18*	*25*
Twice	343	384	*7*	*9*
Three or more ...	357	317	*6*	*5*
Yes, but number of times not stated ...	126	104	*2*	—
Total known... ...	5,323	5,762	*100*	*100*
Not known	216	201	(*4*)	(*3*)
Total patients ...	5,539	5,963		

Table 2.15 *Relatives treated psychiatrically: numbers of hospital patients whose relatives had had treatment at the hospital or at some other psychiatric unit or mental hospital.*—11,502 *hospital patients*

	Males	Females	Persons, % of known	
			61-63	58-60
Relatives treated ...	1,301	1,767	*27*	*31*
Relatives not treated	3,075	3,210		
Not known	1,163	986	(*19*)	(*16*)
Total patients ...	5,539	5,963		

Table 2.16 *Country of birth.*—11,502 hospital patients

Country of birth	Males	Females	Persons, % of known	
			All countries	Outside UK.
United Kingdom				
England or Wales	3,985	4,472	*84*	
Scotland or N. Ireland ...	187	187		
Outside United Kingdom			*16*	= *100*
Eire	262	228		*29*
West Indies	112	114		*13*
West African Commonwealth	52	21		*4*
Canada or Australasian Commonwealth	60	39		*6*
Asian...	125	69		*12*
Hungary, Czechoslovakia or Poland	45	33		*5*
Other European country ...	85	193		*16*
Other African country ...	70	37		*6*
Other	94	66		*9*
Total known	5,077	5,459	*100*	*100*
Not known	462	504	(*9*)	—
Total patients	5,539	5,963	11,502	1,705

Table 2.17 *Country of birth. Comparison of hospital patients with London population*[1]. *Proportions per* 1,000

Country of birth	Hospital patients		London A.C.		Camberwell Borough		Lambeth Borough	
	M.	F.	M.	F.	M.	F.	M.	F.
England and Wales...	785	820	814	829	887	890	819	845
Scotland and N. Ireland	37	34	27	24	20	17	27	22
Eire	52	42	44	44	31	29	45	42
Commonwealth, Colonies, etc. ...	68[2]	44[2]	68	51	48	38	81	60
Foreign	58	60	47	52	14	16	28	31
Total known ...	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Not known	(90)	(90)	(5)	(5)	(5)	(5)	(5)	(5)

[1]Census, 1961
[2]Includes Asian-born

CHAPTER THREE

ADULTS: HOSPITAL DATA

Introduction

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

1. Referring Agencies (Tables 3.1-3.4)

In the present triennium, a discharge has been associated with only one—the principal—referring agency. However, for the referring agencies considered below, a comparison with previous triennia is satisfactory.

(*a*) In-patients (Table 3.1). Referrals from an Emergency (or Observation) Ward, which had been decreasing in number, increased in the present triennium. In four successive triennia since 1952, the numbers have been 722, 690, 640 and 644, representing proportions of 20, 18, 14 and 14%. Referrals from mental hospitals have also increased, the numbers over four triennia being 63, 54, 42 and 112.

(*b*) Out-patients (Tables 3.2-3.4). Referrals from voluntary organizations have increased (from 28 in 1958-60 to 193 now). This probably reflects the activities of such groups as the Samaritan Society. There has also been an increase in the proportion of self-referrals. A table in the previous Report showed that self-referral was commonest in the oldest age-groups. Table 3.4 shows that self-referral is also commonest in Social Class I and II.

If to the 8,417 out-patient discharges (Table 3.3) are added the 2,558 in-patient cases referred directly from the out-patient department (Table 3.1), we obtain a total of 10,975 cases and the distribution of referring agencies for this total is shown in Table 3.3. Over three triennia, referrals from general hospitals, psychiatric consultants and the domiciliary service have decreased.

Of all out-patient discharges, 18% were self-referrals (that is, the patient came to the out-patient department of his own accord). In the previous report (p. 22) it was shown that the self-referral rate tended to be highest in the oldest age-groups. Table 3.4 now shows that the self-referral rate was not appreciably influenced by social class.

2. Duration of Stay (Tables 3.5-3.7)

Over the past four triennia there has been a steady increase in the proportion of in-patient cases staying less than a month—from 15% to 24%—and a corresponding decrease in the proportion staying more than three months—from 37% to 28% (Table 3.6).

This circumstance is expressed in another way in Table 3.5 which shows the median and average duration of stay over five triennia. During this period the average stay has decreased in each sex by more than a month, and the median stay by more than a fortnight. We may thus say that in the past fifteen years (and indeed in the past decade) there has been a 30% reduction in the duration of in-patient stay.

Table 3.7 confirms the finding of the previous Report, that duration of stay is little influenced by social class but that there is a slight trend for Social Class IV and V to stay longer.

3. Number of Attendances (Table 3.8)

No clear trend is apparent over five triennia in the number of attendances among-out-patients. Compared with the two previous triennia, however, the proportion of cases during 1961-63 seen more than twenty times has diminished while the proportion seen between five and twenty times has notably increased.

4. Special Investigations (Table 3.9)

The proportion of in-patient cases having X-ray examination has risen steadily, the percentages over five triennia being 23, 31, 40, 43 and 54. Bacteriological tests have also become commoner, the percentages rising from 7 to 17. On the other hand there has been a steady fall in cases having electroencephalography (from 28% to 17%) and basal metabolic rate (from 4% to 1%). Cases having special psychological tests of intelligence have also decreased, precipitously in the present triennium, the percentages over five triennia being 54, 54, 40, 39 and 17. The actual numbers of cases during this time having tests of verbal intelligence were 1,763, 1,956, 1,543, 1,729 and 759. An explanation of this fall may be that such tests are increasingly administered by the medical staff.

5. Special Treatment (Tables 3.10, 3.11)

Table 3.10 compares, for five triennia, the numbers of cases in which special forms of treatment were given. Treatment by special drugs has not been listed as records in different triennia are not comparable. Drugs apart, it is apparent from the table that physical methods of treatment have declined in popularity. Coma insulin therapy was discontinued in 1958 and continuous narcosis is now scarcely given. The number of leucotomy operations has fallen by two-thirds (from 91 to 30) since 1952-54, and for electro-convulsive therapy the present triennium shows for the first time a fall in the number as well as in the proportion of cases. There has been little change in the proportion of cases receiving special psychological methods of treatment and the decline in physical methods can be attributed to an increased use of phenothiazine and anti-depressant drugs.

6. Outcome of Treatment (Tables 3.12-3.14)

The course of five triennia reveals a small but steady increase in the proportion of cases discharged as recovered or improved, and a steady decrease in those discharged as unchanged or worse (Table 3.12). Whether this reflects improvements in therapy, or the admission of cases with better prognosis, or a trend in medical optimism, is a subject for debate.

There is no appreciable association between outcome and social class (Table 3.13). Of 44 deaths occurring in the hospital during 1961-63 (Table 3.14), a post mortem examination was made in 36 cases. These deaths include eight suicides, where methods employed were: drugs (2 males, 2 females), coal gas (1 male, 1 female), falling under a train (2 females). The numbers of in-patient deaths by suicide for the past three triennia have been 7, 7 and 8.

7. Disposal (Tables 3.15, 3.16)

(*a*) In-patients (Table 3.15). In the present triennium only one disposal was recorded for each discharge. This explains the difference between present and past triennia in the referrals to general practitioners. For other disposals, however, comparison of the triennia is satisfactory. Cases discharged to an Emergency (or Observation) Ward have decreased in number and proportion, the numbers over five successive triennia being 140, 139, 101, 65 and 26. On the other hand, the numbers recommended for admission to a mental hospital or psychiatric unit have been largely unchanged (124, 105, 145, 128, 136), though the proportions have decreased slightly. Taken together, these two sources of disposal account for a decreasing number of cases and it may therefore be said that the need to transfer cases to other psychiatric hospitals, either because of the necessity for long-term care or because of disturbed behaviour together with refusal to stay informally, has diminished.

(*b*) Out-patients (Table 3.16). The number of cases recommended for referral to an Emergency ward increased sharply. Over four triennia, the referral numbers have been 314, 136, 126 and now 451. This increase probably reflects the working of the Mental Health Act of 1959, by which patients can be admitted informally to Emergency wards.

8. Lapses in Treatment (Tables 3.17, 3.18)

A slight decrease in the proportion of patients discharged against medical advice (from 14% to 12%) may perhaps be distinguished during five triennia; but in the same period a definite and steady increase (from 19% to 27%) is now evident in the proportion of out-patients lapsing in attendance (Table 3.17). This lapse rate was higher among warded out-patients (i.e., patients who were followed-up in the out-patient department after in-patient discharge) than among other out-patients. As warded out-patients will presumably

have been the more ill and given more attention, a lower lapse rate might be expected, and the observed high rate suggests that doctors are over-cautious in discharging follow-up cases.

Table 3.18 examines lapses by social class. There is, perhaps a slight trend in both in-patients and out-patients for Social Class I and II to have the lowest, and Social Class III the highest, lapse rate.

9. Travelling Time to Hospital (Tables 3.19-3.22)

In the present triennium, out-patients were asked at their first attendance the time it had taken them to travel from home to the hospital. This time was not recorded in 35% of cases. Where it was recorded, the time was less than half-an-hour in 54% and more than an hour in 15% (Table 3.19). A long travelling time was more common in Social Class I and II (Table 3.20), in those attending once only (Table 3.21), and in those who became in-patients (Table 3.22). A short travelling time was associated with referral to an Emergency ward and with a high lapse rate.

Table 3.1 *Referring agencies for in-patients.*—4,609 *in-patient discharges*

Referring agency	Male	Female	Totals, % of discharges		
			61-63	58-60	55-57
Out-patient department ...	1,082	1,476	*56*	*58*	*51*
Day-patient department ...	18	55	*2*		
Emergency unit	310	354	*14*	*14*	*17*
Psychiatric department of a general hospital	157	276	*9*	*8*	*7*
Domiciliary service	36	107	*3*	*7*	*7*
Consultant on the hospital staff	98	108	*4*	*4*	*4*
Consultant not on the hospital staff	22	21	*1*	*1*	*2*
Non-psychiatric hospital department	48	83	*3*	*3*	*3*
Mental hospital	43	69	*2*	*1*	*1*
General practitioner	21	51	*2*	*1*	*1*
Spontaneous (=self-referral)...	20	21	*1*	*1*	*1*
Other	66	68	*3*	*2*	*6*
Total discharges	1,920	2,689	4,609	4,477[1]	3,942[1]

[1]Although in these triennia a discharge might be associated with more than one referring agency, in fact this rarely occurred.

Table 3.2 *Referring agencies for out-patients.*—8,417 *out-patient discharges*

Referring agency	Male	Female	Totals, % of discharges		
			61-63	58-60	55-57
General practitioner	2,666	2,761	*64*	*64*	*65*
Spontaneous (=self-referral)[2]	788	747	*18*	*19*	*15*
Voluntary organizations ...	156	37	*2*	*0*	*0*
Probation service, remand home, court or prison ...	248	64	*4*	*4*	*4*
Non-psychiatric hospital or department	70	86	*2*	*2*	*3*
Psychiatric unit or department of general hospital	69	90	*2*	*3*	*3*
Domiciliary service	10	30			
Psychiatrist on the hospital staff	19	21			
Psychiatrist not on the hospital staff	8	8			
Mental hospital	39	32			
Assistance institution... ...	3	9	*4*	*4*	*4*
Emergency unit	17	17			
Labour exchange	8	4			
Children's department ...	4	19			
Other	192	195	*4*	*4*	*6*
Total discharges	4,297	4,120	*100* 8,417	*100* 7,429[1]	*100* 6,684[1]

[1]Note to Table 3.1 applies
[2]Including patients who attended at the urging of relatives

Table 3.3 *Referring agencies to the Out-patient Department*

Referring agency	Discharges, % of total		
	61-63	58-60	55-57
General practitioners	*66.5*	*66.8*	*68.0*
Spontaneous (=self-referrals)	*16.5*	*16.5*	*14.4*
General hospitals	*4.2*	*5.2*	*6.5*
Probation services, etc.	*3.1*	*3.0*	*4.1*
Consultants (Bethlem-Maudsley and others) ...	*0.8*	*1.5*	*1.8*
Domiciliary service...	*0.6*	*1.4*	*2.2*
Mental hospital and Emergency units	*1.4*	*1.3*	*1.2*
Others	*6.9*	*4.3*	*1.8*
Total, %	*100.0*	*100.0*	*100.0*
Total discharges	10,975	10,047	8,688

Table 3.4 *Self-referrals, by social class.*—4,297 *males* and 4,120 *female out-patient discharges*[1]

Social class	Self-referrals, % in each S.C.	
	Male	Female
I	*21*	*19*
II	*19*	*22*
III	*17*	*18*
IV	*20*	*17*
V	*19*	*17*
Total of known Social Class	*18*	*17*
No. of self-referrals ...	778	747
Total discharges ...	4,297	4,120

[1]Includes 55 male and 122 female discharges in which the social class was not known.

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

Triennia	Median stay (months)			Average stay (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
1961-63	1.8	2.0	1.9	2.5	2.8	2.7

Table 3.6 *Duration of in-patient stay.*—4,609 *in-patient discharges*

Duration of stay	Male	Female	Totals, %				
			61-63	58-60	55-57	52-54	49-51
Less than 1 week	98	142					
1 week—... ...	92	137	*24*	*20*	*17*	*15*	*18*
2 weeks— ...	109	134					
3 weeks	195	219					
1 month	562	685	*47*	*48*	*46*	*46*	*45*
2 months... ...	342	556					
3 months... ...	202	303					
4 months... ...	199	262	*28*	*30*	*35*	*37*	*35*
6 months... ...	81	142					
9 months... ...	22	66					
1 year and over...	18	43	*1*	*2*	*2*	*2*	*2*
Total discharges (=100%) ...	1,920	2,689	4,609	4,477	3,942	3,641	3,245

Table 3.7 *Duration of in-patient stay, by social class.*—1,878 ***male*** *and* 2,388 *female in-patient discharges of known social class*

Duration of stay (months)	Social Class					
	Males, %			Females, %		
	I+II	III	IV+V	I+II	III	IV+V
Less than 1	*25*	*27*	*24*	*27*	*24*	*21*
1—	*49*	*46*	*47*	*45*	*46*	*47*
3 and over	*26*	*27*	*29*	*28*	*30*	*32*
Total discharges[1] (=100%)	534	878	466	677	1,289	422

[1]In addition, the social class was unknown in 42 male and 301 female discharges.

Table 3.8 *Number of out-patient attendances.*—8,417 *out-patient discharges*

Number of attendances	Male	Female	Totals, %				
			61-63	58-60	55-57	52-54	49-51
1	1,890	1,627	*42*	*45*	*45*	*42*	*53*
2	774	714	*18*	*19*	*19*	*19*	*17*
3	367	346	*9*	*9*	*9*	*9*	*8*
4	253	285	*6*	*6*	*5*	*6*	*5*
5—	614	676					
11—	175	197	*21*	*13*	*15*		
16—	69	81					
21—	46	54					
26—	68	94				*24*	*17*
51—	22	22	*4*	*8*	*7*		
76—	9	16					
Over 100 ...	10	8					
Total discharges (=100%)	4,297	4,120	8,417	7,429	6,684	*	5,480

*Figure not extracted. The percentages are based on the total discharges from the Out-patient Department.

Table 3.9 *Special investigations on in-patients: number of discharges in which one or more of various investigations were made.—4,609 in-patient discharges.*

Investigation	Male	Female	Totals, % of discharges				
			61-63	58-60	55-57	52-54	49-51
Laboratory Tests							
Wasserman or Kahn	1,430	1,976	*74*	*86*	*86*	*88*	*85*
E.S.R.	1,632	2,239	*84*	*87*	*85*	*88*	*84*
Blood count ...	1,678	2,333	*87*	*82*	*72*	*58*	*57*
Glucose tolerance ...	14	21	*1*	*1*	*3*	*3*	*3*
Gastric analysis ...	16	19	*1*	*0*	*1*	*1*	*2*
C.S.F.	174	157	*7*	*8*	*10*	*11*	*9*
Other Biochemical...	904	1,278	*47*	*75*	*69*	*71*	*61*
Bacteriological ...	253	509	*17*	*16*	*12*	*9*	*7*
Other	43	76	*3*	*7*	*9*	*5*	*5*
Clinical Tests							
E.E.G.	405	374	*17*	*20*	*23*	*27*	*28*
E.C.G.	157	179	*7*	*5*	*5*	*4*	*4*
Air encephalogram	142	123	*6*				
Angiogram ...	33	19	*1*	*43*	*40*	*31*	*23*
Other X-ray ...	1,112	1,390	*54*				
B.M.R.	30	29	*1*	*1*	*4*	*3*	*4*
Psychological Tests							
Verbal intelligence	404	355	*17*	*39*	*40*	*54*	*54*
Non - verbal intelligence	354	307	*14*	*35*	*37*	*53*	*54*
Tests of deterioration	166	141	*7*	*7*	*6*	*7*	*9*
Aptitude	78	38	*3*	*3*	*2*	*2*	*3*
Other	199	186	*8*	*11*	*9*	*5*	*4*
Specialist Opinion ...	196	314	*11*	*13*	*16*	*	*
Total discharges ...	1,920	2,689	4,609	4,477	3,942	4,372	3,245

*Figures not extracted

Table 3.10 *Comparison of certain special treatments of in-patients for five triennia showing the number of in-patient discharges in which the treatments were given. Sexes together*

Treatment	1949-51	1952-54	1955-57	1958-60	1961-63
E.C.T.	925	1,075	1,325	1,328	1,170
Coma insulin therapy ...	198	210	166	54	none
Modified insulin	194	166	113	63	33
Leucotomy	34	91	66	62	30
Continuous narcosis	35	33	19	6	7
Drug abreaction	114	122	183	131	137
Group psychotherapy	20	31	19	27	40
Hypnosis	25	21	32	16	59
Total discharges	3,245	3,641	3,942	4,477	4,609

Table 3.11 *Special treatments for in-patients.*—4,609 *in-patient discharges*

Treatment	Male	Female	Totals, %		
			61–63	58–60	55–57
E.C.T.	376	794	*25*	*30*	*34*
Modified insulin	8	25	*1*	*1*	*3*
Leucotomy	10	20	*1*	*1*	*2*
Anti-depressant drug	541	939	*32*		
Phenothiazine drug	728	1,011	*38*	*56*	*40*
Other special drugs	480	576	*23*		
Continuous narcosis	3	4	*0*	*0*	*1*
Treatment for G.P.I.	2	3	*0*	*0*	*0*
Drug abreaction	46	91	*3*	*3*	*5*
Group psychotherapy... ...	18	22	*1*	*1*	*1*
Hypnosis	37	22	*1*	*0*	*1*
Individual psychotherapy ...	197	246	*10*	*15*	*15*
No special treatment	77	96	*4*	*7*	*8*
Total discharges (=100%) ...	1,920	2,689	4,609	4,477	3,942

Table 3.12 *Outcome of in patient treatment.*—4,609 *in-patient discharges*

Outcome at discharge	Male	Female	Totals, %				
			61-63	58-60	55-57	52-54	49-51
Recovered ...	299	503	*53*	*52*	*49*	*48*	*47*
Much improved...	673	965					
Improved ...	340	497	*31*	*30*	*30*	*31*	*30*
Slightly improved	259	324					
Unchanged ...	304	343					
Worse	28	30	*16*	*18*	*21*	*21*	*23*
Suicide	3	5					
Other death ...	14	22					
Total discharges (=100%) ...	1,920	2,689	3,245	3,641	3,942	4,477	4,609

Table 3.13 *Outcome of treatment, by social class.*—1,920 *male and* 2,689 *female in-patient discharges*

Outcome at discharge	Social class, % of known					
	Male			Female		
	I+II	III	IV+V	I+II	III	IV+V
Recovered	*52*	*51*	*51*	*55*	*54*	*59*
Improved	*33*	*31*	*31*	*31*	*32*	*26*
Unchanged	*15*	*18*	*18*	*14*	*14*	*15*
Total of known social class[1] (=100%) ...	529	871	460	669	1,279	416

[1]Social class not known in 60 male and 325 female discharges.

Table 3.14 *Causes of death in* 17 *male and* 27 *female patients*

	Males	Females
Primary cerebral neoplasm	1	5
Subarachoid haemorrhage	1	1
Subdural haematoma	1	—
Arteriosclerotic or senile dementia	2	1
Carcinoma of bronchus	3	—
Other malignant neoplasms	—	3
Pulmonary embolus	1	1
Bronchopneumonia	2	6
Chronic pulmonary fibrosis	1	—
Heart disease	2	4
Femoral artery thrombosis	—	1
Intestinal volvulus	1	—
Suicide	3	5

Table 3.15 *Disposal of in-patients.*—4,609 *in-patient discharges*

Disposal	Male	Female	Totals, % of discharges		
			61–63	58–60	55–57
To general practitioner	195	177	*8*	*69*	*65*
Further treatment or supervision at the hospital					
Out-patient supervision	1,285	1,883	*69*	*69*	*61*
Out-patient social club	50	91	*3*	*12*	*7*
Out-patient psychotherapy	45	50	*2*	*3*	*3*
Day-patient	9	42	*1*	*1*	*2*
Clinic for epilepsies	48	48	*2*	*2*	*3*
Recommended for treatment or supervision elsewhere					
Out-patient supervision	89	155	*5*	*	*
Emergency ward	14	12	*1*	*2*	*3*
Mental hospital or other psychiatric unit	62	74	*3*	*3*	*3*
Other hospital or unit	29	56	*3*	*3*	*4*
Residential institution	17	19			
Other	77	82	*3*	*3*	*7*
Total discharges	1,920	2,689	4,609	4,477[1]	3,942[1]

[1]Note to Table 3.1 applies.
*Figures not extracted.

Table 3.16 *Disposal of out-patients.*—8,417 *out-patient discharges*

Disposal	Male	Female	Totals, % of discharges		
			61–63	58–60	55–57
To general practitioner... ...	1,646	1,807	*40*	*49*	*53*
Further treatment or supervision at the hospital					
To surveillance	78	145	*3*	*6*	*5*
Other...	32	43	*1*		
Recommended for treatment or supervision elsewhere					
Out-patient department or psychiatrist	143	145	*3*	*	*
Emergency ward	219	232	*6*		
Mental Hospital	275	263	*7*	*12*	*12*
Other...	40	29	*1*		
Simple advice given	255	225	*6*		
Other	453	172	*8*	*37*	*34*
No special disposal	1,156	959	*25*		
Total discharges	4,297	4,120	8,417	7,429[1]	6,684[1]

[1]Note to Table 3.1 applies.
*Figures not extracted.

Table 3.17 *Lapses in treatment.*—4,609 *in-patient*, 8,417 *out-patient, and* 2,558 *warded out-patient discharges*

Mode of leaving	Male		Female		Totals, % of discharges				
	No.	%	No.	%	61-63	58-60	55-57	52-54	49-51
In-patients:									
Left against advice[1]	217	*12*	321	*12*	*12*	*13*	*14*	*	*14*
Out-patients:									
Lapsed in attendance	1,216	*28*	1,024	*25*	*27*	*21*	*20*		
Warded out-patients								*21*	*19*
Lapsed in attendance	348	*32*	*396*	*27*	*29*	*26*	*		

[1]Includes absconded and failed to return from leave.
*Figures not extracted.

Table 3.18 *Lapses in treatment, by social class.*—4,609 *in-patient and* 8,417 *out-patient discharges*

Social class[1]	Lapses, % of discharges of known S.C.			
	In-patients		Out-patients	
	Male	Female	Male	Female
1+II	*9*	*13*	*26*	*21*
III	*13*	*13*	*30*	*26*
IV+V	*10*	*11*	*28*	*28*

[1]Social class not known in 42 male and 301 female in-patient discharges, and 265 male and 675 female out-patient discharges.

Table 3.19 *Travelling time from home to hospital.*—10,629 *patients attending the out-patient department*

Travelling time	Males		Females	
	No.	% of known	No.	% of known
—15 minutes	591	*18*	591	*18*
—30 minutes	1,196	*36*	1,217	*37*
—45 minutes	478	*15*	484	*15*
—1 hour	535	*16*	527	*16*
—2 hours	403	*12*	357	*11*
—4 hours	68	*3*	83	*3*
More than 4 hours	21		15	
Total known	3,292	*100*	3,274	*100*
Not known	1,724	(*52*)	1,979	(*60*)
Total patients	5,016		5,253	

Table 3.20 *Travelling time, by social class.—Per cent of* 6,566 *patients attending the out-patient department and whose travelling time was known. Sexes together*

Social class	Travelling Time			
	—15 min.	—30 min.	—1 hr.	over 1 hr.
I+II	*15*	*17*	*24*	*29*
III	*59*	*56*	*55*	*52*
IV+V	*26*	*27*	*21*	*18*
Total known	*100*	*100*	*100*	*100*
S.C. not known	(*12*)	(*14*)	(*12*)	(*12*)

Table 3.21 *Travelling time, by number of attendances.—Per cent of* 6,566 *patients attending the out-patient department and whose travelling time was known*

Number of times seen	Travelling Time —15 mins.	—30 mins.	—1 hr.	over 1 hr.
Once	*34*	*38*	*39*	*45*
Twice	*19*	*20*	*18*	*18*
3–4	*18*	*17*	*15*	*14*
5–10	*20*	*18*	*19*	*16*
More than 10	*9*	*7*	*9*	*7*
Total	*100*	*100*	*100*	*100*

Table 3.22 *Travelling time by disposal, etc.—Per cent of* 6,566 *patients attending the out-patient department and whose travelling time was known*

	Travelling Time —15 mins.	—30 mins.	—1 hr.	over 1 hr.
Disposal to:				
In-patient department ...	*10.6*	*10.9*	*10.1*	*13.5*
Emergency ward	*2.1*	*1.4*	*1.0*	*0.7*
Day hospital	*1.1*	*1.2*	*1.4*	*0.4*
First seen at Emergency Clinic	*50*	*48*	*38*	*29*
Social case work done	*12*	*11*	*10*	*9*
Lapsed in attendance	*30*	*27*	*29*	*25*

CHAPTER FOUR

ADULTS: DIAGNOSTIC DATA

1. Numbers of Patients with Various Diagnoses

(*a*) In-patients. In the first two Reports, diagnostic tables were based on numbers of discharges, whereas in the last three the tables have been based on the numbers of patients. The discharges in any triennium exceed the number of patients by about 10% and the diagnostic distribution of this 10% of re-discharged cases will be weighted in favour of those diagnoses particularly associated with re-admission. Bearing this in mind, however, a reasonable comparison may still be made between the proportions in various diagnostic categories over the five triennia.

Table 4.2 shows there has been a fairly steady rise in the proportion of psychoses and of character disorders, and a corresponding fall in the proportion of neuroses. From Table 4.4 it can be seen that the rise in psychoses has been due, not to schizophrenia where the proportion has remained constant, but to manic-depressive psychoses where the proportion has increased from 18% to 31%. Indeed, because patients with manic-depressive psychosis tend to be re-admitted, their proportion will be over-represented in the first two triennia, so that the true increase (in terms of patients) is greater than the figures show. This increase in manic-depressive psychoses has not been primarily at the expense of neurotic depression, where the proportion has declined only slightly, but it is associated with and largely (though not fully) balanced by a very marked fall in the proportion of patients diagnosed as anxiety neurosis.

It is interesting and perhaps profitable to speculate on the causes of these trends. That there has been a change in the nature of the illnesses is much less likely than that there has been a change in the diagnostic habits of the doctors. Drugs for the treatment of anxiety, while often effective, have not notably increased in efficacy during the last fifteen years, whereas a great deal of confidence has been engendered in the use of new drugs for the treatment of depression. It does not seem improbable that doctors, possibly from the influence of manufacturers' advertisements, have come to see more of the depressive aspect and less of the anxious aspect in the very common case presenting with a mixture of depression and anxiety. Yet if the mantle of anxiety is passing to depression, it is the psychotic and not the neurotic form of depression which is the beneficiary. This is perhaps to be explained on the ground that cases of depressive illness severe enough to need in-patient treatment are more likely to be diagnosed as psychotic.

Cases of hysteria are being admitted or diagnosed less often, the proportion of in-patient cases having fallen from 6% to 3%

and the actual numbers from 174 to 102. The same is true of obsessional neurosis, the number of cases per triennium falling from 99 to 68.

The proportion and number of in-patients with alcoholism and other drug addiction has increased steadily—from 2% to 5% and from 77 to 185 cases. There has also been an increase in cases of pathological and immature personality, though here the increase appears to date only from 1955-57: in that triennium the number was 173 (5%) while in 1961-63 this had risen to 342 (8%). Of possible reasons for these increases, one is that the faster turn-over of other types of case has led to empty beds in the wards and so to the admission of cases in which the need for in-patient treatment is less pressing or less obvious.

(*b*) Out-patients. For out-patients, comparison between the diagnostic tables of the first two and of the last three triennia is less satisfactory than for in-patients. This is so because the tables of the first two triennia were not only based on discharges instead of patients but also included warded out-patient discharges (i.e., in-patient cases followed-up in the out-patient department). The total number of cases was thus between 40% and 50% higher than the number of out-patients. Nevertheless, the *proportions* of cases in the various diagnostic groups may not be seriously distorted and a comparison of these proportions over five triennia is perhaps worth while.

Table 4.6 shows that the diagnostic trends for out-patients are in many ways the same as for in-patients. Thus the proportion of schizophrenic cases is constant, manic-depressive psychosis and all types of character disorders have increased, and anxiety neurosis has greatly decreased. The rate for hysteria has decreased, the numbers of cases over the past three triennia being 223, 152 and 138; and there has also been a slight fall in the number of cases of obsessional neurosis—from 176 to 161 and 125. Unlike in-patients, however, the frequency of neurotic depression among out-patients has risen (from 15% to 20%) and to an extent at least as great as that for manic-depressive psychosis. Here again it may be supposed that cases of depression not severe enough to need in-patient treatment will be more diagnosed as neurotic.

Tables 4.3 and 4.5 show that among males during 1961-63, one-third had an affective disorder (manic-depressive psychosis, neurotic depression or anxiety) and one-third had a character disorder (pathological and immature personality, alcoholism or drug addiction). Among females, these proportions were one-half and one-tenth.

2. Miscellaneous Diagnoses (Table 4.7)

Over five successive triennia the number of cases of G.P.I. (dementia paralytica) have been 25, 19, 20, 21 and 14; there is thus no sign of a recrudescence of this disease in the twenty years since

the end of the Second World War. The numbers of cases diagnosed as puerperal psychosis have been 52, 98, 76, 64 and 48; either this psychosis has declined in frequency or its diagnosis in popularity, more probably the latter. Over the past nine years, the number of patients with a primary diagnosis of thyrotoxicosis was 8, with a further 13 in which this was an accessory diagnosis; the number of patients with a primary diagnosis of anxiety state during this period was 3,025.

3. Asked to be Referred (Table 4.10)

Among males, in both in-patients and out-patients, those with character disorders were the most likely to have asked their general practitioners to refer them to a psychiatrist. This was not so in the previous triennium, when for in-patients the rate of those asking to be referred was higher in neurosis, and for out-patients there was little difference among the four diagnostic groups.

4. Lapses in Treatment (Table 4.11)

Among the four diagnostic groups, the highest lapse rate occurs in the character disorders. This excess is particularly marked among in-patients where for both sexes the proportion leaving hospital against medical advice is 60% higher than the average of the other groups.

Table 4.1 *Diagnosis in four major groups.*—11,502 *hospital patients* 3,948 *in-patients and* 7,766 *out-patients*

Diagnostic group	Males No.	Males %	Females No.	Females %	Persons, %
Hospital patients					
Psychoses	1,566	*28*	2,220	*37*	*33*
Neuroses	1,737	*32*	2,444	*41*	*36*
Character disorders, etc. ...	1,734	*31*	764	*13*	*29*
Miscellaneous	502	*9*	535	*9*	*9*
Total	5,539	*100*	5,963	*100*	*100*
In-patients					
Psychoses...	796	*47*	1,263	*56*	*52*
Neuroses	394	*24*	643	*28*	*26*
Character disorders, etc. ...	336	*20*	208	*9*	*14*
Miscellaneous	150	*9*	158	*7*	*8*
Total	1,676	*100*	2,272	*100*	*100*
Out-patients					
Psychoses	833	*21*	1,041	*28*	*24*
Neuroses	1,329	*34*	1,800	*47*	*40*
Character disorders, etc. ...	1,425	*36*	571	*15*	*26*
Miscellaneous	373	*9*	394	*10*	*10*
Total	3,960	*100*	3,806	*100*	*100*

Table 4.2 *Diagnosis in four major groups, by triennia*

Diagnostic group	Patients, % of total				
	49–51	52–54	55–57	58–60	61–63
In-patients					
Psychoses	*45*	*48*	*51*	*54*	*52*
Neuroses	*36*	*34*	*30*	*27*	*26*
Character disorders, etc. ...	*9*	*8*	*9*	*11*	*14*
Miscellaneous	*10*	*10*	*10*	*8*	*8*
Total	*100*	*100*	*100*	*100*	*100*
Out-patients					
Psychoses	*26*	*27*	*23*	*25*	*24*
Neuroses	*46*	*47*	*49*	*44*	*40*
Character disorders etc. ...	*16*	*16*	*19*	*23*	*26*
Miscellaneous	*12*	*10*	*9*	*10*	*10*
Total	*100*	*100*	*100*	*100*	*100*

Table 4.3 *Diagnosis of in-patients.*—3,948 *in-patients*

I.C.D. Code No.	Diagnosis	Males		Females		Persons
		No.	%	No.	%	%
	Psychoses					
300 ...	Schizophrenia	268	*16*	339	*15*	*15*
301.0 ...	Manic and circular ...	83	*5*	115	*5*	*5*
301.1, 301.2 302	Depression	340	*20*	675	*30*	*26*
303 ...	Paranoid state	19	*1*	17	*1*	*1*
304, 306	Senile, etc.	31	*2*	40	*2*	*2*
305, 307 308 ...	Alcoholic, epileptic, etc. ...	39	*2*	57	*2*	*2*
309 ...	Other	16	*1*	20	*1*	*1*
	Neuroses					
310 ...	Anxiety	51	*3*	47	*2*	*2*
311 ...	Hysteria	26	*2*	76	*3*	*3*
312 ...	Phobic	18	*1*	34	*1*	*1*
313 ...	Obsessional	31	*2*	37	*2*	*2*
314 ...	Depressive	210	*13*	376	*17*	*15*
315–317	With somatic symptoms ...	26		40		*2*
318 ...	Other	32	*3*	33	*3*	*1*
	Character disorders, etc.					
320 (except 320.6), 321	Pathological and immature personality	149	*11*	137	*6*	*8*
320.6 ...	Sexual deviation	35		3		
322, 323...	Alcoholism and drug addiction	133	*8*	52	*2*	*5*
324, 325...	Childhood behaviour and mental deficiency ...	12	*1*	8	*1*	*1*
326 ...	Other	7		8		
	Miscellaneous					
353 ...	Epilepsies	76	*5*	60	*3*	*3*
688 ...	Puerperal states			31	*1*	*1*
	Other	74	*4*	67	*3*	*4*
	All diagnoses (=100%) ...	1,676	*100*	2,272	*100*	*100*

Table 4.4 Diagnosis of in-patients, by triennia

Diagnosis	Patients, % of total 49–51	52–54	55–57	58–60	61–63
Schizophrenia	*15*	*15*	*16*	*17*	*15*
Manic-depressive psychosis ...	*18*	*20*	*24*	*31*	*31*
Neurotic depression	*16*	*16*	*13*	*13*	*15*
Anxiety	*8*	*7*	*6*	*4*	*2*
Hysteria	*6*	*5*	*4*	*3*	*3*
Obsessional neurosis	*3*	*2*	*2*	*2*	*2*
Other neurosis	*4*	*5*	*5*	*5*	*5*
Pathological and immature personality	*6*	*6*	*5*	*7*	*8*
Alcoholism and other drug addiction	*2*	*2*	*3*	*3*	*5*
Total in-patients	3,245[1]	3,651[1]	3,580	3,947	3,948

[1]In-patient discharges. See text.

Table 4.5 Diagnosis of out-patients.—7,766 out-patients

I.C.D. Code No.	Diagnosis	Males No.	Males %	Females No.	Females %	Persons %
	Psychoses					
300 ...	Schizophrenia	329	*8*	269	*7*	*8*
301.0 ...	Manic and circular ...	66	*11*	85	*18*	*14*
301.1, 301.2 302	Depression	360		593		
303 ...	Paranoid state	25		38		
304, 306	Senile, etc.	19	*2*	31	*3*	*2*
305, 307, 308	Alcoholic, epileptic, etc. ...	24		18		
309	Other	10		7		
	Neuroses					
310 ...	Anxiety	349	*9*	347	*9*	*9*
311 ...	Hysteria	53	*1*	85	*2*	*2*
312 ...	Phobic	46	*1*	94	*3*	2
313 ...	Obsessional	67	*2*	58	*1*	*1*
314 ...	Depressive	587	*15*	1,001	*26*	*20*
315-317 ...	With somatic symptoms ...	134	*3*	110	*3*	*3*
318 ...	Other	93	*2*	105	*3*	*3*
	Character disorders, etc.					
320 (except 320.6) 321	Pathological and immature personality	678	*25*	373	*10*	*17*
320.6 ...	Sexual deviation	282		12		
322, 323...	Alcoholism and drug addiction	292	*7*	51	*1*	*4*
324, 325...	Childhood behaviour and mental deficiency	67	*1*	33	*1*	*1*
326 ...	Other	106	*3*	102	*3*	*3*
	Miscellaneous					
353 ...	Epilepsies	71	*1*	69	*1*	*2*
688 ...	Puerperal states	—		18		
	Others	81	*2*	92	*3*	*2*
	Diagnosis uncertain ...	116	3	80	*2*	*3*
	No psychiatric disorder ...	105	*3*	135	*4*	*3*
	All diagnoses (=100%) ...	3,960		3,806		7,766

Table 4.6 *Diagnosis of out-patients, by triennia*

Diagnosis	Patients, % of total				
	49–51	52–54	55–57	58–60	61–63
Schizophrenia	*8*	*9*	*8*	*8*	*8*
Manic-depressive psychosis ...	*10*	*11*	*11*	*14*	*14*
Neurotic depression	*15*	*16*	*15*	*18*	*20*
Anxiety	*15*	*15*	*17*	*12*	*9*
Hysteria	*6*	*5*	*4*	*2*	*2*
Obsessional neurosis	*3*	*3*	*3*	*2*	*1*
Other neurosis	*7*	*9*	*11*	*7*	*6*
Pathological and immature personality	*11*	*12*	*15*	*18*	*17*
Alcoholism and other drug addiction	*2*	*2*	*2*	*3*	*4*
Total out-patients (=100%)...	7,713[1]	8,499[1]	6,229	6,752	7,766

[1]Out-patient and warded out-patient discharges. See text.

Table 4.7 *Miscellaneous diagnoses outside Section V* (300-326) *of the International Classification of Diseases.—Among* 11,502 *hospital patients*

Code No.	Diagnosis	Males	Females
025	Dementia paralytica	10	4
083	Late effects of acute infectious encephalitis	9	6
193	Malignant neoplasm of the brain... ...	7	8
223	Benign neoplasm of the brain	3	4
241	Asthma	8	6
252	Thyrotoxicosis	0	2
253	Myxoedema	1	4
289.2	Other metabolic diseases	1	4
353	Epilepsy	147	126
354	Migraine	7	10
355	Other brain diseases (including Huntingdon's chorea)	10	10
649	Pregnancy associated with other conditions		14
688.1	Puerperal psychosis		48
726.2	Torticollis	5	4
780	Symptoms referable to the nervous system	9	6
781.6	Speech disturbance	7	1
	Other diagnoses outside 300–326[1] ...	66	78
	Total	290	335

[1]No rubric containing more than 5 cases.

Table 4.8 *Principal accessory diagnoses.—Among* 11,502 *hospital patients*

Code No.	Diagnosis	Males	Females
	Psychiatric disorders		
300-309	Psychoses	89	111
310-318	Neuroses...	406	501
320	Pathological personality	396	268
321	Immature personality	117	188
322	Alcoholism	80	30
323	Other drug addiction	26	34
325	Mental deficiency	59	53
	Other	32	23
	Non-psychiatric disorders		
002	Pulmonary tuberculosis	4	2
241	Asthma	6	14
252	Thyrotoxicosis	0	3
253	Myxoedema	0	9
260	Diabetes	10	9
353	Epilepsy	40	53
444	Essential hypertension	9	9
502	Chronic bronchitis	13	1
541	Peptic ulcer	8	2
649	Pregnancy associated with other conditions		82
	Other	143	234
	Total accessory diagnoses recorded ...	1,437	1,624
	No accessory diagnoses recorded ...	4,102	4,339
	Total patients	5,539	5,963

Table 4.9 *Marital status by diagnosis.—*11,502 *hospital patients*

Diagnostic group	Males				Females			
	S	M[1]	W	B[2]	S	M[1]	W	B[2]
Psychoses	*27*	*30*	*45*	*22*	*35*	*35*	*71*	*29*
Neuroses	*26*	*37*	*32*	*30*	*37*	*46*	*20*	*41*
Character disorders, etc....	*38*	*24*	*17*	*42*	*18*	*9*	*6*	*23*
Miscellaneous ...	*9*	*9*	*6*	*6*	*10*	*10*	*3*	*7*
All diagnoses ...	*100*	*100*	*100*	*100*	*100*	*100*	*100*	*100*
Total patients[3] ...	2,386	2,471	106	462	1,804	3,230	413	485

[1]Includes only those whose marriages were unbroken by separation.
[2]Broken marriages: includes separated (judicial and non-judicial) and divorced.
[3]Includes 114 males and 31 females of unknown marital status.

Table 4.10 *Asked to be referred, by diagnosis.—Among* 3,948 *in-patients and* 7,766 *out-patients*

Diagnosis	In-patients, % of known		Out-patients, % of known	
	Males	Females	Males	Females
Psychoses	*22*	*22*	*31*	*29*
Neuroses	*28*	*22*	*32*	*26*
Character, disorders, etc....	*39*	*22*	*35*	*28*
Miscellaneous ...	*22*	*13*	*27*	*28*
All diagnoses ...	*27*	*21*	*32*	*27*
Total patients[1] ...	1,676	2,272	3,960	3,806

[1]Includes 136 in-patients (3%) and 360 out-patients (5%) not known if asked to be referred.

Table 4.11 *Lapses in treatment, by diagnosis.—Among* 3,948 *in-patients,* 7,766 *out-patients and* 2,558 *warded out-patients*

Diagnosis	In-patients Left against advice %		Out-patients Lapsed in attendance %		Warded Out-patients Lapsed in attendance %	
	Male	Female	Male	Female	Male	Female
Psychoses	*10*	*10*	*24*	*21*	*31*	*25*
Neuroses	*10*	*14*	*31*	*28*	*35*	*29*
Character disorders etc.	*17*	*19*	*32*	*28*	*39*	*44*
Mis'llaneous	*9*	*11*	*17*	*15*	*22*	*17*
All diagnoses	*12*	*12*	*28*	*25*	*32*	*27*
Total patients	1,671	2,272	3,960	3,806	1,078	1,480

CHAPTER FIVE

CHILDREN

A. The Adolescent Unit

BY P. H. CONNELL AND W. WARREN

History

The Adolescent In-patient Unit started in 1949 at Bethlem Royal Hospital in two wards previously used for acute male patients. One of these, Tyson East 2, a ward of seventeen beds, was opened for adolescent boys in April 1949 and the other, Tyson East 1, a ward of eighteen beds, was opened for adolescent girls in April 1950.

Since the war, a number of adolescents had been admitted to the various adult wards of the Maudsley Hospital and experience of these patients showed the need for a separate adolescent unit. The advent of the joint hospital made this development possible.

The Adolescent Unit at Bethlem Royal Hospital and the Adolescent Unit at St. Ebba's Hospital, both being established in 1949, were the first in-patient units for adolescents to be opened in the United Kingdom.

Since 1949, the unit has been in full use and there is always a waiting list because applications for admission have continued to exceed the number of beds available. The unit was partially closed for some months in 1962 for structural alterations and improvements.

The Adolescent Unit has never had a monopoly of adolescent in-patients in the joint hospital and a small number of patients of adolescent age have since been treated at most times in other wards. There have also been transfers of certain patients to and from adult wards and the Adolescent Unit, as their condition required. Some of the more mature adolescents have been found, for instance, to be more at home amongst the adult patients, and the acutely suicidal adolescents may require the special care provided in appropriate adult wards. In this way, whilst retaining a certain independence, the Adolescent Unit has taken its place in the functioning of the rest of the joint hospital.

The Aim and Practice of the Adolescent Unit

The objective of the Adolescent Unit has been to provide a hospital treatment regime suitable for patients of this age group. The patients are too mature to be handled effectively in the Children's In-patient Unit at the Maudsley Hospital, but too immature for it to be desirable for them to be housed in an adult ward. In practice, this has meant the admission of patients most often between thirteen and sixteen years of age.

The sexes live separately in their own wards, meeting for social occasions. They are under the care of consultants and registrar medical staff.

The nursing staff are of both sexes for the boys' ward and female for the girls' ward.

Daily occupational therapy is provided which is designed to meet the particular needs of this age-group and throughout the week activities such as swimming, gymnastics and games take place.

There is a full-time psychiatric social worker who deals with the needs of the in-patients. Her help is constantly required for the social needs of patients and for the arrangements for their disposal after leaving hospital, as well as in the sphere of keeping in close contact with the families who more often than not also require support and help over their relationships with and understanding of the patients.

Treatment by the psychiatric staff includes individual psychotherapy, group psychotherapy, manipulation of the environment, psycho-pharmacological agents or E.C.T., according to the needs of the individual patient.

The adolescents in the unit live as an active group under the care of staff who look after them and this gives rise to a dynamic situation which in itself appears to be of therapeutic importance for many of the youngsters admitted, at a stage in their development when they are quickly maturing. This has been found to be an innate feature of the treatment, the totality of which can hardly be described in measurable terms but which appears to be important alongside the investigations and treatment carried out according to individual needs.

Education

Continued schooling is important for adolescents while in hospital for all those who can benefit. The London County Council have since 1952 supplied continuous schooling on a generous scale for the unit. A wide range of educational needs have been met, ranging from remedial teaching of those who are educationally retarded to preparation for G.C.E. at 'O' level.

In 1962, a prefabricated school building was erected at the rear of the Unit.

Out-patients

The in-patient adolescent unit is supported by out-patient clinics held by the same medical staff responsible for the in-patients. These clinics are held at the Maudsley Hospital and the same P.S.W., responsible for the adolescent in-patients, attends these clinics. In this way, out-patient assessment of patients referred for consideration for admission to the adolescent unit can take place and follow-up of discharged patients can be provided. One of us has recently started an out-patient clinic in the adult department for the assessment, treatment and follow-up of the older adolescents,

including patients who have been discharged from the in-patient unit and whose age leads to hostility at being seen in a children's department.

STATISTICS OF THE ADOLESCENT UNIT, 1961-1963

These statistics are shown as part of Tables 5.2, 5.3, 5.15, 5.17, 5.23, 5.24, 5.27 and 5.28. During 1961-63, the number of cases discharged from the adolescent unit was 180. The median age was thirteen and a half, no patient being under eleven years old. The median duration of stay was 4.3 months, more than a month longer than the younger children's unit at the Maudsley. About a third of the cases were discharged recovered or much improved, a third somewhat improved, and a third unchanged. One in six left hospital against medical advice. Three diagnostic categories accounted for 75% of the cases: psychoneurosis 35%, secondary habit disorder 24%, and psychosis 16%.

B. BRIXTON CHILD GUIDANCE UNIT

This clinic is owned and administered by the London County Council and staffed by doctors from the Bethlem-Maudsley Hospital. The London County Council provides psychiatric social workers, educational psychologists and secretarial staff. In October 1963, Dr. P. H. Connell became medical director in succession to Dr. W. Warren.

The Brixton clinic has a close association with the Children's Department of the Maudsley Hospital. It is one of the placements for trainee doctors doing their six months' course in child psychiatry.

Tables 5.31 and 5.32 show the staffing and some case statistics for each of the years 1961-63.

C. COMMENTARY ON THE TABLES

TABLE 5.1: Numbers of children in five triennia.

The numbers of in-patients increased from 250 in 1949-52 to 323 in 1955-57 but have since remained steady. The numbers of out-patients have declined.

TABLE 5.2: In-patient discharges by hospital and year.

Over five triennia, the figures have fluctuated. The mean number of discharges per year for the nine years 1955-63 have been: Maudsley boys 37, girls 18; Bethlem boys 21, girls 32.

TABLE 5.3: Age.

The table gives the age at first admission (in-patients) or first attendance (out-patients) during the triennium. The boys tend to be younger than the girls. Among in-patients, the proportion under

11 years old is 40% for boys, 16% for girls. Thus it may be said that among children suffering from serious psychiatric disorder, under the age of 11 boys are twice as common as girls, while over the age of 13 the reverse is true.

TABLES 5.5 AND 5.6: Social Class of parents.

The social class of parents tends to be higher for in-patient children than for out-patients; the same was true in the previous triennium. Over five triennia, the social class of all children shows a clear trend towards an increasing proportion of the upper social classes at the expense of the lower. Relative to the population of Greater London, the hospital population is now over-represented in the upper classes and under-represented in the lower.

TABLE 5.7: Marital status of mothers.

There has been no appreciable change during five triennia in the proportions of mothers with various marital status.

TABLE 5.8: Mothers' age at marriage.

Over five triennia there has been little change in the distribution of mothers' age at first marriage. The table shows this distribution for 1961-63 and also that of females in the London and South East area married in 1950 (the year 1950 was taken because the mean age of hospital children during 1961-63 was about 12). The comparison, in so far as it is proper, suggests that the patients' mothers were considerably younger at marriage than expected.

TABLE 5.9: Mother's age at patients' birth.

Again, there has been no appreciable change during five triennia. The age-distribution of patients' mothers does not differ appreciably from that of women in the London and South East area having a live-born child in 1950.

TABLE 5.10: Sibship size.

This has been essentially unchanged since 1949. Patients who were the only child in the family comprise about 16% of all patients.

TABLE 5.14: Relatives treated psychiatrically.

The term "relatives" here means first degree relatives together with grandparents, uncles, aunts and first cousins. No trend is apparent over five triennia; the proportion of patients having relatives treated at the joint hospital varied between 10% and 13%.

TABLE 5.16: Referring agencies of out-patients.

The proportion of out-patient cases referred from general practitioners and from Child Guidance Units has increased steadily over five triennia: for general practitioners, from 25% to 42%; for Child Guidance Clinics, from 5% to 12%. Otherwise there are no clear trends.

TABLE 5.18.—Duration of in-patient stay.

The table suggests that since 1949 the median stay has been increasing for boys, but decreasing for girls.

TABLE 5.20: Number of out-patient attendances.

The proportion of out-patient cases seen once only has increased steadily, from 28% to 38%, over five triennia. The proportion seen between five and twenty times has decreased, but there has been no change in the proportion seen more than twenty times. The considerable proportion of cases seen once only reflects the fact that many cases are referred by other clinics for a second opinion or for consideration of admission to the in-patient wards.

TABLE 5.25: Outcome of treatment.

There has been little change during five triennia in the proportion of in-patients assigned to different categories. The proportion discharged as recovered, improved and unchanged are the same for in-patients and out-patients, but the outcome in these two groups may be assessed on different criteria.

TABLES 5.27 AND 5.28: Lapses in treatment.

The proportion of out-patients who lapsed in attendance has remained fairly constant during five triennia. This proportion (about 25%) is somewhat higher than for adult out-patients (20%). The proportion of in-patient children discharged against medical advice has been about 10%, somewhat lower than for adults (13%).

In children, the lapse rate for out-patients is the same for each sex. But for in-patients leaving against medical advice, the rate for girls is about one-and-a-half times that for boys.

Table 5.28 shows that for both sexes the out-patient lapse rate diminishes with age.

TABLE 5.29: Diagnosis.

This table is a new departure, compared with previous triennial reports where the diagnoses were given according to the International Classification of Diseases. It is an attempt to categorize the diagnosis of children in terms more meaningful than the very broad

terms of the International Classification. These categories were developed by the late Dr. Kenneth Cameron and based on his Diagnostic Categories in Child Psychiatry (*Brit. J. Med. Psychol.*, 1955, **28,** 67).

The categories are seen to be well spread out, but with a majority of children presenting with disturbed personal relationships or conduct disorders. Educational problems are also common.

TABLE 5.30: Country of birth.

This new table shows the country of birth of childrens' parents. In a quarter of all cases, the country of birth was not stated; among the remainder, 9% of fathers and 6% of mothers were born elsewhere than in the United Kingdom or Eire.

Table 5.1 *Numbers of patients and discharges for five triennia (children)*

Status	1949-51	1952-54	1955-57	1958-60	1961-63
Hospital patients	*	*	1,193	1,153	1,098
In-patients	250	300	323	320	314
Out-patients	961	846	888	840	784
Total discharges	1,410[1]	1,260[1]	1,258	1,181	1,111
In-patient discharges ...	284	313	345	331	323
Out-patient discharges ...	1,126[1]	947[1]	913	850	788

*Figures not extracted.

[1]Not strictly comparable with later triennia. See text.

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

Year	MAUDSLEY			BETHLEM[1]		
	Male	Female	Total	Male	Female	Total
1961	26	6	32	31	45	76
1962	34	14	48	22	21	43
1963	46	17	63	26	35	61
1961–63	106	37	143	79	101	180

[1]Adolescent unit.

Table 5.3 Age (on admission) of in-patients and out-patients

Age (years)	In-patients				Out-patients	
	Maudsley		Bethlem[1]			
	M.	F.	M.	F.	M.	F.
Less than 3	0	0			4	2
3–4	8	1			23	13
5–7	27	7			42	30
8–9	26	9			68	16
10	11	5			26	23
11	19	4	4	2	41	12
12	9	3	13	11	55	28
13	1	3	15	22	57	39
14	2	1	20	28	84	44
15	0	3	17	23	63	37
16 and over...	0	0	8	12	40	37
All ages	103	36	77	98	503	281
Median age...	9.2	10.2	13.4	13.5	11.9	12.4

[1]Adolescent unit.

Table 5.4 Religious upbringing.—1,098 hospital children

Religion	Boys	Girls	Children	Children, % of known		
				61-63	58-60	55-57
Church of England ...	453	304	757	*75*	*74*	*77*
Roman Catholic ...	90	45	135	*13*	*14*	*13*
Non-conformist ...	39	24	63	*6*	*6*	*5*
Jewish	14	5	19	*2*	*3*	*2*
Other...	14	7	21	*2*	*2*	*2*
None	*7*	9	16	*2*	*1*	*1*
Total known... ...	617	394	1,011	*100*	*100*	*100*
Not known	66	21	87	(*9*)	(*8*)	(*6*)
Total children ...	683	415	1,098			

Table 5.5 Social class of parents.—314 in-patient children and 784 out-patient children (sexes together)

Social class	In-patients		Out-patients	
	No.	% of known	No.	% of known
I	28	*10*	42	*6*
II	56	*19*	129	*18*
III	165	*56*	379	*54*
IV	20	*7*	63	*9*
V	24	*8*	92	*13*
Total known	293	*100*	705	*100*
Not known	21	*(7)*	79	*(11)*
Total children	314		784	

Table 5.6 Social class of parents (per cent), for five triennia.—In-patients and out-patients together, sexes together

Social class	Triennium					Greater London
	49-51	52-54	55-57	58-60	61-63	1951
I and II ...	*16*	*20*	*24*	*23*	*25*	*21.5*
III	*59*	*55*	*54*	*55*	*55*	*54.7*
IV and V ...	*25*	*25*	*22*	*22*	*20*	*23.8*
Total	*100*	*100*	*100*	*100*	*100*	*100.0*

Table 5.7 Marital status of mother.—1,098 hospital children

Marital status	Boys	Girls	Children	Children, % of known		
				61-63	58-60	55-57
Single	17	13	30	*3*	*3*	*4*
Married:						
Not separated ...	570	335	905	*84*	*85*	*87*
Separated	42	23	65	*6*	*5*	*4*
Divorced	20	16	36	*4*	*4*	*2*
Total known... ...	672	404	1,076	*100*	*100*	*100*
Not known	11	11	22	*(2)*	*(4)*	*(3)*
Total children ...	683	415	1,098			

Table 5.8 Mother's age at marriage.—1,098 hospital children. Sexes together

Age of mother at first marriage	Children		London and South East Area[1] 1950, %
	No.	% of known	
Under 20	152	*24*	*22.4*[2]
20–...	308	*50*	*34.2*[2]
25–...	112	*18*	*19.8*
30–...	29	*5*	*8.4*
35–...	13	*2*	*9.1*
40–...	7	*1*	*6.1*
Total known...	621	*100*	*100.0*
Not known	455	*(73)*	
Not married	22		
Total children	1,098		
Mean age at marriage	23.3		26.3

[1]Registrar General's Statistical Review of England and Wales for the Year 1950. London, 1952. Part II, page 72.
[2]Age groups "under 21" and "21–24".

Table 5.9 Mother's age at patient's birth.—1,098 hospital children

Age	Boys	Girls	Children		London and South East Area[1] 1950
			No.	% of known	
Under 20	29	21	50	*5*	*4.1*
20–	138	90	228	*24*	*25.8*
25–	187	112	299	*31*	*33.3*
30–	135	73	208	*22*	*20.9*
35–	67	45	112	*12*	*12.4*
40–	30	15	45	*5*	*3.1*
45 and over	6	5	11	*1*	*0.4*
Total known	592	361	953	*100*	*100.0*
Not known	91	54	145	*(15)*	
Total children ...	683	415	1,098		

[1]Registrar General's Statistical Review of England and Wales for the Year 1950. London, 1952. Part II, page 143.

Table 5.10 *Sibship size: number of children (including patient) born alive to mother at time of child's first admission during the triennium.*—1,098 *hospital children*

Sibship size	Boys	Girls	Children	Children, % of known		
				61-63	58-60	55-57
1...	79	74	153	*15*	*17*	*16*
2...	207	124	341	*33*	*32*	*35*
3...	157	84	241	*23*	*21*	*37*
4...	80	49	129	*13*	*14*	
5...	43	22	65	*6*	*7*	
6...	38	9	47	*5*	*4*	*12*
7...	11	11	22	*5*	*5*	
8 and over	19	11	30			
Total known... ...	634	394	1,028	*100*	*100*	*100*
Not known	49	21	70	(7)	(7)	(9)
Total children ...	683	415	1,098			

Table 5.11 *Birth order by sibship size (i.e. patient's birth order among children born alive to their mothers, by number of mother's live-born children at time of patients' admission).* —683 *male and* 415 *female hospital children.*

Birth order of patient	Sibship size							Total known	Not known
	Boys[1]								
	1	2	3	4	5	6	7		
1... ...	77	104	47	21	6	8	2	265	5
2... ...		100	63	14	7	8	2	194	
3... ...			48	29	12	5	4	98	1
4... ...				15	13	7	6	41	2
5... ...					4	8	4	16	
6 and over						2	12	14	
Totals ...	77	204	158	79	42	38	30	628	8
	Girls[1]								
1... ...	73	76	30	14	5	3		201	4
2... ...		58	32	9	6	2	2	109	1
3... ...			22	13	4	0	5	44	
4... ...				12	3	3	4	22	
5... ...					5	0	4	9	
6 and over						1	7	8	
Totals ...	73	134	84	48	23	9	22	393	5

[1]Sibship size not known for 47 males and 17 females.

Table 5.12 *Twins, etc.*—1,098 *hospital children*

	Boys	Girls	Children	Children, % of known	
				61-63	58-60
Patients with a twin of					
Same sex ...	2	5	7		
Opposite sex ...	6	3	9	*1.6*	*2.1*
Sex unknown ...	1	0	1		
Not known if twin	15	2	17	(*1.6*)	(*1.1*)
Parents first cousins					
Yes	4	3	7	*0.7*	*0.7*
Not known ...	60	47	107	(*11*)	(*15*)

Table 5.13.—*Child cared for by foster-parents or in institution (at time of first admission during the triennium).*—314 *in-patient children and* 784 *out-patient children*

Cared for	Boys	Girls	Children	Children, %	
				61-63	58-60
In-patients					
By foster-parents	3	2	5	*1.6*	*5.9*
In institution ...	15	7	22	*7.0*	*10.6*
Total children ...	180	134	314		
Out-patients					
By foster-parents	19	9	28	*3.6*	*6.7*
In institution ...	39	19	58	*7.4*	*4.6*
Total children ...	503	281	784		

Table 5.14 *Relatives treated psychiatrically (i.e. numbers of children whose relatives had had psychiatric treatment).—1,098 hospital children*

Relatives treated	Boys	Girls	Children	Children, % of known 61-63	58-60
At this hospital					
Yes	77	53	130[1]	*13*	*11*
Not known ...	44	26	70	*(9)*	*(13)*
Elsewhere					
Yes	144	97	241	*22*	*20*
Not known ...	94	58	152	*(14)*	*(26)*
Total children ...	683	415	1,098		

[1]In 55 of these cases (36 boys, 19 girls), relatives had also been treated psychiatrically elsewhere.

Table 5.15 *Referring agencies for in-patient children.—323 in-patient discharges*

Referring agency	Maudsley M.	Maudsley F.	Bethlem[1] M.	Bethlem[1] F.	Totals, % of discharges 61-63	58-60	55-57
Out-patient department ...	42	17	48	57	*51*	*53*	*55*
Child guidance unit ...	33	8	14	20	*23*	*13*	*14*
Psychiatric unit of general hospital	6	2	5	5	*6*	*11*	*10*
Local education authority...	9	1	—	—	*3*	*4*	*3*
Non-psychiatric unit of general hospital... ...	1	2	—	3	*2*	*5*	*3*
General practitioner ...	1	2	1	1			
Mental hospital	4	1	2	3	*7*	*6*	*9*
Probation service	2	1	—	4			
Others	8	3	9	8	*8*	*8*	*6*
Total discharges	106	37	79	101			

[1]Adolescent unit.

Table 5.16 *Referring agencies of out-patient children.*—788 *out-patient discharges*

Referring agency	Boy	Girl	Total	Totals, % of discharges		
				61-63	58-60	55-57
General practitioner	198	131	329	*42*	*40*	*37*
Probation service	74	43	117	*15*	*17*	*17*
L.C.C. Children's Committee ...	40	20	60	*8*	*9*	*12*
Child guidance unit...	71	23	94	*12*	*9*	*8*
Non-psychiatric unit of general hospital	13	8	21	*3*	*3*	*6*
Parents and spontaneous	28	9	37	*5*	*6*	*7*
Psychiatric unit of general hospital	28	15	43	*5*	*4*	*4*
Local education authority (other than L.C.C.)	28	14	42	*5*	*4*	*3*
Others	25	20	45	*5*	*8*	*6*
Total discharges	505	283	788	*100*	*100*	*100*

Table 5.17 *Duration of in-patient stay (children).*—323 *in-patient discharges*

Duration of stay	Maudsley		Bethlem[1]		Totals, % of discharges		
	M.	F.	M.	F.	61-63	58-60	55-57
Less than 1 week ...	16	7	3	4			
1 week—	6	1	4	5	*22*	*16*	*20*
2 weeks—	2	1	3	2			
3 weeks	7	3	—	6			
1 month—	16	6	2	11	*20*	*24*	*24*
2 months—	4	3	8	13			
3 months—	4	3	7	17	*22*		
4 months—	6	5	16	14		*51*	*47*
6 months—	19	2	17	20	*26*		
9 months—	7	3	10	5			
1 year—	4	2	6	4	*10*	*9*	*9*
1½ years—	15	1	3	—			
Total discharges ...	106	37	79	101	*100*	*100*	*100*
Median stay (months)	3.4	2.3	5.6	3.5	3.9		

[1]Adolescent unit.

Table 5.18 *Median duration of in-patient stay, by triennia.—in-patient discharges*

	Median duration (months)				
	49-51	52-54	55-57	58-60	61-63
Boys	3.2	3.9	3.7	4.4	4.9
Girls	2.4	4.4	3.6	3.8	3.3
Children	2.8	4.1	3.7	4.0	3.9

Table 5.19 *Number of out-patient attendances (children).—788 out-patient discharges*

Number of attendances	Boy	Girl	Total	Totals, %		
				61-63	58-60	55-57
1	169	127	296	*38*	*36*	*34*
2	45	27	72			
3	24	11	35	*19*	*19*	*19*
4	32	8	40			
5–10	78	45	123			
11–15...	47	19	66	*29*	*33*	*34*
16–20...	26	14	40			
21–25...	25	6	31			
26–50...	43	23	66	*14*	*12*	*13*
51–75...	13	2	15			
76–100	3	1	4			
Over 100	—	—	—			
Total discharges ...	505	283	788	*100*	*100*	*100*

Table 5.20 *Number of out-patient attendances (children), by triennia. —Out-patient discharges*

Number of attendances	Out-patients, % of discharges				
	49-51	52-54	55-57	58-60	61-63
1	*28*	*32*	*34*	*36*	*38*
2–4	*22*	*22*	*19*	*19*	*19*
5–20	*41*[1]	*33*[1]	*34*	*33*	*29*
21 and more	*9*[2]	*13*[2]	*13*	*12*	*14*
Total	*100*	*100*	*100*	*100*	*100*

[1]5–18 attendances.
[2]19 and more attendances.

Table 5.21 Special investigations on in-patient children.—323 in-patient discharges

Investigation	Boy	Girl	61-63	Totals 58-60	Totals 55-57
Laboratory tests					
Wasserman or Kahn ...	74	93	167	194	214
E.S.R.	80	99	179	197	185
Blood count	90	102	192	177	166
C.S.F.	7	4	11	32	26
Other biochemical	83	66	149	150	95
Bacteriological	39	30	69	76	39
Other (biopsy, immunity, etc.)	9	7	16	24	10
Clinical tests					
Electroencephalograi ...	125	105	232	254	259
Electrocardiogram ...	5	2	7	7	8
X-ray...	94	105	199	233	234
B.M.R.	1	—	1	1	2
Psychological tests					
Verbal intelligence ...	138	107	245	257	261
Non-verbal intelligence ...	120	99	219	250	258
Tests of deterioration ...	4	—	4	8	11
Aptitude	12	1	13	10	7
Educational	73	19	92	101	61
Other...	25	8	33	37	74
Specialist opinion	25	24	49	54	65
Total discharges	185	138	323	331	345

Table 5.22 Special investigations on out-patient children.—788 out-patient discharges

Investigation	Boy	Girl	Total 61-63	Total 58-60
Laboratory tests	16	7	23	35
Clinical tests				
Electroencephalogram	102	49	151	179
Electrocardiogram	2	1	3	6
X-ray	10	3	13	27
Psychological tests				
Verbal intelligence	364	195	559	564
Non-verbal intelligence	334	179	513	551
Educational	116	54	170	223
Other	25	12	37	42
Specialist opinion	1	1	2	16
Total discharges	505	283	788	850

Table 5.23 *Special treatments, in-patients and out-patients (children).—323 in-patient and 788 out-patient discharges*

Special treatment	In-patient				Out-patient	
	Maudsley		Bethlem[1]			
	M.	F.	M.	F.	M.	F.
E.C.T.	2	—	1	7	—	—
Antidepressant drug	4	2	7	9	1	1
Phenothiazine drug...	16	4	11	21	4	1
Individual psychotherapy	11	2	17	42	48	23
Environmental adjustment ...	11	6	18	17	32	13
Social case work	36	6	29	31	122	56
Educational adjustment	19	4	20	23	34	9
Special coaching at hospital ...	32	8	10	17	32	11
Supportive	15	7	20	37	42	36
No special treatment	26	11	7	7	14	13
Total discharges	106	37	79	101	505	283

[1]Adolescent unit.

Table 5.24 *Outcome of treatment (children).—323 in-patient and 788 out-patient discharges*

Outcome on discharge	In-patient, %				Out-patient, % of known	
	Maudsley		Bethlem[1]			
	M.	F.	M.	F.	M.	F.
Recovered	*2*	*11*	*4*	*6*	*9*	*8*
Much improved	*24*	*11*	*30*	*28*	*19*	*27*
Improved	*28*	*11*	*34*	*24*	*31*	*31*
Slightly improved	*11*	*22*	*18*	*18*	*12*	*9*
No change	*35*	*47*	*14*	*24*	*27*	*24*
Worse	—	—	—	—	*2*	*1*
Suicide	—	—	—	—	—	—
Other death	—	—	—	—	—	—
Total...	*100*	*100*	*100*	*100*	*100*	*100*
Not stated	—	—	—	—	(*63*)	(*94*)
Total discharges	106	37	79	101	505	283

[1]Adolescent unit.

Table 5.25 Outcome of treatment (children) among in-patients for five triennia, and out-patients for two triennia

Outcome on discharge	In-patients, % discharges					Out-patients % discharges	
	49-51	52-54	55-57	58-60	61-63	58-60	61-63
Recovered and much improved	*37*	*32*	*32*	*31*	*30*	*33*	*30*
Improved and slightly improved	*40*	*44*	*43*	*48*	*42*	*38*	*42*
No change and worse ...	*23*	*24*	*25*	*21*	*28*	*29*	*28*
Discharges:	284	313	345	331	323	500[1]	456[1]

[1]In a further 350 and 332 out-patient discharges, the outcome was not stated.

Table 5.26 Disposal of in-patients and out-patients (children).—323 in-patient and 788 out-patient discharges

Disposal	In-patient		Out-patient	
	Boy	Girl	Boy	Girl
To general practitioner	21	14	198	136
To Education Authority, Care Committee, Child Guidance Unit	64	29	142	62
Further treatment or supervision at the hospital				
Out-patient supervision...	57	45		
Out-patient psychotherapy	1	2		
Clinic for epilepsies	—	2		
Recommended for residential observation or treatment				
Psychiatric unit or hospital	7	7	16	4
Foster-home, residential school, etc.	15	11	9	5
Other				
Outside psychiatrist	18	26	48	30
Other	2	—	40	22
No special disposal[1]	2	2	50	25
Total discharges	185	138	505	283

[1]Includes lapses in attendance, simple advice given to self-referrals, etc.

Table 5.27 *Lapses in treatment* (*children*).—323 *in-patient and* 788 *out-patient discharges*

Mode of leaving	% of discharges		Totals, % of discharges				
	M.	F.	49-51	52-54	55-57	58-60	61-63
In-patients: left against advice							
Maudsley	*5*	*8*	*11*	*	*	*9*	*12*
Bethlem[1]	*16*	*17*					
Out-patients: lapsed in attendance	*26*	*24*	*25*[2]	*20*[2]	*22*	*24*	*25*

[1]Adolescent unit.
[2]Not strictly comparable with later triennia. See text.
*Figures not extracted.

Table 5.28 *Lapses in treatment, by age.*—788 *out-patient discharges*

Age (years)	% lapsed	
	Boy	Girl
Under 10... ...	*28*	*33*
10–13	*27*	*23*
14 and over ...	*23*	*20*
Total discharges...	505	283

Table 5.29 *Diagnosis of in-patients and out-patients* (*children*).—314 *in-patients and* 784 *out-patients*

Diagnostic group	In-patients				Out-patients	
	Maudsley		Bethlem[1]			
	M.	F.	M.	F.	M.	F.
Physical handicap or ill-health ...	2	2	1	1	10	7
Intellectual handicap	13	7	2	1	45	31
Personality variant...	3	1	8	7	25	10
Primary habit disorder	10	3	1	4	44	27
Secondary habit disorder... ...	35	7	25	17	228	101
Motor disorder	2	—	5	1	4	1
Education or work disturbance ...	3	1	2	9	56	23
Other functional symptoms ...	—	1	—	—	6	6
Psychoneurotic disorder	6	4	25	36	47	39
Psychosomatic disorder	—	—	—	—	5	3
Organic brain damage syndrome...	7	4	—	2	9	7
Psychotic disorder	22	6	8	20	24	26
Total patients	103	36	77	98	503	281

[1]Adolescent unit.

Table 5.30 *Country of birth of children's parents.*—1,098 *hospital children*

Country of birth	Father		Mother	
	No.	% of known	No.	% of known
England and Wales	747	*86*	787	*89*
Scotland and Ireland	21	*2*	15	*2*
Eire	28	*3*	24	*3*
West Indies	10		8	
West African Commonwealth	2	*2*	2	*1*
Australian Commonwealth, Canada	7		2	
Hungary, Czechoslovakia, Poland	15	*4*	5	*3*
Other European country ...	20		25	
Other African country ...	3		3	
Asia	6	*3*	4	*2*
Other	11		7	
Total known	870	*100*	882	*100*
Not known	228	(*26*)	216	(*25*)
Total children	1,098		1,098	

Table 5.31 *Staffing at Brixton Child Guidance Clinic*

Staff at 31st December	1961	1962	1963
Number of sessions by:			
Psychiatrists	16	17	15
Clinical assistants...	30	30	30
Psychiatric social workers	30	38	40

Table 5.32 *Case statistics at Brixton Child Guidance Clinic*

	1961	1962	1963
New cases seen	220	203	203
Cases closed...	233	218	161
Applications received	273	278	279
Waiting list on 31st December	28	54	61
Average number of cases under treatment per month...	158	139	152

CHAPTER SIX

DAY-PATIENTS AND DOMICILIARY VISITS

A. Day Patients

During the triennium 429 patients were treated at the two day-hospitals. The number of discharges was 504, giving a re-discharge rate during the triennium of 17%. Fourteen per cent of the patients had been day-patients in earlier triennia, and 25% had been in-patients. These figures reflect the fact that a considerable proportion of patients at the day-hospital have recurrent or relapsing disorders which need sometimes in-patient, sometimes day-patient, treatment.

The 429 patients in the present triennium represent an 18% decrease in the number of the previous triennium, a decrease which is to be accounted for partly by a somewhat lower rate of referral to the Bethlem day-hospital but more to an increased duration of stay (Table 6.6). This increased duration of stay, together with the increased proportion of unmarried patients (Table 6.4) and the decreased proportion of older patients (Table 6.2), may be accounted for by the increased number and proportion of patients with character disorder and the decreased number with depression. The number of patients with depression fell from 328 in 1958-60 to 251 in 1961-63 and this fall accounts for four-fifths of the overall fall in numbers. Reasons for this fall might be that the waiting-time for admission was too long or that, with the advent of anti-depressant drugs, psychiatrists became more confident in the out-patient management of depressive illness.

Table 6.7 shows that the proportion of patients receiving electro-convulsive therapy was 19%, compared with 35% in the previous triennium. This no doubt reflects the increased reliance on drugs in the treatment of depression.

Table 6.3 shows that the proportion of day-patients in the upper two social classes was twice as high at Bethlem as at Maudsley, a reflection of the nature of the districts surrounding the two day-hospitals.

The proportion of day-patients lapsing in attendance or discharging themselves against advice was 10% for males and 9% for females. The corresponding proportion among in-patients was 12% for each sex.

B. Domiciliary Visits

Table 6.10 shows the numbers of domiciliary visits made by the hospital physicians at the request of general practitioners during five triennia. The numbers increased to a maximum in 1955-57 and have since fallen back almost to the level of 1949-51. The largest factor in this fall has been the development of the emergency clinic at the Maudsley Hospital.

As in previous triennia, females account for 70% of cases seen, compared with just over 50% among hospital cases. Thirty-seven per cent of domiciliary cases are aged 55 or over (Table 6.11) compared with 18% among in-patients and 12% among out-patients. Table 6.13 shows the social class of male domiciliary cases to be higher than that of male hospital cases (30% in the upper classes, compared with 23%) but there is no such difference for females.

The recommended disposal of domiciliary cases over five triennia is shown in Table 6.14. The proportion of cases recommended for further treatment at the Bethlem-Maudsley has declined (from 80% to 39%), while the proportion for home treatment has increased (from 9% to 48%). This probably reflects the changing nature of the cases seen at domiciliary consultations. It seems likely that in the early triennia, general practitioners requested domiciliary visits both for urgent and for non-mobile psychiatric cases ; but with the development of the Maudsley emergency clinic, urgent cases are increasingly referred to that clinic, leaving the domiciliary service for house-bound cases.

Table 6.1 *Number of day-patient discharges, by hospital and year.—*504 *day-patient discharges*

Year	Maudsley Day-hospital			Bethlem Day-hospital			Total Discharges
	Male	Female	Total	Male	Female	Total	
1961 ...	23	54	77	32	53	85	162
1962 ...	31	52	83	33	62	95	178
1963 ...	35	57	92	32	40	72	164
1961-63...	89	163	252	97	155	252	504
1958-60...	94	216	310	110	185	295	605
1955-57[1]	42	231	273	33	70	103	376

[1]For Bethlem, only the years 1956-57.

Table 6.2 *Age of day-patients.—*429 *day-patients*

Age	Males	Females	Persons	Persons, %		
				61-63	58-60	55-57
Under 25	22	23	45	*10*	*8*	*6*
25—	34	63	97	*23*	*23*	*22*
35—	43	88	131	*31*	*24*	*22*
45—	34	54	88	*20*	*22*	*18*
55—	25	28	53	*12*	*15*	*20*
65 and over	6	9	15	*4*	*8*	*12*
All ages	164	265	429	*100*	*100*	*100*

Table 6.3 *Social class of day-patients.*—429 *day-patients*

Social class	Maudsley % of known		Bethlem % of known		Hospital % of known	
	Males	Females	Males	Females	Males	Females
I	*3*	*4*	*7*	*6*	*5*	*5*
II	*10*	*12*	*16*	*28*	*13*	*19*
III	*46*	*60*	*52*	*49*	*49*	*55*
IV	*15*	*17*	*7*	*8*	*11*	*13*
V	*26*	*7*	*18*	*9*	*22*	*8*
Total known ...	*100*	*100*	*100*	*100*	*100*	*100*
Not known	*(3)*	*(8)*	*(1)*	*(8)*	*(2)*	*(8)*
Total patients ...	81	140	83	125	164	265

Table 6.4 *Marital status of day-patients.*—429 *day patients*

Marital status	Males	Females	Persons	Persons, %		
				61-63	58-60	55-57
Single	55	65	120	*28*	*25*	*20*
Married	103	177	280	*65*	*68*	*63*
Divorced	3	7	10	*2*	*1*	*7*
Widowed	3	16	19	*5*	*6*	*10*
Total	164	265	429	*100*	*100*	*100*

Table 6.5 *Referring agencies for day-patients.*—504 *day-patient discharges*

Referring agency	Male	Female	Totals, % of discharges		
			61-63	58-60	55-57
Out-patient department ...	144	237	*76*	*81*	*87*
In-patient department... ...	9	36	*9*	*7*	*4*
Psychiatric department of general hospital	16	21	*7*	*5*	*
Domiciliary service	4	7	*2*	*2*	*4*
General practitioner	—	*5*	*1*	*1*	*2*
Other	13	12	*5*	*4*	*3*
Total discharges	186	318	*100*	*100*	*100*

*Figure included with Other referring agency.

Table 6.6 Duration of stay of day-patients.—504 day-patient discharges

Duration of stay	Male	Female	Total, %	
			61-63	58-60
Less than 1 week	12	16		
1 week	8	20	*20*	*22*
2 weeks	20	22		
1 month	34	64	*34*	*42*
2 months	34	41		
3 months	31	45		
4 months	22	41	*27*	*32*
6 months	18	38	*16*	
9 months	4	19		
1 year	2	8	*3*	*4*
1½ years and over	1	4		
Total discharges	2.6	186		
Median stay (months) ...	2.9	318	2.7	2.3

Table 6.7 Special treatments of day-patients.—504 day patient discharges

Special treatment	Male	Female	Totals, %	
			61-63	58-60
E.C.T.	30	66	*19*	*35*
Modified insulin	—	1	*0*	*2*
Special drugs:				
Phenothiazines	69	128	*39*	
Anti-depressants	94	179	*54*	*45*
Other...	7	79	*17*	
Psychotherapy	11	58	*14*	*22*
Total discharges	186	318		

Table 6.8 Outcome of day-patient treatment.—504 day-patient discharges

Outcome at discharge	Male	Female	Total, %	
			61-63	58-60
Recovered	15	35	*39*	*39*
Much improved	62	82		
Improved	41	59	*30*	*31*
Slightly improved	16	33		
No change	42	76		
Worse	7	32	*31*	*30*
Suicide	3	—		
Other death	—	1		
Total discharges	186	318	*100*	*100*

Table 6.9 Diagnosis of day-patients.—429 day-patients

Diagnosis	Males	Females	Persons, %		
			61-63	58-60	55-57
Psychosis	**77**	**127**	***48***	***51***	***45***
Schizophrenia	21	23	*10*		
Manic-depressive[1]	55	101	*37*		
Other	1	3	*1*		
Neuroses	**59**	**114**	***40***	***41***	***49***
Anxiety	10	14	*6*		
Hysteria	2	3	*1*		
Phobic	4	15	*4*		
Obsessional	5	5	*2*		
Depressive	31	64	*22*		
Other	7	13	*5*		
Character disorders, etc.	**23**	**23**	***11***	***6***	***4***
Pathological and immature personality	20	22	*10*		
Other	3	1	*1*		
Miscellaneous	**5**	**1**	***1***	***2***	***2***
Total	164	265	*100*	*100*	*100*

[1]Includes involutional melancholia.

Table 6.10 Domiciliary visits, for five triennia

	Triennium							
	49-51	52-54	55-57	58-60	61-63	1961	1962	1963
Male	140	267	374	294	177	63	72	42
Female	305	709	904	706	420	162	124	134
Total	445	976	1,278	1,000	597	225	196	176

Table 6.11 *Age of cases seen at domiciliary visits*

Age	Male	Female	Total, %	
			61-63	58-60
Under 25	27	42	*12*	*11*
25—	27	59	*15*	*16*
35—	28	98	*21*	*18*
45—	28	64	*15*	*17*
55—	37	72	*18*	*15*
65—	21	44	*11*	*12*
75 and over	9	41	*8*	*11*
All ages...	177	420	*100*	*100*

Table 6.12 *Marital status of cases seen at domiciliary visits*

Marital status	Male		Female	
	No.	%	No.	%
Single	68	*38*	100	*24*
Married	99	*56*	243	*58*
Divorced	1	*6*	6	*18*
Widowed	9		71	
All	177	*100*	420	*100*

Table 6.13 *Social class of cases seen at domiciliary visits*

Social class	Male % of known	Female % of known
I	*7*	*8*
II	*23*	*20*
III	*46*	*55*
IV	*7*	*9*
V	*17*	*8*
Total known	*100*	*100*
Not known	*(18)*	*(80)*
Number of visits	177	420

Table 6.14 *Recommended disposal of cases seen at domiciliary visits*

Recommended Disposal	1961-63		Totals, %				
	Male	Female	49-52	52-54	55-57	58-60	61-63
In-patient (at B-M) ...	41	107	*48*	*38*	*23*	*31*	*25*
Out-patient (at B-M) ...	20	47	*33*	*27*	*17*	*15*	*11*
Day-patient (at B-M) ...	5	15				*3*	*3*
Emergency ward ...	11	23	*5*	*9*	*10*	*7*	*6*
Mental hospital ...	11	32	*5*	*3*	*9*	*11*	*7*
Home treatment ...	77	168	*9*	*23*	*41*	*27*	*41*
Other	12	28				*6*	*7*
Total	177	420	*100*	*100*	*100*	*100*	*100*

Table 6.15 *Diagnosis of cases seen at domiciliary visits*

Diagnosis	Males	Females	Totals, %	
			61-63	58-60
Psychoses	**72**	**182**	*43*	*48*
Schizophrenia	24	53		
Manic and circular	9	20		
Depressive[1]	22	68		
Paranoid state...	1	5		
Senile, etc.	11	27		
Alcoholic, etc.	1	0		
Other	4	9		
Neuroses	**72**	**177**	*42*	*36*
Anxiety	20	29		
Hysteria	6	29		
Phobic	3	11		
Obsessional	2	1		
Depressive	36	99		
Others	5	8		
Character Disorders, etc.	**25**	**35**	*10*	*9*
Pathological and immature personality	12	9		
Alcoholism and drug addiction ...	6	12		
Others	7	14		
Miscellaneous	**8**	**26**	*5*	*7*
Puerperal states	—	8		
Others	8	18		
Total	177	420	*100*	*100*

[1]Includes involutional melancholia.

CHAPTER SEVEN

SPECIAL CLINICS

A. The Out-patient Department and Emergency Clinic

1. Historical Review

BY D. H. BENNETT

When the Maudsley Hospital opened in 1923, the out-patient department consisted of a waiting hall, three consulting rooms and a dispensary. Adult patients were seen on four afternoons each week; men on Monday and Thursday and women on Tuesday and Friday. There was no system of appointments. An average of four new adult patients were seen during each session. The main functions of the department were consultation and the selection of patients for admission. At that time, in-patient treatment was considered more efficacious than continued out-patient treatment and in the first year one-third of the new patients attending were admitted. The staff consisted of two senior doctors who saw all new patients and two other doctors. There was one nurse in charge. She undertook all the clerical work and was responsible for the filing of both out-patients and in-patients' records.

The opinion sometimes maintained, that patients would be unwilling to attend an out-patient clinic at a mental hospital, was not shared by Dr. Mapother and in fact the number of cases seen steadily increased. It was claimed that the department was, at that time, the largest organisation of its kind in the country. By 1929 the number of consulting rooms had been increased. In the following year the Mental Treatment Act legalised expenditure on out-patient treatment and additions were made to the staff. The majority of out-patient attenders came then, as now, from the neighbourhood of the hospital and South London. To extend the hospital's out-patient services the "Northern Psychiatric Clinics" were established in three hospitals north of the Thames in 1931. Three members of the staff, Dr. (now Professor Sir Aubrey) Lewis, Dr. (now Professor) E. W. Anderson and Dr. L. Minski were given charge of clinics at Mile End, St. Charles's and St. Mary's (Highgate) hospital respectively, and attended there twice weekly.

By 1935 the number of new patients seen at the Maudsley was increasing more slowly. The two senior psychiatrists saw four or five new patients each at every session and this was considered a "moderate case load". The work of the department was changing in other ways. The proportion of new patients who were admitted had fallen from 1 in 3 in 1923 to 1 in 14 in 1935. Fewer patients were referred elsewhere for treatment. The number of patients seen more than six times had also increased. One medical officer provided a supportive clinic and gave short interviews to old patients during

the mornings and afternoons. Selected patients attended for psychotherapy. Psychotherapists were employed on an hourly basis and saw patients from the late afternoon until 10 p.m.

Attendances rose from 1,441 in 1923 and 8,223 in 1930 to 19,100 in 1935. More space was needed. To meet this need the present out-patient department was planned and, after delays due to the economic crisis, was opened in 1936. It included, among other provisions, twelve rooms for psychotherapy, the records office and a registry for the clerical staff. In 1939 at the outbreak of war, the hospital was evacuated to Sutton and Mill Hill. During this period and until the hospital re-opened in 1946, the out-patient department at Denmark Hill continued on a reduced basis and was staffed from Sutton Emergency Hospital. In 1948 the implementation of the National Health Service Act and the amalgamation with Bethlem Royal Hospital were associated with a general increase in the medical staff establishment.

The character of the hospital and the function of the out-patient department began to change with the development of a professorial unit, an increased number of registrars in training and the appointment to the joint hospital of more full-time and part-time consultants with specialised interests. New and old patients of both hospitals were seen by appointment at the Maudsley five days a week in the mornings, in the afternoons and evenings. In addition to the many clinics providing consultation and treatment for all types of patient, a number of clinics met special needs. This was not an entirely new development since before the war there had been clinics for post-encephalitic and G.P.I. patients. Following the war, clinics for ex-servicemen and pension cases with occupational problems were provided for a period.

At the present time special clinics deal with alcoholics, elderly, neuropsychiatric and epileptic patients, the problems of forensic psychiatry, and psychotherapy. The institution of the practice and teaching of out-patient group psychotherapy has been a notable advance.

Since 1939 children have been seen in the separate children's department in increasing numbers.

Clinical assistants had been trained in the out-patient department before 1939. The rotation of registrars in training through the various consultant firms and special units led to advances which could not be measured by the number of patients seen. While some patients were still referred, as before, to supportive clinics, an increasing number of consultants were able through their registrars to maintain a continuing responsibility for the treatment of their own patients. Clinics were more widely used by physicians to follow-up discharged in-patients. At present there are 186 doctor's sessions each week, 28 rooms are used and approximately 3,000 out-patients are in active treatment at any given time. From 1949 to 1963 the number of new out-patients has steadily increased (Table 7.1).

The increased number of available consultant appointments did not meet the need of general practitioners for urgent and immediate consultation. In 1951 this demand was met by the establishment of an Emergency Clinic. Patients can be seen at any time during the day or night seven days a week. Many doctors and patients also make enquiries by telephone. This service is unique in this country. That it meets a real need is shown by the steady increase in day-time attendances (Table 7.2; figures for weekend and night-time attendances are not given).

2. Notes on the Tables (7.3-7.6)

The present triennium is the first in which a punch-card analysis has been made of cases seen at the Emergency Clinic. Table 7.3 shows that, during 1961-63, the number of discharges where the spell of care began with an attendance at the Emergency Clinic was 4,491. This is 34% of all discharges from the hospital. Of these 4,491 discharges, 70% were referred by general practitioners and in 18% the patient attended of his own accord (Table 7.4).

Of new patients attending the hospital during 1961-63, 2,261 were first seen at the Emergency Clinic. This is 27% of all new patients. The distribution by age (Table 7.5) and by diagnosis (Table 7.6) of these cases is similar to that of out-patients as a whole.

3. Out-patient Waiting Times

In the Report for 1958-1960 data were presented on in-patient waiting times (page 67 of that report). The present Report gives data on out-patient waiting times—that is, on the interval of time between a general practitioner or other person requesting an out-patient appointment for a patient and the patient's attendance at an out-patient clinic.

Table 7.7 shows the out-patient waiting times for each of the three years of the present triennium. Taking the three years together, we can say that of all patients for whom an out-patient appointment was requested, one-quarter were seen immediately and one-half within three days; two-thirds were seen within a week and three-quarters within a fortnight ; 5% of patients waited more than a month to be seen. Compared with 1961, the waiting times show an improvement (i.e., were shorter) in 1962 and 1963.

Of the 7,661 cases in which the waiting time was recorded, 1,411 were first seen at the Emergency Clinic where, from the nature of that clinic, the waiting time was very rarely more than three days. When these 1,411 cases are excluded, we have the figures in the bottom line of Table 7.7—the waiting times for the 6,250 cases first seen at the consultants' clinics. Of these, 56% were seen within a week, 71% within a fortnight, 83% within three weeks, and 94% within a month. Thus the Emergency Clinic substantially affected the proportion of patients seen within a week but did not greatly

affect the proportion of patients seen within three weeks or a month.

Table 7.8 indicates a seasonal fluctuation in waiting time; t e times were shorter in the first and third trimesters, longer in the second and fourth. Considered by month of attendance, the shortest waiting times were in February and August, the longest in July and November. The fluctuations do not appear to be related to the holiday season, but there is a suggestion that bad months (i.e., with long waiting times) were preceeded by months with a high attendance rate. Thus the average monthly first attendance rate was 278 (excluding December, when the figure was disproportionately low), but for May, the month before the worst month, it was 325 and for October (before the second worst month) it was 312 ; on the other hand, it was 303 in July, the month before the second best month. There may also possibly be a causal relation between the seasonal fluctuation of waiting times and the change-over of registrars from one six-month clinical appointment to another in April and October for the longest waiting times occur in the months following these.

B. The Psychiatric Emergency Unit, St. Francis' Hospital

St. Francis' Hospital, Dulwich, is situated about one mile south-east of the Maudsley Hospital. It is not part of the Bethlem-Maudsley Hospital, but for many years its Observation Ward (called, since 1961, the Emergency Unit) has been staffed by doctors from the Bethlem-Maudsley. Before 1961, patients in this ward were admitted under Section 20 of the Lunacy Act of 1890. Since 1961—that is, since the implementation of the Mental Health Act of 1959—patients are admitted either under one of the sections of the new Act or informally. Case statistics of the Emergency Unit are given in Tables 7.9-7.14.

During 1961-63, there were 3,899 discharges, of whom 60% were admitted under the Mental Health Act and 40% were admitted informally. The proportion of cases with affective disorder was similar to that among the Bethlem-Maudsley in-patients, but the proportion with schizophrenia was twice as high and with personnality disorder four times as high (Table 7.12).

Table 7.14 shows that, of patients admitted informally, nearly one-half were discharged home or to a hostel, and one-half were transferred to a psychiatric hospital. Four per cent of those admitted informally were transferred under the Mental Health Act. Of those admitted on an order under the Mental Health Act, nearly one-third were discharged home or to a hostel and one-fifth were admitted informally to a psychiatric hospital; most of the rest (i.e., some 40% of the total) were transferred to a psychiatric hospital on an order.

C. The Forensic Unit

An account of this unit was given in the Report for 1958-60 (page 63). Statistics for the present triennium are shown in Table 7.15.

D. The Guys-Maudsley Neurosurgical Unit

The unit was described in the Report for 1952-54 (page 134). Statistics for the present triennium are shown in Tables 7.16-7.18.

Table 7.1 New adult patients referred to out-patient department, 1949-1963

1949-51 ...	... 5,151
1952-54 ...	... 6,004
1955-57 ...	... 6,229
1958-60 ...	... 6,752
1961-63 ...	... 7,800 (approx.)

Table 7.2 Emergency clinic attendances (day-time only)

1951	...	...	395
1952	...	...	666
1953	...	...	863
1958	...	...	1,830
1959	...	...	1,509
1960	...	...	2,274
1963	...	...	3,610

Table 7.3 Patients first seen at the Emergency Clinic

Year	No. of discharges		
	Male	Female	Total
1961 ...	659	641	1,300
1962	762	796	1,558
1963	808	825	1,633
Triennium ...	2,229	2,262	4,491

Table 7.4 Referring agencies to the Emergency Clinic.—4,491 discharges

Referring agency	Male	Female	Total No.	Total %
General practitioner	1,427	1,710	3,137	*70*
Spontaneous	463	356	819	*18*
Voluntary organization ...	159	43	202	*4*
Non-psychiatric hospital ...	42	45	87	*2*
Probation service	26	7	33	*1*
Other	112	101	213	*5*
Total discharges	2,229	2,262	4,491	*100*

Table 7.5 New patients first seen at the Emergency Clinic, by age

Age	Males	Females	Patients	
			No.	%
Under 20	65	72	137	*19*
20—	143	161	304	
25—	199	174	373	*30*
30—	179	146	325	
35—	302	252	554	*25*
45—	198	154	352	*16*
55—	86	73	159	*7*
65 and over	21	36	57	*3*
All ages...	1,193	1,068	2,261	*100*

Table 7.6 Diagnosis of new cases referred to the Emergency Clinic

Diagnosis	Males		Females		Patients %
	No.	%	No.	%	
Psychoses	**291**	***25***	**308**	***29***	***27***
Schizophrenia	128		91		*10*
Manic-depression	140	*12*	191	*18*	*15*
Other	23		26		*2*
Neuroses	**351**	***29***	**492**	***46***	***37***
Anxiety	85		61		*6*
Depression	215	*18*	377	*35*	*26*
Other	51		54		*5*
Character disorders, etc.	**441**	***37***	**172**	***16***	***27***
Pathological and immature personality	191	*19*	113	*11*	*15*
Sexual deviation	38		2		
Alcoholism and drug addiction	181	*15*	21	*2*	*9*
Other	31		36		*3*
Miscellaneous	**110**	***9***	**96**	***9***	***9***
Total patients	1,193	*100*	1,068	*100*	*100*

Table 7.7 *Waiting-times for out-patients. Cumulative percentage of out-patients seen within various times from the date of request for appointment*

Year	No wait	3 days	1 week	2 weeks	3 weeks	1 mth.	2 mths.	Total cases of known waiting time	Waiting time not known, as % of known
1961	*24*	*49*	*58*	*72*	*82*	*93*	*99*	2,361	*10*
1962	*27*	*52*	*64*	*78*	*86*	*95*	*99*	2,652	*8*
1963	*27*	*53*	*64*	*76*	*86*	*95*	*99*	2,638	*7*
1961-3	*26*	*51*	*62*	*75*	*85*	*94*	*99*	7,661	*8*
1961-3 (Consultant clinics only[1])	*19*	*42*	*56*	*71*	*83*	*94*	*99*	6,250	*8*

[1]i.e. omitting the Emergency Clinic. See text.

Table 7.8 *Seasonal waiting-time for out-patients*, 1961-63.—*Cumulative percentage seen within various times*

Months	No wait	3 days	1 week	2 weeks	3 weeks	1 mth.	Total cases of known waiting time[1]	Waiting time not known, as % of known
Jan.-March	*27*	*52*	*65*	*80*	*89*	*96*	1,720	*9*
April-June	*23*	*49*	*60*	*71*	*81*	*92*	1,809	*9*
July-Sept.	*25*	*53*	*63*	*75*	*84*	*94*	1,937	*9*
Oct.-Dec.	*24*	*49*	*60*	*74*	*86*	*95*	1,564	*10*

[1]In 631 cases, the month of attendance could not be extracted (for coding reasons).

Table 7.9 *Psychiatric Emergency Unit, St. Francis' Hospital*, 1961-63. *Status on admission*—3,899 *discharges*

Status on admission [1]	Discharges	
	No.	%
Informal	1,557	*40*
Section 25	64	*2*
Section 26	2	
Section 29	1,667	*43*
Section 60	1	*15*
Section 136	606	
Section 6 (Children's Act)	2	
Total	3,899	*100*

[1]Sections (except for Section 6) refer to the Mental Health Act, 1959.

Table 7.10 *Psychiatric Emergency Unit, St. Francis' Hospital.—Discharges during* 1961-63 *by age. Sexes together*

Age	Discharges	
	No.	%
Under 20	141	*4*
20—	379	*10*
25—	1,081	*28*
35—	1,008	*26*
45—	680	*16*
55—	373	*10*
65 and over	237	*6*
All ages	3,899	*100*

Table 7.11 *Psychiatric Emergency Unit, St. Francis' Hospital,* 1961-63.—*Discharges by marital status.* 3,899 *discharges*

Marital status	Discharges	
	No.	%
Single	1,898	*49*
Married[1]	1,288	*33*
Separated or divorced	438	*11*
Widowed	275	*7*
Total	3,899	*100*

[1]Excluding those separated.

Table 7.12 *Psychiatric Emergency Unit, St. Francis' Hospital,* 1961-63. *Diagnosis*—3,899 *discharges*

Diagnosis	Discharges	
	No.	%
Schizophrenia ...	1,268	*32*
Affective disorders ...	1,404	*36*
Psychopathic personality	933	*24*
Senile dementia ...	80	*5*
Organic	192	*2*
Mental subnormality	17	*1*
Neurosis	5	
Total	3,899	*100*

Table 7.13 *Psychiatric Emergency Unit, St. Francis' Hospital,* 1961-63. *Referring agency, by status on admission.— From* 3,899 *discharges*

Referring agency	Status on admission (% of discharges)				Discharges	
	Informal	Sec. 25	Sec. 29	Sec. 136	No.	%
Home or hostel ...	*19*	*39*	*46*	—	1,100	*28*
Hospital	*77*	*56*	*51*	—	2,078	*54*
General practice ...	*2*	—	*1*	—	44	*1*
Police	*1*	—	*1*	*100*	640	*16*
Other...	*1*	*5*	*1*	—	32	*1*
Total, %	*100*	*100*	*100*	*100*		
Total, discharges ...	1,557	64	1,667	606	3,894[1]	*100*

[1]And five discharges were of other status on admission.

Table 7.14 *Psychiatric Emergency Unit St. Francis' Hospital,* 1961-1963 *Mode of discharge, by status on admission from* 3,899 *discharges.*

Discharged to	Status on admission (% of discharges)				Discharges	
	Informal	Sec. 25	Sec. 29	Sec. 136	No.	%
Psychiatric Hospital:						
Informally ...	*47*	*15*	*23*	*18*	1,237	*32*
Sec. 25	*3*	*45*	*37*	*44*	962	*25*
Sec. 26	*1*	*2*	*3*	*4*	82	*2*
Home or hostel ...	*45*	*30*	*33*	*31*	1,465	*37*
Other...	*4*	*8*	*4*	*3*	144	*4*
Died					15	
Total, %	*100*	*100*	*100*	*100*		
Total, discharges ...	1,557	64	1,667	605	3,894[1]	*100*

[1]And five discharges were of other status on admission.

Table 7.15 Forensic Unit.—New cases seen and reports made during 1961-63

	1961	1962	1963
New cases seen			
Maudsley Out-patient Clinic (adults)	89	105	110
Maudsley Out-patient Clinic (Children) ...	55	70	47
Brixton prison	45	38	36
Reports made at Remand Homes[1]			
Stamford House:			
To Juvenile Courts	1,242	1,363	1,259
For Approved School Classification	416	357	368
Mental Health Act	—	14	7

[1]No figures available from Cumberlow Lodge Remand Home (girls).

Table 7.16 Numbers of patients and operations.—Neurosurgical Unit

	1961	1962	1963
In-patients from			
Guy's Hospital	217	233	191
Maudsley Hospital	54	61	55
King's College Hospital	101	81	97
Others	104	150	173
Total	476	525	516
Out-patients from			
Guy's Hospital	857	870	847
Maudsley Hospital	561	474	461
King's College Hospital	—	—	—
Total	1,418	1,344	1,308
Major operations performed	294	314	318
Total operations performed	474	586	576

Table 7.17 Leucotomies.—Operations for Epilepsy

Type of operation	1961	1962	1963
Leucotomy	19	16	19
Temporal lobe epilepsy	16	13	11
Other types of epilepsy	1	—	1

Table 7.18 *Attendances at X-ray Department*

Patients from	1961	1962	1963
Neurosurgical unit	912	999	1,117
Bethlem-Maudsley Hospital	1,889	1,979	1,923
Other hospitals	253	219	166
Total	3,054	3,197	3,206

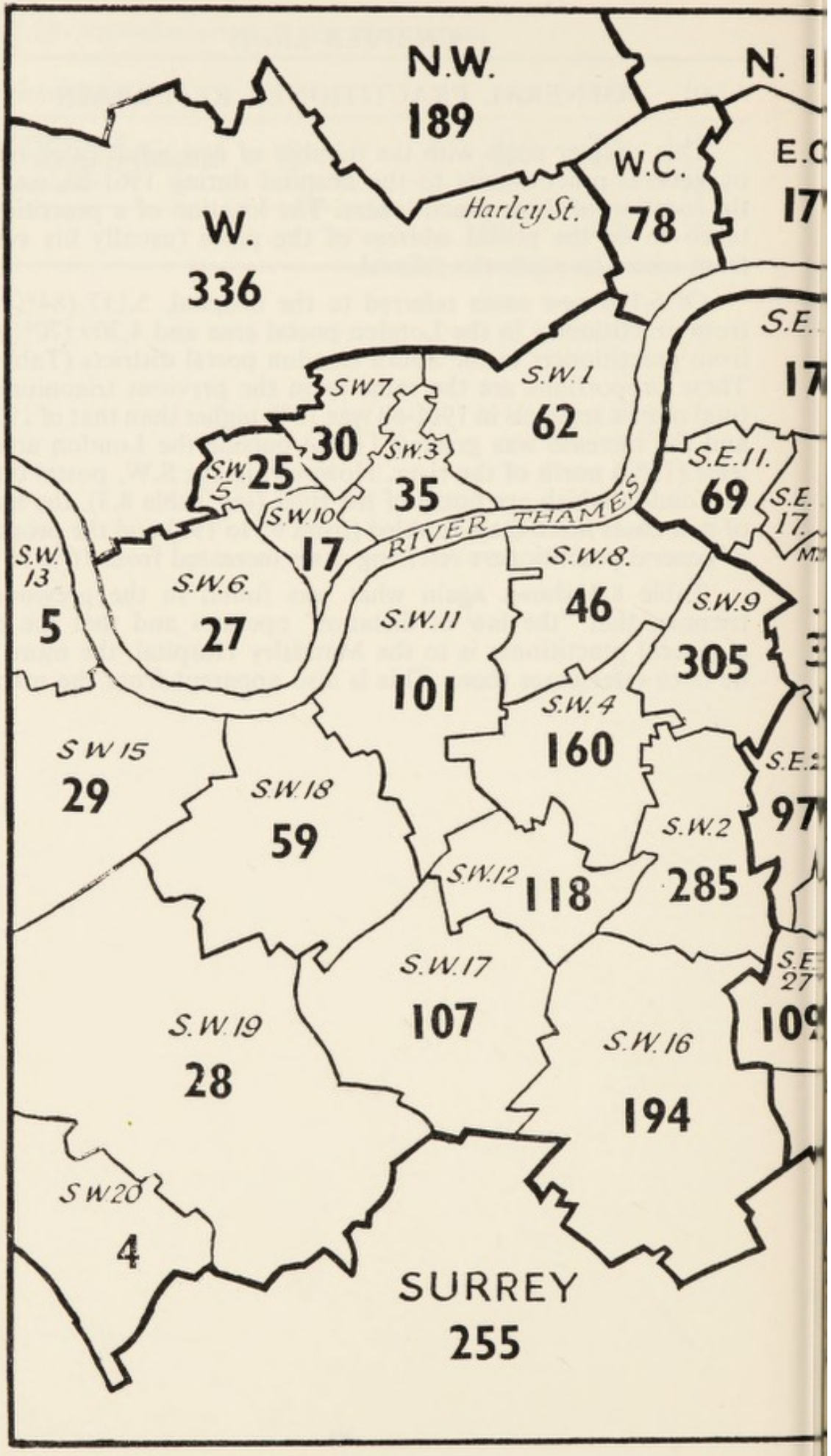
CHAPTER EIGHT

GENERAL PRACTITIONER REFERRALS

This chapter deals with the number of new adult cases referred by general practitioners to the hospital during 1961-63, 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 the referral.

Of 6,134 new cases referred to the hospital, 5,117 (84%) were from practitioners in the London postal area and 4,309 (70%) were from practitioners in the South London postal districts (Table 8.1). These proportions are the same as in the previous triennium. The total of new referrals in 1961-63 was 15% higher than that of 1958-60, and the increase was greatest (17%) outside the London area and least (13%) north of the river. However, in the S.W. postal districts of London which are north of the river (see Table 8.3), the number of new cases more than doubled (from 95 to 196) and the proportion of general practitioners referring cases increased from 16% to 29%.

Table 8.3 shows again what was found in the previous two triennia, that "the law of distance" operates and that the nearer a general practitioner is to the Maudsley Hospital, the more likely he is to refer cases there. This is also apparent from the map.


N.W.
189
W.
336
Harley St.
W.C.
78
S.W.1
62
SW7
30
SW.3
35
SW.
5
25
SW10
17
RIVER THAMES
S.E.11.
69
S.E.
17.
S.W.
13
5
S.W.6.
27
S.W.11
101
S.W.8.
46
S.W.9
305
S.W.4
160
SW15
29
S.W.18
59
S.W.2
285
SW.12
118
S.W.17
107
S.W.19
28
S.W.16
194
SW20
4
SURREY
255

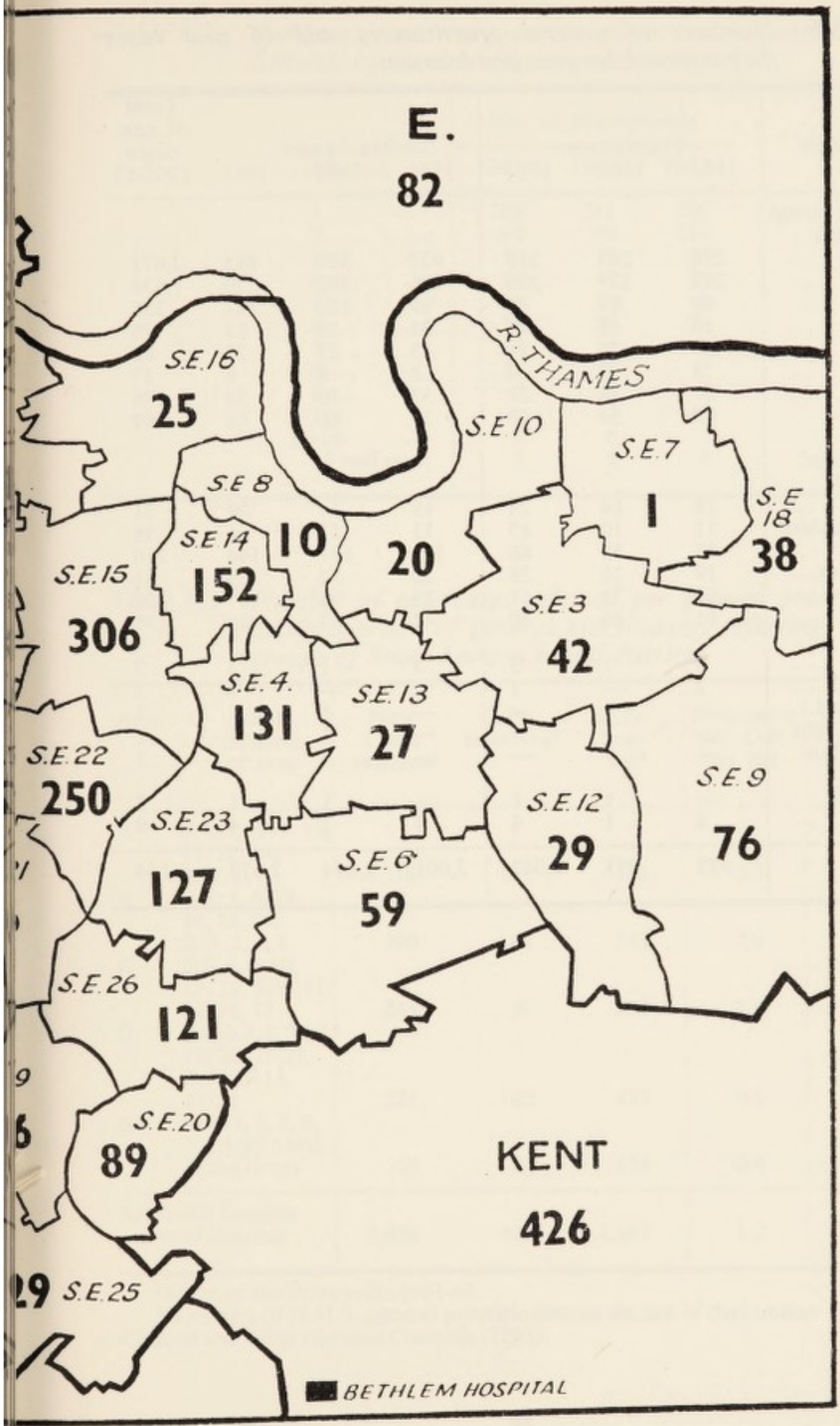

E.
82
R. THAMES
S.E.16
25
S.E 8
S.E.14
10
S.E.15
152
306
S.E 10
20
S.E.7
1
S.E
18
38
S.E.3
42
S.E.4.
131
S.E.13
27
S.E.22
250
S.E.23
127
S.E.6
59
S.E.12
29
S.E.9
76
S.E.26
121
S.E.20
89
KENT
426
29 S.E.25
BETHLEM HOSPITAL

Table 8.1 *Numbers of general practitioners and of new cases they referred, by year and location*

Location	Practitioners			New cases			Total of new cases
	1961	1962	1963	1961	1962	1963	1961-63
London postal districts:							
S.E. ...	296	295	315	927	859	885	2,671
S.W. ...	203	227	209	526	592	520	1,638
W. ...	68	83	85	89	120	127	336
W.C. ...	16	17	14	25	29	24	78
E.	31	21	21	33	27	22	82
E.C. ...	3	5	4	3	8	6	17
N. ...	27	33	27	37	36	33	106
N.W. ...	42	50	53	57	66	66	189
Counties of England:							
Essex ...	18	14	24	19	14	24	51
Hertfordshire	11	10	15	11	11	16	38
Kent ...	83	86	86	131	151	144	326
Middlesex...	19	26	28	20	32	29	81
Surrey ...	58	72	61	72	96	87	255
Others ...	41	46	40	42	47	46	135
Wales ...	3	1	3	3	1	3	7
Scotland ...	2	—	1	2	—	1	3
N. Ireland...	—	1	—	—	1	1	1
Isle of Wight	—	1	1	—	1	1	2
Isle of Man	—	1	—	—	1	—	1
Channel Islands	—	1	1	—	1	1	2
Abroad ...	4	1	4	4	1	4	9
Total ...	925	991	1,042	2,001	2,094	2,039	6,134

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

No. of patients referred	No. of practitioners		
	1961	1962	1963
1	208	211	222
2	97	99	110
3	56	71	64
4	34	44	36
5	26	24	32
6	24	29	23
7	12	16	9
8	15	10	7
9	7	4	8
10... ...	4	3	2
11-14 ...	8	8	7
15 and over	5	3	4

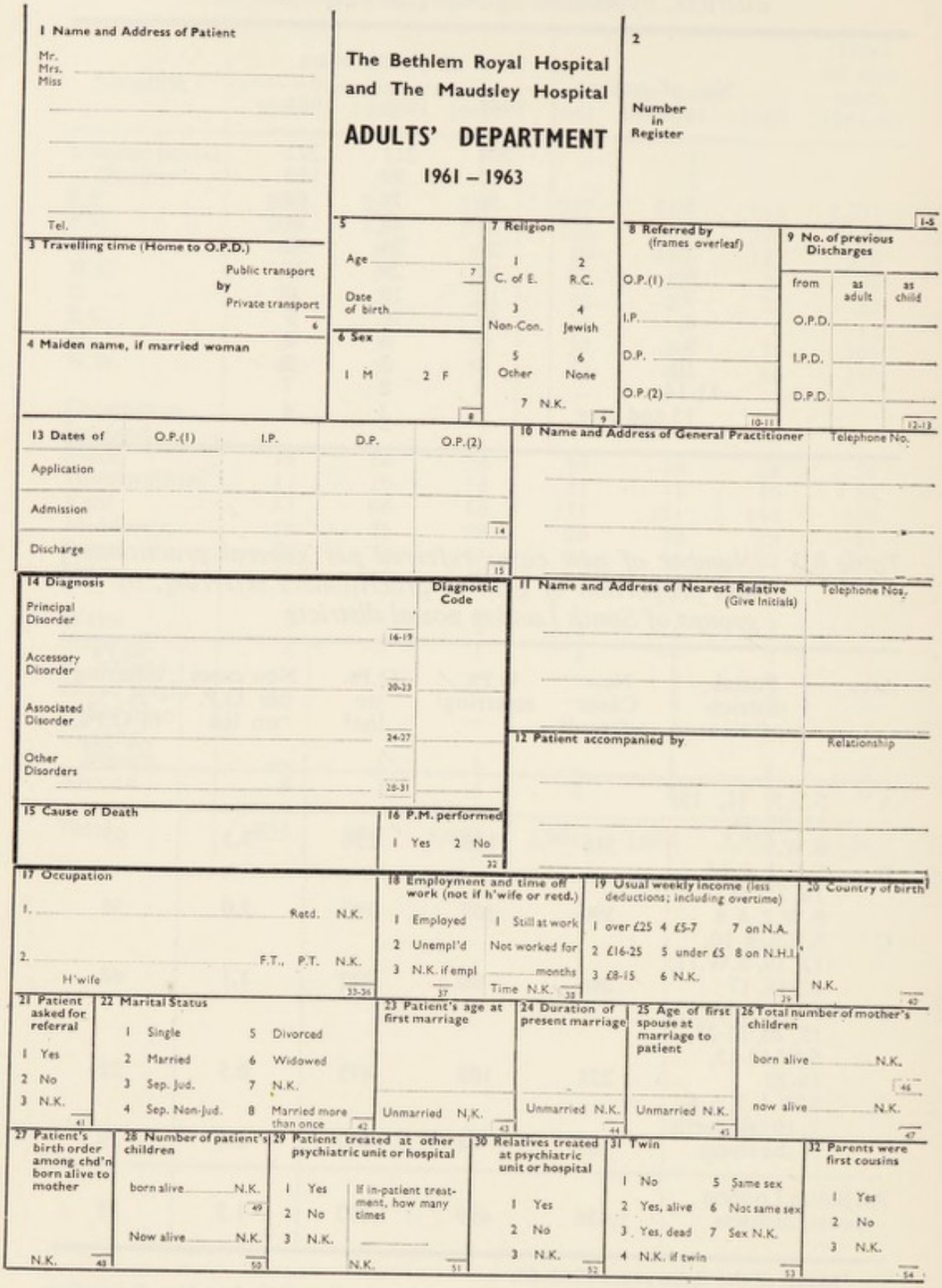
Table 8.3 *Number of new cases referred per general practitioner, and proportion of general practitioners referring, by five groups of South London postal districts*

Area	Postal districts of area	New Cases referred[1]	G.Ps. referring[1]	G.Ps. on list[2]	New cases per G.P. on list	G.Ps referring as % of G.Ps. on list
A	S.E.5, 11, 15, 17, 22, 24, S.W.9	516	148	156	3.3	*95*
B	S.E. 1, 4, 14, 16, 21, 23, S.W.2, 4, 8	390	107	193	2.0	*56*
C	S.E.6, 8, 10, 13, 19, S.W.11, 12, 16, 17	244	98	222	1.1	*44*
D	S.E.2, 3, 7, 9, 12, 18, 20, 25-27, S.W.13-15, 18-20	221	102	473	0.5	*22*
E	S.W.1, 3, 5, 6, 7, 10 (all north of the river)	65	44	153	0.4	*29*
All South London postal districts		1,436	499	1,197	1.2	*35*

[1]Mean of the three years 1961-63.

[2]Numbers of N.H.S. general practitioners on the list of theLondon Executive Council and other relevant Councils (1961).

Appendix



1 Name and Address of Patient
Mr.
Mrs.
Miss
Tel.

The Bethlem Royal Hospital
and The Maudsley Hospital
ADULTS' DEPARTMENT
1961 – 1963

2
Number in Register

3 Travelling time (Home to O.P.D.)
Public transport
by
Private transport
6

4 Maiden name, if married woman

5
Age 7
Date of birth

6 Sex
1 M 2 F
8

7 Religion
1 C. of E. 2 R.C.
3 Non-Con. 4 Jewish
5 Other 6 None
7 N.K.
9

8 Referred by (frames overleaf)
O.P.(1)
I.P.
D.P.
O.P.(2)
10-11

9 No. of previous Discharges
1-5
from | as adult | as child
O.P.D.
I.P.D.
D.P.D.
12-13

13 Dates of | O.P.(1) | I.P. | D.P. | O.P.(2)
Application
Admission
Discharge
14
15

10 Name and Address of General Practitioner | Telephone No.

14 Diagnosis | Diagnostic Code
Principal Disorder 16-19
Accessory Disorder 20-23
Associated Disorder 24-27
Other Disorders 28-31

11 Name and Address of Nearest Relative (Give Initials) | Telephone Nos.

12 Patient accompanied by | Relationship

15 Cause of Death

16 P.M. performed
1 Yes 2 No
32

17 Occupation
1. Retd. N.K.
2. F.T., P.T. N.K.
H'wife
33-36

18 Employment and time off work (not if h'wife or retd.)
1 Employed
2 Unempl'd
3 N.K. if empl
37
1 Still at work
Not worked for months
Time N.K.
38

19 Usual weekly income (less deductions; including overtime)
1 over £25 4 £5-7 7 on N.A.
2 £16-25 5 under £5 8 on N.H.I.
3 £8-15 6 N.K.
39

20 Country of birth
N.K.
40

21 Patient asked for referral
1 Yes
2 No
3 N.K.
41

22 Marital Status
1 Single 5 Divorced
2 Married 6 Widowed
3 Sep. Jud. 7 N.K.
4 Sep. Non-Jud. 8 Married more than once
42

23 Patient's age at first marriage
Unmarried N.K.
43

24 Duration of present marriage
Unmarried N.K.
44

25 Age of first spouse at marriage to patient
Unmarried N.K.
45

26 Total number of mother's children
born alive N.K.
46
now alive N.K.
47

27 Patient's birth order among chd'n born alive to mother
N.K.
48

28 Number of patient's children
born alive N.K.
49
Now alive N.K.
50

29 Patient treated at other psychiatric unit or hospital
1 Yes
2 No
3 N.K.
If in-patient treatment, how many times
N.K.
51

30 Relatives treated at psychiatric unit or hospital
1 Yes
2 No
3 N.K.
52

31 Twin
1 No 5 Same sex
2 Yes, alive 6 Not same sex
3 Yes, dead 7 Sex N.K.
4 N.K. if twin
53

32 Parents were first cousins
1 Yes
2 No
3 N.K.
54

FRAME 1 — OUT-PATIENTS (1)

40 Previous discharges in this triennium from — Hosp. / O.P.D. — 56-58
1 None None
2 1 or more None
3 1 or more 1 or more
41 Physicians
42 Registrars
43 Referred from: 1 Outside 3 I.P.D. 4 D.P.D.
44 Interim transfer to: 1 O.W. 3 I.P.D. 4 D.P.D.
45 Interim transfer from / on: I.P.D. D.P.D.
46 First seen at emergency clinic: 1 Yes 2 No
47 Social Case Work: 1 Yes 2 No
48 Special investigations
49 Treatment
50 Mode of discharge: 1 By Doctor 2 Lapsed 3 Surveillance 4 Died 5 Suicide
51 Outcome
52 Disposal
53 No. of times seen
54 Follow-up: Yes No
55 Date of punching

FRAME 2 — IN-PATIENTS

40 Previous discharges in this triennium from — Hosp. / I.P.D. — 56-58
1 None None
2 1 or more None
3 1 or more 1 or more
41 Physicians
42 Registrars
43 Referred from: 1 Outside 2 O.P.D. 4 D.P.D.
44
46 Hospital and Adm. Ward: 1 Beth. 2 Maud.
47 Social Case Work: 1 Yes 2 No
48 Special Investigations
49 Treatment
50 Discharge against advice: 1 Yes 2 No
51 Outcome
52 Disposal
53 Duration of Stay
54a To whom discharged and address
54b Next-of-kin (preferably younger for follow-up)
55 Date of punching

FRAME 3 — OUT-PATIENTS (2)

40 Previous discharges in this triennium from — Hosp. / O.P.D. — 56-58
1 None None
2 1 or more None
3 1 or more 1 or more
41 Physicians
42 Registrars
43 Referred from: 1 Outside 3 I.P.D. 4 D.P.D.
44 Interim transfer to: 1 O.W. 3 I.P.D. 4 D.P.D.
45 Interim transfer from / on: I.P.D. D.P.D.
46 First seen at emergency clinic: 1 Yes 2 No
47 Social Case Work: 1 Yes 2 No
48 Special investigations
49 Treatment
50 Mode of discharge: 1 By Doctor 2 Lapsed 3 Surveillance 4 Died 5 Suicide
51 Outcome
52 Disposal
53 No. of times seen
54 Follow-up: Yes No
55 Date of punching

FRAME 4 — DAY-PATIENTS

40 Previous discharges in this triennium from — Hosp. / D.P.D. — 56-58
1 None None
2 1 or more None
3 1 or more 1 or more
41 Physicians
42 Registrars
43 Referred from: 1 Outside 3 I.P.D. 2 O.P.D.
44
45
46 Hospital: 1 Beth. 2 Maud.
47 Special Case Work: 1 Yes 2 No
48 Special Investigations
49 Treatment
50 Mode of Discharge: 1 By doctor 2 Lapsed 3 Died 4 Suicide
51 Outcome
52 Disposal
53 Duration of stay
54 Follow-up: Yes No
55 Date of punching

1 Name and address of Patient

The Bethlem Royal Hospital and The Maudsley Hospital

CHILDREN'S DEPARTMENT

1961 — 1963

2 Number in Register [1-5]

3 Name of School

Address

4 Secretary Care Committee

Address

5 Age [6]

Date of birth

6 Sex

1 M. 2 F. [7]

7 Religion

1 C. of E. 2 R.C. 3 Non-Con. 4 Jewish 5 Other 6 None 7 N.K. [8]

8 Referred by (frames overleaf)

O.P.(1)

I.P.

O.P.(2)

O.P.(3) [9-10]

9 No. of previous Discharges

from

O.P.D.

I.P.D. [11]

13 Dates of	O.P.(1)	I.P.	O.P.(2)	O.P.(3)
Application				
Admission				[12]
Discharge				[13]

10 Name and Address of General Practitioner — Telephone No.

14 Diagnosis — Code

Principal [14]

Accessory [15]

Profile

1 [16-17] 2 [18-19] 3 [20-21] 4 [22-23] 5 [24-25] 6 [26-27]

11 Name and Address of Nearest Relative (Give Initials) — Telephone No.

12 Patient accompanied by — Relationship

15 Cause of death

16 P.M. performed 1 Yes 2 No [28]

17 Occupation

1. Retd. N.K.

2. F.T., P.T. N.K.

Mother a h'wife [29-33]

18 Child cared for

1 at parents' home
2 at foster-parents' home
3 in institution
4 other 5 N.K. [34]

19 Country of birth of

Mother N.K. [35]

Father N.K. [36]

20 Age of mother at patient's birth N.K. [37]

21 Marital status of mother

1 Single 5 Divorced
2 Married 6 Widowed
3 Sep. Jud. 7 N.K.
4 Sep. Non-J. 8 Married more than once [38]

22 Mother's age at first marriage

Unmarried N.K. [39]

23 Total no. of mother's children

Born alive N.K. [40]

Alive now N.K. [41]

24 Patient's birth order among children born alive to mother [42]

25 Relatives treated at B.-M. Hospital

1 Yes 2 No 3 N.K. [43]

26 Relatives treated at other psychiatric unit or hosp.

1 Yes 2 No 3 N.K. [44]

27 Twin

1 No 5 Same sex
2 Yes, alive 6 Not same sex
3 Yes, dead 7 Sex N.K.
4 N.K. if twin [45]

28 Parents first cousins

1 Yes 2 No 3 N.K. [46]

29 Seen by P.S.W. Yes No

Name of P.S.W.

FRAME 1 — OUT-PATIENTS (1)

40 Previous discharges in this triennium from
Hosp. O.P.D. — 47
1 None None
2 1 or more None
3 1 or more 1 or more

41 Physicians — 48-50

42 Registrars

43 Referred from — 51
1 Outside 3 I.P.D.

44 Interim transfer to — 52
3 I.P.D.

45 Interim transfer from on
I.P.D.

46 First seen at emergency clinic — 53
1 Yes 2 No

47 Social Case Work — 54
1 Yes 2 No

48 Special Investigations — 55-56

49 Treatment — 57-58

50 Mode of discharge — 59
1 By Doctor 4 Died
2 Lapsed 5 Suicide
3 Surveillance

51 Outcome — 60

52 Disposal — 61-62

53 No. of times seen — 63

54 Follow-up Yes No

55 Date of punching

FRAME 2 — IN-PATIENTS

40 Previous discharges in this triennium from
Hosp. I.P.D. — 47
1 None None
2 1 or more None
3 1 or more 1 or more

41 Physicians — 48-50

42 Registrars

43 Referred from — 51
1 Outside
2 O.P.D.

44 — 52

46 Hospital and Adm. Ward — 53
1 Beth.
2 Maud.

47 Social Case Work — 54
1 Yes 2 No

48 Special Investigations — 55-56

49 Treatment — 57-58

50 Discharge against advice — 59
1 Yes 2 No

51 Outcome — 60

52 Disposal — 61-62

53 Duration of Stay — 63

54a To whom discharged and address

54b Next-of-kin (for follow-up)

55 Date of punching

FRAME 3 — OUT-PATIENTS (2)

40 Previous discharges in this triennium from
Hosp. O.P.D. — 47
1 None None
2 1 or more None
3 1 or more 1 or more

41 Physicians — 48-50

42 Registrars

43 Referred from — 51
1 Outside 3 I.P.D.

44 Interim transfer to — 52
3 I.P.D.

45 Interim transfer from on
I.P.D.

46 First seen at emergency clinic — 53
1 Yes 2 No

47 Social Case Work — 54
1 Yes 2 No

48 Special Investigations — 55-56

49 Treatment — 57-58

50 Mode of discharge — 59
1 By Doctor 4 Died
2 Lapsed 5 Suicide
3 Surveillance

51 Outcome — 60

52 Disposal — 61-62

53 No. of times seen — 63

54 Follow-up Yes No

55 Date of punching

FRAME 4 — OUT-PATIENTS (3)

40 Previous discharges in this triennium from
Hosp. O.P.D. — 47
1 None None
2 1 or more None
3 1 or more 1 or more

41 Physicians — 48-50

42 Registrars

43 Referred from — 51
1 Outside 3 I.P.D.

44 Interim transfer to — 52
3 I.P.D.

45 Interim transfer from on
I.P.D.

46 First seen at emergency clinic — 53
1 Yes 2 No

47 Social Case Work — 54
1 Yes 2 No

48 Special Investigations — 55-56

49 Treatment — 57-58

50 Mode of discharge — 59
1 By Doctor 4 Died
2 Lapsed 5 Suicide
3 Surveillance

51 Outcome — 60

52 Disposal — 61-62

53 No. of times seen — 63

54 Follow-up Yes No

55 Date of punching

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
6-7		

DATE OF VISIT	DATE OF APPLICATION	NAME, ADDRESS AND TELEPHONE No. OF PATIENT'S PRIVATE DOCTOR
8-9		

AGE AND DATE OF BIRTH	SEX *	RELIGION *	MARITAL STATUS *	OCCUPATION
Age ..... Date of Birth 10-11 ..... * N.K.	1. M 2. F 12	1. C. of E. 2. R. C. 3. Non. Con. 4. Jewish 5. Other 6. None 7. N.K. 13	1. Single 2. Married 3. Widowed 4. N.K. 5. Separated 6. Sep. Non-Jud. 7. Divorced 8. Engaged 14	N.K.* 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 * Bethlem * ..... miles * Encircle nearest to patient's home	Arrival ..... Departure	

VISITING DOCTOR'S NOTES

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