Maudsley Hospital. Medical Superintendent's Annual Report for the year ended January 1925.

The total number of cases treated in this, the hospital's second year, was 1,304, and the number of in-patients 590; the corresponding figures for the first year were 1,012 and 452.

That aspect of the policy of the hospital which gives rise to most questions is the admission of cases whose symptoms are extremely diverse as regards severity. Two types of comments are extremely frequent, that the patients in the quieter wards are not 'mental' at all and that the more acute ones do not differ from those in ordinary mental hospitals. Neither of these comments is accurate, yet taken together they seem a sufficient answer to a common theoretical assertion that the reception or retention of severe cases will deter application from suitable lighter ones and that the treatment of the two should be entirely divorced. Occasionally visitors to certain acute wards take exception to the treatment here of cases in which slight mental symptoms co-exist with well defined physical diseases, such as exophthalmic goitre and chorea. If one holds the view that mental disorders are always and necessarily the expression of bodily ones, then it is essential to admit such cases.

Roughly, three-fourths of those treated in the wards had first been examined in the out-patient department. It is in relatively few cases that continued out-patient treatment is undertaken where the disorder is of quite recent origin and hopeful form. In the majority of cases where full hope of recovery exists sooner or later admission is arranged so that the patient may have the greater advantage of treatment in the wards. Out-patient treatment for cases of the more chronic types can as a rule be only palliative. With this limitation it is of great value in very many cases. Statistics show a large proportion "still attending," a considerable number discharged "improved," relatively few "recovered."

With regard to in-patient treatment the facilities for open air treatment have been extended. Massage, remedial exercises and medical electricity have been extensively used. Occupational therapy has also been extended and a special occupations officer has been appointed to deal with those patients who are confined to bed or unfit to leave the wards.

In connection with the specific rôle played by oral sepsis in the causation of neuroses and psychoses a direct connection does exist in a certain number of cases, and in a far larger group its treatment is an indispensable measure in procuring restoration of the general health and corresponding mental improvement. An extensive trial has been given to vaccine therapy.

The malarial treatment of general paralysis has for various reasons not been used extensively. Tryparsamide rather was adopted in practically all cases of neurosyphilis admitted in the second year. Briefly it may be said that the method appears safe but that it is doubtful whether results are of a distinctive kind such as would clearly be unobtainable by means of other arsenic
compounds. Of the 20 patients, 2 died and of the rest 13 showed improvement clinically or as regards the serological findings.

There has been a marked increase in the number of cases resulting from encephalitis lethargica. The great majority were brought up on account of mental symptoms of some kind. The initial attack had often been overlooked and the diagnosis missed. Distinction from ordinary melancholia presented difficulty in quite a number. Association with exceptional mental stress shortly before onset was a notable feature in some. There was found no constant proportion between the degree of the physical changes and the mental symptoms. The latter have mostly been emotional depression, retardation of thought and action and drowsiness. Morbid restlessness has been seen in chiefly in children under eight, and the well-known moral deterioration in older children and adolescents. Numerous drugs and organic extracts have been tried without much effect. Periods of improvement have frequently coincided with the taking of salicin in some cases and acid sodium phosphate in others, but the results are inconstant and inconclusive. The cases mostly have been treated with subcutaneous injections of hyoscine hydrobromide. The effect of each does is only transitory and palliative. Remarkable results, however, have been produced upon mental phenomena of two kinds: (1) alternating drowsiness and restlessness, and (2) mental retardation. The drug does not arrest progress but appears to produce no dangerous or harmful effect.

Somnifen, which has been advocated in conditions of restlessness, particularly those associated with hallucinations, was tried in 12 cases. A satisfactory hypnotic effect was obtained but in no case was any permanent benefit produced.

Glandular extracts have been given a further fairly extensive trial and the conclusions are: The impressions gained last year as to the value of thyroid, ovarian and parathyroid have been strengthened. The former has seemed to benefit menopause cases of depression and anxiety with flushings and other vasomotor symptoms and also younger depressed patients with amenorrhoea. In a number of cases its use has been followed before long by menstruation when this had been absent for some months. Parathyroid has seemed to be of considerable use in anxiety cases with signs of hyperthyroidism especially when combined with calcium. Some arteriosclerotic cases have also shown improvement with it. Pituitary was tried in certain cases of encephalitis with an asthenic state but its effect was to increase rather than to remove the anergia. Thyroid treatment again proved disappointing in most cases though some improvement was produced in a few cases with hyperthyroidism.

As to the general results of treatment: of a total of 590, 136 were still in hospital, 27 died and 427 were discharged. Of the 427 discharged, 53 were against advice; of these 22 were improved (41 per cent.), 31 (59 per cent.) not improved. Of 374 discharged with approval, 112 (29 per cent.) were
recovered; 151 (40 per cent.) improved and 111 (31 per cent.) not improved. As regards the results in cases of psychoses, the following table is given as before (1) to indicate roughly the proportion of cases here that at some stage of the attack might have been certified; (2) for comparison with results at ordinary mental hospitals. It should be clearly understood that differences in the main depend on the power existing here to select cases:—

<table>
<thead>
<tr>
<th>Discharged against advice.</th>
<th>Discharged with approval.</th>
<th>Still in Hospital.</th>
<th>Total.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>19</td>
<td>32</td>
<td>76</td>
</tr>
<tr>
<td>62</td>
<td>22</td>
<td>64</td>
<td>282</td>
</tr>
</tbody>
</table>

During the past year the work of the Almoner's department has increased. A large number of patient's homes have been visited and information required by the doctors has been supplied. After Care work, too, has been considerable. For five months of the year, following an intensive course given to social workers, three students have been in training in this department.


The present edition of this well-known textbook shows many alterations, which should enhance its value and add to its popularity already established among those for whom it is intended. Recent work has been incorporated, while other matter has been omitted as calculated to be not entirely in place in a students' handbook. The treatment of nervous syndromes from the physiological viewpoint is insisted on, a feature which is essential if books of this comparatively concise character are to escape becoming mere catalogues of symptoms and signs.

R. G. G.


This little volume consists of a reprint of two lectures, one on "The Psychological Interest in the Common Neuroses," and the other on "Migraine and its Allies." These are readable and interesting, if rather speculative. Intended for the general practitioner, their contention is that some psychical factor is present in every case of organic disease. It is declared, for example, that in migraine and trigeminal neuralgia there is a psychical state which is "characteristic and easily recognisable." The argument would be more impressive were we sure that the author realises the essential clinical difference between migraine and facial neuralgia, and that he has fully weighed the import of the fact that alcoholic injection is a failure in the former and a success in the latter.
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R. G. G.

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