Beyond this age the risk shows a steady decline: while the female population is decreasing, the incidence of cervical cancer is decreasing at a faster rate.

The cancer hazard is increased by marriage irrespective of child-bearing, but the disease shows a predilection for women who have borne one or more children. Its occurrence seems to be independent of the nature of the confinement, but each pregnancy adds slightly to the risk of cancer developing in later years. Whether the responsible agent associated with child-bearing is infective or hormonal, it takes an average period of 20 years to produce its effect.

In women of cancer age (35-64 years) the probability of the disease developing in any one year seems to range from 1 in 21,000 single women, through 1 in 6,500 in childless married women, to 1 in 1,500 in parous women.

There is little prospect of effecting any appreciable reduction in the incidence of the disease by prophylactic measures, and the pressing need is diagnosis at a stage when cure is not only possible but probable by existing therapeutic methods. The role of periodic health examinations in the detection of symptomless cervical cancer in the community is discussed.

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PSYCHIATRIC PATIENTS AND THE DISABLED PERSONS (EMPLOYMENT) ACT

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In December, 1946, a system of weekly conferences between us and the disablement rehabilitation officers of the Camberwell Labour Exchange was instituted at the Maudsley Hospital for all patients presenting problems in the finding and choice of work.

The patient was prepared for the conference by at least one preliminary interview with the psychiatric social worker in which the purpose of registration under the Disabled Persons (Employment) Act was explained and his aspirations in the field of possible employment discussed. At the subsequent conference, when the medical and social aspects of the patient's needs could be explained to the D.R.O., doctor and social worker were able to contribute suggestions which seemed indicated as the interview proceeded. This arrangement was of particular value, as the D.R.O. alone would not have been in a position to judge what concessions he should make to the patient's objections or hesitations. It was also useful for the hospital team to be able to modify the plans and recommendations for the patient when, as a result of listening to the

interview, it became apparent that the type of work suggested was, not in fact suitable or readily available.

As a result of early experience in the working of the scheme a form was introduced for all in-patients in which sections were to be filled in by the doctor, the occupational therapist, and the remedial gymnast, the aim being to collect all possible information concerning the patient's employability. The information available for out-patients was necessarily much more scanty.

Results

A follow-up inquiry was made not less than six months after the conference, chiefly by means of a questionnaire filled up by the patients. This paper is based on an analysis of the patients dealt with in this way who were first seen by the D.R.O. before Dec. 31, 1947.

Table Showing Results of a Follow-up

Diagnosis	In Employment				Unemployed		Untraceable		Total
	Settled		Pre-carious						
	Men	Women	Men	Women	Men	Women	Men	Women	
Depression	16	3	1	3	4	2	1	0	30
Anxiety state .. .	9	2	4	2	3	2	1	0	23
Hysteria	4	0	4	0	1	3	0	1	13
Obsessional state ..	0	0	0	0	1	0	0	0	1
Psychopathic personal- ity	3	0	4	1	6	1	4	1	20
Mania	1	0	0	0	0	0	0	0	1
Schizophrenia .. .	7	3	3	0	7	4	0	1	25
Organic states, includ- ing epilepsy ..	2	1	0	0	3	2	0	1	9
Total	42	9	16	6	25	14	6	4	122
Age:									
Under 20	5	0	2	0	5	3	0	1	16
20-30	20	5	4	1	7	4	5	2	48
30-40	6	2	4	4	7	3	1	0	27
40-50	6	1	6	1	4	3	0	0	21
Over 50	5	1	0	0	2	1	0	1	10
In-patient ?									
Yes	35	7	10	4	15	9	4	3	87
No	7	2	6	2	10	5	2	1	35
Civil state:									
Married	19	2	8	1	8	3	3	0	44
Single	23	7	8	5	17	10	3	4	77
Widowed (women)		0		0		1		0	1
Occupational therapist's report:									
Favourable	21	3	4	1	3	2	0	0	34
Doubtful	4	0	3	0	1	0	0	0	8
Poor	2	1	1	1	6	1	0	1	13
Previous work record:									
Good	28	7	6	2	7	6	1	0	57
Fair	3	0	3	0	0	0	0	1	7
Poor	11	1	7	3	18	6	3	1	50
Recommendations of hospital:									
Carried out	36	7	12	3	7	6			71
Not carried out ..	6	1	4	3	16	8			38
No specific rec. made	0	1	0	0	2	0			3

Of the men 31 had changed their occupations and 27 were doing the same type of work as they did before their breakdown; 23 of the former were well settled and eight were in precarious work, and 19 of the latter were well settled and eight precariously employed. There is no evidence, therefore, that change of occupation in itself has any particularly harmful or beneficial effect. Two reverted to their previous occupation after attempts had been made to settle them in something thought to be more suitable. Eight were well settled in work of a type inferior to that they had undertaken before their illness. Ten were tradesmen and artisans, seven clerical and shop workers, 12 outdoor agricultural workers, drivers, etc., 18 labourers and unskilled workers, four were in training, and seven were following miscellaneous occupations. There were eight

patients of subnormal intelligence: three of these were in settled employment, three were in precarious employment, and two were unemployed. Of the 25 unemployed men 12 had had no work since they had been seen at the conference, whereas 13 had had some. Thirteen had had two or more jobs, but five of these were now regarded as well settled, while only three were unemployed.

Of the 14 women unemployed nine had had some work and five no work at all. Of those in employment, of the six women with depression three had clerical jobs, two shop-assistant jobs, and one was in domestic service; of those with anxiety state three had clerical jobs and one was in domestic service; the three schizophrenics were working in clerical jobs; the patient with organic disease was working as a domestic servant; and the psychopath was undergoing training for clerical work. The results were worse than in the men perhaps because women are not subjected to the same degree of economic pressure and find a position of dependence more acceptable socially.

Discussion

The diagnosis of psychopathic personality seems to carry an unfavourable occupational prognosis, as one would expect considering the implications of erratic and antisocial behaviour that it usually conveys, but the numbers are too small for the results to be statistically valid.

Age appeared to have surprisingly little effect. Examination of the age-diagnosis distribution showed little relation between them, the diagnoses being scattered diffusely through the age groups.

The relative lack of success with those who had merely attended the out-patient department compared with the ex-in-patients is probably due more to the high proportion of mild chronic cases which they contain—the more acute cases of favourable prognosis usually being admitted to the wards—than to any other factor, although they undoubtedly receive on the average less attention than the in-patients and information about them is less complete.

Failure to carry out the recommendations of the hospital was usually due to circumstances beyond the patient's or the D.R.O.'s control, but it was occasionally due to the patient's change of mind. Housing shortage is one of the chief factors limiting mobility and consequently choice of work at the present time, and one finds in practice that many patients have in fact only one or two possibilities to consider. The results are strikingly better in the cases where the recommendations of the hospital were carried out, but caution must be exercised in interpreting these figures as showing what could be achieved if a greater choice of jobs were available. A defect of the patient, such as difficulty in the interview with a prospective employer, might prevent both the carrying out of the hospital's recommendations and the effective settlement of the patient anywhere.

The 17 patients who never succeeded in getting any work necessarily fell into the "recommendations not carried out" group, but a considerable proportion of them were unemployable by ordinary standards. The small group who did well in spite of rejecting the advice given to them—for example, the man who was told that he should take up training in agricultural work but found himself a clerical job, and the telephone engineer who was told that his job was too difficult for him but nevertheless persisted in it—form a useful corrective to dogmatic attitudes. Nevertheless the figures suggest that a widened range of choice would substantially increase the chances of successful settlement.

An occupational therapist's report was available on 55 patients; the proportion of these who were at work was slightly higher than for the whole group because of the

refusal of some of the most difficult patients to do occupational therapy. Nearly three-quarters of those who were given favourable reports were in settled employment and two-thirds of those who were given poor reports were totally unemployed. It seems that the opinion of the occupational therapist affords considerable help in assessing the patient's employability in ordinary life.

The previous work records were classed as good, fair, and poor according to the amount of unemployment, the length of time that jobs were held, and the degree of success attained; in some cases information was not adequate for classification. They were, of course, prognostically significant, but the comparatively high proportion of those with poor records who achieved settled jobs is noteworthy.

In view of the general impression of the value of personal contact it would appear worth while to compare the results in the group of patients who were dealt with at the Camberwell Exchange, and so by the D.R.O.s who had attended the hospital conference, with those who were settled by other exchanges. Of the 11 male Camberwell patients eight were in satisfactory employment, one had had some work, one had been totally unemployed, and one was untraceable. Of the seven female Camberwell patients four were in satisfactory employment, one had had some work, one had had none at all, and one was untraceable. These figures show a statistically significant superiority in the results of the Camberwell group, which suggests that where placement can be made by the D.R.O. who has been to the conference it is on the whole more successful.

The general impression is that success or failure in any one case depends on the complex interaction of a wide variety of factors—social attitudes, family circumstances, environmental accidents, and personality qualities inherent in the patient—so that the finding of a method of approach to resettlement in employment applicable to the group as a whole is likely to prove extremely difficult. Although the patients remain stubbornly individual in the problems which they present, they cannot, of course, avoid being affected by processes influencing the general level of employment in the country. As the demand for labour rises it becomes progressively easier for them to obtain and keep jobs, and the removal of brakes on mobility, such as the provision of adequate housing, would help them as well as the healthy workers. This is a preliminary inquiry aimed at defining the problems and not at discovering a solution for them; the results may prove of some interest to those planning larger undertakings.

Summary

A follow-up of 122 psychiatric patients placed on the Disabled Persons Register was made—73 were employed, 39 were unemployed, and 10 were untraceable. Of those in employment 51 appeared well settled in their jobs and 22 to be holding on to them precariously. Seventeen had had no work at all since being put on the register. Groups separated on the grounds of age, diagnosis, and civil state showed no significant differences, and even those patients of dull intelligence seemed as likely to keep a job as the brighter ones, although the numbers were so small that there might well be differences which a more extended inquiry would make evident. The previous work record and the occupational therapist's report while the patient was in hospital had prognostic value with regard to employment. It seems that the fullest advantage of the hospital conference method is obtained when the D.R.O. who attends the conference is the one responsible for the actual resettlement of the patient.

Our thanks are due to the D.R.O.s of Camberwell Exchange, who have co-operated with us enthusiastically and offered us every help and courtesy; and to Mr. Lubin, of the Psychological Department of the Institute of Psychiatry, for a statistical examination of our figures.