Annual reports for the year 1st April 1950 to 31st March 1951 / The Cassel Hospital for Functional Nervous Disorders.

SOUTH-WEST METROPOLITAN REGION

THE CASSEL HOSPITAL

FOR FUNCTIONAL NERVOUS DISORDERS

Group No. 51

Founder : The Right Honourable Sir Ernest Cassel, G.C.B., G.C.M.G., G.C.V.O.

Patron : Her Majesty Queen Mary

ANNUAL REPORTS

FOR THE YEAR

1st APRIL 1950 TO 31st MARCH 1951

HAM COMMON, RICHMOND, SURREY

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Founder :
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Patron :
HER MAJESTY QUEEN MARY

Management Committee :

The Rt. Hon. Sir Felix Cassel, Bt., P.C., K.C. (Chairman)
Francis Cassel, Esq.
The Lord Courtauld-Thomson, K.B.E., C.B.
Mrs. M. A. Crockatt
Mrs. Lynn Dade
W. Morrell, Esq., M.P.S.
The Countess Mountbatten of Burma, C.I., G.B.E., D.C.V.O.
J. R. Rees, Esq., C.B.E., M.D., F.R.C.P.
R. Sargood, Esq., J.P.
W. Clifford M. Scott, Esq., M.D., D.P.M.
V. E. Vincent, Esq.
Major F. J. Walters

Secretary :
Miss Dorothy Mallion

Finance Officer :
Mr. W. J. C. Piper

Medical Director :
T. F. Main, M.D., D.P.M.

Medical Staff :

Senior Staff :
Berta Andratschke, M.D.
S. S. Davidson, M.R.C.S., L.R.C.P. (part-time)
H. S. Klein, M.D., D.P.M.
S. H. Lucas, M.R.C.S., L.R.C.P., D.P.M.
W. McIntyre, M.D., M.R.C.P. (part-time)
Phillippe Ployé, M.D.
L. H. Rubinstein, M.D., D.P.M. (part-time)
H. A. Thorner, Ph.D., M.D., L.R.C.P., L.R.C.S. (May 1950) (part-time)

Junior Staff :
N. A. Cohen, M.R.C.S., L.R.C.P., D.P.M. (Oct. 1950)
Millicent Dewar, M.B., Ch.B.
F. H. Edwards, M.C., M.R.C.S., L.R.C.P., D.P.M. (part-time)
Elizabeth Kramer, L.R.C.P., M.R.C.S. (part-time)
Alastair MacLeod, M.B., Ch.B., D.P.M., D.P.H. (Oct. 1950)
Leslie Sohn, M.B., Ch.B., D.P.M. (Feb. 1950)
C. E. Williams, M.B., Ch.B.

Psychologists :
Miss Margaret Brady, M.A. — Mr. J. Hopkins, M.A.

Psychiatric Social Workers :
Mrs. Elizabeth Hunter, B.A. — Mrs. Dorothy Leaf, B.A.

Senior Medical Secretary :
Miss Mary A. Macrae

Matron :
Miss D. Weddell, S.R.N., S.C.M.

Executive Sisters :
Miss S. Mather, S.R.N.
Miss B. Thomas, S.R.N., R.F.N.
Miss D. Strong, S.R.N., S.C.M.
Mr. B. Ferron, S.R.N.

Deputy Matrons :
Miss J. Selig, S.R.N. (Nov. 1950)
Miss D. Lloyd, S.R.N.

Domestic Administration :
Domestic Supervisor : Mrs. Cohen
Catering Officer & Domestic Supplier : Miss N. Willard
Senior Cook : Miss M. Steifer
Senior Porter : Mr. E. Smith (to July 1950) Mr. A. E. Longley

Staff with service of 20 years or over :
Nurses ... Miss M. Blanche, Miss E. Bigg
Plumber ... Mr. E. Gibb
Chauffeur ... Mr. A. Hazeldine

Foreword by the Chairman of the Management Committee

During the year from 1st April 1950 to 31st March 1951, to which the attached Reports by the Secretary, the Medical Director and the Medical Advisory Committee relate, the Management Committee have been engaged in a constant and arduous struggle to keep within the financial limits set to them, and to make every possible economy without sacrificing the treatment of the Patients or the efficiency of the Hospital. For such success as they have been able to attain in their endeavours they feel they are in large measure indebted to the loyal co-operation and devoted service of all members of the Staff, and they desire to express their appreciation and thanks to the Medical Director, Dr. Main, the Secretary, the Matron, and the Finance Officer, and all members of the medical, nursing, administrative, clerical, maintenance and domestic staffs.

There is, however, one item of so-called economy, which is likely in the long run to prove very costly to the Health Service, that is the inadequate allowance for the maintenance of the fabric of the Hospital Buildings and Staff Houses, which are mostly old. The Committee have repeatedly made representations to the Regional Board on this subject. The Board while recognising the reasons for our protests have themselves been bound by the strict financial limits within which they were confined.

In spite of all difficulties the Hospital has during the year under consideration continued to carry on under the aegis of the National Health Service the specialist functions for which it was originally founded.

As appears from the Medical Director's Report the demand for the Hospital's services has greatly exceeded its capacities and waiting lists for treatment had to be closed for two months in the autumn. It is a matter of regret that it has not yet been found possible to complete the medical establishment of the Hospital in accordance with the recommendations of the Special Committee of Inquiry set up by the Regional Board. Without a sufficient medical establishment full use cannot be made of the facilities which the Hospital affords.

The great interest taken in the specialist work of the Hospital both at home and abroad is indicated by the list of visitors to whom the Medical Director refers.

Although the Committee have not always been in agreement with the Regional Board and have not been able to obtain all they have asked for, they desire to place on record their appreciation of the unfailing consideration and courtesy they have always received from Mr. Elliott, the Chairman, and all Officers of the Regional Board.

FELIX CASSEL,

Chairman of the Management Committee.

REPORT OF THE SECRETARY TO

THE CASSEL HOSPITAL MANAGEMENT COMMITTEE

Introductory

This, the second Report to be published since the inauguration of the National Health Service, is also the thirtieth Report of The Cassel Hospital.

Hospital Management Committee

Under the National Health Service Act 1946 Members of Hospital Management Committees retire in rotation at the end of three years. Those members due to retire in March 1950 were :—

THE COUNTESS MOUNTBATTEN OF BURMA,
MR. FRANCIS CASSEL,
DR. CLIFFORD SCOTT.

All of them were reappointed by the Regional Board so that the original Committee remained in office during the whole of the year under review. Of those due to retire in March 1951, namely :—

THE LORD COURTAULD THOMSON,
MRS. CROCKATT,
MR. VINCENT,
MR. SARGOOD,

all but Mr. Sargood were reappointed in February 1951. Owing to other commitments Mr. Sargood was unable to continue as a Committee Member and, unfortunately, the Committee thus loses its closer liaison with the Regional Board which Mr. Sargood, as a Member of the Regional Board, had provided.

Medical Advisory Committee

The Medical Advisory Committee has continued to act as an Advisory Body to the Hospital Management Committee in matters of medical policy. A separate Report by them is attached.

Association of Hospital Management Committee

National : The Hospital Management Committee has been actively interested, during the present year, in the newly-formed Association of Hospital Management Committees and wishes to place on record its thanks to Mrs. Crockatt and Mr. Vincent for attending as its representative and " alternate " respectively, and reporting on the various meetings held.

Regional : During this year Regional Branches of the Association of Hospital Management Committees have been formed and, again, the Committee's thanks are due to Mrs. Crockatt as the Committee's representative at these meetings.

This Association is proving valuable in collating and helping to solve problems common to Hospital Management Committees generally.

Formation of Whitley Council Joint Consultative Committee

During this year the Whitley Council machinery came into being and, on the instructions of the Minister, a Joint Consultative Committee was set up in the Hospital, with a constitution as laid down by the General Whitley Council. The Instruments of Reference of the Joint Consultative Committee are : " To promote the closest co-operation and understanding, and provide recognised means of consultation between Management Committee and Staff relative to the welfare of patients and comforts of staff and to consider any Hospital rules affecting staff apart from any that may be prescribed nationally and regionally."

The setting up of such a Committee needed very little adaptation of the Hospital's internal machinery, since a similar system of Joint Consultation had been in operation for the previous two years.

The first Meeting of the new Joint Consultative Committee took place in November 1950 ; meetings are held every other month, and the Organisation is proving helpful to the smooth running of the Hospital.

Redesignation of Beds

Following representations to the Minister of Health in 1948 and 1949 that The Cassel Hospital should have a larger proportion of " Amenity " beds, the Minister, in July 1950 redesignated the Hospital beds as follows :—

	Original designation
55% free beds.	45% and subsequently 85% free beds.
40% amenity beds, one or two gns. per week.	50% and subsequently 10% amenity beds.
5% private beds.	5% private beds.

The Hospital Management Committee still feels that a higher proportion of amenity beds would be of more benefit to the patients themselves and to the finances of the National Health Service.

After reporting on a year's working of the Hospital under the above proportions, it is hoped that the Minister will again redesignate the beds with a larger proportion of amenity beds.

Economy Sub-Committee

The Cassel Hospital Standing Economy Sub-Committee, during the year under review, has made a thorough and detailed investigation into the general expenditure of the Hospital, as a result of which certain economies in lighting, heating, garden costs

and the re-arrangement and consequent reduction in staff have been effected, and other economies are under consideration. These economies have had the effect of reducing the maintenance rate from £13 6s. 0d. to £11 7s. 4d. per patient per week (excluding Regional Hospital Board expenditure).

When reporting these economies to the Regional Board, the Hospital Management Committee pointed out that it had yet to be proved whether the economies which had been necessary in order to keep expenditure within reduced approved estimates could be maintained without detriment to the standard of treatment of patients in the Hospital. In particular, economies in the nursing staff might be found too great.

Capital Expenditure

For the year under review the Minister authorised capital expenditure totalling £1,294 for the erection of a Plumber's Shop and Garden Sheds.

Maintenance Expenditure

The Ministry has found it necessary during the current year to reduce considerably the expenditure on national maintenance of building, plant and grounds. An economy review was undertaken by a Committee of the Regional Board, who visited the Hospital to consider estimates generally, with Members and Officers of the Management Committee. Only with the strictest economy has it been possible to keep within the final approved estimates.

The greatest difficulty in the matter of expenditure has been to maintain the fabric of the buildings sufficiently well within the considerably reduced expenditure permitted. Economies which have had to be imposed have in some cases been greater than the Committee has felt to be wise and may prove uneconomical in the long run and general concern is felt at this situation.

Staff

Medical : The Hospital has during the year had an interim medical establishment of :—

7 Consultants or S.H.M.Os and
6 Registrars

The following changes have taken place during the current year :—

Resignations : Dr. Wolf, Registrar, May 1950.

Appointments : Dr. Thorner, Part-time Consultant, May 1950.
Dr. Cohen, Registrar, September 1950.
Dr. Sohn, Senior Registrar, October 1950.
Dr. Elizabeth Kramer, Part-time Senior Registrar, November 1950,
Dr. MacLeod, October 1950.

The Medical Staff as at 31st March 1951 was :—

3 Consultants	...	Full-time	1	Part-time	2
6 S.H.M.Os	...	,, ,,	4	,, ,,	2
5 Senior Registrars		,, ,,	3	,, ,,	2
2 Registrars	...	,, ,,	2	,, ,,	—

The Regional Board in pursuance of its policy of freezing all medical establishments in June 1950 has not increased the medical establishment to the 18 full-time staff as planned by it for Autumn 1950.

Administrative and Clerical : During the year 2 members of the Clerical Staff attended a residential two weeks' course on " Social Problems of the Health Service ".

Other Staff : During this year, the Hospital lost the valuable services of the Head Porter, Mr. E. Smith, who died suddenly, at the age of 40, in July 1950. Mr. Smith had been in the employ of the Hospital for 20 years.

Garden

In view of the Government's nation-wide appeal for economy and the special appeal of the Minister for the strictest economy in hospital service, further economies have been made in the garden. Small flower beds have been scrapped, less bedding-out plants grown and further areas put down to grass. The long term plan for improvement of the gardens has progressed only slowly but the garden remains a charming feature of the Hospital.

Fire Precautions

The scheme for fire precautions work was completed during this year. There are now two outside fire escape staircases and an extended system of fire bells. Fire drill is carried out from time to time.

Mass X-Ray

In January the Hospital Management Committee loaned the Hospital hall for two weeks to the Regional Mass Radiography Unit for mass X-Raying the local public. Facilities for X-Ray were extended to the patients and staff of the Hospital and a large majority took advantage of the offer.

Social Activities

During the year under review the Hospital Management Committee has on various occasions loaned the Hospital hall to local non-political organisations for purposes of entertainment on the condition that the Hospital patients and staff are invited.

Free Monies

" The Cassel Fund " and " The Vincent Fund " are private funds at the disposal of the Hospital Management Committee for amenities (not provided by the National Health Service) for patients and staff, and such other purposes in connection with the Hospital as the Hospital Management Committee might from time to time approve.

The Hospital's thanks are due to Sir Felix Cassel, the Chairman, for gifts to the Cassel Fund amounting to £90.

Allocations from these funds have been as follows :

From Cassel Fund—£30 for purchase of Azaleas for the garden.

From Vincent Fund—£150 towards the expenses of producing a film in collaboration with the staff of the Children's Unit of the Tavistock Clinic.

Another gift was the presentation of a Japanese Horse-Chestnut tree and a Magnolia tree by the Architect, Mr. Scarlett.

Conclusion

In conclusion I would like to express my thanks to the Chairman and the Members of the Management Committee for their unfailing help and to the Medical Director of the hospital for his co-operation.

The Medical Director's Report

Economies

The hospital has, during the year, been administered within the general framework of the National Health Service. The shaping of the hospital and the direction of certain of its developments in the year are not therefore the results only of the scrutiny of the internal needs of the hospital, but were also in part, the result of the requirements of the Health Service. Some limitations of the development of the hospital's service arose, of course, from the national need for economy.

The most important of these, for this developing hospital, was the freezing of medical establishments in June 1950, for our own medical establishment was then incomplete. Following the findings of the Board's Committee of Enquiry into the hospital's affairs, the Regional Hospital Board early in 1950 declared its intention to complete the medical staff of the hospital by the addition of two senior and three registrar staff towards the end of 1950. This plan has not been implemented during this year, but has been postponed indefinitely by the Board as an economy measure. Throughout the year there has thus remained a serious shortage of staff for treating patients who, after a period of residence, have become fit to continue their treatment as Day-Patients. Certain patients had therefore to be kept in hospital, in order to receive treatment, after they were fit to live outside it and be treated as Day-Patients. Not only was this a more costly method of treatment than need be ; it hindered the development of the desirable situation where the ordinary pressures of the hospital upon the patient under treatment could be towards activity and independence, and settlement at work and life outside the hospital, without necessarily having treatment stopped simultaneously. The completion of the medical staff to give proper shape to the hospital and to allow the further development of Day-treatment remains a matter of urgency.

Various methods of offsetting this handicap of an unbalanced hospital were considered by the Medical Advisory Committee and by the Hospital Management Committee during the year. A temporary reduction in the number of beds, but with an increase of the number of patients discharged to Day-status, was the most important solution considered. It could not, however, be accompanied by a commensurate reduction of the non-medical staff required for such essential services as administration, cooking, cleaning, heating, etc., for these staff were already at a minimum. It was, however, decided towards the end of the year to send such patients as were being handicapped by hospitalisation home for periods of leave, while continuing to attend the hospital as Day-patients for treatment. The period of leave-with-treatment varied from one day up to a maximum of two months. This method of handling the problem, therefore, permitted certain patients to use the hospital as a safe base from which new settlement in industrial and family life could be attempted on an experimental basis, but still offered the opportunity of withdrawal into hospital if difficulties were met that might hamper treatment. Medical treatment, moreover, was not interrupted by the patient's new Day-patient status. This plan was only applicable to patients who lived within ten miles of the hospital, but it worked fairly well. It also saved money for the hospitals in terms of food and linen, while treating as many patients as ever.

The maintenance rate during the year was £11 7s. 4d. per bed, whereas the year previously it had been £13 6s. 0d. This reduction at a time of rising costs was not so much the result of this scheme, as of detailed planning in many other directions ; nor can this reduction in costs be said to be complete, for the full financial effects of the economies planned will not be demonstrable for a year, and in some cases for two years. The Economy Sub-Committee of the Management Committee met regularly, and a monthly review both by the staff and the Management Committee of all expenditure made possible many economies, large and small, without seriously lowering the standard of treatment. The new economies were planned in the first place by the Secretary, the Finance Officer, the Matron and myself, working together and in full consultation with each other, with each of us consulting appropriate staff and patients' groups to enable planning to be based on mutually agreed possibilities. Redistribution of duties and material economies were made at a rate that was without damage to the morale of the staff, and full prior discussion with those concerned allowed the effects of any proposal to be gauged fairly well in advance. By giving staff groups information about the need for economy, suggestions were obtained and a number of proposals were worked through in discussion, either in individual staff groups or at the weekly conference of delegates from staff groups, before the hospital executives placed their plans before the Management Committee. The final economies instituted by the Management Committee were, if not welcome, at least understood and accepted by the staff concerned, in the knowledge that they had been fully considered. An example can be given :—

> The hospital is heated partly by central heating, partly by electric fires and partly by gas fires, while the nurses' houses are heated partly by gas fires and partly by electric fires. It seemed that while the hospital could control the amount of fuel spent on central heating, the amount spent on fires was likely to be unnecessarily high, because here the amount of fuel used was ultimately decided by the user of the fire, who had no responsibility for paying for fuel. Some of these fires were already metered, and it was decided to

complete the metering of all fires, and then to issue for each fire a monthly financial subsidy (which varied with the seasons) large enough to ensure a reasonable amount of heat. The user was of course free to use the fire as much as he desired—but any fuel over the subsidised amount was at his own expense.

The question that needed deciding was—what was a reasonable subsidy per fire ? The fires were of different sizes and types and in rooms of different sizes and positions. An experiment was made with trial subsidies and after six months of regular meter reading an analysis of the basic cost of each heating unit was made, and the subsidies were revised after discussions with groups of the users. The final subsidies recommended to the Management Committee were lower than the experimental ones and a saving in the fuel costs to the hospital was made without hardship to any one.

Every single item, no matter how small, on which money was being spent was scrutinised during the year by the executive staff. The policies, customs and habits that had in the past decided the need for any item of expenditure were all reviewed in the search for economies. Some of these were an accepted part of hospital life, but when closely examined were seen to have ceased to serve any markedly useful purpose, and were small habits which, unless searched for, would be passed without comment. For example, the way in which the patients' mail was delivered was extremely satisfactory, but was found on examination to be unnecessarily wasteful of staff time. It thus required a review of the folk-ways and the very culture of the hospital to find opportunities for making economies, and many hours were spent discussing habit patterns and ways and means in which these could be altered without stress to allow certain economies to be made. The Management Committee, in turn, regularly asked for full explanations of expenditure of any one item, and by their patience in planning and executing economies, allowed the staff to design fundamental, non-disruptive economies at a pace optimal for the hospital community without sacrifice of essentials. The co-operation of the Management Committee and Staff in this matter permitted the overall significance to the hospital of each economy proposed to be carefully worked out, and the danger of piecemeal decisions was avoided.

I am glad to report at the end of the year, that in spite of economies in staff and material, the medical, nursing and essential administrative and domestic services of the hospital are being maintained at an acceptable level. The capacity of the maintenance staff to maintain without reinforcement an adequate rota of ordinary maintenance for the building is doubtful ; the running of the hospital with an unfilled establishment of nursing staff has presented no problems of undue size this year, but it places a strict limit upon the number of difficult patients that can be nursed at any one time, and may need to be revised in the future ; the standard of amenities for patients has been lowered ; and yet I believe that the hospital has not suffered seriously from the economies made. I wish to pay tribute here to the staff of all grades and to patients whose co-operation and participation has been an essential factor behind the economies achieved.

The attached diagrams show the total costs of the hospital to the National Health Service during the year, under classified headings. It will be noted that salaries and wages, provisions, and fuel and lighting are the major items of expenditure, and it was natural that the Management Committee gave special scrutiny to expenditure under these three headings. For the information of hospitals outside the United Kingdom, the expenditure by the Regional Board on senior medical staff has been added to that spent by the Management Committee in the column " Salaries and Wages ". The diagram, therefore, represents not moneys spent by the Management Committee only, but the total expenditure on the hospital by all National Health Service authorities.

Technical Selection Methods

Technical selection of staff, as described in the 1946 Report of The Cassel Hospital has continued to be in use for all appointments of nursing, technical, administrative, clerical and senior domestic and maintenance staff. It has created interest in workers in allied fields and visitors have attended the hospital to see the methods in action. Review of the predictions made in the selection procedure up to two years ago has now been possible in the light of the subsequent performance of those selected ; while the numbers are not large enough to be statistically significant, the predictive value of this selection method had confirmed itself in general and to a remarkable degree in detail. This selection method remains an important factor in the recruitment of workers of high quality and is an important contribution to the economy of the hospital and the morale of the staff.

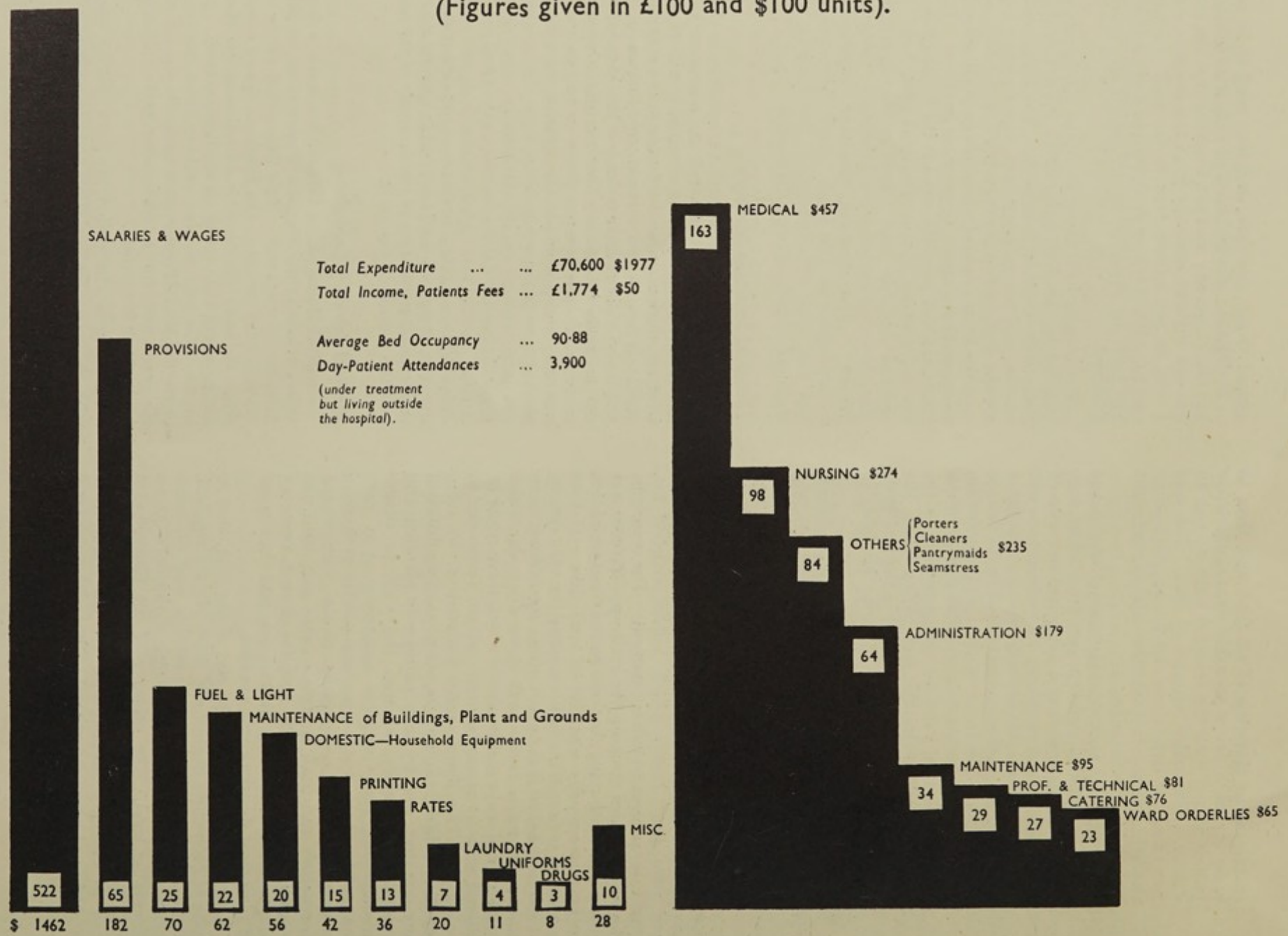
Medical Advisory Committee

Hospital Management Committees were in January 1950 advised by the Regional Board to set up Medical Advisory Committees. This Committee of the senior Medical Staff would in the Regional Board's terms of reference have the function of advising the Hospital Management Committee on medical matters. Advising on these matters was, prior to 1948, the function of the Medical Director, and there thus arose during the year a need for the elaboration and clarification of medical advisory rôles.

Throughout the period my own weekly meeting with the senior Medical Staff and the seeking of joint decisions on policy have continued as the basis of medical team collaboration within the hospital, pending the clarification just mentioned. I was obliged

TOTAL EXPENDITURE April 1950—March 1951

(Figures given in £100 and $100 units).



SALARIES AND WAGES

These figures include monies spent by the Management Committee and the Regional Board in medical salaries, *i.e.*, they represent the total cost of the Hospital to the National Health Service. The figures are also printed in U.S. dollars (exchange rate $2·80) for overseas readers.

to refuse the suggestion of the senior Medical Staff that I should become Chairman of the Medical Advisory Committee, for such an arrangement is not regarded by the Regional Board as desirable. The Medical Advisory Committee and myself have not yet worked through the anomalies of the situation which is created by the design of the M.A.C. as an advisory body to the Hospital Management Committee and not to the Medical Director, and which leaves untouched the function of the Medical Director as the director of the medical work of the hospital.

Medical Staff

The medical establishment remains at 7 consultants or S.H.M.Os and 6 registrars ; of these 13 posts only two are filled by consultants. It was hoped to increase the proportion of consultants to other grades when the increase in medical staff recommended by the Board would take place at the end of 1950, but with the suspension of this plan for an indefinite period, the proportion remains unduly low. Dr. McIntyre, the other consultant after myself, became a part-time worker early in the period, and Dr. Thorner filled the part-time vacancy which was thus created, and joined the staff in May 1950. A trained psycho-analyst of teaching status, his appointment adds strength to the teaching potential of the senior staff, which now includes five trained Psycho-Analysts.

Of the remaining medical staff, all but two are in various stages of training for Associate Membership of the Institute of Psycho-Analysis. The cost of this training which is minimally £420 per annum for at least four years, is borne by the individuals concerned. For the most junior members of the staff (Registrars) this sum represents about half the annual salary, and it is plainly a commitment that cannot be fairly undertaken by a family man without private means except under conditions of real hardship. Within the Health Service the incentives for proceeding to a qualification in Psycho-Analysis are low, and the cost of the training brings few or no later compensations in the way of promotion or status. In spite of this, the hospital, which requires juniors to undertake this disciplined training, has not been short of applicants for junior posts, but it is a pity that their keenness for Psycho-Analytic qualifications is not met with recognition by higher authorities of the value of this training to the Health Service.

During the year the Medical Staff was grouped in three Firms, each of two senior and two junior staff, with its own nursing staff, for the running of general psychotherapy. The Social Therapy Unit, described in my last Report, continues as the fourth medical unit to provide medical care and management, nursing, and rehabilitation for the patients undergoing Psycho-Analysis (as distinct from psychotherapy). The Firms and the S.T.U. continued to hold weekly case conferences and weekly triage conferences and to manage their own triage and waiting lists. The training of the registrar staff was supplemented during most of this period by a weekly group seminar, each registrar presenting before the registrars' group under Dr. Thorner his week's work with one patient.

The medical staff undertook during the latter part of the period, a limited abstracting service whereby the main articles of important journals on psychotherapy and related subjects were summarised by a staff member and copies of his summary circulated to other members of the staff.

Nursing and Domestic Staff Administration

The year saw the continuance of the experiment in methods of nursing administration, in teaching, and in nursing procedures that began with the removal of the hospital to Ham Common in December 1947. This event, with a staff largely new, had given an opportunity for studying and developing administrative structure, nursing rôles and procedures appropriate to the specific situations with which the hospital has been faced.

Nursing and administrative technical procedures have continuously developed in the Matron's discussions with groups of nursing staff. These groups consisted of those members of the nursing staff who entered the hospital together on successive recruitment, i.e., Group A, the staff existing in 1948, Group B, those who first entered after the immediate removal to Ham, Group C, those who entered four months later and so on. During 1948 and 1949 there were five groups in the hospital and the nursing hierarchy was in terms of these groups. All lectures, seminars and case discussions were also designed to fit this framework of groups.

The domestic administration in this new period has been entirely through lay personnel. Regular meetings of all grades of staff have been held, and from these discussions there has developed a structure and procedures such as have seemed most suitable for this community.

The weekly discussion groups of nursing staff and each section of the domestic staff have continued during the year 1950–51, with freedom of speech by all concerned, responsibility being taken by the different groups for such tasks as arrangements of their duty and holiday rotas, care and allocation of equipment, choice of uniform, various measures of economy —to give examples of such things as affected a whole group rather than any one individual.

Combined discussion groups of senior nursing and domestic staff have also been held at weekly intervals, and have helped the various sections to know more about each other's activities and difficulties, and have resulted in the redefinition of many rôles and the classification of responsibilities (" for what and to whom ") within the executive chains. This year has seen for the first time the development of a nursing hierarchy in the terms of individuals ; the rôles to be

carried being initially discussed in the groups, and then the nursing staff choosing from amongst themselves those who should hold the positions as defined. After a period there have been further discussions, modifications and additions made to the various rôle-tasks in the light of experience.

Nursing

The administrative procedures covering the nursing of patients have also been the subject of experiment during the last three years. At one time there were three Ward Units in the hospital each run by a group of nurses, without particular allocation of individual patients. Later, there was case allocation to individual doctors, with a nurse looking after the patients of a particular doctor in whatever part of the hospital they might be housed ; in 1949 the Social Therapy Unit was formulated to look after patients who are being treated by Psycho-Analysis; and the techniques of management by a doctor other than the patient's analyst and the nursing procedures required, received special study. This has made for better recognition by the nursing staff of common patterns of neurotic behaviour, and of those neurotically based institutions and procedures which tend to grow in a community such as this.

Last year, the formation of Medical Firms, each with its own nursing staff, made possible a scrutiny of methods of nursing in close collaboration with the Psycho-therapists.

This year, closer attention has been given to the extension of nursing skills as required firstly for the Medical Firms, and secondly, for the Social Therapy Unit. The nursing of patients into social, industrial and family activities inside and outside the hospital from an initial invalidism towards participant activities in these three life-areas, has enlarged the nurse's rôle to include not only sick-room interests, but social behaviour in a wider sense.

The treatment of the most distressed patients made great demands upon the nursing as well as upon the medical staff. Some of the patients who suffered from states of severe panic, depression or fury, particularly at night, placed the nursing staff under great strain. The hospital's capacity to nurse the most disturbed patients is limited, and was strained to the utmost in the autumn of 1950, when a particularly large number of such patients were in the hospital at the same time. This period made it plain that the nursing of patients undergoing deep psychotherapy demands unusual stability. Two members of the nursing staff required sick leave during this period.

Sister Delaney during the year won the Lord Memorial Essay competition of the National Association for Mental Health.

Training

The position of Deputy Matron has been held by two members of the nursing staff for a period of six months each. This proved to be too short a period for the gaining of administrative experience and it will be extended in the future.

Two groups of nursing staff commenced their training in 1950–51 and two groups completed their training, receiving their Certificates from the Countess Mountbatten of Burma at a ceremony following a Management Committee meeting.

The Nurse Training Committee met on three occasions and has assisted in the planning of the second Cassel Hospital Summer School. It studied methods of teaching dynamic psychology to general-trained nurses and to student nurses. A review of three years' teaching of the hospital nurses by this Committee led to increased teaching of nurses by nurses, rather than by medical staff. The Committee's recommendations in respect of student nurse training were embodied in the Summer School programme.

Summer School

Shortly after holding the 1949 Summer School for State Registered Nurses, a new syllabus was published for Psychology in the General Nursing Council State Examinations. The hospital received a number of requests from general hospitals for help with this new syllabus, and, particularly, how it might be taught. It was therefore decided to hold the 1950 Summer School largely for Sister Tutors on—" The Development of Human Behaviour in Family and Society "—a phrase from the syllabus.

The School was held in July, again under the auspices and at the expense of The Cassel Bursary Trust. It was administered by the Nursing Staff through the Matron, while the medical staff and distinguished visiting lecturers took part in the teaching. The lessons of the 1949 School, which was designed as an experiment in teaching methods, were incorporated into the Summer School of 1950. A Report on the School has been published elsewhere.

Following the Summer School the Matron was invited to join the staff of a School for Public Health Nurses which was run by the World Health Organisation in October 1950 in Holland. This, too, was an essay in teaching methods, a report of which has been published in full by the World Health Organisation.

Staff Relations

The system of joint consultation grown in the hospital over the last three years out of the exploration of staff feelings and wishes was mentioned in my last Report. Joint consultation with patients also continued, firstly by patients' officials meeting staff executives in a weekly patient/staff liaison group, and secondly, by the inclusion of three patient delegates at the weekly hospital conference.

During the year a new development occurred. The Minister of Health issued instructions that joint consultation should be arranged in hospitals in a form

decided by him. It was therefore necessary to review and amend the machinery which had been grown in the hospital and alter it to the shape required by the Minister. The Whitley Council refused permission to the hospital that patients' delegates should continue to be included in the meetings, and the staff representation from working teams had to be replaced by new representation based on professional and trade classifications. The newly arranged consultative body has met regularly throughout the period, but it early became apparent that its official terms of reference were not sufficient for the hospital's needs. Whereas the form of joint consultation hitherto practised in the hospital had the aim of co-operation between various teams of the hospital staff on weekly work matters, the Minister's joint consultative machinery was designed to ensure the consultation of trade and professional groups of the staff with representatives of the Management Committee mainly on such matters as conditions of service. After trial it became apparent that there was still a need for technical consultation between representatives of working teams of staff and executives of the hospital, and the older conference was reinstated, now under a new name—The Medical Director's Conference. It has had the task of discussing the weekly work of the hospital, of seeking ways of improving services, smoothing out difficulties of liaison, creating interchange of information about current work problems of various staff sections, suggesting procedures for dealing with new problems, and studying the relationship between patients and staff. Patient representatives were reintroduced to the Medical Director's Conference, and the year ended with the official Joint Consultation machinery running smoothly under its own terms of reference, and the Medical Director's Conference with different terms of reference helping in the planning and running of the hospital. However, the new terms of reference of the Medical Director's Conference seemed to make it unnecessary to have a separate system of patient/staff liaison other than that of the conference, and the special patient/staff liaison committee was dissolved by agreement, its members joining the Medical Director's Conference. Towards the end of the period new ways and means were being sought and discussed by all concerned for resolving the unnecessary work-problems that the staff create for patients and the patients create for staff.

The Whitley Council's scheme of joint consultation between the Management Committee and representatives of the professional groups of the hospital has the goodwill of all those who operate it. However, there are grounds for believing that joint consultation designed from above, and not by those concerned, contains inherent contradictions, and certainly the Agenda at these early meetings have been remarkably short. The Committee has decided therefore to meet every two months. Perhaps it is still too early to report on the usefulness of this form of Joint Consultation.

Treatment

The demand for the hospital's services for treatment has greatly exceeded its capacities throughout the year. It is one of the small handful of hospitals in the country which can offer intensive psychotherapy to some of the thousands who need it, and it was necessary to refuse many requests for admission. The waiting lists for treatment had to be closed for two months in the Autumn. Even requests for psychiatric assessment by the Triage Unit eventually created a situation where patients had to wait two or three months even before assessment of his or her suitability for the waiting list. This has tended to discourage the referral to the hospital of patients with acute or mild forms of neurotic upset, and many of these eventually admitted for Triage or treatment had a long history of illness. The waiting list for treatment varied according to the individual doctor, from a wait of three months to two years.

Once again the requests by referring doctors for Psycho-Analysis for their patients were much more numerous than the hospital's facilities could countenance. The medical staff were steadily faced throughout the year with the temptation to take on more patients than they could usefully treat. It is of course no economy of medical time to treat poorly a large number of patients rather than to treat fully a smaller number, and the danger of lowering technical standards by attempting to treat too large a case-load had to be watched.

Of the total patient case-load in the hospital about a quarter were seen three times each week, about a quarter were seen four times each week, about one-sixth were seen five times each week, and one-sixth twice each week. The usual length of time for a patient's session was 50 minutes.

General psychotherapy was the usual form of treatment offered, but one-fifth of the patients under treatment were offered psycho-analysis. One-fifth of all the patients under treatment were Day-patients, who had been discharged from the hospital and were continuing their treatment following their discharge. Many patients requesting out-patient treatment were refused help, for the hospital has no facilities for treating out-patients without first admitting them to hospital. The average medical case-load was 11 patients. This proved to be too high in view of the character of the patients now being referred to the hospital. A workable figure would be one doctor to nine patients.

Fees

In my last Report I drew attention to the danger to neurotic patients of the offer of free hospitalisation under the National Health Service. At the beginning of the period 45 per cent. of the beds were ruled to be free. Throughout the year the medical staff have been aware of unequivocal instances where the secondary gains of the offer of free hospital living for illness,

has hindered the treatment situation. Under the offer of free treatment some patients appeared to be seeking retreat from, rather than solution of, their problems of living outside a hospital.

Accordingly, during the period, a request was made to the Minister of Health for 95 per cent. of the beds to be classified as Amenity beds (under Section IV of the National Health Service Act), with a weekly fee of one or two guineas, to be waived in the event of medical decision that the bed was required for a free patient. Despite the recommendation of the Medical Advisory Committee of the hospital, and of the Mental Health Committee of the Board, and of the Regional Board itself, this application to the Minister met with no success. His decision that 55 per cent. of the beds should be free, 40 per cent. should be Section IV, and 5 per cent. should be Section V beds, for which the full cost of hospital treatment is charged, is now in operation.

Triage

An important addition to the Triage machinery was instituted during the year. Formerly, each patient was seen by a psychiatrist, a psychologist and a psychiatric social worker, who, in conference, pooled their findings, not only for diagnosis, but more important, for prognosis and the likely response to treatment. To this triad of opinion the nursing opinion has been added. Two nursing sisters were given the specific task of studying and reporting to the Triage Conference on certain aspects of patients under assessment. Their findings have been summarised under three broad headings : (*a*) A report on the likely effect on the patient's home of admitting the patient to hospital. (*b*) A report on the problems of nursing that the patient would present to the hospital. (*c*) A report on whether or not it would prove difficult to arrange suitable external circumstances to which to discharge the patient after treatment.

The report of the Triage sisters could not always be made without the full co-operation of the psychiatric social worker, but the report under these three headings enabled early attention to be drawn to the environmental factors in the patient's life and what aided or hindered prognosis.

STATISTICAL TABLES

Table 1. It will be seen that of the patients under treatment at the end of the year about one-third were receiving it as Day-patients. Under the heading " Discharges " it can be noted that 29 of the patients discharged from hospital continued with their treatment as Day-patients.

Table 2 shows the areas from which patients admitted were referred to the hospital. It will be noted that more than two-thirds were referred from areas other than that in which the hospital is set for administrative purposes.

Table 3 lists the diagnostic categories of patients admitted.

Table 4 shows the result of Triage, from which it will be seen that of all patients given complete investigation at the hospital, some two-fifths were considered to be unsuitable for treatment.

The sub-section to this Table shows the percentage of patients referred to the hospital for assessment by General Practitioners and Consultants.

Table 5 shows the state of the waiting list at the beginning and at the end of the year. It does not of course show the rise and fall of the tide of referrals throughout the year, which reached its peak as is usual in this hospital about June.

Table 6 is an analysis of the patients discharged during the year following treatment. It does not include those patients discharged from the hospital who continued their treatment as out-patients, nor those who were investigated but not treated. In the sub-sections of this Table, the numbers, referring sources, referring areas, diagnostic categories, average length of treatment, disposal, condition on discharge and the follow-up results are indicated.

The follow-up consists of 54 replies received from our follow-up letter of patients discharged throughout the period. It cannot be pretended that follow-up by letter is reliable ; an attempt during the period to follow-up patients by the Psychiatric Social Worker's visits with the use of objective criteria of performance had to be abandoned because of shortage of money and staff time.

Treatment Situation at Beginning and End of the Year

TABLE I.

Patients in hospital 1.4.50	93	Patients in hospital 31.3.51	98
Day patients (under treatment but now living outside hospital) on 1.4.50	25	Day patients (under treatment but now living outside hospital) on 31.3.51	49
Total patients in treatment on 1.4.50	118	Total patients in treatment on 31.3.51	147
Admissions		**Discharges**	
Admissions during year ...	191	Completely discharged from treatment ...	58
		Discharged from Hospital to Day-Patient status	29
		Discharged to waiting list after Triage	41
		Discharged outright from Triage	63

TABLE 2. Areas of Referral of Patients Admitted :—

1.	Newcastle	6
2.	Leeds	7
3.	Sheffield	3
4.	East Anglian	4
5.	North-West Metropolitan	51
6.	North-East Metropolitan	8
7.	South-East Metropolitan	12
8.	South-West Metropolitan	57
9.	Oxford	1
10.	South-Western	10
11.	Welsh	5
12.	Birmingham	10
13.	Manchester	8
14.	Liverpool	7
	Jersey	2
	Total	191

TABLE 3. Diagnostic Categories of Patients Admitted :—

Traumatic Neurosis	1
Anxiety Neurosis	17
Hysteria	38
Obsessional Neurosis	16
Anxiety Hysteria	20
Depressive State	33
Manic Depressive Psychosis	3
Involutional Melancholia	3
Schizophrenia	22
Addiction (Alcohol)	3
Addiction (Drugs)	—
Asthma	2
Migraine	3
Epilepsy	3
Organic State	1
Character Disorder	22
Subnormal Intelligence	1
Transferred after suicidal attempt	1
Left before examination	2
Total	191

TABLE 4. Disposal in Triage :—

	Accepted	*Rejected*	*Totals*
In-Patients	70	52	122
Out-Patients	29	11	40
Total	99	63	162

Sources of Triage Patients :—

	In-Patients	*Out-Patients*
General Practitioners	27%	38%
Consultants	73%	62%

TABLE 5. Waiting Lists :—

	For Treatment	*For Triage*	*Totals*
1st April 1950	40	18	58
31st March 1951	28	18	46

TABLE 6. Discharges :—

Analysis of 58 patients completely discharged from all treatment from 1st April 1950 to 31st March 1951 :—

Table 6(a). Number of Patients Discharged :—

F.	*M.*	*Total*
30	28	58

Table 6(b). Sources :—

Gen. Practitioners	*Consultants*	*Family Welfare Assocn.*	*Total*
14	42	2	58

Table 6(c). Areas :—

1.	Newcastle	0
2.	Leeds	2
3.	Sheffield	1
4.	East Anglian	1
5.	North-West Metropolitan	12
6.	North-East Metropolitan	2
7.	South-East Metropolitan	3
8.	South-West Metropolitan	20
9.	Oxford	1
10.	South-Western	3
11.	Welsh	1
12.	Birmingham	5
13.	Manchester	5
14.	Liverpool	1
	Jersey	1
	Total	58

Table 6(d). Diagnostic Categories :—

Anxiety Neurosis	1
Hysteria	12
Anxiety Hysteria	10
Obsessional Neurosis	4
Depressive States	10
Manic Depressive Psychosis	2
Paranoid State	1
Schizoid State	1
Addiction (Alcohol)	3
Character Disorder	5
Schizophrenia	7
Psychosomatic Skin Condition	1
Epileptic Character Disorder	1
Total	58

Table 6(e). Average Length of Treatment—7.1 months

Table 6(f). Disposal :—

Home	50
General Hospital	1
Mental Hospital	4
Neurosis Centre	1
Observation Ward	1
Deceased	1
Total	58

Table 6(g). Condition on Discharge :—

Much Improved	6
Improved	32
I.S.Q.	16
Worse	3
Dead	1
Percentage improved	66%
Percentage unimproved	34%
Total	58

Table 6(h). Follow-up Results on patients discharged during the period 1st April 1950—31st March 1951.

	At 3 months after discharge	*At 6 months after discharge*	*At 12 months after discharge*
Much Improved	9	3	1
Improved ...	18	14	6
I.S.Q.	18	10	4
Worse	2	3	—
Dead	1	1	1
Unknown ...	6	7	1
Total ...	54	38	13

Patients' Community Organisation

The patients' weekly meetings have continued throughout the period ; and the work of their Housing Committee and Entertainments Sub-Committee has been steadily maintained. The patients have created their own Amenity Fund with moneys made by them from the sale of cigarettes and profit on their entertainments, etc. This Amenity Fund was joined with a similar Amenity Fund of the staff with moneys derived from similar sources, and has been jointly administered by representatives of patients and staff, who, with the Social Workers and the Finance Officer have formed an Amenity Funds Committee. This fund receives no contribution from official sources, and is run by and for the hospital community. Any patients or staff groups may apply to this fund for assistance for sport or entertainments requiring financial aid.

In the Medical Director's weekly Conference an experiment was made with representatives of the patients, drawn not from the patients' weekly meetings, but from each of the four groups of patients, treated respectively by the three medical firms and the Social Therapy Unit. This re-arrangement of the patients' representation in accordance with the working sub-divisions of the staff was not successful, however. It was soon seen to be out of line with the needs of the patients to administer themselves as one large body rather than as four groups collaborating with the four staff divisions.

Rehabilitation

The departure of the Social Therapist last year has thrown greater responsibilities on the nursing staff and the psychiatric social workers to maintain relations between patients and their external environment, and to foster socially-rewarding activities for patients both in and outside the hospital. The nursing staff were given training in social reporting and with the extension of the nurse's rôle in the direction of rehabilitation the nursing staff took on, with the social workers, tasks they had not attempted before. Visits with the patient to future employers, to the Labour Exchange, to the patient's home, were undertaken by these staff. Patients who had specific difficulties were nursed, so to speak, in such ordinary matters as travelling in buses or trains, dancing, attending cinemas, joining clubs outside the hospital. Patients who were unable to live or work at home were encouraged and helped to visit their homes and to begin living and working there, while still in-patients at the hospital. The discharge of the patient from hospital was thus seen not as an event, but as a process—the patient moving from intra-mural to extra-mural activities at his optimal pace with the help of the hospital staff, taking increasing amounts of leave from the hospital and eventually achieving day-patient status. These staff provided a service which was used by patients at their own speed of improvement, and contributed much to the atmosphere of reality within which treatment occurred. A sample day in January 1951 showed :—

(*a*) That 30 patients not yet able to undertake leave from the hospital were nevertheless engaged on some activity outside the hospital.

(*b*) 21 patients were regularly taking leave and were engaged in outside activities.

(*c*) 25 day-patients were in full activity.

A list of the external activities of the patients mentioned at (*a*) is given below :—

Studying for a University Degree in Science.
Working whole-time at a Ministry of Civil Defence.
Shorthand typist at nearby Factory.
Student at Commercial School.
Part-time florist's assistant.
Part-time office worker.
Full-time worker in Government Dept.
Part-time Quantity Surveyor.
Part-time Laboratory Assistant.
Part-time Chemist's Assistant.
Whole-time florist's assistant.
Part-time Photographer.
Bank Clerk.
Part-time Salesman.
Whole-time Hospital Radiographer.
Part-time Office worker in the Ministry.
Part-time technical adviser—Engineering firm.
Part-time journalist.
Part-time carpenter.
Student of Music.
Student of Accountancy.
Schoolmaster.
Whole-time stenographer.
Bank Clerk.
Kitchen Porter at large store.
Student at Commercial School.
Part-time office worker.
Part-time worker with social organisation.
Full-time gardener.
Quantity Surveyor.

It needs emphasis that all these patients were in need of hospital treatment, and some were working under great difficulty, but all had some contact with and were facing and endeavouring to surmount the strains and stresses of daily work in normal surroundings.

Inside the hospital patients who were fit enough to do so, continued to look after their own rooms and to pursue their hobbies in the work-room. In the main, however, it has not been medical policy to take pride in, or aim at success for a large Occupational Therapy Department. While providing for the pursuit of hobbies for patients who are unable to undertake work which is socially meaningful and financially purposive, it is regarded as less useful to help the patient settle in hospital than to help him re-settle outside the hospital.

Visitors

Visitors during the year included Dr. Bates of Iowa, Dr. Caldwell of California; Dr. Delgado of Peru; Dr. Dothn of Denmark; Mr. Hammer, Lecturer in Psychology, Sydney; Miss S. Hooykaas of the Dutch Ministry of Health; Professor Koekeoakker of Leyden; Dr. Lewis of Capetown; Miss Neilson of Copenhagen; Dr. Nobre of Brazil; Dr. Norlund of Stockholm; Dr. Plat of Chile; Dr. Teggi of Milan; Dr. Williams of Melbourne. Groups of visitors included Sister Tutors from the Royal College of Nursing, Ward Sisters from the King Edward VII Hospital Fund, Public Health Officers, students from the Bedford College for Women, students from the Institute of Almoners, workers from the Industrial Neurosis Unit, Sutton, a group of Austrian Psychologists, post-graduate students from the National Hospital, Queen Square, and a group from the Association of Mental Hospital Nurses.

Conclusion

It is a pleasure to record my appreciation of the work of the Management Committee under their Chairman, the Right Honourable Sir Felix Cassel, Bart., P.C., Q.C. Their study of the hospital's needs, the sincerity of their interest in its problems, and the constructive attitude towards its aims, have made the meetings with the Committee a pleasure. In this year, when basic economies had to be made, the hospital was fortunate indeed to have a Chairman and a Committee with a sure grasp of the fundamentals of the hospital's life.

The freedom from staff problems during the year is the result of the work of the Secretary, the Matron who has written the Nursing section of this report, and the Finance Officer who was responsible for the attached diagrammatic presentation of the financial details. The smooth working of the hospital's organisation owes everything to these senior executives.

Report of the Medical Advisory Committee

The Medical Advisory Committee was constituted on the 5th May 1950, and consists of all nine members of the senior hospital staff—Dr. Andratschke (Chairman), Dr. Klein (Secretary), Drs. Main, Thorner, McIntyre, Lucas, Rubinstein, Davidson and Ploye. Meetings were held approximately once a month and the average attendance has been six.

Although the Terms of Reference of the Medical Advisory Committee were not finally decided by the S.W. Metropolitan Regional Hospital Board until January 1950, The Cassel Hospital medical staff were always keenly interested in the idea of the Medical Advisory Committee and had meetings as early as July 1948.

During 1950–51 the work of the Medical Advisory Committee was, to some extent, hesitant because of uncertainty about its precise functions, powers and responsibilities.

The work of the Committee fell into two main groups :—

(*a*) Matters concerning medical staff : Among the resolutions passed under this heading were :—

(1) It was decided that part-time appointments in the Registrar and Senior Registrar grades should not be made before the third year of Senior Registrarship and that the applications in this latter period should be examined individually.

(2) It was recommended to the S.W. Metropolitan Psychiatrists' Association that the upgrading of S.H.M.O.s to Specialist status should be made regularly and at stated intervals, not less frequently than once annually.

(*b*) Matters regarding medical policy :—

(1) That the time limit within which patients can be on leave and have beds reserved for them should be two months.

(2) It was agreed that foreign post-graduate students should be accepted for work at the hospital without payment for six months full-time or one year part-time.

(3) It was proposed that up to 30 patients should be permitted on leave from the hospital while attending for treatment as out-patients. This was because it was considered that the present system of in-patient and out-patient treatment had the following disadvantages :

(i) For certain patients it is medically inadvisable that they should be treated to a finish as in-patients. The treatment of these patients is best arranged by helping them to face the difficulties of living outside the hospital as soon as they recover sufficiently to do so. It does disservice to them and to treatment to retain them in hospital, and the policy of discharging them, sending them on leave and treating them subsequently as out-patients is one that helps treatment to be more successful and shorter as a whole. So far as can easily be estimated, it appears that the medical staff, giving of its best to such patients, would spend half its time treating in-patients and half its time treating " continuation-out-patients ".

(ii) Because of the need to keep 100 beds occupied, there is constant pressure on the medical staff to replace in-patients who have become continuation-out-patients.

(iii) The limit of the number of continuation-out-patients who can be treated then leads to an increase in the duration of in-patient treatment. This causes the patients to become too dependent on the hospital, with the result that their ability to become independent and return to normal life is hindered.

(iv) The hospital should maintain its historic tradition and continue to serve the country as a whole but experience suggests that it is essential for the majority even of those patients who live in the provinces, to have further out-patient treatment on discharge from hospital if they are to make a permanent recovery.

(v) With the aim of establishing a proper balance between place of residence and duration of treatment, methods of selection have been in use for three years and are constantly under review.

Finally, although there were some difficulties in deciding the rôle of the committee, their recognition was valuable in stimulating discussions on clarification of the responsibilities and functions of the committee. The Medical Advisory Committee feels that with further working through of these matters it will be able to make a more useful contribution to the successful working of the hospital.

H. S. KLEIN,
Secretary.

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