

Medical and general reports and accounts for the year ended 31st December, 1943 : Present Address: Ash Hall, Bucknall, Stoke-on-Trent (from Swaylands, Penshurst, Kent) / The Cassel Hospital for Functional Nervous Disorders.

Contributors

Cassel Hospital for Functional Nervous Disorders (Richmond, England)
Rogerson, C. H.

Publication/Creation

Bucknall, Stoke-on-Trent : Cassel Hospital, [1944?]

Persistent URL

<https://wellcomecollection.org/works/p9uqmacr>

License and attribution

Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

THE CASSEL HOSPITAL

FOR FUNCTIONAL NERVOUS DISORDERS

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

Patron : Her Majesty Queen Mary.

Medical and General Reports and Accounts

FOR THE YEAR ENDED

31st DECEMBER, 1943

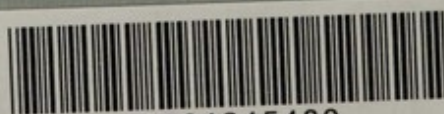
Present Address :

ASH HALL, BUCKNALL, STOKE-on-TRENT

(From Swaylands, Penshurst, Kent).

Telephone Ash Bank 215

WELLCOME INSTITUTE LIBRARY	
Coll.	weIMDmac
Call	Ann. Rep
No.	WLM 28
	. BE 5
	C 3 4
	1 9 4 3



22501245480

THE CASSEL HOSPITAL FOR FUNCTIONAL NERVOUS DISORDERS

Founder :

The Right Honourable Sir ERNEST CASSEL, G.C.B., G.C.M.G., G.C.V.O.

Patron :

HER MAJESTY QUEEN MARY

Trustees :

The Rt. Hon. Sir FELIX CASSEL, Bt., K.C. (Chairman)
THE LORD COURTAULD THOMSON, K.B.E., C.B.

General Committee :

The Rt. Hon. Sir FELIX CASSEL, Bt., K.C. (Chairman).	*Sir WALTER LANGDON-BROWN, M.D., F.R.C.P.
*Sir E. FARQUHAR BUZZARD, Bt., K.C.V.O., M.D., F.R.C.P.	Lady LOUIS MOUNTBATTEN
Lady HELEN CASSEL.	*GEORGE RIDDOCH, M.D., F.R.C.P. (Brigadier, R.A.M.C.)
*The Rt. Hon. LORD DAWSON OF PENN, P.C., G.C.V.O., K.C.B., K.C.M.G., M.D., F.R.C.P.	*J. A. RYLE, M.D., F.R.C.P.
*R. D. GILLESPIE, M.D., F.R.C.P. (Air-Commodore, R.A.F.V.R.)	S. W. SMART, Esq.
*BERNARD HART, M.D., F.R.C.P.	*C. P. SYMONDS, M.D., F.R.C.P. (Air-Vice Marshal, R.A.F.V.R.)
*Sir ARTHUR HURST, M.D., F.R.C.P.	THE LORD COURTAULD THOMSON, K.B.E., C.B.
Mrs. JOSHUA	Miss WINIFRED THOMSON.

**Consulting Physicians to the Hospital*

Medical Director and Physician :

C. H. ROGERSON, M.D., M.R.C.P., D.P.M.

Assistant Physician :

BERTA ANDRATSCHKE, M.D.

Medical Secretary :

Miss MARY A. MACRAE

Matron :

Miss FRANCES A. ROWE, S.R.N., S.C.M. (*To March*).
Miss O. P. E. HANN, S.R.N., Diploma in Nursing (London University). (*From April*.)

Secretary and House Governor :

C. HAKE (Commander, R.N.R.—*temporarily absent on war service*)

Secretary :

Miss DOROTHY MALLION

Bankers :

MIDLAND BANK LIMITED, Poultry and Princes Street, London, E.C.2.

Auditors :

BARTON, MAYHEW & Co., Chartered Accountants, Alderman's House, Bishopsgate, London, E.C.2.

Architect :

J. MACLAREN ROSS, A.R.I.B.A., 11, Victoria Street, S.W.1.

Solicitors :

LEWIS & LEWIS, Ely Place, E.C.1.

The Medical Director's Report

I. MEDICAL TREATMENT OF NEUROSIS

A Review of Methods in Present Use at the Cassel Hospital

INTRODUCTION

IT has become our custom in the Annual Report of the Cassel Hospital to review each year one aspect of the practice of psychological medicine with special reference to the work of the hospital. The topic which has been selected for special consideration this year is that of the methods of treatment of neurosis at present in use. This subject has been chosen because of the rapid changes which have recently taken place, many of which have not yet been fully co-ordinated one with another. It is hoped that the survey may help to clarify the present position and may provide a point of reference for a subsequent review in later years.

The Dynamic Approach to Psychiatry

The present century has seen the establishment of a dynamic approach to psychiatry which emphasises the importance of conflict and repression as the active source of disorder in the neuroses and functional psychoses.

The triumph of this dynamic outlook became quite apparent during the latter half of the first world war, when the tendency to regard shellshock as a disease entity due to "commotio cerebri" was swept aside by a new outlook, which saw in the presenting symptoms an expression of mental conflict. The new outlook was not achieved without a struggle, the nature of which may be clearly seen by comparing the early work upon shellshock with, for example, Hurst's later formulations. Babinski's work stands out as a kind of half-way house between the older and the newer theories. By the end of the war psychological dynamic formulations of mental disease were altogether in the ascendant and with the swing of the pendulum there came a neglect of constitutional and organic factors in favour of the psycho-dynamic approach. Freud, in particular, seems to have been responsible for this bias, though he himself always made it plain that while he did not discuss constitutional factors, it must not be inferred that he regarded them as unimportant.

Schools of Psychotherapy

Hand in hand with a rather exclusively psychological pathology there went, of course, a rather

exclusive emphasis upon psycho therapy as the only proper approach to treatment. Unfortunately, though all were agreed upon the importance of conflict as a cause of mental illness, agreement went no further than this, and the ordinary individual was bewildered by the variety of psychological causal factors uncovered. Broadly speaking, however, there were two main lines of approach, the first closely associated with Freud, his co-workers, and his one-time collaborators. All these laid emphasis upon unconscious factors in mental illness, often repressed from early childhood, which had to be analysed and brought to consciousness in order that the patient might be made well. The second line of approach associated with the name of Adolph Meyer, while not excluding the importance of the unconscious mental life, laid stress also upon character development which could more easily be described in terms of lifelong habit formation and reaction patterns. Such workers tended to attach more importance to the phenomena of conditioned reflexes, and to Watson's behaviouristic studies, and to attempt by treatment to modify both the faulty habits which had arisen, and also as far as practicable the immediate difficulties in the environment.

These two lines of approach were essentially complementary, though they were not always seen as such by rigid adherents of opposite schools. As time went on, however, attempts to construct a sound eclectic system of psychotherapy out of the available data, were becoming steadily more successful, and in this country the genius of T. A. Ross showed what could be done in this direction.

In his best work Ross succeeded to a remarkable extent in synthesising the most fruitful aspects of the modern psycho-dynamic theories and allying them with the classical methods of moral suasion associated with men such as Dejerine and Weir Mitchell. It has been the privilege of the present Medical Director to see a number of Ross's old patients who had at one time been suffering from severe neurosis. The stability which he had been able to give to these patients, who had often not seen him for many years, was truly remarkable, and it is difficult to see how it could greatly have been improved within the limits of the known techniques of psychotherapy.

Such was the position in the early 1930's. There was obviously considerable scope for improvement in the skill and ability of the average psychiatrist, in the availability of psychological treatment, and in the organisation of nursing care, occupational therapy and after care. There seemed, however, definite limits to what could be achieved in the treatment of the neuroses and functional psychoses along psychotherapeutic lines. Moreover, those functional nervous disorders which would not respond to psychotherapy and skilful nursing care remained essentially beyond the reach of treatment.

Modern Physical Treatments

The fourth decade of this century has, however, seen the introduction and widespread use of many new methods of treatment involving the use of physical agents. These include cardiazol and electric shock therapy, pre-frontal leucotomy, insulin therapy, continuous narcosis and narco-analysis. These new methods have called forth many protests and much disagreement particularly from the more orthodox adherents of the analytical schools of psychotherapy. Their use has also stimulated a return of interest in the physical and constitutional factors in mental disorder. In the main this has undoubtedly been a healthy trend since a too exclusive preoccupation in one direction may lead to a one-sided approach to the treatment of psychological illness. There is, however, a danger that in the welter of new ideas some of the older methods of proved value may be overlooked and thus more be lost than is gained. If the practical value of the work of such therapists as T. A. Ross be accepted as of a very high order, the new treatments may be seen in correct perspective as an addition to, rather than as a substitute for, the older methods.

At the Cassel Hospital one is qualified only to speak of the treatment of the neuroses and of certain milder psychoses, such as the milder forms of depression which are generally, quite erroneously classed as neuroses. The approach to the treatment of these disorders at the hospital has always been thoroughly eclectic with the maximum freedom given to each physician to pursue his own methods. It may, therefore be of value to describe the therapeutic methods at present in use in the hospital, so as to show how by common consent the new has so far been blended with the old. It must be realised that every patient presents a new problem which is differently handled by each physician, but in the main the following presents a general picture.

THERAPEUTIC METHODS AT THE CASSEL HOSPITAL

Preliminary Steps

The first step in treatment is the investigation of the complaint which is recorded as far as possible

in the patient's own words and those of his relatives. The setting in which that complaint has arisen is then investigated and the patient's own background, his development, habit formations, his relationship with others and his family history are all studied. A thorough physical examination is made with any special investigations which may be necessary. After this has been completed a preliminary formulation is given to the patient of the nature of his disorder, its origins and the steps which have to be taken to overcome it. In many cases in which no physical findings are revealed and no special physical treatments appear to be necessary, the emphasis is still upon a purely psychological approach.

Many terms have been employed to indicate the different methods of psychological therapy. Suggestion, explanation, persuasion, analysis, all have their exponents who are apt to speak as if the method chiefly employed by them was the only worth while one. Actually, each of these processes enter in varying degree into all systems of psychotherapy. Indeed it may be said that there are really but two processes which have to be followed and which invariably proceed hand in hand—the processes of '*elucidation*' or '*analysis*' and of '*re-education*' or '*synthesis*'. The emphasis in one type of patient or with one type of physician may be on the one process or the other, but neither remains for long absent from treatment. It is often found that those who claim to practise the most rigid analytical therapy, spend in fact much time educating their patients in the tenets of their particular doctrine.

Elucidation or Analysis

The process of elucidation involves the use of a number of techniques, not all of them psychological. Special physical investigations have already been mentioned. They may play an important part in the disentangling of certain complex psychiatric syndromes. Special psychological investigations may also be necessary. These may include tests of intelligence for which the revised Stanford-Binet Scale and Raven's Progressive Matrices are in use at this hospital. They may also include special tests of temperament, such as the Rorschach Test.

The main method of psychological elucidation remains however, that of further discussion of significant matters in the patient's life history, often proceeding along the lines of the distributive analysis of Diethelm. A Jung association test may be used to elicit complex-determined ideas of special importance, and in a number of cases Freudian free association and dream analysis are employed for varying periods. In connection with the process of elucidation one special technique of new development must be mentioned, namely, the method of narco-analysis.

Narco-analysis

It is doubtful whether any one individual can claim credit for the introduction of this method. It has been an observed fact since anaesthetics were first used in surgery that during the period of induction and recovery the tongue of the patient tended to be loosened and expressions uttered which would ordinarily be repressed. The effect is comparable to that seen under the influence of alcohol. It became usable in psychiatry chiefly after the introduction of the barbiturate group of basal narcotics.

The writer undertook some experiments upon the use of suggestion during the recovery period following the use of rectal avertin at Guy's Hospital in 1931. More extensive and conclusive work was carried out by Campbell at Guy's Hospital in 1935-36, using evipan as the anaesthetic agent.

Horsley, in this country, has explored the method more fully and has recently published the results of a number of years work dating back to 1931. He is responsible for the introduction of the very convenient term 'narco-analysis'.

Briefly it appears that the barbiturates produce a state of temporarily reduced self-criticism in which painful or repressed ideas come more readily to consciousness and in which suggestions are more readily accepted.

The effect is therefore comparable to that of light hypnosis but it is achieved without the two main disadvantages of hypnosis, namely the development of an excessive, often sexually coloured dependence upon the hypnotiser and the semi-magical atmosphere which tends to be created.

In practice the method is useful in two types of psychiatric problems. Firstly in conversion hysteria, particularly in hysterical fugues, for the rapid removal of symptoms by suggestion and persuasion under narcosis. Secondly in anxiety neuroses and other disorders in which fairly deep psychological analysis is required, for the rapid access by free association under narcosis, to repressed ideas and complexes which may lie at the root of the condition.

The method is thus essentially a time saving one, enabling a particular task to be achieved more rapidly than would have been possible by older methods. It is not suggested that, in the neuroses at least, results are likely to be obtained which could not ultimately have been gained without its use.

Narco-analysis with Nitrous Oxide

During the past twelve months at the Cassel Hospital, a very much simpler technique has been evolved in which inhaled nitrous oxide is the anaesthetic agent. The method does away with intravenous injection and with the need for special

preparation of the patient. It can be used upon ambulant patients in the consulting room at a moment's notice and can thus be brought into operation whenever the process of psychological analysis reaches a deadlock on account of repressed material. It appears to be equally useful for hysterical fugues and at this hospital has extensively replaced the intravenous barbiturates for the purpose of narco-analysis.

Object of Elucidation

The goal of the process of elucidation or analysis is the discovery of the essential causal factors of the illness. This is a limited objective which has to be kept constantly in mind since it is easy to obtain an overwhelming mass of irrelevant psychological material and equally easy to place an erroneous emphasis on a set of quite incidental physical anomalies.

In the process of psychological investigation it is not always easy to decide what is relevant and what is not. The pursuit of a certain number of "red herrings" is therefore inevitable but with experience and critical judgment these can be reduced to a minimum.

The importance of the time factor in psychiatric treatment is very great. Analysis easily becomes interminable to the detriment both of the patient under treatment and of those who are waiting to receive it. Patients admitted to the Cassel Hospital are undoubtedly drawn from the more difficult and resistant group of neuroses. Even so, during recent years it has been found possible to complete the great majority of treatments within the space of six months. The average, as shown in the statistical tables, is of course considerably less. The case of any patient remaining more than six months is carefully reviewed with a view to deciding the justification for further treatment.

It is noteworthy that if a number of particularly difficult cases happen to coincide and to remain beyond the ordinary time limits, their presence has a deleterious effect upon the group as a whole. Other patients develop a fatalistic attitude and draw the conclusion that their treatment also will occupy a lengthy period. It is then very easy to allow the process of treatment to drift on unnecessarily. The actual stage of leaving the hospital is nearly always a difficult and testing time for the patient who, unless convinced that he is ready to go, may cling tenaciously to his residual symptoms in the hope of making an easier passage at some later stage.

Synthesis

The treatment of neurosis does not come to an end with the completion of the process of elucidation or analysis. Synthesis, re-education or rehabilitation

(the terms are almost synonymous) is the other half of the picture and it also begins when the patient first enters the hospital though the peak of the work in this sphere is reached somewhat later.

As before there are psychological and physical measures to be considered. The older psychological techniques have been current for many years and may be briefly dismissed not because they are unimportant but because they are well known.

Suggestion

Suggestion is the most elementary form of psycho-synthesis, by its means an idea, belief or attitude is insinuated into the patient's mind by the influence of the therapist. Alone it has a very limited range of usefulness since an intelligent understanding of the process is not gained by the patient and subsequent relapse is very likely. Suggestion with the aid of more or less spectacular physical therapies, ranging from injections to coloured lights is strongly to be deprecated and is usually ultimately harmful to the patient. On the other hand it must be fully recognised that suggestion enters far more than we are apt to realise into the efficacy of the most intellectually honourable remedies. In fact it plays a part in all treatment and, since it is ever present, should always be used if possible to the patient's advantage. There is no doubt, for example, that the suggestion of recovery implicit in a well ordered hospital is a most potent factor for good.

Persuasion

Persuasion is usually regarded as a very much superior procedure to suggestion. This is true if the process is accompanied by explanation which is adequately adjusted to the patient's education and intelligence. It then becomes a matter of urging him to proceed as it were along a well defined path by a series of steps which he can clearly understand to an end which he can foresee. Too often however, when one thinks one is using persuasion one is actually employing almost undiluted suggestion and the patient is responding to the emotional appeal without regard to the meaning of the argument. The improvement thus brought about is likely to be evanescent.

These two psychotherapeutic procedures are often very lightly dismissed at the present time, yet it is not an exaggeration to say that they constitute the backbone of psychosynthesis whatever method of treatment is employed. Without being skilful in their use, the physician may be a brilliant diagnostician and even a brilliant analyst but he is hardly likely to acquire a reputation for effective therapeutic results.

Interpretation

The word 'interpretation' figures largely in psychiatric literature particularly in connection with analytical procedures. To interpret means literally 'to expound the meaning of', 'to explain'. Such interpretation or explanation is an essential part of the process of persuasion. It is not however sufficient in itself but must be reinforced by guidance as to the appropriate steps to be taken to solve the conflict which has thus been displayed. The same is true of all procedures, such as abreaction, which aim at the conscious recollection of repressed emotionally charged conflicts and events.

The broad principles of psychotherapy, thus enumerated, have to be followed in every case. In the actual management of the individual patient, wide variations are necessary and it is here that some of the modern treatments are of great value.

Rest and Continuous Narcosis

Mental rest and relaxation is very frequently needed in the early stages of treatment, not as a rule because of any actual physical or mental exhaustion, but rather to break the vicious circle of anxiety and unhappiness which has been set up.

Experience in the present war has given evidence of the value of sedation in the early stages of acute anxiety states before secondary fears have had time to accumulate or the pattern of fear has become established. In more chronic cases, especially those associated with much agitation or excitement, continuous narcosis aiming at 18 hours sleep in every 24 hours is a valuable therapeutic method. In this hospital medinal and paraldehyde are the drugs of choice. Medinal being administered in a dosage of 30 grs. daily supplemented with paraldehyde by mouth as required up to 8 drs. or even 12 drs. in 24 hours. The treatment is dangerous except in the hands of specially trained nurses.

Heavy sedation is not always necessary to secure mental rest. In milder cases the well tried methods of good nursing, reassurance, diversory occupational therapy, massage and relaxation exercises will secure the desired result. There are indeed some patients, *e.g.*, many with hysterical reactions, for whom the period of rest can be omitted altogether.

Modified Insulin Therapy

The mainstay of the treatment of the affective neuroses should always be intensive psychotherapy. This should be commenced as soon as the patient's state allows and pursued vigorously for as long as is necessary. Only then are permanently satisfactory results likely to be obtained in the severe, long lived affective neuroses which are usually admitted to this hospital. There is, however, a more or less lengthy

time lag between the solution of the difficulty in the patient's mind and his recovery from anxiety symptoms. This "basic anxiety reaction", presumably the result of habit formation in a predisposed individual can be greatly reduced by the modified insulin therapy introduced into this country by Sargent.

After a preliminary examination of the urine and blood sugar to exclude disorders of carbohydrate metabolism, the patient is given 10 units of insulin on a fasting stomach at 7 a.m. The dose is increased daily by 10 units until a hypoglycaemic reaction occurs, usually taking the form of profuse sweating or drowsiness. The average dose required for this purpose is 40-50 units. The hypoglycaemia is interrupted at 10 a.m. with a glucose drink followed by a high carbohydrate breakfast. 60 grs. of sodium chloride are also given in the form of enteric coated capsules to counteract the loss through sweating. Further glucose is administered during the afternoon to eliminate the risk of a delayed reaction.

The rationale of the treatment is still on a highly speculative basis. The suggestion of a specific effect upon the anxiety reaction, rather than a mere improvement in nutrition, gains support from the fact that as the patient becomes clinically less anxious so his tolerance for insulin decreases. The maximum dosage has thus gradually to be decreased or coma is likely to occur. The treatment is given on 6 days in the week and may be kept up for several weeks. There is usually a striking gain in weight, up to 6 lbs. per week has been recorded.

Electric Shock Therapy

The depressed patient is more or less completely unable to benefit from extensive psychotherapeutic procedures. Anything save the most superficial analysis tends to render him more depressed and he is incapable of making the effort of constructive synthesis. In the past, therefore, his treatment necessarily consisted of rest, diversion and daily reassurance in the well justified hope that time would bring about the restoration of normal mood. In most cases this took place within a few months. Some cases, however, tended to drag on for years.

Now the depressive illness can, in the majority of cases, be cut short by the use of electric shock therapy. There has been much discussion of the advantages and disadvantages of the method. The results obtained at the Cassel Hospital are to be published elsewhere. It is, therefore, sufficient to state here that of a series of 71 cases so treated, a recovery rate of 77 per cent. was obtained with an average duration of stay in hospital of 13 weeks. Before the introduction of shock therapy, a group of 75 cases, much more carefully selected for favour-

able prognosis, gave a recovery rate of 53 per cent. with an average duration in hospital of 26 weeks.

For conditions other than mild depressive psychosis the treatment in a limited series has given very poor results. In our hands it has proved almost useless for affective neuroses, conversion hysteria and obsessional neurosis. Others (*e.g.*, Mayer-Gross—personal communication) have recorded good results in some long standing cases of conversion hysteria. In this hospital we cannot give an adequate account of its value in the treatment of schizophrenic disorders for which it was originally introduced.

Prefrontal Leucotomy

There remain a small number of cases of chronic affective disorder which fail to respond adequately to any of the methods of treatment already described. Some are examples of depressive psychosis which relapse repeatedly after shock therapy, others fall into the category of chronic affective neurosis and fail to respond to psychotherapy, modified insulin therapy or shock therapy. In such cases where the degree of disability precludes a working adjustment to life, the operation of pre-frontal leucotomy has proved beneficial. The present is not the place to describe the technique by which the pre-frontal association fibres are severed. The result, however, in a successful case, is the almost complete cessation of anxiety. The immediate result may appear disastrous. One of our patients, an anxiety ridden bank manager of 38, the severity of whose symptoms rendered him totally unable to carry on his work, was transformed from a meticulous obsessional individual to a slovenly, careless, dirty patient who was quite capable of using his wash basin for defaecation. A three months regime of re-education helped to restore him almost to normal. He returned easily to his work and maintained his former intellectual level. When seen after 12 months, he lacked some insight into his former condition, his affect was a trifle shallow and when asked if he worried about his work he replied "Good God, no! Why should I?" Our series of these cases is too small to permit further comment. It is not a procedure we would care to sanction at the present time except as a last resort and then only after very careful consideration, full presentation of the facts to a responsible relative and, preferably a second psychiatric opinion.

CONCLUSION

The methods of treatment at present in use at the Cassel Hospital have been reviewed in the light both of classical psychotherapy and of modern physical techniques. It is suggested that the introduction of the new affords in this instance no grounds for the supersession of the old.

There is no doubt that narco-analysis, continuous narcosis, electric shock therapy, prefrontal leucotomy and modified insulin therapy all have a useful contribution to make to the treatment of functional nervous disorders. Their rationale is very uncertain but one may perhaps be allowed to entertain, as a working hypothesis, the idea that the first four act along somewhat similar lines by diminishing the control exercised by the more recently developed frontal areas upon the lower instinctive centres. The action of modified insulin therapy may prove to be more peripheral in character exerted, it may be, upon the adrenal sympathetic system.

Be this as it may, none of these treatments should stand alone as sufficient in itself. To be fully effective they must all be combined with an adequate psychotherapeutic approach. For this reason first place must still be given in a review of this kind to a

consideration of the psychological methods of analysis and synthesis at present in use. Even in states of depression where there is a particularly brilliant response to shock therapy, the disappearance of the mood disorder should properly be regarded as giving a better opportunity for the discussion and rectification of underlying difficulties. If this were done in every case there would certainly be less pessimism about the probability of recurrence.

There have been some who have tended to look upon these treatments as an affront to, and a deviation from, the principles of dynamic psychology. In our opinion nothing could be further from the truth and the future may well show that they provide only a new approach from a different angle to those same problems of mental pathology with which we have been slowly becoming familiar.

II. WORK OF THE HOSPITAL DURING THE YEAR 1943

Post Graduate Training in Psychiatric Nursing

The Cassel Bursaries

THE outstanding event in the year 1943 was the gift by Sir Felix Cassel of a fund to establish Bursaries for nurses in the field of Psychological Medicine. This splendid gift was in commemoration of his twenty-first year as Chairman of the Hospital, a position to which he succeeded on the death of his uncle, Sir Ernest Cassel, the founder.

Sir Felix had watched with particular interest the growth of the post graduate training scheme for nurses which had gradually been developed since 1938. This scheme, designed to give an adequate training in the nursing of the neuroses, has required a minimum period of 12 months study, now to be increased to 18 months. It has been felt that no shorter period could do justice to the subject, yet the number of nurses who could be accepted was necessarily limited.

There is a great demand from members of the nursing profession for more psychological insight into their work and it seemed highly desirable to take further steps to satisfy this demand. The most effective means to this end with limited resources seemed to be to endeavour to provide opportunities for those nurses who, whilst not desiring to obtain a special qualification in psychiatric nursing, would like to increase their knowledge of the subject by a short intensive course of training.

Through the generosity of Sir Felix Cassel this has now been made possible. He has established a Trust Fund to the value of £500 per annum to be

used for the advancement of psychiatric knowledge among nurses. The fund is administered by a group of Trustees as follows:—

Sir E. FARQUHAR BUZZARD, Bt., K.C.V.O.,
M.D., F.R.C.P. (*Chairman*)

The Rt. Hon. Sir FELIX CASSEL, Bt., K.C.

Sir COURTAULD THOMSON, K.B.E., C.B.

R. D. GILLESPIE, M.D., F.R.C.P. (Air-
Commodore, R.A.F.V.R.)

Miss E. COCKAYNE S.R.N.

Miss EVELYN FOX, C.B.E.

Miss HESTER PARSONS, S.R.N.

C. H. ROGERSON, M.D., M.R.C.P., D.P.M.

Miss O. P. E. Hann has been appointed Secretary of the Trust.

During the year 1943, the Trustees have allotted the first two of what is intended to be a series of bursaries, providing opportunities for a short course of training in medical psychology and sociology for nurses. It is proposed that these Bursaries shall be held by those members of the nursing profession, who by their own subsequent status are likely to have the maximum educational influence on their juniors, whether as Matrons, Sister Tutors or responsible Ward Sisters. A knowledge of the importance of psychological factors in illness will thus be spread as rapidly as possible through the nursing profession.

The Cassel Hospital Certificate

It seems opportune at this point to give a fuller description than has yet been introduced into the Annual Report of the main hospital training scheme for nurses. This scheme provides the background against which the Bursary and all other schemes must be placed.

This course is available only to State Registered Nurses who are prepared to spend a minimum period of 18 months at the hospital. They are then eligible for the hospital certificate of proficiency in the nursing of neuroses (awarded after examination), and are considered to have gained an adequate background of knowledge of the psychological factors in disease. The course includes a wide range of subjects and may be outlined very briefly as follows :—

(1) Lectures

- (a) by the Medical Staff.
 - 16 lectures on Elementary Psychology.
 - 16 lectures on Psychoneuroses, Psychopathology, etc.
- (b) by the Matron.
 - 10 lectures on Psychology and the Art of Nursing.
- (c) by a member of the Nursing Staff.
 - 3 lectures on Nursing Procedure in Psychiatric Nursing.
- (d) by a Sociologist.
 - 8 lectures on Sociology.
- (e) by an Educational Psychologist.
 - 2 lectures on the Intelligence Tests.

In addition informal talks by a Probation Officer.

(2) Case Conferences Weekly throughout the Year

- (a) A Case Conference with the medical staff at which written reports on all new cases and progress reports on all old cases are presented by the nursing staff for discussion.

- (b) A Case Conference between the Occupational Therapist, nursing and medical staff at which all aspects of Occupational Therapy in the hospital are reviewed.

(3) Practical Work

- (a) The practical handling of patients suffering from functional nervous disorders can only be learned by extensive experience during the year. Members of the nursing staff also carry out Intelligence Tests (Raven's progressive matrices) and Personality Tests, (Harrower-Erickson modification of Rorschach's test) and learn the elements of Occupational Therapy. In addition, experience is gained in the use of electric convulsion therapy, modified insulin therapy, continuous narcosis and narco-analysis.
- (b) *Outside the Hospital.* During the past year the Trustees of the Cassel Bursaries have made available to each member of the nursing staff one month's field work in London under the auspices of the Provisional National Council for Mental Health. The services of this body have been freely and generously given to provide a comprehensive survey of the social problem of psychiatry.

The Bursary Course

This consists of an abridged 4 months' course, consisting of :—

- (1) Two months' work in the wards of the Cassel Hospital, with lectures on Elementary Psychology, the Psychoneuroses and Nursing Procedures in Psychological Medicine.
- (2) One month in London under the auspices of the Provisional National Council for Mental Health.
- (3) One month in the Occupational Therapy Department of the Cassel Hospital with lectures on Occupational Therapy, Physiotherapy, Psychology in hospital nursing and Case history work.

Annual Statistical Tables for 1943

THE summary of the work of the Hospital during the year 1943 requires little comment. There is a rise in the total number of patients treated by comparison with previous years at Ash Hall. This reflects the time saving value of modern methods of treatment discussed elsewhere in the Report. Unfortunately the increased turnover has not kept pace with the demand for vacancies and the waiting list has tended to grow at an alarming rate. A priority list has had to be established governed by two rigidly applied rules—(1) the importance of the

individual to the National War Effort, (2) extreme medical urgency (*e.g.*, patients with anorexia nervosa).

One significant change has been made in the diagnostic headings employed in Table 2. The term "Affective Neurosis" is employed for the first time in place of the former term "Anxiety Neurosis" and the term "Affective Psychosis (depression)" in place of "Depression". This change has been made to conform more closely with current views. There has been no alteration in the type of illness grouped under each of these headings.

TABLE 1.

Total Number of Patients Discharged from Hospital
during 1943

<i>New Patients</i>	<i>Re-admissions</i>	<i>Total</i>	<i>Discharged unsuitable within one month</i>	<i>Total in which treatment undertaken</i>
99	17	116	5	111

TABLE 2.

Total Number of Patients for whom Treatment was Undertaken during 1943. Classification by Diagnosis, Sex and Condition on Discharge

<i>Diagnosis</i>	MALES				FEMALES				TOTALS			
	<i>Much Imp.</i>	<i>Imp.</i>	<i>Not Imp.</i>	<i>Total</i>	<i>Much Imp.</i>	<i>Imp.</i>	<i>Not Imp.</i>	<i>Total</i>	<i>Much Imp.</i>	<i>Imp.</i>	<i>Not Imp.</i>	<i>Total</i>
Affective Neurosis	7	3	—	10	11	6	4	21	18	9	4	31
Hysteria	4	3	—	7	3	4	4	11	7	7	4	18
Anorexia Nervosa	—	—	—	—	2	—	—	2	2	—	—	2
Obsessive Compulsive Neurosis	4	—	—	4	—	1	—	1	4	1	—	5
Psychopathic Personalities ...	—	3	2	5	1	3	1	5	1	6	3	10
Unclassified Neurosis	1	1	1	3	—	—	—	—	1	1	1	3
Alcoholism and Drug Addiction	2	1	—	3	—	1	—	1	2	2	—	4
Affective Psychosis (depression)	9	2	2	13	11	3	4	18	20	5	6	31
Schizophrenic and Paranoid Reaction	—	1	1	2	—	3	—	3	—	4	1	5
Organic and Toxic Reaction	—	—	1	1	—	—	1	1	—	—	2	2
Total	27	14	7	48	28	21	14	63	55	35	21	111
Percentage	56%	29%	15%	100%	45%	33%	22%	100%	50%	31%	19%	100%

TABLE 3.

Percentage Distribution of Results on Discharge and at Follow-up

(a) Cases Discharged during 1939

Condition	On Discharge	Follow-up			
		1940	1941	1942	1943
Much improved ...	48	43	52	52	64
Improved ...	32	20	20	22	18
Not Improved ...	20	37	28	26	18
Total ...	100	100	100	100	100
Total cases on which percentage based...	146	94	71	46	44
Number not replying to follow-up ...	—	52	75	100	102

(b) Cases Discharged during 1940

Condition	On Discharge	Follow-up		
		1941	1942	1943
Much Improved ...	42	44	49	56
Improved ...	40	27	24	19
Not Improved ...	18	29	27	25
Total ...	100	100	100	100
Total cases on which percentage based...	130	68	66	48
Number not replying to follow-up ...	—	62	64	82

(c) Cases Discharged during 1941

Condition	On Discharge	Follow-up	
		1942	1943
Much Improved ...	52	54	50
Improved ...	34	19	23
Not Improved ...	14	27	27
Total ...	100	100	100
Total cases on which percentage based ...	85	59	52
Number not replying to follow-up ...	—	26	33

(d) Cases Discharged during 1942

Condition	On Discharge	Follow-up 1943
Much Improved ...	55	62
Improved ...	27	20
Not Improved ...	18	18
Total ...	100	100
Total cases on which percentages based ...	102	81
Number not replying to follow-up ...	—	21

The preparation of the statistical tables was carried out by the Medical Secretary, Miss Mary A. Macrae.

List of Publications during 1943 :

- ROGERSON, C. H. : "Psychological Factors in Asthma," *Brit. Med. J.* Volume i, page 406, April.
- ANDRATSCHKE, B. and ROGERSON, C. H. : "Mild Depressive Psychosis," *Brit. Med. J.* Volume i, page 780, June.
- ROGERSON, C. H. : "Visceral Neurosis," *The Practitioner*, Volume 151, page 178, September.
- RAYNER, MAURICE S. M. and ROGERSON, C. H. : "Paroxysmal Hyperinsulinism, Due to Islet Adenoma of the Pancreas," *The Lancet*, page 476, October.
- HANN, Miss O. P. E. (Matron) : "Sociology in Nurses' Post-Graduate Training Syllabuses," *Nursing Times*, Autumn.

Report of the General Committee

GENERAL

THE Committee is glad to be able to report that the work of the hospital has been carried on successfully during the past year. It desires to place on record how much the hospital is indebted to the entire staff for the constant zeal and ability they have shown in the discharge of their duties under difficult working conditions.

The year marked the twenty-first anniversary of Sir Felix Cassel's Chairmanship of the Hospital and to commemorate this event Sir Felix made a most generous gift to establish a Trust Fund to the value of £500 per annum to be used for Bursaries for the advancement of psychiatric knowledge among nurses.

The lease of Ash Hall, which in 1940 was taken out for three years or the duration of the war, terminated in November, but the Trustees were able to renew it for one year, till November, 1944, with a further option on the expiration of that term.

In March, Miss F. A. Rowe, the Matron, gave up her work at the hospital in order to undertake administrative work at the Royal College of Nursing in London. The Committee accepted her resignation with regret as Miss Rowe had throughout the time she was at the hospital done very good work and had also rendered invaluable help in connection with the evacuation of the hospital from Swaylands to Ash Hall. She was succeeded, in April, by Miss O. P. E. Hann, S.R.N., Diploma in Nursing (London), who has had exceptionally wide experience in the nursing field.

In April the Committee adopted the Rushcliffe Committee's recommendations with regard to the salaries of the nursing staff and later brought into line with these the salaries of the physiotherapists and the occupational therapist. In December the Committee adopted the "Hetherington" scales of wages for domestic staff.

The hospital superannuation scheme is working well. It was extended in August to include the hospital engineer, chauffeur and the head gardener.

During the year a gift of £30 was received from the Chairman, £15 to be used for the general library and £15 for study books for the nurses' library.

In November a joint meeting of the local branch of the Chartered Society of Physiotherapists and members of the Association of Occupational Therapists was held at the hospital, when Dr. B. Andratschke, Assistant Physician, spoke on "Physio-Therapy and Occupational Therapy as aids in Psychological Re-adjustment."

One of the chief difficulties during the year has again been the large number on the Waiting Lists and the Committee look forward to returning to Swaylands at the earliest possible moment after it has been de-requisitioned, although a considerable amount of restoration and modernisation will be essential and some extension there will probably be desirable.

The Medical Staff at present consists only of the Medical Director, Dr. Rogerson, and Dr. Andratschke. The rest of the medical staff has been called up for military service and no additional staff has been allotted to the hospital by the Central Medical War Committee. This has placed a great strain on those remaining at the hospital and the Committee appreciate greatly the way in which they have coped with such difficult conditions.

OCCUPATIONAL THERAPY DEPARTMENT, ENTERTAINMENTS, LIBRARY, ETC.

Occupational Therapist.—Miss M. DAWSON.

In Charge of Library, "Keep Fit" Classes and Country Dancing.—Miss M. STILES (*Physiotherapist*).

In Charge of Gardening Teams.—Mr. G. SNAPE (*Physiotherapist*).

Occupational Therapy

At a time when materials of all kinds are increasingly difficult to obtain, it may be well to point out that the importance of the "prescribed work" on which occupational therapy is based is not ultimately the item so produced, but the reaction of the patient in producing it. Thereby he learns to cope with a controlled set of conditions, graduated according to his mental condition and needs. Craftwork (weaving, basketry, etc.) is used during the earlier stages of occupational treatment not primarily for the sake of "making pretty things" but because it lends itself most readily to adaptation to individual requirements as described below. When it has served this purpose, and the patient has made a satisfactory adjustment in these sheltered conditions, it is time to look further afield for the next step in rehabilitation.

The scheme of occupational therapy in this hospital may be described briefly as follows:—

Stage 1. Simple and Diverting Occupations. Types of craftwork are chosen which involve little or no special skill, but produce pleasing results in a short time. Brightly coloured attractive materials, easy to handle (*e.g.*, felt) are selected for such

work. Examples of articles made are :—soft toys, dog leads of coloured string, seagrass-seated stools. The aim of such work is to provide a situation in which the patient can succeed, so giving a sense of achievement and helping to restore his self-confidence. At the same time the work given must not invite comparison with previous standards of performance, therefore, for example, sewing would be avoided in the case of the depressed housewife.

Jig-saw puzzles, illustrated magazines and card games may be also provided to amuse the patient who is confined to his room for several days after arrival.

Stage 2. Skilled Occupation. When the patient has achieved his initial success with simple work, and is no longer feeling new and strange in hospital, further stimulus is introduced. The occupation is "stepped up" to something requiring a greater degree of technical skill and concentration, while also providing a new interest and an outlet for creative ability. At this stage the craft selected might be book-binding, modelling, leatherwork, something perhaps in which the patient had already shown some interest, but which he had never had sufficient opportunity to study. The range of processes in any such craft provides something for the patient to work at with mind and hands. Suitable activities under this head would form a lengthy list; book-binding, weaving (tweed, rugs, etc.), modelling wooden toys and slipper-making are just a few.

Stage 3. External Occupation. After a period, which naturally varies with each individual patient, it is seen that craft work is no longer providing the necessary stimulus to be of continued value as a form of treatment. Instead it may even become a kind of refuge which allows the patient to avoid facing the reality of his own personal problems. It is at this point that occupational therapy needs to take the patient further afield into some work with a wider usefulness, if possible outside the hospital. The following kinds of work have been arranged for Stage 3 occupation :—Assistance at a war-time Day Nursery; assistance at the local W.V.S. depot; clerical work at a bookshop; agricultural work at a nearby farm; canteen work. Special courses of study are also arranged from time to time at the commercial and art schools in the town.

Communal Activities.—In the early months of 1943, weekly working parties were held for making carpet slippers for hospitals, the materials for which were supplied through the Hanley Red Cross and

St. John's Organisation. A novel undertaking was a set of hobby horses made for a children's dancing class, and patients afterwards had the pleasure of seeing these in use in a display at the Hanley Theatre. Working parties were started again towards the end of the year in order to make toys for the Christmas Tree. The results exceeded expectations and the patients saw the delight of the children as they received the toys. Special mention should be made of a communal undertaking, Puppetry, which has been developed during the year and has proved very beneficial to the patients who co-operated in constructing a theatre and producing their first play.

Students.—The work of the occupational therapy students in the department has added considerably to the interest of the work done. Each student comes for a period of three months, which is part of the nine months hospital practice required for the Diploma in Occupational Therapy. So far they have brought a very real contribution to the work, both for the patients and for the occupational therapist. One student, a graduate of the Edinburgh College of Art, was a skilled potter, and stimulated the efforts of staff and patients in this craft. Another student well on in her training, proved especially helpful during the holiday period, while yet another student, a trained teacher of Dalcroze-Eurhythmics, gave an open demonstration class for staff and patients. She also made a special contribution by inspiring patients to undertake a communal piece of work—the construction of the marionette theatre mentioned above. The show finally produced was a great delight to all who saw it.

Visits have been made by students while working in the hospital to Occupational Therapy departments of neighbouring Mental and Orthopaedic Hospitals, also to Day Nurseries, a Home Office School, an Occupation Centre for Mental Defectives, the Stoke-on-Trent Blind Institute and the Jacques-Dalcroze School of Eurhythmics. The students have also made contact with other social workers through the local branch of the British Federation of Social Workers.

Hospital staff.—Three of the hospital Sisters have spent a period in the Occupational Therapy Department, learning types of work prescribed for patients, and gaining an insight into Occupational Therapy treatment. Four lectures on this work have also been given by the Occupational Therapist.

Entertainments

Programmes are planned each week by the Patients' Entertainments Committee, but the running of the different items is spread amongst as many patients as are likely to benefit by the responsibility. Their efforts have included such things as :—Brains

Trust; short lectures; shadow plays; a small fête in aid of the "Wings for Victory" effort.

In addition to these and other home-produced items, a most enjoyable entertainment was provided by the Lancastrians Concert Party and also by the New Opera Company from Hanley. One member of this society, an ex-patient of this hospital, has since joined the Sadlers Wells Opera Company. In December we were fortunate in having a lecture on Musical Appreciation by Dr. Percy Young, Director of Musical Education for Stoke-on-Trent.

Cinema

The hospital cinema again proved attractive during the winter months, not only for its weekly shows of educational, documentary and feature films, but in a social capacity, as the hospital's friends in the district were invited to many of the shows.

In November we had on loan the film "Neuro Psychiatry" showing in detail much of the work of a psychiatric unit of the present day. This film, together with another, "Life Begins Anew", telling of the importance of the work of physiotherapy and occupational therapy in the rehabilitation of patients, was shown to a large audience of doctors, nurses and social workers in the district, who very much appreciated the opportunity of getting to know more about psychiatry.

Library

Patients and Staff have again made good use of the library. There has been great demand for the latest publications and many of these have been procured through a personal gift from the Chairman. Very few books have been lost, due to the care taken by the librarians, three patients responsible to a member of the staff. Three librarians may sound rather many for a library of this size but not when it is explained that these are not always chosen for their suitability for the work but for the benefit they will derive from the responsibility and from the new interest the work provides. These patients soon learn that being a librarian does not consist merely in giving out books, but of the care and repair of them and of the general tidiness of the library. Several patients have undertaken these duties seriously and after their discharge have made good use of the knowledge acquired. Shelving space in our evacuated quarters is very limited but during the past year the librarians have re-arranged the shelves to make the most use of the space. All old magazines have been passed on to service men's clubs where they have been greatly appreciated.

From this report it will be seen that the Library does a good work in two ways, one by supplying a

useful recreation to patients and staff and also by educating patients in a new interest and giving them a sense of responsibility and duty to the community.

Country Dancing

On the whole these classes have not been so well attended and the progress made not so much as last year owing to certain physical treatments, *e.g.*, electrical shock therapy, which limit the patient's ability to memorise the dances during the early stage of the treatment. The classes have therefore been very elementary but have achieved their aim by cultivation of a team spirit and by providing not only gentle mental but also physical exercise and pleasant hours for performers as well as for spectators.

"Keep Fit" Classes

There is still keen interest in the bi-weekly "Keep-Fit" classes for women and the average attendance this year has been greater than last year. Patients thoroughly enjoy these classes and even those patients who suffer from lack of concentration are able to join in these exercises which are done mainly under direct instruction and demonstration. Relaxing and general tonic exercises plus team games are the foundation of these classes. It is hoped to start a class for men in the very near future.

Gardening

This is a form of occupational therapy undertaken by Stage 2 patients, who work for two hours each morning under the supervision of a physiotherapist.

Outside Activities

Outdoor sports have been very restricted during the past year, owing to the difficulty in obtaining the necessary equipment. Croquet and putting were encouraged but tennis was restricted to one half-day each week because of lack of balls. One or two supper picnics were organised and in addition patients have been encouraged to walk and explore the surrounding countryside.

SWAYLANDS

In September the military authorities requisitioned one of the Swaylands cottages, which had been let since the evacuation and which had become vacant.

SWAYLANDS GARDENS

The Committee is pleased to report that the running of Swaylands gardens on market garden lines has proved satisfactory during the past year. The wages of the garden staff have been kept in line with the Agricultural Minimum Wage for Kent; two Land Army girls are now working in the gardens.

Again, as in 1942, weekly supplies of vegetables and fruit have been sent to Ash Hall from Swaylands through the kind assistance of officials of the Southern Railway who, in the autumn, also arranged for the transport to Ash Hall of some two tons of jam and bottled fruit.

An exchange of occupants of two of the staff cottages has been effected in order to allow a larger cottage to a young married man with a growing family.

The Committee desires to place on record its appreciation of the excellent work done by the head gardener and his staff.

FINANCE

The Accounts for the year ended 31st December, 1943, show a surplus of Income over Expenditure of £3,819 compared with £3,448 in the previous year. As has been indicated in the Reports of recent years, the results under war conditions are abnormal and it is recognised that when the Hospital returns to Swaylands the Committee will be faced with considerable expenditure in order that the premises and equipment may be restored and modernised. With this in mind the Committee has decided to earmark for this purpose the whole of the General Fund, which at 31st December, 1943, amounted to £24,766 0s. 10d.

The Trustees have continued to invest all surplus funds in Government securities. Notwithstanding

the redemption in recent years of a substantial proportion of the higher yielding securities, it is gratifying to note that the annual interest receivable is only slightly lower than in the years immediately preceding the war and, at 31st December, 1943, the market value of the Investments in aggregate exceeded the book value (cost price) by £6,547.

The Extraordinary Expenditure for the year amounted to £1,309 against £459 in 1942. The increase is attributable to the redemption of Tithes on the Swaylands properties (at a cost of £445) and to heavier repairs to non-requisitioned property, the maintenance expenditure on which has been restricted to the lowest possible figure, although every effort has been made to prevent undue deterioration. The Swaylands Gardens have more than justified the decision to place them on a commercial basis for the duration of the war, as in addition to providing a considerable quantity of marketable produce they have contributed no less than £771 towards the total surplus on the year's working.

The average weekly cost per patient for the year was £9 14s. 11d. compared with £8 12s. 6d., the increase being due to the higher Extraordinary Expenditure referred to above and the increased rates of salaries and wages which have become operative during the year, following the recommendations of the Rushcliffe and Hetherington Reports. The reduced number of patients, *i.e.*, 29.21 compared with 31.69, also has an adverse influence on the Statistical results.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st DECEMBER, 1943

INCOME			EXPENDITURE		
Ordinary—			Ordinary—		
£	s. d.	£	s. d.	£	s. d.
I. RECEIPTS ON ACCOUNT OF SERVICES RENDERED			I. PROVISIONS		
					1,964 9 4
FROM PATIENTS—			II. SURGERY AND DISPENSARY		
Fees		9,363 10 4			220 18 8
II. INVESTED PROPERTY			III. DOMESTIC		
Interest, Dividends, etc. ...		5,229 1 4			1,277 6 1
Ordinary Income ...			IV. SALARIES AND WAGES (MAINTENANCE)		
		14,592 11 8			7,187 1 2
Extraordinary—			V. MISCELLANEOUS		
I. RENTS OF EVACUATED PROPERTIES ...	2,961 6 2				724 7 9
II. SURPLUS ON SWAYLANDS GARDENS ...	771 5 6		VI. ADMINISTRATION		
III. PROCEEDS OF WAR DAMAGE CLAIM ...	341 17 1				1,074 11 2
Extraordinary Income			VII. ESTABLISHMENT		
	4,074 8 9				70 19 1
TOTAL INCOME ...			VIII. FINANCE		
	18,667 0 5				1,019 17 11
			Ordinary Expenditure		
					13,539 11 2
			Extraordinary—		
			I. UPKEEP OF EVACUATED PROPERTIES (INCLUDING WAR DAMAGE INSURANCE AND TITHE REDEMPTION) ...	1,308 11 1	
			Extraordinary Expenditure		
					1,308 11 1
			TOTAL EXPENDITURE		
					14,848 2 3
			Balance, being excess of Total Income over Total Expenditure for the year ...		
					3,818 18 2
					<u>£18,667 0 5</u>

BALANCE SHEET, 31st DECEMBER, 1943

[illegible]

NOTE.—The General Fund is earmarked for the reinstatement of the Hospital at Swaylands.

We have audited the above Balance Sheet dated 31st December, 1943, and have obtained all the information and explanations we have required. In our opinion such Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of affairs, according to the best of our information and the explanations given to us and as shown by the books of the Hospital.

ALDERMAN'S HOUSE, BISHOPSGATE,
LONDON, E.C.2.

28th June, 1944.

BARTON, MAYHEW & CO.,
Chartered Accountants.

INVESTMENTS AT COST—AS AT 31st DECEMBER, 1943

	£	s.	d.	£	s.	d.
(a) Founders' Trust Fund—						
£3,129/15/6 Consolidated 4% Stock	3,119	18	1			
£3,237/13/6 3½% Conversion Loan, 1961	2,476	19	7			
£2,000 2½% National War Bonds 1945/47	2,021	5	4			
£33,200 3% Savings Bonds 1955/65 "B"	33,205	15	9			
£8,900 3% Savings Bonds 1955/65	8,900	0	0			
£8,200 3% Savings Bonds 1960/70 "A"	8,200	0	0			
£900 3% Defence Bonds P.O. 3rd Issue	900	0	0			
£9,970/5/11 3½% War Loan	9,837	8	3			
£15,500 Local Loans 3% Stock	12,702	9	6			
£10,000 Birmingham Corporation 4½% Redeemable Stock, 1945/55	9,853	15	0			
£1,500 Bristol Corporation 3% Loan 1958/63	1,491	12	3			
£500 London Transport 5% "A" Stock	496	18	0			
£2,000 London Transport 5% "B" Stock	2,279	11	0			
£5,796/9/7 Commonwealth of Australia 5% Registered Stock, 1945/75	5,711	13	8			
£7,200 London & North Eastern Railway 4% 1st Preference Stock	4,973	8	9			
£3,000 Barclay Perkins & Co., Ltd., 3½% Mortgage Debenture Stock	3,020	0	3			
£3,100 Bass Ratcliff & Gretton Ltd., 3½% "B" Mortgage Debenture Stock	3,153	14	9			
£368 William Younger & Co. Ltd. 3½% Debenture Stock	333	18	4			
£1,150 South Suburban Gas Co., 5% Perpetual Debenture Stock	1,273	0	10			
(Market Value £117,767 0 2)				113,951	9	4
(b) Special Funds—						
THE KATHARINE WALEY COHEN TRUST FUND—						
£1,665 Shell Transport & Trading Co., Limited, 5% 1st Preference Stock. Fully paid (Market Value £2,122 17 6)	1,582	1	6			
THE H.G.K. TRUST FUND—						
£496/4/6 3½% War Loan (Market Value £512 19 5)	500	0	0			
THE BERNARD TEMPLE WRINCH SETTLEMENT—						
£7,807/6/0 Consolidated 4% Stock (Market Value £8,568 10 4)	7,782	13	0			
THE MARY ANN OAKE BEQUEST—						
£100 3% Defence Bonds. P.O. Issue	100	0	0			
£356/0/6 3½% War Loan	360	0	0			
£250 Textile Trades Corporation Berlin 7% Stock Trust Certificates				460	0	0
(Market Value £468 0 10)						
				10,324	14	6
(c) General Fund—						
£4,093 4 0 Consolidated 4% Stock	4,080	5	11			
£14,214 Irish Free State 4½% Land Bonds	15,692	3	5			
£335 Shell Transport and Trading Co., Ltd., 5% 1st Preference Stock. Fully paid	317	18	6			
(Market Value £21,474 10 6)				20,090	7	10
				£144,366	11	8

STATISTICAL TABLES FOR THE YEAR ENDED 31st DECEMBER, 1943 and comparison with the Year ended 31st December, 1942

ACCOMMODATION			1943	1942
Number of available beds	...	...	30	33* (Reduced to 31 as from 15th Dec., 1942.)
Average number of patients resident daily	...	...	29.21	31.69
Number of admissions during the year	...	...	113	109
Number of discharges during the year	...	...	116	111
Number remaining at 31st December	...	...	27	30
EXPENDITURE			Average weekly cost per patient during	
			1943	1942
ORDINARY			£ s. d.	£ s. d.
Provisions	...	1,964 9 4	1 5 9	1 8 5
Surgery and Dispensary	...	220 18 8	2 11	2 7
Domestic	...	1,277 6 1	16 9	17 11
Salaries and Wages	...	7,187 1 2	4 14 5	4 1 8
Miscellaneous	...	724 7 9	9 6	10 4
Administration	...	1,074 11 2	14 1	11 6
Establishment	...	70 19 1	11	9
Finance	...	1,019 17 11	13 5	12 7
		13,539 11 2	8 17 9	8 5 9
EXTRAORDINARY			17 2	6 9
Total Cost	...	£14,848 2 3	£9 14 11	£8 12 6

