Annual reports for the two years 1st April 1951 to 31st March 1953 / 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.

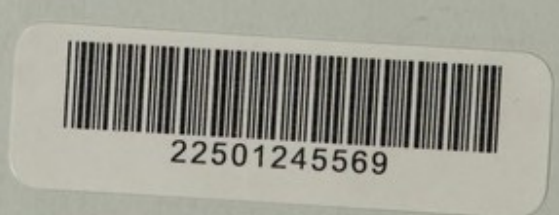
Patron : Her Late Majesty Queen Mary

ANNUAL REPORTS

FOR THE TWO YEARS

1st APRIL 1951 TO 31st MARCH 1953

HAM COMMON, RICHMOND, SURREY



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 LATE MAJESTY QUEEN MARY

Management Committee :

The Rt. Hon. Sir Felix Cassel, Bt., P.C., K.C. & Q.C. (Chairman—deceased Feb., 1953)
I. Caplan, Esq. (from April, 1952)
Sir Francis Cassel, Bt.
The Lord Courtauld Thomson, K.B.E., C.B.
Mrs. M. A. Crockatt
W. Morrell, Esq., M.P.S.
The Countess Mountbatten of Burma, C.I., G.B.E., D.C.V.O.
The Countess of Radnor (from November, 1951)
J. R. Rees, Esq., C.B.E., M.D., F.R.C.P.
W. Clifford M. Scott, Esq., M.D., D.P.M.
V. E. Vincent, Esq. (Acting-Chairman from February, 1953)
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 :

Consultants :	W. M. McIntyre, M.D.(Edin.), M.R.C.P. (part-time)
	H. A. Thorner, Ph.D., M.D., L.R.C.P., L.R.C.S., D.P.M. (part-time)
Senior Hospital Medical Officers :	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.
	G. Levinson, M.B., B.S., D.P.M. (from January, 1953)
	S. H. Lucas, M.R.C.S., L.R.C.P., D.P.M. (to January, 1952)
	Phillippe M. Ployé, M.D.
	L. R. Rubinstein, M.D., D.P.M. (part-time) (Consultant from 1st January, 1952)
Senior Registrars :	Millicent Dewar, M.B., Ch.B.
	F. H. Edwards, M.C., M.R.C.S., L.R.C.P., D.P.M. (part-time) (to January, 1953)
	Elizabeth Kramer, L.R.C.P., M.R.C.S. (part-time) (to December, 1952)
	Alastair MacLeod, M.B., Ch.B., D.P.M., D.P.H. (to October, 1951)
	Leslie Sohn, M.B., Ch.B., D.P.M.
Registrars :	N. A. Cohen, M.R.C.S., L.R.C.P., D.P.M. (Senior Registrar from 1st October, 1951)
	W. Pappenheim, B.A., M.B., B.Ch., B.A.O., D.P.M. (from October, 1952)
	W. A. Saffery, M.B., Ch.B. (from December, 1951)
	C. E. Williams, M.B., Ch.B. (to June, 1952)

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

Psychiatric Social Workers :
Mrs. Elizabeth Hunter, B.A. (to June, 1951)
Mrs. Dorothy Leaf, B.A.

Senior Medical Secretary :
Miss Mary A. Macrae

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

Executive Sisters :
E. J. Gazdar, S.R.N., S.C.M.
E. M. Page, S.R.N. (to November, 1952)
M. Bacon, S.R.N. (from November, 1952)
J. Cooper (*née* Selig), S.R.N., R.S.C.N.

Deputy Matron :
B. Thomas, S.R.N., R.F.N.

Tutor (part-time) :
G. Elles, S.R.N., S.C.M. Part 1

Triage Sister ... H. Bogie, S.R.N.

Domestic Administration :
Catering Officer and Domestic Supplier:
Miss N. Willard

Senior Cook ... Miss M. Steifer

Staff with service of 20 years or over :

Nurses : Miss M. Blanche and Miss E. Bigg ... ...

Chauffeur : Mr. A. Hazeldine

Foreword from the Chairman of the Management Committee

In presenting the Annual Reports for April, 1951—March, 1953, I would like to offer my best wishes to all patients and staff, and to thank the Management Committee for all their work during the period.

FRANCIS CASSEL,

24TH MAY, 1954. *Chairman of the Management Committee.*

Report of the Hospital Management Committee

During the years to which the attached reports relate, the Management Committee has continued to be engaged in the constant and arduous struggle to keep within the financial limits set it and to make increasing economy without sacrificing the treatment of the patients and the efficiency of the Hospital at a time when costs are rising. For the success it has been able to attain in these endeavours it feels that it is indebted to the loyal and enthusiastic co-operation and devoted service of all members of the Staff.

There is, however, one item of economy which, in the long run, is likely to prove costly to the Health Service, that is the inadequate provision of medical staff to provide a balanced treatment of patients while in hospital and subsequently as out-patients following their discharge, until such treatment is no longer necessary.

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

In presenting this Report the Management Committee wishes to underline the important role this Hospital continues to play in providing intensive psychotherapy for patients for whom such treatment is indicated. The Medical Director refers to the large proportion of patients who are sent for treatment here after unsuccessful treatment elsewhere. Parallel to this is the equally important role the Hospital takes in providing training for the junior staff, by their senior colleagues in collaboration with the staff of the Institute of Psycho-Analysis.

FRANCIS CASSEL,

for and on behalf of

24TH MAY, 1954. *The Cassel Hospital Management Committee.*

REPORT OF THE SECRETARY TO

THE CASSEL HOSPITAL MANAGEMENT COMMITTEE

Introductory

The Report now presented is the third to be published since the inauguration of the National Health Service and is also the thirty-second Report of The Cassel Hospital.

Hospital Management Committee Chairman

The death of our beloved Chairman, the Rt. Hon. Sir Felix Cassel, Bart., P.C., Q.C., on the 22nd February 1953 was a great blow which has been felt by every one connected with the hospital. Sir Felix Cassel died in his 84th year — he was one of the four original Trustees of The Cassel Hospital for Functional Nervous Disorders at Swaylands, Penshurst, Kent, which was founded and endowed by his uncle, Sir Ernest Cassel, in 1919. On the death of his uncle in 1922 Sir Felix became Chairman of The Cassel Hospital. With his great knowledge and experience, and his wise judgment he guided the hospital through the various stages of its establishment and growth, and also through the turbulent war years which saw the hospital's evacuation from Swaylands in November 1940 and its resettlement at Ham Common in November 1947. With his charm of manner and his unfailing courtesy Sir Felix endeared himself to many generations of hospital staff. He always took a personal interest in all branches of the hospital's work and gave many donations to the Library Fund and the Gardens, and for Christmas activities. Since the hospital has been under the National Health Service he established a Fund—the Cassel Fund—for amenities for the hospital. In 1943, to commemorate his 21st year as Chairman of The Cassel Hospital Sir Felix established " The Cassel Bursary Trust Fund " for Bursaries for Nurses in the field of Psychological Medicine. This generous gift has done much to advance psychiatric knowledge among nurses. When The Cassel Hospital entered the National Health Service on 5th July, 1948, Sir Felix Cassel became the Chairman of the new Committee—The Cassel Hospital Management Committee —and until his death on the 22nd February 1953 continued as its wise leader.

Below is the tribute paid to Sir Felix by Lord Courtauld Thomson, the Vice-Chairman :

> " I would like to say a few words about our late and very revered Chairman, Sir Felix Cassel, and I hope I may be excused if I dwell for a moment on a personal note which perhaps will make you realise how sincere I am in any comments I may make.
>
> I knew Sir Felix for over seventy years. I was associated with his uncle, Sir Ernest Cassel, when Sir Ernest was occupied in giving, and preparing to give, his great benefactions. I sat with Sir Ernest when he became Chairman of his own gift—the King Edward VII Sanatorium at Midhurst, and I have been its Chairman for over thirty years. During these long years Felix was associated with me.
>
> Then again I knew Sir Ernest's sister who was Felix's mother, and Felix's sister Mrs. Jenkins, also a life-long friend. I must have been his oldest friend, although he had more devoted friends than anyone I have ever known.
>
> I do not think I have ever known anyone so selfless, he seemed to be continually thinking of everyone but himself. He seemed to have one idea only, to give happiness and his friendship to others. He watched over a great number of his uncle's benefactions and gave valuable service to these during his long life.
>
> Nothing was allowed to interfere with his ideals in anything that might benefit humankind, and he helped to make all these benefactions of Sir Ernest such as The Radium Institute, King Edward VII Sanatorium and others, successful. I do not think that I know any other case of such a generous donor's benefactions proving so entirely successful. It is so often the case with many well-meaning people that something happens that does not make endowments as successful as was originally hoped by the donor, but Sir Ernest was so far-seeing that his benefactions with the help of Sir Felix, have turned out to be of vital importance.
>
> And now let us turn to Felix. Felix's own character was as near perfection as any I have ever known. He had a noble mind, was kind, courteous and considerate to all with whom he came in contact. He passed away in one of the family benefactions—King Edward VII Sanatorium at Midhurst—and there he was surrounded at the end by those devoted and loyal workers of that benefaction.
>
> I went to say goodbye to him a few hours before he passed on—he was unable to speak but just handed me a little letter in which he conveyed his last thanks for our friendship before he passed away—he held my hand, and we parted.

I am sure we should all wish to have some memorial for Sir Felix and I think we can have no better memorial than The Cassel Hospital in which we are now assembled. It bears the family name and is the result of his work, and thanks to those who are sitting round this table it has gained great reputation and prestige in the medical world in this country and indeed overseas, and I am sure that he would have liked no better memorial than to know that that reputation and prestige was maintained and indeed added to. So as a memorial to him let us all unite in maintaining this hospital as a model of administration, smooth working with an absence of friction, and with only one object in view, to benefit those who are our patients.

In memory of the name of the man we admired and indeed loved so much, may we stand for a minute in silence."

Since the close of the period under review and before going to press, we have heard that the Regional Board have appointed Sir Francis Cassel, Baronet, son of the late Chairman, as Chairman of the Hospital Committee till March 1955.

Hospital Management Committee

During the two years under review the Management Committee has met monthly with the exception of August (the holiday month) and two other months when illness was prevalent.

Owing to ill health Mrs. Lynn Dade was obliged to resign from the Committee in May 1951, but the Committee was pleased to welcome The Countess of Radnor who was appointed to the vacancy in November 1951. The Committee was also pleased to welcome Mr. Isador Caplan who was appointed by the Regional Board in April 1952 to fill the remaining vacancy on the Committee. Apart from these changes the Hospital Management Committee remains the same, with the exception of the Chairman as mentioned above, the Regional Board having reappointed for a further three years all members who were due to retire in March 1952 and March 1953.

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.

National Association of Hospital Management Committees

The Hospital Management Committee again wishes to place on record its thanks to Mrs. Crockatt (representative), Mr. Vincent (" alternate " representative 1951/52) and Lady Radnor (" alternate " representative 1952/53) for their interest in this Association on behalf of the Committee.

In 1952 the Committee decided not to continue membership of the Regional Branch of this Association, it being felt that the National body should be able to deal effectively with problems common to most hospitals.

Whitley Council Joint Consultative Committee

This Committee consisting of eight Management Side Members and seven Staff Side Members continues to serve a useful purpose and at its alternate monthly meetings matters regarding holidays, duties, hours of duty, uniform, etc., have been discussed and settled satisfactorily and have proved helpful to the smooth running of the hospital.

Re-apportionment of Beds

After completing a year's working of the hospital under the proportions of :—

55% Free Beds
40% Amenity Beds
5% Private Beds

the Hospital Management Committee, on the advice of its Medical Director and its Medical Advisory Committee, recommended to the Regional Board that there should be 100% Amenity Beds subject to the proviso that up to 5% of the beds could be used as pay beds for private patients if required. The proportions, however, remain as before.

Increased Charge for Amenity Beds

On the 1st June, 1952, under Statutory Instrument No. 1022, the Minister doubled the charges for Section 4 Amenity Beds.

Patients engaged on Remunerative Work

After prolonged consultation with the Minister and the Regional Board the Minister of Health decided that the Cassel Hospital must implement Section 28 of the National Health Service (Amendment) Act 1949 whereby the hospital collects a proportion of the wages of in-patients who are engaged in remunerative employment. This was put into operation in November 1952 and has had the effect of deterring some patients from working for wages.

Economy

During the two years under review the Standing Economy Sub-Committee has kept a close watch on expenditure. When further general economy, and especially economy in manpower, was urged upon hospitals by the Minister our Economy Sub-Committee again examined in detail all expenditure and on the

recommendations of its executives the Hospital Management Committee was able to make further adjustments and re-organisations resulting in approximate savings of 10% and 9% respectively on the approved estimates for 1951/52 and 1952/53.

The Regional Board's Estimates Sub-Committee which visited the hospital in January 1952 examined in great detail the general expenditure and detailed programme of economies already effected and planned for the future. This Committee was unanimous in its appreciation of the effort and thoroughness with which the whole staff had tackled the problem of economy.

Staff

Medical : The following changes in personnel have taken place during the two years ended 31st March, 1953 :—

Resignations : Dr. Macleod, Senior Registrar, October 1951.
Dr. Lucas, S.H.M.O., January 1952.
Dr. Williams, Registrar, June 1952.
Dr. Kramer, Part-time Senior Registrar, December 1952.
Dr. Edwards, Part-time Senior Registrar, January 1953.

Appointments : Dr. Saffery, Registrar, December 1951.
Dr. Pappenheim, Registrar, October 1952.
Dr. Levinson, S.H.M.O., January 1953.

During the period under review the hospital has continued to operate with only an interim establishment of 7 Consultants or S.H.M.O.s, and 6 Registrars. This interim establishment, together with the medical staff's decision to divide, for an experimental period, time equally between in-patients and discharged in-patients, has meant that it has been difficult to provide treatment for the full quota of in-patients. The Minister's review in the summer of 1952 of medical establishments throughout the country, and his decision to reduce the number of senior registrars in all Regions resulted in the proposed re-allocation of registrar staff at this hospital as follows :—

	Previous Numbers	*Revised Allocation*
Senior Registrars ...	4	1
Registrars	2	5

The type of patients treated at the Cassel Hospital requires a doctor of at least senior registrar experience and the decision to reduce the number of senior registrars would cause a reduction in the number of patients treated as well as jeopardising the hospital's programme of training in psycho-therapy. The Hospital Management Committee therefore, put proposals to the Regional Board for the re-deployment of the medical staff generally and since the close of the two years under review, but before going to press, the Regional Board have agreed the following as the Cassel Hospital's medical establishment :

	Long Term Establishment.	*Authorised Interim Establishment.*	*Present Establishment (June 1953)*
Consultants ...	4	2 $^{2}/_{11}$	2 $^{2}/_{11}$
S.H.M.O.s ...	7	6 $^{6}/_{11}$	4 $^{6}/_{11}$
Senior Registrars	1	1	3
Registrars ...	4	2	2
	16	11 $^{8}/_{11}$	11 $^{8}/_{11}$

As shown in the above two extra S.H.M.O.s will be appointed as and when two senior registrars leave.

In October 1952 the Medical Director was invited to pay a visit to the Austen Riggs Center, Massachusetts, where he spent a week in exchange of views about and in discussion of research into the principles of running a neurosis centre.

In January 1952 Dr. Rubinstein was raised to Consultant from S.H.M.O. status.

Other Staff : There have been various changes in personnel and in pursuance of the economy programme we have dispensed with the services of several employees.

National Salary Scales have been fixed for Psychologists, and those for P.S.W.'s, Administrative and Clerical Staff, various tradesmen, and Ancillary Staff revised.

Revised charges for meals, uniform, board and lodging, etc., have been agreed by the Minister and the Whitley General Council but unfortunately several anomalies have been created in meal charges for various grades of staff.

Capital Expenditure

During the two years ended 31st March, 1953 the Minister of Health authorised capital expenditure as follows :—

1951/52 :
New Ceiling to part of Boiler House ... £120
Conversion of Staff House into two self-contained flats £750

1952/53 :
Provision of a sump and pump to deal with flood water £250
Improvement of hot water system and installation of a lavatory in Staff houses. £225

Maintenance Expenditure

The maintenance of the fabric of the Hospital buildings and staff houses within the approved estimates, necessarily restricted by the Minister, has proved one of the greatest difficulties of the period.

Work has had to be carried out in strict priority and if one item proved unexpectedly more expensive than budgeted for, some other item had to be cancelled.

The Hospital Management Committee was able, as the result of stringent economy, to show an overall saving of some 10% on the 1951/52 approved estimates. The Regional Board were asked to bear this in mind when considering revised maintenance estimates for 1951/52 and when making the allocation for maintenance of Building, Plant and Grounds for 1952/53, and it was pointed out how uneconomic was the policy of letting buildings deteriorate when only a small extra expenditure would ensure a reasonable state of maintenance.

As a result, the Regional Board allocated over the two years now reviewed, an additional £612, and allowed £2,500 to be switched from other sub-heads, for items of extraordinary maintenance.

May I here convey my thanks to the Secretary and Treasurer of the Regional Board and to its Estimates Sub-Committee for the sympathy and understanding they have shown in our problems of the maintenance of the fabric of old buildings on a very limited sum of money. I am pleased to report that at the close of the year 1952/53 the hospital buildings and staff houses are in a much more reasonable state of repair.

Gardens

The long-term plan for improvement of the gardens has progressed only slowly owing to our strict economy programme, but the general charm of the garden has been maintained and is an attractive feature of the hospital.

Social Activities

Major social activities inside the hospital are now organised by The Cassel Hospital Sports and Social Committee, a body representing patients and staff which meets every month and obtains its income by profits from the sale of cigarettes, small collections, gifts from patients and occasional grants from the Free Money Funds of the Hospital Management Committee.

During these two years the Hospital Management Committee has again loaned the Hospital Hall to local non-political organisations for social functions in which patients and staff have been invited to join.

Free Monies

The " Endowment Fund," the " Cassel Fund," and the " Vincent Fund " which obtain their income from the Minister and Regional Board (Endowment Fund) and gifts (Cassel Fund and Vincent Fund) respectively are used to provide amenities for patients and staff or for any other hospital purpose decided by the Hospital Management Committee. During the period under review those funds have received :—

£146 1s. 0d. from Minister and Regional Board (our proportion of income from endowments),

A gift of £1 from the Hospitals Savings' Association,

and allocations have been made as follows :—

£90 to Sports and Social Committee for Christmas festivities and other expenses,

£20 for a social gathering of local doctors to talk over the type of work carried out at the Cassel Hospital,

A loan of £40 to the Sports and Social Committee towards purchase of a television set for use of patients. (This was repaid by March 1952.)

Conclusion

In conclusion I would like to express my thanks to the members of the Hospital Management Committee for their unfailing help and advice and to the Medical Director and the Architect, Mr. F. Scarlett and all other colleagues for their co-operation.

The Medical Director's Report

The Hospital Management Committee Chairman

The death of the Chairman of the Management Committee, the Right Honourable Sir Felix Cassel, Bart, P.C., Q.C., in February 1953 was a loss keenly felt by all staff, who paid many spontaneous and loving tributes to his memory. His courtesy to all who had met him and his deep and steady concern for their happiness, had earned him an abiding place in their hearts, and they grieved over his loss.

I shall always remember with affectionate gratitude his unending kindnesses to me, and the way in which he placed his time and his wisdom without stint at the service of the hospital. I met him first in the dark days after the war when the hospital was at Ash Hall, reduced in size, with a small staff and in temporary quarters where the lease was running out, when he realised that the hospital could not return to its premises in Swaylands then occupied by the military. He had the happiest memories of the hospital in its pre-war days and it was a severe blow to him that there could be no going back. Supported by the members of the Committee, some of whom were old friends, he took the decision to sell Swaylands and seek a new site for the hospital. At this time he was far from well and already frail, but he knew what quick decision and action was necessary if the hospital was to have a home at all. His legal training was invaluable in getting quickly through the problems associated with the transfer from one place to another, and the problems associated with acquiring a new property and putting it to new use. His decision to place his uncle's Trust, over which he had presided for over a quarter of a century, in the hands of the National Health Service was also taken at this time, and he was eager that the National Health Service should take from his hands a building in good repair, with a full, actively working hospital and staff. This he did, and when his old friend, Her late Majesty Queen Mary, officially declared the hospital open, now in a beautiful new site, in a refurbished building, he could properly have been a very proud man. But with the cheerful humility with which he conducted his life, he had a different kind of satisfaction—that he had discharged the stewardship of his uncle's Trust for the service of others, to the best of his ability. We of the staff saw in him a gracious representative of a generation that has almost gone, and we know we shall not look on his like again.

The loss of Sir Felix was a burden lightened by the acceptance of the chair by his son, Sir Francis Cassel, a member of the Management Committee since its inception and for many years before that of the Hospital Committee. His is a happy continuation of the leadership of the hospital founded by his family, and the warm welcome which the Management Committee gave to him on accepting the chair echoed the feelings of all staff.

MEDICAL

Introduction

The period covered by this report is the two years from 1st April, 1951 to the 31st March, 1953. During this time the hospital dealt with larger numbers of annual admissions than ever before in its history; it formalised the training of junior medical staff, and amended its training of nursing staff; it refined certain of its medical and nursing techniques, and brought its medical and nursing organisation in line with these. The general plant and fabric has been adequately maintained. The annual cost of the hospital in the two years, including medical salaries, has been £70,673 and £70,117 compared with £70,600 in the year 1950/51. (The apportionment of the annual costs is shown in the diagrams on pages 10 and 11). The two years under scrutiny are the third and fourth of the National Health Service and the hospital's settlement in its new site at Ham Common. At the end of the fourth year it can be reported that the hospital's medical services have steadily improved in quality, and the standard of amenities and living conditions for patients is still acceptable, although this has been lowered in the interests of economy.

The two major decisions of 1947, the first to move the hospital to Ham Common, eleven miles from Piccadilly Circus, and the second, its entry into the National Health Service in 1948, have been justified by events.

Proximity to London enabled the hospital to require of its new medical staff formal training at the Institute of Psycho-Analysis. Five of a total medical staff of fourteen are now qualified Psycho-Analysts, four others have almost completed a Psycho-Analytic training, two others and one member of the nursing staff are well advanced in this training, one has recently begun, and a second member of the nursing staff has been accepted by the Institute of Psycho-Analysis as a future candidate. An analytic training takes several years, is intensive, and as I mentioned in my last Report, almost unbearably expensive for Junior staff. But during the years under review this training has been carried out in the doctors' own time, without neglect of the hospital's work, and without expense to the hospital.

The four years in the new site have therefore seen a flowering of the psycho-analytic orientation to which the medical work of the hospital has been steadily moving during the last quarter of a century. Recently about one-third of the patients have been

treated by classical Psycho-Analysis, the others by psychotherapy based on analytic principles.

The analytic training of the staff has produced clear results in treatment, training and research. Developments have also taken place in methods of nursing and medical management, as distinct from therapy, of patients. The first fruits of research developments are beginning to appear in print and the methods of training medical and nursing staff have been the subject of review and experiment.

The second decision of 1947, to enter, or more exactly not to apply for exemption from, the National Health Service, has had several effects. The hospital can now offer its services to many for whom it was formerly out of reach. Its status as a national possession has not been affected by its administration by one Region, and its particular needs have been recognised by a regional administration that has of late had time to give understanding to the special needs of its different hospitals. Economies have been required of the hospital, but they have been accomplished without serious hindrance to the therapeutic services. The National Health Service has preserved the individuality of this unusual hospital and the only brake it has applied to technical developments is a financial one. This latter is not inevitable. I am in no doubt that were the Hospital Management Committee given full freedom to lay out the annual sums granted to it by the central administration, the hospital could be re-shaped to provide better value to the public for the money it costs. In particular by spending a higher proportion of its monies on medical staff, it could reduce some other staffs, and by increasing the Out-patients Department, it could give a better service to more patients for the same money. It is also easy to criticise the National Health Service for administrative machinery that works slowly and causes frustration and delays. Nevertheless, under the National Health Service the hospital has been able to grow and maintain a state of healthy activity.

Economies

The economic framework within which the hospital has operated during the period perpetuates the major problem of the hospital, which is that while there are sufficient non-medical staff, there are insufficient medical staff to allow a proper use of the hospital beds. The non-medical overheads per treatment are unnecessarily high and will remain so until there are sufficient medical staff to allow for a proper out-patient treatment service. It is still necessary to retain in hospital for treatment patients who have reached a stage where less costly out-patient treatment would suffice. I reported this matter in my Reports of 1949 and 1950. A higher ultimate medical establishment is proposed by the Regional Board but awaits an improvement in the Board's own finances. Meanwhile the hospital will remain an unbalanced and therefore a less economic unit than it could be.

The Minister's requests that each hospital should institute economies in different directions have created certain changes. In surveying the hospital services the justification for each has been measured by its success or failure in contributing to the effectiveness of psychotherapy. Unlike some psychiatric hospitals which lay stress on the creation of a way of life and an environment in which spontaneous cure may occur, in this hospital the medical policy is to attempt changes in the inner forces of a patient by intensive psychotherapy. It follows logically that the improvement in the effectiveness of the transactions between patient and doctor in psychotherapeutic sessions is the core of the hospital's research and experiment. The time a doctor can spend on the treatment of patients is the hospital's most valuable commodity. The general amenities of the hospital have not, on the other hand, been held to possess curative value. No stress has been laid upon the creation of special amenities, nor such activities as occupational therapy, entertainment, educational classes, games, etc. The living conditions for patients have been measured only by their success or failure in contributing to the usefulness of the therapeutic session, which is held to be the only hospital procedure which can be expected to produce a fundamental psychological change. It has been held justifiable, therefore, to reduce the non-medical overheads of the hospital to a lower level. Non-medical overheads still, however, cost a considerable sum from the hospital's annual budget, and an increase in the hospital's most valuable commodity —man hours of fully trained doctors—is the only way in which this sum can be justified.

A summary of the economies is as follows :—

There is no Occupational Therapist, and the Social Therapist who left in 1949 has not been replaced. The number of Psychiatric Social Workers has been reduced from two to one ; the maintenance staff was reduced from seven to three ; the gardening staff from four to three ; reductions have also been made in the gradings of two of the clerical staff, and there has been a considerable reduction in the number of whole-time and part-time domestic staff employed ; whenever possible there has been under-employment on the nursing establishment. It should be noted that these are all economies in wages, for this is the largest single budgetary item in any hospital (see diagrams on pages 10 and 11). Other major economies have been made in provisions, by new menu planning, more wholesale buying, by increased discounts from wholesalers, in uniforms, in drugs and dressings, fuel, laundry and domestic repairs and renewals. Economies were also made in lesser items.

Medical Organisation

The medical teams operating the hospital were replanned in 1951. Prior to then three medical firms, each of four doctors, were responsible for the treatment and management of all the patients.

The treatment concerned varied from short-term psycho-therapy to full Psycho-Analysis. This arrangement gave rise to difficulties which sprang from the nature of Psycho-Analysis. It became clear that the general medical management and direction of the nursing of the patient who is being analysed cannot be carried out by the doctor undertaking the analysis ; in this particular treatment, scrutiny and understanding of the deep motivation behind patients' conduct is the aim, and it becomes hopelessly confused if direction of the patient's conduct is also obligatory for the analysing doctor. In order to free the analyst from administrative responsibility for the patient, and so place him in a situation where he can pursue analysis only, it is necessary for one of his colleagues to take over the general medical and nursing care of his patient. As several doctors in each firm were undertaking analysis in addition to other treatments, a series of complex arrangements for doctors to manage the psychiatric care of each others' analysands had operated.

The social networks in this system of analysis management gave rise to many difficulties, not only of management but of analysis itself. In November 1951 the system was changed. All patients who were being analysed were placed in one firm under the care of one doctor and a team of nursing staff ; this organisation was called the Social Therapy Unit (S.T.U.). It was arranged that all doctors undertaking analysis should not do other treatments and should have no administrative duties in the hospital. One whole-time and three part-time doctors undertook to do analytic work, and being freed from administrative duties and from the direction of the nursing staff now have a good degree of analytic isolation and non-involvement in the daily lives of any patient in the hospital.

The psychotherapy of the hospital was arranged to be conducted in two medical firms. The doctors in these firms conduct psychotherapy only and do not undertake analysis except with out-patients. It was decided that the psychotherapy firms should study short-term treatments with a higher turn-over per bed than hitherto. Thus a sharp (and perhaps an undue) distinction has been made between the conditions required for Psycho-Analysis (non-involvement of the analyst in the management of the daily affairs of the patient, with the analyst free to analyse), and for short-term psychotherapy (with the psychotherapist responsible, not only for the psychotherapy of his patients, but also for their general care and nursing management).

I am glad to report that this re-arrangement of the medical teams in the hospital has solved some of the difficulties of Psycho-Analysis with in-patients. From the staff point of view it has one major defect—the analysts concerned work at the hospital but are not of it. Their remoteness from the organisation and their non-participation in the daily administrative decisions which in the long run shape a hospital, is unsatisfying to them, as it is to their colleagues.

During the reorganisation of the medical teams outlined above, a clarification was made of the roles and responsibilities of the nursing and domestic staff. Formerly, these had been responsible ultimately to the Matron ; now they were placed unequivocally in the hands of the medical staff of the firms, who also assumed final responsibility for all events within the firm's area of the hospital. The patients in these firms combining with the nursing and domestic staff under the head of the firm have had to manage the firm area and to take part in the essential domestic tasks and items of minor repair in their area. Each of the medical firms is short of domestic and maintenance staff and without patient help the area cannot be maintained. Thus, the work of the patients is needed by the hospital, it is carried out in a context of social reality related to the real needs of the hospital, and differs from " artificial " work such as occupational therapy. In this context it has been possible to relate the difficulties of particular patients in carrying out the tasks demanded by the society of the firm with their emotional problems, and the work difficulties can be examined in vivo. The Social Therapy Unit with its own medical head and nursing and domestic staff works in the same way as the other firms.

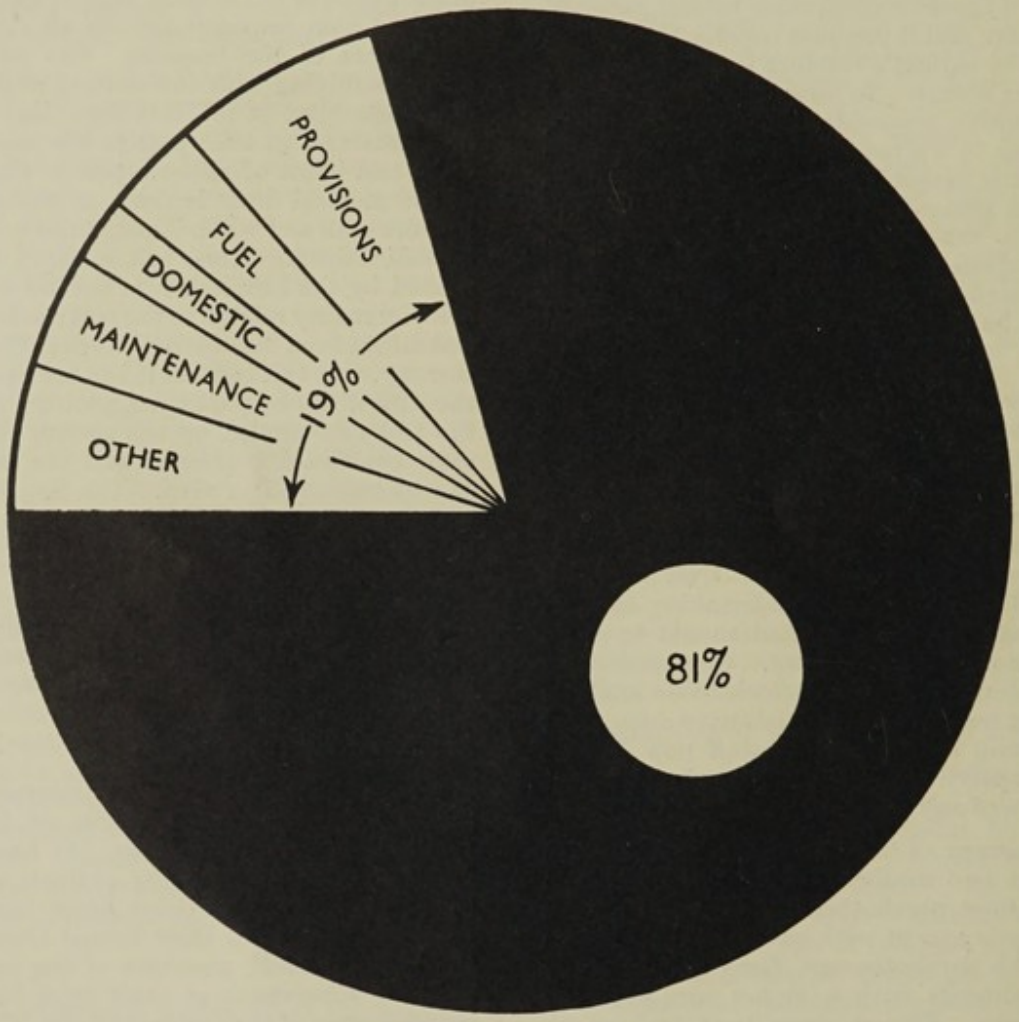
Coincidentally with the institution of the two firms and the S.T.U., the Triage Unit was abolished and the assessment and sorting of new cases became the responsibility of the two medical firms and the S.T.U.

Medical Staff Training

I have mentioned that the training of the staff is linked with the formal course of training at the Institute of Psycho-Analysis. It has been possible for some trainees analysing patients at the hospital to obtain case supervision from members of that Institute as part of their formal training there. In the hospital itself, members of the junior staff have received supervision of their work in selected cases by a member of the senior staff, Dr. Thorner, who is a training analyst. His sessions at the hospital are devoted entirely to supervision of the work of the junior staff. He has conducted two experiments into the problem of teaching psychotherapy, firstly with a group of trainees, and secondly with the same trainees in individual supervision sessions. These experiments are important for they involve the whole problem of how best the knowledge and experience of a senior staff member can be used to fructify the work of several juniors.

Weekly case conferences continue to be held in each firm and weekly meetings of the whole medical staff have been held, at which papers have been read on theoretical or clinical problems, or clinical administrative matters discussed.

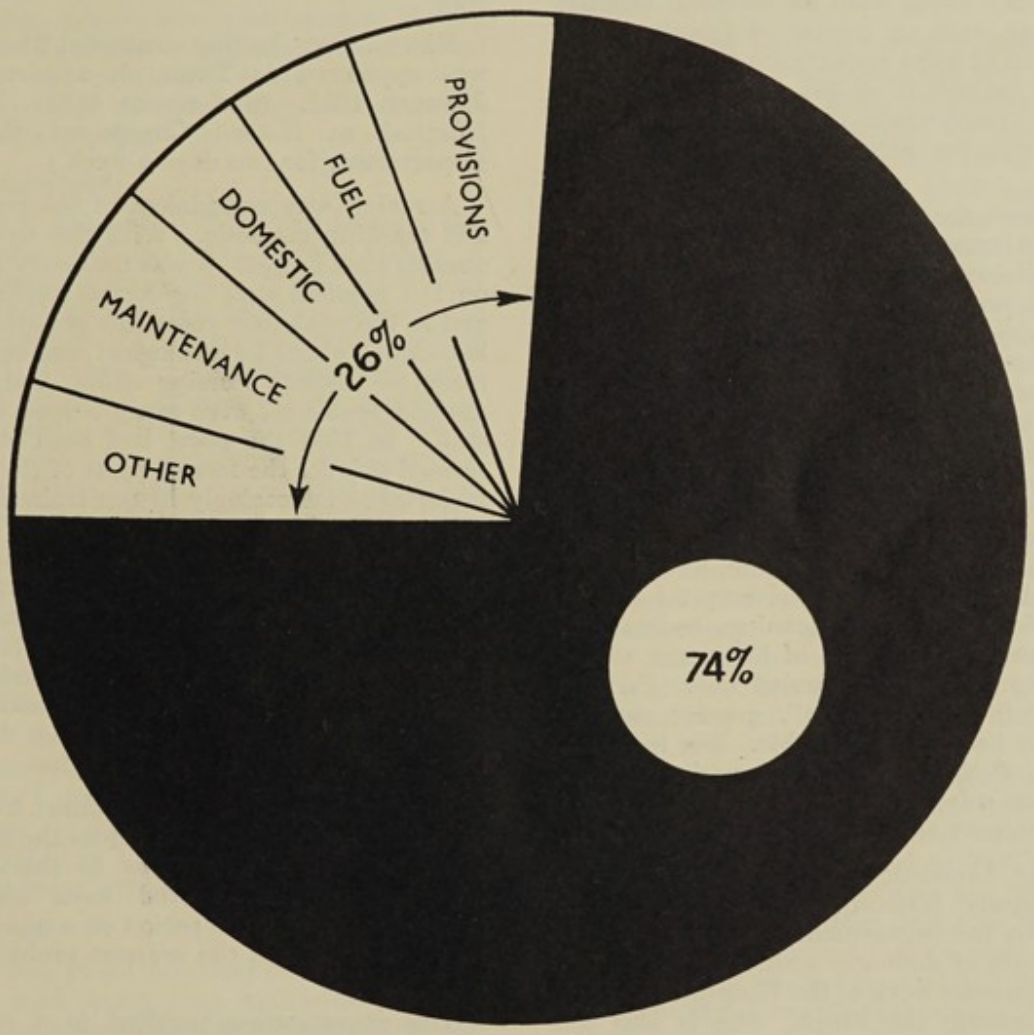
1951-52 TOTAL EXPENDITURE £70,673



SALARIES & WAGES

ALL OTHER EXPENSES

1952-53 TOTAL EXPENDITURE £70,177



SALARIES & WAGES

ALL OTHER EXPENSES

Nursing and Domestic Administration

In 1948 pursuit of a highly specialised nursing service included the idea that the skills and time of specially trained nurses should not be wasted on other than nursing tasks. Since then, however, it has become plainer that the nurses' interest must include every aspect of the patient's day. The ordinary things of everyday living such as washing, ironing, cooking, cleaning, care or misuse of furniture and furnishings are all of some importance to the patient, whether as an indication of his social adaptation, reality sense or symptomatic difficulty, and as such must be the continuous concern and responsibility of the nurse.

At the same time, the new medical policy of offering more short-term treatments led to fewer patients being able to find any work outside the Hospital while under treatment, and the living and working situation inside hospital became more important. With the division of the Hospital into three areas (two psychotherapy firms and the S.T.U.) at the end of 1951 therefore, the executive sisters of each firm, and through them, the other nursing staff, assumed, under the head of the firm, responsibility for the domestic care of the Firm's area. Each Firm is allocated a cleaner and a porter for a few hours a day, and they, together with nursing staff and patients, have looked after the general maintenance of the hospital area in their charge. In addition to cleaning, bedmaking, and minor repairs, redecoration of bedrooms within the Firm's budget has been carried out. Perhaps because of "pride of possession", greater care of hospital property has been noticeable. For instance, in the last year, at the request of the patients themselves, the Firms selected patterns of material and commenced to recover the eiderdowns for their beds.

When the lay Domestic Administrators left the hospital, the Deputy Matron was made responsible to the Matron for the engagement, conditions of service and allocation of domestic staff, and the supervision of such domestic work of the Hospital and staff houses as lies outside the Firms. She is also the hospital liaison officer for the patients' community, meeting the Chairman and Secretary each day to deal with matters affecting all the patients as distinct from those matters which are the concern of a particular Firm. This has proved a satisfactory solution for many day to day difficulties.

The discussions mentioned earlier have also resulted in an increasingly effective policy of economy. The work tasks of many of the domestic staff have been reorganised to give increased efficiency and economy in numbers and having been worked out with the staff concerned as occasions arose, have been accepted with little stress.

Training

Further progress has been made in methods of teaching and training nurses during the two years under review.

Two groups of Nurses began the Ward Sisters' course in Psychological Nursing, and two groups completed the course, receiving their certificates from the late Sir Felix Cassel following a Management Committee Meeting, and attended by all members of the staff.

Miss G. Elles, having completed The Cassel Course, was appointed as Tutor on a part-time basis in January 1952. (She works at St. Bartholomew's Hospital as Sister-in-Charge of the Psychiatric Department, for two days a week.)

A review was undertaken of the training syllabus and teaching methods. With the new hospital and nursing staff in 1947, it was necessary to rely heavily on the medical staff for formal teaching of nurses, and in the next four years, the growth of a corpus of knowledge about psychological nursing, the development of distinct nursing skills, and research into nursing problems, were much helped by the medical staff. In 1951 the point had been reached when it seemed safe for the formal parts of the teaching to be undertaken increasingly by our trained senior nursing staff, as members of a profession able to stand on its own feet. With the appointment of a tutor a formal course has now been designed. This consists of a continuous series of seminars, discussions and reading on two main topics, " The Development of Human Behaviour in Family and Society " and " The Nursing Care of Neurotic Patients." The teaching is done by nursing staff and is linked with case discussions with the medical staff in the three Firms.

The nursing staff have continued to study various criteria in assessing patients from the nursing point of view. The biggest impetus to this and the most important results derived from an investigation carried out during the period on a number of patients who had presented the severest problems of management.

This investigation resulted in a reorientation of nursing approach to a number of matters such as the mode of entry of hospital, illness as a form of participation in staff relationships, the different uses made by patients of offers of nursing help, the role of the nurse in analytic treatment, and the significance of certain forms of patient behaviour, including the need for drugs.

A series of seminars for the permanent nursing staff is now in progress, aimed at linking theoretical knowledge with daily clinical reporting.

Summer Schools

A third Summer School for Sister Tutors and Ward Sisters was held in July 1951, under the auspices and at the expense of The Cassel Bursary Trust. The General Nursing Council Syllabus on Psychology was

again the topic of the school and the school was a further experiment in organisation and teaching method. A full report has already been published.

In March 1953, at the invitation of the Women's Public Health Officers Association, the hospital co-operated with that Association in running a mental health Course for Health Visitors. This was attended by some 40 Health Visitors from various parts of the country, of whom twenty-five were resident during the course. The Lectures were given by specialists, most of whom had previously taken part in our Summer Schools, while members of our nursing staff held the discussion groups.

Nursing Staff Activities

In 1951, Miss E. Skellern, S.R.N., was awarded the Boots Scholarship through the Royal College of Nursing, for a research project to " Study, report and make recommendations on the practical application to ward administration of modern methods of handling and instruction of staff." The Management Committee granted her leave of absence for a total of three months, during which she visited hospitals of varying size and functions, industrial establishments, and had the technical assistance of Miss I. E. P. Menzies, of The Tavistock Institute of Human Relations. Her report, which was read to the Ward Sisters section of the Royal College of Nursing in September 1952, was received with great interest and has been published by the Royal College of Nursing.

Miss G. Elles won the *Nursing Times*' award for the best essay on " Planning the Nursing Services of 1962."

Two articles on " The Nursing of Neurotic Patients in a Community " have recently been published in the nursing press by a member of the nursing staff, Miss E. Barnes, S.R.N. These aroused considerable interest in the nursing profession.

Patients' Activities

During these two years the trend has been towards more domestic work being done inside the hospital, with a smaller number of patients employed in the locality. All patients are expected to do a job for their Firm for three hours in the morning. In the afternoons, patients are free to arrange other activities but groups of patients and staff have undertaken particular projects for short periods, such as dressmaking, presents for Christmas and clerical help in various departments. Clay modelling, painting and gramophone recitals and visits to art galleries organised by the Art Teacher have proved popular. Evening activities continue to be organised mainly by the patients themselves and vary according to the predominant interests of the patients resident at a particular time.

In 1952, with the help of a loan from the Management Committee, the patients' side of the Sports and Social Committee acquired a television set. This has changed the whole pattern of evening entertainment and nightly routine. The loan has now been repaid from funds raised by the patients for this purpose.

Another enterprise was a country dance team of staff and patients who eventually successfully competed with 13 other teams in the Bethnal Green, 1951, Festival and gained three certificates of merit.

Joint Consultation and the Hospital Conference System

The Medical Director's weekly conference to which all groups of staff and patients sent a delegate was held through 1951. With the setting up of different joint consultative machinery at the behest of the Ministry of Health, the Medical Director's Conference became redundant, and by joint agreement it was decided to abolish it. It had, however, carried out a useful function of inter-departmental liaison for which new conference methods had now to be devised. At the beginning of 1952, therefore, a study was made of the staff structure, so that departmental conferences and inter-departmental conferences could be devised on the basis of existing needs. This study led to a re-definition of rôles and responsibilities within the hospital. Each department head had his or her responsibilities clarified in discussion with me and some departmental overlapping of functions was sorted out. Then within each department the departmental head discussed the rôles and delegated responsibilities of his or her staff, and again some overlapping of functions was sorted out. " Responsibility to whom and for what " had, in some cases, been blurred or unclear, and once re-defined, led throughout the hospital to better understanding of the individual functions of staff members and of the best ways to use the hospital machinery to get things done quickly. Finally, the redrawn staff structure was approved by the Management Committee. Perhaps the most significant and interesting change that resulted from the clarification of powers and responsibilities has been that of the Hospital Secretary. Her duties as Secretary to the Management Committee, make it plain that she is their officer. In her role as Principal Administrative Officer of the Hospital, however, there was not the same clarity, and the question to be decided could be formulated thus. Should the P.A.O. be responsible directly to the Management Committee or to the Medical Director ? In the former case, certain administrative decisions which would either directly or indirectly affect the lives of the patients and would therefore have medical implications, would be under the sole jurisdiction of the lay P.A.O. If, however, the P.A.O. is responsible to the Medical Director this situation would not arise, but there would be the disadvantage of one individual sustaining two rôles—(*a*) Secretary to the H.M.C., dealing with all the Management Committee's official correspondence, and conveying their instructions to the Medical Director, and (*b*) Principal Administrative Officer to the Medical Director.

The carrying of the two rôles in an organisation is

a difficult matter for any person unless the rôles are clearly sorted out. Moreover, it would take an unusual person to carry the two rôles successfully. After full discussion with Miss Mallion the joint conclusion was reached that within the hospital the last word on any proposal should be a medical one, and therefore that the Medical Director should be solely responsible to the Management Committee for the running of the hospital and that the P.A.O. should be responsible to him for administrative work within the hospital. Following the approval of the Management Committee the situation now is that Miss Mallion has a rôle of Secretary to the Hospital Management Committee, and to assist her in this task she has a Committee Clerk concerned only with the conduct of Management Committee business, official liaison between the Management Committee and the Regional Board, etc. As P.A.O. undertaking certain tasks within the hospital, she is responsible to the Medical Director, who accepts the final responsibility to the H.M.C. for what she does in that capacity.

After a year's trial I can report that this scheme works smoothly. There can be no clash of interests between the P.A.O. and the Medical Director, for in administrative matters their interests are ultimately identical—the Medical Director being immediately responsible for providing efficient administration through the Administrative Officer.

I have, however, one important rider to add to my verdict. In transactions between Miss Mallion and myself, each of us has to be clear about her two rôles and in discussing any issue, to decide beforehand which rôle she is taking.

Another important change that resulted from the review of the staff structure was in the functions of the Matron. Hitherto all nursing staff had been directly responsible to her for their work. They had also, however, been responsible for their work to the particular doctor whose patient they might be nursing. Each nurse, in fact, owed allegiance to two seniors. This matter was discussed with the medical staff and the Matron and joint agreement was reached. The final plan which has been working now for over a year is that while the Matron is responsible to me for recruitment and training and for advising me on the standards of nursing care within the hospital, once a nurse is allocated to a medical firm she is responsible only to the doctor whose patients she is nursing. The executive Sister is responsible to the head of the firm for nursing and domestic administration.

This clarification and re-definition of responsibilities and the sorting out of overlapping functions has appeared to create a greater security for several staff members. Each is now sure of his responsibilities and is equipped with the power to carry them out, knows the single senior to which he or she is responsible, and is free to undertake initiative within the framework of his task without reference to others.

Following on this re-definition of the staff structure, the departmental and inter-departmental staff conferences were designed by the departments themselves. In general each department has a weekly conference, when the problems that have arisen during the week and the methods of dealing with them are discussed with the departmental head.

The weekly Medical Staff Conference on clinical-administrative problems was, however, in discussion with the medical staff, abolished to save time for clinical work. The Minister's setting up Medical Advisory Committees to advise the Hospital Management Committees seemed to offer a method of joint consultation between medical staff out of which decisions for action by the medical executive chain could be reached. Difficulties appeared almost at once, however, because the Minister's recommendations about the functions of Medical Advisory Committees did not provide for these committees advising the Medical Director on working matters. The Medical Advisory Committee thus did not provide for joint consultation but rather for directly advising the Management Committee on working problems formerly discussed at the Medical Staff Conference. A conference of hospital medical staff, each holding clear responsibilities and powers within the hospital, jointly discussing matters requiring medical executive action was, at the end of the year, seen to be necessary ; and to be distinct from the Medical Advisory Committee which has advisory powers on policy matters in respect of the Management Committee, but which *as a committee* has no executive responsibilities.

Filing and Records

At the beginning of the period a new filing and record system was introduced, together with a new style of documentation. An itemised case-sheet for the accumulation of data for future research is now completed on each patient. Reports of the psychiatrist, psychologist, social worker and nurse are made for the assessment of each new patient and filed together.

At the end of 1951 an enquiry was sent to 100 doctors, who had referred patients to the hospital, about the type of clinical reports sent to them. Over 80 replies were received. They contained useful criticisms and led to a modification of the type of report issued.

ADMINISTRATIVE

Economies : Staff

(a) *Maintenance Staff.* As an experiment in economy the Hospital Management Committee decided in June 1951 to reduce the Maintenance staff from four tradesmen and three handymen to one tradesman and two handymen and to put out to contract work too large or too skilled for this reduced staff to tackle. During the eight months —August '51/March '52—the services of the carpenter, painter, plumber and a labourer were

dispensed with, leaving the hospital to start the year 1952/53 with the following maintenance Staff to carry the day to day maintenance of the fabric and fuel, light and power services of the hospital and 14 staff houses: 1 electrician/handyman, 1 chauffeur/handyman, 1 Stoker/handyman.

It was soon realised that there was bound to be a time lag in attention to small maintenance tasks and in conjunction with a change in medical policy, work was reorganised so that each "Patient Firm" area became responsible for its own day to day small maintenance works and patients and porter staff worked together, thus slightly lessening the increased burden placed upon the reduced maintenance staff.

After a full year's working with this reduced maintenance staff it can be said that the experiment is working satisfactorily on the whole. There has been an improvement in the morale of the maintenance staff and they have pooled their separate skills to produce good team work. The sum of approximately £1,330 which would have been spent on the wages of the four staff dispensed with has been spent approximately as to £1,000 on maintenance work by competitive contract (painting, plumbing and carpentry), leaving £330 towards special items of maintenance work which have thus been able to be carried out a little sooner than anticipated. This small balance together with an extra £612 allocated to us by the Regional Board and £2,500 switched from other sub-heads of expenditure for extraordinary maintenance has enabled us to overcome, in some measure, the slow overall deterioration in the standard of fabric and decorations that was feared a year ago.

Analysed out, it is certain that the experiment of dispensing with the services of the plumber, carpenter and labourer has proved good but it will take yet a further year to prove whether the problem of painting would be better solved if two painters were engaged to cope with the fabric of the hospital and 14 staff houses.

(b) *Garden Staff.* The experiment of reducing, by one labourer in June 1951, the garden staff from four to three has proved workable. With the co-operation of the garden staff, careful reorganising of work, cutting out small flower beds and putting a larger area down to grass, it has been possible to maintain attractive gardens with a slight lowering of standard. Again there is good team work.

(c) *Clerical Staff.* In July 1951, following the directions of the Minister of Health the majority of the clerical posts in the hospital were regraded and a saving of some £600 in a full year was effected.

(d) *Uniforms.* Reduction in maintenance and garden staff numbers has meant less expenditure on uniforms. Uniforms have been under stricter surveillance and have been made to last longer.

(e) *Fuel, Light and Power.* The lagging of all possible pipes, the installation of two Pither and one Sofono (slow combustion) stoves in public rooms and the issue of fuel on ration have enabled us to provide slightly more heat in the Hospital at slightly less cost.

(f) *Transport.* By disposing of an old secondhand car and purchasing a newer model we anticipate a small reduction in maintenance costs over the next few years.

Visitors

During the period a considerable number of visitors from Britain, either singly or in teams from Societies or Institutions, visited the hospital to see something of the medical and nursing aspects of its work. The nursing visitors have included Miss E. Cockayne, Chief Nursing Officer of the Ministry of Health; Miss Lyle Creelman, Nursing Officer, World Health Organisation; Miss C. Grant Glass of the Nuffield Foundation; Miss Weiss, Chief Nursing Officer, Menninger Clinic, U.S.A.; Miss F. Andrews of the Royal College of Nursing.

Nurse visitors to this country from U.S.A., the Netherlands, Australia, South Africa and West Indies have come to the Hospital through the British Council, the National Council of Nurses, and the Royal College of Nursing. Arrangements have been made for groups of nurses to hear something of the work of the hospital during half-day, day or longer visits, through the following organisations: The Royal College of Nursing; Ward Sister, Administrators', Tutors and Health Visitor Courses: King Edward's Staff College —Ward Sisters Courses; Queen's Institute of District Nursing; Women Public Health Officers' Association; Battersea Polytechnic Tutors' Course.

Medical visitors have been numerous from various hospitals in this country, and in addition to our British colleagues the following overseas doctors have paid us visits: Dr. Matalis, Greece; Dr. Gooding, Amsterdam; Dr. Van Large, Amsterdam; Dr. Edward Hornick, New York City; Dr. Frieda Fromm Reichmann, Maryland, U.S.A.; Dr. Robert Knight, Stockbridge, Mass.; Dr. Olaf Ogren, Sweden; Dr. Bruyn, Holland; Dr. Basir, India; Dr. N. C. Rassidakis, Athens; Prof. Anchersen, Oslo; Dr. Brokke, Oslo; Dr. Lucy Koch, Sao Paulo; Dr. Paul Sivadon, Neuilly-sur-Marne; Dr. K. A. Yonge, Saskatchewan; Dr. Krundsen, Oslo; Dr. E. McKinn, Canada; Dr. Rosenthall, Canada; Dr. Erikson, Austen Riggs Foundation, Stockbridge, U.S.A.; Dr. Jawetz, Stockbridge, Mass.; Dr. Spiegel, Chicago; Dr. A. Lamont, Pretoria, S. Africa; Dr. A. C. MacLachlan, Dunedin, N.Z.; Dr. Fremming, Denmark; Dr. Tolsma, Rotterdam; Dr. J. Glass, Eire; Dr. Lindsay, N.Z.

Conclusion

To conclude, the hospital's work during the period has steadily improved in quality in spite of the difficulties of shortage of medical staff. This improvement is the result of the work of many people and is the product of the enthusiasm and hard work not of one, but of all sections of the staff. I have to thank my medical colleagues for the enthusiasm with which they have developed the hospital during this period. In addition I have also to thank Miss Mallion, the Hospital Management Committee Secretary and my own Principal Administrative Officer; Miss Brady, Senior Psychologist; Mr. Piper, Finance Officer; and the Matron, Miss Weddell. The sections in this report dealing with Administration and Nursing, the financial diagrams and the compilation of the Statistical Tables are the work of these officers.

Lastly, I must record my gratitude to the Management Committee for the ready understanding and personal support I have always received from them.

STATISTICAL TABLES

These are largely self-explanatory.

Tables 1 (*pages* 16 *and* 17). Some two-thirds of the patients who completed treatment were females; this proportion has been maintained throughout the hospital's history. No valid explanation for this can be offered. It is certainly not true that neurosis is twice as common in women as in men. It is possible that economic factors are responsible for women accepting hospital treatment twice as frequently as men.

Tables 2 (*pages* 16 *and* 17). The majority of patients are referred by consultants and come from regions other than that in which the hospital is set.

Tables 4 (*pages* 16 *and* 18). Over half of the patients discharged had been in other hospitals before. This table is a pointer to the great cost to the Health Service of neurotic illness. It also suggests that the cure of a certain patient even by expensive fundamental methods may be a better investment for the nation than temporising with minor treatments.

Tables 5 (*pages* 17 *and* 18) show the type of treatment the patients discharged had received before admission to the hospital. As the hospital population is decidedly a selected sample, no deduction can be made from the figures about the general success or failure of any of the treatments concerned. Rather, the figures indicate the kind of clinical material that was admitted to the hospital during the periods in question.

Tables 8 (*pages* 17 *and* 18) show the results of the treatment (based upon clinical assessment) at the time of discharge. Few deductions can be made from this table, for no reliable follow-up has been carried out on the patients concerned and it is unknown how long these results would last.

Tables 9 (*pages* 17 *and* 18) show that of the patients referred during the period in question, only about half were accepted for treatment.

DISCHARGES—Period 1st April, 1951 to 31st March, 1952

TABLE 1. No. of Patients Discharged :—

F.	*M.*	*Total*
71	44	115

TABLE 2. Sources :—

General Practitioners	*Consultants*
22%	78%

Areas :—

1.	Newcastle	2
2.	Leeds	4
3.	Sheffield	7
4.	East Anglian	4
5.	North-West Metropolitan	21
6.	North-East Metropolitan	14
7.	South-East Metropolitan	13
8.	South-West Metropolitan	31
9.	Oxford	1
10.	South Western	3
11.	Welsh	3
12.	Birmingham	3
13.	Manchester	4
14.	Liverpool	1
	Scotland	2
	Channel Islands	1
	Denmark	1
	Total	115

TABLE 3. Diagnostic Categories :—

Anxiety Neurosis	15
Hysteria	24
Anxiety Hysteria	14
Obsessional Neurosis	13
Depressive State	19
Manic Depressive Psychosis	1
Paranoid State	2
Schizoid Personality	6
Schizoid State	1
Schizophrenia	5
Addiction	1
Character Disorder	9
Asthma	1
Speech Defect	1
Epilepsy	2
Cerebral Organic State	1
Total	115

TABLE 4. Previous Hospitalisation :—

Mental Hospital	20
Neurosis Centre	10
General Hospital-O.P. Psychiatric Treatment	35
Tavistock Clinic	—
Private Psychiatrist	10
Army Psychiatrist	1
Nursing Home	2
Private Mental Hospital	1
Cassel Hospital	4
Child Guidance Clinic	1
Total	84

Total Hospitalisations = 84.
No. of patients involved = 65. Many had 2 or 3 hospitalisations.
56.5% of total discharge had previous hospitalisation.

TABLE 5. Previous Psychiatric Treatment :—

Previous Physical Treatment		*Previous Psychotherapeutic Treatment :*	
E.C.T., no. of courses	21	General Psychotherapy	50
Sedation	12	Interpretive Psycho-therapy	11
Modified Insulin	5	Psycho-analysis	6
Electro-narcosis	4	Group Therapy	1
Continuous narcosis	3		
Hypnosis	3		
Ether abreaction	2		
C.O.2	1		

No. of patients involved = 73.

63% of Total discharge had previous physical or psychotherapeutic treatment.

TABLE 6. Physical Treatment in the Cassel Hospital :—

E.C.T.	—

TABLE 7. Disposal :—

Home	107
Mental Hospital	5
Tavistock Clinic	1
Nursing Home	1
Dead	1
Total	115

TABLE 8. Condition on Discharge :—

Much Improved	23	78 Improved
Improved	55	
I.S.Q.	34	36 Unimproved
Worse	2	
Dead	1	
Total	115	

Percentage Improved = 68%. Percentage Unimproved = 32%

TABLE 9. Triage :—

Total number of patients seen	176
Number of patients accepted for treatment	82
Number of patients not accepted for treatment	94

Diagnostic Categories of Patients not accepted for Treatment :—

Anxiety Neurosis	1
Hysteria	20
Anxiety Hysteria	10
Obsessional Neurosis	9
Involutional Melancholia	1
Depressive State	10
Manic Depressive Psychosis	2
Schizoid Personality	5
Schizoid State	2
Schizophrenia	2
Paranoid State	2
Addiction (Drugs)	2
Addiction	2
Character Disorder	15
Epilepsy	1
Organic State	1
Psoriasis	1
Mental Defective	1
Fetishism	1
Homosexuality	1
Speech Defect	1
No Psychiatric Abnormality	1
Referred in error	1
Refused examination	2
Total	94

TABLE 10. Disposal of Triage Patients not accepted for Treatment :—

Referred to :—	
General Practitioner	18
Psychiatric Consultant	13
Mental Hospital	13
O.P. Psychiatric Clinic	12
Institute of Psycho-Analysis	12
Private Psycho-Analyst	6
Tavistock Clinic	3
York Clinic	1
Portman Clinic, I.S.T.D.	2
Consultant Gynæcologist	1
National Hospital, Queen Square	1
Referred to Cassel Hospital in error	1
Refused treatment	10
Treatment not advised	1
Total	94

DISCHARGES—Period 1st April, 1952 to 31st March, 1953

TABLE 1. No. of Patients Discharged:—

F.	*M.*	*Total*
112	49	161

TABLE 2. Sources:—

General Practitioners	*Consultants*
16%	84%

Areas:—

1.	Newcastle	2
2.	Leeds	6
3.	Sheffield	12
4.	East-Anglian	4
5.	North-West Metropolitan	26
6.	North-East Metropolitan	13
7.	South-East Metropolitan	10
8.	South-West Metropolitan	55
9.	Oxford	5
10.	South-Western	5
11.	Welsh	3
12.	Birmingham	6
13.	Manchester	8
14.	Liverpool	2
	Channel Islands	
	U.S.A.	1
	Total	161

TABLE 3. Diagnostic Categories:—

Anxiety State	17
Hysteria	43
Anxiety Hysteria	22
Obsessional Neurosis	15
Depressive State	18
Manic Depressive Psychosis	2
Paranoid State	2
Schizophrenia	3
Schizoid Personality	2
Addiction, Alcohol	1
Character Disorder	13
Epilepsy	1
Cerebral Atrophy	1
Paranoid State	1
Depressive State	4
Psychosis Unclassified	1
Mental Deficiency	1
Migraine	1
Aphthous Stomatitis	1
Manic Depressive Psychosis	1
Neurosis Unclassified	1
Hypertension	1
Double Vision	1
Transvestism	1
(plus Diagnoses to follow)	7
Total	161

TABLE 4. Previous Hospitalisation:—

1. Mental Hospital	29
2. Neurosis Centre	19
3. General Hospital, Psychiatric Dept.	29
4. Psychiatric Out-Patient Clinic	41
5. Private Psychiatrist	21
6. Cassel Hospital	13
7. Other	3
Total	155

Total No. of Hospitalisations = 155.
Total recorded treatment time = 53 years 1 month.
No. of patients involved = 112. Many had 2 or 3 previous hospitalisations.
69.5% of total discharge had previous hospitalisations.

TABLE 5. Previous Psychiatric Treatment:—

Previous Physical Treatment		*Previous Psychotherapeutic Treatment*	
Narco-anslysis	4	Psycho-analysis	8
Continuous Narcosis	3	Interpretative Psycho-therapy	9
E.C.T.	22	General Psychotherapy	77
Modified Insulin	9		
Insulin Shock	3		
Sedation	23		

No. of courses of treatment = 161.
No. of patients involved = 115, 71% of total discharge.
Many patients had 2, 3 or 4 courses, of various types of treatment.

TABLE 6. Physical Treatment in the Cassel Hospital:—

E.C.T.	—

TABLE 7. Disposal:—

Home	143
Mental Hospital	9
Neurosis Centre	3
Dead	1
Institute of Psycho-analysis	1
T.B. Sanatorium	1
Total	158

TABLE 8. Condition on Discharge:—

Much Improved	20
Improved	90
I.S.Q.	47
Worse	—
Dead	1
Total	158

Percentage Improved = 69%. Percentage Unimproved = 31%

TABLE 9. Triage:—

Total number of patients seen	198
Number of patients accepted for treatment	118
Number of patients not accepted for treatment	80

Diagnostic Categories of Patients not accepted for Treatment:—

Character Disorder	17
Addiction (Drugs)	2
Anxiety Neurosis	8
Hysteria	11
Anxiety Hysteria	10
Obsessional Neurosis	4
Depressive State	9
Manic Depressive Psychosis	2
Schizophrenia	6
Schizoid Personality	2
Paranoid Schizophrenia	1
Paranoid State	2
Mental Defect	1
Kleptomania	1
Blindness and Alcoholism	1
Psychopathic Personality	1
Psychogenic Dermatitis	1
Discharged before examination	1
Total	80

TABLE 10. Disposal of Triage Patients not accepted for Treatment:—

General Practitioner	15
Psychiatric Consultant	56
Mental Hospital	6
O.P. Psychiatric Clinic	1
Institute of Psycho-analysis	2
Total	80

Report of the Medical Advisory Committee

The total number of meetings for the two years was 23, namely 13 meetings for the first year and 20 for the second year.

The average attendance for the first year was 5.5 out of eight members, and 7.5 out of nine members during the second year.

Discussions were held and recommendations passed over a number of matters, either at the request of the Hospital Management Committee or on the initiative of the Medical Advisory Committee itself.

These matters concerned the medical staff as a whole and as individuals, the rest of the staff other than medical, the patients, and the hospital as a whole. A number of meetings were also devoted to clarifying the position and the functioning of the Medical Advisory Committee itself.

Amongst matters concerning the medical staff as a whole, one can list the following :—

(*a*) A memorandum to the Hospital Management Committee on the selection of candidates for future medical appointments.

(*b*) A memorandum to the Hospital Management Committee on a scheme for ingress and egress of trainee medical staff.

(*c*) A decision to support a resolution by the Regional Consultants' Committee regarding the date of retirement for Mental Health Officers.

(*d*) A memorandum to the Hospital Management Committee regarding the effects which some cuts in Senior Registrar Establishment would have on the hospital. The Regional Board accepted the representations made to them on this matter by the Hospital Management Committee following the Medical Advisory Committee's and the Medical Director's advice.

Matters concerning Medical Officers as individuals comprised mainly recommendations about upgrading, applications for study leave, continuation of appointments, and a recommendation that an S.H.M.O. post which had become vacant should be advertised as a Consultant post. Grave concern had already been expressed previously about the Regional Board's refusal to allow the whole time S.H.M.O. appointments to be converted into part-time appointments.

Matters concerning other members of the staff (other than the doctors) comprised a recommendation for upgrading of a medical clerical assistant, a recommendation that the Hospital Management Committee should explore the possibilities of employing a qualified non-medical analyst, a recommendation that they should explore the possibilities of employing a Crafts teacher, and finally a recommendation that the post of Art Teacher should be continued for another year.

Amongst the matters concerning patients, the Medical Advisory Committee considered the effect on patients of the Ministry's Regulations regarding payment by patients in gainful employment, and put forward a recommendation on this subject. It was also proposed that during the month of August patients who could be temporarily discharged to their homes should be sent home in order to lighten medical and nursing shortage during the holiday month. Finally a Sub-Committee was formed to go into the matter of responsibility for admissions and discharges of patients.

At the beginning of 1953, a plan for the grouping of The Cassel Hospital with three independent outpatients' clinics was discussed and advised against.

Matters pertaining to the function and terms of reference of the Medical Advisory Committee itself formed the topic of several meetings throughout the year.

They comprised :—

(*a*) A resolution concerning the representation of the junior medical staff on the Medical Advisory Committee.

(*b*) The drafting of a constitution for the Medical Advisory Committee.

(*c*) The submission at the request of the Hospital Management Committee of a draft proposal concerning the function and Terms of Reference of the Medical Advisory Committee.

The Terms of Reference of the Medical Advisory Committee were accepted by the Hospital Management Committee and were defined as follows :—

" The Terms of Reference of the Medical Advisory Committee should be

1. To consider and advise on all matters referred to it by the Hospital Management Committee.
2. To initiate, if it desires, the consideration of all matters of medical policy.
3. To receive information and decisions of the Hospital Management Committee affecting medical policy.

4. Where a member of the Medical Advisory Committee votes against a recommendation of the Medical Advisory Committee he is fully entitled to submit a minority report to the Hospital Management Committee.

5. Where a minority report of the Medical Advisory Committee is before the Hospital Management Committee, a representative of the minority shall be entitled to attend.

6. The Chairman of the Medical Advisory Committee, or in his absence a substitute representative accepted by the Hospital Management Committee, is welcome to attend the ordinary meetings of the Hospital Management Committee, but his attendance is obligatory when requested by the Chairman of the Hospital Management Committee."

PHILLIPE H. PLOYÉ,

Secretary.

LIST OF HOSPITAL PUBLICATIONS 1951-53

MEDICAL

DR. KLEIN.

" Contribution to a Symposium on Group Therapy." *British Journal of Medical Psychology*, 25.223, 1952.

DR. MAIN.

" Rehabilitation." Garland & Phillips. *Text Book of Medicine.*

" Rehabilitation and the Individual." *Chap. in* " *Modern Practice in Psychological Medicine* " (Ed : J. R. Rees).

" Some Problems of Adaptation." " *Physiotherapy*," *May* 1953.

DR. MCINTYRE.

" Co-operation between Clinical Psychologists and Psychiatrists." *Bulletin of the B.P.S., January* 1952. Paper read at Conference of the Committee of Professional Psychologists (Mental Health), Bristol, January 1952.

DR. SAFFERY.

Report on Short Action Muscle Relaxant. RO/3/0386. *In E.C.T.-Journal Mental Science, Vol. XCIX, No.* 414, *January* 1953.

DR. THORNER.

" Examination Anxiety without Examination." *Int. J. Psycho-Analysis, Vol. XXXIII, Part II.*

" The Criteria of Progress in a Patient during Analysis." *Int. J. Psycho-Analysis, Vol. XXXIII*, 1952, *Part IV.*

NURSING

E. BARNES, S.R.N.

" The Training Course, Part I." " *Nursing Times*," *February* 14*th*, 1953.

" The Nursing of a Neurotic Patient in a Community." " *Nursing Times*," *February* 21*st*, 1952.

G. ELLES, S.R.N.

" The Plan for the Nursing Services for this Country for 1962 based on the Health Needs of the Community and the possible Economic and Manpower Problems." " *Nursing Times*," *April* 1952.

F. E. SKELLERN, S.R.N.

" Report of the Investigation carried out to ' Study, Report and make Recommendations on the Practical Application to Ward Administration of Modern Methods in the Handling and Instruction of Staff '." *Royal College of Nursing*, 1953.

D. WEDDELL, S.R.N.

" Teaching Student Nurses." " *Nursing Times, April* 11*th*, 1953.

WM. HODGE & CHILVER, LTD.,
86, Hatton Garden, London, E.C.1