

**Medical and general reports and accounts for the year ended 31st
December, 1946 : Ham Common, Richmond, Surrey / The Cassel Hospital
for Functional Nervous Disorders.**

Contributors

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

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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.



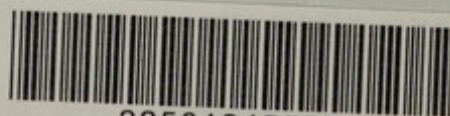
Medical and General Reports and Accounts

FOR THE YEAR ENDED

31st DECEMBER, 1946

HAM COMMON, RICHMOND, SURREY

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The delay in the appearance of this Report is due to the changing conditions under which the hospital has worked since the end of 1946.

The hospital had to leave Ash Hall in November, 1947, owing to the expiry of its lease. Although it was possible to secure the possession of Swaylands from the Military Authorities, it was decided not to return there because of the high cost of running what was an old-fashioned if attractive building. A new building was sought throughout 1947 and towards the end of that year a property facing Ham Common, Richmond, was bought and later Swaylands was sold. The new building is an early 18th century house to which extensions have been added at various times, a modern ball-room being the most recent addition. It is a building of considerable charm with 11 acres of parkland and some market gardens. The hospital moved to the new site in December 1947, and since Spring has been functioning with between 50 and 70 beds. The building is being altered and equipped to make 100 beds. This work will be finished by October 1948.

The patient accommodation is steadily growing and by October the hospital will have rather over three times the bed capacity it had at Ash Hall. In preparation for this, increases of Medical, Administrative and Nursing Staff have and are being made. A Psychologist, a Social Therapist and a Psychiatric Social Worker have been added to the Staff. The Medical Staff is at present as follows:

Medical Director.....	T.F.MAIN, M.D.,D.P.M.
Deputy Medical Director..	W.M.MCINTYRE, M.B.,Ch.B.,M.D., M.R.C.P.
Physicians.....	B.ANDRATSCHKE, M.D. S.H.LUCAS, M.R.C.S., L.R.C.P. D.P.M.
Physicians (Part-time)...	S.S.DAVIDSON, M.R.C.S., L.R.C.P., D.P.M. L.H.RUBINSTEIN, M.D., D.P.M.
Registrars.....	F.H.EDWARDS, M.R.C.S., L.R.C.P. J.N.RUNES, M.D. A.H.WILLIAMS, M.B.,Ch.B.,D.P.M.

By re-planning the training of the Nursing Staff, the course for the Hospital Certificate in Psychological Nursing which is offered to trained nurses, has been reduced from 18 months to one year. The Course is in progress and new-comers to the nursing staff are, in addition, to receive a special intensive Course in August.

The delay in the appearance of this report is due to the changing conditions under which the hospital has worked since the end of 1940.

The hospital had to leave Ash Hall in November, 1947, owing to the expiry of its lease. Although it was possible to secure the permission of the War Relocation Authority to occupy the building, it was decided not to return there because of the high cost of running what was an old-fashioned but attractive building. A new building was bought in November 1947 and located at the end of East Street, near the new bus garage, and was built in 1948 and later alterations were made. The new building is an early 19th century house in which alterations have been made at various times, a modern hall-room being the most recent addition. It is a building of considerable charm with its range of garden and some garden paths. The hospital moved to the new site in December 1947, and since then has been functioning with between 60 and 70 beds. The building is being altered and extended to make 100 beds. This work will be finished by October 1948.

The patient accommodation is steadily growing and by October the hospital will have more than three times the bed capacity it had at Ash Hall. In preparation for this, increases of Medical, Administrative and Nursing Staff have and are being made. A Psychologist, a Social Therapist and a Psycho-social Worker have been added to the staff. The medical staff is at present as follows:

Medical Director.....T. F. KAHN, M.D., D.F.P.S.
Deputy Medical Director.....W. H. MORTIMER, M.D., D.F.P.S., M.R.C.P.
Physicians.....J. H. MORTIMER, M.D., D.F.P.S.
S. E. LUCAS, M.D., D.F.P.S., F.R.C.P.
F. E. M.
Physicians (Part-time).....S. S. DAVISON, D.M.D.S., F.R.C.P., F.R.S.
J. W. WILKINSON, M.D., D.F.P.S.
Registrars.....F. H. MORTIMER, M.D., D.F.P.S., F.R.C.P.
J. E. BROWN, F.R.C.
A. H. WILLIAMS, M.D., D.F.P.S., F.R.C.P.

By re-organizing the training of the Nursing Staff, the course for the Hospital-Geriatric in Psychological Nursing which is offered to trained nurses, has been reduced from 18 months to one year. The course in the process and new course for the nursing staff and for children, to receive a special intensive course in nursing.

THE HOSPITAL JOURNAL FOR FUNCTIONAL NERVOUS DISORDERS

The hospital entered the National Health Service on 5th July; 50 percent of its beds are now free and the other 50 percent will be amenity beds for which a prescribed scale of charges will be made.

Patients may be received from any region in the country. Applications for admission should be made to the Medical Director who is responsible for selecting patients for admission, and patients are seen by a member of the senior medical staff before a decision to admit for treatment is made. The hospital will continue to admit only cases of neurosis in which, given suitable treatment, the prognosis is reasonably good. In case of doubt, or where the patient lives some distance from London, the patient may be admitted for a preliminary investigatory period up to a fortnight. It is hoped to keep the hospital waiting list within reasonable proportions by this assessment before admission.

In short, following its disruption by the war, the hospital, by October 1948, will be working fully in new and suitable accommodation nearer to London and with an increased number of beds.

AUG 1948

The hospital entered the National Health Service on 1st July; 50 percent of its beds are now free and the other 50 percent will be emergency beds for which a prescribed scale of charges will be made.

Patients may be received from any region in the country. Applications for admission should be made to the Medical Director who is responsible for selecting patients for admission, and patients are seen by a member of the senior medical staff before a decision is made to admit or not. The hospital will continue to admit only cases of neuromuscular disease in which, given suitable treatment, the prognosis is reasonably good. In cases of doubt, or where the patient lives some distance from London, the patient may be admitted for a preliminary investigation period up to a fortnight. It is hoped to keep the hospital waiting list within reasonable proportions by this assessment before admission.

In short, following the disruption by the war, the hospital, by October 1948, will be working fully in new and suitable accommodation nearer to London and with an increased number of beds.

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 : (as at 30th June, 1946.)

The Rt. Hon. Sir FELIX CASSEL, Bt., K.C., (Chairman).	LESLIE LETTS, Esq.
*Sir ADOLPHE ABRAHAMS, O.B.E., M.D., F.R.C.P.	*EMANUEL MILLER, M.A., F.R.C.P.
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The Lord COURTAULD-THOMSON, K.B.E., C.B.	*GEORGE RIDDOCH, M.D., F.R.C.P.
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*The Rt. Hon. Lord HORDER, G.C.V.O., M.D., F.R.C.P.	V. E. VINCENT, Esq.

**Consulting Physicians to the Hospital.*

Medical Director and Physician :

C. H. ROGERSON, M.D., F.R.C.P., D.P.M. (January to April, 1946)
T. F. MAIN, M.D., D.P.M. (October to December, 1946)

Assistant Physician :

BERTA ANDRATSCHKE, M.D.

Medical Secretary :

Miss MARY A. MACRAE

Matron :

Miss D. WEDDELL, S.R.N., S.C.M.

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.

Solicitors :

LEWIS & LEWIS and GIBBORNE & Co., Ely Place, E.C.1.

The Medical Director's Report

I. ANNUAL MEDICAL REVIEW

Selection of Nurses.

THE intensive nursing of patients with neurosis makes considerable demands on the emotional maturity of the nurse. It is no light task to tolerate anxiety which proves overwhelming to patients, to work sympathetically with neurotic people while retaining objectivity, to nurse distress with sensitivity and friendliness but without personal emotional involvement or reactions. Not all nurses befitted by training and personality for other branches of nursing can be expected to meet the demands of neurosis nursing without difficulty. Personal maturity and stability are not universal.

Faced with the knowledge that the hospital was likely to increase its numbers of nurses in the measurable future, as well as having to deal with ordinary problems of turnover and with the problem of selecting nurses for the Cassel Bursaries, it was decided in 1946 to institute a system of selection that would permit nursing candidates to reveal their relevant assets and liabilities more fully than they could do at a single short interview, and to employ test-procedures that would give in the time available as much knowledge as possible on which to base selection judgment.

It was first necessary to decide what must be sought in the candidate, and it was quickly realized that while it was easy to list desirable qualities (such as conscientiousness, imperturbability, even temper, optimism, altruism, etc.) there was no satisfactory method of testing for these except by extravagant and unvalidated procedures. Even if there were reliable methods of measuring these, it would still be difficult to assess the significance in one candidate of the abundance of one quality and the comparative absence of another—proportionate “weighing” would not be easy. Moreover, it would be difficult to compare one candidate with another so far as suitability for this work was concerned, even though the scores for the different qualities were known, i.e., the performance of the whole candidate could not be reliably deduced from a study of the sum of the parts. In the end it was plain that the personalities of suitable candidates would differ not only widely but legitimately, and that no two good nurses need necessarily

be alike. Further, it was plain that the final choice must depend on the supply, and that the most that could be asked of a selection procedure was that it should help in choosing from the candidates who presented themselves, those most suitable for the tasks at issue.

It was aimed to get as full and deep a knowledge of each candidate as possible, and to gain an over-all picture of the individual with her total human assets and liabilities, and to approach the candidate with no preconceived ideas of what the role required. After the over-all picture had been gained we would ask ourselves: “How is this candidate likely to perform in this hospital?”

While emotional stability would be sought, it was clear that the test procedure should also reveal something of the variety, the colour and richness of the personality. High intelligence would not be essential, but if intelligence was below a certain level (I.Q. 110) the candidate would probably find the work too puzzling unless she had an unusually suitable personality.

Two further considerations then arose about the design of the test procedure. Firstly, it would have to be acceptable and non-traumatic to candidates and if possible be an interesting and rewarding experience in itself. The candidate should get something from, as well as give something to, the selection procedure. Secondly, it was manifest that the engagement of a nurse is a two-way choice process, and that the nurse's choice of the hospital was as much a matter for care as the hospital's choice of the nurse. If full and detailed information about the nurse was to be asked, she must in return be permitted full and detailed information about the vacant role. If she was to be observed in action, she must also be allowed to observe us in action.

After several experiments during which the more obvious mistakes were made, the following procedure, which represents our current practice, was evolved. It has recognizable limitations but is practicable and very much more satisfactory to the candidates and the

The technique described has been evolved and practised at the hospital up to the time of writing. The delay in the issue of this report permits the inclusion of practices involved in 1947 as well as 1946. The selection procedure owes very much to the techniques of the war-time War Office Selection Boards, but whereas these occupied a testing time of three days, the procedure to be described had to be made capable of fitting into the period 9.30 a.m. to 5 p.m. of one day. Moreover the difference in social setting and aim involved considerable review of the W.O.S.B. practice.

hospital than selection by single or multiple interview. The procedure is thorough enough for candidates to feel that they have a real opportunity to show their qualities and that the selectors are interested in them as people and are relatively unprejudiced. (It is important for each candidate to feel that she has as fair a deal as the others. Rejection of the poorer candidates and acceptance of the best is easy and probably rapid under any selection method, but it was decided to give all candidates the full test procedure to avoid the trauma of early rejection.) The procedure is revealing enough to permit selectors to have greater conviction about their final choices than is possible at single or multiple interview methods.

As mentioned above, the best or worst candidates are easy to select, but a large number of candidates are "doubtfuls," and it is in the sorting of these that the merit of the procedure has been most apparent to us. It gives the candidate who is unimpressive at interview a chance to show hidden capacities, to show what is "in the back of the shop as well as in the shop window." It has prevented the candidate whose excellences are only skin deep from accepting an engagement which would be unsatisfying both for her and for us.

1. Application Forms

Applicants are sent a form by post to be completed and returned a week or two before the test procedure proper. This concerns factual information about the candidate and saves time that might otherwise be spent at interview. Details of age, schooling, training, experience, and professional aims are given, and a questionnaire relating to psychosomatic symptoms and general health is included. The names of two referees are asked, and references are followed up by letter. Thus by the day of the test procedure a certain amount is known of the candidate's past professional and health record.

2. Invitations to Attend

Invitations to attend the test procedure are sent out by the Matron who asks candidates to arrive at 9.30 a.m. and to stay until teatime. Eight candidates are asked for each selection day. The selection team includes a nurse-guide, two psychiatrists, and the Matron, who, as head of the hospital nurses, has the benefit of the views of the team and has the final choice.

3. Introduction to the Hospital and to the Selection Procedure. 9.30—11 a.m.

The candidates are received in the Staff Common-room by the Matron and a Sister (who is to be their guide) and are introduced to each other over a cup of tea. Conversation is general and informal and this period until 10 a.m. is used to set the candidates at their ease and to permit them to take bearings of their surroundings, of their guide, and of the Matron. Towards 10 o'clock the Matron says a few remarks

about the hospital and its general purpose, and tells the candidates that the first part of the morning will be spent letting them learn about us and that after 11 a.m. we shall learn something about them. The candidates are then handed over to the nurse-guide who takes them on a tour of the hospital, explaining its work from a nurse's point of view and soliciting and answering questions. The whole hospital is visited and particular attention is paid to those aspects involving nursing activities. On the way round, the guide introduces the eight candidates to any hospital workers met, nurses, doctors and administrators. The candidates share some degree of security by being in a group, and this and the informal nature of the tour encourages free discussion, an exchange of views on the people and things met. At 10.45 a.m. the candidates return to the Staff Common-room where they may move among and talk to the rest of the staff, doctors, nurses and administrators, at morning coffee. They have at this stage entered into the staff atmosphere as participants and have the chance of summing up the hospital staff. It is a common remark from candidates that this part of the procedure gives them the "feel" of the hospital, and that living for even so short a time in the hospital atmosphere they are able to clarify their expectations and match them with the real opportunities (or lack of them) that the hospital offers. At 11 a.m. their guide collects them and conducts them to the test-room. She then explains the programme for the rest of the day and they begin the first of the written tests.

Projection Tests

These written tests aim at providing the candidates with opportunities to respond, in their own characteristic ways, to the same evocative emotional stimuli. By the nature of the responses each candidate reveals something of her habitual emotional patterns and ways of feeling. The tests provide, in fact, clues to the personality. Sometimes these clues have a doubtful significance, but at other times permit tentative judgment about the main emotional patterns which can be confirmed or rejected later at interview. The interpretation of the responses is a skilled matter needing some understanding of personality development, and the ways in which personality reveals itself. The Projection Tests are therefore examined by a psychiatrist who writes a short note on the significant trends revealed by each candidate. This note acts as a "personality pointer" for the subsequent psychiatric interview.

The Tests are administered to the group in a small room with the candidates seated at desks arranged in a semicircle around their guide, who acts as tester. Four tests are used:

Thematic Apperception Test. 11—11.45 a.m.

Eight of Murray's original cards are used in constant order. Each card is held up for two minutes, after which the candidate is given three minutes in which to write an account of what is portrayed in the

picture. Each picture may be construed in various ways but the nature of the response reveals something of the candidate's prevailing attitude towards people and situations. The test gives the candidate the opportunity to project herself into the situation shown in the pictures and by her response to manifest the subtleties of feeling and attitude that are not quickly discernible at ordinary interview. It is not possible to regard the response to any one picture as pathognomonic, and indeed the trends which emerge from all eight responses need confirmation from other tests or further elucidation at interview. The amount any one test reveals varies with the candidate, but taken in conjunction with other tests, the Thematic Apperception findings are one more brick in the construction of the total personality picture.

Word Association Test. 11.45—12 a.m.

This is a modification of Jung's original test. A card on which is printed a stimulus word is held up before the candidates who are asked to write a sentence containing that word. The candidate is given 15 seconds in which to be ready for the next card. There are 65 cards. The words have been chosen for their capacity to evoke significant responses and the list includes words which allow the candidate to throw light upon different features in her make-up, such as her prevailing moods and attitudes, rigidity or elasticity of character, nature and degree of altruism, habitual methods of handling pleasant and unpleasant events, quality of response to human distress, maturity of social relations, capacity for independent thinking, points of personal sensitiveness or uneasiness. The test is not quantitatively scored but a qualitative interpretation is made and the emerging personality themes are noted, so that they may be clarified later at interview.

Self Descriptions. 12—12.15 p.m.

Each candidate is asked to write a short description of herself as a person. It will be realized that the descriptions given by no means represent objective truth but are useful indicators of how the candidate regards herself. Her scales of human values are often revealed in the criticisms or satisfactions she apporions to various features of her make-up, and her ability to be frank, the capacity for insight and her degree of acceptance of her own human failings may sometimes be made plain; while other attitudes towards herself ranging from satisfaction to vanity and from modesty to inferiority feelings are sometimes shown with remarkable vividness. The self-description is not always revealing, but it may manifest with sureness some of the candidate's qualities, and, if cautiously interpreted, sometimes has great value.

At first self-descriptions were obtained by the use of two questions—"Describe yourself as a good friend would see you"; "Describe yourself as a hostile critic would see you." In these forms, self-description was more revealing, but the questions allowed the candidates little room for protective evasion and

proved to be disturbing to the candidates. The self-description now used is more acceptable to candidates, and is still of value.

Significant Moment

At first candidates were asked to describe the best and then the worst moments in their lives, but these two questions were somewhat puzzling and rather too intimate to be easily accepted. The candidate is now asked to describe in two minutes the most exciting moment of her life.

Again, the test may or may not be revealing and certain responses have only a limited significance, while others reveal important trends. Optimism or pessimism, major fears or hopes, childishness or maturity of outlook, altruism or ego-centricity, together with points of mental or physical satisfactions are some of the features which may be revealed in the responses. None of these by themselves are considered to be indicative but when fitted into the other test findings, help the selectors to build up a picture of the personality under scrutiny.

Conclusions about Projection Tests

Taken as a whole the projection tests are a most valuable part of the procedure. At times they reveal quickly and unmistakably the positive and negative qualities possessed by the candidate; at others the findings are indeterminate and need further pursuit at interview. Usually the projection tests reveal to the selectors the main patterns of character development and distinguish the colourful from the colourless individual and the mature from the immature (these being relative terms). It is to be recognized that personality handicaps and weaknesses are not *by themselves* important. Rather the manner in which the difficulties are handled are important in giving or handicapping strength, sensitiveness and resilience in an individual, and it is by indicating the "character defences" that the tests probably have the greatest value. It is important to interpret the projection tests with objectivity and caution and to be sure that glimpses of the obvious do not prevent search for the richness that comes from finer subtleties.

One psychiatrist interprets all the projection tests. No score is given for any test but each candidate's series is carefully reviewed and the emergent themes are noted by cross checking the various responses of the candidate. The psychiatrist is then able to write notes about the trends which recur and persist throughout the many responses under review, and to write in ordinary English a description of the candidate as a human being.

Intelligence Tests. 12.15—1 p.m.

This is introduced to candidates as a test of the "capacity to learn." Because of the short time available, a rapid and yet fairly reliable group test had to be chosen. Raven's Progressive Matrices was found to be too well known (especially to ex-service nurses) and the "Shortened Wechsler" is now in use. Most

qualified nurses have no difficulty in satisfying the minimum standard required (I.Q. 110) and if the test procedure had to be shortened the intelligence test would be the first to go. Given the minimum level of intelligence asked, the suitability of candidates for nursing neurosis depends decidedly more on personality than on high intelligence. Nevertheless the test is useful not only to exclude the occasional low-scorers, but to identify those in whom a particular intelligence level helps to explain certain features of personality. Caution about interpreting low I.Q.'s has paid; twice a low score was explained by fatigue from all night duty or an all night train journey, once by a severe cold, and twice by general worry.

Lunch. 1—2 p.m.

The lunch hour is used to permit the candidates further opportunities for seeing something of the hospital. As participant members of the hospital community they get their food at the cafeteria and are free to sit where they want to at small tables by themselves, with staff or with patients. After lunch, tea in the Staff Common Room permits further participation in ordinary conversation with hospital staff, while affording them the shared shelter of their own group. They are treated with informality, not as guests, but as potential future staff members. The staff is accustomed to have visitors in the Common Room and does not react specially to the candidates. An ordinary, easy behaviour-sample is thus presented for assimilation by the candidates, who are free to talk and observe at will.

Individual Interviews. 2—3.30 p.m.

At 2 o'clock the Staff Common Room empties and the afternoon programme is explained to the candidates. The psychiatric interview lasts 10 to 14 minutes and two psychiatrists are available, each seeing four candidates. Concurrently with the psychiatric interviews, the Matron interviews each candidate for a quarter of an hour. The nurse-guide conducts them to and from interviews, and gossips with the candidates, answering questions and giving information about the nurse's work in the hospital. In the security of their group, candidates are now talking freely, usually about the test procedure and sharing, from common experience acquired, a sense of identity.

Psychiatrist's Interview

The psychiatrist is now in possession of the candidate's completed application form, giving details of schooling, health, family situation, and career-information together with the I.Q. and the summary of the candidate's "personality pointers" as revealed by the Projection Tests. Certain interviewing principles need mention, for a selection interview differs considerably from a clinical interview. The task is not to seek out or diagnose emotional disturbance but to gather significant material and clarify the issues already raised in the written tests, and to gather further positive and negative information. His know-

ledge of mental mechanisms and personality growth, helps him to synthesize information thus far gathered, into a whole, where the basic drives and their habitual methods of operating are understood. The interview must protect the candidate from trauma and must resolve rather than produce anxieties. The candidate's personality is accorded full respect, and by offering sincerity in discussion the psychiatrist provides a basis for easy relationship in which the candidate is given full freedom to tell more about herself if she wants to. Leading or abrupt questions are avoided and the interview is begun by using the written information set out by the candidate as an opening topic. Once the candidate feels easy enough to talk about herself, the psychiatrist may invite her comment on matters which may throw light on the trends already suggested by the personality pointers. The test procedure having been so far friendly and purposive, most candidates want to tell something more about themselves and where sufficient time is given for "warming up," candidates may discuss readily the stress points within themselves and their points of view about themselves. The psychiatrist must judge when or if he may ask for further information. By now most candidates, assured of the preservation of their self-esteem, may ask for the psychiatrist's opinion and even for his advice. Towards the end of the interview the psychiatrist leads the candidate back to more general topics of conversation and, so to speak, reinstates the candidate in her role of an independent professional woman, so the interview ends on the note of professional respect and equality.

Following the interview the psychiatrist writes an objective description of the personality as a whole. This description is written in ordinary English with conscious objectivity and the avoidance of condemnation or approbation.

Matron's Interview

Here objectivity is not sought. The other members of the test team have the task of avoiding prejudice and seeking knowledge. The Matron, as head of the nursing service, must however like the candidate personally if the engagement is to be satisfactory, and uses the 15 minute interview to find out more about the candidate in ordinary terms of human behaviour, professional interest and capacities, and forms her own conclusions. She is the one member of the team in whom objectivity is not imperative, and her personal feelings about the candidate are given due status.

Group Discussion. 3.30—4.30 p.m.

Eight candidates now assemble in a seated circle together with the psychiatrist who initiates a group discussion. The psychiatrist after the first few minutes does not lead the discussion; rather he helps it to develop until he is able to take up his task of observing the performance of the candidates in this group situation.

The social situation is of course a complex one. Each candidate has a heed for competitive distinction

in the presence of the psychiatrist and yet has to remain socially acceptable to the other candidates. Her method of solving this dilemma situation, through discussion, is under review by the observer who notes the quality of the response each candidate evokes from the rest of the group, and her degree of social isolation or participation. Group discussion is by no means a simple affair and much information can be gathered from it. The need to dominate and the response to being dominated, the wish to lead and the capacity to be accepted as a leader, persistence or submission in the face of arguments, the reconciliation of opposing view points, tolerance for another's points of view, the capacity to disrupt or set the group at odds, to unite a group and make discussion fruitful, are some of the things about a candidate that may be revealed during the discussion.

Towards the end of the period, the psychiatrist again takes a more active role, resolving opposing views and tying together the threads of a discussion, easing by comment and review any feelings that may have been engaged during the session.

It is in the field of human relations that the neurosis nurse is to work and it is of particular importance to be able to assess her capacity to form easy, rewarding or reciprocal relations with others. In the group situation, feeling and attitudes may be revealed which are concealed or hardly apparent at individual interview. The candidate is seen so to speak in social action.

Tea and Criticism. 4.30 p.m.

Having been in the hospital community first as visitors, then as participants and then under scrutiny, it is regarded as important that the candidates now be reinstated as professional women and be helped to recover their self-sufficiency as individuals with interests outside the hospital. Tea is taken with the Matron who initiates conversation on the level of professional gossip between nurses. The sealing off of the test situations and the restoration of professional self-respect is aimed at, and an opportunity is given to the nurses to criticize the procedure.

Talk about the procedure itself is useful for two main reasons. Firstly, it permits the nurses to talk out doubts which may have been aroused by any part of the test procedure, and to criticize it in whole or in part. This helps in the restoration of self-respect and gives a chance to relieve disturbed feelings. Secondly, valuable suggestions have been given by candidates about the difficulty or anxiety caused by various parts of the test procedure. In the light of these comments we have discarded those portions of our original plan which were found to cause upset, and have replaced them by procedures which are more acceptable. The candidates' criticisms and suggestions have been helpful and instructive almost without exception, but the most common response to the invitation to say what they think of the test procedure is that it is a

rewarding and enjoyable experience for its own sake. Some nurses have said that even if no engagement results, they still consider the day to have been worth while because of its sheer interest. Others have learned from the day that the posts are not wholly suitable to their particular qualities, and are ready to say so; and yet others are more sure of their wish to work at the hospital. The most common remark is that the test is thorough and gives every candidate a fair chance.

One candidate, unsuitable on other grounds, has been resentful of the whole procedure. A few candidates have disclosed that they themselves were suffering from some emotional upset which they had (wrongly) hoped to solve by taking up psychological nursing, and are grateful for the advice they have been given at the interview.

Final Conference

After each day's testing, while impressions are still fresh, a short conference of the selection team is held, where each candidate's suitability for the nurse's role is discussed. The written tests, the psychiatric interview, the Matron's interview, and the Group discussion have produced information which is now pooled. Discussion is full and free, and the Matron, having the benefit of the views aired and in the light of her own interview, discusses all findings with the selectors and aided by them makes her final choices. Technical support or argument is encouraged so that the final decision reached may be taken in the light of all the facts. Common agreement is usually reached in discussion but the final decision is left to the Matron.

Rating

Candidates are rated on a five-point scale with the following meanings:—

- (1) Outstandingly suitable.
- (2) Above average.
- (3) Average.
- (4) Below average.
- (5) Outstandingly unsuitable.

It need hardly be mentioned that there are few candidates classed as (1) or (5), and half the candidates obtain the rating (3).

Conclusions

The test procedure outlined above is workable and valuable both for the candidates and the hospital. The time spent in choosing a nurse is justified by the absence of subsequent wastage. The letters of thanks received from the candidates suggest that the procedure is usually acceptable to nurses whether they are subsequently engaged or not.

In common with other selection methods, no knowledge is obtained of how many suitable candidates have been rejected. No unsuitable candidates have been engaged and in general the predictions of performance have been accurate.

II. WORK OF THE HOSPITAL DURING THE YEAR 1946

MEDICAL

Farewell to Dr. C. H. Rogerson

Dr. Rogerson left the Cassel Hospital in April to take up work in America. The last week-end in April was spent by Dr. and Mrs. Rogerson in saying goodbye to all their colleagues and friends at Ash Hall. It was a memorable week-end; the hospital looked attractive with decorations of spring flowers; the weather was kind, and photographs were taken which are now in the permanent records of the Hospital.

The principal gathering was on Saturday evening, when patients and all the Staff of the hospital, together with many local friends and representatives of the Medical profession in Stoke-on-Trent, came together to wish Dr. and Mrs. Rogerson godspeed for their journey and every happiness and success in the future.

Dr. Andratschke spoke of all that Dr. Rogerson had done for the hospital in the nine years of his appointment, most of them being such difficult war years. She spoke of the advances made in the methods of treatment of patients during this time, and of Dr. Rogerson's great personal qualities making him not only a good psychiatrist and administrator, but a real friend to all.

Presentations of a silver tankard to Dr. Rogerson and a blue Spode bowl to Mrs. Rogerson were made by two members of the staff who had been with the hospital for nearly 20 years, and a parchment scroll with the signatures of all those who had contributed was presented by one of the patients.

Dr. Rogerson replied thanking everyone for their good wishes and gifts. He said how happy he was to keep his connection with the Hospital as a Committee member and that his great interest in all the hospital activities would certainly continue.

Games, dancing and a buffet supper helped to make the evening a pleasant one in spite of the inevitable sadness of the occasion.

On the Sunday morning Dr. Rogerson attended a meeting of the Cassel Hospital Nurses' League and said he would be happy to remain its Patron. He hoped that it would be possible in due course to arrange an exchange of visits for the nursing staffs of The Cassel Hospital and The Seton Institute, Baltimore.

In the afternoon, an informal teaparty gave Dr. and Mrs. Rogerson the opportunity of saying a personal goodbye to each member of the staff. A pigskin wallet was presented to Dr. Rogerson on behalf of the staff at Swaylands to whom he had said goodbye a few days previously. The two children were not forgotten and Alan was delighted to receive a satchel

with a real lock, while a teddy bear was sent to Peter, both gifts having been made in the hospital.

Welcome to Dr. T. F. Main

Doctor T. F. Main came to the Hospital as Medical Director on October 1st. Two small informal parties gave the Hospital and local members of the Medical profession the opportunity of welcoming him and enabled Dr. and Mrs. Main to meet each member of the staff.

NURSING STAFF

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

Assistant Matron: Miss G. ETHALL, S.R.N., S.C.M., T.A., R.F.N.

Sisters (with the Cassel Hospital Certificate):

Miss F. M. WADDINGTON, S.R.N.

Miss R. A. F. BRIDGE, S.R.N., S.C.M., R.F.N.

Sisters (Ward Sisters' Course):

Miss E. J. GAZDER, S.R.N., S.C.M., R.F.N.

Miss K. BAKER, S.R.N., S.C.M.

Miss L. LAIRD, S.R.N.

1946 proved to be a year of changes and re-adjustments but by the earnest co-operation of the staff the efficiency of the hospital and the standard of nursing has been maintained.

Miss Weddell took up her appointment as Matron on January 28th, while Miss Ethall had commenced as Assistant Matron only a week previously.

There were many regrets among the Nursing Staff when Dr. Rogerson resigned in March 1946, for many had benefited from his interest in nursing training and appreciated what he had done to make the Cassel Hospital Certificate and The Bursary Course known and respected in the profession.

The Special Course for Ward Sisters was not interrupted however, as Dr. Andratschke, Acting Medical Director, continued lectures and discussions in spite of her increased responsibilities at this time.

A simple but attractive navy-blue dress to be worn without aprons is now the uniform for the Sisters and the introduction of the 96-hour fortnight with a straight working shift has been a popular move.

Accommodation for nursing staff has been difficult throughout the year. It was possible, however, to purchase a house towards the end of 1946 and further accommodation has been planned for 1947.

The Cassel Hospital Nurses' League

The activities of the League have continued and flourished during the year. Dr. Rogerson consented

to remain Patron of the League and members are grateful for his continued interest and help in nursing problems and training.

Miss F. Rowe, S.R.N. and Miss O. P. E. Hann, S.R.N., D.N. (former Matrons of the hospital) have both accepted the office of Vice-Presidents of the League.

The three main League meetings were held in April, July and November. In April, members came to say farewell to Dr. and Mrs. Rogerson. At the July meeting Miss P. Barclay (Occupational Therapist) gave an interesting address on "Marionettes in the treatment of the psychoneuroses" which was followed by a marionette performance. In November, members were invited to meet Dr. Main, the new Medical Director, who gave a helpful talk on "Psychological Factors in Illness." Visitors from local hospitals were welcomed to these meetings.

There were various other activities during the year, including a visit to London for short refresher courses by two of the Sisters.

The Cassel Bursary Trust

No Bursary students were appointed in 1946 but it is hoped that it will be possible to accept students again in the coming year.

We were interested to learn that Miss E. A. Opie who was a Cassel Bursary Student in 1944 was appointed Matron to King's College Hospital at the end of 1946.

Domestic

A lay housekeeper with experience in hotel and club catering was appointed in March and the standard of catering for the hospital has been considerably improved.

We were fortunate in having no real domestic difficulties during the year.

PHYSIOTHERAPY DEPARTMENT

Physiotherapists: Mr. G. SNAPE, C.S.P., and Miss M. STILES, C.S.P.

During 1946 the Physiotherapy Department carried on with its usual treatments, Massage, Sunlight and exercises, also "Keep Fit" and Country Dancing classes.

General Massage was given to patients during their initial stay in hospital, generally as a tonic, but in many cases for relaxation with which so many tense and anxious patients need help.

During the winter months courses of Sunlight treatment were given to members of the staff who derived great benefit with a consequent feeling of well being and a decrease in colds.

B.M.R. tests have been carried out in all cases where this investigation was indicated.

The "Keep Fit" classes were bi-weekly and popular amongst the patients. Emphasis was laid not so much on the actual performance but more on the social aspect.

Owing to lack of space no major games were able to be included but minor ones were played and enjoyed.

Country Dancing took place weekly during the winter. The attendance was not so large but the standard of performance was much higher than last season. Several members of the staff joined these classes and their obvious enjoyment added to that of the patients.

Ballroom dancing lessons were in demand and we found dancing had a resocializing effect. Most of our patients know how to dance but don't feel confident enough to do this in public. After a few lessons they feel much more at ease and hence much happier in their social contacts.

OCCUPATIONAL THERAPY

Occupational Therapist: Miss M. P. R. BARCLAY.
In Charge of Library: Miss M. STILES.

The work of this department was carried on throughout the spring and summer of 1946 with the programme of craftwork graded to suit individual abilities and state of health; Convalescent patients were encouraged to work outside the hospital at the Day Nursery, a bookshop in the town, to attend classes at the Art School and to work on farms, these facilities being made available by the interest of local people.

The special group project of the marionette theatre was again used very successfully during the summer. One of the patients produced her own play on Hans Andersen's story "The Mermaid"—this was the most ambitious production yet attempted and involved a relatively large group of patients and many weeks of preparation. The Coventry Nativity Play was revived at Christmas and formed part of the Christmas programme to which people outside the hospital were invited.

During the Autumn and Winter more emphasis was laid on the patients taking responsibility for planning their own day—and making more outside contacts. This led to a falling off in attendance in the workshops until Christmas when all combined to make toys and presents for the local children who came to the Christmas party.

The Dalcroze Eurhythmics classes for the women have been continued throughout the year.

Patients interested in music were encouraged to practice and lessons were available for them.

Students

Five students from Dorset House School of Occupational Therapy have spent three months in the department during their training. All have made good use of their time and have contributed much to the general activities of the hospital.

Entertainments

The entertainments of the patients have again been run by a Committee elected by the patients themselves—the success and popularity of these vary considerably from time to time according to the tastes and capabilities of the patients themselves.

A weekly meeting of all patients was instituted towards the end of the year—at this meeting, under its own Chairman elected by the patients, any matters concerning the work programme and well-being of the community in general are discussed.

Excursions

Two outings for patients and staff were arranged during the season, one to Dovedale and one to Buxton. There were also visits to a number of Pottery Works.

Cinema

Film shows were given weekly throughout the winter months and both documentary and feature films were shown.

Library

The Library has helped a great deal in catering for the leisure hours of both patients and staff and also in supplying interesting work for the patients who undertake Librarian's duties. The duties are not arduous as the Library is only opened four days a week, but for anyone really interested the job may be much larger. Many sick people need a great deal of help in deciding what to read and it is here the Librarians can prove most helpful; also there is the care of the books. Book binding is taught in the Occupational Therapy Department and anyone who is keen may learn.

The usual periodicals were taken and several new books were added to the Library.

Gardening

Gardening as a group activity was carried out successfully during 1946. Both male and female patients worked under the supervision of the physio-therapist. The work was chiefly maintenance, attending to the tennis court, cutting the lawn and keeping the grounds generally tidy.

There is very little ground for cultivation but it was possible to grow a few vegetables.

As far as possible it was left to the patients' initiative to choose their own work, but for those unable to decide for themselves supervision and encouragement was necessary.

ANNUAL STATISTICAL TABLES FOR 1946

The tables are self-explanatory. A comparison with those of 1945 shows a marked similarity with regard to the number of admissions and the type of patient; the same is true of the ratio of male and female patients. There was a great preponderance of female admissions. During the war and immediately afterwards we thought this fact to be due to the

absorption of male patients in military hospitals but that was obviously a fallacy. The results achieved show again no significant differences for 1945 and 1946. The response to our follow-up letters was again high—most patients appreciate the interest shown in sending out these enquiries.

TABLE I

Total Number of Patients Discharged from Hospital during 1946

New Patients	Re-admissions	Total	Discharged unsuitable within one month	Total in which treatment undertaken
82	7	89	4	85

TABLE 2 Total Number of Patients for whom Treatment was Undertaken during 1946. Classification by Diagnosis, Sex and Condition on Discharge

Diagnosis	MALES				FEMALES				TOTALS			
	Much Imp.	Imp.	Not Imp.	Total	Much Imp.	Imp.	Not Imp.	Total	Much Imp.	Imp.	Not Imp.	Total
Affective Neurosis ...	4	2	—	6	15	5	—	20	19	7	—	26
Hysteria ...	—	—	—	—	6	4	1	11	6	4	1	11
Affective Psychosis ...	4	2	—	6	8	2	1	11	12	4	1	17
Schizophrenic Reaction ...	1	2	1	4	—	2	2	4	1	4	3	8
Obsessive Compulsive Neurosis	—	1	—	1	—	5	1	6	—	6	1	7
Organic and Toxic Reactions	—	1	1	2	1	—	1	2	1	1	2	4
Alcoholism and Drug Addiction	—	—	—	—	—	2	1	3	—	2	1	3
Character Disorder ..	—	1	1	2	—	5	—	5	—	6	1	7
Unclassified ...	1	—	—	1	1	—	—	1	2	—	—	2
Total ...	10	9	3	22	31	25	7	63	41	34	10	85
Percentage ...	45%	41%	14%	100%	49%	40%	11%	100%	48%	40%	12%	100%

TABLE 3 Percentage Distribution of Results on Discharge and at Follow-up

(a) Cases Discharged during 1942

Condition	On Discharge	Follow-up			
		1943	1944	1945	1946
Much improved ...	55	62	57	58	54
Improved ...	27	20	17	25	28
Not Improved ...	18	18	26	17	18
Total ...	100	100	100	100	100
Total cases on which percentage based...	102	81	81	71	54
Number not replying to follow-up ...	—	21	21	31	48

(b) Cases Discharged during 1943

Condition	On Discharge	Follow-up		
		1944	1945	1946
Much Improved ...	50	42	56	45
Improved ...	31	31	34	38
Not Improved ...	19	27	10	17
Total ...	100	100	100	100
Total cases on which percentage based...	111	88	70	60
Number not replying to follow-up ...	—	23	41	51

(c) Cases Discharged during 1944

Condition	On Discharge	Follow-up	
		1945	1946
Much Improved ...	48	43	49
Improved ...	37	34	29
Not Improved ...	15	23	22
Total ...	100	100	100
Total cases on which percentage based ...	93	75	68
Number not replying to follow-up ...	—	18	25

(d) Cases Discharged during 1945

Condition	On Discharge	Follow-up 1946
Much Improved ...	50	35
Improved ...	34	36
Not Improved ...	16	29
Total ...	100	100
Total cases on which percentage based ...	89	58
Number not replying to follow-up ...	—	31

Report of the General Committee

GENERAL

The Committee very much regret that so long a time has elapsed since the end of the year before the issue of this Report. The delay has been due to the time of the staff having been so largely occupied in connection with the necessity of moving from Ash Hall and finding a new home for the Hospital and moving there.

Medical Director

In May, 1946, C. H. Rogerson, Esq., M.D., F.R.C.P. resigned the Medical Directorship of the Cassel Hospital on taking up a similar post in Baltimore. Dr. Rogerson had been Medical Director of the Cassel Hospital for nine years. He maintained the high standard and tradition inaugurated by Dr. Ross. The Committee would like to take this opportunity of placing on record its high appreciation of the services of Dr. Rogerson to the Hospital. The Committee was pleased to be able to continue Dr. Rogerson's connection with the Hospital by appointing him a member of the General Committee. No successor was appointed to Dr. Rogerson until Dr. Main was appointed in September and took up his duties on 1st October, 1946. In the interval between May and October, 1946, Dr. Andratschke most ably carried on the work as Acting Medical Director.

General and Medical Committees

The Committee records with great regret the death on the 3rd October, 1946, of Sir Walter Langdon Brown, M.D., F.R.C.P. Sir Walter had been a member of the Medical and General Committees since 1935 and his advice was always at the disposal of the Committee and was most highly valued by them.

During the year 1946 in addition to Dr. Rogerson, the following new members were appointed to the General and Medical Committees:—

January, 1946. Sir Adolphe Abrahams, O.B.E., M.D., F.R.C.P.; Desmond Curran, Esq., M.B., B.Chir., F.R.C.P.; The Rt. Hon. Lord Horder, G.C.V.O., M.D., F.R.C.P.; Emanuel Miller, Esq., M.A., F.R.C.P.; J. R. Rees, Esq., C.B.E., M.D., F.R.C.P.

July, 1946. The following were appointed to be members of the General Committee:—Francis Cassel, Esq., Leslie Letts, Esq.

ASH HALL

Lease

In November, 1946, as Swaylands had not yet been derequisitioned the Committee exercised its

option of renewing the Lease of Ash Hall for one year, this being the final period allowed under the terms of the original Lease.

House Governor

In November, 1946, the Committee welcomed back Lieut.-Commander C. Hake, who returned to the staff after five years service in the Royal Navy.

Matron

Miss D. Weddell took up her post as Matron in January, 1946. Miss Weddell did not come to the hospital as a stranger, as she had in the previous year, been a Bursary Student under the Bursary Scheme inaugurated in 1945 by the Chairman, Sir Felix Cassel.

Temporary Medical Staff

In July, 1946, Dr. Alice Buck was engaged as a temporary Medical Officer to relieve the pressure under which the Medical Staff have worked since 1942, when the Central Medical War Committee caused the Medical Staff to be reduced to two.

Salary Scales

In July the Committee adopted the scales laid down by the British Hospital Association, the Joint Negotiating Committee and the National Joint Council for salaries and wages for various grades of Hospital workers. The salaries and emoluments of Ward Sisters and Assistant Nurses were also increased in accordance with the Rushcliffe recommendations, which the Committee had previously adopted.

Patients

In spite of all difficulties the work of the Hospital was satisfactorily carried on at Ash Hall throughout the year. The available accommodation was fully used. An account of the treatment of patients, methods employed, and results obtained, is contained in the Medical Report.

SWAYLANDS

Swaylands was de-requisitioned in November, 1946. Permits and licences for improvements and alterations to the building in readiness for the hospital's return were applied for but it was ultimately decided that the best course in all the circumstances would be not to return there. After an exhaustive search for other premises it was finally decided to acquire the Lawrence Hall Hotel, Ham Common into which the Hospital moved in December 1947.

Produce

Weekly supplies of vegetables and fruit in season have continued to be sent up to Ash Hall from Sway-

lands with the kind assistance of Mr. Smart of the Southern Railway.

Staff

In April garden wages were increased to keep them in line with the Agricultural Wage for Kent.

The Committee desires to record its appreciation of the continued excellent work done in the gardens.

The Committee desires to record its thanks and appreciation to the entire Staff of the Hospital who have worked so unitedly throughout a difficult year.

FINANCE

The Committee submit in the succeeding pages the Audited Accounts for the year ended 31st December, 1946, which show an excess of Expenditure over Income of £1,596, compared with a surplus Income over Expenditure of £2,645 in the previous year. The deficit for the past year is attributable to increased Ordinary Expenditure, principally in such items as Salaries and Wages, Provisions, Domestic and Administration Charges.

The available accommodation at Ash Hall has been fully utilized during the year and the statistics submitted with the Accounts show that the average number of patients resident daily was 28.09 which is slightly higher than for the preceding year.

The Expenditure and Income for the past and previous years is briefly tabulated viz :—

	1946	1945
Ordinary Expenditure ...	£19,320	£15,792
Extraordinary Expenditure	1,059	611
Total	£20,379	£16,403
Ordinary Income ...	£15,621	£15,024
Extraordinary Income ...	3,162	4,024
Total	£18,783	£19,048
DEFICIT	£1,596	—
SURPLUS	—	£2,645

The most significant increase in Expenditure was experienced in the item of Salaries and Wages, which was £2,228 higher than in 1945. The increased rates of pay occurred chiefly in the Medical, Nursing and Maintenance Staff; the Committee has continued to adhere to the recommendations of the Rushcliffe and Hetherington Reports in respect of the new scales of remuneration applicable to Nursing and Domestic

Staff. Other increases in Ordinary Expenditure compared with 1945 were as follows : Provisions £556, Domestic £487 and Administration £521. These increases arise from higher prices of commodities and additional remuneration payable to the Administrative Officers. A small saving in Expenditure occurred in the item of Establishment Charges, owing to the fact that redecoration to Ash Hall were carried out in 1945 and similar expenditure did not therefore arise in the past year.

The Fees received from patients were £731 higher than for the previous year and whilst, where practicable, moderate increases in the rates of weekly fees were introduced, the increased Income was not sufficient to offset the abnormal increase in Ordinary Expenditure.

A reduction occurred in Interest & Dividends from Investments, which amounted to £5,134 compared with £5,268 a year ago. This reduction was very small having regard to the falling trend in Interest rates.

It will be seen that Extraordinary Income for the year amounted to £3,162 as against £4,024 in 1945. The fall in this source of Income is attributable to reduced rentals of the evacuated properties at Pensehurst, following the de-requisitioning of 'Swaylands' in November 1946. At the same time the upkeep charges of the evacuated properties increased owing to the Hospital's liability for the wages of the care and maintenance staff, formerly paid by the War Office.

The outcome of the past year's working is thus a deficit of £1,596, which has been set against the accumulated balance on General Fund brought forward from previous years, leaving £28,440 to be carried forward, which is earmarked for the reinstatement of the Hospital at 'Swaylands' or elsewhere.

The following changes in Investments occurred during the year :—

Redeemed (at par) :—

£100 4½% Irish Free State Land Bonds.
£2,000 2½% National War Bonds 1945-47.

Realization :—

£5,500 3% Local Loans (Proceeds £5,530).

Purchases :—

£1,000 3% Defence Bonds (at par).
£2,000 2½% Savings Bonds 1964-67 (at par).

The total Book (or Cost) Value of Investments at 31st December, 1946, amounted to £147,429. The corresponding Market Value was £163,524, thus showing an appreciation of £16,095.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st DECEMBER, 1946

INCOME		EXPENDITURE	
1945	£ s. d.	1945	£ s. d.
Ordinary—		Ordinary—	
I. RECEIPTS ON ACCOUNT OF SERVICES RENDERED		I. PROVISIONS	2,535 4 11
FROM PATIENTS—		II. SURGERY AND DISPENSARY	317 18 5
Fees	10,487 9 0	III. DOMESTIC	1,927 19 3
		IV. SALARIES AND WAGES (MAINTENANCE) ...	10,901 10 1
II. INVESTED PROPERTY Interest, Dividends, etc.	5,134 1 1	V. MISCELLANEOUS	816 0 11
		VI. ADMINISTRATION	1,698 8 5
		VII. ESTABLISHMENT	47 2 3
		VIII. FINANCE	1,075 7 11
	15,621 10 1	Ordinary Expenditure	19,319 12 2
Extraordinary—		Extraordinary—	
I. RENTS OF EVACUATED PROPERTIES	2,612 15 8	I. UPKEEP OF EVACUATED PROPERTIES	957 13 8
II. SURPLUS ON SWAYLANDS GARDENS... ..	548 18 7	II. INITIAL EXPENDITURE ON REINSTATEMENT AT SWAYLANDS	101 12 6
		Extraordinary Expenditure	1,059 6 2
	3,161 14 3	TOTAL EXPENDITURE	20,378 18 4
TOTAL INCOME	18,783 4 4		
Balance, being excess of Total Expenditure over Total Income for the year	1,595 14 0	Balance, being excess of Total Income over Total Expenditure for the year	- - -
£19,048	£20,378 18 4	£19,048	£20,378 18 4

INVESTMENTS AT COST—AS AT 31st DECEMBER, 1946

				£	s.	d.	£	s.	d.
(a) Founder's Trust Fund—									
£3,237/13/6	3½%	Conversion Loan, 1961	...	2,476	19	7			
£5,500	2½%	Funding Loan, 1956/61	...	5,376	16	0			
£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			
£17,000	3%	Savings Bonds, 1965/75	...	17,000	0	0			
£2,000	2½%	Savings Bonds 1964/67	...	2,000	0	0			
£900	3%	Defence Bonds P.O. 3rd Issue	...	900	0	0			
£1,000	3%	Defence Bonds P.O. 4th Issue	...	1,000	0	0			
£9,764/15/10	3½%	War Loan	...	9,634	13	1			
£10,000	Local Loans 3%	Stock	...	8,195	2	10			
£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			
£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 £124,155 14 3)							113,911	11	5
(b) Special Funds—									
THE KATHARINE WALEY COHEN TRUST FUND—									
£1,665	Shell Transport & Trading Co., Limited, 5%	1st Preference Stock. Fully paid (Market Value £2,757 13 1)	...	1,582	1	6			
THE H.G.K. TRUST FUND—									
£496/4/6	3½%	War Loan (Market Value £535 18 6)	...	500	0	0			
THE BERNARD TEMPLE WRINCH SETTLEMENT—									
£7,807/6/0	Consolidated 4%	Stock (Market Value £9,095 10 0)	...	7,782	13	0			
THE MARY ANN OAKE BEQUEST—									
£100	3%	Defence Bonds. P.O. Issue	...	100	0	0			
£495/17/5	3½%	War Loan	...	497	19	6			
£250	Textile Trades Corporation Berlin 7%	Stock	...						
	Trust Certificates...	...	...				
(Market Value £635 10 9)							597	19	6
(c) General Fund—									
£65/13/2	3½%	War Loan	...	64	15	8			
£7,222/19/6	Consolidated 4%	Stock	...	7,200	4	0			
£14,014	Irish Free State 4½%	Land Bonds	...	15,471	7	5			
£335	Shell Transport and Trading Co., Ltd., 5%	1st Preference Stock. Fully paid	...	317	18	6			
(Market Value £26,343 7 8)							23,054	5	7
							£147,428	11	0

STATISTICAL TABLES FOR THE YEAR ENDED 31st DECEMBER, 1946 and comparison with the Year ended 31st December, 1945

				1946	1945
ACCOMMODATION					
Number of available beds	...	...	...	29/30	30
Average number of patients resident daily	...	...	...	28.09	26.74
Number of admissions during the year	...	...	...	100	92
Number of discharges during the year	...	...	...	97	95
Number remaining at 31st December	...	...	...	28	25
EXPENDITURE					
ORDINARY					
Provisions	...	...	...	£ s. d.	£ s. d.
Surgery and Dispensary	...	...	...	1 14 7	1 8 5
Domestic	...	...	...	4 4	5 2
Salaries and Wages	...	...	...	1 6 4	1 0 8
Miscellaneous	...	...	...	7 8 10	6 4 5
Administration	...	...	...	11 2	11 6
Establishment	...	...	...	1 3 2	16 11
Finance	...	...	...	8	4 10
	...	...	...	14 8	14 8
	...	...	...	19,319 12 2	13 3 9
	...	...	...	1,059 6 2	14 6
EXTRAORDINARY					
	...	...	...		11 6 7
	...	...	...		8 9
Total Cost	...	...	...	£20,378 18 4	£13 18 3
	...	...	...		£11 15 4

