

**Medical and general reports and accounts for the year ended 31st
December, 1947 : Ham Common, Richmond, Surrey / The Cassel Hospital
for Functional Nervous Disorders.**

Contributors

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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, 1947

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Founder :

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

Patron :

HER MAJESTY QUEEN MARY

Trustees :

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

General Committee :

The Rt. Hon. Sir FELIX CASSEL, Bt., K.C., (Chairman).	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.	*J. A. RYLE, M.D., F.R.C.P.
*DESMOND CURRAN, M.B., B.Chir., F.R.C.P.	S. W. SMART, Esq.
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*BERNARD HART, M.D., F.R.C.P.	V. E. VINCENT, Esq.
*The Rt. Hon. Lord HORDER, G.C.V.O., M.D., F.R.C.P.	

**Consulting Physicians to the Hospital.*

Medical Director and Physician :

T. F. MAIN, M.D., D.P.M.

Assistant Physician :

BERTA ANDRATSCHKE, M.D.

Medical Secretary :

Miss MARY A. MACRAE

Matron :

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

House Governor :

C. HAKE, Commander, R.N.R.

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

ANNUAL REPORT FOR 1947

THE year 1947 was a fateful one for the hospital. At the year's beginning, Swaylands, the home of the hospital ever since its inception, was still in the hands of the military, the hospital was still in its evacuation site at Ash Hall, Stoke-on-Trent, and the owners of Ash Hall had given notice that the lease could not be renewed after November, 1947. For various reasons the possibility of returning to Swaylands in 1947 was very remote. The War Office was reluctant, but eventually agreed, to release the building for the hospital. In any event it was plain that Swaylands would require much internal alteration and redecoration before the hospital could return there. The kitchens were old, the whole electrical installation needed renewal and the heating and water systems needed much attention. The building would be more expensive to run than it had ever been, and with the changed labour conditions following upon the war, it was extremely doubtful if a large enough domestic staff could be found. The amount of domestic labour required in Swaylands was high, in view of the large floor space, the difficult lay-out and the fact that heating on the second and third floors was by coal fires in patients' bedrooms. Apart from increased wage rates, the post-war shortage of domestic labour, coupled with the fact that Tonbridge, the nearest labour source, was seven miles from the hospital, gave cause for concern. A financial investigation showed that the raised cost of living spread over 64 patients would make the fees higher than they had ever been and the possibility of increasing the number of beds to approximately 100 in the hope of reducing the cost per patient, was explored. The estimated capital costs of building involved even in the most economical alteration plans and the difficulty of obtaining licences precluded this step as a practical immediate plan for 1947. Any return to the site itself would of course present other organizational problems. The expansion of the hospital from one of 30 beds at Ash Hall to 100 at Swaylands would demand major recruitment of nursing, medical, administrative and maintenance staff. In the rural isolation of Swaylands this recruitment would obviously be difficult, particularly in view of the extreme nursing shortage that prevailed in 1947. The kind of staff welfare which had grown as a national pattern in the seven years of the hospital's evacuation could not easily be met at Swaylands. Various expedients such as buying a hostel at Tonbridge and running a bus service for domestic and nursing staff to the hospital, were too expensive to be practicable.

It became plain then, early in 1947, that the difficulties of converting the large, delightful but old-fashioned and rambling building of Swaylands into a modern hospital, economical in service and staff, were insuperable. With many regrets it was decided to seek a new site. This was an urgent matter in view of our having to leave Ash Hall by November.

From the beginning of the year at the height of the housing shortage, an alternative building was being sought, and England and Wales were combed by the House Governor, the Matron and myself for a building that would offer good facilities for treatment, that could be run economically, that would be near a labour source, and that could be occupied in 1947 without the delays consequent upon altering the existing buildings at Swaylands. The Medical Committee, in addition, considered the possible implications on medical policy of having the new hospital near a town. It was known that Dr. T. A. Ross, the first Medical Director, had always regarded the rural isolation of Swaylands as conferring only mixed benefits on the patients, and that he had encountered many difficulties in rehabilitation because patients were unable to complete treatment unless they stayed at Swaylands till they were quite well. The rural site offered little opportunity for industrial rehabilitation, while treatment was proceeding, and patients had to face major problems of readjustment on leaving. The Medical Committee decided that it was desirable to have the hospital near a large town so that improving patients could, as soon as they were able, take on out-patient status and be helped by treatment to meet face to face difficulties of settlement into social and industrial life. This policy of "continuation out-patients" has my full support from a medical point of view. In addition, a shorter stay at the hospital would reduce the cost of treating each patient.

In May an hotel at Bournemouth was found which seemed to have some advantages over Swaylands. It was a modern economical building, capable of housing nursing staff as well as 80 patients, offering good external recreational and social facilities. It was thought to be too far from the psychiatric life of London to attract easily good medical staff, and it was felt that to set a hospital for neurosis in a holiday town was likely to influence the therapeutic atmosphere for the worse. It was, however, the most suitable building found at that time and arrangements to buy the building proceeded.

At the eleventh hour—in June—a building, the Lawrence Hall Hotel at Ham Common, was found and the committee decided to buy the property at a cost of £62,000. This site, to which the hospital has since moved, offered distinct advantages over both Swaylands and Bournemouth. It would be possible to expand the hospital to 104 beds and thus reduce the cost per bed. Set between Kingston and Richmond, some 10 miles from Piccadilly, and having 11 acres of parkland of its own, it had advantages of quiet, but it would prevent the hospital from becoming a tempting retreat from life. Opportunities for social and industrial rehabilitation were good, and the prospects of recruitment of nursing, domestic and medical staff were as good as had been found anywhere. There was no nurses' home but, in spite of the housing shortage, it seemed possible to acquire some houses in the neighbourhood of the hospital to serve as suitable quarters for nurses.

The building was in a bad state of repair, and it had been shaken by a V.I. flying bomb that had landed in the grounds. Plaster was cracked, the ceilings had come down, it was in need of much building repair and redecoration, and in addition internal alterations were required before it could be made to fit the requirements of a hospital. With the National Health Service in prospect in 1948, it was felt wise to consult with the Ministry of Health officials before buying the building. The Hon. Walter Maclay, Senior Commissioner of the Board of Control, kindly gave me his views on the suitability of the building, and the financial experts of the Ministry were consulted, together with the Charity Commissioners. The Committee took a tentative decision to enter the National Health Service, and has made a plan to alter and refurbish the building, so that they will hand over to the nation a well equipped hospital in good repair, of which they and the National Health Service might be proud. A building programme was considered to bring the new site up to proper standards of efficiency. This includes replanning the kitchen and servery, forming labour-saving cafeteria, creating new corridors, an out-patient entrance, repairing walls damaged by blast, putting in a new staircase, installing labour saving devices, a new electrical system, some plumbing, a lift, pulling down certain walls and creating others. The building plan will permit the hospital to be run in three units—an admission and physical treatment unit, two blocks for long term patients, together with a suitable administrative centre and a consulting-room block. Such a lay-out had of course to be assessed with some care before a decision to buy the building was made, and it is hoped to complete the alterations before the advent of the National Health Service in 1948. Vacant possession was obtained in November, 1947, and the hospital moved as a body of patients and staff from Ash Hall into the new site on December 2nd, 1947. The building is still in a state of disrepair and can, prior to alteration, house only 50 patients, but

with only 24 hours break, because of the journey, the hospital settled into the new site, continued to operate with astonishing smoothness, and patients' treatment was continued. The minor difficulties met were innumerable but the enthusiasm of the staff prevented any interruption of the patients' care. Domestic and nursing recruitment began at once, and plans for recruitment of staff that had been made in November, and which had been timed almost to a day, has allowed essential services to be provided in the new building. At the end of the year the hospital was therefore in its new site but the patient numbers were the same as those at Ash Hall, namely 30.

Staff Houses

It was hoped that in the neighbourhood of Ham a large house could be found suitable for conversion into a Nurses' Home, but in spite of intensive search, none was found. Three separate houses were discovered within half a mile of the hospital, near to each other, and it was decided to purchase these properties in the hope that within the next year other similar houses could be found in the same neighbourhood so that the hospital nurses could live near to each other and share a common dining room. A property with two flats for the hospital Chauffeur and Head Porter, and a house for one doctor were acquired and negotiations were proceeding for two houses for medical staff. A residence for junior medical staff was sought but has not been found. The national shortage of houses is acute however and our housing problems will be difficult to solve. All properties must of course be within reasonable travelling distance of the main hospital building if they are to serve the purpose of having essential staff near enough to the hospital to deal with emergencies.

Disposal of Swaylands

When the House Governor, Mr. C. Hake, returned from the Royal Navy in 1947 it was decided that Miss Mallion should continue in her secretarial role at Ash Hall and that Mr. Hake should supervise the farm, gardens and buildings at Swaylands. Throughout the year he has helped in the search for a new site and negotiated for the release of the hospital from the War Office. The Committee's decision in June to sell Swaylands following the purchase of a new site was passed to him, and towards the end of the year he was conducting negotiations with several bodies wishing to purchase Swaylands. In particular, tentative negotiations with the Middlesex County Council were in progress.

Since December, when the hospital went South, it has been plain that the administrative staff requires the most careful scrutiny and re-design and that the position of House Governor and Secretary need clarification.

Plans for Staff Expansion

Throughout the year much consideration has been given to the design of staff for a hospital of increased size. Several plans were made, first for Swaylands and then for the various buildings surveyed. I am most grateful to the Medical Committee for their help during this period, when the medical and nursing staffing needs of the hospital were variously considered for the sites at Bournemouth, Swaylands and Ham. The Medical Committee advised that the proportion of doctors to patients should remain the traditional one of 10.5 patients and the proportion of nurses to patients should be one to 3. Accordingly, new medical and nursing establishments have been drawn up for the larger new hospital. A difficult period is envisaged when the hospital will have a large building with large overhead costs and only a relatively small number of patients, but careful timing will permit the recruitment of nursing, medical and domestic staff to be co-ordinated with the increase in patient numbers as the building programme of 1948 permits. Some nursing staff were selected before the end of the year, and plans for the selection of additional medical staff are complete. The immediate difficulties of domestic staffing had been surmounted.

Medical Policy

It was decided to continue to maintain for the nation an in-patient service for the treatment of neurosis. Patients will continue to be selected for their suitability for psychotherapy, but there will be provision for physical treatments where these appear to be the treatments of choice. It is planned also to develop an out-patient service, firstly, to determine the suitability of patients for admission; secondly, to provide treatment for those patients for whom in-patient treatment is no longer required ("continuation out-patients"), and thirdly, in the years to come, to act as a local consultation and advice service for patients from the area in which the hospital is set. It was decided that the hospital should continue to concern itself more with the quality of treatment provided than with the number of patients treated, and that it should continue as a centre of high technical practice, and that whatever extensions it might undergo, it should preserve its tradition of the highest clinical practice in psychotherapy. It was decided to abolish the posts of Masseuse and Masseur, and to establish a Social Therapy Staff concerned with the occupational and domestic rehabilitation of patients, and a clinical psychology staff. The Medical Committee also recommended that Medical staff wishing to pursue analytic training should be given every opportunity. It was decided that the benefits to the hospital of this training justified the hospital making a legal agreement with the Institute of Psycho-Analysis for the hospital to pay direct to the Institute a sum of

money for each doctor in such training; the doctors' salaries being reduced in respect of this amount. At the end of 1947 it was agreed that two "Firms" should be created, each consisting of a physician, assistant physician and a registrar, and that further staff should be engaged in 1948 as the hospital expanded to its full capacity.

The Future

All those concerned with the hospital must regret its departure from the beautiful site in which it has grown up and which has so well served it for a quarter of a century. The new building, which has an eighteenth century charm, offers, I believe, opportunities for the hospital as great as those of the past, and I believe the hospital is fortunate to have survived a year of unprecedented turbulence, and to have ended 1947 in so pleasing a site, with the stage set for expansion of its services on a greater scale than ever before in its history. With the coming of the National Health Service next year the hospital will no doubt undergo other modifications, and be presented with further opportunities, but the team work of all the old and new staff that combined to settle the hospital into its new home, augurs well for the future. I am most grateful to them without whom none of the difficulties could have been surmounted.

Care of Patients

Conditions for the treatment of patients have been favourable throughout the year in spite of the administrative reorganization of the hospital. The main treatment has continued to be various forms of psychotherapy with the occasional use of physical treatments such as modified insulin or E.C.T. Group therapy was added to the existing forms of treatment, and there was general agreement among the medical staff that it is of value. It seems unlikely that in its present form it can usefully replace individual therapy, and so far it has been used only to supplement individual therapy. Its specific effects of increasing social capacity, and the ability to tolerate symptoms, with the strengthening of the sense of reality, make it a useful addition to existing methods. There is a growing belief among medical staff that it makes individual therapy more fruitful.

In 1947 a beginning was made with psycho-drama, but too few patients were treated for any firm conclusion to be drawn, and those who have been given psychodramatic treatment have had other treatment in addition. Patients have been carefully chosen for it and so far objective comment on its application is not yet possible. It is, however, already plain that psychodrama can be used effectively for the release of feeling and as an occasion for gaining insight. I feel that much more work is required, however, before any conclusion about its value can be drawn.

Waiting List

The average waiting list throughout the year was 40 patients. This was a considerable embarrassment to the hospital at Ash Hall of 28 beds. Many patients with urgent needs had to wait some months before they could be admitted, and in the meantime some got worse because of the delay. On admission such patients are more difficult to nurse and to treat than they would be with earlier admission. Moreover, cancellations from the waiting list were inevitable. Patients who were likely to respond to shorter treatment sought it elsewhere, and although this was to their good, it meant that those who stayed on the waiting list were on the whole the more difficult treatment problems. There is not in this country any other hospital offering long term psychotherapy, and on the whole the long delay on the waiting list is accepted only by patients whose needs cannot be supplied elsewhere by shorter psychotherapy, and yet whose medical condition is severe. The net effect is that the number of extremely ill patients requiring long term treatment on the waiting list is high and I have had to advise many doctors requesting admission for a patient who requires only short term treatment to seek it elsewhere. In addition it has not been possible to create beds for emergencies. During the year five such beds were reserved but were filled up in a week. The only condition now having priority on the waiting list is anorexia nervosa in which the patient has lost so much weight that there is a risk to life.

The demand for psychotherapy in the hospital vastly exceeds our capacity to supply it. In spite of our policy of never advertising our existence or whereabouts there were daily requests for admission. It was necessary in the year to set up an advisory bureau which could tell enquiring doctors what other facilities the country can offer to patients requiring short term treatment. Until there are more facilities in the country for psychotherapy, the general situation cannot be altered. The unfortunate fact remains, however, that patients on the waiting list have to wait several months before they can be admitted, and the distress caused to them, their relatives and their doctor, is sometimes extreme.

Nurses' Training and Selection

Two weekly case conferences and two weekly lectures by the medical staff were held throughout the year and the standard of nurses' training has been satisfactory. During the year much consideration has been given to the type of person suitable for nursing the neuroses. No relevant training exists elsewhere and neither general hospital training nor mental hospital training is appropriate to the work of the hospital which must perforce train its own nurses. We continue to seek mature nurses, who possess at once sensitivity to emotional subtleties, and who are at the same time personally stable and mature, and to this end the technical method of selection devised towards the end of 1946 has been continued throughout the year. The procedure, which was set out in my last Report, was the subject of a special article in the *Lancet*, which commended it to other hospitals. We have been impressed by the usefulness of the procedure, and have so far found that careful selection has increased rather than reduced the number of applications for nursing posts. The hospital has continued its policy of fitting back into general hospital work nurses who have completed their training at this hospital, and there is considerable evidence that their training in neurosis is of benefit to them in their general hospital work.

Committee Work

As I said at the beginning of this Report, 1947 was a fateful year, and I am most grateful for the continuous support given to me by the whole Committee. Many emergency and special committees had to be called at the shortest notice and many major decisions had to be reached. The general and medical committees were unfailingly generous of time and occasion. Sir Felix Cassel, the Chairman of the hospital, has given me the benefit of unending consultations and much personal understanding, and I am sure that without his unfailing and wise counsel, the serious threat to the hospital's very existence in 1947 would not have been withstood.

ANNUAL STATISTICAL TABLES FOR 1947

TABLE I

Total Number of Patients Discharged from Hospital during 1947

New Patients	Re-admissions	Total	Discharged unsuitable within one month	Total in which treatment undertaken
64	6	70	2	68

TABLE 2 Total Number of Patients for whom Treatment was Undertaken during 1947. 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
Depressive States ...	2	4	1	7	5	3	—	8	7	7	1	15
Schizoid States ...	—	3	2	5	1	4	5	10	1	7	7	15
Anxiety Neurosis ...	2	2	2	6	2	3	—	5	4	5	2	11
Hysteria ...	2	—	—	2	4	1	1	6	6	1	1	8
Obsessional Neurosis ...	—	1	—	1	1	3	1	5	1	4	1	6
Adolescent Behaviour Disorder	2	—	—	2	—	—	—	—	2	—	—	2
Character Disorder ...	—	2	1	3	—	1	—	1	—	3	1	4
Alcoholism ...	—	1	—	1	—	—	—	—	—	1	—	1
Involitional Melancholia ...	—	1	—	1	—	—	—	—	—	1	—	1
Epilepsy ...	—	1	—	1	—	—	—	—	—	1	—	1
Anorexia Nervosa ...	—	—	—	—	1	—	—	1	1	—	—	1
Cyclothymic personality ...	1	—	—	1	—	—	—	—	1	—	—	1
Manic Depressive Illness ...	—	1	—	1	—	—	—	—	—	1	—	1
Psychotic State? Unclassified	—	—	—	—	—	—	1	1	—	—	1	1
Total ...	9	16	6	31	14	15	8	37	23	31	14	68
Percentage ...	29%	52%	19%	100%	38%	40%	22%	100%	34%	45%	21%	100%

TABLE 3 Percentage Distribution of Results on Discharge and at Follow-up
(a) Cases Discharged during 1944

Condition	On Discharge %age	Follow-up %age		
		1945	1946	1947
Much Improved ...	48	43	49	52
Improved ...	37	34	29	40
Not Improved ...	15	23	22	8
Total ...	100	100	100	100
Total cases on which percentage based...	93	75	68	40
Number not replying to follow-up ...	—	18	25	53

(b) Cases Discharged during 1945

Condition	On Discharge %age	Follow-up %age	
		1946	1947
Much Improved ...	50	35	38
Improved ...	34	36	33
Not Improved ...	16	29	29
Total ...	100	100	100
Total cases on which percentage based ...	89	58	42
Number not replying to follow-up ...	—	31	47

(c) Cases Discharged during 1946

Condition	On Discharge %age	Follow-up 1947 %age
Much Improved ...	48	46
Improved ...	40	32
Not Improved ...	12	22
Total ...	100	100
Total cases on which percentage based ...	85	37
Number not replying to follow-up ...	—	48

NOTE.—The follow-up tables are less reliable than in former years. The response to follow-up letters was badly affected by the post-war movement of patients and their families. A significant number of letters were returned "Address Unknown."

Report of the General Committee

GENERAL.

General and Medical Committees

During the year 1947 the Committee suffered a sad loss by the death, in October, of Dr. Riddoch. George Riddoch Esq., M.D., F.R.C.P., had served on the Medical and General Committees of the Cassel Hospital since 1934. An eminent neurologist, he had served as consultant neurologist to the British Army during the war, and was neurologist to the National Hospital, Queen Square, and to the London Hospital. His valuable services, especially on the Medical Committee, will be greatly missed.

New Home for the Hospital

The most outstanding feature of 1947 was the procuring of a new home for the Hospital at Ham Common, and moving the Hospital to it in December.

Although Swaylands was finally de-requisitioned by the Military Authorities in November, 1946, it was decided not to return there because of the high cost of running an old-fashioned building in the depths of the country. A great deal of time was spent during 1947 in a series of exhaustive searches for other premises and in September Lawrence Hall Hotel, Ham Common, was purchased. This building is an early eighteenth century house to which extensions, including a modern ballroom, have been added at various times: a building of considerable charm amid 11 acres of attractive gardens.

As the whole of this building would be required to accommodate the proposed number of 100 in-patients, other premises had to be sought to house the nursing and some other staffs. After search for a large house near Ham Common, to use as a Nursing Home, had proved fruitless, three separate houses, near to each other and within half a mile of the Hospital, were purchased by December. These, together with a house purchased for the Deputy Medical Director and another for the use of the Chauffeur and Head Porter, were the minimum requirements necessary. With these scanty provisions, time not allowing for any badly needed alterations and repairs, the Cassel Hospital was moved in one day, the 2nd December, without any break in the patients' treatment. At the same time extensive adaptations and alterations were put in hand. It will be necessary to keep patient numbers low until the completion of these works.

Although the situation of the new building, so near London and adjoining Ham Common, was from every point of view desirable, the building itself was in a very bad state of repair and needed extensive

alterations and adaptations to make it suitable for a hospital. It was of great importance that there should be little, if any, break in the continuity of the work of the hospital. The Committee desires to place on record its appreciation of the speed and efficiency with which Messrs. Bovis Ltd. commenced this task under the supervision of the Architect, Mr. Frank Scarlett.

By the end of 1947 negotiations were proceeding for the purchase of two more houses for Medical Staff and it is hoped to procure further properties in 1948 to accommodate the Secretary, Junior Medical Staff and further Nurses as the patient numbers increase.

ASH HALL.

In spite of the uncertainty as to its future home, the work of the hospital was satisfactorily carried on at Ash Hall during the year under the able direction of its new Medical Director, Dr. T. F. Main.

In January a new scheme was started whereby three beds were made available for treating at the Cassel Hospital patients from St. Dunstan's suffering from neurosis.

Towards the end of the year the three properties, which it had been necessary to purchase for staff accommodation, were sold without loss to the Hospital.

Staff

In February, Dr. Andratschke, spent five weeks in America making a survey of various hospitals and institutions and, in May, Dr. Rogerson (ex-Medical Director) visited the Hospital after his first year's work in America.

SWAYLANDS.

Early in 1947 the decision was taken not to return to Swaylands, the whole property was put on to the market and Mr. Hake, the House Governor, took up his residence at Swaylands to deal with the business.

The gardens continued to be run on a market garden basis as in previous years, and weekly supplies of vegetables and fruit in season were sent by express service to Ash Hall, through the kind assistance of Mr. Smart of the Southern Railway.

The Committee desires to place on record its appreciation and thanks to the medical, nursing, domestic and other staffs at Ash Hall and Swaylands who worked so well through a difficult year and also its appreciation of the efficient way in which the move from Ash Hall to Ham Common was so promptly and smoothly effected.

It is a matter for regret that in consequence of all the disturbance occasioned by the move this Report has been so long delayed.

FINANCE.

The Committee present in the subjoined pages the Audited Accounts for the year ended 31st December, 1947.

In reviewing the Accounts it should be remembered that the year 1947 was one of reorganization and transition, culminating with the transfer of the Hospital in November, 1947, from Ash Hall to the newly acquired property at Ham Common, Richmond.

In the twelve months ended 31st December, 1947, Expenditure exceeded Income by £14,526. No useful purpose would be served by statistical comparisons of the Income and Expenditure for the year, owing to the exceptional nature of a good deal of the expenditure, especially that in connection with the removal of the Hospital from Stoke to Ham Common.

The available accommodation at Ash Hall was well utilized during the year, the average number of patients resident daily being 26.13 compared with 28.09 for the previous year. It will be seen from the statistics published with the Accounts that the available beds were increased from 30 to 35 as from the 2nd December, 1947, following the transfer of the Hospital to Richmond.

The *Ordinary Income* for the year totalled £14,938—a reduction of approximately £700—which was wholly attributable to the reduced income from investments.

In consequence of the derequisitioning of Swaylands in November, 1946, the rents derived from evacuated properties in the year 1947 were sub-

stantially lower and amounted to only £415, compared with £3,162 in the previous year.

Ordinary Expenditure amounted to £25,029, which was considerably higher than in 1946, due largely to the new scales of salaries and wages under the Hetherington & Rushcliffe Schemes. Extraordinary Expenditure amounted to £4,850, practically all of which was of an exceptional and non-recurring nature.

The deficit for the year of £14,526 has been set against the accumulated balance on General Fund brought forward from previous years, leaving to be carried forward a remaining balance of £23,192, which is necessarily earmarked for the reinstatement of the Hospital at Ham Common.

The outstanding features in the *Balance Sheet* are the additions of £102,884 to Land, Buildings and Equipment, representing the purchase and equipment of the new Hospital premises and staff houses at Ham Common and the consequent significant reduction in investments.

The sale of the Penshurst property was concluded subsequent to the 31st December, 1947, and accordingly no effect has been given to the sale of this property in the annexed Accounts.

The Bank Overdraft of £18,915, which appears in the Balance Sheet at the 31st December, 1947, was subsequently repaid out of the sale proceeds of the Penshurst property.

It will be noted that at the close of the year the book value of the unrealized investments amounted to £57,657, the corresponding market value at that date being £60,484.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st DECEMBER, 1947

INCOME		EXPENDITURE	
1946	£ s. d.	1946	£ s. d.
Ordinary—		Ordinary	
I. RECEIPTS ON ACCOUNT OF SERVICES RENDERED		I. PROVISIONS	3,178 10 0
FROM PATIENTS—		II. SURGERY AND DISPENSARY ...	251 6 8
Fees	11,169 13 0	III. DOMESTIC	2,790 2 4
5,134		IV. SALARIES AND WAGES (MAINTENANCE) ...	12,926 4 8
		V. MISCELLANEOUS	1,704 9 8
		VI. ADMINISTRATION	2,737 16 0
		VII. ESTABLISHMENT	182 15 10
		VIII. FINANCE	1,258 10 6
15,621	14,938 5 8	Ordinary Expenditure ...	25,029 15 8
Extraordinary—		Extraordinary—	
I. RENTS OF EVACUATED PROPERTIES	415 11 4	I. UPKEEP OF EVACUATED PROPERTIES AT SWAYLANDS	1,704 12 5
18,783		II. FEES AND EXPENSES ⁷² PROPOSED REINSTATEMENT OF HOSPITAL AT SWAYLANDS AND BOURNEMOUTH	1,202 15 2
1,596		III. EXPENDITURE IN CONNECTION WITH THE TRANSFER OF THE HOSPITAL FROM STROKE TO HAM COMMON INCLUDING INITIAL EXPENDITURE AT HAM	1,684 4 11
		IV. EXPENDITURE (LESS RECEIPTS) ON SWAYLANDS GARDENS ...	145 13 1
		V. EXPENDITURE ON HAM GARDENS ...	113 11 6
		Extraordinary Expenditure ...	4,850 17 1
£20,379	£29,880 12 9	TOTAL EXPENDITURE ...	£29,880 12 9

NOTE—The Hospital was transferred from Ash Hall, Bucknall, Stoke-on-Trent to Ham Common, on 2nd December, 1947.

BALANCE SHEET, 31st DECEMBER, 1947

1946	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
£1,859												
Creditors and Accrued Expenses												
Capital Accounts—												
(a) Founders' Trust Fund as at 31st December, 1946												
Add: Net Profit on Realization of Investments	222,054	11	8	222,054	11	8						
	3,467	17	0	3,467	17	0						
	225,522	8	8	225,522	8	8						
222,054												
(b) Special Funds as at 31st December, 1946—												
THE KATHERINE WALEY COHEN TRUST FUND—												
gift for special purposes	1,582	1	6	1,582	1	6						
THE H. G. K. TRUST FUND—												
—gift for special purposes	500	0	0	500	0	0						
THE MARY ANN OAKE BEQUEST												
	597	19	6	597	19	6						
10,463	2,680	1	0	2,680	1	0						
THE BERNARD TEMPLE WRINCH SETTLEMENT—												
bequest for general purposes as at 31st December, 1946												
Add: Net Profit on Realization of Investments	7,782	13	0	7,782	13	0						
	793	5	11	793	5	11						
	8,575	18	11	8,575	18	11						
Less: Amount transferred to General Fund ..	8,575	18	11	8,575	18	11						
(c) General Fund as at 31st December, 1946	28,429	13	10	28,429	13	10						
Add: Amount transferred from The Bernard Temple Wrinch Settlement	8,575	18	11	8,575	18	11						
Net Profit on Realisation of Investments	713	2	5	713	2	5						
	37,718	15	2	37,718	15	2						
Less: Excess of Expenditure over Income for the year ended 31st December, 1947, per annexed Account ..	14,526	15	9	14,526	15	9						
28,430	23,191	19	5	23,191	19	5						
NOTE—The General Fund is earmarked for the reinstatement of the Hospital.												
Unexpended Income Balance of Special Fund—												
Medical Director's Special Fund as at 31st December, 1946												
Add: Income for the year	845	14	10	845	14	10						
	358	11	11	358	11	11						
	1,204	6	9	1,204	6	9						
	334	2	4	334	2	4						
Less: Grants during year ..	870	4	5	870	4	5						
Bank Overdraft less Cash at Bank and in Hand—												
General Fund	18,915	2	6	18,915	2	6						
£263,652	£278,466	18	11	£278,466	18	11						

1946	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
£1,859												
Cash at Bank and in Hand—												
On Account of—												
3,628	General Fund .. ..	..	..	..	..	..	..	..	..	..	..	..
846	Medical Director's Special Fund .. ..	..	..	..	..	..	..	..	..	..	..	..
				870	4	5						
648	Stocks on Hand .. ..	..	..	..	..	..	..	..	..	..	..	..
1,223	Debtors and Payments in Advance											
1,736	Interest Accrued on Investments											
	Investments at Cost—											
	(a) Founder's Trust Fund ..			14,495	2	7						
	(b) Special Funds—											
	THE KATHERINE WALEY COHEN TRUST FUND ..			1,582	1	6						
	THE H. G. K. TRUST FUND			500	0	0						
	THE MARY ANN OAKE BEQUEST			597	19	6						
				2,680	1	0						
147,428	(c) General Fund (Market Value £60,484 .. 0 8)			40,482	7	10						
108,143	Land, Buildings and Equipment—											
	As at 31st December, 1946 ..			108,143	0	3						
	Add: Additions (less Sales) during the year			102,884	5	10						
				211,027	6	1						
£263,652												

We have audited the above Balance Sheet dated 31st December, 1947, and have obtained all the information and explanations we have required. In our opinion such Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of affairs, according to the best of our information and the explanations given to us and as shown by the books of the Hospital.

ALDERMAN'S HOUSE, BISHOPSGATE,
LONDON, E.C.2.
20th June, 1949.

BARTON, MAYHEW & Co.,
Chartered Accountants.

SCHEDULE OF INVESTMENTS—AS AT 31st DECEMBER, 1947

				£	s.	d.	£	s.	d.
(a) Founder's Trust Fund—									
£900 3% Defence Bonds P.O. 3rd Issue	...	...	...	900	0	0			
£1,000 3% Defence Bonds P.O. 4th Issue	...	...	...	1,000	0	0			
£3,367/13/7 3½% War Stock	...	...	...	3,322	16	2			
£1,500 Bristol Corporation 3% Loan 1958/63	...	...	...	1,491	12	3			
£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			
							14,495	2	7
(b) Special Funds—									
(i) THE KATHARINE WALEY COHEN TRUST FUND—									
£1,665 Shell Transport & Trading Co., Limited, 5% 1st Preference Stock (fully paid).	...	...	...	1,582	1	6			
(ii) THE H.G.K. TRUST FUND—									
£496/4/6 3½% War Stock	...	...	...	500	0	0			
(iii) THE MARY ANN OAKE BEQUEST—									
£100 2½% Defence Bonds. (Conversion Issue)	...	...	...	100	0	0			
£495/17/5 3½% War Stock	...	...	...	497	19	6			
£250 Textile Trades Corporation Berlin 7% Stock Trust Certificates	...	...	...	.	.	.	2,680	1	0
(c) General Fund—									
£3,237/13/6 3½% Conversion Stock	...	...	...	2,476	19	7			
£8,200 3% Savings Bonds 1960/70 "A"	...	...	...	8,200	0	0			
£6,462/15/5 3½% War Stock	...	...	...	6,376	12	7			
£13,914 Irish Free State 4½% Land Bonds	...	...	...	15,360	19	5			
£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			
£335 Shell Transport and Trading Co., Ltd., 5% 1st Preference Stock. (fully paid).	...	...	...	317	18	6			
							40,482	7	10
Total as per Balance Sheet, 31st December, 1947							£57,657	11	5
(Market Value at 31st December, 1947 £60,484 0 8)									

STATISTICAL TABLES FOR THE YEAR ENDED 31st DECEMBER, 1947 and comparison with the Year ended 31st December, 1946

ACCOMMODATION			1947	1946
Number of available beds	...	...	*29/30	29/30
Average number of patients resident daily	...	...	26.13	28.09
Number of admissions during the year	...	...	80	100
Number of discharges during the year	...	...	78	97
Number remaining at 31st December	...	...	30	28

*Increased to 35 as from 2nd December, 1947.

EXPENDITURE

			Expenditure for the year ended 31st Dec., 1947	Average weekly cost per patient during	
ORDINARY			£ s. d.	1947	1946
Provisions	...	...	3,178 10 0	£ s. d.	£ s. d.
Surgery and Dispensary	...	...	251 6 8	2 6 8	1 14 7
Domestic	...	...	2,790 2 4	3 8	4 4
Salaries and Wages	...	...	12,926 4 8	2 0 11	1 6 4
Miscellaneous	...	...	1,704 9 8	9 9 9	7 8 10
Administration	...	...	2,737 16 0	1 5 0	11 2
Establishment	...	...	182 15 10	2 0 2	1 3 2
Finance	...	...	1,258 10 6	2 8	8
				18 6	14 8
			25,029 15 8	18 7 4	13 3 9
EXTRAORDINARY			4,850 17 1	3 11 3	14 6
Total Cost			£29,880 12 9	£21 18 7	£13 18 3

