

**Annual report for the year ended 31st March, 1951 / The hospital management committee for St. Augustine's.**

**Contributors**

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THE  
HOSPITAL MANAGEMENT  
COMMITTEE

FOR  
ST. AUGUSTINE'S



ANNUAL  
REPORT

FOR THE  
YEAR ENDED 31<sup>st</sup> MARCH, 1951



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THE HOSPITAL MANAGEMENT COMMITTEE FOR ST. AUGUSTINE'S

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who is appointed for the period ending 31st March, 1951

Other Members :

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A. S. Lampard, Esq.,  
B. J. Pearson, Esq.,  
W. C. Redman, Esq., (Vice-Chairman)

who are appointed for the period ending 31st March, 1951

- (b) W. H. Chessell, Esq.,  
F. P. King, Esq.,  
Hon. Mrs. D. Neame,  
Miss M. Sheehan, S.R.N., S.C.M.,  
T. S. Stigger, Esq.,

who are appointed for the period ending 31st March, 1952

- (c) A. Wallace Fowler, Esq.,  
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S. C. Post, Esq., L.D.S., R.C.S.,  
Mrs. M. Sharpe,  
I. H. K. Stevens, Esq., M.D., M.R.C.P.,

who are appointed for the period ending 31st March, 1953

Administrative Staff

Secretary, Finance Officer and Supplies Officer

H. F. Levitt, F.H.A.

Deputy Secretary, Finance Officer and Supplies Officer

G. Lock, F.H.A.

Hospitals Engineer

A. C. Pearson

Staff of the Hospitals :

St. Augustine's Hospital

Medical Superintendent (Consultant Psychiatrist)

C. E. Alan Shepherd, M.R.C.S., L.R.C.P., D.P.M.

Deputy Medical Superintendent (Consultant Psychiatrist)

A. K. McCowan, M.D., Ch.B., D.P.M.

Senior Registrars

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J. H. S. Whyte, M.B., Ch.B., D.P.M.

Secretary

H. F. Levitt, F.H.A.

Matron

Miss I. R. Taylor, M.B.E., S.R.N., R.M.N., S.C.M.

Head Male Nurse

A. J. Claydon, S.R.N., R.M.N., R.M.P.A.

St. Martin's Hospital

Medical Superintendent (Consultant Psychiatrist)

F. L. Scott, M.R.C.S., L.R.C.P., D.P.M.

Assistant Secretary

A. G. Webb, F.H.A.

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## THE HOSPITAL MANAGEMENT COMMITTEE FOR ST. AUGUSTINE'S

Report for the year ended 31st March, 1951.

The St. Augustine's Hospital Management Committee has much pleasure in presenting its second report.

Reports by the Medical Superintendents of the Hospitals appear in the following pages, these give details of the movements in the populations of the Hospitals and it is not necessary here to give much detail. It is important, however, to note the continued overcrowding which exists at St. Augustine's Hospital. The Committee is very conscious of the need for further beds to be made available within the Region for sufferers from mental disorders and it has taken every opportunity to bring pressure to bear on the Regional Board to this end. At the present time, there is a very serious shortage of beds or homes for an ever increasing number of elderly people whose mental faculties are slightly impaired and who need simple care and observation. These people are being certified under the Mental Treatment Acts and are being sent to Mental Hospitals to end their days. They are occupying very valuable beds which could be used much more profitably for curative treatment.

The Committee was therefore very pleased to receive permission from the Regional Board to furnish, staff and open its Admission Villa (Oak House) towards the end of the year. Staffing difficulties prevented this achievement before 31st March, 1951, but it is hoped to open early in the coming year. Oak House was built in 1939, was occupied immediately by the Military Authorities and since it was de-requisitioned, lack of money has prevented its being brought into use. It will provide 88 beds (44 male and 44 female) for early treatment. The Building is a very attractive one and should prove well suited to its purpose. Much thought has been given to the laying out of its grounds and an order has been placed for a part of the work to be done before patients are admitted.

A lot of the Committee's time has been devoted to planning the rehabilitation of St. Martin's Hospital, the premises having been vacated by the Governors of the Simon Langton Girls School in September, 1950. The Committee is of the opinion that 100 beds could be made ready for occupation at no very great cost but fears that the cost of repairing and renovating the wards which were more seriously damaged by enemy action, as well as completely renewing the engineering services to the whole hospital, will be heavy. It is of opinion, however, that when this work has been done, St. Martin's Hospital will once more be a very attractive hospital, of useful size (279 beds). Its geographical location is such that the Committee hopes to be able to extend considerably facilities for out-patient treatment.



The Committee is very pleased to learn that after four and a half years negotiations, its desire to build two houses for Assistant Medical Officers is being gratified and it hopes they will be ready for occupation in the coming autumn.

The work of redecoration at St. Augustine's Hospital continues with very pleasing results. The wards look much brighter and more homelike. The greater demand for heat and light has been met although it has meant a great strain on the engineering services.

The farms have continued to provide a good supply and variety of vegetables. The present very small meat ration has made home killed pork too expensive for inclusion within the menu but the Committee hopes it will be possible soon to resume the supply of pork to patients. Sanction has now been received to erect a dairy shed at St. Augustine's and the work has commenced. Within the next few months, a dairy herd will be established here for the first time, attested Ayreshire cattle are being obtained and it is hoped that this breed will thrive on the Downs. The introduction of a dairy herd should put new heart into the poor chalky soil and whilst the Committee realises the limited acreage available, it hopes that in time far greater yields of vegetables will result. It is not expected that the farm will be able to carry a sufficiently large herd to produce all the Hospital's requirements but a proportion of fresh milk will be very welcome.

The programme for the entertainment of patients had to be interrupted during the autumn whilst new dual cinematograph projectors were installed. This equipment is working satisfactorily and the cinema shows are now unbroken whilst reels are changed. The usual whist drives, concerts, dances and outings during the summer have been arranged, and as in the past, selected patients have been allowed to work in the hopfields.

The Staffing position continues to improve, though very slowly. Part-time nurses still bear a very heavy share of the nursing in the female wards. To the staff of all grades, the Members express their appreciation for services rendered during the year and their confidence that future demands will be met with a spirit of willing co-operation.

With the exception of Major A. S. Lampard, all members are continuing to serve the Hospital Management Committee during the coming year. To Major Lampard, the Committee expresses its very sincere thanks for the help he has given during the past years, his wide experience, keen insight and very real humane approach to all Committee problems have been of great value. The Members would also express their welcome to Dr. M. S. Harvey and their hope that he will share the satisfaction they find in the service.

J. H. JOHNSON, *Chairman*,  
H. F. LEVITT, *Secretary*.



## REPORTS OF MEDICAL SUPERINTENDENTS

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(1)

ST. AUGUSTINE'S HOSPITAL,  
CHARTHAM DOWN,

NR. CANTERBURY

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report for the year ending 31st December, 1950.

The state of the Hospital is shown in the Appendix "A."

It will be noticed how remarkably little change there has been in the position during the year. In 1949 the total number was 1524, and in 1950 it is 1525. The direct admissions also remain very constant, 712 in 1949 and 713 in 1950. The discharge rate is down slightly in 1950, 523 as against 542, but the recovery rate shows a small increase, 221 compared with 210. There is an appreciable drop in the number of Voluntary patients admitted during the year. This does not mean that the general public are losing confidence in the Hospital, but it is accounted for by a somewhat stricter supervision in the acceptance of these patients. The Voluntary patient is a very convenient way of getting someone admitted to a Mental Hospital and there is a tendency for this method to be used without due regard to the suitability or otherwise of the patient concerned. The result is that the patient will come in only for a few days, probably refuses all treatment and discharges himself without having benefited in any way, in the meantime, having filled one of our precious beds to no purpose. In the overcrowded state of the Hospital this is most uneconomical. This overcrowding is still one of our major problems and the solution seems as far off as ever. So far, we have not closed the Hospital for admissions although we have come very near this at times.

The health of the patients has been reasonably good throughout the year without any major epidemics, although towards the end of the year there was an outbreak of influenza which did take its toll amongst some of the old people. In spite of this, the death rate is noticeably lower, 143 compared with 182 the previous year, giving a percentage of 9.4% against 11.9%.

In the previous report, I drew attention to the number of old people who were being admitted. In 1949 there were 96 patients admitted aged 70 years and over. In 1950 the number was 123. Of these 60 died in anything from a few days up to a year after admission. This state of affairs is, of course, closely linked up with the problem of overcrowding mentioned above, and the solution of the one will be in large part the solution of the other.



It was hoped that the Admission Hospital Block would be ready for occupation during 1950. Unfortunately the plans for this did not materialise. This was due chiefly to staffing difficulties. To use these new buildings efficiently we must have more medical officers and we have no accommodation for them. However, we have now been given a firm promise by the Regional Board that our two medical officer's houses will be built in the immediate future, so that, so far as it is safe to forecast anything today, we can say that the new Hospital will be in use in 1951. I think it would be wise to point out here that this increase in accommodation will not, in the long run, do much to relieve the congestion in the Main Hospital. I am sure that we shall find that there will be an increase in the number of Voluntary patients when the Admission Hospital is in full working order. At the present time there are still a number of people who are chary of submitting themselves for treatment because it means coming to Chartham. The change of name to St. Augustine's Hospital did much to remove the prejudice, but it is still there to some extent. The opening of a completely new and separate unit will go a long way towards setting the minds of the doubters at rest, and by the end of 1952 we shall be complaining just as urgently about overcrowding as we are today.

### TREATMENT

The Electro-Convulsive Therapy Out-patient Clinic continues to work at full capacity, and there has been a marked increase in the number of patients who attended. This year 171 patients were treated, 92 males and 79 females. Of these 55 of the males were considered to be recovered and 40 of the females, the remainder showing varying degrees of improvement. This Clinic is responsible for a large proportion of the expenses incurred with the Hospital Car Service. It is appreciated that this is a large item on the expense account of the Health Service, but it is felt that it is justified. This Hospital serves a scattered area and the facilities for getting to it are not too good ; if it were not for the Car Service a number of the patients who attend the Clinic would be unable to make the journey and would not get their treatment. Of the 86 male In-Patients treated 61 recovered and were discharged. In addition, 48 patients receive regular maintenance doses without which their mental states would deteriorate. On the female side 185 patients were treated, 145 of them recovering sufficiently to be discharged. 63 are receiving regular maintenance doses.

The Insulin Department has had a rather chequered history during the year. Owing to shortage of medical staff, this department has had to be closed down for varying periods so that there has been a falling off in the number of patients treated, a total of 31 compared with 43 last year. Of these, 20 were discharged, 15 males and 5 females.

Prolonged Narcosis has been given to 17 patients, 13 males and 4 females. All the male patients responded to the treatment and were discharged either recovered or improved, and of the females, 1 was regarded as recovered and 2 as improved.



Malarial Therapy was used on 3 males, 1 being able to go out improved, but the other 2 are still in hospital.

Fewer patients have been treated with Pre-frontal Leucotomy than last year. Only 5 this year compared with 16 last year. This has been due to the great pressure of work on the Neuro-surgeon which has meant that he has been unable to attend here as often as he, or we, could wish. Of the patients so treated 2 males made sufficient improvement to be discharged and 1 female.

### OUT-PATIENT CLINICS

It can now be said that the whole of the district for which we are responsible is covered adequately by Out-Patient Clinics. In March a new one was opened at Deal and is held every fortnight, and in June another one was opened at Ramsgate, this means that there are 8 regular weekly sessions and one fortnightly one. The attendance figures are given below in detail :—

		New Cases		Re-attendances	
		1949	1950	1949	1950
Ashford	...	115	122	176	192
Canterbury	...	205	221	369	434
Deal	...	—	68	—	101
Dover	...	120	114	234	274
Folkestone	...	126	125	353	426
Margate	...	141	149	287	215
Ramsgate	...	—	44	—	38
Sittingbourne	...	114	137	137	149

In all, 980 new cases have been seen in the year and 1829 old cases. These figures do not take into account the Domiciliary Visits paid, 102 such visits were made during the year. These visits, though no doubt necessary in some cases are very time consuming, and there is a regrettable tendency on the part of some practitioners to use the Domiciliary Visit as a means of getting their patients seen early when, in fact, they are quite capable of attending a clinic.

The Psycho-Analytical Clinic under Dr. A. Gray is in full use. There is now a long waiting list and it was hoped that two extra sessions could be started, but for reasons of economy it has not been found possible to do this yet. It was also proposed that this Clinic should be moved up to St. Martin's Hospital when the accommodation there became available. This again is one of the plans that has had to wait. During the year 14 new cases have been seen with 568 total attendances.

I am glad to be able to report that Miss Selley, our Senior Psychiatric Social Worker now has more help. Miss G. E. Waller has now been appointed, and with Miss A. Griffin, a Student Psychiatric Social Worker, her burden has become lighter.



## OCCUPATIONAL THERAPY

These two departments, on both sides, continue to do most valuable work. The female side is under the able direction of Miss R. Hutchence with Miss P. Brown as her assistant. The male side is under the care of Male Nurse T. H. Brazier, and is doing very satisfactory work. Both these departments could be expanded considerably if the necessary accommodation and personnel could be found.

## PATHOLOGICAL DEPARTMENT

The Laboratory is now under the direction of Dr. A. K. McCowan. The following routine investigations have been carried out :—

## Blood :

Counts	...	...	...	422	
Meinicke micro-reaction			...	442	
Sugar	...	...	...	63	
Urea	...	...	...	41	
Bromide	...	...	...	363	1331

## Fæces :

Dysentery—Typhoid groups	...	...	...	632	
Occult blood		...	...	41	
T.B.	...	...	...	71	744
Fractional test meals	...	...	...	12	
Sputum	...	...	...	51	
C.S.F.	...	...	...	19	
Miscellaneous		...	...	158	240

## Urine :

Routine	...	...	...	2202	
Sugar est.	...	...	...	78	
Microscopic exam.	...	...	...	135	2415

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TOTAL ... 4730

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Post-Mortems ... 29

Since the Health Service came into force more use is being made of the Pathological Department of the Kent and Canterbury Hospital, and Dr. I. B. Morris has attended on several occasions and his help has been much appreciated,

## NURSING STAFF

The figures for the Nursing Staff at the end of the year were :—

103 males full-time ;

60 females full-time ;

126 females part-time, the latter giving periods of service equivalent to 68 full-time nurses.



It will be seen from these that there has been a slight increase in numbers on the male side. This side is gradually approaching what can be regarded as a normal complement, but the female side only shows an increase of one, and it looks like being many years before the normal requirements are reached. On the female side we still lean very heavily on the Part-time Nurse for adequate nursing. It would be interesting to know what the pre-war Matron would have said if she had been asked to run her side with the skeleton staff that we expect her to do now. It is a striking tribute to Miss Taylor's organising abilities that the side runs as smoothly as it does. Mr. Claydon, the Head Male Nurse, has also kept his side running with a minimum of trouble. It must not be forgotten that this peaceful atmosphere can only be achieved with the loyal co-operation of the staff as a whole on both sides, and I have nothing but praise for them all for the way in which they have carried out their duties during the year.

### MEDICAL STAFF

I have already made mention of the shortages that we have had here from time to time, sometimes necessitating cutting down treatment. This was a matter for profound regret, but we had to make the best use we could of what medical staff we had, and this curtailing of treatment was kept down to an absolute minimum. During the year we were fortunate to obtain the services of Dr. F. L. Scott. He came to us as a Consultant from Bexley Mental Hospital. Dr. Scott is really the Medical Superintendent of St. Martin's Hospital in Canterbury, but, although living in Canterbury, was working at Bexley which did not seem to be a very economical arrangement. The work that he has put in since he came has been of inestimable value and I do not look forward to the day when St. Martin's Hospital opens and some of his services are lost to us. Dr. A. K. McCowan, as he always has done, continues to do more than his fair share of the work, especially in respect to Out-Patient Clinics. Dr. J. A. Ainslie is in charge of the male side and is doing admirable work in this connection. Dr. J. H. S. Whyte took his D.P.M. during the year and is now a Senior Registrar. He is a very able medical officer.

To you, Mr. Chairman, and to all the members of the Hospital Management Committee, I proffer my very real gratitude for your help and kindness during the year. This is a happy Committee and working under it will always be an easy task.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

C. E. ALAN SHEPHERD,

*Medical Superintendent.*



RETURN OF PATIENTS, 1950. Appendix 'A'

11

	VOLUNTARY			TEMPORARY			CERTIFIED			TOTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
DIRECT ADMISSIONS :—												
(a) From Home ... ..	150	156	306	2	14	16	80	177	257	232	347	579
(b) From Hospital designated for purposes of Sect. 20 L. A. 1890 ... ..	—	—	—	—	—	—	—	—	—	—	—	—
(c) From elsewhere ... ..	18	14	32	4	7	11	34	57	91	56	78	134
TOTAL DIRECT ADMISSIONS	168	170	338	6	21	27	114	234	348	288	425	713
ADMITTED ON TRANSFER ...	—	—	—	—	—	—	3	5	8	3	5	8
DEPARTED OR DISCHARGED ...	163	172	335	2	16	18	62	108	170	227	296	523
Of whom had recovered...	52	65	117	1	11	12	26	66	92	79	142	221
TRANSFERRED TO OTHER STATUTORY CARE ...	—	—	—	—	—	—	5	9	14	5	9	14
ALLOWED OUT ON TRIAL ...	—	—	—	—	—	—	18	55	73	18	55	73
Of whom received allowances ... ..	—	—	—	—	—	—	8	4	12	8	4	12
ALLOWED OUT ON LEAVE ...	197	58	255	—	—	—	227	78	305	424	136	560
DIED ... ..	9	7	16	3	3	6	39	82	121	51	92	143
Number of Post-Mortems Instances in which bed-sores existed ... ..	—	—	—	—	—	—	—	—	—	12	14	26
MORTALITY RATE (per cent) ...	—	—	—	—	—	—	—	—	—	14	11	25
AVERAGE NUMBER OF PATIENTS RESIDENT ... ..	72	70	142	1	5	6	623	754	1377	696	829	1525



(2)

ST. MARTIN'S HOSPITAL,  
CANTERBURY

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report for the year ended 31st December, 1950.

The Simon Langton School vacated your premises at the end of their summer term and the Administrative Staff of the Canterbury Group Hospitals removed to their new quarters at Nunnery Fields on the 16th November, 1950.

Plans have been completed for the repair of war damage, replacement of the buildings which were destroyed and re-organisation of the Engineering and other services.

Realising the urgent need for additional accommodation for mental patients in this area, the Management Committee is anxious to bring into use, at the earliest possible date at least some part of the bed space at St. Martin's Hospital.

The estimated cost of the works entailed in completely reconditioning this hospital is very considerable and consequently a plan has been formulated for executing them in three phases. If consent can be obtained from the Regional Board to proceed with Phase One, approximately 100 beds can be made fit for occupation by the latter end of 1951.

Owing to the proximity of the hospital to the City, recruitment of nursing and other staff may not prove so difficult as anticipated.

### PATIENTS

We continue to care for 28 senile and chronic male patients in Stone House Annexe, the one occupied building, but there are no facilities for active treatment or the admission of new cases.

Their time is occupied in doing light handicrafts, ward work and gardening and they attend communal entertainments at St. Augustine's Hospital.

There have been no deaths or accidents during the year and little sickness.

## NUMBERS

St. Martin's.	Voluntary			Certified			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Resident 31/12/49	1	—	1	26	—	26	27	—	27
Admissions	—	—	—	1	—	1	1	—	1
Remaining 31/12/50	1	—	1	27	—	27	28	—	28
<hr/>									
Bexley Hospital									
Resident 31/12/49	—	10	10	—	54	54	—	64	64
Discharges & Trans.	—	1	1	—	2	2	—	3	3
	—	9	9	—	52	52	—	61	61
Deaths	—	2	2	—	1	1	—	3	3
Remaining 31/12/50	—	7	7	—	51	51	—	58	58
<hr/>									
Netherne Hospital									
Remaining 31/12/49	—	—	—	8	—	8	8	—	8

No changes.

## MEDICAL STAFF

At the end of February, I severed my connection with Bexley Hospital and my time is fully occupied at St. Augustine's and this Hospital and in conducting Clinics within this area. The services of Dr. Garlick are consequently no longer required.

## NURSING STAFF

Charge Nurse Alfred H. Marsh retired on pension on 30th September, 1950, after 31 years service.

No additional staff has been engaged.

This leaves 7 Male Nurses, 6 of whom are fully and 1 partly qualified, working here. Your Head Male Nurse and one Deputy Charge Nurse remain at Netherne and one Ward Sister at Bexley Hospital.

## FARM AND GARDEN

We continue to maintain a herd of 15 milking cows and to keep the grounds in reasonably good order with a farm and garden staff of three.

10,311 gallons of milk were produced during the year together with a large proportion of the fruit and vegetables required for the patients.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

F. L. SCOTT,

*Medical Superintendent.*



REPORTS OF THE BOARD OF CONTROL

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(1)

ST. AUGUSTINE'S HOSPITAL,

20th June, 1950.

It is rather disappointing to find that it has not yet been found possible to open the Admission Hospital here, though it is now hoped that the opening may take place early next year. Delay in the building of the houses approved for medical officers is partly responsible for the delay and there are of course financial difficulties. The Admission Hospital is much needed, and until it is available the re-classification of patients in the main hospital is impossible, so that wards which might be open wards remain locked. The question of creating more open wards is one which we have discussed with Dr. Shepherd.

At present there are 1524 patients resident in the hospital, 690 men and 834 women ; of these 75 men and 78 women are voluntary patients, and 2 women are here on a temporary basis.

During 1949 there were as many as 712 direct admissions to the Hospital (305 men and 407 women), 620 of the cases having come here straight from their own homes, while 395 of the cases were admitted under the provisions of the Mental Treatment Act. In the same year 542 patients (243 men and 299 women) departed or were discharged, 18 men and 61 women went out on trial, and 240 men and 98 women enjoyed periods of leave.

Fifty-six men and 77 women have parole beyond the estate, but while 71 men have parole within the Hospital Grounds, no woman has that privilege.

At this visit we have again discussed with Dr. Shepherd and with Mr. Levitt, the Secretary, the important question of additional cash rewards to those patients who do useful work which otherwise would have to be done by paid staff, and they have agreed to consider what can be done. The patients we have in mind are few in number, and there will probably be no serious financial difficulty involved.



The Occupation Therapy Centres are well organised, and very good work is done in them. Considerably more women than men have the benefit of this most useful treatment, and on both sides of the Hospital, there is need for more classes in the wards. At present the partial disorganisation due to ward redecoration etc. and certain staff difficulties prevent much development, but the need for more classes is realised, and no doubt they will come in due course.

The library arrangements are admittedly unsatisfactory but an approach has been made to the County Librarian for assistance and some improvement may be expected before long.

This Hospital takes the Council for Music in Hospitals Concerts, and they are much appreciated.

Each week there are 'bus drives into the country which are much enjoyed by the patients.

There is a good hairdressing saloon on the female side.

As was the case last year, the women's clothing, most of which is made in the Hospital, appears to be particularly good, while the clothing of the men, on the other hand, is considerably less satisfactory. Financial stringency here, no doubt, forced the Hospital to economise in clothing and domestic linen purchased, and the "best" suits now being supplied for male patients are of very poor quality and of severely institutional appearance.

The dietary appears to be well-varied and today we saw an excellent dinner served. In this connection we should like to stress the importance of maintaining a good dietary, whatever other economies may be called for. Some new equipment has been provided in the Main Kitchen, though the scheme for the re-organisation of this department has had to be shelved for financial reasons. The Main Kitchen has no cold storage facilities of its own and the lack of this essential causes serious difficulty during the Summer months. The provision of a proper and adequate refrigerator should be regarded as a matter of first importance, and we think it should be a first charge on any funds which become available.

Many Wards on both sides of the Hospital have been redecorated, and more are now being done. As re-decoration is done, the Ward Kitchens are being refloored and doors are being fitted to store cupboards, and the clinical rooms are being provided with fitted wash basins.



All the Male Wards except two have plate heaters, and all the Verandah roofs (except that of the Male tuberculosis ward, where structural alterations are involved) have been repaired. A urinal has been fitted in the male tuberculosis ward.

Much new furniture, including comfortable chairs, has been purchased, and on the male side there is now fluorescent lighting over the billiards tables.

The nursing staffs are as follows :—

	Male	Female		
Total Staff	109	62	+	130 part time employed
On Night Duty	10	1	+	18 " " "
Certificated and Reg. Mental Nurses	60	29	+	16 " " "
Passed preliminary examinations only	12	7		
Nursing Assistants	12	10	+	109 " " "

Two of the mental nurses have done their general training also, and there are 5 general trained nurses here who are doing their mental training.

In previous entries the various forms of active treatment carried out have been described. They embrace most of the recognised procedure. The usual practice now is to send selected patients who require cerebral and neuro-surgery to Joyce Green Hospital, but in the case of those patients who are unfit to travel, Mr. Geoffrey Knight does the operations at this Hospital. It is interesting to hear that large numbers of out-patients come here to receive maintenance electro-convulsive therapy.

Out-patient clinics are still held at the Kent & Canterbury Hospital (2 Sessions each week), at the Royal Victoria Hospital, Folkestone, at Buckland Hospital, Dover, at Ashford Hospital, Ashford, at Johnson House, Sittingbourne, and at the Margate General Hospital (all weekly sessions). A new clinic has been opened at the Victoria Hospital, Deal, at present for fortnightly sessions, and there is a proposal to start a combined psychiatric and psycho-neurosis clinic at Ramsgate in the near future. At the moment a psycho-neurosis clinic is held at Ramsgate by Dr. Ravin, who is not on the staff of this Hospital. Taking into account that there are also many domiciliary and other special visits to be paid, it is obvious that the time of the medical officers is fully occupied. It is of interest that there is now a psycho-analytical clinic in Canterbury; it is held four times a week, and is under the control of Dr. Gray who



co-operates with the medical staff at St. Augustine's and St. Martin's Hospitals.

We learn with regret that the arrangements for providing this Hospital with the advice and services of non-psychiatric Consultants are not very satisfactory. In theory a general Surgeon, a general Physician, an E.N.T. Surgeon, a Gynæcologist and an Orthopædic Surgeon are available, but in fact, some of these specialists are too busy to undertake regular visits to the Hospital, and as a result reliance has to be placed on the Voluntary services of certain gentlemen whose names do not appear on the panel. This should not be necessary, and the situation ought be remedied. A visiting dentist holds one session a week here, and Dr. Robson, the tuberculosis medical officer, always come to the Hospital when his advice is wanted. Tuberculosis presents rather a serious problem, for although mass radiography has not yet been done here, 13 male and 12 female cases (including 2 female members of the staff) were notified in 1949. These discoveries indicate good clinical work, and X-ray examination is employed in any case where there is doubt.

There were 15 deaths (6 male and 9 female) from tuberculosis in 1949. It seems clear to us that, at any rate among psychiatric patients, the local incidence of tuberculosis is above the average. In some Hospitals we visit in other Regions, mass radiography has been done several times already, and there are arrangements for a repetition every second year. We think that a comprehensive survey of this kind should be carried out at this Hospital.

There is good verandah space here, and there should be little difficulty in providing beds for more tuberculous patients should their presence be discovered. At present 16 men and 3 women are receiving treatment. Certain proposed repairs and additions to the male tuberculosis verandah have not yet been done, but it is hoped at least the roof and floor will be renewed before the onset of the bad weather.

In 1949 there were 182 deaths. The death rate for men was 7.8%, and for women 15.4%: the mean rate, 11.9% is considerably higher than that in other hospitals we have visited this year. Senility has undoubtedly been responsible for this unusually high figure, as the following age groups at death demonstrate :—

Age.	70	—	74	75	—	79	80 and over	Total
	M		F	M		F	M	F
	11		27	4		21	11	25
								99



It is interesting also to note that the admissions of old people in 1949 rather more than balanced the deaths in the older age groups :—

M	F	M	F	M	F	Total
20	28	12	18	11	15	104

A continuation of the high mortality rate is therefore to be expected while the existing influx of elderly patients remains unaltered. We understand that, although beds are actually available in the catchment area of this Hospital, they cannot be used because of shortage of nurses.

Dr. C. E. A. Shepherd, his deputy Dr. A. K. McCowan, and Dr. F. L. Scott are all graded as Consultants, Dr. J. A. Ainslie is a Senior Registrar, and Dr. J.H.S. Whyte is a Registrar. Drs. A. Edel, G. B. Macaulay and A. J. Mester are temporary members of the medical staff.

Our visit has been pleasant and interesting, and we should like to thank Dr. Shepherd and his colleagues for their assistance.

(Signed) N. C. CROFT-COHEN,

T. R. FORSYTHE,

*Commissioners of the Board of Control.*



(2)

ST. MARTIN'S HOSPITAL,

19th June, 1950

Since the last visit one patient has left, one has died, and two have been admitted, so that there are still 28 patients in residence. The nursing staff is unchanged.

The one or two patients who do useful work still receive no pocket money, and we hope that this will now be put right.

Patients attend cinema performances at St. Augustine's Hospital, and once a fortnight 'bus rides are provided for them ; these are very much appreciated.

We think that the patients' dietary needs some revision, as, from the diets heets supplied to us, it appears that on some days the meals are uninteresting, and on as many as three days in the week, there is no second course at dinner.

Outside painting of the Villa and of the Medical Superintendent's house has nearly been completed.

The prospect is that the Ministry of Education will probably vacate the buildings they occupy early in the Autumn, but since no money will be available either for reinstatement or for maintenance, it is impossible to say when patients can be admitted.

Dr. Scott spends much of his time at St. Augustine's Hospital, where he is in charge of certain wards, and where he superintends certain forms of treatment. In addition he holds weekly sessions at the Kent and Canterbury General Hospital and at Sittingbourne.

We understand that it is proposed to open another clinic next month at Ramsgate General Hospital, and this too will be his responsibility.

Dr. Scott also pays a large number of domiciliary visits. We wish to thank him for his assistance to us today.

(Signed) N. C. CROFT-COHEN,

T. R. FORSYTHE,

*Commissioners of the Board of Control.*



St. Mary's Hospital  
15th June 1950

(3)

I have just written to the patient's father and the doctor at the hospital and have also written to the patient's mother. The mother has a very kind letter and says that she will look after the patient and will not let her go to the hospital. The father has also written and says that he will look after the patient and will not let her go to the hospital. We have just this will now be put right.

The patient's condition is very serious and she is very ill. She has been in the hospital for some time and has not improved. The doctor has said that she has a very bad infection and that she needs to be in the hospital. We have just this will now be put right. The patient's condition is very serious and she is very ill. She has been in the hospital for some time and has not improved. The doctor has said that she has a very bad infection and that she needs to be in the hospital. We have just this will now be put right.

The patient is now in the hospital and is being looked after by the doctor. The patient's condition is very serious and she is very ill. She has been in the hospital for some time and has not improved. The doctor has said that she has a very bad infection and that she needs to be in the hospital. We have just this will now be put right.

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We understand that it is proposed to give another chair next month at the hospital and this will be his responsibility.

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Yours faithfully  
J. R. JONES

Secretary of the Board of Directors







