

Belmont Hospital : report of the physician-superintendent 5th July, 1948, to 4th July, 1949 / [Louis Minski].

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Belmont Hospital.

Publication/Creation

[Place of publication not identified] : [publisher not identified], [1949?]

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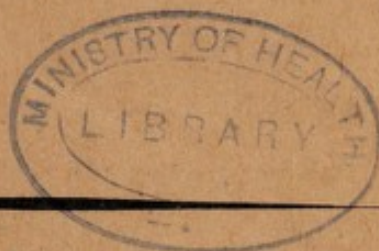
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BELMONT HOSPITAL

SUTTON, SURREY



REPORT OF PHYSICIAN - SUPERINTENDENT

5th July, 1948, to 4th July, 1949

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BELMONT HOSPITAL

REPORT OF PHYSICIAN - SUPERINTENDENT

5th July, 1948, to 4th July, 1949

BELMONT HOSPITAL.

Report of Physician-Superintendent.

5th July, 1948, to 4th July, 1949.

GENERAL.

This report deals with the working of the Hospital during the first year of the National Health Service, and in addition this is the first report covering a whole year since the hospital has functioned as a Neurosis Centre only.

I stated in a previous report that it had been agreed that the hospital should continue as a peace time neurosis centre and in view of this the name "Emergency" in the title of the hospital, which had been used since 1939, was obsolete. The name was therefore changed during the year from Sutton Emergency to Belmont Hospital.

Various alterations which were necessary for converting the hospital into a neurosis centre were agreed to before the State took over and several of these projects were completed during the year under review. During the war years it had been necessary for patients to eat in their wards, a most unsatisfactory state of affairs; while at the same time the staff had taken their meals in a large dining-hall which was much too large for the purpose.

This old staff dining-hall has been converted into a patients' cafeteria where all patients who are up take all their meals. The cafeteria has been functioning for some months and is working very smoothly. There are three sittings for each meal (apart from tea which is served from 4-5 p.m.) and this adequately covers the number of patients to be served.

Males and females eat together and the different wards have their set times for attending, so that there is an equal number of patients at each sitting. The cafeteria, which has tables for six, is bright and pleasant and is in charge of an assistant matron with nursing and domestic staff to help her.

A new staff cafeteria was opened prior to that of the patients. An old admission ward was converted and redecorated and this has been made a cheerful cafeteria with a pleasant view. There are small tables for four, while there is a separate coffee room where staff can smoke after meals.

For some years I had felt that many patients, when not undergoing treatment, wished to be quiet and did not want to be continually listening to the wireless or playing games. For this purpose a quiet room, comfortably furnished, has been provided where patients can read or write and where no noisy activities are allowed.

The nurses' accommodation here was of a very low standard and part of the Home has been improved by the building of single rooms and the installing of new lighting and more comfortable furniture. Although the standard has been improved it is still far below that provided in most nurses' homes, while the improved accommodation is not sufficient to house all the nursing and domestic staff.

Some are still living under conditions which can only be described as appalling and one of the most urgent needs here is to improve the standard of accommodation for all resident staff. This includes resident medical staff whose accommodation was bombed in 1944 and has not yet been restored.

One ward has been divided into two units of twelve beds each, one unit is for male and one for female patients who are physically ill (apart of course from infectious illnesses) and who can be nursed in the same ward. It is hoped in this way to effect a saving of nursing staff.

As mentioned in a previous report it is hoped to have ultimately 500 beds. but at the present time the capacity is 404. This is largely due to wards

being renovated and redecorated, but also in a measure to shortage of nursing staff. In view of the economies urged on Hospital Management Committees by Regional Boards it would not be practicable to increase the number of beds, as obviously in order to give satisfactory treatment the units of staff must be increased accordingly. This would comprise doctors, nurses, social workers, record clerks, etc., together with an increase in drugs, food, lighting, etc., and other overhead costs, which would increase the estimates by a very considerable amount.

That there is a need for the extra beds for neurotic patients can be seen by the fact that the hospital is obliged to have a waiting list for the admission of patients. In the case of females the delay is from three to four weeks and in the case of males an average of two weeks. A waiting list is most unsatisfactory for neurotic patients, as frequently because of difficult home circumstances removal of the patient from such an environment is the first necessity before treatment can be satisfactorily commenced. Again, during this time of waiting a number of patients deteriorate mentally, making their admission to a mental hospital a matter of necessity.

The only solution to this problem is the setting up of more neurosis centres run on the lines of a general hospital with no legal restrictions as is practised here.

At the present time the hospital admits patients from more or less all over the British Isles, and when this wide catchment area is taken into account it is surprising that the waiting list is not longer.

Many urgent cases have to be refused as it is unfair to accept such cases ahead of those already on the waiting list which would be made correspondingly longer.

There have been several changes among the Consulting Staff, which is at present as follows:—

Dr. Robert Niven	...	Consulting Physician.
Dr. Colin Edwards	...	„ Neurologist.
Dr. Robinson	...	„ Radiologist.
Dr. J. A. W. Robinson	...	„ Anæsthetist.
Mr. Roger Gilbert	...	„ Surgeon.
Mr. F. Ridley	...	„ Ophthalmologist.
Mr. Wylie McKissock	..	„ Neurosurgeon.
Mr. E. M. Foxen	...	„ Ear, Nose and Throat Surgeon.
Mrs. Sutcliffe Hey	...	„ Dental Surgeon.
Dr. E. F. C. Wadge	...	Consultant in Physical Medicine.

All the above, apart from Mr. McKissock, attend at least once a week and of course as required.

In a hospital of this type, where emphasis must be laid on psychosomatic medicine, the importance of regular visits by consultants in general medicine and surgery cannot be over-emphasised.

For instance, in an elderly patient suffering from an anxiety state with præcordial pain and palpitation and who is found by the physician to have coronary disease with changes in the electro-cardiogram, it is surely of benefit to the patient if the psychiatrist and physician work hand in hand.

Again, backache and other so-called rheumatic or fibrositic diseases have large functional components and consultations between the psychiatrist and consultant in physical medicine are of the utmost importance in accurately assessing the patient's illness.

During the year Mrs. Sutcliffe Hey, dental surgeon, has seen 1,401 patients. Taking into consideration the fact that Mrs. Hey only attends four sessions per week, the number is extremely large and I do not doubt that were it possible to have the services of a full-time dentist as before, more patients requiring treatment could be seen by her.

The standard of oral hygiene among the patients as a whole is low and the dentist does much to try and make patients more conscious of oral hygiene.

Dr. Niven saw 262 patients, Mr. Gilbert 491, Mr. Ridley 213 and Mr. Foxen 219 during the year. 20 major operations were carried out, 80 minor operations were performed, while 722 patients were X-rayed.

2,060 pathological investigations of all types (excluding Wassermann reactions) were carried out in the laboratory and two post-mortem examinations were performed.

PSYCHIATRIC MEDICAL STAFF.

During the year under review there have been considerable changes among the junior medical staff. The present medical staff is as follows:—

Louis Minski	...	Physician Superintendent.
David Shaw	...	Physician Deputy Superintendent.
Maxwell Jones	...	Physician i/c Industrial Unit.
H. J. Shorvon	...	Psychiatrist.
N. Pai	...	"
A. S. Thorley	...	"
N. Craske	...	"
A. R. Samuel	...	"
E. A. Burkitt	...	"
M. Stewart	...	"
B. Pomryn	...	"
J. Merry	...	"
H. S. Klein	...	"
A. A. Baker	...	Psychiatrist—returned from Military service on 19.4.49.
C. Evans	...	Physician i/c E.E.G. Department.
M. Wilkes	...	Psychiatrist—resigned 10.5.49 to go into general practice.
T. Freeman	...	Psychiatrist.
E. Barlow	...	{ Trainee psychiatrists—appointed by S.W. Metropolitan Regional Board and began duty on 14.3.49.
R. Glennie	...	
D. O. Lloyd	...	Psychiatrist—began duty on 20.6.49.
J. Rowley	...	Psychiatrist—resigned 20.3.49 to take up appointment at Central Middlesex Hospital.
W. W. Sargant	...	Part-time Psychiatrist.
D. E. Bunbury	...	" "
G. R. Debenham	...	" "
S. Crown	...	" "

Dr. and Mrs. Phillips of Australia were appointed to the posts of House Physicians for one year from 17.4.49.

During the year Dr. J. Styrt of America spent six months at the hospital, while Dr. Brodwall from Dr. Gjessing's Clinic in Norway is at present undertaking a year's study at the hospital.

Professor Kraus of Holland visited the hospital to see the technique of electronarcosis, while other foreign visitors included Dr. Hutennnen of Finland, Dr. Blair of the U.S.A. and Professor Bannissoni of Italy.

In addition numerous doctors, social workers, disablement resettlement officers and others interested in industrial neuroses visited the Industrial Unit to see the psychodrama and placement conferences.

<i>Admissions :</i>				<i>Male</i>	<i>Female</i>	<i>Total</i>
Civilian patients	...	...	...	604	499	1,103
Ministry of Pensions patients	...	...	...	300	20	320
Industrial Unit patients	...	...	...	134	3	137
Service patients	...	...	...	56	2	58
				1,094	524	= 1,618

The striking point about the admissions is the great increase in the number of civilians and the decrease in those of service patients.

For the year 1944-45 the number of civilian admissions was 182, for 1945-46 it was 480, for the year 1946-47 it was 784, while for the current year the figure is 1,103.

These figures speak for themselves in showing the demand for neurosis centres on the lines of this hospital.

The admissions to the Industrial Unit have increased by over 90. The numbers to this unit have of necessity to be limited as there are only 100 beds and the turn over is less rapid than in the hospital, generally owing to the amount of work which has to be done in attempting to find a suitable type of work and also retaining the patient for the work once this has been decided on.

The number of Ministry of Pensions cases admitted shows little change.

Many patients in this category are admitted whose illness began at Dunkirk, Arnhem and other places where they were subjected to severe stress and following which they received inadequate treatment. As I have mentioned elsewhere, unless these acute neuroses of war were treated quickly and vigorously they tended to become chronic and many patients of good previous personality have remained chronic neurotics as a result. In addition many Ministry of Pensions patients apply to the Ministry to have their pensions increased or to be granted a pension. They are then seen by a Pensions Doctor who refers them here for treatment before a decision as to pension is made.

<i>Discharges :</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Civilian patients	608	499	1,107
Ministry of Pensions patients	285	19	304
Industrial Unit patients	135	6	141
Service patients	59	5	64
	<hr/> 1,087	<hr/> 529	<hr/> = 1,616

The discharges call for little comment apart from the fact that in order to deal with the numbers of admissions the discharges must keep pace with them.

The beds, approximately 400 in number, are turned over four times in the year, giving an average stay in hospital of three months.

Many cases are in hospital for only six to eight weeks, while in some cases where the patients are responding to treatment the stay may be increased up to six or nine months.

Deaths :

During the year four civilian patients died—all from natural causes.

METHODS OF TREATMENT.

An attempt has been made to retain a balance in treatment between the psychological and physical methods employed.

Naturally, where physical methods are used it is usual to employ psychotherapy also, as in many cases it would be valueless to give the patient, for instance, electro-convulsive therapy and then turn him out of hospital without discussing his difficulties and attempting to correct any maladjustment in his home or work life, or both.

The usual methods of psychotherapy are employed, including in a limited number of patients, psychoanalysis.

In addition to individual psychotherapy, group psychotherapy is employed by several of the doctors.

A group consists of from 8-10 patients who discuss their symptoms freely in an attempt not only to remove their neurotic symptoms, but also to socialise

those who are asocial, shy and poor mixers. In this way patients are made to recognise the greater importance of the group or society in which they live than the individual or self.

Psychodrama is used in the industrial unit as part of group therapy. Moreno has used drama for psychotherapeutic purposes since 1921 and Dr. Maxwell Jones, who is in charge of the unit, first used these group methods at Mill Hill Emergency Hospital in 1942. A play is presented weekly which is written by a patient and presents his own problem or that of another patient. He then chooses his own cast from the other patients, while the play itself is attended by patients and staff in the unit. The play does not offer a solution to the patient's problem, but afterwards the group tries to help the players to resolve the problem. The discussion usually lasts one hour and at the end the psychiatrist sums up and attempts to bring the points of view expressed into a point of view acceptable to the group or the majority of it.

The value of group activities of these types lies in the increase of group consciousness, the opportunity for overcoming neurotic difficulties and the liberation of pent-up emotion.

Abreaction or narcoanalysis with sodium amytal or pentothal is still used, not only as a therapeutic measure but also as an aid in unfolding a mental state which in the surface shows a different picture from that revealed when the patient is disinhibited and talks freely. This might be classed as an aid to diagnosis so that appropriate treatment can be instituted.

Ether abreaction is also employed, especially where a traumatic episode is to be unearthed.

These abreactive techniques may be really classified as a combination of physical and psychological methods of treatment.

Modified insulin and deep insulin therapy continue to be used, as are electro-convulsive therapy and continuous narcosis. Such well established methods of treatment require no comment.

Prefrontal leucotomy is still being used in a number of states of tension and depersonalisation, which have proved resistant to other methods of treatment, with quite good results. As the effects of the operation on personality are the subject of research by Dr. Shorvon and myself, the results of which we hope to publish shortly, I will not at this stage discuss the matter further.

For two years electronarcosis has been used in the hospital, mostly on schizophrenics who have failed to respond to deep insulin therapy and also on a few cases of chronic obsessional neurosis.

The results are most disappointing and in no circumstances could electro-narcosis be advised as a substitute for deep insulin therapy in schizophrenia.

Carbon dioxide inhalation therapy, which was begun by Von Meduna in America in 1946, has been used in the hospital for about twelve months. This particular form of treatment is of value in tension and hysterical states and is helpful in relieving tension and uncovering amnesias. When combined with abreactive techniques the treatment appears to be more valuable.

As I have mentioned, it is essential that a balance should be retained between the psychological and physical methods of treatment, and it is safe to say that wherever physical methods are used psychotherapy must be used to reinforce such treatment.

At the same time it must be realised that neurotic patients, most of whom are ambulant, are not receiving treatment all the day and it is necessary to provide forms of occupation and recreation as described below.

OCCUPATIONAL THERAPY, ETC.

There is a large carpenter's shop where 60 patients attend daily and receive tuition in carpentry from Mr. Edmunds, who is in charge.

This shop is the most popular among male patients and all types of articles are made, mostly for their own use at home. The cost to the patient is extremely small compared to outside prices.

In addition there are two occupational shops, each in charge of an occupational therapist, where the usual arts and crafts are taught. Rug making, leather work, felt work, plastic work and embroidery are available for both male and female patients. Patients who wish can work in the hospital gardens under the supervision of the gardening staff.

There are two remedial gymnasts who hold classes in physical training, organise indoor and outdoor games, and also arrange entertainments such as concerts, dances, musical recitals, etc., for the patients. Inter-ward competitions are held and help to promote a healthy spirit of rivalry.

The remedial gymnasts work in close harmony with the physiotherapy department.

Mrs. Stoneham holds the post of half-time Educational Organiser and arranges talks on films, drama, literature, art, social problems, etc., in addition to "Brains Trusts," Twenty Questions, etc., all of which are most popular.

A dress-making instructress holds a "make do and mend" class once a week; while drama classes are also held once a week, both these instructresses being paid for by the Surrey County Council.

By means of all these activities the patients' day is adequately filled, and not only are they necessary to relieve boredom but also to stimulate interest, help patients to use their leisure time usefully and to inculcate a feeling of pride and self-respect which have often fallen to a low ebb.

For ex-Sutton patients a Social Club is held at the Neuro-Psychiatric Department, St. George's Hospital, S.W. 1, the premises being kindly lent by the Hospital Board of Governors. A doctor from this hospital, together with a social worker, attend; while the club activities are arranged by a Committee formed by the ex-patients.

For those patients with speech difficulties such as stammering, aphasia, etc., a speech therapist attends for four sessions per week.

INDUSTRIAL NEUROSIS UNIT.

The work of the Unit, which is in charge of Dr. Maxwell Jones who is keenly interested in social psychiatry, was fully described in my last report. Although in a few cases physical methods of treatment are used, the chief methods employed are psychotherapeutic with the emphasis on group activities. These are especially valuable where so many of the patients are psychopaths who show asocial and antisocial traits.

In the unit the medical and nursing staff and social workers are encouraged to take part in the group activities and to form part of the group with the patients.

Work therapy for testing the patients' capacity is undertaken by the plastering, bricklaying, carpentry and hairdressing instructors in their respective shops; while the psychologists help in assessing intellectual and vocational abilities. Two full-time disablement resettlement officers help in placing the patients in jobs once they have been satisfactorily trained.

The liaison with the Government Training Centre at Waddon and also with local firms is still working in a satisfactory manner.

DEPARTMENT OF ELECTRO-PHYSIOLOGY.

This department, which has one six-channel Ediswan machine and a frequency analyser, is to be enlarged by the addition of a second similar machine which is due to arrive at any time.

With one machine only it is not easy to carry on research work as the machine is being used most of the time for routine recording.

During the period under review 567 in-patients and 584 out-patients had E.E.G. examinations carried out. Most of the out-patients are sent from other hospitals in the region, although a small number are sent from private doctors.

In anticipation of the arrival of the second machine the present staff, consisting of a doctor in charge, a technician and a part-time biochemist, has been increased by the addition of a recordist and it may be necessary to have the services of an additional technician.

The following research work is being carried out at the present time:—

- (a) Studies of the E.E.G. in sleep in Epileptics, normal and psychoneurotic subjects.
- (b) E.E.G. studies of cortical susceptibility to hypoglycæmia and to certain drugs in schizophrenia. (In collaboration with Dr. Thorley.)
- (c) Correlation of conditioned responses with personality types and psychiatric syndromes, using electrophysiological methods of recording. (In collaboration with Drs. Baker and Desai.)
- (d) Investigations into the significance of fast (beta) rhythms in the E.E.G. and their relationship to psychoneuroses and clinical syndromes.
- (e) Further studies of the behaviour of the normal alpha rhythm in varying degrees of attention and surprise.

In addition Dr. Evans gave an address to the Kent Pediatric Society on "The Scope and Limitations of the E.E.G.," and also to the E.E.G. Society on "Occipital potentials apparently evoked by opening the eyes."

PSYCHOLOGICAL DEPARTMENT.

A technical assistant was appointed to this department in February, 1949, as so much data had been accumulated over a number of years and which was valuable from the research angle.

During the year under review the Psychological Department dealt with 1,108 cases for routine Intelligence Tests. 488 patients were seen individually during 827 interviews for the purposes of a more accurate assessment of intelligence level, for the determination of the presence or otherwise of intellectual impairment and the nature and degree of such impairment, and for differential diagnosis in cases where clinical assessment was inconclusive. For this purpose and for the assessment of personality where this was necessary from the diagnostic, therapeutic or prognostic points of view, the Rorschach test was given, in addition to other tests in 189 cases. Patients were also seen for aptitude and vocational assessment and rehabilitation.

The department also concerned itself with statistical procedures required for the collection and treatment of data in connection with the Industrial Unit, where Mr. Sandler has been entrusted with all the psychological work since 1948.

The department is participating in the teaching programme for D.P.M. students and for student registrars attached to the Region. During the year under review three courses of eight lectures each were given in this connection.

Research work has been in progress and with the assistance of Mr. Secker, the technician, a considerable amount of data has been compiled for this purpose and several research projects are under way. A list of these is appended.

Dr. M. Desai: Papers awaiting completion.

1. A Correlational study of Raven's Progressive Matrices and the Wechsler (Verbal) Scale I. in a group of 300 psychiatric cases.
2. The unreliability of the 20 minute version of the Progressive Matrices in psychiatric subjects.
3. Rorschach indications in cases of early schizophrenia.
4. The Rorschach pattern in Paranoid Schizophrenia.
5. 600 cases of Vocational Rehabilitation of Psychiatric cases.
6. The personality of the depersonalized (50 cases). (Jointly with Dr. Shorvon.)

7. The Personality in psychiatric cases of obesity. (Jointly with Dr. Shorvon.)

Research in Progress :

1. The Test-Retest reliability of the Matrix Test in Psychiatric cases.
2. A comparison of the diagnoses and personality assessment on the basis of the Rorschach and Szondi Tests.
3. An Objects-Perception Test as an indicator of Psychotic and Encephalopathic conditions.

Projected Research :

1. An objective study of Conflict and Tension.

Mr. Sandler :

Published Papers :

- (a) A Factor Analysis of the Rorschach Test in adult mental patients. (Proceedings of the Twelfth International Congress of Psychology, Edinburgh, 1948.)
- (b) The Reciprocity Principle as an Aid to Factor Analysis. (British Journal of Psychology, Statistical Section, Volume 2, No. 4, 1949.)

Paper Awaiting Publication :

A Comparative Study of the Rorschach Test in Psychopaths.

Research in Progress :

- (a) Research in connection with the Industrial Unit—Statistical Analysis of Work Record and Follow-up.
- (b) Research with Dr. Minski into Psychopathic Symptoms.
- (c) Investigation into the Reliability and Diagnostic Validity of the Szondi Test.
- (d) Investigation into Content Analysis of the Rorschach Test.

TEACHING, RESEARCH AND PUBLICATIONS.

In addition to the clinical duties of the medical staff a considerable amount of teaching devolves on the more senior members.

Lecture demonstrations are given to the St. George's and St. Thomas' Hospitals Medical Schools under-graduates, while I also carry on undergraduate teaching in my out-patient's at St. George's Hospital. Post-graduate teaching is given at the hospital to clinical assistants who are taking the D.P.M. course at the Institute of Psychiatry, Maudsley Hospital, and also to Registrars appointed by the Regional Board for training in various selected hospitals in the Region.

This teaching comprises case conferences, tutorials, lecture demonstrations and also actual case taking, which requires careful supervision by the medical staff.

Throughout the year occasional lecture demonstrations to R.A.M.C. officers attending a refresher course at Milbank Hospital have been given, while senior ward sisters are sent by the King Edward VII Staff College for tutorials in modern psychiatric treatment and nursing.

At the present time the following research is being undertaken:—

Dr. Minski and Dr. Shorvon	Personality changes following pre-frontal leucotomy in neurotic patients.
Dr. Minski and Mr. Sandler...	Environmental and other factors of importance in the production of psychopathy.
Dr. Shaw 	An Investigation of psychiatric factors in chronic rheumatism.

Dr. Shaw and Dr. Samuel ...	Scope of electronarcosis in treatment of psychoneuroses.
Dr. Baker	Experimental work on the conditioned reflex.
Dr. Pomryn	An Investigation in various methods of group therapy, with particular reference to the value of Art and Music as therapeutic aids.
Dr. Shorvon and Dr. Desai ...	Personality in Depersonalisation.
Dr. Shorvon and Dr. Desai ...	Personality in Obesity.
Dr. Shorvon and Mr. Sandler	Szondi Test in Aggression.
Dr. Shorvon	Psychological Treatment of the Neuro-Dermatoses.
Dr. Thorley and Dr. Kay (Central Path. Lab.)	Observations on the biochemistry of hypoglycaemia in response to large doses of insulin.
Dr. Thorley and Dr. Freeman	Follow-up of schizophrenia treated by hypoglycaemic shock.
Dr. Samuel	Follow-up of female schizophrenics treated by insulin coma.
Dr. Freeman	An Investigation into the behaviour of psychoneurotic patients in hospital, with special reference to the determining influences of such behaviour as found in their developmental history.
Dr. Maxwell Jones	An Investigation into psychological responses in neurotic patients.
Dr. Maxwell Jones	Report on the patients treated in the Industrial Unit (for Ministry of Labour).
Drs. Thorley, Craske and Phillips	Investigation of factors influencing prognosis.

PUBLICATIONS.

Dr. Shaw	A Case of Musicogenic Epilepsy. (Journal of Neurology and Psychiatry.)
Dr. Maxwell Jones	Acting as an aid to therapy in a Neurosis Centre. (B.M.J.)
Dr. Maxwell Jones	The Problem of the Resettlement of the Psychiatric Patient. (Journal of The Royal Sanitary Institute.)
Dr. Shorvon	Sudden Obesity and Psychological Trauma.
Dr. Pai	Role of Hypnosis in Psychiatry. Review of 2,000 cases so treated. (Journal of Mental Science.)
Dr. Pai	An Interesting Case of Epilepsy.

Awaiting Publication :

Dr. Minski	Handbook of Psychiatry (2nd Edition).
Dr. Thorley and Dr. Craske...	Comparison of Group and Individual Methods of Psychotherapy.
Dr. Freeman	Some Observations on Insulin Shock Therapy.
Dr. Freeman	Pregnancy as a precipitant of mental illness in a man.
Dr. Pai	Treatment of Functional Paralysis.
Dr. Pai	Sleep and its Disturbances.
Dr. Pai	Hypersomnia Syndromes.

OUT-PATIENT WORK.

During the year 175 out-patients were seen, most of whom were referred by the Ministry of Pensions or British Legion. The total number of attendances was 437.

Although only a small number of out-patients are seen at the hospital, the various members of the medical staff attend the following hospitals:—

Dr. Minski	...	...	St. George's Hospital, S.W. 1. Royal National Throat, Nose and Ear Hospital, Golden Square, W. 1. Sutton and Cheam General Hospital, Sutton.
Dr. Shaw	...	...	Dorking County Hospital.
Dr. Maxwell Jones	...	...	Postgraduate Hospital, Hammersmith.
Dr. H. J. Shorvon	...	...	St. Thomas' Hospital, S.E. 1. National Hospital, Queen Square.
Dr. A. R. Samuel	...	...	London Hospital, E.
Dr. E. A. Burkitt	...	...	St. Bartholomew's Hospital, E.C. 1.
Dr. W. W. Sargent	...	...	St. Thomas' Hospital, S.E. 1.

In addition, psychotherapeutic sessions are carried out by the following doctors as under:—

Dr. Stewart	...	...	St. George's Hospital, S.W. 1.
Dr. Craske	...	...	Sutton and Cheam General Hospital, Sutton.
Dr. Freeman	...	...	Sutton and Cheam General Hospital, Sutton.
Dr. A. A. Baker	...	...	St. George's Hospital, S.W. 1.
Dr. B. Pomryn	...	...	Postgraduate Hospital, Hammersmith.
Dr. J. Merry	...	...	Postgraduate Hospital, Hammersmith.

It will be seen that a considerable amount of time is spent in attendances at out-patient clinics and for this reason, as well as the rapid turn over of patients, the proportion of doctors to patients in the hospital in my opinion ideally should be 1-15.

FOLLOW-UP.

As I have mentioned in a previous report, most patients discharged from hospital are followed up by letter at the end of three months, six months, one year and two years.

I thought it would be of interest to give the figures for the following patients who had been discharged from hospital for two years.

				<i>Males</i>	<i>Females</i>
Symptom free	...	...	...	19	21
Symptoms present and working	...	...	...	59	27
Unable to work	...	...	...	21	5
In mental hospitals	...	...	...	8	2
Suicide	...	...	...	2	1
Died (natural causes)	...	...	...	7	4
Re-admitted here	...	...	...	40	16
No replies	...	...	...	120	35
Not followed up	...	...	...	62	42
Gone away	...	...	...	91	46
				429	199

It will be seen that 62 males and 42 females were not followed up and a word of explanation is necessary. These are usually either aggressive paranoid or generally difficult patients who leave hospital against medical advice and wish to break all links with the hospital, or patients who, when they receive their first follow-up letter at the end of three months, reply stating that they do not wish to be reminded of their illness or give some other such reason, and they are therefore not followed up further.

The response to the follow-up at the end of two years among the males was 49% and among the females 63%.

68% of the males and 80% of the females who replied were symptom free or working, while 9% of the males and 8% of the females were re-admitted here.

26% of the males and 23% of the females had gone away, in many cases this being due to housing difficulties, new jobs or, in the case of the psychopaths, a tendency to roam and wander.

It is interesting to note that at the end of six months after leaving hospital, 72% of the males and 67% of the females who replied were symptom free or working, which shows that on the whole the tendency to relapse does not increase with the passing of time: in fact this figure remains fairly constant at each follow-up period.

The percentage of recoveries are by no means ideal and show that much remains to be done in the field of psychiatry. It must be pointed out, however, that we are still faced with many legacies of the war such as domestic crises, housing difficulties, work problems, etc.

Finally, not only is the follow-up of importance in showing us what happens to our patients, but it also helps many patients who require further help to be put in touch with psychiatric out-patient departments, where they can be given early treatment and so avoid a relapse with further hospitalisation.

SOCIAL WORK.

During the period under review five social workers were employed in the hospital, two in the Industrial Unit and three in the hospital generally.

The work undertaken by the social worker is very varied but consists chiefly in obtaining social histories, paying home visits, arranging convalescence, obtaining financial help and assisting patients with their pensions from the Ministries of Pensions and National Insurance.

One great difficulty which social workers have found since 5th July, 1948, is the obtaining of social histories in respect of patients living in distant parts of the country. This work was formerly undertaken by psychiatric social workers from the National Association for Mental Health and in most cases they have now ceased to function. Nowadays there is often no psychiatric social worker available in the district where the patient lives and the local M.O.H. has to be approached. He may have no one on his staff with experience of psychiatric work and the report is often of little or no value. Similar difficulty is also being encountered in arranging after care for patients because of the lack of psychiatric social workers. In some districts after care consists in referring the patient to a psychiatric clinic, which may be the last thing which is required. I am afraid that after care as understood by us in this hospital has almost ceased to exist.

For those patients with employment difficulties (apart from the Unit), Disablement Resettlement Officers visit three times a week and, in co-operation with the social workers and doctors, attempt to find suitable work for the patient.

In conclusion I would like to thank the Chairman and members of the Hospital Management Committee for their help and support through the first and difficult year of nationalisation.

I would also like to express my thanks to my medical colleagues for their loyal support and co-operation, and also to my lay colleagues, especially Mr. Lambourne, Secretary of the Group, and Mr. Osborne, Supplies Officer of the Group.

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