

Belmont Hospital, Sutton, Surrey : report of physician-superintendent 5th July, 1956, to 4th July, 1957 / [Louis Minski].

Contributors

Minski, Louis.
Belmont Hospital.

Publication/Creation

[Place of publication not identified] : [publisher not identified], [1957?]

Persistent URL

<https://wellcomecollection.org/works/kbz4s3em>

License and attribution

Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

IN-REP
M 28
E 5
96 B45
956-57

BELMONT HOSPITAL

SUTTON, SURREY



Report of

PHYSICIAN-SUPERINTENDENT



5th July, 1956 to 4th July, 1957

WELLCOME INSTITUTE LIBRARY	
Coll.	wellM0mec
Call	Ann-Rep
No.	WLM 28
	. BE 5
	S96B45
	1956-57



22501298547

BELMONT HOSPITAL

Report of Physician-Superintendent

5th July, 1956 to 4th July, 1957

MEDICAL STAFF

PSYCHIATRIC

CONSULTANTS—FULL TIME

Louis Minski, M.D., F.R.C.P., D.P.M. — Physician Superintendent
David Shaw, M.D., M.R.C.P., D.P.M. — Physician Deputy Superintendent
Maxwell Jones, C.B.E., M.D., M.R.C.P. (Ed.), D.P.M.
Physician i/c Social Rehabilitation Unit
A. S. Thorley, M.D., D.P.M. — Physician i/c Male Side
M. N. Pai, M.B., B.S., M.R.C.P., D.C.H., D.P.H., D.T.M., D.P.M.

PART-TIME

W. W. Sargent, M.B., F.R.C.P., D.P.M.
Physician in Psychological Medicine, St. Thomas' Hospital
D. E. Bunbury, M.B., M.R.C.P., D.P.M.
G. R. Debenham, B.Ch., D.P.M.
F. O'Donnell Finigan, M.B., M.R.C.P. (Ed.), D.P.M.

SENIOR HOSPITAL MEDICAL OFFICERS

N. Craske, B.Sc., M.B., Ch.B.
A. Samuel, M.R.C.S., L.R.C.P., D.P.M.
B. Pomryn, M.B., B.S., D.P.M.
G. F. Spaul, M.B., B.S., D.P.M.
C. C. Evans, M.A., M.R.C.S., L.R.C.P., D.P.M.
Physician i/c Department of Electro-Physiology

SENIOR REGISTRARS

F. Stallard, M.B., B.Ch., B.A.O., D.P.M.
L. Tarlo, B.A., M.B., B.Ch., B.A.O., D.P.M.

REGISTRARS

R. Agius, M.B., B.S.
A. H. Borowitz, M.B., B.Ch.
S. W. G. Dexter, M.B., B.Ch.
I. Hadfield, B.M., B.Ch.
N. J. Prichard, M.B., Ch.B., D.P.M.
S. R. Tangye, D.M., B.Ch., D.R.C.O.G., D.C.H.

PART-TIME PSYCHIATRISTS

S. Crown, M.R.C.S., L.R.C.P.
M. Stewart, M.R.C.S., L.R.C.P.

GENERAL MEDICAL STAFF

E. M. Foxen, F.R.C.S., D.L.O.	—	Consulting Ear, Nose & Throat Surgeon
J. Foley, M.A., M.D., B.Ch., M.R.C.P.	—	Consulting Neurologist
R. Gilbert, F.R.C.S.	—	Consulting Surgeon
Wylie McKissock, O.B.E., M.S., F.R.C.S.	—	Consulting Neurosurgeon
R. Niven, M.A., M.B., B.Ch., M.R.C.P.	—	Consulting Physician
R. E. Gibson, M.B., B.S., D.A.	—	Consulting Anaesthetist
P. McGregor Moffatt, M.D., F.R.C.S., M.R.C.P., D.O.M.S.		Consulting Ophthalmologist
Trevor Griffiths, M.B., B.Ch., D.M.R.D.	—	Consulting Radiologist
E. C. F. Wadge, M.R.C.S., L.R.C.P., DIP.PHYS.MED.		Consultant in Physical Medicine
Mrs. Sutcliffe Hey	—	Consulting Dental Surgeon

GENERAL

This is my last Annual Report as Physician Superintendent of Belmont Hospital as I shall be giving up the post at the end of August. After being Superintendent of a Hospital for eighteen years one's retirement cannot, therefore, be but tinged with regret, even though it is occurring as a voluntary act on my part.

Perhaps, therefore, I may be permitted to reminisce for a short time and look back to that day in August 1939 when the war clouds were gathering over Europe and it was my duty to take over Sutton Training Centre and convert it into Sutton Emergency Hospital which was later to become Belmont Hospital.

The conversion of the training centre into a hospital was by no means easy, but thanks to the loyalty of the staff at that time the work was fairly rapidly completed and by October, 1939 we were ready to cope with the demands which were to be made upon us.

During the war years not only were neurotic patients admitted, but, in addition, there were 600 beds for medical and surgical cases. These consisted largely of wounded from the various Services, together with air-raid casualties and civilian and service sick. Convoys of wounded of many nationalities were admitted at the time of the evacuation from Dunkirk in 1940, while the hospital was used as a transit hospital when the invasion of Normandy took place in June, 1944.

Considerable damage to the hospital was sustained throughout the war years by high explosive, incendiary and flying bombs, but the hospital was always able to function in spite of the chaotic conditions reigning at times. Apart from the material damage the loss of life among both patients and staff was considerable.

At the end of the war the hospital became the first civilian Neurosis Centre in the country and the name was changed to that of Belmont Hospital. It was shown that patients suffering from neurotic illnesses and even psychotic conditions could be treated in a hospital run on the lines of a General hospital with no legal formalities and no restrictions whatsoever, (apart from rules necessary to maintain the smooth running of any hospital). Various other hospitals in the South West Metropolitan Region now have informal beds, but with the publication of the findings of the Royal Commission on the law relating to Mental Illness and Mental Deficiency it would seem that Belmont had anticipated some of its findings by a number of years.

When a hospital has been built up on a structure which was not intended for that use, unless money is unlimited the building (which in this case is over 100 years old) can never be easily adapted for hospital purposes. Much, however, has been accomplished over the years and perhaps the expression "beauty is only skin deep" may be applied to Belmont as the work which goes on within the four walls is more important than the bricks and mortar used in their construction.

The wards are now reasonably comfortable and bright, the existing sitting rooms for patients are cheerful, while another new one for male patients will be opened shortly. The Occupational Departments are well equipped and staffed, as are those of the Departments of Psychology and Electro-physiology.

The new Nurses' Home approved by the Ministry of Health is only at the tender stage and will probably be completed in about eighteen months' time. When this is completed it is hoped that the Occupational and Psychological Departments (the plans of which have been approved in principle) will be moved to the old Nurses' Home, thus freeing more ward accommodation.

It is hoped that among the new wards will be one verandah ward for each male and female patients, thus allowing those who are physically ill to be nursed under more pleasant conditions than at present.

The Regional Board has agreed to the setting up of a Psychosomatic Unit as there is no doubt that psychosomatic problems require special investigation. Close co-operation between the Psychiatrist and General Physician is necessary and the appointment of a Physician for three sessions per week has been approved and will take place when funds are available.

Many illnesses such as hypertension, asthma, skin diseases, ulcerative colitis, rheumatism, etc. will be investigated both from the physical and psychological aspects and it is hoped to have the services of a Physician experienced in allergic conditions available when necessary. Many such problems are already admitted to the hospital, but it is anticipated that they will be collected together and housed in part of a ward where they will have concentrated investigation.

A problem which has existed for a long time is that of the patient who has no roots or family and who makes a good recovery from his or her illness but on discharge relapses fairly quickly. In the past the Social Worker has found the patient adequate lodgings or accommodation in a Hostel after the Disablement Resettlement Officer has obtained suitable work. These patients are usually lonely, shy individuals who do not make friends readily and although they are able to cope with the jobs found for them, on returning to their lodgings in the evenings they have no one to whom they can talk about their difficulties. Very often they again become anxious and depressed, find themselves unable to cope with life and subsequently relapse.

Group Captain Cheshire V.C. was approached about opening a Home for this type of patient and the Cheshire Trust has obtained a house in Wimbledon which will be administered jointly by the South West Metropolitan Regional Board and the Cheshire Trust. It is hoped that the Home which will be opened in the near future, will take about twenty patients and will have a mentally trained nurse as Warden-in-Charge. They will be able to discuss their day-to-day problems with the Warden, while a Psychiatrist will visit once a week in the evenings (or in an emergency) and in this way the patient will be free to discuss his problems in greater detail.

There will be communal dining and recreation rooms and meals will be provided as patients will be out at work all day. As patients will be earning

ordinary industrial wages they will naturally pay for their board and lodging. It is hoped that after a stay of from six to nine months they will be able to live in a more normal environment in the outside world.

If such a pilot scheme, in the nature of a night hospital, is successful it is hoped that more will ultimately be opened.

Another project which it is hoped may be authorised in the future by the Regional Board is a day hospital attached to Belmont. Many patients do not require in-patient treatment but are in need of more than can be provided in an ordinary out-patient treatment. A day hospital to which a patient can come daily from about 9.30 a.m. to 4 p.m. is envisaged and where he can obtain psychotherapy, physical treatments, occupational therapy etc. Not only is such a hospital of therapeutic value, but from the social point of view is important in easing the burden on relatives.

During the past year the old Chapel, which was much too large for the congregation at this hospital and was a cold and unfriendly building, was converted into a new Recreational Hall. The Hall is large and bright, can take large classes for physical training and is adequate for badminton. A new stage with pleasant scenery have been provided while a new cinema projector is on order, part of the money having been provided through the generosity of the King Edward Fund.

The old Gymnasium has been divided into three parts. One part was converted into a new Chapel which is adequate in size for what is required here, is pleasantly decorated and is warm and friendly, while a new organ has also been installed. The Chapel was dedicated in November last year by the Very Reverend the Bishop of Woolwich and has been in constant use since then.

Another part of the Gymnasium has become a Billiards Room, while the remaining part is awaiting conversion into a sitting room for male patients.

New offices have been constructed in the Admission Ward so that the Admitting Nurse can take details from new patients in more privacy than formerly.

The usual decoration of wards and other departments, together with exterior painting has been carried out during the year.

There were two changes among the Senior Medical Staff during the year, one of which was due to the retirement of Dr. Antony Feiling, Consulting Neurologist, who we hope will have many years of health and happiness and who was replaced by Dr. J. Foley, to whom we extend a hearty welcome. The other change was due to the appointment of Dr. Thomas who was an S.H.M.O. to a Consultant post at Pen-y-val Hospital, Abergavenny. Dr. Spaul, one of our Senior Registrars was appointed S.H.M.O. and Dr. Stallard, Registrar, was appointed Senior Registrar.

Dr. McCullough, Senior Registrar, was appointed in the same grade to Warlingham Park Hospital as she wished to study Child Psychiatry and Dr. Tarlo, Registrar, was promoted to the Senior Registrar post.

Dr. Gorst left to take up a Registrar's post at Netherne Hospital; Dr. Woolf to take a similar post at the Tavistock Clinic; Dr. McCarthy was appointed Registrar at Napsbury Hospital; while Dr. York-Moore obtained a Senior Registrar's post at Horton Hospital. The various Registrar vacancies were filled by the doctors mentioned on the first page of the report.

Dr. Stewart who had been a Junior Hospital Medical Officer has become part-time in the general practitioner grade and spends most of the time carrying out intensive psychotherapy, having had an analytical training.

During the year an electrocardiograph was purchased and has proved of value not only as an aid to diagnosis, but also in helping to assess the safety of giving electro-convulsive therapy to elderly patients. Dr. Niven has carried out 100 examinations since the machine was obtained in February, 1956.

As has been mentioned in previous reports, the Consulting staff visit weekly and also, of course, in an emergency.

The following number of patients were seen by the Consulting staff during the year :—

Mr. Gilbert	...	...	...	...	...	...	589
Dr. Niven	...	...	...	...	...	...	391
Mr. Moffatt	...	...	...	...	...	...	199
Mr. Foxen	...	...	...	...	...	...	156
Dr. Foley	...	...	...	...	...	...	90

During the year 12 major and 26 minor operations were carried out and Mr. McKissock performed 16 leucotomy operations (12 female and 4 male).

Mrs. Sutcliffe Hey saw 1623 patients in the Dental Department during the year and carried out 87 operations for dental extraction under general anaesthesia. Two children from the Deaf Unit had dental examinations carried out under general anaesthesia.

As before, Mr. Foxen carries out most of his E.N.T. operations at the Westminster Hospital and the Gynaecological Department at St. Helier Hospital undertakes our examinations and operations.

798 X-Ray examinations were carried out during the period under review. These included 330 chests, 99 extremities, 80 spines, 74 barium meals and enemata, 67 skulls, 12 abdomens, 10 intravenous pyelograms and 6 cholecystograms. 99 Dental X-Ray examinations were also carried out.

2,021 treatments were given in the Physiotherapy Department during the year and included massage, remedial exercises, heat and light, wax and paraffin baths.

During the year 2,628 examinations were carried out in the laboratory as follows :—

Blood examinations (cell counts, hæmoglobin, etc.)	...	...	...	...	...	1897
Blood sugar and urea estimations	...	...	...	...	...	282
Bacteriological examinations	...	...	...	...	...	141
Sputum examinations	...	...	...	...	...	27
Urine examinations (microscopic and bacteriological)	...	...	...	...	...	216
Test meals	...	...	...	...	...	8
Fæces examinations	...	...	...	...	...	49
C.S.F. examinations	...	...	...	...	...	6
Post mortem examinations	...	...	...	...	...	2
						2628

The laboratory still has two technicians, one being graded as a senior, while Dr. Kay, Director of the Central Laboratory at West Park Hospital, supervises the work.

As before, Wasserman and cerebro spinal fluid examinations are carried out at the Central laboratory together with any complicated biochemical investigations.

ADMISSIONS DISCHARGES AND DEATHS

ADMISSIONS

During the year 1,298 patients were admitted to the hospital, their categories being as under :—

	Male	Female	Total
Civilian patients	595	659	1254
Ministry of Pensions patients ...	41	—	41
Service patients	3	—	3
	639	659	1298

The number of admissions remains around 1,300, a figure which has remained fairly constant for some years. This is the optimum figure for the present medical and nursing establishment and means the beds are turned over approximately three times a year. The waiting list for both males and females has shown many fluctuations, varying from about one to six weeks.

DISCHARGES

	Male	Female	Total
Civilian patients	613	651	1264
Ministry of Pensions patients ...	44	—	44
Service patients	3	—	3
	660	651	1311

As before, the admissions and discharges have more or less kept pace throughout the year.

DEATHS

One male and one female patient died from natural causes. One male and one female patient committed suicide during the year. In neither case was any reflection cast on the hospital authorities.

TREATMENT, OCCUPATIONAL THERAPY, ETC.

In my last report I mentioned that tranquillizers were becoming extremely popular in psychiatry and during the past year they have been tried fairly extensively by various doctors in this hospital. Naturally in this hospital they have been used almost exclusively in the neurotic conditions and on the whole it would appear that they are not so effective in relieving tension as ordinary barbiturates such as amytal.

No new methods of treatment have been used since my last report, while the usual physical treatments have been carried out where indicated. Among these are E.C.T., modified and deep insulin, modified and deep narcosis, abreactive techniques and leucotomy in a limited number of cases. Electro-narcosis has been abandoned as a form of treatment. No cases have been treated by this means during the past year as not only was it regarded as being valueless, but dangerous as well.

E.C.T. and Leptazol in Sopor are also used in a number of selected cases.

Individual and group psychotherapy are naturally used extensively either alone or in addition to the physical methods of treatment.

The female Occupation Department is still in charge of Mrs. Herbert, who has the help of four assistants, with Miss Bradley as her deputy. The dressmaking class which was started last year has proved to be highly popular and has excelled in the making of gay summer frocks and skirts. Craftwork, which includes basketwork, leather work, rug making, marquetry etc. continues

as before, while the Art section carried on in the Pottery Shop, has made itself useful by providing some amusing posters for hospital use and also a back-cloth for the new stage.

An enthusiastic drama group has recently been formed for the study and practise of dramatic art and it is hoped that the group will aspire to actual performances in the autumn.

The conferences, which were mentioned in my last report, held between Occupational Therapists, Medical staff, Social Workers and Nursing staff are still continuing and the greater liaison established has done much towards giving the Occupational Departments a fuller understanding of the patients' needs.

During the year 32,275 attendances were made by patients in the shops under Mrs. Herbert. This figure is slightly less than that of last year due to the fact that greater latitude is now given to patients, some of whom prefer to spend their entire time at the various other activities such as games, discussion groups etc.

Mr. Edmonds retains charge of the Carpenter's Shop with one assistant to help him. During the year 27,850 attendances were made in this shop, of which 2,100 were made by female patients.

The usual articles have been made, such as table lamps, bookcases, ironing boards, step-ladders etc.

The Printing Department housed in the same Shop continues to do most of the printing for the Group and is attended by a few patients who are interested in this craft.

During the year the Surrey County Council again gave us the services of a teacher who holds weekly discussion groups on current topics, musical appreciation and other interesting subjects.

Mr. Teasdale, the Head Remedial Gymnast, is in charge of the physical training activities, indoor and outdoor sports and general recreational activities. Mr. Teasdale has been invited by his Society to advise them on the inclusion of a section, dealing with psychological difficulties, in the syllabus for the training of Remedial Gymnasts.

SOCIAL REHABILITATION UNIT

During the year 191 male and 81 female patients were admitted to the Unit, while 191 male and 81 female patients were discharged, making a total of 272 patients admitted and 272 patients discharged. These figures are included in the general admissions and discharges shown elsewhere in the Report.

The emphasis has remained primarily on the treatment of the patient with the severely disturbed personality, viz. the psychopath, and it has been emphasised by the Royal Commission that a special treatment milieu with specially trained staff is necessary for this type of case. Existing methods of treatment by psychoanalysis or physical treatments are either uneconomic or ineffective and it would appear that the therapeutic community and group methods of treatment is the only approach to this type of illness. Treatment of personality problems would seem to involve not only the patient but also one or several members of his family and family groups are now held in the Unit to bring other members of the family into the treatment situation.

The Research Team will finish its three year Nuffield Grant in September. They have done much to conceptualise several aspects of a therapeutic community and to begin the study of the assessment of family health. In

addition, a long-term follow-up study is being carried out. The research material is being brought together in book form and should be ready for publication next year.

The Social Club at the Neuro-psychiatric Department of St. George's Hospital still carries out a useful function in providing social and recreational activities for ex-Belmont patients and where, in addition, supportive psychotherapy is given to those requiring it.

TEACHING, RESEARCH, ETC.

Clinical conferences are still held weekly, together with discussions on current topics on medicine throughout the year.

The usual series of lecture demonstrations to St. Thomas's Hospital undergraduates was also given.

I also gave a lecture on Psychosomatic Problems to a group of general practitioners attending a refresher course arranged by the Post Graduate Federation, while a group of Medical Officers of Health and School Medical Officers attended a lecture on the problems of the deaf child as part of a refresher course arranged by the National Association for Mental Health.

A meeting of the Sutton and District Medical Society was held on April of this year, when clinical cases were shown and short papers on various topics given by members of the medical staff.

The usual groups of nurses from General Hospitals have attended during the year and forty students from Amsterdam University who are studying psychology spent a day here. A party of senior girls from Sutton High School also visited the hospital.

During the year several visitors from Overseas came to the hospital, viz. Professor Ernst (Western Germany), Dr. El Hakim (Egypt), Mr. Glaser (Israel), Dr. Sigalos (Greece), Dr. Kobbernagel (Denmark), Dr. Kjalstad (Norway) and Dr. W. Loyella (Brazil). Lady Webb, wife of the High Commissioner for New Zealand, visited the Unit for Deaf Children in June, as did also Mr. Sumantri Praptokusumo of the Welfare Department of Indonesia.

UNIT FOR DEAF CHILDREN

As I mentioned in my last Report, the Unit for Deaf Children at Belmont Hospital was put on a permanent basis by the Regional Board last year, while the house at Worcester Road is still maintained from Research monies jointly given by the Regional Board and the Nuffield Provincial Hospitals Trust. Since the Unit at Belmont was opened 64 children (excluding re-admissions) have been investigated as in-patients and 61 have been seen as out-patients. 16 of the 64 in-patients have been in residence at the house in Worcester Road, Sutton.

There are still 14 children on the waiting list for admission, but it is impossible to pass the children through the Unit quickly as so many of them require periods of prolonged observation.

As a result of our experience over four years a group of children has emerged among those sent to us for assessment who are neither deaf nor mentally retarded but who have never spoken and who are either withdrawn and apathetic or overactive and rebellious. These children who all come from broken homes or have been brought up in Nurseries, are obviously deprived of affection and security and are very disturbed emotionally. There is no organic cause for their absence of speech which must, therefore, be due to their emotional difficulties. That this is the case has been shown in the case of one or two children in this category whom we have been able to retain

at our house in Worcester Road for prolonged periods and who have developed speech and gone to school daily from the house. The treatment of these children, however, is a long-term policy and the Ministry of Education has been asked to set up a Residential School for this type of child as an experiment, as it is felt that they will respond to intensive and almost individual tuition provided that a 'home atmosphere' is maintained at the same time. If such an establishment is not set up these children will be doomed to spend their lives in institutions for mental defectives as there is no type of school in the present educational system which would accept them.

In addition there is a number of children who are severely maladjusted, have no speech, and may be partially or severely deaf and who require the same type of residential accommodation because of the behaviour problems they present. These children are all severely disturbed emotionally and cannot be fitted into the present educational system either.

Of the children who have passed through the Unit :—

20 were diagnosed as being deaf and educable.

16 were diagnosed as being deaf and ineducable.

i.e. 36 were deaf.

5 were diagnosed as being not deaf and educable.

14 were diagnosed as being not deaf and ineducable.

i.e. 19 were not deaf.

While 9 are still undiagnosed.

Of the remaining 16 in-patients who were admitted to the house in Sutton 10 are already attending or have been accepted at various types of schools ; 3 are awaiting interviews for schools ; 2 have been admitted to Mental Deficiency Institutions and 1 is still undiagnosed.

Of the 64 children investigated as in-patients, 14 diagnosed as being deaf and 4 as being not deaf, have been accepted for schools ; 3 are awaiting interviews for schools, while of 7 children who had been certified as being mentally defective, 4 are now decertified and one is waiting for this to be done.

The Unit at Belmont Hospital is now housed in the former Physician Superintendent's residence which is much more satisfactory, as there is less restriction on the children's activities and they are much less frustrated than when they were living in part of the Group Office.

I would again like to express my appreciation of the work carried out by the staff of the Children's Units and particularly to Miss Evans, our teacher of the deaf, who in my opinion is largely responsible for the excellent results we are obtaining and the progress we have made in this most difficult work.

The following research is being carried out by members of the medical staff :—

Dr. Spaul	...	...	...	Group Treatment of Hypochondriasis.
Dr. Spaul	...	...	...	Mother and Child Groups (at Westminster Hospital).
Dr. Minski	...	...	...	Psychosomatic Problems.
Dr. Shaw	...	...	...	The work on porphyria which is being financed by the Regional Board from research money is continuing.
Dr. Desai	...	...	...	A comparison of the reactions of Neurotic patients to surprising stimuli.

PUBLICATIONS

Dr. Minski	...	...	...	Problems of the Deaf Child (Medical Press and Circular, Dec. 1956).
------------	-----	-----	-----	---

Dr. Minski	...	...	Psychosomatic Problems (British Journal of Physical Medicine, Feb. 1957).
Dr. Minski	...	...	Deafness, Mutism and Mental Deficiency in Children, to be published by Wm. Heinemann, September 1957.
Dr. Maxwell Jones	...	...	Industrial Rehabilitation of Mental Patients still in Hospital (Lancet 1956).
Dr. Maxwell Jones and J. A. Koltes			A type of Therapeutic Community (Mental Hospitals 1957).
Dr. R. N. Rapoport	...	...	Oscillations and Sociotherapy (Human Relations 1956).
S. Parker	...	...	Role Theory and the Treatment of the Anti-social Acting-out Disorders (British Journal of Delinquency 1957).
Dr. R. S. Ferguson	...	...	A Clinical Trial of Reserpine in the Treatment of Anxiety (Journal of Mental Science 1956).
Dr. Shaw and Dr. Yorke-Moore			Neuropsychiatric Sequelæ of Lightning Stroke (awaiting publication in B.M.J.).
Dr. Desai	...	...	Aspects of Personality in Depersonalisation. Paper read to the British Rorschach Forum, March, 1957.

The film made by Dr. Thorley on Hypoglycæmia by means of a research grant from the Regional Board was favourably reviewed by the Scientific Film Society and was shown to the Royal Medico-Psychological Association where it had a very good reception.

OUT-PATIENT WORK

During the year 974 patients, of whom 154 were new, were seen and 1,927 attendances made, although no regular out-patient clinic is held here. Many of these attendances are made by ex in-patients who are seen by their doctors where it is felt that out-patient supervision may help in preventing a relapse after discharge from hospital.

The following members of the full-time medical staff attend the following out-patient departments :—

Dr. Minski	...	...	St. George's Hospital, Hyde Park Corner, S.W.1.
Dr. Minski	...	...	Royal National Throat, Nose and Ear Hospital, Gray's Inn Road, W.C. (as reqd.).
Dr. Minski	...	...	Sutton and Cheam General Hospital.
Dr. Shaw	...	...	St. Helier Hospital.
Dr. Shaw	...	...	Dorking County Hospital.
Dr. Thorley	...	...	Wimbledon Hospital, S.W.
Dr. Samuel	...	...	London Hospital, E.1.

Psychotherapeutic sessions are held by the following members of the staff :—

Dr. G. F. Spaul	...	...	St. George's Hospital, S.W.1.
Dr. I. Hadfield	...	...	St. George's Hospital, S.W.1.
Dr. F. Stallard	...	...	St. George's Hospital, S.W.1.
Dr. M. Stewart	...	...	St. George's Hospital, S.W.1.
Dr. L. Tarlo	...	...	Sutton and Cheam General Hospital.
Dr. A. Borowitz	...	...	Sutton and Cheam General Hospital.
Dr. L. Tarlo	...	...	Dorking County Hospital.

Dr. S. W. G. Dexter ... St. Helier Hospital.
Dr. B. Pomryn ... Westminster and Hammersmith Hospitals.

Dr. Spaul also attends as Clinical Assistant to Dr. Garmany in the Children's Department of the Westminster Hospital.

DEPARTMENT OF ELECTROPHYSIOLOGY

Dr. Evans remains in charge of the department and still does five sessions a week.

Dr. McCarthy, Registrar, who divided his time between this department and clinical psychiatry, left in November, 1956 and was replaced by Dr. Hadfield in January, 1957.

Mrs. Dawson is still engaged on work with the Deaf Children's Unit and also with epileptics from Lingfield Colony. She has carried out 220 E.E.G's on children from Lingfield during the past year.

The technical staff still consists of a recordist and technician.

During the year 121 new in-patients were seen on whom 143 recordings were carried out, while 1,383 new out-patients were seen on whom 1,694 recordings were made. This makes a total of 1,504 patients seen and 1,837 recordings during the year.

The usual techniques are still carried out, including sleep records, the use of leptazol in certain cases, photic stimulation and sphenoidal electrodes in possible cases of temporal lobe epilepsy.

For some short time the technician has been loaned to St. Ebba's Hospital, Epsom, for two days a week to allow them to carry on in the absence of a technician at that hospital.

Dr. Evans has given a number of lecture demonstrations during the year to nursing and medical staff of other hospitals.

PSYCHOLOGICAL DEPARTMENT

The department continues under the direction of Dr. Desai, with Mr. Strauss working mainly in the Social Rehabilitation Unit and Mr. Secker continuing as Psychological Technician. Miss Crouse, who was paid from Research Funds, left at the end of May to take up a position at Graylingwell Hospital.

During the year 905 patients were tested, in groups or individually, for a preliminary assessment of intelligence and verbal attainments. Retests for these functions and individual and group tests of other functions were given to 89 patients.

In 698 interviews 236 patients were seen individually for intensive investigations in connection with differential diagnosis, assessment of personality, indications for types of treatment, vocational rehabilitation, assessment of intellectual impairment etc. Of these 172 were referred primarily for differential diagnosis, personality assessment or indications for treatment, 42 for the appraisal of intellectual potential and impairment and 12 for vocational rehabilitation.

36 patients were referred from out-patient Clinics where Psychiatrists attached to this hospital attend, while 100 patients were tested for research purposes only.

Dr. Desai collaborated with psychiatrists in psychotherapy and re-education of 12 patients, while Mr. Strauss dealt with 70 patients in groups in connection with vocational and other problems.

The department continues to help in the selection of student nurses and in the training of nurses. The use of a Personality Chart has now been introduced as part of the training to orientate the student nurse in psychological observations which will provide information to the doctors regarding aspects of the personality and behaviour of the patients.

Two courses of 8 Lectures were given by Dr. Desai to D.P.M. students, while as usual a Clinical Psychology student from The Tavistock Clinic spent a month in the department as part of her training.

A new feature is the introduction of a Training Scheme approved and financed by the Regional Board for clinical Psychologists and the department has been active in the development of, and participation in, this scheme. One student has completed her period of training in the department and another has taken her place. Facilities were provided for one post-doctoral research project.

Visits were paid to the department during the year by the Senior Nursing staff of Holloway Sanatorium, a group of University College and Continental Psychology students and pre-nursing students from Ewell Technical College.

FOLLOW-UP

As usual, follow-up letters have been sent to all patients discharged from hospital at the end of three months, six months, twelve months, eighteen months and two years. The position at the end of two years after discharge from hospital was as follows :—

	Male	Female
Symptom free	21	21
Symptoms present but working ...	36	40
Unable to work	15	12
In Mental Hospitals	1	2
Deaths	3	2
Suicides	3	1
Re-admissions here	47	42
No replies	82	58
Not followed up	89	108
Gone away	41	15
	338	301

It will be seen that of the group of 639 patients under investigation 197 were not followed up. This is a higher figure than usual and is due to the fact, as mentioned in previous reports, that quite a number of patients do not wish to be reminded of their illness and desire all contact with the hospital to cease. 140 did not reply, and again this is a higher figure than usual. In this group however, is included patients from the Social Rehabilitation Unit, many of whom are without permanent homes and addresses and who therefore cannot be satisfactorily followed up.

It will be seen that of the males who replied 45 per cent were symptom free or working, while of the females 50 per cent were also symptom free or working.

These figures are lower than the average for last year, when the males were 57 per cent and the females 51 per cent, but no reason can be offered for this.

27 per cent of the males were re-admitted while about 28 per cent of the females were re-admitted. These figures are again higher than usual and I am afraid cannot be accounted for.

The follow-up still proves to be of value, not only from the clinical point of view, but also in providing patients with a contact after they leave hospital, which may be important in preventing a relapse necessitating further hospitalisation.

SOCIAL WORK

The Social Workers' Department during the past year has, with the return of Miss Eldridge, been able to establish itself on a firm basis with three permanent staff after a long period of change and assistance from temporary workers. Miss Bainbridge who looks after the female side, Miss Gaston who divides her time between the two sides and Miss Eldridge who looks after the male side, now meet once a week to discuss policy, to pool resources and to talk over the latest developments in the various branches of the Social Services relevant to the needs of their patients. These sessions, together with attendance at the Ward meetings have proved to be very valuable.

During the course of the year invitations have been accepted to various centres which co-operate in the rehabilitation of our patients. These have included the Leatherhead Training College for the Disabled, the Rehabilitation Centre run by the S.O.S. Society, the Occupation Centre of the Institute of Social Psychiatry, the Headquarters of the Ex-Services Welfare Society and the Abbey Community Centre. Visitors have also been welcomed from other spheres of social work including a Psychiatric Social Worker from Hawaii who spent a week observing our methods.

Miss Bainbridge has run two relaxation courses which include group discussions and these will continue at regular intervals. Ex-Service patients are still receiving invitations from the Lest We Forget Association and the Not Forgotten Association. These have included outings to concert parties, theatres and to the Wimbledon Lawn Tennis Championships.

Every request from the doctors for home visits to obtain social histories from relatives has been met and many interviews for this purpose have also been conducted in the hospital. Several visits have been made on behalf of the Children's Unit to parents within reasonable travelling distance. A number of relatives accompanying new admissions have requested interviews with Social Workers for advice on immediate social problems and for reassurance.

Other visits have been made for a variety of reasons including after-care, re-housing and attendances at L.C.C. Problem Families conferences. We are most grateful to local employers for their willingness to accept our patients for therapeutic employment, which we find is very valuable in bridging the gap between hospital life and the re-commencement of full employment.

All routine work connected with sickness benefit queries, pension problems and National Assistance has been time consuming as usual, but has often afforded opportunities for the Social Workers to assist in the re-training process of the neurotic towards a more mature sense of financial responsibility.

This year, the Hospital Sunday Fund has given us a grant of £100 to be dispensed by the Social Workers in cases of real need, where no help is available from other sources. We are finding this grant most useful for purposes such as the payment of one week's lodging for a patient while he is in the throes of seeking employment, or for helping with relatives' fares if the doctor wishes to see them and they cannot afford the money for the journey.

The clerical work and correspondence involved in these matters is considerable. To facilitate this, a new system of filing was started 6 months ago and arrangements have been made for further clerical assistance.

Once again we have to thank the Women's Voluntary Services, The British Red Cross, The Citizen's Advice Bureau, The British Legion, the local Clergy, The Ex-Services Welfare Association and other Societies for their interest in our patients and for their practical help.

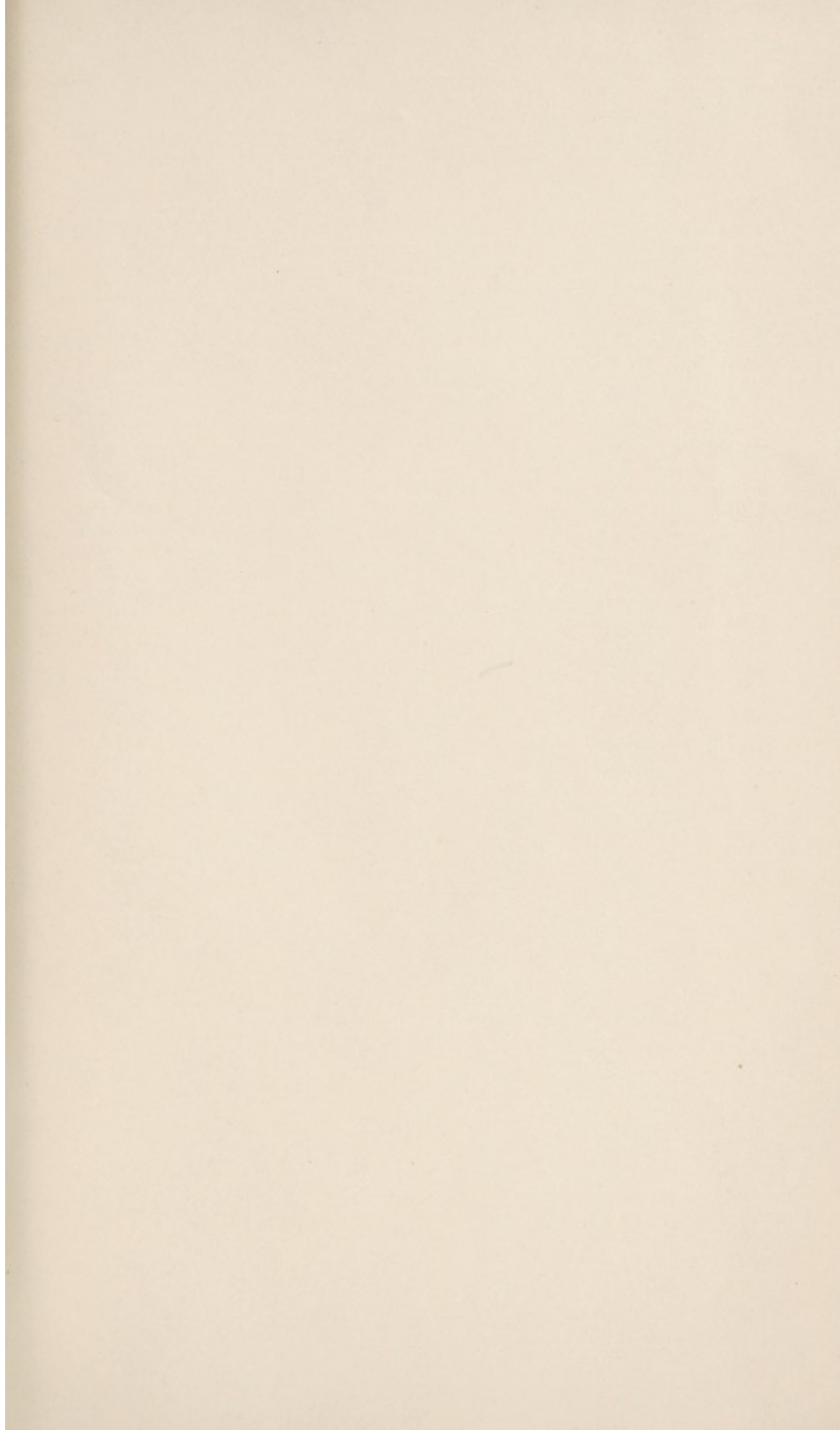
To the Members of the Hospital Management Committee I should like to express my thanks and appreciation for their help during the year, while to my colleagues in the hospital, both medical and lay, I am deeply conscious of the fact that without their co-operation, loyalty and support during my tenure of the post of Superintendent, it would have been impossible to carry out my work efficiently and satisfactorily. I, therefore, should like to express my sincere thanks to them for the help which has been forthcoming over the eighteen years I have been here. I cannot end this report without expressing my sincere thanks to the Members and Officers of the Regional Board. Not only has one been treated courteously and given help when asked for, but research work has been made possible through the generosity of the Board and money has never been refused to investigate the problems of mental health when such projects have been thought to be worth while.

Finally, although much remains to be done to bring Belmont to the level of a first-class hospital, in view of the financial stringencies imposed by the Treasury on expenditure on the Hospital Service, the Board has done much to help in bringing about many improvements in the hospital.

I am, therefore, extremely grateful to the Regional Board for its help both material and otherwise.

LOUIS MINSKI, M.D., F.R.C.P., D.P.M.

Physician Superintendent.



The medical staff and administrative involved in these matters is considerable. It is hoped that a new system of staff was started 6 months ago and arrangements were made for further changes and staff.

Once again we have to thank the Women's Voluntary Service, The British Red Cross, The Children's Aid Society, The British Legion, The Local Council, The St. George's Welfare Association and other Societies for their interest in the patients and for their practical help.

To the Members of the Hospital Management Committee I should like to express my thanks and appreciation for their help during the year, while in my colleagues in the hospital staff and staff. I am deeply conscious of the fact that without their co-operation, loyalty and support during the course of the year of 1947-1948, it would have been impossible to carry out my work efficiently and satisfactorily. I therefore, would like to express my sincere thanks to them for the help which has been forthcoming over the eighteen years I have been here. I cannot end this report without expressing my sincere thanks to the Members and Officers of the Regional Board. Not only has the Board been most co-operative and given help when asked for, but research work has been made possible through the generosity of the Board and money has never been refused to investigate the problems of medical health when such projects have been thought to be worth while.

Finally, although much remains to be done in order to bring the hospital to the level of a first class hospital in view of the financial restrictions imposed by the Treasury on expenditure on the Hospital Service, the Board has done much to help in bringing about many improvements in the hospital.

I am, therefore, extremely grateful to the Regional Board for all help both material and otherwise.

LOUIS MINIKI, M.D., F.R.C.P., D.P.M.

Physician Superintendent

