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Contributors

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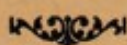


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BELMONT HOSPITAL

SUTTON, SURREY



REPORT OF PHYSICIAN-SUPERINTENDENT



5th July, 1952, to 4th July, 1953

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BELMONT HOSPITAL.

Report of Physician-Superintendent.

5th July, 1952, to 4th July, 1953

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, M.D., M.R.C.P. — 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, 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.
David Thomas, B.Sc., M.B., B.Ch., 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

A. A. Baker, M.B., B.S., D.P.M.
E. A. Burkitt, M.R.C.S., L.R.C.P., D.P.M.

REGISTRARS

C. Weaving, M.B., B.Ch., D.P.M.
A. Charles, M.B., B.S.
G. A. Nemeth, M.B., B.S.
P. Glasspole, B.A., M.B., B.Chir.

JUNIOR HOSPITAL MEDICAL OFFICER

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

PART-TIME PSYCHIATRIST

S. Crown, 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.
A. Feiling, B.A., M.D., F.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.
J. A. W. Robinson, 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. F. C. Wadge, M.R.C.S., L.R.C.P., Dip. Phys. Med. — Consultant in
Physical Medicine.
Mrs. Sutcliffe Hey — Consulting Dental Surgeon.

GENERAL.

The work mentioned in my last report on the alteration of a block of the Nurses' Home has now been almost completed and this will supply a number of pleasant single rooms for nursing and domestic staff. The patient's Library was also finished early in the year and has been in use for some months. The new library is bright, cheerful and provides patients with plenty of room in which to look at books before making their choice.

For some time it had been noticed that the pressure on the female beds was greater than that on the male beds and as a result the waiting list for female patients was becoming extremely long. A male ward of 54 beds was therefore converted into a female admission ward of 36 beds to which all new female patients are admitted. In addition a dining room and day room have been provided as it is felt inadvisable for these new patients to go to the patients' cafeteria immediately on coming into hospital. The unit is light and airy having been redecorated where this was required and additional clinical rooms provided for medical staff.

In addition the old Roman Catholic Chapel which was badly sited, viz., just outside a female ward, has been removed to another situation and the old chapel has been converted into a female ward of 14 beds to which the female deep insulin unit has been moved.

The present number of active beds is now 444 of which 224 are female and 220 are male.

The usual maintenance work and redecoration have been carried out during the year but the amount of work which can be carried out is sadly limited by financial considerations.

Mr. Ridley who had been our consulting Ophthalmologist for some years resigned owing to pressure of work and his place was taken by Mr. Moffatt.

Dr. Storr who held the Radiologist's post for some time as a locum obtained a post elsewhere and Dr. Trevor Griffiths took over his work.

There have been no changes among the senior psychiatric staff during the year and the number of senior registrars which was six has been reduced to two, the number fixed for this hospital.

As the excess of Senior Registrars left to obtain other posts their vacancies were filled by appointing senior hospital medical officers or Registrars.

Dr. Merry obtained an appointment as Senior Registrar at St. Ebba's Hospital, Epsom, Dr. Lloyd as Senior Hospital Medical Officer at Denbigh Hospital and Dr. Wheeler a similar post at Banstead Hospital.

During the year Dr. K. S. Jones left to take up a post as Senior Registrar at Queen Elizabeth Hospital, Birmingham, Dr. Lindsay left to return to New Zealand and Dr. Simpson to go into private practice.

Dr. Pomryn was promoted from Senior Registrar to Senior Hospital Medical Officer and Dr. David Thomas was appointed in the same grade, having been a senior registrar at Cane Hill Hospital.

During the year Drs. Charles, Glasspole and Nemeth joined the staff as registrars, all of whom had had previous psychiatric experience.

In order that some of the medical staff might obtain experience with psychotic cases, which is not available at this hospital, we have arranged an interchange of medical staff for periods of six months with Banstead and Netherne hospitals. This also enables the medical staff of those hospitals to obtain experience with neurotic patients to an extent which is not available in their own hospitals.

Dr. Burkitt is at present at Banstead and Dr. Beesley has taken his place at this hospital while Dr. Baker is at Netherne and Dr. Yates from that hospital is working here.

The consultant staff still visit once a week and in emergencies as required. Mrs. Sutcliffe Hey saw 1,377 patients in the dental department during the year and carried out 85 operations for dental extractions during that period.

The following patients were seen by the consulting staff during the year :—

Mr. Gilbert	...	...	...	...	...	456
Dr. Niven	...	...	...	...	...	212
Mr. Foxen	...	...	...	...	...	166
Mr. Moffatt	...	...	...	...	...	161
Dr. Wadge	...	...	...	...	...	150
Dr. Feiling	...	...	...	...	...	92

Twelve major operations were carried out during the year, thirty-seven minor operations were performed while Mr. McKissock carried out thirteen prefrontal leucotomies.

Mr. Foxen still carries out quite a number of operations on patients from this hospital at the Westminster Hospital while major gynæcological operations are performed by the consulting staff of St. Helier Hospital.

935 X-ray examinations were carried out on 730 patients, including 94 barium meals and enemata, 14 intravenous pyelograms, 9 bronchograms, 5 tomographs and 2 cholecystograms.

1,736 patients received treatment in the physiotherapy department during the year including massage, electrical treatment, radiant heat, ultra-violet light, wax baths, remedial exercises, etc.

During the year 2,595 examinations were carried out in the hospital laboratory and comprised the following :—

Blood examinations (cell counts, haemoglobin)	...	...	960
Blood urea and blood sugar estimations	...	...	1,138
Urine examinations (microscopic and bacteriological, etc.)	...	...	170
Faeces examinations	...	...	46
Test Meals	...	...	66
Sputum examinations	...	...	64
Identifications of Micro-organisms	...	...	149

In addition two post-mortem examinations were carried out.

Wassermann and cerebrospinal examinations are still carried out at the Central Pathological Laboratory and two technical assistants undertake the above routine work which is done under the supervision of Dr. Kay.

ADMISSIONS, DISCHARGES AND DEATHS

ADMISSIONS

During the year 1,349 patients were admitted, the categories being as follows :—

	Male	Female	Total
Civilian patients	479	564	1,043
Ministry of Pensions patients	144	5	149
Social Rehabilitation Unit patients	144	—	144
Service patients	13	—	13
	780	569	1,349

This figure shows a decrease of 207 over last year there being 130 fewer males and 77 fewer females. The situation is accounted for partly through repeated vacancies occurring on the medical staff, as when doctors obtain other posts there is usually a considerable delay in filling these and also through

closure of wards from time to time for structural alteration and redecoration. The type of case admitted shows no change from that mentioned in my previous reports.

DISCHARGES

	Male	Female	Total
Civilian patients	509	540	1,049
Ministry of Pensions patients ...	150	4	154
Social Rehabilitation Unit patients	138	—	138
Service patients	10	—	10
	807	544	1,351

The discharges require no comment except to point out that as in previous years the number of admissions and discharges remain equal.

DEATHS

Three deaths occurred during the year, one female patient committed suicide in the hospital, another committed suicide while on leave while the third died from natural causes.

OCCUPATIONAL THERAPY, etc.

The usual range of psychological and physical methods of treatment, as mentioned in previous reports, have been carried out, in most cases in combination.

Over eighty per cent of the patients attend occupation classes each day and the total number of patients' attendances last year were over 60,000.

Mrs. Herbert, who still has three assistants, is hard pressed in her shops to cope with the rush of both male and female patients. To spend the time required with each patient at least two more therapists would be necessary but unfortunately in these times of financial stringency it is not possible to obtain them.

In addition to the usual arts and crafts such as rug making, weaving, basket work, embroidery, toy making, leather work, etc., several new crafts have been introduced and the pottery shop considerably expanded.

Among the fresh crafts are marquetry, jewellery, brush making and raffia work, the latter being the fashionable material for the making of lamp shades, beach bags and sandals.

The addition of two new four-way table looms to the men's department has enabled the production of such fabrics as folk weave cushion covers, curtains, towels, etc., and with the greater intricacy of working constitute a better aid to concentration than the simple scarf looms that were already in use.

Many new lines have been started in the leather work department which now offers patients a choice of over thirty articles.

The department can now offer patients a choice of twenty-five crafts.

Mr. Edmonds, with one assistant in the carpenter's shop, provides occupation for over eighty male patients daily. The patients are allowed to buy at cost price the articles made, these including ironing-boards, coffee tables, step ladders, book cases, clothes-horses, etc.

In addition the printing department comes under his jurisdiction and not only does most of the printing for the hospital group, thus saving a considerable amount of money, but also his assistant there teaches patients this trade.

The Art Therapist continues to attend twice weekly and the classes are proving not only of diversional but also of therapeutic value.

Classes in appreciation of music, drama and play reading and another art group are held weekly the instructors being provided by the Surrey County Council to whom I am most grateful. In addition they have promised an instructor in typewriting when the hospital can provide the necessary typewriters.

Mrs. Stonham, Educational Organiser, supervises the above classes and in addition arranges popular lectures, documentary film shows, musical recitals, poetry reading, discussion groups, etc.

The usual physical training classes and recreational activities including indoor and outdoor games, have been provided by Mr. Teasdale, head remedial gymnast with his assistant.

SOCIAL REHABILITATION UNIT

Since the last Annual Report the Unit has changed its name from Industrial Neurosis Centre to the more appropriate descriptive title of Social Rehabilitation Unit.

There is a tendency for more and more cases to be referred to it from the Courts and an innovation was the first transfer of a patient still under prison sentence to the Unit so that the time spent under treatment here was counted against her sentence.

Group and community methods of treatment continue to be developed more than individual psychotherapy as these are felt to be more effective in treating character disorders whose problems relate predominantly to their external environment. The experience gained in the social rehabilitation of these difficult problems has met with considerable interest from the outside world and there are approximately 800 visitors a year who attend the Friday morning psychodramas and seminars. The visitors come mainly from psychiatry and the social sciences but several of the University Colleges have made a visit to the Unit part of their regular teaching programme. In addition the book written about the Unit has also been made prescribed reading in at least one University department.

The Unit also continues to be a pilot experiment of considerable value to the Ministry of Labour and their national rehabilitation programme. Techniques developed in the Unit are discussed and may be incorporated in the fourteen industrial rehabilitation units throughout the Country which are run by the Ministry.

More is being done to include the patient's families in the treatment programme. Dr. Pomryn has initiated a voluntary group for his patients on Wednesday afternoons, which is a visiting day, and patients are welcome to bring their families into this group.

Since the start of the Unit in April, 1947, the two D.R.O.s seconded to us by the Ministry of Labour have interviewed 1,399 cases. Of this total 637 were placed in employment, 166 entered into vocational training, 125 found their own work and 150 decided to return to their former employment. The remaining 321 were unplaced; these include current cases being dealt with by the D.R.O.s, cases where the patient had been transferred to another hospital, or had left the Unit and continued on sick benefit and also a certain number who left without any address being known so that it was not possible to contact them. The D.R.O.s follow-up of 894 patients carried out three months after they had started employment showed the following result: 476 expressed satisfaction with their resettlement, 303 were coping but had a grievance of some description and 115 failed to answer.

The Social Club for ex-Belmont patients held at the Neuropsychiatric department of St. George's Hospital is still flourishing and provides a measure

of after care and follow up for certain of the Unit patients. Forty to fifty patients attend each week where not only recreational activities are held but supportive therapy can be given by members of the medical, nursing and social worker staff who attend.

In my last report I mentioned that many of the admissions to the Unit consisted of aggressive psychopaths who were a menace to Society and that the legislation in this Country should be altered so that they could be adequately dealt with.

As a member of the Council of the National Association for Mental Health I brought the matter before them and as a result a sub-committee was set up to study the matter. A number of meetings has been held and Magistrates, Queen's Counsel and other interested bodies have sent representatives to some of the meetings. The matter is still subjudice and it is hoped eventually that something tangible will be devised which can be placed before Parliament.

TEACHING, RESEARCH, PUBLICATIONS, ETC.

The usual series of lecture demonstrations to the St. Thomas' Hospital medical students have been held twice during the year while students from University College Hospital also attended on two occasions. Teaching is also given to undergraduates in the out-patient department at St. George's Hospital.

Clinical assistants taking the course for the D.P.M. at the Institute of Psychiatry, Maudsley Hospital, have attended here as usual for periods of six months for clinical tuition, while the regular case conferences, tutorials and demonstrations have been held throughout the year. In addition joint clinical conferences with Banstead Hospital are held once a month, these being held alternatively at Banstead and Belmont.

Groups of nursing and other students from Bedford College, National Hospital, Queen Square, St. Helier Hospital, etc., have also visited throughout the year while foreign doctors, many sponsored by the British Council and World Health Organisation have spent some time at the hospital.

RESEARCH UNIT FOR DEAF CHILDREN

For some time Mrs. Dawson and I have been undertaking research into the problem of differentiating between mental defect and deafness in young children. There is no doubt that many children who are either born deaf or become deaf at an early age, and especially where they develop emotional disturbances as a result, are certified as mentally defective and remain in institutions for the rest of their lives.

Most of these children, who are unable to speak as well, present a picture like that of mental defect but if their illness were diagnosed at an early age and they were then educated at schools for deaf children they would be able to lead lives as useful citizens instead of being relegated to institutions for mental defectives. Not only is the problem an economic one but most important is the humane factor in this problem.

We have been investigating this problem on these children as out-patients for some time but felt that the only way to really tackle this was to have the children in a small unit where they can be studied intensively.

The South-West Metropolitan Regional Hospital Board were approached and generously agreed to finance such a Unit from their research funds for a year in the first instance.

In addition the King Edward Fund, to whom I am most grateful, donated the money for equipment such as audiometers, gramophones, head phones, etc.

The Unit which accommodates six children was opened in March in a part of the hospital and is quite self-contained. The staff consists of Miss

Whetnall, M.S., F.R.C.S., Consultant Ear, Nose and Throat Surgeon, Mrs. Dawson, Ph.D., Electroencephalographer, Mr. Read, Psychologist, Miss Evans, Teacher of the Deaf and a mentally trained nurse with four children's supervisors. I am supervising the Clinic from the psychiatric point of view while our head occupational therapist also assists on the occupational side.

The problem is being approached from the psychological and physiological aspects and use is being made of electroencephalography, psychogalvanometry, audiometry and studying the response of the children to teaching and routine supervision. Although we hope eventually to devise tests by means of which we can state if a child is deaf or mentally defective we have as yet only touched the fringe of the problem but we have already decided that one boy aged nine who has spent six years in an institution for mental defectives is the brightest of the children intellectually and is deaf and not defective at all.

A problem which has arisen is that when these children have been diagnosed as being deaf, they require intensive education in order to make up the leeway and in an ordinary school for deaf children they would be too far behind the other children to benefit by the education given there. We would suggest a special school for these children where they can receive more individual and intensive training until they have caught up with the children who have had the normal education at the ordinary schools for deaf children. Through the Regional Board an approach has been made to the Ministries of Health and Education on this point.

Although the research may be long and tedious, it is felt that such an important piece of research must be persevered with to try and rescue an unknown number of children from a useless life or in fact a living death.

Other research being carried out at present :—

Dr. Minski and Dr. Desai	...	...	A clinical and psychological investigation of the aggressive psychopath.
Dr. Minski	...	...	Legislation and the aggressive psychopath— Paper read to Inter-hospital Clinical Society.
Dr. Shaw	...	...	An Investigation into the breakdowns of nursing personnel. A statistical investigation into the admissions over three years to this hospital is still proceeding.
Dr. Thorley	...	...	Part played by achlorhydria in insulin coma.
Dr. Thorley	...	...	Alterations in water body content during insulin treatment.
Dr. Pai	...	...	An investigation into a case of cancer of the Islet-cells of the Pancreas.
Dr. Pai	...	...	A follow up study of Anorexia Nervosa.
Dr. Pai	...	...	The incidence of physical diseases among psychiatric patients.
Dr. Finigan	...	...	An investigation into the treatment of depression with leptazol.
Dr. Evans	...	...	Observations with sphenoidal and pharyngeal electrodes in temporal lobe epilepsy.
Dr. Evans	...	...	The significance of beta rhythm in the E.E.G.

Dr. Evans	...	...	...	E.E.G. abnormalities in certain cases of stammering (in collaboration with Dr. Louis Stein).
Dr. Evans	...	...	...	Development of stimulation techniques in the diagnosis of epilepsy.
Mrs. Dawson	...	...	...	Investigation of the response of epileptic children with grossly abnormal E.E.G.'s and in whom the prognosis appears to be poor with new anti-convulsive drugs.

PUBLICATIONS

Dr. Minski and Dr. Desai	...	...	...	An assessment of the personality in patients suffering from peptic ulcer (awaiting publication in the British Journal of Medical Psychology).
Dr. Thorley and Dr. Wheeler				Observations on the insulin tolerance test (awaiting publication).
Dr. Thorley and Dr. Desai	...	...	...	An analysis of Rorschach tests done before and after insulin comas (awaiting publication).
Dr. Thorley and Dr. W. W. Kay				Effects of cortisone upon hypoglycaemic coma (awaiting publication).
Dr. Pai	...	...	...	Indications for hypnosis in psychiatry (Transactions of the Adler Society, February, 1953).
Dr. Pai	...	...	...	On Suggestibility (British Medical Journal, February, 1953).
Dr. Pai	...	...	...	Anorexia Nervosa (Proceedings of Royal Society of Medicine, March, 1953).
Dr. Finigan	...	...	...	Chapter on Insomnia — British Encyclopaedia of Medical Practice.
Drs. Maxwell Jones, A. Baker, T. Freeman, J. Merry, B. Pomryn, J. Samber and J. Tuxford	...	...	...	"Social Psychiatry"—Tavistock Publications, 1952 (published in U.S.A. under the title of "A Therapeutic Community"—(Basic Books, New York).
Drs. A. Baker, Maxwell Jones, J. Merry and B. Pomryn	...	...	...	"Community Method of Psychotherapy" (awaiting publication in British Journal of Medical Psychology).
Dr. Evans	...	...	...	Spontaneous excitation of the visual cortex and association areas—"Lambda Waves." Journal E.E.G. and Clinical Neurophysiology, February, 1953.
Dr. Evans	...	...	...	Auditory Pathways—Paper read to Electrophysiological Technicians Association.
Dr. Evans	...	...	...	Electroencephalography as an aid to Diagnosis—Paper read to Sutton and District Medical Society.

Dr. Evans	...	...	Recent Advances in Electroencephalography—Paper read to Inter-Hospital Clinical Society.
Sister Eileen Skellern, S.R.N. (in charge of Unit)	...	...	Report on an investigation carried out "To study, report and make recommendations on the practical application to ward administration of modern methods in the handling of staff and student nurses."

OUT-PATIENT WORK

There are no out-patient sessions held regularly at the hospital and during the year 867 patients were seen and 1,322 attendances made. As usual, these consist mostly of ex-patients who make visits to see the doctors who treated them while in hospital, while a few are referred by the Ministry of Pensions and local general practitioners.

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

Dr. Minski	...	...	St. George's Hospital, S.W.1.
Dr. Minski	...	...	Sutton and Cheam General Hospital.
Dr. Minski	...	...	Royal National Throat, Nose & Ear Hospital, Golden Square, W.1. (As required).
Dr. Shaw	...	...	Dorking County Hospital.
Dr. Shaw	...	...	St. Helier Hospital (Psychosomatic Clinic).
Dr. Thorley	...	...	Wimbledon Hospital, S.W.
Dr. Samuel	...	...	London Hospital, E.1.
Dr. Burkitt	...	...	St. Bartholomew's Hospital, E.C.1.

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

Dr. N. Craske	...	...	Sutton and Cheam General Hospital.
Dr. C. Weaving	...	...	Sutton and Cheam General Hospital.
Dr. A. A. Baker	...	...	St. George's Hospital, S.W.1.
Dr. M. Stewart	...	...	St. George's Hospital, S.W.1.
Dr. David Thomas	...	...	St. George's Hospital, S.W.1.
Dr. B. Pomryn	...	...	Hammersmith and Westminster Hospitals.

DEPARTMENT OF ELECTROPHYSIOLOGY

Dr. Evans is still in charge of the department which has the services of a technician and recordist.

Mrs. Dawson continues to work on a part-time basis and is also working in the department in connection with the research on deaf children.

During the year 177 new in-patients were seen on whom 239 recordings were made while 825 new out-patients were seen on whom 961 recordings were made. The total number of recordings done was 1,200 on a total of 1,002 patients.

Straight recordings are done in the first place and nowadays are often followed by the use of photic stimulation, leptazol, recording in sleep, etc. In a small number of cases sphenoidal and pharyngeal electrodes are used to obtain direct contact with the basal surface of the skull.

Dr. Evans continues to carry out two sessions a week as consultant in Electroencephalography at the Central Middlesex Hospital.

PSYCHOLOGICAL DEPARTMENT

The department continues under the supervision of Dr. Desai, with the help of a technical assistant.

During the year 923 patients were tested in groups and individually for a preliminary assessment of intelligence and verbal attainments. Retests and other group tests were given to 136 patients. The proportion of the total population tested, is therefore, maintained.

In 700 interview, 310 patients were seen individually for intensive investigations in connection with differential diagnosis, indications for treatment, vocational rehabilitation, assessments of personality and of intellectual defects, etc., while 15 patients were seen only for research purposes. 204 patients were referred primarily for differential diagnosis and personality assessment, 40 for assessments of defects and 81 for vocational rehabilitation. The number in the last category has fallen primarily because of Mr. Strauss' illness.

Mr. Strauss, who is in charge of the psychological department in the Unit, continues his use of group techniques in vocational rehabilitation to supplement individual interviews. He also participates in daily tutorials to the Unit nurses.

Two courses of lectures were given by Dr. Desai to student nurses.

Facilities for research were provided for 4 Ph.D. students and for 4 post-doctoral researches. In this connection the department is indebted to the psychiatrists and to the nursing staff for their generous co-operation.

Dr. Desai continues to serve on the Working Party on the training of Clinical and Educational Psychologists (British Psychological Society).

The department has been fortunate to obtain a research grant from the Regional Board for research on Psychopathic Personality and on early Schizophrenia.

FOLLOW-UP

As in previous years patients discharged from hospital have been followed up by letter at the end of three months, six months, one year, eighteen months and two years and the position at the end of two years after discharge from hospital is as follows :—

	Male	Female
Symptom Free	19	14
Symptoms present but working ...	44	34
Unable to work	19	7
In Mental Hospitals	1	2
Deaths	5	3
Readmitted here	49	24
No replies	75	60
Not followed up	87	119
Gone away	46	23
	345	286

206 patients out of a total of 631 were not followed up for the usual reasons given, viz., that they wished to forget their illness or left the hospital against medical advice and were hostile in their attitude towards it. 46 per cent of the males and 56 per cent of the females who replied were symptom free or working while 14 per cent of the males and about 9 per cent of the females were readmitted here. Compared with last year the figures for those who are symptom free or working are somewhat lower (58 per cent males and 62 per cent females last year) while the readmission figures are slightly higher (9.6 per cent males and 7 per cent females last year).

At the end of one year 52 per cent of the males and 60 per cent of the females were symptom free or working, while at the end of three months 59 per cent of the males and 68 per cent of the females were symptom free or working.

As has been noted before there is a definite tendency to relapse with the passage of time, the decrease in the males who were working or symptom free from three months to two years being 13 per cent and in the case of the females 12 per cent.

These figures appear to remain fairly constant and last year were 14 per cent and 13 per cent respectively.

Of 1,524 males discharged between 1st December, 1950, and 1st March, 1953, and who were followed up 56 per cent were still symptom free or working in July, 1953, and of 1,305 females discharged between the same times 62 per cent of those followed up were still symptom free or working.

As these figures for males and females each year appear to be fairly constant, viz., about 50 per cent for the males and 60 per cent for the females they would appear to represent the approximate recovery rate for patients discharged from this hospital.

SOCIAL WORK

There are still three social workers in the main part of the hospital but only one attached to the Industrial Unit as there is a vacancy to be filled. As before in the main part of the hospital there is a social worker on each side while one divides her time between the two. In addition a Swiss social worker is working in a voluntary capacity for six months in order to learn our methods of dealing with psychiatric social problems.

FEMALE SIDE

The opening of the new admission ward for female patients has made it possible for the social worker to have an initial interview with all new female patients in one of the clinics attached to the ward and this has helped in establishing a good relationship between social workers and patients. At the same time any urgent matters can be dealt with at once thus removing some sources of worry as soon as the patient enters hospital.

As before, care of children, inadequate housing, finding of jobs and convalescence have taken up much of the social workers' time.

The D.R.O. visits weekly and the National Assistance Board officer also visits regularly and see patients in the presence of the social workers.

Convalescence is extremely difficult to arrange as patients recovering from neurotic illness do not settle readily in the Mental After Care Homes which accommodate a large number of psychotic patients. The ordinary convalescent homes in the region do not readily accept our patients and the Regional Board must face the necessity for a convalescent home for recovering neurotic patients.

The services of the local Probation Officers have been more freely used and have been most helpful in visiting the hospital for interviews, advising on small legal matters and referring more difficult cases to Solicitors under the free legal aid scheme.

The usual social histories have been obtained and home visits made where required.

MALE SIDE

In contrast to the female side the main day to day problems with which the social workers are concerned on the male side are financial ones, viz., pensions, sickness benefit and financial assistance for the patients' families. Much distress has been caused to patients by a hardening of the attitude of the Ministry of Pensions. Many patients who are receiving small pensions for neuroses are not granted treatment allowances and the resultant anxiety due to their precarious financial position makes the task of treating such patients much more difficult and tends to prolong the illnesses. In my opinion the policy is a bad one as not only from the humane point of view does it cause unnecessary suffering but from the financial point of view more money is spent from the Exchequer funds in keeping these patients in hospital than would be spent on treatment allowances with a shorter stay in hospital.

Social workers spend much time in trying to obtain beds in hostels for homeless patients on discharge and the situation in this respect appears to be deteriorating.

The usual home visits have been paid, convalescence arranged in a number of cases and social histories obtained.

As in previous years the Ex-Services Welfare Society, Lest We Forget Association, Red Cross, The Not Forgotten and Regimental Associations have all contributed generously to the welfare of our patients in providing assistance, money grants and outings to Wimbledon, the races, the seaside, etc.

The Disablement Resettlement Officer and an officer from the National Assistance Board have continued to call regularly to see our recovered and necessitous patients.

In addition the Management Committee have generously allowed the social workers to draw on the Amenity Fund in helping destitute patients. For instance a set of carpenter's tools was obtained from this source for a patient who would otherwise have remained unemployed and another patient was completely reclothed shortly after admission.

In this way the social workers can do much to help patients after the medical staff have done their part towards the recovery of the patients.

The social workers on both sides are still co-operating with medical staff in research where social problems arise.

In conclusion, I would again like to thank the Chairman and Members of the Hospital Management Committee for their continued support and help and also the officers and members of the Regional Hospital Board.

I am also deeply grateful to my medical and lay colleagues in the hospital for their loyal help and co-operation during the year.

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

Physician Superintendent.

