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BELMONT HOSPITAL

SUTTON, SURREY



Report of

PHYSICIAN-SUPERINTENDENT



5th July, 1954 to 4th July, 1955

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BELMONT HOSPITAL

Report of Physician-Superintendent

5th July, 1954 to 4th July, 1955

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.
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

J. N. McCullough, M.B., Ch.B., D.P.M.
G. F. Spaul, M.B., B.S., D.P.M.

REGISTRARS

J. A. Gorst, M.B., B.S.
B. F. McCarthy, M.Sc., M.B., B.Ch., B.A.O.
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.
C. P. Seager, B.Sc., M.B., B.Ch., D.P.M.
M. E. Yorke-Moore, M.B., B.S., D.Obst., R.C.O.G.

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
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.

There have been no changes during the year among senior psychiatric medical staff. I should, however, like to say how pleased we are to know that Dr. Sargent has made a good recovery from his long illness and has resumed duty.

The Registrars however, all left during the twelve months under review, Dr. Weaving going as Registrar to the Westminster Hospital, Dr. Glasspole as Registrar to Botley's Park Hospital, while Dr. Lindsay went as Senior Registrar to St. Bernard's Hospital and Dr. Ferguson as Senior Hospital Medical Officer to St. Nicholas' Hospital, Newcastle-on-Tyne. Dr. Nemeth left to take up a post in the United States.

The Registrars who left were replaced by Dr. Gorst from Shenley Hospital, Dr. McCarthy from Powick Hospital, Dr. Seager from Barrow Gurney, Bristol, Dr. Stallard from South Western Hospital, Glasgow, Dr. Tarlo from Bolton General Hospital and Dr. Yorke-Moore from Helleston Hospital, Norwich, to all of whom we extend a hearty welcome.

Among the general consulting staff the only change was the resignation of Dr. Robinson, Consulting Anaesthetist on having reached the age limit for retiring and his replacement by Dr. Gibson.

During the year the usual maintenance of the buildings has been carried out and also a considerable amount of redecoration. All the male wards have been redecorated, also the Children's Unit, the pottery shop and games room, but much of the hospital including the Nurses' Home is in a deplorable state of delapidation.

The Regional Board has approved a scheme which is awaiting Ministry approval for the building of a new Nurses' Home and it is to be hoped that there will not be any long delay in starting work on the Home as the nurses' accommodation can only be inadequately described as sub-standard.

If such a Home is erected, the old Home with its adaptations to it will then accommodate the occupational and psychological departments. At present these are housed in disused wards and it is hoped by releasing this accommodation that overcrowding can be abolished and that sitting-rooms and other such amenities which are at present sadly lacking for patients will be available.

Meantime the Regional Board has agreed to the reduction of the active beds from 444 to 424 of which 218 are female and 206 male.

The male beds have been reduced by fourteen and the female by six and this has helped somewhat in easing the overcrowded state of the wards.

During the year Mrs. Sutcliffe Hey saw 1403 patients in the dental department and carried out 89 operations for dental extractions under general anaesthesia.

All the general consulting staff visit weekly and also in case of emergency.

The following numbers of patients were seen by the consulting staff during the year :-

Mr. Gilbert	...	...	...	...	...	...	454
Dr. Niven	...	...	...	...	...	...	428
Mr. Moffatt	...	...	...	...	...	...	185
Mr. Foxen	...	...	...	...	...	...	148
Dr. Feiling	...	...	...	...	...	...	69
Dr. Wadge	...	...	...	...	...	...	44

Ten major and sixteen minor operations were carried out and Mr. McKissock performed ten leucotomies.

As before Mr. Foxen carries out most of his operations at the Westminster Hospital while gynæcological operations are performed at St. Helier Hospital.

998 X-ray examinations were carried out during the year on 826 patients. These included 143 spines (mostly as a precautionary measure before electro-convulsive therapy), 430 chests, 146 extremities, 91 dental, 71 skull, 88 barium meals and enemata, 12 abdomens, 5 intravenous pyelograms, 3 cholecystograms and one tomograph.

During the year in-patients made 3,433 attendances in the physiotherapy department and 28 were made by out-patients.

The usual treatments in the form of massage, electrical treatment, remedial exercises, wax and paraffin baths, heat and light treatment were given.

During the year 2,485 examinations were carried out in the hospital laboratory as follows :-

Blood examinations (cell counts, hæmoglobin, etc.)	...	...	...	...	...	1442
Blood sugar and urea estimations	...	...	...	...	...	497
Bacteriological examinations	...	...	...	...	...	118
Sputum examinations	...	...	...	...	...	99
Urine examinations (microscopic and bacteriological)	...	...	...	...	...	227
Test meals	...	...	...	...	...	48
Fæces examinations	...	...	...	...	...	54
						<hr/> 2485

No postmortem examinations were carried out during the year.

Dr. Kay from the Central Pathological Laboratory, West Park, visits the laboratory regularly supervises the work which is carried out by two technicians.

Wasserman and cerebrospinal fluid examinations are carried out in the Central laboratory as are complicated biochemical examinations.

ADMISSIONS, DISCHARGES AND DEATHS

ADMISSIONS

During the year 1348 patients were admitted to the hospital, their categories being as under :-

	Male	Female	Total
Civilian patients	625	634	1259
Ministry of Pensions patients	79	3	82
Service patients	4	3	7
	<hr/> 708	<hr/> 640	<hr/> 1348

This figure is eight more than that of last year and as I stated in my previous report I regard a figure of about 1,300 admissions per annum as the optimum one with the present medical and nursing staff.

It is interesting to note that in spite of more non-statutory beds having been made available in the Region the admission rate to the hospital remains at the same high level. Indeed were more beds available in the hospital the admission rate could be further increased. The waiting list has as usual shown considerable fluctuations varying from a week to six weeks for both males and females.

The following table shows the type of case admitted together with the percentages :-

Anxiety states	31%
Depression	18.5%
Hysteria	16.5%
Psychopathic Personality	13.5%
Schizophrenia	8.5%
Psychosomatic or Predominantly Physical states	6%
Obsessional states	3.5%
Organic states	2.5%

In many patients where for instance a diagnosis of anxiety state has been made, it may mean that the condition was predominantly an anxiety state but other features such as depressive or obsessional may have been present. Naturally pure states of any type are not common clinically and the diagnosis has been made on the presenting or dominant symptoms.

It will be seen from the table that in a hospital with no restrictions whatever on the liberty of the patient that a wide variety of conditions can be treated and this is a most important point in the training of nursing staff and doctors in training.

In fact, the only types of patient which must be excluded are the suicidal psychotic depressions and those patients who are socially disturbed and so tend to upset the other patients in the hospital.

DISCHARGES

	Male	Female	Total
Civilian patients	621	618	1239
Ministry of Pensions patients	71	4	75
Service patients	6	2	8
	<hr/> 698	<hr/> 624	<hr/> 1322

As has been mentioned in previous reports the admissions and discharges throughout the year must remain constant thus enabling the beds to be turned over about three times in the year.

DEATHS

One male patient died from natural causes while one female patient, an epileptic, was found dead on the railway line and at the inquest a verdict of accidental death was brought in.

OCCUPATIONAL THERAPY, TREATMENT, ETC.

It seems unnecessary to recapitulate every year the various forms of treatment used in the hospital. The full range of physical treatments is available viz., electroconvulsive therapy, deep and modified insulin, continuous narcosis, electronarcosis, abreactive techniques and leucotomy.

Dr. Finigan has continued his leptazol treatment in selected cases, while Dr. Craske, who is in charge of the female deep insulin unit, uses E.C.T. in sopor also in selected cases.

Largactil was tried extensively in the hospital and its value in the treatment of neurotic conditions appears to be very limited.

Dr. Ferguson carried out an investigation in the use of Serpasil in various conditions and has written a paper which is awaiting publication.

It would appear that the use of E.C.T. and abreactive techniques has diminished and this may be due in the first case to the diminishing number of depressive states admitted and in the second case to the fact that in peace time, neurotic conditions do not have so commonly a traumatic incident as a precipitating factor as in the war neuroses. This, therefore, makes peacetime neuroses less suitable for the use of abreactive techniques. On the psychological side the usual psychotherapeutic treatments have been used ranging from superficial psychotherapy and reassurance, hypnosis etc., to in a few cases deep psychotherapy of an analytical type.

Not only is individual psychotherapy given but group therapy has been developed by many of the medical staff apart from the social rehabilitation unit.

As before, the ancillary forms of treatment have continued and among these occupational therapy is probably the most important.

Mrs. Herbert, head occupational therapist, remains in charge of the female department with four assistants to help her.

The pottery shop is now one of the busiest and most popular departments and Miss Bradley who is in charge of the shop has incorporated art therapy with her modelling and pottery work.

The other crafts mentioned in my last report continue to be practised and the classes are divided into male, female and mixed, the last according to choice.

Mr. Edmonds continues to have charge of the carpentry shop with the help of one assistant.

An innovation there is that female patients at their own request were allowed to work in the carpenter's shop about a year ago and the number has gradually increased. During the past year female patients made 2,750 attendances in this department, while male attendances in the same shop were 27,250 during the same period.

In Mrs. Herbert's departments 22,806 attendances were made.

It is noteworthy that an extremely high standard of workmanship has been attained by many of the patients in all the occupational shops some of whom hope to make commercial use of their skill on discharge from hospital.

The printing department housed in the carpentry shop continues to do most of the printing for the group and a few patients attend there daily to learn the craft from the officer in charge.

The Educational Organiser, Mr. Robin Hull, B.A. (Oxon.) continues to arrange musical recitals, discussion groups, lectures on items of topical interest etc. Attendance at these is voluntary but interest is generally keen.

Mr. Teasdale the head remedial gymnast, together with his assistant, is responsible for physical training classes and in addition arranges both indoor and outdoor games and the general recreational activities.

SOCIAL REHABILITATION UNIT

During the year 190 male and 87 female patients were admitted to the Unit, while 195 male and 77 female patients were discharged. This makes a total of 277 patients admitted and 272 discharged. These figures are included in the general admissions and discharges given elsewhere in the report.

More than 80% of the admissions to the unit are patients suffering from psychopathic states, many of whom are referred from the Courts.

Not only are many of them aggressive psychopaths but the admissions include numbers of sexual perverts, drug addicts and inadequates.

Although the results of group treatment are promising it would still appear that the comparatively short period spent in the Unit cannot in many cases alter the patients' personality and prolonged hospitalisation is necessary to resocialise them and make them useful members of society.

My views on the alteration of legislation which were given as evidence before the Royal Commission on Mental Illnesses have been published in a memorandum elsewhere and need not be recapitulated here.

It is to be hoped that the legislation will ultimately be altered not only in order that psychopaths may be helped over a number of years but also to protect society from their violence and anti-social behaviour generally.

The Research sponsored by the Nuffield Foundation and mentioned in my last report has now got under way and the team of anthropologists, sociologists etc., under Dr. R. N. Rapoport's guidance has started the ground work.

The Social Club at the Neuropsychiatric Department, St. George's Hospital, for ex-Belmont patients is still functioning and is serving a most useful purpose for those patients who are shy and schizoid and who otherwise would have little or no social life and also for those who require in addition supportive therapy given by the members of the Belmont staff who attend there.

TEACHING RESEARCH, ETC.

The usual teaching activities have taken place during the year viz., two series of lecture demonstrations on the neuroses to the St. Thomas' Hospital undergraduates, clinical instruction to clinical assistants from the Institute of Psychiatry, Maudsley Hospital, while the usual case conferences, clinical discussions and tutorials have also been held.

Various groups of nurses from other hospitals, occupational therapy students, welfare officers, etc., have visited the hospital during the year to see the work which is going on. A meeting of the Inter-hospital Medical Society was held here during the year.

A number of doctors from overseas visited the hospital, among them being Dr. Havroulides (Greece), Dr. Regan (California), Dr. Munkata (Japan) and Professor Kerbakov (Soviet Union). Dr. Azayem of Egypt and Dr. Fajardo of Colombia spent some weeks at the hospital to study our methods of Psychiatry.

I gave evidence as a member of the South West Metropolitan Regional Board before the Royal Commission on Mental Illness and two members of the Commission visited the hospital.

With the help of a grant from the Research Committee of the Regional Board a film on "Hypoglycæmic Coma" was made at the hospital under the supervision of Dr. Thorley.

The film which has been lent to a number of hospitals is proving most helpful in teaching nurses and other students.

RESEARCH UNIT FOR DEAF CHILDREN

The Regional Board has generously continued to finance this Unit from Research Funds and as a result of a grant from the Nuffield Foundation and further help from the Regional Board a house is to be opened in Sutton in the course of the next few weeks.

As a result of our investigations over two years it has been found that many of these children without speech present emotional difficulties as a result of a difficult or broken home, prolonged hospitalisation or other factors and while these are present the underlying condition is often masked. The house will be run on "home lines" with a foster mother in charge and the children living there will be long term cases. It is hoped that with the security and affection given to them they will overcome their psychological difficulties and thus the underlying condition of either deafness and or mental retardation will become clearer, thus making a diagnosis possible and enabling us to decide into which category the child falls and so to decide its future education.

At the same time the Unit at Belmont will continue to function as a diagnostic Unit where children will be seen as out-patients and short term in-patients will be admitted.

It is often possible to decide by having children as out-patients for a day whether they are deaf or defective. They are seen in turn by the Psychologist, Teacher of the Deaf, Ear, Nose & Throat Surgeon and myself and at the same time electroencephalography and audiometry are attempted. So far 25 children have been seen in this way and where the diagnosis is still in doubt, they are put on the waiting list for admission. At the present time there are 25 children on the waiting list but when the new home is opened it is hoped that this will be quickly reduced.

Twenty-eight children have passed through the Unit as in-patients and in most cases a diagnosis has been established. The difficulty in placing these children in suitable schools for the deaf where a diagnosis of deafness has been established still exists as very often they have so much leeway to make up in their education that they fall by the wayside in ordinary classes and require almost individual teaching until they have made up for the years during which they have had no education.

Already three children who had been certified as mental defectives are going to schools for the deaf, while another child certified as a defective is waiting to go to school.

The work and results of the Unit up to date have been set out in a paper which is awaiting publication in the Medical Press and has been written jointly by Miss Evans (Teacher of the Deaf), Mr. Reed (Psychologist), Mrs. Dawson (Electroencephalographist) and myself.

Other research being undertaken by staff in the hospital :-

Dr. Minski, Dr. Desai and Mrs. Ernest	... ..	The investigation into the Clinical and Psychological aspects of Psychopathy is being continued.
Dr. Minski	... ..	The effects of Prefrontal Leucotomy on Tinnitus.
Dr. Shaw	... ..	Investigation into the breakdowns of nursing staff is being continued.
Dr. Finigan	... ..	Investigation into the treatment of depression with leptazol is being continued.
Dr. Thomas	... ..	Clinical investigation of states of chronic excitement.
Dr. Evans and Dr. Stein (Tavistock Clinic).	...	E.E.G. findings in stammerers.
Dr. Evans	... ..	The value of stimulation techniques in the diagnosis of epilepsy.
Mrs. Dawson	... ..	An investigation into the prognosis of epileptic children with focal abnormalities is being continued.
Mrs. Dawson	... ..	The significance of muscular jerkings in petit mal.

PUBLICATIONS

Dr. Minski and Dr. Desai	...	...	Aspects of Personality in Peptic Ulcer Patients (British Journal of Medical Psychology, June 1955).
Dr. Desai	...	...	"The Relationship between the Wechsler-Bellevue Verbal Scale and the Progressive Matrices Test." (Journal Consult, Psychology, February 1955).
Dr. Maxwell Jones	...	...	Delinquency and Crime. A Challenge to Psychiatry (Lancet 1954).
Dr. Maxwell Jones	...	...	Treatment of Psychopathic Personalities. (Proceedings Royal Society of Medicine 1954).
Sister E. Skellern, S.R.N.	...	...	Five articles on "Therapeutic Community" (Nursing Times 1955).

Papers read :-

Dr. Pai	...	...	On the Nature and Treatment of spasmodic Torticollis. (To the Surrey County Inter-Hospital Association).
Mr. Strauss	...	...	Transference phenomena in a Therapeutic Community. (International Congress of Psychotherapy, Zurich).
Mrs. Ernest	...	...	Rorschach Studies of Psychopathic Personalities (Rorschach study group, Tavistock Clinic).
Mrs. Ernest	...	...	A Review of Psychological Literature on Psychopathic Personalities. (Surrey group of Clinical Psychologists).
Dr. Maxwell Jones	...	...	Concept of a Therapeutic Community. (Am. Psych. Ass. Annual Conference).
Dr. Maxwell Jones	...	...	The importance of the Total Community in treatment in Psychopathic Hospitals (R.M.P.A. Meeting).
Dr. R. N. Rapport	...	...	Some social processes in a Therapeutic Community. (Dept. of Social Anthropology, Univ. of Manchester).

OUT-PATIENT WORK

Although no regular out-patient clinic is held here, during the year 895 patients were seen and 1486 attendances made.

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	...	...	Sutton & Cheam General Hospital.
Dr. Minski	...	...	Royal National Throat, Nose and Ear Hospital, Gray's Inn Road, W.C. (as reqd.).
Dr. Shaw	...	...	St. Helier Hospital (Psychosomatic Clinic).
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. N. Craske	...	...	Sutton & Cheam General Hospital.
Dr. B. F. McCarthy	...	...	Sutton & Cheam General Hospital.
Dr. M. Stewart	...	...	St. George's Hospital, S.W.1.
Dr. D. Thomas	...	...	St. George's Hospital, S.W.1.
Dr. G. F. Spaul	...	...	St. George's Hospital, S.W.1.
Dr. B. Pomryn	...	...	Hammersmith and Westminster Hospitals.

DEPARTMENT OF ELECTROPHYSIOLOGY

Dr. Evans who remains in charge of the department, does five sessions per week and has the assistance of a registrar who divides his time between the department and clinical psychiatry. Dr. Ferguson who held this latter post and who left, has been replaced by Dr. McCarthy.

Mrs. Dawson is still engaged on research projects and receives her salary from the Research Fund of the Regional Board.

The remaining staff of the department consists of a recordist and technician as before.

During the year 174 in-patients were seen on whom 258 recordings were carried out, while 975 out-patients were seen on whom 1328 recordings were made. This makes a total of 1586 recordings on 1149 patients.

The usual techniques such as leptazol, photic stimulation etc., have been carried out as before.

During the year Dr. Evans gave a series of 4 lectures and demonstrations under the auspices of the Surrey inter-hospitals Psychiatric Association.

PSYCHOLOGICAL DEPARTMENT

The department continues under the direction of Dr. Desai.

During the year 885 patients were tested, in groups or individually, for a preliminary assessment of intelligence and verbal attainments. Re-tests for these functions and group tests of other functions were given to 81 patients.

In 613 interviews, 259 patients were seen individually for intensive investigations in connection with differential diagnosis, assessments of personality, indications for types of treatment, vocational rehabilitation, assessments of intellectual impairment, etc. Of these 158 were referred primarily for differential diagnosis and personality assessment, 44 for appraisals of intellectual impairment and 31 for vocational rehabilitation, while 26 patients were seen primarily for research. Eighteen patients from out-patient clinics, where our psychiatrists attend, were also referred to the department.

Mr. Strauss, who continues to be responsible for psychological work in the Social Rehabilitation Unit, dealt with 54 patients in groups in connection with vocational and related problems, while Dr. Desai collaborated with psychiatrists in psychotherapy and re-education in relation to 10 patients.

Mrs. Ernest, Research Psychologist, whose salary is provided by the Regional Board from Research Funds, is still working on the problems of psychopathic personality. In connection with this research 82 prisoners in Wandsworth and Wormwood Scrubbs prisons have been seen thanks to the co-operation of the Prison Commissioners.

It is hoped next year to carry on the research in approved schools in order to examine both clinically and psychologically the younger delinquents in an attempt to differentiate the psychopath from the occasional offender.

The department continued to help in the selection of student nurses and in the training of nurses and social therapists.

Eight clinical psychological lectures were given to D.P.M. students.

As usual, clinical psychology students from the Tavistock Clinic spent a month in the department as part of their training.

Facilities for research were provided for 4 research projects to psychologists from other institutions.

FOLLOW-UP

The usual follow-up letters at the end of three months, six months, twelve months, eighteen months and two years have been sent to all patients discharged from hospital.

At the end of two years after discharge from hospital the position is as follows :-

	Male	Female
Symptom free	20	14
Symptoms present but working ...	51	29
Unable to work	18	10
In Mental Hospitals	1	1
Deaths	3	2
Re-admission here	31	28
No replies	52	43
Not followed up	74	86
Gone away	37	31
	<hr/> 287	<hr/> 244

160 patients out of a total of 531 were not followed up for reasons given in previous reports. 57 per cent of the males and 51 per cent of the females who replied were symptom free or working, while 11 per cent of the males and 11 per cent of the females were re-admitted here.

These compare with 51.5 per cent males and 54.8 per cent females given in the last report who were symptom free and working and 12.3 per cent males and 11.4 per cent females re-admitted here.

These figures show little variation from year to year and appear to represent the average. The figures at the end of one year after discharge were 67 per cent of the males and 64 per cent of the females were symptom free or working and as has been previously noted it would appear that an additional ten per cent deteriorate between the first and second year after discharge.

The follow-up system is not only of value to the medical staff in allowing them to assess the results of treatment but is of great help to patients who have been discharged and who feel that the hospital is still interested in their welfare and that they have something to lean on.

Lastly, many patients in replying state that they feel a return of symptoms in a minor degree and can be put in contact with a psychiatric out-patient department where prompt treatment often averts another period of hospitalisation.

SOCIAL WORK

The department has had a difficult year firstly through the illness of Miss Bainbridge with poliomyelitis, from which happily she made a good recovery, and secondly, Miss Craggs' illness from which she also recovered and is now back on duty.

Miss Bainbridge left about two months' ago to take up a post at the Westminster Hospital, so that for much of the year the department has been short-handed. Miss Craggs and Miss Woods are continuing to carry the social work for the hospital generally as the vacancy has not yet been filled.

Patients' problems remain much the same as those mentioned in previous reports.

Housing remains predominant and although the housing position has greatly improved, many patients are still adequately housed or live with relatives in an atmosphere of tension or even friction.

Matrimonial difficulties appear to be on the increase and these are particularly difficult to resolve where one partner lives too far away to be visited by a social worker.

As in the past, every new female patient is seen by a social worker shortly after admission, and this has helped considerably in gaining the confidence of patients and bringing to light problems which otherwise might have remained hidden.

The usual financial and pension worries, legal problems, etc., have all been adequately dealt with while the liaison with the Ministry of Labour and the D.R.O.'s continues to function happily.

We again must thank the British Red Cross Society, the British Legion, Lest We Forget Association, W.V.S., Ex-Services Welfare Society and other voluntary bodies for their help in giving outings, transport, clothing etc., to our patients when required.

I should like to offer a welcome to Mrs. Deer, the new Chairman of the Hospital Management Committee and to express my thanks to her for her help and co-operation during the short time she has held that post.

I should also like to express my thanks to the Members of the Management Committee for their support and also the members and officers of the Regional Hospital Board.

Finally, I am most grateful to my colleagues in the hospital, both lay and medical, for their loyal support and help through the past year.

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

Physician Superintendent.



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