

Annual report of the Board of Control to the Lord Chancellor : 1950

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LUNACY AND MENTAL TREATMENT
ACTS



Annual Report of the
Board of Control
to the
Lord Chancellor

For the Year 1950

Presented pursuant to Act of Parliament

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THE THIRTY-SEVENTH ANNUAL REPORT OF THE BOARD OF CONTROL FOR THE YEAR 1950

To the Right Honourable the LORD HIGH CHANCELLOR

My Lord,

In pursuance of section 162 of the Lunacy Act, 1890, we beg to submit the following report:—

Admissions

The steady increase in the number of admissions to mental hospitals does not appear to be the result of any gross increase in the incidence of nervous and mental illness in the general population. While there is a wider recognition of the importance of the mind in physical as well as mental illness, the facilities for treatment have not developed at the same rate as this consciousness of the need for medical aid. The rapid and steady rise in the usefulness to the public of the mental hospital is an indication that old prejudices are dying and there is an acceptance of treatment in a hospital where it is available; the fear of the labels of nervous and mental illness is gradually giving way to an easy recognition of the mental as well as the physical frailties of man.

The proportion of voluntary patients admitted to hospital rises year by year. The change has been accompanied by an increase in the out-patient facilities and attendances throughout the country and it is likely that contact between doctor and patient at this stage often leads to admission to hospital before the illness has progressed beyond control.

Further, it is evident that where the out-patient departments are well developed and are manned by doctors who are also in charge of beds in the mental hospital, the patients are more ready to become in-patients without compulsion. In these instances the proportion of voluntary to other admissions reaches its highest figure—in some cases up to 80 per cent. or 90 per cent. of the total admissions.

Accommodation

At the end of 1950 there were 146,293 patients under care under the provisions of the Lunacy and Mental Treatment Acts, 1890 to 1930. There were also 150 Broadmoor patients in mental hospitals, 881 patients in Broadmoor Institution, and 222 patients in Naval and Military Hospitals. The total number of patients under treatment for mental illness notified to us was, therefore, 147,546.

Excluding former public assistance institutions, the number of patients in mental hospitals had increased by 819 to 135,190 (including 160 patients outside the provisions of the Acts), while accommodation provided, in terms of bedspace, was for 126,196 patients, an increase of 680 beds. The additional accommodation recorded is attributable to re-measurement or recalculation of bedspace, to the return of beds used for other purposes, and to the provision during the year of new accommodation for 217 patients.

Unfortunately, all the accommodation is not in use. On the 1st January 1951, there were 1,956 beds still diverted to other services; 2,382 beds were, unoccupied owing to shortage of staff; and bedspace for 1,703 patients was undergoing or awaiting restoration and reconditioning. The actual deficiency of accommodation, therefore, amounted to 15,035 beds, a reduction compared

with 1949 of 1,459 beds. Overcrowding had decreased from 14 per cent. at the end of 1949 to 12·5 per cent. at the end of 1950, but this figure does not present an altogether accurate picture of conditions. In general when a ward is closed owing to shortage of staff it is necessary to disperse the patients among the other wards. In consequence those wards become uncomfortably overcrowded and the proper classification of patients is impaired. It is often the case that the actual overcrowding in the occupied wards of a hospital where wards have been closed is greater than the overall figure for the hospital suggests.

In previous Reports we have drawn attention to the serious consequences attending the shortage of accommodation. There seems little immediate prospect of this shortage being relieved to any great extent, though the attention of the Regional Hospital Boards has been specially drawn to the need for providing more beds.

Old People

The problem of the care and nursing of old people suffering from mental illness has received much consideration during the past few years. It has become evident that patients over sixty-five on admission to hospital represent an increasing proportion of the total admissions and of the patients resident in the hospital.

While the total population in this country has increased in the ten year period 1938-48 by a little less than two-and-a-half million, the numbers who are aged sixty-five and over have risen by over one-and-one-eighth million.

The percentage of people aged sixty-five and over in the general population has consequently risen from 7·8 per cent. to 9·3 per cent. in men and from 9·5 per cent. to 12·2 per cent. in women.

This change in proportion is reflected also in the admissions to mental hospitals. The figures show a general increase in total admissions for all ages but the rise for patients of 65 and over is higher than would be expected, both for the admissions and for the total number of patients in hospital. For admissions the increases are relatively small for men, but for women they show a proportionate rise of five per cent. The figures for the resident population reflect the change more clearly. The proportion of patients aged sixty-five and over to the total mental hospital population rose from 14·8 per cent. to 19·1 per cent. in men and from 19·7 per cent. in women to 27·6 per cent.

This change, however, is not entirely due to the higher admission rate. It could be an indication also that those remaining in hospital live longer.

Senile patients sent to hospital are, for the most part, certified, and owing to the shortage of beds they must sometimes be admitted at the expense of other younger patients who need treatment but whose cases may not have the same social urgency.

The need for some new arrangements is recognised and Regional Hospital Boards have been urged to make provision outside mental hospitals for many aged people who do not require the elaborate treatment facilities of a large hospital and who though mentally ill and infirm do not need to be placed under certificate as persons of unsound mind.

It should not, however, be assumed that old patients once admitted do not leave hospital. Some sample figures indicate that over 30 per cent. of patients of sixty-five and over are discharged from mental hospitals within six months.

Nurses

The provision of adequate nursing staff for mental hospitals continues to be a major difficulty, and though the position has somewhat improved during 1950 it remains true that on the female side of the hospitals in particular the shortage is still acute. Further, the improvement has been effected by additions to the trained staff numbering 217 whole-time and 213 part-time women, while the nursing assistants have increased by 587 whole-time and 345 part-time women, whereas the number of students has decreased by 22, a tendency which causes anxiety as to future trained staffing. The additions to the male staff have been 542 whole-time nurses. The ratios of patients to nurses was on 31.12.50 on the female side 6.9 (1949, 7.4) and on the male side 5.3 (1949, 5.4). An increase equivalent to some 40 per cent. whole-time is needed in the female staff to bring the proportions on that side to parity with the male side, and thus to a reasonable level of efficiency.

Cultural and Social Activities

Reference has been made in previous Reports to the many activities undertaken by the Women's Voluntary Services in mental hospitals. These activities were maintained in 1950. Not only have the patients benefited from them, but they have also afforded welcome relief to the reduced nursing staffs; and we desire to express the warmest appreciation of the help rendered by the organization.

The Council for Music in Hospitals arranged concerts in 40 mental hospitals during the year. There is no doubt that the service which the Council is performing is greatly valued by the hospitals availing themselves of it.

Thirty hospitals continued to make use of the Picture Library Scheme of the British Red Cross Society, which brings a stimulating cultural interest to the patients.

Group Activities

It has always been a matter of some difficulty to provide an active and interesting life for patients whose condition continues to demand enforced detention in spite of all medical and nursing efforts to induce recovery under treatment. For such patients and for others there have been great changes in the attitude to the problem. Group activities can be directed to a common aim in games as well as in art and music, but these have been supplemented also by group discussions directed to the personal mental problems of each member so that there arises something more than the mere team spirit in the mutual aid resulting from free discussion of problems. We refer to this matter not merely in relation to treatment but also to its contribution to social ease and the maintenance of mental activity and force in the social field of the hospital itself. It contributes greatly to the happiness of the patient who is compelled to remain in hospital.

Health of Patients

The number of cases of tuberculosis arising in mental hospitals continues to fall, the ratio per thousand patients resident at the former county and borough mental hospitals being 6.4 in 1950 compared with 7.4 the previous year; the death rate at these hospitals also fell from 4.2 to 3.1. For all mental hospitals the incidence per thousand patients resident was 6.5 and the death rate 3.0.

In recent years the practice of calling in the local tuberculosis officer to examine and to advise about the treatment of the physical condition of the patient has become general.

Diseases of the enteric group accounted for 2 deaths in an incidence of 13 cases. The number of patients affected by gastro-intestinal infections was 5·3 per thousand patients resident, and the death rate from the disease was less than one per ten thousand resident.

In all infectious outbreaks where the laboratory or other facilities of the hospital have been inadequate, assistance has been given by the Medical Officer of Health and the Ministry of Health local laboratory service.

There were 11,119 deaths in mental hospitals during the year, the death rate per cent of the average number resident being 7·82. This is 0·39 higher than the rate for the previous year which, however, related only to the former county and borough mental hospitals.

Registered Hospitals, Licensed Houses, and Nursing Homes

At the end of 1950 there were four hospitals registered by the Minister of Health for the reception of persons suffering from mental illness. During the year the number of licensed houses was reduced by six. The original premises of three which had been removed from London during the war under Defence Regulation 32AA were not available when that Regulation expired and the licences lapsed, while the licences of three others lapsed or were surrendered. There remained, therefore, thirteen houses licensed by the Minister and seventeen licensed by provincial justices. The number of nursing homes approved by the Minister of Health for the reception of voluntary and temporary patients increased to eleven.

All these establishments were visited as required and were found to be generally satisfactory.

Broadmoor Institution

This Institution was regularly visited during the year. Like other hospitals and institutions in the Mental Health Service it suffers from shortage of nurses, while much needed improvements have had to be postponed owing to financial limitations. It continues nevertheless to be ably administered and to reflect credit on the medical, nursing, and other staff who have cheerfully and uncomplainingly borne the additional burdens they have been called upon to carry.

Board of Control

Dr. T. R. Forsythe, who became a Commissioner on the 1st June, 1939, resigned his appointment on the 15th September, 1950, on being appointed Consulting Psychiatrist to Mapperley Mental Hospital, Nottingham.

Surgeon Captain J. F. M. Campbell, M.B., R.N., was appointed a temporary Commissioner in January, 1950, on retirement from the post of Medical Superintendent of the Royal Naval Hospital, Yarmouth.

By Order of the Board,

(Signed) P. BARTER,
Chairman.

(Signed) H. C. BLEAKLEY,
Secretary.

32, Rutland Gate,
Knightsbridge,
London, S.W.7.

June, 1951.

APPENDIX

DISTRIBUTION OF PATIENTS

The distribution of all patients at the end of the year 1950 may be seen by reference to Tables I and II, but it may be pointed out that 97·4 per cent. of them were resident in hospitals vested in the Minister of Health.

Movement of Patients

Admissions, Discharges, Transfers to other Care and Deaths, in 1950. The following statement includes patients of each status (voluntary, temporary and certified):—

Resident on 1st January	147,288
Direct admissions	60,266
Indirect admissions (excluding re-gradings)	1,962
	209,516

Discharged and Departed:—

Recovered	15,945
Relieved... ..	24,073
Not improved	7,570
By operation of law*	626
“Not now insane”	16
Transferred (under Order) to other care	2,035
Died	11,705
Remained at end of year	147,546
	209,516

* By reason of irregular admission documents, the lapsing of reception orders (Section 38, Lunacy Act, 1890, and Section 7, Lunacy Act, 1891) or discharge after absconding (Section 85 Lunacy Act, 1890).

TABLE I

SUMMARY OF PERSONS SUFFERING FROM MENTAL DISORDER, 1ST JANUARY, 1951
Arranged according to Class

Where maintained on 1st January, 1951	Private			Health Service			Broadmoor Patients			Total		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
In Hospitals vested in the Minister of Health:—												
(i) Mental Hospitals:—	659	1,274	1,933	60,162	80,255	140,417	120	30	150	60,941	81,559	142,500
(ii) Teaching Hospitals	—	—	—	162	204	366	—	—	—	162	204	366
(iii) Broadmoor Institution	—	—	—	2	—	2	689	190	879	691	190	881
In Premises not vested in the Minister of Health but deemed to be Mental Hospitals	—	—	—	64	77	141	—	—	—	64	77	141
In Registered Hospitals	447	807	1,254	—	—	—	—	—	—	447	807	1,254
In Licensed Houses:—	210	449	659	—	4	4	—	—	—	210	453	663
Metropolitan	281	933	1,214	175	—	175	—	—	—	456	933	1,389
Provincial	—	—	—	—	—	—	—	—	—	—	—	—
In Hospitals and Nursing Homes approved under the Mental Treatment Act:—	—	—	—	—	—	—	—	—	—	—	—	—
Hospitals	3	53	56	—	—	—	—	—	—	3	53	56
Nursing Homes	222	—	222	—	—	—	—	—	—	222	—	222
In Naval and Military Hospitals	12	62	74	—	—	—	—	—	—	12	62	74
In Private Single-Care	—	—	—	—	—	—	—	—	—	—	—	—
Total	1,834	3,578	5,412	60,565	80,540	141,105	809	220	1,029	63,208	84,338	147,546
Increase during 1950	15*	145*	160*	79	320	399	—	—	—	1,089*	542*	1,631*
Private Health Service	15	4	19	—	—	—	—	—	—	25	4	29
Broadmoor Patients	79	179	258	—	—	—	—	—	—	139	165	304
Total	103	183	286	79	324	403	—	—	—	1,128	713	1,841
				Average Annual Increase in the five years 1946-1950 inclusive.			Private Health Service/Rate Aided Broadmoor Patients					
				Total			Total					

* Decrease.

TABLE II

SUMMARY OF PERSONS SUFFERING FROM MENTAL DISORDER, 1ST JANUARY, 1951

Classified according to Status

Where maintained on 1st January, 1951	Voluntary			Temporary			Certified			Total		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
In Hospitals vested in the Minister of Health:—												
(i) Mental Hospitals ...	11,287	13,887	25,174	92	249	341	49,562	67,423	116,985	60,941	81,559	142,500
(ii) Teaching Hospitals ...	162	204	366	—	—	—	—	—	—	162	204	366
(iii) Broadmoor Institution ...	—	—	—	—	—	—	691	190	881	691	190	881
In premises not vested in the Minister of Health but deemed to be Mental Hospitals ...	—	—	—	—	—	—	64	77	141	64	77	141
In Registered Hospitals ...	184	347	531	2	7	9	261	453	714	447	807	1,254
In Licensed Houses:—												
Metropolitan ...	79	179	258	—	6	6	131	268	399	210	453	663
Provincial ...	98	357	455	—	5	5	358	571	929	456	933	1,389
In Hospitals and Nursing Homes approved under the Mental Treatment Act:—												
Hospitals ...	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes ...	3	53	56	—	—	—	—	—	—	3	53	56
In Naval and Military Hospitals ...	4	—	4	—	—	—	218	—	218	222	—	222
In Private Single-Care ...	2	2	4	—	—	—	10	60	70	12	62	74
Total ...	11,819	15,029	26,848	94	267	361	51,295	69,042	120,337	63,208	84,338	147,546
Of Total { Private Health Service ...	618	1,412	2,030	7	24	31	1,209	2,142	3,351	1,834	3,578	5,412
{ Broadmoor Patients ...	11,201	13,617	24,818	87	243	330	49,277	66,680	115,957	60,565	80,540	141,105
	—	—	—	—	—	—	809	220	1,029	809	220	1,029

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