

Annual report of the Board of Control to the Lord Chancellor : 1952

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LUNACY AND MENTAL TREATMENT
ACTS

Annual Report of the
Board of Control
to the
Lord Chancellor

For the Year 1952

Presented pursuant to Act of Parliament

*Ordered by The House of Commons to be Printed
15th July 1953*

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THE THIRTY-NINTH ANNUAL REPORT OF THE BOARD OF CONTROL FOR THE YEAR 1952

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:—

Introduction

This Report refers briefly to the condition of mental hospitals and other institutional accommodation for the mentally ill (but not for the mentally defective) in England and Wales, and to the care of such patients. Since the coming into force of the National Health Service Act, 1946, the Minister of Health has become responsible for providing and maintaining mental hospitals and hospitals for the mentally defective. The Annual Report of the Minister to Parliament now includes sections on Mental Health with statistics relating both to mental illness and to mental deficiency.

Accommodation

On the 31st December, 1952, there were 148,123 patients under care under the provisions of the Lunacy and Mental Treatment Acts, 1890, to 1930. There were 212 patients in Naval and Military Hospitals, 122 Broadmoor* patients in mental hospitals, and 896 in Broadmoor Institution itself. The total number of patients notified to us as under treatment for mental illness was, therefore, 149,353.

The number of patients in mental hospitals, excluding those which were formerly public assistance institutions†, increased by 1,413, during 1952 to 137,039 (including 80 patients outside the provisions of the Acts), representing an annual average increase during the past four years of 1,112.

Calculated upon standards of space prescribed by the Ministry of Health, accommodation was provided in these hospitals for 123,387 patients, or 519 fewer than at the end of 1951. The difference is due to the fact that one Regional Hospital Board did not complete its reassessment of mental hospital bedspace on the basis of the prescribed standards until 1952.

Some of this accommodation is still not in use. Beds diverted to other services numbered 997 and bedspace for 1,233 patients was awaiting restoration, renovation or repairs, while 1,640 beds could not be used owing to shortage of staff, representing in all a loss of 3,870 beds. It follows that there were at the end of 1952 in the 107 mental hospitals in question 17,522 more patients than those hospitals were designed, according to prescribed standards, to receive. The extent of this overcrowding varies in different hospitals. Where the overcrowding is most marked, it becomes difficult properly to classify or to treat separately in appropriate wards patients suffering from different types and in different stages of mental illness. Overcrowding may also affect the comfort and the recreations of many patients: beds have to be placed unsuitably in parts of the day-rooms or in corridors and, in one instance, it has been found necessary to use the hospital recreation hall as a dormitory for women patients.

* Patients detained under the Acts relating to criminal lunatics.

† A number of former public health or poor-law hospitals now vested in the Minister of Health are designated and used as mental hospitals for aged and chronic patients.

Nurses

The shortage of nurses in mental hospitals has continued. During the year the number of trained men increased from 9,156 to 9,275, but trained women decreased from 5,819 to 5,699. There were fewer men, but there was a slight increase in the number of women student nurses. Additional help was provided by an increase in the number of nursing assistants and other nursing auxiliaries. The number of wards which remain closed for want of nursing staff reflects a shortage which is still extremely serious.

Health of Patients

The general decline in the incidence of tuberculosis in patients under treatment in mental hospitals has continued. Apart from the years 1938 and 1939 the ratio of 6.1 cases per thousand patients resident is the lowest figure recorded. It is even more encouraging that the death rate has fallen (2.1 per 1,000) to under one half of the rate of a few years ago.

Owing to the age distribution it is not possible to make any reliable comparison between the incidence or the death rate of tuberculosis in mental hospitals and in the general population. The figures of deaths may, however, be of some interest. Tuberculosis as a cause of death represents 2.5 per cent. of all causes in the general population and 3.2 per cent. deaths in mental hospitals. As is usual in the general population, both the incidence and the death rate is substantially higher for men than for women.

There were 38 cases of enteric fever with one death. Women compared with men suffered from the disease in the proportion of five to one.

In recent years dysentery has become a much less serious illness. There were 5.3 cases per 1,000 patients resident with a case mortality of under one per cent.

Registered Hospitals, Licensed Houses and Nursing Homes

The four hospitals* registered for the reception of persons suffering from mental illness were visited in 1952, and were found to be in their usual satisfactory condition, and to be providing all forms of treatment.

The licensed houses† were visited, and conditions in them call for no comment. In the course of the year Brislington House, Bristol, which had been sold to the United Bristol Hospitals, was closed. It was licensed to receive 106 patients. There are now 12 houses licensed by the Minister of Health and 15 licensed by provincial justices.

The corresponding numbers in 1948, when the National Health Service Act, 1946, came into operation, were 16 and 21. It may be of interest to note that in 1890 there were 31 metropolitan licensed houses and 58 provincial.

The 11 nursing homes approved by the Minister of Health for the reception of voluntary or temporary patients under the Mental Treatment Act, 1930, were visited as required, and found to be properly conducted.

Single Patients

Attention was drawn last year to the fall in the number of single patients‡ since 1913. This has continued and at the end of 1952 there were 64 as against 69 the previous year. They were all visited, and the arrangements for their care were, in general, satisfactory.

* Cheadle Royal, near Manchester; St. Andrews, Northampton; the Retreat, York; and Barnwood House, Gloucester. These hospitals are not vested in the Minister of Health, but are managed upon a voluntary basis.

† These are privately owned houses or homes in which patients are received for payment.

‡ A single patient resides in the house and under the legal control of a private individual.

Broadmoor Institution

On the 31st August, 1952, Dr. J. S. Hopwood, C.B.E., retired after 27 years' service at Broadmoor, during 14 of which he had been Medical Superintendent. Dr. Hopwood introduced many changes designed to make the institution, so far as its character allows, a hospital as well as a place of detention. The Board wish to take this opportunity of acknowledging his valuable work. He was succeeded by Dr. S. G. James, who has for a number of years been the Medical Superintendent of Moss Side Hospital for mental defectives of violent or dangerous propensities.

On 29th April, 1952, a patient escaped from the men's side at Broadmoor and in the course of a few hours' liberty caused the death of a young child. As a result of this tragic event a Committee of Enquiry under the chairmanship of Mr. J. Scott Henderson, Q.C., was appointed by the Minister of Health to enquire into the adequacy of the security arrangements at Broadmoor and to make recommendations. The Committee found that the change of attitude towards the needs of the mentally afflicted instituted by Dr. Hopwood had not resulted in any relaxation of the security rules, and that no change had been made in this respect since the responsibility for the institution passed to the Board of Control in 1949. In their report,* however, they made certain recommendations for the improvement of the security arrangements in the future, and for the recruitment of suitable staff. Effect has been given to these recommendations.

The institution was regularly visited during the year. Although the shortage of nursing staff has presented problems, and it has been necessary to defer some structural improvements, we are satisfied that it continues to be well administered.

Royal Naval Hospital, Great Yarmouth, and P. Wing, Royal Victoria Hospital, Netley

The usual annual visit, at the request of the Admiralty and of the Secretary of State for War, respectively, was paid to each of these hospitals. Apart from the fact that improvements and repairs have had to be postponed at the Royal Victoria Hospital owing to financial restrictions, both were in good condition and the patients were in receipt of proper care and treatment.

Inquiry by Commissioners

The death of a voluntary patient in The Old Manor, Salisbury, was the subject of an inquiry held at the licensed house by two Senior Commissioners on the 3rd and 4th April, 1952.

The patient, who entered The Old Manor on the 1st January, 1952, died on the 8th January, 1952, the finding of the jury at the inquest being that the cause of death was "bronchial pneumonia following severe fractures of ribs and sternum inflicted recently". There was not sufficient evidence to show how they were caused.

The Commissioners, after examining a considerable number of witnesses, all of whom were sworn, and making other investigations, were unable to establish the exact manner in which the patient came by his injuries. They were, however, satisfied that in general the care of patients at The Old Manor was kindly and the nursing staff sufficient.

* Cmd. 8594, published June, 1952.

Prosecutions

There were no prosecutions under the Lunacy Act, 1890, during the year 1952.

Board of Control

Sir Percy Barter, C.B., retired on 30th September, 1952. He had been Chairman of the Board since 1945, and had previously served as Secretary from 1930 to 1939. Sir Percy was succeeded by Mr. I. F. Armer, C.B., M.C., Deputy-Secretary of the Ministry of Health.

By Order of the Board.

(Signed) I. F. ARMER,
Chairman.

(Signed) H. C. BLEAKLEY,
Secretary.

Ministry of Health Building,
Savile Row,
London, W.1.

June, 1953.

APPENDIX

DISTRIBUTION OF PATIENTS

The distribution of all patients at the end of the year 1952 may be seen by reference to Tables I and II, but it may be pointed out that 97·7 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 1952. The following statement includes patients of each status (voluntary, temporary and certified):—

Resident on 1st January	148,071
Direct admissions	66,773
Indirect admissions (excluding regradings)	1,846
	216,690

Discharged and Departed:—

Recovered	16,552
Relieved	29,052
Not improved	6,900
By operation of law*	612
“Not now insane”	13
Transferred (under Order) to other care	2,045
Died	12,163
Remained at end of year	149,353
	216,690

* 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, 31ST DECEMBER, 1952

Arranged according to Class

Where maintained	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	658	1,306	1,964	60,538	81,959	142,497	100	22	122	61,296	83,287	144,583
(ii) Teaching Hospitals	—	—	—	158	222	380	—	—	—	158	222	380
(iii) Broadmoor Institution	—	—	—	1	—	1	706	190	896	707	190	897
In premises not vested in the Minister of Health but deemed to be Mental Hospitals	—	—	—	45	31	76	—	—	—	45	31	76
In Registered Hospitals	390	710	1,100	45	81	126	—	—	—	435	791	1,226
In Licensed Houses:—												
Metropolitan	168	342	510	—	—	—	—	—	—	168	342	510
Provincial	269	869	1,138	159	—	159	—	—	—	428	869	1,297
In Hospitals and Nursing Homes approved under the Mental Treatment Act:—												
Hospitals	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes	4	104	108	—	—	—	—	—	—	4	104	108
In Naval and Military Hospitals	212	—	212	—	—	—	—	—	—	212	—	212
In Private Single-Care	13	51	64	—	—	—	—	—	—	13	51	64
TOTAL	1,714	3,382	5,096	60,946	82,293	143,239	806	212	1,018	63,466	85,887	149,353
Increase during 1952												
Private	119*	107*	226*	Average	Annual	In-						
Health Service	608	907	1,515	increase in the five years	Private	Health Service						
Broadmoor Patients	6*	1*	7*	1948-1952 inclusive.	Boardmoor Patients							
TOTAL	483	799	1,282	TOTAL								

* Decrease.

TABLE II

SUMMARY OF PERSONS SUFFERING FROM MENTAL DISORDER, 31ST DECEMBER, 1952

Classified according to Status

Where maintained	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	13,182	16,533	29,715	97	216	313	48,017	66,538	114,555	61,296	83,287	144,583
(ii) Teaching Hospitals	158	222	380	—	—	—	—	—	—	158	222	380
(iii) Broadmoor Institution	—	—	—	—	—	—	707	190	897	707	190	897
In premises not vested in the Minister of Health but deemed to be Mental Hospitals	—	—	—	—	—	—	—	—	—	—	—	—
In Registered Hospitals	188	347	535	5	5	10	45	31	76	45	31	76
In Licensed Houses:—												
Metropolitan	70	154	224	—	4	4	98	184	282	168	342	510
Provincial	97	338	435	—	5	5	331	526	857	428	869	1,297
In Hospitals and Nursing Homes approved under the Mental Treatment Act:—												
Hospitals	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes	4	104	108	—	—	—	—	—	—	4	104	108
In Naval and Military Hospitals	3	—	3	—	—	—	209	—	209	212	—	212
In Private Single-Care	2	3	5	—	—	—	11	48	59	13	51	64
Total	13,704	17,701	31,405	102	230	332	49,660	67,956	117,616	63,466	85,887	149,353
Of Total { Private Health Service	643	1,459	2,102	7	17	24	1,064	1,906	2,970	1,714	3,382	5,096
{ Broadmoor Patients	13,061	16,242	29,303	95	213	308	47,790	65,838	113,628	60,946	82,293	143,239
	—	—	—	—	—	—	806	212	1,018	806	212	1,018

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