

**Report of the Physician Superintendent : 1949-51 / St. Ebba's Hospital.**

**Contributors**

St. Ebba's Hospital (Epsom, England)

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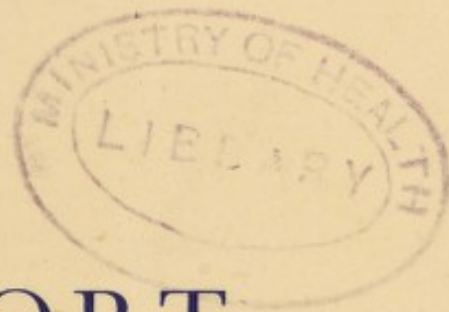
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ST. EBBA'S HOSPITAL  
EPSOM, SURREY



REPORT  
of the  
Physician Superintendent

1st January, 1949 to 31st December, 1951

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REPORT OF PHYSICIAN SUPERINTENDENT

1st January, 1949, to 31st December, 1951

PSYCHIATRIC MEDICAL STAFF

Consultants -- Full Time:

- Dalroy R. Saxon, F.R.C.P., Ed., D.P.M.  
Physician Superintendent,  
Physician in charge of Juvenile Unit,  
Associate Psychiatrist to King's  
College Hospital.
- J. C. Burt, M.D., M.R.C.P., D.P.M.  
Deputy Physician Superintendent,  
Consultant to St. James' and  
St. James' Hospital.

Consultants -- Part Time:

- W. Lindsay Neveling, M.D., B.S. (Psych.), M.R.C.P.  
Physician to the Psychiatric Department,  
Royal Victoria Hospital,  
and Psychiatrist Adviser to L.C.C.  
Social Health Service.
- W. M. McIlroy, M.D., M.R.C.P., Ed.  
Consultant Psychiatrist, Crichton  
Hospital.
- F. H. Taylor, D.S.E., M.D., D.P.H., D.P.M.  
Regional Psychiatrist  
(Seconded for part-time clinical  
duties at St. Ebba's Hospital.)

Senior Registrars

- G. H. L. Bullock, B.A., B.M., B.Ch., D.P.M.  
Psychiatrist in charge of Epilepsy  
Clinic, St. John's Hospital.
- H. H. Rowson, B.A., M.D., B.Ch., B.A.O., M.R.C.P.I., D.P.M.  
G. H. A. Chamberlain, B.A., B.A.O., M.D., M.R.C.P.I., D.P.M.  
1st Department of Electro-  
encephalography,  
Clinical Assistant, King's College  
Hospital.
- I. B. Gordon-Smith, M.B., Ch.B., M.R.C.P., D.P.M.

Registrar

- A. M. H. Dwyer, F.R.C.P. Ed. & L.M.S.
- K. J. Jones, M.D., B.S., D.P.M.
- H. B. Jones, B.M., B.Ch., D.P.M.
- M. E. P. Worthington, B.Sc., M.R.C.S., F.R.C.P., D.P.M.

ST. EBBA'S  
HOSPITAL



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## ST. EBBA'S HOSPITAL

### REPORT OF PHYSICIAN SUPERINTENDENT

1st January, 1949, to 31st December, 1951

#### PSYCHIATRIC MEDICAL STAFF

##### *Consultants — Full Time :*

DALTON E. SANDS, F.R.C.P. Ed., D.P.M.

Physician Superintendent.

Physician in charge of Juvenile Unit.

Associate Psychiatrist to King's  
College Hospital.

J. C. BATT, M.D., M.R.C.P., D.P.M.

Deputy Physician Superintendent.

Consultant to St. John's and  
St. James's Hospitals.

##### *Consultants — Part Time :*

W. LINDESAY NEUSTATTER, M.D., B.Sc.(Psych.), M.R.C.P.

Physician to the Psychiatric Department,  
Royal Northern Hospital,  
and Psychiatric Adviser to L.C.C.  
School Health Service.

W. M. MCINTYRE, M.D., M.R.C.P. Ed.

Consultant Psychiatrist, Cassel  
Hospital.

F. H. TAYLOR, O.B.E., M.D., D.P.H., D.P.M.

Regional Psychiatrist.

(Seconded for part-time clinical  
duties at St. Ebba's Hospital.)

##### *Senior Registrars :*

G. H. L. BULLMORE, B.A., B.M., B.Ch., D.P.M.

Psychiatrist in charge of Epileptic  
Clinic, St. John's Hospital.

H. H. ROBINSON, B.A., M.B., B.Ch., B.A.O., M.R.C.P.I., D.P.M.

G. H. A. CHAMBERLAIN, B.A., B.A.O., M.D., M.R.C.P.I., D.P.M.

I/c. Department of Electro

Encephalography.

Clinical Assistant, King's College  
Hospital.

J. B. GORDON-RUSSELL, M.B., Ch.B., M.R.C.P., D.P.M.

##### *Registrars :*

A. M. M. H. GREGORY, L.R.C.P. & S.I. & L.M.

K. S. JONES, M.B., B.S., D.P.M.

H. R. MORTON, B.M., B.Ch., D.P.M.

M. E. F. WOOLLASTON, B.Sc., M.R.C.S., L.R.C.P., D.P.M.

## REPORT OF PHYSICIAN SUPERINTENDENT

1st January, 1949, to 31st December, 1951

## PSYCHIATRIC MEDICAL STAFF

## GENERAL MEDICAL STAFF

- |   |   |
|---|---|
| A. B. ALEXANDER, M.D., F.A.C.S.                                 | <i>Consulting Ear, Nose and Throat Surgeon.</i> |
| B. BARLING, M.D., F.R.C.P.                                      | <i>Consulting Physician.</i>                    |
| A. FEILING, B.A., M.D., F.R.C.P.                                | <i>Consulting Neurologist.</i>                  |
| R. GILBERT, F.R.C.S.  | <i>Consulting Surgeon.</i>                      |
| P. M. KELLY, B.A., F.R.C.S.                                     | <i>Consulting Genito-Urinary Surgeon.</i>       |
| WYLIE MCKISSOCK, O.B.E., M.S.,<br>F.R.C.S.                      | <i>Consulting Neurosurgeon.</i>                 |
| BENTLEY PHILLIPS, M.D., Ch.B.                                   | <i>Consulting Dermatologist.</i>                |
| J. A. W. ROBINSON, M.B., B.S., D.A.                             | <i>Consulting Anæsthetist.</i>                  |
| R. DORRINGTON WARD, M.B., B.S.,<br>M.R.C.S., L.R.C.P., D.O.M.S. | <i>Consulting Ophthalmologist.</i>              |
| NORMAN L. WHITE, M.A., M.D.,<br>F.R.C.S., F.R.C.O.G.            | <i>Consulting Gynæcologist.</i>                 |
| A. J. SHELDON, L.D.S.R.C.S. (Eng.)                              | <i>Senior Hospital Dental Officer.</i>          |



## OFFICERS

Mr. S. W. LAMBOURNE, F.H.A.	<i>Secretary of the Management Committee.</i>
Miss M. REA, S.R.N., R.M.N., C.M.B.	<i>Matron.</i>
Mr. E. DAWSON, S.R.N., R.M.N., R.M.P.A.	<i>Chief Male Nurse.</i>
Miss E. C. SIMPSON } Mrs. B. KNOCK } Miss M. ABRAHAMSON }	<i>Psychiatric Social Workers.</i>
Miss B. S. McFIE	<i>Part-time Psychiatric Social Worker.</i>
Miss D. B. BANKS } Mr. H. G. WALKER }	<i>Head Occupational Therapists.</i>
Mrs. R. WARD	<i>Clinical Psychologist.</i>
Miss D. EVERETT	<i>Physiotherapist.</i>
Miss C. G. SNELL, M.P.S.	<i>Chief Pharmacist.</i>
Mr. H. LOWTHORPE	<i>Senior Laboratory Technician.</i>
Mr. J. L. CONWAY	<i>E.E.G. Technician.</i>
Rev. NORMAN WALKER	<i>Church of England Chaplain.</i>
Rev. W. E. EVANS	<i>Non-Conformist Minister.</i>
Father R. HICKEY	<i>Roman Catholic Priest.</i>
Mr. I. STANLEY	<i>Jewish Minister.</i>
Mr. L. DAY	<i>Group Engineer.</i>
Mr. D. LAWLEY WAKELIN	<i>Educational Organiser.</i>







## PHYSICIAN SUPERINTENDENT'S REPORT

ANNUAL reports, traditional for years in many hospitals, were not issued on an individual hospital basis by the former L.C.C. mental hospitals. In view of the numerous changes at St. Ebba's in the past few years, some account of the hospital's affairs might be of interest. To avoid a tedious recital of events I will endeavour to give a commentary on what has been done and the conclusions that can be drawn from experience of experiment and change. It should be emphasised that while I can report only from January, 1949, many developments were made much easier by the wise foresight of my predecessor, Dr. Wootton.

Arising out of the Mental Treatment Act of 1930 the L.C.C. decided to make suitable provision for the change in inpatient needs precipitated by this Act, and provided special accommodation at St. Ebba's for voluntary patients. This experiment in hospital classification has continued under the National Health Service until, at the present time, the admissions of voluntary patients vary from 95% to 97% of the total, the remainder being mainly under temporary certificate and a few certified under the 1890 Act. One effect of this move has been to allay much of the fear of the new patients and relatives that they may be mixed with chronically refractory types under certificate. Under such conditions patients are willing to have treatment at an unusually early stage. Willingness to be treated early has led to many schizophrenias being admitted at a time when treatment has a chance of success, and although our methods may be much the same as those used with schizophrenias at many other hospitals we get higher percentages of recovery and improvement through a little of the right kind of foresight in the central administration of hospitals. The economic corollary is obvious.

That the hospital is entirely on the villa system is another valuable aid to real classification, to more contentment and dissipation of institutional atmosphere, even though it may mean slightly higher working cost. Any increase in cost can be offset by the saving gained if only a few patients are prevented from chronically occupying hospital beds. After experience in other methods and planning in hospitals these things stand out sharply as something of value in the development of a hospital service. There are, of course, other pros and cons in hospital classification out of place in this report, but the small 800—1000 bed hospital seems to be the size most suitable to the medical and financial situation in psychiatry at present.

The **admission rate** has increased from an average of 549 for the three years 1946, 1947 and 1948, to 944 in 1949, 1,076 in 1950, and 1,107 in 1951. In spite of the increased number of admissions there are more ward vacancies now than in January, 1949. This is due to various factors, but mainly to the modest increase of medical staff since the appointed day and the use of modern treatment methods. At times,



more patients could be admitted so far as beds are concerned, but only at the expense of lowered standards of medical and nursing care, which in turn means slower turnover and the dissatisfaction of the patient. There are opportunities to increase still further the number of patients treated annually, without increasing the number of beds or the cost of basic commodities, such as food, fuel and light, if the medical and nursing establishment could be improved.

The Table below gives some indication of the admission and discharge situation in more detail for the year 1950. The Table giving a picture of Out-Patient turnover for 1950 will be found on a separate page.

### ADMISSIONS, ETC., DURING 1950

	MALES.		FEMALES.		TOTALS.	
	65 and over.	Under 65.	65 and over.	Under 65.	65 and over.	Under 65.
<b>(a) No. of Direct Admissions.</b>						
(i) Certified .....	—	3	—	10	—	13
(ii) Voluntary .....	19	398	33	584	52	982
(iii) Temporary .....	—	2	—	23	—	25
TOTALS ...	19	403	33	617	52	1020
<hr/>						
<b>(b) No. of Transfers from other Hospitals .....</b>	—	1	—	3	—	4
<hr/>						
<b>(c) No. of Discharges, Totals only .....</b>		Male		Female		Total
		427		669		1096
<hr/>						
<b>(d) No of Deaths .....</b>	5	9	7	18	12	27

Three new departments have been opened since January, 1949.

#### (a) Electroencephalography Department.

This department has made a most promising start since its inception in August, 1950, under Dr. Chamberlain and his technician, Mr. Conway. In the first year over 750 recordings were performed on 470 patients and 53 relatives of patients. Special techniques were employed in 46 records, which included the use of Metrazol, Seconal, Pharyngeal electrodes, and Photic stimulation. Apart from routine examinations, this department is proving most valuable in connection with the Juvenile Units, and one research project has already been accepted for publication; another has recently been concluded and others are continuing. This department is equipped with an Edison Swan six-channel machine, together with wave form analyser, stroboscope and other apparatus.

#### (b) Juvenile Units, male and female.

Until recently there has been no special accommodation for mental illness in juveniles from 12 to 17 years of age. Such cases were either



kept in unsatisfactory conditions at home, scattered amongst adults in mental hospitals, in observation wards, remand homes or in hospitals for mental deficiency. At the time of the opening of these units at St. Ebba's there was only one other, also of recent origin, at Bethlem Hospital, exclusively devoted to the care of this age group.

Since March, 1949, over 300 cases have been admitted to the forty beds available, mostly voluntarily under the signature of their parents or the responsible local authority. While the majority came from London area, many have been admitted from other parts of the country. The male cases are housed on their own in one ward of a two-ward villa. The females are similarly placed, except that experience has shown some advantage in having a few young adult female patients with the female juveniles. The units are under one consultant and two registrars, all giving part-time care. One psychiatric social worker is allocated to the unit, and the Surrey Education Authority provide two full-time teachers. The nursing staff have adapted very well to the nursing of juvenile cases, and some have shown unsuspected talents for such work. Apart from a special routine of investigation after admission the units have their own separate educational, occupational and recreational programmes. These juvenile wards are distinctly experimental, since no others with long established traditions in the management of juveniles were known. Apart from such benefit as may accrue to individual patients, there is much to be learnt on the medical side which is of interest not only for juvenile illness but likely to influence our ideas on the early development of breakdown in adults. Parental deprivation, or the absence of an adequate substitute, and parental mismanagement in early years occur with monotonous regularity in the histories of the vast majority of juveniles. These factors are evident to a greater or lesser degree in every reaction type. Furthermore, in some instances symptoms subside merely with routine hospital care. At present more facilities are needed for the intensive study and reorientation of those parents who are often the chief cause of the juvenile's breakdown. To overcome the handicap of the distance at which many parents live from the hospital, a few days' residence locally or at the hospital may have to be arranged. The forms of treatment most used are psychological, occupational and educational. Insulin coma treatment is employed, but with less success than in adults. There are indications that endocrine treatment may be valuable—hardly surprising considering the many developments in the endocrine system at this age period.

#### (c) **Psychological Department.**

This was started with the appointment of Mrs. Ward in October, 1949. Her work is proving so useful that even allowing for some uncritical enthusiasm, there has been more work than she could reasonably carry. Unfortunately, the test in greatest demand, the Rorschach, requires the maximum time and effort. There is a waiting list, and this is yet another instance where there is too much routine work and little time for the "follow-ups" which are a necessary check on the



validity of test results. Mrs. Ward shares in the pre- and post-operative investigation of some forms of leucotomy, and tests are being made on patients before and after insulin coma treatment. The organic group of juvenile psychoses and carbon monoxide poisoning are also under special investigation. At times she has had the assistance of a student in training.

Development in departments established before 1949 :—

### **Occupational Therapy**

is conducted by a staff of six : one head occupational therapist (Miss Banks and Mr. Walker) and two assistants (three qualified) on each side of the hospital. Attendances are approximately 50,000 a year. The policy is that treatment in this and the allied department of educational and cultural activities should be prescribed by the doctor in charge of the case with almost the same care as is used in any drug prescription. The doctor's occupational "prescription" indicates the type of activity helpful, with due regard to "incompatibilities," but leaves the detailed application to the therapist. More handicrafts are practised in the wards, which is an advantage for those physically ill, on insulin treatment or mentally too acute to leave the ward except under supervision. Otherwise it is probably better that occupational therapy should be taught in a separate department for all fit to go there. Special occupational classes have been started for the rehabilitation of patients having insulin comas, leucotomy, acute cases in closed wards and for juveniles.

A fair number of patients continue to work in the laundry, needleroom, tailor's, bootmaker's and other shops, but they are a diminishing force, difficult to replace. Some would say that the workshops cannot compete with the attractions of occupational therapy, educational and cultural activities, probably true for a few cases. It is also true that through a decrease in the numbers of patients becoming chronic, the pool from which these shops used to recruit their personnel has diminished. The type of patient being admitted nowadays contains a smaller proportion of those accustomed to manual and labouring work, and a larger proportion of clerical and more educated types. This swing has not been countered by the extra pocket money available for those working in laundry or shops.

### **EDUCATIONAL AND CULTURAL DEPARTMENT**

Under the educational organiser, Mr. Wakelin, and with the generous co-operation of the Surrey Education Authority, education and cultural activities have been much expanded. Thirteen classes of one to two hours have been arranged, both for selected patients and for separate special groups, such as one for cases on insulin treatment and another for patients who have had leucotomy operations. Of these classes all have held their place except that on Horticulture, which proved impractical with the most apt patients already engaged assisting the permanent gardening staff and some nursing staff on outdoor duties.



Discussions, Art, Music appreciation, Drama, Dancing and Dressmaking are held once to three times weekly. Documentary films are shown to juveniles and adults by the educational organiser, who, in addition to organisation, conducts some individual tuition of adults. The education of the juvenile units has been undertaken by the Surrey Education Authority with two teachers, and for those of education age it constitutes the primary occupation for all able to benefit.

Some activities have been mainly run by the patients themselves. They have produced plays and a revue successfully, both at St. Ebba's and at other hospitals. A patients' social club, equipped with television, billiards, darts and other games, open to both sexes, is being developed in a convalescent male ward. Since January, 1949, the patients have written and produced a weekly bulletin of articles and news under the supervision of the Educational adviser. Under its name "Trees," it follows the tradition that wards at the hospital are named after a variety of trees. One of the less successful patient activities was a Patients' Council. It was handicapped by the shortness of stay of many members, and did not appear to have any functions for which there was not some provision already in other ways. In winter inter-ward darts and billiards competitions continue as before. The patients' club and the two juvenile units, male and female, are also equipped with television. Thanks to the generosity of a discharged patient another of the male acute wards has a television set.

Mr. Wakelin is being succeeded in January, 1952, by Mr. Leighton Preece. Mr. Wakelin will be working in New Zealand, and we would wish him every success.

## **MEDICAL STAFF**

Since 1949 the medical staffing arrangements have been on the firm or group system, each group consisting of one consultant, one middle grade, and one or more junior staff. Under this system all the case taking is done by the middle and junior grades, but all cases are seen by the consultant in conference with his juniors within a week of admission, and whenever possible before discharge. The consultant runs his own group of staff and wards, and amongst other duties he endeavours to see that cases are followed up for further treatment, should the initial programme prove unsuccessful. He is responsible for the psychiatric training of his group.

In this way the senior doctors are not burdened with all the case taking. They can keep contact with those patients who need it most. Their contacts with juniors for teaching and consultation are planned and not haphazard. The juniors have opportunity to write up new cases and to keep contact with them. Patients get more attention from senior staff, and are not, as was too often the case in other years, entirely dependent on the statutory minimal requirements of the Board of Mental Health. They do not have to change their doctor a week after admission.



## OUT-PATIENT WORK

The medical staff named below hold out-patient sessions at the following hospitals :—

Dr. D. E. Sands	King's College Hospital
Dr. G. H. Chamberlain	" " "
Dr. J. C. Batt	St. John's Hospital, Battersea
Dr. W. McIntyre	" " " "
Dr. H. H. Robinson	" " " "
Dr. G. H. L. Bullmore	" " " "
Dr. G. Russell	" " " "
Dr. A. M. Gregory	" " " "

Sessions conducted by Dr. Sands, Dr. Batt and Dr. McIntyre are mainly diagnostic; those by Dr. Robinson, Dr. Chamberlain, Dr. Russell and Dr. Gregory are therapeutic in character. Dr. Bullmore conducts an Epileptic Clinic on Wednesdays. Dr. Woollaston and Dr. Morton have also had periods of out-patient work at St. John's Hospital. Dr. Batt pays weekly visits to St. James's Hospital, Balham, and to St. John's Observation Ward as psychiatric consultant. In addition to his duties at St. Ebba's, Dr. Neustatter conducts clinics at Royal Northern Hospital, Queen Mary's for the East End, Harold Wood Hospital, and is Psychiatric Adviser to the L.C.C. School Health Service.

A library for medical staff is being collected, and is under the care of Dr. Morton.

Since 1950 summaries of all discharged cases are made by the medical staff and sent to the doctor referring the patient to hospital.

## TREATMENT

In general the policy has been to keep an open mind on this subject, and to provide a balanced range of methods. The varied nature of our admissions demands such a view, but it has to be admitted that since the number of medical staff is below the necessary minimum, it is generally the psychological, diagnostic and therapeutic interviews that suffer most in the shortage, owing to the doctor hours required. However, it is true that even if modern methods of physical treatment have been increasingly employed, so has the use of psychotherapeutic interviews, including narco-analysis and abreaction, with CO<sub>2</sub>, sodium amytal or methedrine.

The policy in this hospital is to treat the patient with either physical or psychological methods, or both, according to the needs of the particular stage of the illness. Even in early stages, when physical methods are most employed, much that is of diagnostic value and important for the dynamics of the case can be learnt. Unless these methods are supported by provision for occupation, education, culture and recreation, not only will much of their value be dissipated, but the



patient exposed to a "disease" he will only acquire in hospital, i.e. "institutionalisation." Through the use of the above methods one can foster a positive therapeutic attitude, which, whether crowned with success or not in individual patients, is a necessity for the prevention of institutionalisation in both staff and patients.

So far as trends in individual methods of treatment are concerned, insulin coma, E.C.T. and prolonged sleep all retain their usefulness if applied to selected cases. Some thirty patients are treated by **insulin comas** daily (except Saturday and Sunday) and the treatment remains the most effective we have for early schizophrenias. The average number of comas given is thirty-six per patient. When there is a strong affective component in the illness, or where improvement is delayed, E.C.T. is given during late sopor or early coma. In cases where recovery from coma is delayed experimental use is being made of Vitamin B<sub>12</sub> and potassium. The latter is also employed orally in prophylaxis where there is reason to fear "irreversible" complications. On the male side, where staffing conditions are a little easier, it has been possible to arrange that the same nursing team which manages the actual insulin treatment in the morning also supervises the insulin group in occupational and other activities for the rest of the day. By this means the interest of the staff in the progress of their patients is increased, and the risks of late hypoglycæmia materially lessened.

**Modified insulin** is employed where physical debility and loss of weight are associated with tension states, generally of a neurotic character, though at times it is useful to improve the physical health of some psychotic patients preparatory to other treatment.

**Prolonged sleep** treatment for seven to fourteen days is still frequently used, particularly for the acute phase of anxiety states, in which its effect can be almost specific, provided it is suitably supported by psychotherapy afterwards. It is also used to tide acute schizophrenic patients and agitated depressive cases over difficult periods, if for some reason insulin or E.C.T. cannot be given at once. Sodium amytal, with or without paraldehyde, are the main drugs used, and provided the technique of treatment is faithfully observed complications are remarkably few.

**Habit training** groups have been set up in one of the more chronic male wards, and where staffing allows should be a routine treatment in wards with deteriorated cases.

Electronarcosis has been tried, but dropped for lack of results better than those obtained in other ways.

Intensified forms of **E.C.T.** have found no general favour. A trial with the method was conducted by Dr. Robinson, who is of the opinion that if it is used much less intensively than the literature originally suggested, it is of value to improve the social level of some of the more refractory chronic cases. Better contact is gained and occupation can be started. For this purpose three, two, one, and further single fits, daily are given. A temporary confusion occurs, but no incontinence.



**Leucotomy**, particularly if backed by group rehabilitation schemes, continues to provide relief and return home in many cases who otherwise have little expectation of either. It is evident that certain chronic depressions and some neurotic patients can benefit from operations less drastic than the original standard technique of Freeman and Watts. All leucotomy cases are followed up.

Some indication of the treatments done in the hospital can be gathered from the Table below, where the figures for 1950 are given.

	No. of Treatments.	No. of Patients.
E.C.T. ....	3,840	480
E.L.N. ....	125	20
Insulin Comas .....	7,488	208
Modified Insulin .....	4,230	235
Continuous Narcosis .....	72	72
Leucotomy .....	28	26
Abreaction .....	160	140
Psychotherapy Sessions .....	3,500	1,070
(exclusive of routine interviews, another 9,200 approx.)		

**Research.** A programme of clinical E.E.G. and laboratory research has been built up during the past two years, mostly long-term projects. More rapid progress could be made if all medical staff were less fully occupied with routine duties and studies for special diplomas, but with the present establishment this situation was inevitable. Dr. Chamberlain's paper on "The Relationship between the Resting E.E.G. and Insulin Sensitivity of Schizophrenic Patients," has been accepted for publication, and other projects on which work continues are concerned with the juvenile psychoses, electroencephalography and electrocardiography, leucotomy and endocrine treatments.

**Educational.** The senior staff took part in the South West Metropolitan Regional Hospital Board's training scheme for registrars until the scheme's suspension. Students from St. Thomas's and King's College Hospitals visit for courses of clinical demonstrations once or twice a year as required.

The Occupational Therapy department is linked with the Dorset House Training School, and regularly has students for training purposes.

At intervals the Psychological and Psychiatric Social Workers' departments have students for the later periods of training.

The London County Medical Society held a Meeting at St. Ebba's Hospital on 5th June, 1951, when the medical staff gave a demonstration of cases and three papers were read.

A paper on "Trends in Juvenile Psychiatry" was read by Dr. D. E. Sands at a clinical meeting in Banstead Hospital in March, 1951, and at another meeting at Banstead Hospital Dr. W. L. Neustatter read a paper on "Some Medico-Legal Problems of Psychiatry." He has also published and/or read the following :—



"Exhibitionism": Brit. Encyclopedia Med. Practice, 1950.  
"The Treatment of Psychoneurotics": Lancet, June, 1951.  
"Psychiatry and Crime": B.M.A. Lecture to the Blackburn  
Division, Oct., 1951.

"Psychiatry and Law": The Harveian Society, Nov., 1951.  
And script on British Psychiatry today for broadcast to Latin  
America, 1951.

A Preliminary Training School for nurses is in operation under a qualified sister tutor, Miss Salter. All grades of medical staff assist in providing lectures according to General Nursing Council requirements.

Other visits to the hospital for educational purposes are included in the visits and events listed at the end of the report.

### **MEDICAL STAFF CHANGES**

There have been a number of changes amongst the consulting staff. Mr. Shapland has been succeeded by Mr. Dorrington Ward, Mr. Julian Taylor by Mr. Gilbert, and Mr. Everidge by Mr. P. M. Kelly. Mr. Wylie McKissock has taken over the neurosurgery in place of Mr. Radley Smith. The last two named have been most generous in giving their services in their own time, until recent revision of financial arrangements was made. On the psychiatric staff, Dr. Jewell served as honorary clinical assistant for three months.

**Pathological Laboratory.** Though some of the more difficult and time-consuming techniques are performed at the West Park Group Laboratory, the greater part of the work is done by the Senior Laboratory Technician, Mr. Lowthorpe, and his assistant, Miss Lillis. Apart from efficiently performing a large quota of routine tests, their work is often most useful in assisting the physician to assess the risks which may be involved in some of the more drastic physical methods of treatment. Their work has also been increased by investigations proceeding in the juvenile and other wards. The supervision and technical advice given by Dr. Kay of the Group Laboratory has been of great value in assisting the progress of this department.

**Physiotherapy Department.** Until her departure on 14th November, 1951, Miss Everett was in charge as part-time physiotherapist, and was fully able to meet all needs. It is probable that this department could be used to greater advantage if selected patients were referred more often for relaxing and others for stimulating forms of physiotherapy, as an aid to other psychiatric treatments.

**Social Workers' Department.** Owing to the high annual turnover of patients, this department has considerable difficulty in attaining the high standard of case-work to which it aspires. Certain groups, such as leucotomy cases and juveniles, are subject to follow-up schemes, but more facilities are needed for checking up the long term results of treatment than is the case at present.



**Nursing Staff.** On paper this hospital is fortunate in having relatively few nursing vacancies. Unfortunately the nursing establishment has not been revised for many years, and even if at full strength would be unable to meet all extra work arising out of modern methods of investigation and treatment. At the same time there are too many duties of a non-nursing character done by the staff, which would be more suitably performed by an increased establishment of domestics and porters. Though we have much valuable assistance from auxiliary departments, the patient still depends on the nursing staff for much of the treatment, attention to personal details and the friendly atmosphere which goes so far to make life bearable in hospital. The staff have been most co-operative in new methods of treatment, and many have helped patients in various minor ways over and above their normal duties. Many wards require more nursing and domestic support, so that the staff available are able to take a larger share in the rehabilitation of the patient, and have less concern with the more elementary ward "housekeeping" duties.

**Catering Department.** The catering officer, Mr. Cook, has been able to make a number of improvements, which have been much appreciated by both patients and staff. He has a useful habit of rising to the occasion when the hospital has some special function in progress, and in these matters he has been loyally supported by his staff. In a hospital scattered on the villa system special care is needed for the distribution of food.

A new staff cafeteria was opened on 27th November, 1951, by Mr. Tibbett, Chairman of the Management Committee. It will certainly do much to relieve the congestion in the old cafeteria, though extension is necessary to fulfill all requirements in this direction.

**Other Structural Alterations.** A prefabricated hut has been set up to house the upholsterer's shop, so that additional space may be made available for the male occupations department.

Partitions were erected in the sick wards, to provide better segregation of tuberculous cases from those with other physical illness, and to diminish draughts.

The kitchen premises have been improved by an additional screening wall to provide much needed space for pastry and other work.

The E.E.G. department was constructed out of a former lecture room.

Redecoration, internal and external, continues as fast as economic circumstances will allow. The hall, adjoining corridors, six wards and E.E.G. departments have been redecorated throughout, together with parts of another ward, nurses' home, occupations department and other rooms. Improvements to roads and to offices, and in many other minor ways, have been effected by the engineer's department.

**Revision of Case Records.** In view of the short-term nature of many of our cases, the lack of provision for special reports and the



shortcomings of the original case records when information is required from them, a change has been made to a smaller, foolscap size of record, with rearrangement of the casetaking scheme to bring it into line with modern requirements.

**The King Edward Fund for Hospitals.** I would like to emphasize this hospital's gratitude to the administrators of this Fund for its most generous help towards amenities for the patients. There is no doubt that, through the grant given, the standard of comfort in the wards, in recreation and in various forms of entertainment has been raised.

Finally, I would like to thank the Hospital Management Committee for their constant efforts to maintain the standards of care under difficult financial circumstances. In particular, our thanks are due to Mrs. Ormerod and Mr. Tibbett, who have been in the Chair over the period of this report. Their unselfish willingness to help in every way is an example to all.

DALTON E. SANDS.

## VISITORS TO ST. EBBA'S HOSPITAL

1949 - 1951 inclusive

Visit by Psychiatric Social Worker Students from the London School of Economics.

Ten Belgian Psychiatric Social Workers visited.

Meeting of Psychiatric Social Workers.

Dr. Freeman visited from the Maudsley Hospital, to do special psychological testing.

Visit by three Psychiatric Social Workers from St. George's Hospital and Sutton Child Guidance Clinic.

Three Clinical Clerk Students visited from the Maudsley Hospital.

Staff Refresher Course of Lectures started.

Maudsley Hospital Students' Course with Dr. K. Taylor.

Series of orchestral concerts initiated by Mr. Etherington, Assistant Chief Male Nurse.

Ewell Choral Society entertained Patients.

Visit by 12 Psychiatric Social Workers.

Exhibition of Dressmaking and Needlework in Elm Occupational Therapy Department.

Hockey Finals played at St. Ebba's.

Revised Occupational Therapy Scheme started.

Patients' Club Room opened, with television and other amenities.

Mr. Hopkins, Psychologist from The Cassel Hospital, visited to test special groups.

Visit by Party of Health Visitors from King's College Hospital.

London Mental Hospital Staff Sports Meeting at St. Ebba's.



British Council Course—12 delegates visited.  
Eight Social Studies Students visited from Bedford College.  
Twenty Mental Health Course Students visited from the London School of Economics.  
Dr. Lyketsos referred by the British Council for post graduate Study.  
Visit by Dr. Dewsbery and 8 Student Psychologists.  
Mayor of Epsom visited. Y.M.C.A. Dance.  
Meeting of Occupational Therapists.  
King's College Hospital Health Visitors (twice).  
Dr. Dewsbery and six Student Psychologists visited.  
Magistrates visited Juvenile and other Wards.  
London County Medical Society Meeting.  
Twenty members of the Ministry of Health Staff visited.  
Mr. Howell started Psychology Research in Maple Ward.  
National Hospital Nursing Staff Visit.  
Mr. Steel, Chief Education Officer, Surrey, visited the Juvenile Unit.  
Programme of scenes from Shakespeare's plays, for which we are indebted to Miss Green, who supervises the drama group.  
Opening of new cafeteria by Chairman of the Management Committee.  
Party of 20 visited the hospital from the London School of Economics.

The hospital was also visited by the following :—

Dr. Bierer, Dr. Lendrum, Professor McCalman and Dr. Creake, Dr. Lack, Dr. Bonfiglio (Italy), Dr. Hess (Ministry of Education), Mr. Firth (an Architect from Victoria, Australia), Dr. P. D. Scott, Professor Ernst (Germany) and Mr. G. Burden, Dr. Davidson, Mrs. Robinson (Magistrate), Dr. Cameron and Dr. Warren, Dr. Knappe, Dr. A. J. Lane, Dr. Karagulla, Mr. Soderstrom (Sweden), Dr. Lohman (Gottingen), Professor Elkes and Dr. Graf.

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# REPORT OF THE BOARD OF CONTROL

ST. EBBA'S HOSPITAL,  
EPSOM.

20th July, 1951.

**T**HERE were 790 patients upon the statutory books today: 167 (55 men, 112 women) were under certificate, 4 (women) were temporary patients, and 619 (307 men, 312 women) were here as voluntary patients. Direct admissions during 1950 amounted to no less than 1,072, of which 1,034 were upon a voluntary basis. There were 1,089 departures or discharges, of which 1,066 were of voluntary patients. Admissions and discharges on transfer amounted to 4 and 7 respectively. There were 39 deaths (14 men and 25 women). Two women were admitted under section 20 of the Lunacy Act, 1890, but there were no admissions during the year under any provision of the Criminal Justice Act, 1948.

It will be clear from these figures that the hospital continues to admit, treat and send home large numbers of voluntary patients whose period of stay is not a long one. These transient patients appear to occupy about one-third to one-half of the available beds at any given moment. The remainder are filled by chronic patients, many of them in the voluntary category. This position, which is the result, of course, of virtually limiting admission to voluntary patients—and those as a rule in the early stages of illness—is exceptional, and calls for exceptional resources in staff and equipment.

The medical staff at present consists of Dr. D. E. Sands and Dr. J. C. Batt, who are full-time resident consultants and fill the posts of Medical Superintendent and Deputy Medical Superintendent respectively. Dr. W. Neustatter and Dr. W. McIntyre part-time visiting consultants, Dr. H. Robinson, Dr. G. H. A. Chamberlain, Dr. G. H. Bullmore and Dr. G. Russell, who are Senior Registrars; Dr. A. M. Gregory, Dr. K. S. Jones, Dr. Marion Woollaston and Dr. H. Morton, Registrars; and Dr. P. Jewell, Junior Registrar. Dr. F. H. Taylor, the Regional Psychiatrist, also attends the hospital for four sessions each week.

The nursing staff consists of 108 men and 147 women, 67 of the latter giving part-time service only; 71 of the men and 74 of the women are certificated or registered as mental nurses.

All forms of modern treatment for mental diseases, except psychoanalysis, are employed here. Deep and modified insulin, psychotherapy, deep narcosis, and psychotherapy during narcosis are all freely used, and, of course, electric convulsive shock therapy. The operation of leucotomy is considered most useful, and both approaches, frontal and temporal, are employed. A large amount of research work is carried out. The hospital is fortunate in possessing an electro-encephalographic machine and analyser, and also electrocardiography apparatus. It is hoped to produce some publications in the near future.



There are three full-time and one part-time psychiatric social workers, all qualified. There is also a psychologist. There are three fully qualified occupational therapists for the female side, and two for the male side; in addition the latter has the services of a carpenter instructor.

The cultural activities for the adults are organised by the cultural adviser, who arranges the work of the tutors in art, drama, music appreciation, etc., who come in on a sessional basis. For the male and female juvenile educational units, a full-time fully qualified teacher is employed; it is hoped next year to be able to provide her with an assistant.

The wards were comfortable: the dormitories in some of the villas for chronic patients on the women's side were rather congested. The clothing and bed linen appeared to be in good condition, but we think that all new stock should be thread-marked: the process of ink-marking is unsightly and harmful to material. The grounds of the hospital were considerably better kept than at our last visit, and the appearance of the hospital was greatly improved in consequence.

At present the Preliminary Training School for Nurses is conducted in a single large room. It would be better if the usual accommodation were provided, and we understand that this is to be done.

We were surprised to learn that the sluicing of foul articles still takes place from time to time in the wards. This appears unnecessary in view of the modern equipment in the laundry.

The physical health of the patients appeared to be good. There were very few in bed, and those that were appeared to be well nursed.

The hospital is well equipped with ancillary units for investigation and treatment, with the exception of an X-ray unit. The absence of this does not hold up the necessary work, since patients requiring X-ray examination are sent to Horton or are dealt with by the mobile X-ray service, but it is a great advantage to have an X-ray unit on the premises.

The operating theatre is unusually busy for a hospital of this size. It is generally in use two days a week; we are glad to learn that the theatre staff is a mixed team of men and women nurses under the direction of one of the Assistant Matrons.

The dental surgeon attends once each week; the dental surgery is well equipped and airy.

The steps taken to isolate and treat cases of tuberculosis are up to date. The local Tuberculosis Officer visits regularly, the staff are all Mantoux tested, wear masks and gowns when nursing the open cases, and seem well aware of the reasons for these precautions.

Except for two cases of paratyphoid on the women's side, this hospital has so far this year escaped all epidemic disease and remains



free of all such trouble, except for the tubercular patients. One new case was notified during 1950 and one died, leaving at present four active and two quiescent cases among the women and seven active and three quiescent among the men. In the better weather all are nursed out of doors upon verandahs. It is proposed to have part of these walled in so that patients may remain there in the winter.

The casualties since our last visit were four and present no unusual feature. The causes of death during 1950 call for no comment, nor do the verdicts of the six inquests.

Out-patient clinics are conducted by the medical staff at St. John's Hospital, Battersea (six sessions each week) and King's College Hospital (two sessions), while patients are also seen by appointment at St. Ebba's Hospital itself.

We are indebted to Dr. Sands and to all the members of the staff who have accompanied us or assisted us with the information in the course of an interesting visit.

(Signed) H. R. GREEN.

(Signed) G. A. LILLY.

Commissioners of the Board of Control.



## PSYCHIATRIC OUT-PATIENT CLINICS

	Whether (A) Child or (B) Adult Clinic.	No. of Sessions per week.	Name of Doctor in charge.	No. of other Doctors.	Whether		Whether (A) Diagnostic or (B) Therapeutic.	1950	
					(A) Psychiatric Social Worker or (B) Psychologist in attendance.	(A) Yes (B) No		No. of Patients.	No. of Attend- ances.
St. John's Hospital, Battersea	All adult (Occasional child)	6	Dr. Batt (female) Dr. McIntyre (male)	4	(A) Yes (B) No	2 Diagnostic 4 Therapeutic	399	2,023	
St. John's Hospital, Battersea, Observation Ward		1	Dr. Batt	—	(A) Yes	Diagnostic	250	301	
King's College Hospital, Denmark Hill.	Adult	2 till Aug. 1950 1 since	Dr. Sands (Hon.)		(A) Yes (B) Yes	Diagnostic & Therapeutic	210	420	
St. James', Balham	Adult	1 or more	Dr. Batt	Nil	No	Diagnostic	212	212	



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