

## **Annual report of Graylingwell Hospital : 55th, 1952**

### **Contributors**

Graylingwell Hospital (Chichester, England)

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**SOUTH-WEST METROPOLITAN  
REGION**



**GRAYLINGWELL HOSPITAL**

**CHICHESTER**  
(Group No. 45)



**FIFTY-FIFTH**

**ANNUAL REPORT**

1952



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SOUTH-WEST METROPOLITAN REGION

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FIFTY-FIFTH

ANNUAL  
REPORT

of

**GRAYLINGWELL HOSPITAL**

**CHICHESTER**

(Group No. 45)

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# The Management Committee.

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MR. A. CAIRNS, J.P. (*Chairman*).  
MR. D. BRYCE, O.B.E., K.ST.J., J.P.  
MR. H. H. CORDERY, B.E.M.  
MRS. A. F. EASTLAND.  
DR. L. C. de R. EPPS, M.A., M.B., B.Ch.  
MRS. E. M. HOLMAN.  
LT.-COL. G. B. KENSINGTON, O.B.E., O.ST.J.  
MR. D. A. LANGHORNE. M.B.E., F.R.C.S.  
MR. W. J. LANGMEAD.  
MRS. M. E. LAWSON.  
MR. N. LONGLEY.  
MR. W. G. S. NAUNTON.  
MRS. P. B. P. NAUNTON.  
MR. P. A. NORMAN, J.P.  
MR. W. D. PASSMORE.  
DR. D. RICE, M.A., M.D., D.P.M.

## Sub-Committees.

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### Farm and Grounds:

MR. W. J. LANGMEAD, (*Chairman*)  
MR. D. A. LANGHORNE | MR. W. D. PASSMORE  
MR. P. A. NORMAN

### House and Stores:

MR. W. G. S. NAUNTON, (*Chairman*)  
MR. H. H. CORDERY | MRS. M. E. LAWSON  
DR. L. C. de R. EPPS | MR. N. LONGLEY

### Finance:

MR. D. BRYCE, (*Chairman*)  
MRS. A. F. EASTLAND | MRS. P. B. P. NAUNTON  
MRS. E. M. HOLMAN | LT.-COL. G. B. KENSINGTON  
DR. D. RICE

### Secretary of the Management Committee:

MR. E. C. ENGLAND, F.H.A.

# VISITING STAFF.

---

<i>Physicians</i> .....	{	H. SEAWARD MORLEY, M.D., F.R.C.P. (Lond.) J. G. J. GREEN, F.R.C.S.I., M.R.C.P.
<i>Physician in Neurology and E.E.G.</i> .....		B. G. PARSONS-SMITH, O.B.E., M.D., M.R.C.P.
<i>Honorary Psycho-Analyst</i> .....		ERNEST JONES, M.D., F.R.C.P.
<i>Psycho-Therapist</i> .....		O. B. SHARP, M.B., B.S., M.R.C.S., L.R.C.P.
<i>Surgeons</i> .....	{	D. A. LANGHORNE, M.B.E., F.R.C.S. (Ed.) A. G. ROSS, F.R.C.S.I.
<i>Ophthalmologists</i> .....	{	NIGEL CRIDLAND, M.A., D.M., D.O. P. W. ARUNDELL, M.R.C.S., L.R.C.P., D.O.M.S.
<i>Surgeon, Ear Nose and Throat Department</i> .....		J. H. HARLEY GOUGH, M.A., M.R.C.S., L.R.C.P.
<i>Anaesthetists</i> .....	{	P. R. BROMAGE, M.B., B.S., D.A. S. E. OSBORNE, L.M.S.S.A., D.A.
<i>Radiologist</i> .....		J. H. BAIRD, M.B., Ch.B., D.M.R.E.
<i>Pathologists</i> .....	{	C. J. HARWOOD-LITTLE, O.B.E., M.B., Ch.B. G. H. HARRISON, M.D., F.R.I.C. D. P. KING, M.D. (Cantab.)
<i>Dermatologist</i> .....		COLIN JONES, M.B., B.S.
<i>Dental Surgeon</i> .....		A. J. ROBERTS, L.D.S., R.C.S. (Eng.)



# OFFICERS.

<i>Consultant Psychiatrist and Medical Superintendent.....</i>	JOSHUA CARSE, M.D., D.P.M. ( <i>Consultant Psychiatrist to the Royal West Sussex Hospital, Chichester, Worthing Hospital and Horsham Hospital.</i> )
<i>Consultant Psychiatrist and Deputy Med. Superintendent</i>	E. P. H. CHARLTON, M.D., D.P.M. ( <i>Consultant Psychiatrist to the Chichester Group Hospitals.</i> )
<i>Consultant Psychiatrist and Director of Clinical Research</i>	MARTIN ROTH, M.D., M.R.C.P., D.P.M.
<i>Consultant Psychiatrist.....</i>	DAVID RICE, M.A., M.D., D.P.M.
<i>Psychiatrists.....</i>	{ NYDIA E. PANTON, M.A., M.B., Ch.B., D.P.M. VACANT.
<i>Senior Registrar .....</i>	JOHN D. MORRISSEY, M.D., D.P.M.
<i>Registrars.....</i>	{ EMILY FRAZER, M.B., B.S., D.C.H. VACANT.
<i>Junior Hospital Med. Officers</i>	{ J. TOWERS, M.B., B.Ch., D.P.M. R. H. PARK, B.Sc., M.B., Ch.B., D.P.M.
<i>Clinical Psychologist.....</i>	R. M. MOWBRAY, M.A. (Hons.)
<i>Physio-Therapist.....</i>	M. W. HARRY, M.C.S.P., M.E., L.E.T.
<i>Chaplain.....</i>	REV. J. C. SALISBURY, L.Th. (Durham)
<i>Chaplain, R.C. ....</i>	REV. W. G. HOWELL, B.A.
<i>Chaplain, Free Church.....</i>	REV. P. J. SPOONER, B.D.
<i>Secretary of the Management Committee, Finance and Supplies Officer</i>	{ E. C. ENGLAND, F.H.A.
<i>Matron.....</i>	L. DE GRAS, S.R.N., R.M.N., S.C.M.
<i>Chief Male Nurse .....</i>	S. G. RICHARDS, R.M.N.
<i>Social Workers.....</i>	{ E. E. NEVELL. M. JOSEPHINE BUTCHER, <i>Barrister at Law.</i> BARBARA NEVELL.
<i>Head Occupational Therapist</i>	M. THOMPSON, M.A.O.T., O.T.R.
<i>Chief Pharmacist .....</i>	E. FARLEY, M.P.S., D.B.A.
<i>E.E.G. Technician.....</i>	J. C. SHAW, B.Sc., Grad. I.E.E., A.M.E.P.T.A
<i>Senior Laboratory Technician</i>	H. A. SEYMOUR, A.I.M.L.T., M.R.I.P.H.H.
<i>Engineer.....</i>	J. C. CHYNOWETH, A.M.C.T. ( <i>Mech. Eng.</i> )
<i>Farm Bailiff.....</i>	W. H. HIGGOTT.

SOUTH-WEST METROPOLITAN REGION.

*Graylingwell Hospital, Chichester.*

(Group No. 45)

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The Fourth Report of the Management Committee.

being the

**FIFTY-FIFTH**

Annual Report of Graylingwell Hospital

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**1. INTRODUCTION.**

It is with pleasure that the Management Committee take once more the opportunity of bringing to the notice of the public the modern facilities available at Graylingwell Hospital and Out-patient clinics throughout the County for the treatment of psychiatric disorders, and in emphasising the steady progress which is being made in all the services offered by Graylingwell Hospital.

In presenting this 4th Annual Report of the Graylingwell Group, the Committee urge all into whose hands this publication may come, to study very carefully the excellent and comprehensive report of the Medical Superintendent which should make all who read it aware, not only of the steady advance in scientific knowledge, but the change of attitude of mind with regard to mental illness which has come about during the fifty-five years which have passed since the opening of this Hospital.

Before dealing with the various specific aspects of Hospital treatment and administration, the Committee appeal for the widest possible publicity to be given, not only to the modern treatment of mental illness, but to its availability without legal formalities to all who may be in need of psychiatric help.

## **2. CONSTITUTION OF THE COMMITTEE.**

There has been no change in the membership of the Management Committee during the year under review and the full list of members will be found on page 4.

## **3. FINANCE.**

The need for National economy has had its effect upon the National Health Service as on all other branches of the Social Services. The cuts received naturally fell as a blow to the Committee, as they meant that not only many improvements in the services of the Hospital had to be postponed, but many very overdue structural repairs and replacements of equipment, plant and furnishings must wait.

The difficult economic situation in which the Country was placed also led to strong representations being made by the Ministry of Health to all Management Committees asking for every possible economy in the running of Hospitals and the Committee are able to report that due to the prudent financial policy which has governed the economy of the Hospital during the year, substantial savings were affected.

The Committee note with approval the new practice of allocating to the Group a global sum and leaving the Management Committee to allocate the amount under each sub-head as may appear in the light of their experience to be most reasonable; it is felt by the Committee that this method is more practical and efficient than the old method.

Capital expenditure is dealt with at some length in the section on Structural and Capital Works, but the Committee would point out here that the need for national economy also had its effect on the programme of capital works which the Hospital was allowed to undertake.

The accounts for the year 1951/52 have not yet been submitted to the Minister of Health, but the total inclusive net weekly cost per patient for 1950/51 has now been made public and for this Hospital amounts to £4 3s. 10d. This compares favourably with other Mental Hospitals in the Region and the Committee are satisfied that the Hospital is run in an economic manner.

The Ministry of Health Audit continued with their attendance at the Hospital and the Committee are re-assured from their reports that the accounts of the Hospital are kept in an efficient manner.

#### 4. TREATMENT.

The subject of treatment is dealt with very fully in the Report of the Medical Superintendent and it is not necessary to repeat here the facts and figures which have been so admirably presented in that report.

One aspect which is apparent, however, is the steady increase year by year, in the volume of work done in the Hospital and the following figures show to what extent this work is increasing.

	1950	1951
Out-patient attendances ...	2490	3065
Admissions ...	728	854
Department of Clinical Psychology investigations ...	261	362
Case Histories taken by Psychiatric Social Workers ...	472	566
Electro-Encephalography Records	482	648

The Committee are glad to know that despite the financial difficulties referred to in the previous section, it has been possible for the Hospital not merely to continue to provide the area with psychiatric services at the same level but to substantially increase these services.

Reference must be made to the work of the Research Department, which is continuing its work under the guidance of Dr. Martin Roth, and which has now moved into new quarters. The list of publications made during the year gives adequate proof of the work that is being done and the Committee feel very happy that this pioneer work in the health service should be carried on at Graylingwell Hospital.

#### 5. SUPPLIES AND CATERING DEPARTMENTS.

The improvement and reorganisation of the Supplies and Catering Departments of the Hospital has continued during the year. In the early summer the new Stores was opened. The space for this was made available by the closing down of the Laundry during the previous year and the transfer of all Laundry work to the Regional Hospital Board Central Laundry Department. The modern design of the Stores is, the Committee feel, a great help in the administration of the Hospital and the transfer of the Laundry to the Regional Board's Laundry Department has been entirely satisfactory.

During the year the Supplies Division of the Ministry of Health extended the system of Central Purchase of Hospital Supplies to cover Cleaning Materials. The Committee are so far quite satisfied with the working of the system, but would deprecate any extension to supplies, whereby individuality of choice may be threatened and local initiative in methods of ward furnishing and decoration, or patients' clothing, in any way stifled or repressed.

The re-equipment of the Kitchen and Bakehouse has gone ahead a further stage by the purchase of a new bank of steaming ovens and a bread cutting and wrapping machine. The replacement of the steam jacketed boiling pans has, unfortunately, not yet been possible. The Committee are constantly aware of the importance of hygiene in connection with the cooking and distribution of food, and are of the opinion that the delivery of cut and wrapped bread direct from the Bakehouse to the wards is a tremendous step forward towards the goal of clean food.

The standard of the patients' dietary has been maintained and the Committee are pleased to learn of the close co-operation which exists between the Medical Staff Committee and the Catering Department. The Secretary and his Senior Catering Staff regularly attend meetings of the Medical Committee in order that the fullest consideration may be given to the medical and nutritional aspects of the patients' dietary.

## **6. STAFF.**

There has been no change in the personnel of the Senior Medical Staff during the period under review. Negotiations are, however, in progress with Regional Board for some revision in the terms of contract of certain of the Visiting Consultant Staff and the Committee are anxious to ensure that the interests of this Hospital with regard to specialist services are fully provided for by a specific agreement with a consultant for each specialist service required. It is noteworthy that every whole-time member of the Medical Staff holds the Diploma of Psychological Medicine.

A visit was made to the Hospital by the General Nursing Council's Inspector and the Committee were pleased to receive a report stating that this was a progressive hospital with a well organised scheme of training for the student nurses and commenting on the happy atmosphere and marked spirit of co-operation throughout the Hospital. Difficulty is, however, still experienced in the recruitment of student nurses and there is still a shortage of nursing staff, especially on the female side.

During the year the Administrative and Clerical Staff have

been accommodated in new offices, made possible by the transfer of the Stores Department to their new quarters.

The Staff Consultative Committee has continued to provide a very useful medium for interchange of views between the Management and Staff and the co-operation of the staff side in the matter of economy was appreciated.

## **7. STRUCTURAL AND CAPITAL WORKS.**

The scheme for the conversion of the former laundry into a new Stores Department and the provision of new administrative offices was completed during 1951, and further reference to this will be found in the Report of the Group Secretary.

Early in that year, the Management Committee were asked by the Regional Board to submit a revised capital programme for 1951/52 and 1952/53. The items submitted included the scheme for re-organisation of the Farm, for which the purchase of certain preliminary equipment had already been approved. The provision of a new system of irrigation for the farm and renewal of green-houses were also put forward.

For the Wards, the Committee asked for permission to proceed with the scheme for improvement of sanitary annexes; also to provide heated plate warmers in all the Wards. The erection of an Occupational Therapy Centre and further houses for the staff were also included among the items submitted. The Committee are pleased to say that permission was given for the erection of three huts as a commencement of the scheme for a new Occupational Therapy Centre and the 1st March was given as a starting date. This news was received by the Committee with great satisfaction as it will materially assist in relieving the overcrowding in the Main Building and permit of better classification of patients generally. The consent of the Board was also given to the equipping of the wards with plate warmers.

Plans for the first phase of the Farm Re-organisation Scheme are now being prepared in detail by Mr. Stanley H. J. Roth, F.R.I.B.A. the Committee's Architect, also Quantity Surveyors have been appointed. The first phase provides for a cowshed for 36 cows, together with certain ancillary stores and it is hoped that permission to proceed with the work will soon be given.

With regard to ordinary repairs and renewals, the Ministry have found it necessary to limit the amount which may be spent under this heading, but in spite of this it has been possible during

the year to rebuild the Water Cooling Tower, provide the Diesel Engines with new liners and carry out a complete redecoration scheme of some of the main Hospital corridors. These have been laid with Marley Tiles and, together with a new colour scheme, give a very pleasing appearance to the Hospital. Continuous expenditure on the upkeep of the roads is, of course, necessary and the Committee are pleased to report that the Hospital road leading to the Sports Field has been widened and generally improved. This will make for greater safety.

As soon as possible, the Committee wish to complete the conversion of the remaining part of the old stores into a Hospital Shop for the use of patients, the present premises being very overcrowded. The Hospital Library could then be rehoused in its old room which was borrowed temporarily when the Hospital Shop was first opened.

The success of the Central Dining Room for Senior Staff has led the Committee to hope that at a very early date it may be possible to provide a further Central Dining Room for all Nursing Staffs and an estimate of this scheme has already been sent to the Regional Hospital Board.

The purchase of Fordwater Meadows, which was held on lease by the Hospital for many years, has now been completed and the Committee are glad to know that this land is now a permanent part of the Hospital Farm.

Negotiations are at present proceeding on the option for purchase, which is contained in the lease, of the "Little Acre" and a strong case has been put to the Regional Board urging the purchase of this property which forms part of the Early Treatment Centre at Worthing.

## **8. FARM.**

The Farm and Grounds Sub-Committee have to report a very successful year. A limited amount of essential equipment was purchased; also the Committee had an offer, which was accepted, of a complete threshing set at a very reasonable price. This is not only a great convenience to the Farm but an economy as previously all threshing was done by outside contract.

The Committee record with pleasure that the Attested Dairy Shorthorn Herd was again awarded the "North" Challenge Cup for the highest milk yield in the County and that it has held the second place for the breed in the Country.

Samples of milk have regularly been subjected to the Methylene Blue Test and to tests for *Brucella abortus* and tubercle bacilli ; in every instance the result was satisfactory.

## 9. GENERAL.

The Report of Mr. Cyril F. Penton and Dr. Isabel G. H. Wilson (Senior Commissioners of the Board of Control) on their visit to the Hospital in June, 1951, was received and the Committee are highly gratified at the excellent nature of this report. A copy of the Report is appended together with the Reports of the Medical Superintendent, Group Secretary and the Chaplains.

In conclusion, the Committee take the opportunity of expressing thanks to all the staff of the Hospital for their services during the past year and to pay tribute to the Medical Superintendent and the heads of all Departments for the parts they have played in contributing to the success and smooth running of the Hospital and ultimately to the cure of the patients.

Signed on behalf of the Management Committee at a meeting held on the 29th day of May, 1952.

ANDREW CAIRNS,

*Chairman.*



# ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

GRAYLINGWELL HOSPITAL,  
CHICHESTER.

*24th April, 1952.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Fifty-fifth Annual Report of your Hospital for the year ended 31st December, 1951, together with an account of its extra-mural services.

## A. INTRODUCTION.

A short time ago a patient attended one of our clinics. She was typical of many and for the purpose of this report we will refer to her as Mrs. Brown. She was a well-preserved woman of 55 who had lived a happy, contented life. She had two sons and two daughters, all married, and apart from medical attention at the birth of her children she had seldom needed the assistance of a doctor. Her history indicated that she had been a stable, well-adjusted and productive woman whose interests were centred round her husband, to whom she was and still is deeply attached, her family and her home. She had no worries, either financial or domestic, and her life had been peaceful and full of joy and happiness. When seen at the clinic, however, this woman looked a picture of misery and despondency and it was with obvious difficulty that she was able to collect her thoughts to tell her story and to answer the questions put to her. It appeared that about a month previously, without any known cause or reason, she had suddenly changed. She said that it was as though a cloud had descended on her and all the brightness had gone out of her life. "I can't feel anything, doctor," she said, "neither sorrow nor gladness. I don't seem to care either for myself, my husband or my family. The other day, my grand-daughter fell down in front of me and hurt her knee and I just sat and looked at her and made no attempt to pick her up and comfort her: I felt wooden, in fact almost as though I were dead—a kind of zombie." Mrs. Brown said that she was now quite unable to concentrate; she couldn't read the newspapers or a book, nor could she do her knitting—one of her favourite occupations. She was still trying to do her housework but it was evident that she was quite unable to cope without

the assistance of her daughters. She said she had now lost interest in everything and nothing was worth while. Formerly she and her husband had gone everywhere together, but now she never went out at all. She couldn't sleep and spent the long hours tossing and turning and ruminating over the great change which had come over her. Her thoughts at these times were desperately unhappy. She couldn't get away from the idea that in some way or another she herself must be to blame for her present condition and through not snapping out of it she had become a disgrace and a burden to her family. Sometimes she was quite convinced that she must be going out of her mind and that soon she would have to be "put away." Often she thought it would be better both for herself and her family if she were to commit suicide. But she did not want to die because if only this cloud would lift there was so much to live for. And so her thoughts went on—round and round but never getting anywhere, while all the time she knew that she was getting worse and a major crisis was building up fast.

This was Mrs. Brown's story and she was pathetically eager for help. The opportunity of talking out her troubles with someone who could understand was in itself a relief and in the discussion which followed she gained hope and encouragement when she found she was not being regarded as a worthless creature, but as a woman who had been battling bravely and alone against a common and most distressing illness. When she was told that with treatment there were good prospects of her getting well again she willingly agreed to come to hospital and she was duly admitted here as a voluntary patient the following day.

During her stay in Graylingwell, Mrs. Brown, following careful physical, psychological and social investigation, was given a short course of electrical treatment (E.C.T.). In addition, she had the benefit of psychotherapeutic interviews mainly directed towards explanation and re-education, while her social rehabilitation was commenced almost immediately after admission. Her progress was rapid and soon her feeling of being in a cloud and out of touch had gone and her depression, which undoubtedly had been profound, was relieved. The state of apathy and self-pre-occupation which had been such noticeable features on admission also disappeared and she began to take a personal and active interest in her surroundings. She worked in the Occupational Therapy Department, assisted with ward duties, went for walks with the other patients or had outings with her family on visiting days, and she enjoyed the social functions arranged for the evenings.

Three weeks after admission she had her first weekend at home. This was in the nature of a test, but on her return to hospital it was obvious that it had been a success. She had been happy at home and felt more like her old self; she was now much more self-confident and she was certain that in a very short time she would be well enough to take her place at home once more. Two weeks later she discharged herself from hospital with medical approval. She has attended the clinic on two or three occasions to report progress but even this is no longer necessary as she appears to have made a full and complete recovery. She is happy to know, however, that if at any time she feels she would like our advice and help she can come to us at once without any formality.

I have described this case rather fully for two reasons. First, as already stated, it is a typical case in so far as it relates to a patient who was ill, knew she was ill and who was willing to cooperate in treatment promptly before chronicity or deterioration had become established. We meet many Mrs. Browns, and Mr. Browns also, although, of course, not all presenting the same clinical picture. All, however, have a disability of which they are well aware and for which they wish to receive treatment. Happily most of these patients respond to treatment satisfactorily and in a few weeks are able to return home and resume their former life. Last year, for instance, we admitted 854 patients—126 more than in 1950—yet at the end of 1951 there were 3 patients fewer in the hospital than at the beginning, indicating clearly that while the turnover is considerable, the resident population is not increasing.

The second reason for considering Mrs. Brown's case is that it is a good illustration of the progress that has been made in psychiatry. Our speciality is comparatively young and still has many difficult problems to solve—problems which sometimes make us despondent and wonder whether we are making any real headway. The case of Mrs. Brown, however, should reassure us and show us how great are the advances which have been made.

For generations psychiatry and the mental hospital have been hedged around with mystery, fear and stigma—all due to ignorance. During recent years, however, through the radio, the press and the public relations departments of many hospitals, people have become much more enlightened about our work and I believe that at last we have got it across to most of the ordinary men and women in our area the contribution that psychiatry can make towards the maintenance of good health. Also they have learned that it is no longer necessary to fight alone against a disability

which might well be amenable to treatment, but to seek advice promptly. Evidence that they are acting on this advice can be found in the fact that nearly 80% of the large number of patients who came to hospital last year received treatment as voluntary patients. Cruel and unjust stigma, which by itself can deter patients from seeking treatment, has also been successfully attacked. In the main, the fear of Graylingwell has gone and it no longer merits a social black mark to have been a patient here. There still remains, however, a small section of the public, consisting of professional as well as lay people, who are woefully ignorant of, and unsympathetic to, the work we are trying to do. Fortunately, their influence is small and I am confident that with the continued invaluable help of the General Practitioners and the constant education of the public, the day is near when psychiatry will be free from all social implications.

During the twenty-seven years I have spent in the Mental Hospital Service I have been privileged to see nearly all the great advances which have been made in treatment and hospital practice, and it has been a most encouraging experience. Consider what would have been the plight of Mrs. Brown only 27 years ago. First of all, she could not have sought advice at an Out-Patient Clinic for there was none. If she had had the means she could, of course, have seen a psychiatrist privately, but she could not have been admitted to Graylingwell as at that time only patients fully certified as being insane could be received. Mrs. Brown was not insane : actually, and with good reason, one of her greatest fears was the possibility of her condition deteriorating to a point where her mind would be completely disordered. There was, therefore, nothing much which could have been done for this unfortunate woman at that stage in her illness. From our knowledge of the usual course of similar untreated cases, however, there is little doubt that she would have got worse and soon become completely incapacitated and this, together with a probable increase in the risk of suicide, would almost certainly have meant certification and removal to Graylingwell. Having arrived here, she would have been looked after with sympathy and understanding and given the benefit of the treatments then available. Two factors, however, would have made her recovery more difficult and tardy. First, her condition would have been much more serious as it was necessary by law to allow her to deteriorate to a state in which she could be certified as a lunatic before she could be admitted to hospital. Second, the selection of treatments at that time was much more restricted than it is today and the one which we now regard as almost specific for her illness was not then in existence.

Fortunately, a number of psychiatric disorders tend to get better with time alone, presuming, of course, that the patient survives any acute episode such as collapse, exhaustion, attempt at suicide, etc. This tendency to spontaneous remission, however, lessens when complicated by the physical changes found in the older age groups. Nevertheless, we will assume that Mrs. Brown did recover, but it is certain that she would not have been well enough to leave the hospital in five weeks. In those days the duration was more often five months or even longer, and during most of that long time the patients were in obvious torment and distress, which we were powerless to relieve, while their management was a great strain on the nursing staff.

The case of Mrs. Brown, therefore, demonstrates clearly the way in which progress has been made in psychiatry. Today, a recoverable illness such as hers need not be so costly in terms of duration, human suffering and misery, and the humiliation and stigma of certification. There are a number of patients coming to our care, however, for whom, I am afraid, we can do very little. Sometimes they are patients with a basic personality of such a flimsy, immature and unstable texture that there is practically nothing to work on and the task of assisting them to adjust to life in an adult fashion is well nigh impossible. In other cases they may be suffering from a disorder which is fully established and which proves to be resistant to any treatment at present at our disposal. Or again, there may be an organic or physical cause for the illness which is then due to the actual destruction of nerve cells, as is seen in senile dementia and following cerebral arteriosclerosis, chronic alcoholism, lesions of the brain and spinal cord, etc. These unfortunate patients become the long-stay cases who make up by far the greatest proportion of the resident population of a mental hospital. We are hoping that research will soon help us in their treatment, but in the meantime, through occupational and social therapy and any other means available, we are endeavouring to prevent deterioration. The majority of patients coming to hospital, however, are suffering from recoverable illnesses and now that we are receiving them at the onset of their illness treatment is given with greater effect and their stay in hospital is very much reduced. In my experience, it is in the care of these patients that we have made the greatest advance.

Briefly reviewing the outstanding events which have occurred in my time, we find that in the 1920's psychiatry, outside London, was almost entirely restricted to the mental hospital; the clinics and the many other extra-mural services we now provide were not

then available to the public. In the hospital itself we were only able to receive certified patients. This at once meant that each and every disorder we were trying to treat had been allowed to develop to a stage when the effect on the unfortunate patient had been so damaging that he could no longer be allowed to remain in the community, but must be forcibly removed with the loss of all his civil rights.

Despite the fact that the mental hospitals were grossly understaffed, both medical and nursing, as compared with modern standards, much treatment was undertaken. The chief physical treatments available were Malaria, Prolonged Narcosis and Hydrotherapy. Malaria is now being supplanted by Penicillin, but every psychiatrist pays the highest tribute to the former treatment which has been the means of saving the lives of many thousands of patients suffering from General Paralysis, previously a fatal disease. Prolonged Narcosis we still use quite extensively, but Hydrotherapy however, is now much more rarely employed. During these years we also had at our disposal the recently introduced and much improved group of sedatives—the Barbiturates. These were a great advance in the control of epilepsy, the management of disturbed patients, and in the treatment of insomnia. The older drugs, bromide, sulphonal, chloral, hyoscine, opium, etc., were, of course, still used, but more sparingly and in selected cases.

Occupational Therapy was practised, but not so extensively as today. The value of Social Therapy was also appreciated, but here again it was not so marked a feature of hospital life. While the general welfare of the patient received careful attention, he was not allowed the freedom he enjoys today: the wards were locked, few patients were allowed to be in the grounds unaccompanied, weekend leave and holidays were not encouraged, and he was still subjected to many personal and even petty restrictions—no money, no matches, no pocket knife, etc.

To the 1930's, however, must go the credit for being the most progressive decade in the history of British Psychiatry. It commenced with the passing of the Mental Treatment Act, 1930, which is generally admitted to be the greatest single contribution to progress in our speciality. This humane Act, drafted by the Board of Control with the assistance of other farseeing and progressive psychiatrists, not only emphasised the importance of early treatment, but empowered Local Authorities to provide the necessary clinics and other services whereby any citizen could seek advice and treatment promptly and free of charge at the onset of his illness. It also enabled patients to receive treatment in a

mental hospital as voluntary patients without the loss of any of their civil rights. In addition, it made provision for a small percentage of patients who, by reason of their illness, are unable to speak for themselves, to be admitted as Temporary Patients, the order lasting for a limited period only. These are only some of the main clauses of the Act, but the effect on the practice of psychiatry was revolutionary. Now we could approach our patients on the basis of friendly co-operation and no longer had we to withhold treatment until the illness was fully established, and no longer was it necessary for the patient to submit to the indignity of certification with all its accompanying social stigma. Few Acts of Parliament can have surpassed this one in the boldness of its conception and in its great humanity and it is not surprising that it has been copied by other countries—and could well be copied by many others.

During this decade the clinical research, which for many years had been going on all over the world, produced new treatments which we believe have greatly improved the prognosis of many psychiatric disorders. While the importance of psychotherapy as an essential treatment was now fully recognised, its application to the much wider field now opened up produced a serious problem owing to the shortage of therapists and to the fact that psychotherapy is usually a long and time-consuming procedure. The introduction of group psychotherapy and of certain abreactive techniques, however, eased the situation to a certain extent, but to this day deep psychotherapy remains in short supply.

Four important physical treatments were also introduced: Insulin Shock Therapy (1934), Cardiazol Convulsant Therapy (1935), Pre-frontal Leucotomy (1936) and Electrical Convulsant Therapy (1938). These treatments coming so quickly one after the other were rather overwhelming, but now that experience has shown us where best they can be used we can appreciate the great contribution they have made.

Occupational and Social Therapy were widely extended, particularly in the years just before the war, and at the same time there was a tendency to open up the mental hospitals, to give the patients more freedom and remove some of the irksome restrictions which had been in force for so long.

During the war years there was of necessity a reduction of the mental hospital activities. Only skeleton staffs were left to continue the work and understandably there was little opportunity for any further developments. In fairness, however, it must be

stated that the hospitals were not nearly so harshly dealt with as in World War I, nor were the results of the restrictions imposed anything like so drastic.

Personally, I have found the years since 1945 to be the most interesting of all, and in a way possibly the most progressive. The many treatments we had at our disposal by the end of the war have been refined, modified and improved and we are better equipped now than at any other time to treat psychiatric disorders. There is no suggestion of complacency, however, for many problems remain to be solved: our hospitals are too full of chronic or long-stay patients suffering from illnesses for which we have no effective remedy. Our only hope, therefore, lies in the outcome of tireless research which must be encouraged and expanded if we are to make further progress in the treatment of these unfortunate patients

In the care and management of recent or short-stay patients, however, there has been noticeable progress. As I have already stated, these patients are now willing to act on our advice if we recommend them to come to this hospital. We have had to provide conditions which are acceptable to them, however, for very properly they refuse to co-operate if they are to be locked up and treated as though they were completely irresponsible.

In the old days when all our patients were certified there was some reason for closed wards and personal restrictions. The recent cases of today, however, are entirely different patients. These are usually fully appreciative of their condition, well-conducted, and up to the time of their arrival in hospital have been managing, even though sometimes with the greatest difficulty, to hold their own in the community. We have had to give special consideration to their requirements and we have learned from experience that they must have the same, or even better conditions than they would receive if they were ambulatory patients in a general hospital or in a sanatorium. In practice, this has meant leaving the wards completely open and allowing these patients to have all the amenities expected by a person who has voluntarily agreed to come to hospital on the advice of a psychiatrist. Where, of course, there are features in the illness which require special attention, such as profound depression, liability to panic attacks or other acute episodes, etc., the patients receive continuous nursing supervision until their condition has improved.

Prior to the Mental Treatment Act, 1930, rate-aided patients on being admitted to hospital would have had all their personal



possessions removed—including wedding rings. They would have had to wear only the clothing provided by the hospital—often drab and institutional. They would have been received into a locked ward with each day rigidly disciplined from seven in the morning to bedtime at the early hour of 7 p.m. Male patients were not allowed to shave themselves, nor to carry matches, pocket knives, or other personal possessions, including money. Female patients were debarred from having their handbags, and such articles as scissors, nail file, or needle and cotton were strictly forbidden. In some hospitals they were not even allowed to have hairpins or slides. Except to certain official bodies, all letters written by patients were censored. These were only some of the restrictions imposed on patients in the old days, and it was in such an atmosphere of frustration, irritation and annoyance that we had to try to help them to get better.

It is some years now since we removed all the prohibitions just mentioned—and many more which have not been described—as far as short-stay patients are concerned, and all has gone well. The patients appreciate the trust which we place in them and seldom are the privileges abused. We have not forgotten that the best of people can at times be quite unpredictable in their actions, however, and while the staff are always alert and in close and friendly contact with their patients, we are aware that an unfortunate incident could happen. After careful thought, however, we remain of the opinion that we are justified in taking this risk rather than that the many hundreds of short-stay patients coming to hospital should be unfairly penalised.

Much has been done, therefore, to improve the atmosphere of this part of the hospital and to make life easier for the patients. In addition, the actual accommodation has been much improved. We have tried to provide a comfortable home for appreciative patients, for there is no doubt that a bright and cheerful environment is the best background to treatment. In one of our reception units which accommodates both men and women, day space is common to both sexes. The men and women dine together, work together in the Occupational Therapy Department, and the social functions are communal events enjoyed by all the patients. This unit has been operating in this manner for over two years: no difficulties have emerged but we have found it to have many advantages, including the following—rehabilitation of the social life of the patient is made much easier; the shyness and diffidence so frequently seen in patients with a psychiatric disorder disappears more quickly; the women, because of the social obligations arising

from being in a mixed community, show no tendency to become indifferent to their personal appearance, but take a normal interest in their hair, complexion and clothes; the men also remember that ladies are present: they do not forget to shave, they dress themselves neatly, and they are more careful over their manners, particularly at the dinner table; finally, the fact that men and women are together in the same ward is not only the correct group situation, but it also produces a normal and pleasant social atmosphere. So the last of the old-time regulations—segregation of the sexes—has now been broken down.

In this report, great emphasis has been placed on the treatment and welfare of recent patients. These are our most important patients, however, and I have tried to indicate the lines on which substantial progress has been made. I am very pleased to state, however, that the long-stay patient has also benefited from every single improvement we have introduced for the recent case. Some of the privileges have had to be modified to meet their requirements, but there is no doubt that their conditions have been considerably upgraded. Most of the wards are open and many long-stay patients can take exercise in the grounds or visit Chichester unaccompanied. Much attention has been given to their social life, which is now full of interest and entertainment, while nearly all the old irksome restrictions have been removed. These patients also fully appreciate the new conditions and they value their privileges.

Even in a brief review such as this, reference must be made to the great improvement which has taken place in the status and outlook of the nursing staff. At the beginning of this period, their work was inevitably mostly custodial and attending to the general welfare of patients. As progress in treatment has been made and more short-stay patients have come to our care, however, the demands on the nursing staff have steadily mounted, necessitating a higher standard of training. The nursing requirements of the treatments now used call for the highest degree of skill and entail much responsibility. To become a State Registered Nurse in Psychiatry today, therefore, needs a long course of training and the passing of a professional examination, Part 1 of which is the same as for general nurses. The nurse-patient relationship, also, is of the greatest importance, for the success or failure of treatment might well depend on it. In a mental hospital the nurse spends many hours each day in personal contact with her patients, who come to rely on her more than is the case in other hospitals. She must, therefore, through her trained

understanding of psychiatric disorders always be sympathetic and tolerant, ever willing to listen and advise, and constantly to reassure and encourage. The progress which we have made in the care of the psychiatric patient could not have been possible without the fullest co-operation of the nursing staff, for to the nurse and the male nurse has fallen the task not only of carrying out their professional duties, but of amplifying treatment by providing the kindly understanding human background so essential to our patients.

There still remains much to be done in psychiatry and we are aware of the magnitude of the problems which confront us. We can claim that we have made progress, however, and we hope that with the more enlightened approach to this difficult speciality, together with the results of research we will soon be able to do much more for the many patients who look to us for help.

Before proceeding to the next sections of this Annual Report, I would like to take this opportunity of thanking my colleagues for their collaboration in its production, for without their assistance it would not have been possible to give such a detailed account of the many activities now centred round Graylingwell Hospital.

## B. EXTRA-MURAL PSYCHIATRIC SERVICES.

### 1. OUT-PATIENT CLINICS.

The Clinics are held at 2.30 p.m. on Mondays at Horsham Hospital, Tuesdays at Worthing Hospital, and Thursdays at the Royal West Sussex Hospital, Chichester. Details of the attendances during 1951 are shown below :

			New Patients	Other Attendances	Total Attendances
Worthing ...	...	...	364	831	1195
Chichester ...	...	...	310	905	1215
Horsham ...	...	...	142	513	655
			816	2249	3065

At the Worthing Clinic I have to assist me, Dr. Panton and Dr. Towers, with Mrs. E. E. Nevell as the Psychiatric Social Worker in attendance. Dr. Charlton is in charge of the Royal West Sussex Hospital Clinic and he is assisted by Dr. Morrissey and Dr. Macgregor, and Miss M. J. Butcher is the Psychiatric

Social Worker. At the Horsham Clinic, Dr. Rice is the Psychiatrist in charge, and he has the help of Dr. Park, while Miss B. E. Nevell is the Social Worker. Dr. Salzmann relieves at each of the clinics in the absence on holidays, etc., of other members of the staff.

We have continued to provide an out-patient service at Graylingwell Hospital. During the year, many patients were seen by appointment, mostly at the weekends and in the evenings. This consideration has been much appreciated by these patients, all of whom, for a variety of reasons, would have found it difficult, if not impossible, to attend the clinics at the ordinary time.

In some of the cases seen at the clinics we found it necessary to advise them to receive treatment as voluntary patients at Graylingwell. We constantly endeavour to avoid this, however, and with the provision of modified insulin shock therapy and electric convulsant therapy we have enabled many patients to receive effective treatment as out-patients who would otherwise have had to come into the hospital. Since August, 1942, 547 out-patients have received E.C.T.

**Method of Referral.**—Appointments for new patients can be made by application to the Almoner of the Hospital they wish to attend.

## 2. EXTRA-MURAL UNITS.

**Chichester Group of Hospitals.**—Dr. Charlton, who has been in charge, reports:

“The treatment of psychiatric patients in the general wards of the Royal West Sussex Hospital, which began on 1st January, 1949, when four beds were made available, continued throughout 1951. In addition, it was possible to treat a number of patients in the medical wards of St. Richard's Hospital in collaboration with the medical staff. The patients admitted to the unit have usually been drawn from those attending the Psychiatric Out-Patient Clinic, although a few have also been admitted directly following domiciliary visits. In general, admission was promptly arranged, although towards the latter part of the year pressure on hospital accommodation was such that delays of several weeks occurred in some cases.

The indications for admission to this unit have, generally speaking, been the milder psychotic conditions, or psychoneuroses where behaviour was not disturbed and active suicidal

impulses calling for special observation were not present. In all, twenty-eight patients were treated during the year in addition to many who were helped by psychiatric collaboration in their treatment whilst in other units. Of these, twenty were treated at the Royal West Sussex Hospital, comprising five cases of recent endogenous depression, four of anxiety neurosis, four cases of hysteria including two of stupor, three of epilepsy admitted for investigation and stabilisation, three of early schizophrenia and one of psychogenic asthma. The results were very satisfactory and only two patients, one suffering from paranoid schizophrenia and the other actively suicidal, had to be transferred to Graylingwell for closer observation.

At St. Richard's Hospital, eight patients were treated who had been selected for special psychiatric study of their "stress" disorders and promising results were obtained from the treatment along psychiatric lines of four cases of ulcerative colitis, three of peptic ulceration, and one of rheumatoid arthritis. This work is being continued as suitable cases arise, and it is hoped that it will prove possible further to investigate and treat, in collaboration with the general physicians, various psychosomatic disorders.

There are many advantages in the treatment of psychiatric cases in a general hospital, particularly the avoidance of the apprehension surrounding admission to a mental hospital. It must be pointed out, however, that as experience accumulates there is evidence to suggest that some types of psychiatric patient do not respond well if treated in a ward with the physically ill. Indeed, several anxious and suggestible persons have been noticed actually to deteriorate temporarily until removed from the proximity of the dangerously ill, and one is forced to the conclusion that, apart from the straight forward investigation and treatment of psychosomatic cases, psychiatric patients in general hospitals are best segregated in separate wards or blocks where fully ambulatory treatment can be carried out. Furthermore, although such methods of treatment as insulin, E.C.T., continuous narcosis, abreactive techniques, and psychotherapy can satisfactorily be given, most general hospitals lack adequate space for up-patients and for social or group therapies.

Within these reservations, however, satisfactory treatment has been given to a number of patients who were unwilling to enter a psychiatric hospital, usually on the grounds that some stigma might so result, and by the ready availability of such treatment, without any formality as to admission, patients may undertake treatment at an earlier and more readily recoverable

stage than they otherwise would, thus preventing economic loss and chronic ill-health."

**Rehabilitation and Treatment Centre, Worthing.**—Dr. Panton, who is the resident doctor in charge of this unit, reports:

"This branch at Worthing continues to provide a wide range of psychiatric services. There are 17 beds for in-patients suffering from milder types of disorder and likely to benefit from a stay of a few weeks in the less formal and more homely atmosphere of a small unit. The centre is also extensively used for out-patient treatment and for follow-up and social activities, especially those associated with the Goodwill Club.

During the year there were 42 direct admissions and 85 patients were transferred from Graylingwell for completion of treatment or convalescence. Treatment is along four lines: psychotherapeutic, physical, occupational and social. In many cases patients are helped to a better understanding of their difficulties by a specific psychotherapeutic approach; in others, reassurance and simple explanations suffice. Physical treatments are used concurrently in most cases and include courses of modified insulin, electric convulsion therapy, and narco-analysis and various abreactive techniques. A planned programme is carried out by all, including periods of occupational therapy under a trained therapist. These are very greatly appreciated; many patients who complain on admission of lack of interest and inability to concentrate, quickly find themselves taking pleasure in handicrafts such as weaving and making lampshades which require considerable concentration, and in which there can be no doubt of their interest and enthusiasm. Lastly, social activities are encouraged as a means of rehabilitation. The small size of the unit makes it possible to plan group outings, theatre and concert parties, walks, cycle rides and sea-bathing. In-patients are encouraged to join in the meetings of the Goodwill Club and many of them subsequently become members when they leave. This aspect of treatment is particularly beneficial for those whose illness has caused them to withdraw from social activities either through depression and the accompanying lack of interest or through anxiety and loss of self-confidence which makes them shrink from going out and from meeting people.

Where there is some reason against taking the patient away from his or her home and where the symptoms are not too severe, many can be helped as out-patients. The full range of physical treatments is available for these too, and during the year 18 had courses of modified insulin and 21 received E.C.T. In addition,

58 out-patients attended for courses of psychotherapy or for follow-up interviews and reassurance."

**Horsham Hospital.**—Dr. Rice, who has been in charge, reports:

"The work at Horsham, as in all other departments of the psychiatric field, showed a tendency to increase during 1951. The number of new patients referred was again up (142 as against 105 in 1950), and subsequent attendances showed a similar rise (513 as compared with 398). It is not just in the bare numbers of patients seen, however, that the increase in the work has lain. Out-patient E.C.T. has been carried out whenever suitable patients required this type of treatment, and although this has necessitated an additional visit on Thursday afternoons, it has also provided a very suitable time for arranging psychotherapeutic sessions or for carrying out domiciliary visits, the requests for which have been more frequent.

Two patients were directly admitted under my care for courses of modified insulin and E.C.T. and both did well. The fact that this is a small general hospital with no resident medical staff and is over 30 miles away makes it unlikely that we shall ever want to make extensive use of these facilities. The majority of patients requiring in-patient care will necessarily have to come to Graylingwell. However, it is satisfactory to note that the arrangement works very well for suitably selected patients.

The number of cases referred by other members of the Staff remains fairly constant.

A course of lectures in Psychology were given to the student nurses during April and May, and this course is to be repeated during 1952. Although designed for student nurses in accordance with the G.N.C. syllabus, a number of the more senior members of the staff have asked permission to attend when free to do so. This, it seems to me, is an attitude to be encouraged; it must surely help towards the understanding of some of the problems encountered in dealing not only with psychiatrically ill patients, but also with those suffering from medical or surgical conditions where the tendency has been for the condition, and not the patient, to be nursed.

In December, a Clinical Meeting was held at the Hospital. Although under the ægis of the West Sussex Branch of the B.M.A., the clinical side of the evening was devoted to psychiatry and proved very popular. Papers were read by Dr. Rice and Dr. Charlton, a demonstration of convulsant therapy by E.C.T., with

and without a relaxant, was given by Dr. Park, and Dr. Carse presided over a session devoted to any questions. All who attended seemed to enjoy the evening and our thanks are due to the Matron, Miss Horsman, and her staff who made it possible for us to hold the meeting in the Children's Ward."

### 3. SOCIAL SERVICE.

**Psychiatric Social Workers.**—To complete the treatment of psychiatric disorders, every patient requires a varying amount of "after-care." In many cases, like that of Mrs. Brown, where there is a good home and where the family are waiting to welcome the patient back again, little is required and a few follow-up visits at the clinic are sufficient. Many cases have not such a happy ending, however, for the social complications arising from mental illness can be very serious. Sometimes the family is far from sympathetic to the return of the patient. For example, a patient may have been resident in hospital for some years and as a result of modern treatment, such as leucotomy, be made well enough to return home and be a responsible member of the community once more. In such cases the family may have made major and permanent re-adjustments and the reappearance of the patient creates a difficult problem. Again, we sometimes find that in the case of a patient who is suffering from a recurrent illness and has had the misfortune to have a series of attacks, the reception on returning home is often not only cool, but chilly. Sometimes the patient finds that on leaving hospital he is without employment, for with the best will in the world employers cannot hold jobs open indefinitely. Accommodation can be another difficulty: in these days patients who have been living alone may well find that after only a few weeks in hospital their cottage or rooms have been taken over by someone else.

These are only some of the innumerable problems which might confront a patient on discharge from hospital and it is in their solution that the social workers provide such an invaluable social service. Our patients need a helping hand to smooth out their difficulties and to get them re-established in the community. The social workers must, therefore, remain the friends of the patients long after they have left hospital and they earn their sincere gratitude for the practical assistance and wise advice which they give.

**Out-Patient Social Clubs.**—These clubs are not maintained without considerable effort: they have to be planned and organised with great care and they require the regular attendance for a long



evening each week of members of the medical, nursing and ancillary staff. Four years experience, however, has clearly demonstrated their therapeutic value and the great contribution they make to the social rehabilitation of the patient.

Of the "Concord Club" at Chichester, Dr. Charlton, who has been in charge, reports:

"This Club, which was established in February, 1948, meets regularly every Thursday evening in the Health Centre, Chapel Street, Chichester, and serves principally the needs of patients in the Chichester and Bognor districts. The Club operates in close liaison with the Out-Patient Clinic at the Royal West Sussex Hospital, Chichester, which serves the same area and from which most of the new members are referred to the Club. The Medical Staff and Psychiatric Social Worker attached to that Clinic supervise the Club and are thus able to maintain close contact with their patients. The latter elect annually an organising committee who arrange the programme under the unobtrusive guidance of the Medical Staff.

The meetings are divided, the early part of the evening being spent in spontaneous activities such as handicrafts or games, for example, table tennis, darts, cards, etc., whilst after the supper break a more definite programme of an organised therapeutic nature is arranged, under the supervision of one of the Medical Officers. There have been brains trusts, debates, lectures, twenty questions, spelling bees, whist drives, beetle drives and musical evenings, in addition to an annual Christmas party, an evening coach tour in the summer and group expeditions to entertainments and places of interest. New and popular introductions during the year have included country dancing, the formation of a percussion band and a group project for making rugs for the Club. A more serious evening once a month is devoted to group psychotherapy, which has been led throughout the year by Dr. J. D. Morrissey, with considerable success.

Despite the many difficulties occasioned by the scattered semi-rural nature of the area and the infrequent bus services, members have made a great effort and attendances throughout the year have been good, averaging twenty in an evening even in the worst weather. A steady stream of new members have joined the Club throughout the year and, as already stated, these are mostly selected from out-patients under treatment at the Royal West Sussex Hospital Clinic, but in addition there have been several ex-patients for whom further social therapy was deemed advisable. There is no doubt that the Club has succeeded in helping many

members to a fuller and more satisfactory social life as the subsequent history of ex-members shows.

I cannot conclude this report without taking the opportunity of expressing my appreciation of the enthusiastic and unfailing efforts of Miss Butcher, our Psychiatric Social Worker, and Misses Clark and Moreau, Occupational Therapists, to whom no little of the credit for the success of the Club is due. Throughout the year I have also had the willing support and collaboration of Drs. J. D. Morrissey and D. F. Macgregor in the medical organisation."

Dr. Panton, who has been in charge of the "Goodwill Club" at Worthing, reports as follows:

"This club was formed in 1949 as an additional means of helping ex-patients and out-patients. It meets on Tuesday evenings at "The Acre" and attendance averages 20-30. The Club is run on democratic lines, electing Chairman and Officers annually; this year, in order to give more members a direct share in its management, two committee members have been chosen to be responsible in turn for planning the programme for two months. A very welcome innovation has been the introduction of lantern lectures on Switzerland by Mr. Hitchman, whose hobby is colour photography and whose slides were a real joy to all who saw them. Other club activities include whist drives, beetle drives, musical and social evenings, games, competitions, quizzes and "Twenty Questions."

The Rambling Section of the Club is now firmly established and well supported, and has a full and varied programme of walks and cycle rides every third Sunday. A recent extension has been made to Youth Hostel weekends. In November, six members cycled to East Marden Hostel and spent a happy Sunday exploring Dell Quay and The Witterings. In December a party of five went to Arundel Hostel and on the Sunday enjoyed a very fine walk up the Arun Valley through Burpham to Houghton Bridge and back through Arundel Park.

The Club helps to carry on and reinforce that re-establishment of self-confidence which forms an important part of all psychiatric treatments. It affords a valuable opportunity for a large amount of follow-up work and in this way helps to minimise the risk of relapse.

In conclusion, mention must be made of the help given by the resident nursing staff of "The Acre" and by Mrs. E. E. Nevell, the Psychiatric Social Worker, in supporting the Club and assisting in its smooth running."

#### 4. MARRIAGE GUIDANCE.

Dr. Rice is the Psychiatrist serving on the panel of Consultants of the Marriage Guidance Council in this district, and the following is his report :

“ Two patients were referred for psychiatric opinion and treatment from the Marriage Guidance Council and the number for whom this service is needed is therefore small. This is partly due, no doubt, to the relatively small use which is made of the Marriage Guidance Council's services locally : hardly surprising whilst the local centre remains solely for Chichester and Bognor. Another Counsellor is now available in the Petworth district, whilst several practitioners have shown a keen interest in the work and it is to be hoped that the work will expand.

In October, 1951, I addressed the Brighton Group on the Psychological approach to Marriage, and it seems to me that this is by far the most important work of the Council, which should not be regarded merely as a dumping ground for broken marriages. February, 1952, saw the second open meeting of the Chichester and Bognor Regis Marriage Guidance Council in an attempt to publicise the work, more especially the educational aspect, with Mr. Hugh Lyon, M.C., the Chairman of the National Executive Council as speaker.

Advice on Marriage Guidance problems, or information with regard to facilities and services afforded, is obtained by application to the local Hon. Secretary and Counsellor, Mrs. C. H. Mosse, Aldwick Vicarage, Bognor Regis, who refers those people, in the solution of whose difficulties a psychiatric opinion is thought to be helpful. Occasionally marriage guidance problems are raised by the patient's general practitioner direct.”

#### 5. GERIATRICS.

The psychiatric aspect of the Geriatric problem has been engaging the attention of several members of the staff. In addition to Dr. Rice, whose M.D. Thesis on Senility was accepted and published by Cambridge University during 1951, Dr. Roth, Director of Clinical Research, and Dr. Morrissey undertook a survey of the treatment of a number of hospital in-patients and were invited to read a paper before the R.M.P.A. at Norwich which was subsequently published in the Journal of Mental Science. Dr. Morrissey's M.D. dissertation, submitted to the University of Cork, also dealt with some of these problems.

The regular visits to the County Council's Old Persons' Homes have been continued. Dr. Panton visits North View, East Preston, each week, and Dr. Rice visits Budgenor Lodge, Midhurst; and Bury, Aldwick and Stopham Houses on request. Another home, at Ifield, near Crawley, is now completed. A close and happy liaison is maintained with the general practitioner in charge of each home as well as with the matrons and staff. In this way it has been possible to maintain a degree of friendly supervision on a number of ex-patients of Graylingwell, as well as to advise on treatment of a number of residents.

Dr. Rice is also a member of the Chichester Eventide Housing Association and is on the Management Committee of Donnington House, the Association's home for semi-infirm old people, opened in January, 1952.

## **6. CONSULTANT SERVICE.**

The senior staff provide a full Consultant Service in each of the hospitals where clinics are held and regular visits are paid to the wards at least twice weekly for consultations and treatment. Further details of the work carried out and of the projects for the treatment of psycho-somatic disorders are given elsewhere in this Report. In addition to these regular visits, the Consultant Staff is always available for these hospitals and also for any other hospitals and sanatoria in the area served.

A full domiciliary service is operated and during 1951, 85 visits were paid to patients in their own homes by senior members of the Medical Staff.

The number of consultations has increased considerably during 1951 and is a gratifying reflection on the value of the service provided.

## **7. THE COURTS, POLICE and PROBATION OFFICERS.**

During the year under review, we have continued our service of providing a psychiatric examination and report on cases referred to us by the Courts, and in some cases a Psychiatrist has attended at Court. In addition, cases have been sent by the Magistrates to this Hospital for a short period of residence as in-patients to enable a fuller investigation and assessment to be made. The close and friendly liaison which has existed for so long between the Courts, the Officers and ourselves has thus been maintained and with their collaboration we have continued to provide a service which we believe to be of value to the community.

## 8. CHILD PSYCHIATRY.

**Mental Deficiency.**—In West Sussex, the mental defectives are ascertained, managed and disposed of by the Medical Officer of Health who is responsible to the Mental Deficiency Sub-Committee of the County Council.

**Child Guidance.**—The full-time clinics at Chichester, Worthing and Horsham are administered by the Child Guidance Sub-Committee of the County Council.

## 9. PUBLIC RELATIONS.

In the introduction to this report I have stressed the importance of this work and showed what I believe to be the practical results of keeping the ordinary man and woman fully informed about psychiatry and its practice. During the past year, lectures and talks have been given to many groups of people and usually these have been followed by visits to the hospital to enable them see for themselves what a mental hospital is like and how the patients are cared for. These visitors are genuinely interested in psychiatry, of course, and not just satisfying their idle curiosity, and a technique has been evolved whereby the groups of visitors are divided into small parties of three or four people and escorted round the hospital by a senior member of the nursing staff, thus avoiding any embarrassment to our patients. Giving lectures and talks and conducting visitors round the hospital is very time-consuming, but the obvious interest shown, the high level of discussion and the searching questions asked while inspecting the hospital make the effort well worth while, for it has been clearly shown by their remarks that until they had actually made this personal contact they had had little conception of the true nature of mental illness and what we are trying to do for it.

Lectures were also given at four conferences on the National Health Service organised by the Ministry of Health and by Local Health Authorities.

At the request of the Board of Control, we co-operated with Mr. Eric Bennett, a well-known journalist, who spent three days critically inspecting the hospital and making most detailed enquiries regarding the work of the various sections of the staff. Following his visit, two articles under his name appeared in "John Bull." It is gratifying to know that such a widely read national weekly is now prepared to devote space to articles on psychiatry; provided that sensationalism is avoided and unduly optimistic

promises are not made, however, these articles are to be encouraged, for journals such as "John Bull" have a vast public and they can be a powerful vehicle for educating the people.

For many years now we have had the full co-operation of the General Practitioners. They take an active interest in the work of the hospital and in the recent advances in psychiatry. We fully appreciate how great is their influence in encouraging patients who are nervous and apprehensive, arranging for them to attend the clinics, and supporting the recommendations we make with regard to treatment. During the past winter we held two clinical meetings of special interest for General Practitioners—one at Horsham, already mentioned by Dr. Rice, and the other at Graylingwell. In addition to meeting them personally when they visit the hospital or during domiciliary consultations, we keep in contact with them through reports on patients seen at the clinics and on discharge from this hospital, while, finally, every doctor in our area receives a copy of the Annual Report.

### C. GRAYLINGWELL HOSPITAL.

#### 1. ADMISSIONS.

A comparison of the number and status of the patients admitted direct to the hospital during 1950 and 1951 is given below:

	1950			1951			Increase or decrease
	M.	F.	T.	M.	F.	T.	
Voluntary	207	369	576	221	444	665	+ 89
Temporary	—	—	—	—	1	1	+ 1
Certified	44	108	152	68	120	188	+ 36
	<u>251</u>	<u>477</u>	<u>728</u>	<u>289</u>	<u>565</u>	<u>854</u>	<u>+126</u>

The average age on admission was 48.4 years, while 185, or 21.7% were aged 65 or over.

77.9% of the total direct admissions were voluntary patients. Of the 188 patients classified as certified, however, 110 were admitted under Urgency Orders—an order authorising removal but lasting only seven days. Of these, 11 left at the expiration of the order, 3 died, 1 was regraded as a temporary patient, 76 continued treatment as voluntary patients, and in only 19 cases was it necessary to proceed with full certification. In practice, therefore, 743, or

87% of the patients admitted during 1951 received treatment as either voluntary or temporary patients.

## 2. INVESTIGATION.

Immediately after admission the patient is subjected to a comprehensive series of investigations to enable an accurate assessment of his condition to be made and wherever possible to arrive at a precise diagnosis. These require the assistance of specialist and ancillary services in addition to psychological and physical examinations.

**Department of Clinical Psychology.**—Mr. Mowbray, the Clinical Psychologist, reports:—

“During the past year, 298 in-patients and 64 out-patients were investigated by the department. Miss Hopkins, of the Department of Clinical Research, has devoted some of her time to routine clinical investigation.

The main contribution of the department lies in presenting a static assessment of the patient's intelligence and personality, in contrast to, and supplementing the developmental approach of the psychiatrist. However, especially in the investigation of personality, the advantages of repeated interviews has been realised, and during the year, 57 in-patients were seen over two or more interviews.

The routine psychological examination must vary with each patient, but is designed basically to cover a verbal assessment of intelligence as well as an assessment of 'g,' and assessment of personality by both questionnaire and projective methods.

The department has held informal seminars on psychology and psychometric techniques for D.P.M. candidates. Descriptive talks on psychological methods have also been given to Occupational Therapy students in the hospital.”

**Social Services Department.**—The catchment area of the hospital is divided between the three social workers. Mrs. Nevell is responsible for Worthing and its environs, Miss Butcher for Chichester and the south-west, and Miss Nevell for Horsham and the northern part of the county. Reviewing the work of the department, Miss Butcher reports:—

“One of the chief functions of the Psychiatric Social Workers is to act as a link between the hospital and the home of the patients.

The effect of this upon the patient is one of re-assurance, both on admission and discharge.

On admission the patients may require help in settling their affairs, either domestic or financial. This has involved many visits to such agencies as the Ministry of National Insurance and the National Assistance Board. To know that there is somebody available to deal with their personal matters relieves the patient's mind at a time when they are likely to be in distress.

On discharge, when a patient is often apprehensive at the idea of returning to what may be difficult home conditions, lack of a job, or one of many other problems, help may be required entailing interviews with such agencies as the Ministry of Labour, the Local Housing Authority, etc.

The department has been in close collaboration throughout year with other Social Services and departments, which all have a part to play in the interests and welfare of the patient and close contact has been maintained with the whole network of Social Services such as:—

- Almoners of General Hospitals.
- Welfare Officers.
- Probation Officers.
- Child Guidance Clinics.
- Council of Social Service.
- Various Departments at County Hall, *e.g.*,
  - Children's Department, Education Department,
  - Welfare Department.

Another very important part of the Psychiatric Social Workers' work is to co-operate with the Psychiatrist, taking Social Histories whenever required by him. During the course of a year a total of 566 Histories has been taken by the Department. This involves a visit to the home of almost every patient admitted. The three Psychiatric Social Workers operate from three centres—Worthing, Chichester and Horsham—and the carrying out of the increasing work of the department involves many thousands of miles of travelling during the year.

In each of these centres an Out-Patient Clinic is held at which they attend, co-operating with the Psychiatrist in a variety of ways, according to the organisation of the Clinic.

In Worthing and Chichester a Therapeutic Out-Patient Club is held one evening a week at which one or other of the Psychiatric Social Workers attends, thus keeping a close contact with ex-in



patients and out-patients which has proved to be a useful form of After Care Work."

**Laboratory and X-Ray Department.**—The Chief Technician, Mr. Seymour, has to assist him another technician, Mr. Mair, and a student, Miss Patricia Goldie, the department having been approved for the purpose of training.

All new admissions were subjected to routine systematic laboratory and X-ray investigations. We now regard these procedures as indispensable, both as aids to diagnosis and to enable physical treatments to be given with safety. The department also gave invaluable assistance in the prompt diagnosis and treatment of intercurrent illnesses occurring in the hospital. In addition, 61 out-patients underwent laboratory and X-ray investigations.

The following table gives some details of the work done during 1951 :—

**Blood :**

Kahn and F.R.C (Meinicke)	..	..	..	..	1064
Counts (including Hb. and differential)	..	..	..	..	1077
Urea	..	..	..	..	924
Sedimentation	..	..	..	..	1310
Bromide	..	..	..	..	894
Fasting Sugar	..	..	..	..	1152
Sugar tolerance curves	..	..	..	..	18
Culture	..	..	..	..	1
Van den Burgh	..	..	..	..	4
Malaria Parasites	..	..	..	..	4
Widal (Typhoid and Dysentery)	..	..	..	..	3540
Cholesterol	..	..	..	..	4
Calcium	..	..	..	..	3
Chlorides	..	..	..	..	2
Phosphatase	..	..	..	..	5
Clotting time and Bleeding time	..	..	..	..	2
Magnesium	..	..	..	..	2
Uric Acid	..	..	..	..	4
Protein	..	..	..	..	3
Bilirubin	..	..	..	..	3

**Cerebro-Spinal Fluid** (complete examination) .. .. 90

**Urine :**

Routine	..	..	..	..	1751
Culture (Typhoid, Dysentery, etc.)	..	..	..	..	876

Bile .. .. .	6
Tubercle bacilli .. .. .	12
<b>Faeces :</b>	
Culture (Typhoid, Dysentery, etc.).. .. .	959
Occult blood .. .. .	30
Tubercle bacilli .. .. .	7
Worms and Ova .. .. .	7
<b>Sputum :</b> Tubercle and other organisms .. .. .	65
<b>Nasal and Throat Swabs :</b> Diphtheria, etc. .. .. .	72
<b>Fractional Test Meals</b> .. .. .	20
<b>Sections</b> .. .. .	50
<b>Water :</b> Bacteria, etc. .. .. .	12
<b>Milk</b> —bacteria .. .. .	12
<b>Pleural fluids</b> .. .. .	2
<b>Penicillin, Streptomycin and Sulphonamide Sensitivity Tests</b>	30
<b>Barbiturates and Salicylates</b> .. .. .	6
<b>Miscellaneous</b> .. .. .	32
<b>Electro-cardiographs</b> ... .. .	43

#### X-RAY DEPARTMENT.

Number of Patients X-Rayed .. .. .	731
Chest .. .. . 335	Femur and Hip .. .. . 25
Spine .. .. . 93	Knee .. .. . 12
Sinuses.. .. . 23	Tibia and Fibula .. .. . 10
Sacro-iliac and Coccyx 11	Ankle .. .. . 22
Humerus and Shoulder 27	Foot .. .. . 18
Elbow .. .. . 5	Skull .. .. . 84
Radius and Ulnar .. .. . 10	Abdomen .. .. . 5
Hand .. .. . 15	Gall Bladder .. .. . 8
Wrist .. .. . 18	Kidney .. .. . 6
Ribs .. .. . 1	Barium Meals .. .. . 14
Pelvis .. .. . 7	Barium Enemata .. .. . 4
Pregnancy .. .. . 1	Dental .. .. . 14

**Department of Neurology and Electro-Encephalography.**  
 Dr. Parsons-Smith, Physician in Neurology and Electro-Encephalography, reports:—

“CLINICAL NEUROLOGY.—The numbers of neurological consultations on both in-patients and out-patients continue to increase.

Approximately 150 in-patients have been seen, and a similar number of out-patients have been referred by local consultants and practitioners. A neurological out-patient clinic has been formed and this is held on Wednesday afternoons at 2 p.m. Appointments for this can be made with Miss Allen, secretary to the department.

Clinical teaching in neurology has been given to candidates for the D.P.M., and the department is now recognised for this purpose by the Conjoint Board of Examiners.

**ELECTRO-ENCEPHALOGRAPHY.**—The year has seen a continuation of the steady expansion which was reported in the previous two years. A new central and self-contained site for the department has been provided, in association with the Department of Clinical Research, and this arrangement is proving most satisfactory.

We now have two machines in operation, the new eight-channel apparatus generally being used for research work whilst the six-channel is kept for routine recording. They are each housed in quiet and separate laboratories with the patient's rooms attached and so devised that the patient enters through a different door, thus not being confronted with an array of electrical machinery. The joint department also includes a consulting room, two offices, a work room, a photographic developing room, and a waiting room for patients.

Clinical E.E.G. diagnosis has been carried out on both in-patients and out-patients of the hospital and also, at the request of their consultants, on patients attending the Royal West Sussex and St. Richard's Hospitals in Chichester. Patients have also been sent to the department from hospitals over a wide area extending from Worthing in the east to Southampton and the Isle of Wight in the west, and to Horsham in the north.

The total number of records examined during the year was 648, compared with 482 in 1950 and 400 in 1949. Of this total, 416 were routine and 232 research recordings. 178 epileptic patients have been studied (122 in 1949, 133 in 1950) and 111 cases of organic cerebral disease (58 in 1949, 81 in 1950).

Routine E.E.G. techniques are adopted but activation methods with photic stimulation, auditory stimuli, seconal, metrazol and other drugs are also used in certain cases. The results of Dr. Roth's original researches and techniques will be found in the section of the report devoted to the Department of Clinical Research.

I am indebted to Mr. John Shaw for all his work in the

department, and to our two recordists, Mrs. Joy Green and Miss Mary Healy.

**Consultant and Specialist Services.**—The Consultant Physician visited the hospital on request and during 1951 his opinion and advice were sought for 17 patients (M.6. F.11).

The Consultant Surgeon attended the hospital on 46 occasions for consultations. In addition, he performed 80 operations (M.29, F.51) on patients, and 15 on the resident staff.

The Consultant Radiologist held a weekly session and during the year 731 patients attended his department.

The hospital is most fortunate in sharing in the Consultant Pathology Services of the district organised by Dr. C. J. Harwood-Little and provided by him and his colleagues, Dr. G. A. Harrison and Dr. D. P. King; they supervise and report on the work of the laboratory, make all post-mortem examinations, and are always available for advice and guidance on any problem which might unexpectedly arise.

The Consultant Dermatologist visited the hospital on request and during 1951 he examined 19 patients (M.5, F.14).

The Ear, Nose and Throat Surgeon held 29 clinics. As in previous years, all new patients had a routine examination with special reference to focal sepsis. During additional sessions the following operations on patients and staff were performed: 18 tonsillectomies (M.9, F.9) and 1 antrostomy on a male patient.

Eleven clinics were held by the Ophthalmologist during which a total of 103 patients (M.32, F.71) were examined. He also performed operations for the removal of cataract on 4 patients (M.1, F.3).

All new admissions were examined by the Dental Surgeon who conducts a weekly clinic. Long-stay patients who are well enough to attend have at least one routine inspection a year, emphasis being placed on conservative treatment and oral hygiene. This is not regarded as being adequate, but it is all that can be done until more sessions are available. Last year, 829 patients (M.321, F.508) visited the clinic.

### 3. TREATMENT.

**Psychotherapy.**—Dr. O. Sharp reports:—

“Owing to changes in the Medical Staff and other factors, it

has been impossible this year to attempt the same extensive survey of psychotherapeutic work in terms of man-hours, as we did last year. Instead, we have tried to make some estimate of the number of patients for whom systematic psychotherapy has been the primary form of treatment. It has been found that this applied to 106 patients and that the number of sessions per patient has varied from 5 to 120. This means virtually that for one in every eight admissions throughout the year, psychotherapy has been the major treatment. It is also recorded that at least 26 out-patients from the different clinics have been treated in this way, apart from many unrecorded therapeutic interviews.

Long-term psychoanalysis is reserved for the acute, incapacitating breakdown in individuals of good personality and prognosis, after careful physical and psychological investigation and frequently following a clinical meeting of the Staff. Unfortunately, not all for whom this is the treatment of choice, can be accepted owing to limitations of time and personnel.

In addition to the above, some 24 persons have also had regular psychotherapeutic sessions supplementary to a course of physical treatment.

The practice of narco-analysis and abreactions by various techniques continues and 40 patients have received 60 treatments, showing a tendency this year to repeated sessions in some individuals. Other activities include many diagnostic interviews at the request of other members of the Medical Staff and consultations on points of therapeutic techniques.

Dr. Ernest Jones, in his capacity of Honorary Consulting Psycho-Analyst, very kindly came over last summer to give his opinion about a particularly interesting case."

**Electric Convulsant Therapy.**—Dr. Morrissey submits the following report :

"E.C.T. continues to be the treatment of choice in depressive states. It is also used in other illnesses complicated by a marked affective component, and it is beneficial in the management of states of excitement.

During the year it was given to 411 patients (M.156, F.255) and in 155 (M.68, F.87) of these a relaxant was used. Of this number, 75 (M.23, F.52) were over the age of 60, many being over 70 and a few over 80. Recent work suggests that true depressive

illnesses are commoner in the aged than had formerly been supposed and we may therefore anticipate that there will be an increase in the number of elderly patients considered suitable for this treatment. Deciding whether a patient of this type is fit to undergo treatment is, at times, a big responsibility and in recent months we have added an X-ray of chest and Electrocardiogram to our routine physical and pathological investigations. Greater use has also been made of the services of our Consultant Physician in these cases.

During the year we started using a new Ectron machine. In addition to routine E.C.T it can also be used to administer a series of treatments in rapid succession, i.e., at a rate of approximately one per second. A recent report suggests that the latter may prove of value in the more intractible forms of psychoneurotic illness.

**Modifications of E.C.T.**—Since the introduction of relaxant drugs to modify this treatment it has been possible to give E.C.T. to patients who would otherwise have been considered unsuitable because of poor general health. E.C.T. with Eulissin has now been in use since August, 1950. Its ease of administration and its comparative freedom from risk and complications have made it deservedly popular, and in the last year it has completely replaced Curare as a relaxant drug. Other synthetic compounds, e.g., Flaxedil and Scoline, have also been tried but they have not been used widely as they appear to have no practical advantages over the safer Eulissin. The latter has proved valuable in the treatment of elderly patients, especially those who are in frail physical health but with clear cut psychiatric indications for Convulsive Therapy. It has also been used as a prophylactic against fractures in the muscular male patients over the age of 40.

**Chemically-induced Convulsions.**—The two drugs under this heading that are in general use are Cardiazol and Triazol. 28 patients (M.16, F.12) received this form of treatment. As in the past, they have been used mainly in the treatment of attacks of confusion and excitement, especially in the long-stay patient."

**Insulin.**—Dr. Charlton, who is in charge of the insulin unit, reports as follows:

"Insulin coma therapy is administered in a special Unit of 16 beds, 8 for each sex, set aside for this form of treatment. There is in attendance a fully trained staff who not only carry out the

actual treatment, but also arrange group and occupational therapy for the patients after their recovery from coma. During 1951, which was again a busy year, 52 full courses of treatment were given to 34 women and 18 men, in addition to whom 14 patients were still continuing their treatment at the year's end.

All were suffering from Schizophrenia and their ages varied between 16 and 47. In keeping with modern practice, the aim in each case was to give 60 comas as it has been found that shorter courses are often followed by relapse. The number of comas induced varied between 5 and 60, the average being 42. In those cases where small numbers of comas were given this was usually due to incidental factors such as physical illness. In most cases, but especially where there were affective symptoms such as depression or excitement, or in the presence of retardation or stupor, electro-cerebral treatment was combined with the Insulin, usually given during hypo-glycaemia. Incidentally it should be emphasised that in all cases where satisfactory contact could be made, individual psychotherapy was given in addition to group therapy, both of which are considered valuable features in treatment.

The results are summarised in the following table:

	Recovered			Improved			No Change			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenia	8	17	25 (48%)	6	10	16 (31%)	4	7	11 (21%)	18	34	52

It will be seen that full recovery occurred in 48% of the patients treated; there was satisfactory remission of symptoms in 31%, and in only 21% was there failure to respond. This latter figure includes those whose response was temporary and who subsequently relapsed and required other forms of treatment such as leucotomy. There were two cases of protracted coma, but there were no deaths. Of those patients receiving treatment, 79% showed either full recovery or significant improvement and were able to be discharged from hospital.

In view of the severe and incapacitating nature of the schizophrenic process, these results must be considered very satisfactory. Analysis of the eleven who failed to respond show that nine were suffering from schizophrenia of paranoid type and long duration and insidious onset; in one the psychosis was complicated by

congenital mental deficiency, and in the other by co-existing affective disorder with recurrent bouts of excitement. These findings under-line those of previous years when it was pointed out that the paranoid type of schizophrenia was the most resistant of all to treatment.

The experience of the year's working confirms the value of deep insulin coma therapy which, although expensive and time-consuming, is still the most effective that we yet have in the treatment of schizophrenia, particularly if given early in the course of the disease and continued for an adequate number of comas, when, as has been seen, the great majority of sufferers are able to return to their homes and resume their place in society, thus avoiding that prolonged hospital care which was formerly almost inevitable in this disorder."

**Modified Insulin.**—During 1951, insulin in sub-coma dosage was again extensively used. It was particularly beneficial when combined with psychotherapy in the treatment of anxiety states where tension, poor appetite with under-nourishment, and other psychosomatic symptoms were prominent features. We also found modified insulin to be most helpful in the management of excited and disturbed patients, reducing the need for sedation and enabling many to be usefully occupied and join in the social life of the hospital. Altogether, 365 patients (M.115, F.250) had the benefit of this treatment.

**Prolonged Narcosis.**—This was given with good results to 8 patients (M.1, F.7), where acute agitation and restlessness were causing anxiety. The period of continuous sleep lasted from 10 to 15 days.

**Malaria and Penicillin.**—Three male patients suffering from General Paralysis were given treatment during 1951. One, who had previously had both malaria and penicillin, was given a second course of malaria. He is showing some improvement but he is still not well enough to leave hospital. The other two patients were recent cases and they received intensive penicillin. One made a good recovery, but unfortunately the other, while showing much improvement, decided to leave hospital before the completion of his treatment.

**Pre-Frontal Leucotomy.**—The following short report on this important treatment and general analysis of results have been prepared by Dr. Rice :—



“ The number of patients on whom this operation was performed during 1951 was 31 (M.14, F. 17), five fewer than in 1950. The results, set out in the table below, give only an approximate indication since further improvement may be expected in a number of patients when the period of rehabilitation has been more prolonged.

There is no significance in the fact that fewer operations were carried out, apart from stressing the point, one to which attention is being constantly drawn, that at Graylingwell this form of treatment is never suggested except where the indications seem clear, and where, after full staff consultation it is agreed that some benefit may be expected. Even though the figures suggest that in many cases benefit has been slight, it should be pointed out here that 14 patients (M.8, F.6) of those undergoing operation in 1951 were graded as chronic deteriorated patients who had shown no improvement despite other forms of treatment. Several of these patients, although included under the general category of “ No Change ” have, in fact, shown slight improvement in the hospital—e.g., two male patients who although basically unaltered have become willing to do a little work in the ward, though remaining sullen and solitary in manner and general behaviour. Operation has in each case been of the “ classical ” type, bilateral, and performed by Mr. A. G. Ross.

### 1951 RESULTS.

Patients undergoing operation 31 : (Male 14, Female 17)

Diagnostic Groups		Recovered	Improved	No Change	Died	Remaining in Hospital	Discharged
Schizo- phrenia	M.10 F.11	2 1	2 5	6 5	— —	8 10	2 1
Paranoid Psychosis	M.— F. 1	— —	— —	— 1	— —	— 1	— —
Depres- sion	M. 3 F. 3	1 3	1 —	— —	1 —	1 —	1 3
Obsessional Neurosis	M.— F. 2	— 2	— —	— —	— —	— —	— 2
Anxiety Hysteria	M. 1 F. —	1 —	— —	— —	— —	— —	1 —
Totals	31	10	8	12	1	20	10

A summary of the results of the first 441 patients—those whose operations were performed between October, 1942 and 30th September, 1951—is given below in the following table. This gives a very bare picture of the effect of the treatment in various conditions without in any way considering details or taking account of the response of individual patients.

LEUCOTOMY.

Analysis of results of the first 441 cases (22.10.42 to 30.9.51)

Diagnosis	Numbers			Discharged			Recovered			Improved			Not Improved			Died							
	M.	F.	T.	M.	F.	T. %	M.	F.	T. %	M.	F.	T. %	M.	F.	T. %	M.	F.	T. %					
Schizophrenia	102	105	207	34	34	68	32.8	16	15	31	14.9	43	34	77	37.2	40	52	92	44.4	3	4	7	3.4
Paraphrenia	20	55	75	16	35	51	68	8	19	27	36	8	24	32	42.6	4	11	15	20	—	1	1	1.3
Depression	42	77	119	34	58	92	77.3	24	45	69	57.9	12	19	31	26.1	4	5	9	7.5	2	8	10	8.4
Psychopathic Personality	8	5	13	5	3	8	61.5	2	—	2	15.4	5	5	10	76.9	1	—	1	7.7	—	—	—	—
Chronic Obsessional State	6	7	13	6	7	13	100	3	5	8	61.5	3	2	5	38.5	—	—	—	—	—	—	—	—
Epilepsy	1	2	3	—	—	—	—	—	—	—	—	1	—	1	33.3	—	2	2	66.6	—	—	—	—
Confusional States	1	1	2	1	1	2	100	1	—	1	50	—	—	—	—	—	1	1	50	—	—	—	—
Chronic Anxiety & Tension States	7	1	8	7	1	8	100	3	—	3	37.5	4	1	5	62.5	—	—	—	—	—	—	—	—
Behaviour Disorder in M.D	1	—	1	—	—	—	—	—	—	—	—	1	—	1	100	—	—	—	—	—	—	—	—
TOTAL ...	188	253	441	103	139	242	54.9	57	84	141	32	77	85	162	36.7	49	71	120	27.2	5	13	18	4.1

Since the operation was first undertaken in this hospital, and in fact since the last corrected table was published—in 1948—operation has been carried out in an attempt to relieve several conditions not previously so treated. The table shows that of these the biggest single group consists of those with long-standing and severe anxiety and tension states, and it will be seen that the response has in all cases been good and that all patients have left hospital. In several instances men with long records of absence from work owing to disabling symptoms have been enabled to return to steady employment. One of these men has even stated that he cannot be expected to take time off to attend a clinic for follow-up interview, whereas previously he was a most regular visitor.

The other two groups showing the most promising results remain those with obsessional states or with long-standing depressive conditions. In the majority of schizophrenics some improvement may be expected within the hospital, but the number of patients for whom a lasting social recovery can be expected as a direct result of operation remains small, although in a few individual cases the outcome continues to be dramatic and very satisfactory."

#### 4. OCCUPATIONAL THERAPY.

Miss M. Thompson, the Chief Occupational Therapist, who has the assistance of three qualified therapists and two carpenters, reports:—

"During the year the average daily numbers of patients attending the main Occupational Therapy Department and the five subsidiary centres has been 332. Work has also been provided in co-operation with the Nursing Staff for patients confined to bed or too ill to attend any of the classes.

The new unit for Summersdale Villa patients has proved popular, the experiment of having men and women working together has continued to be very successful and the fact that the patients are away from the hospital tends to produce a more care-free atmosphere and offers a change of surroundings. The land around the hut has been cultivated by the patients, many of whom had little or no knowledge of gardening prior to their admission to hospital.

The work done in the various departments covers a wide range of articles, including hospital lockers, rugs, paper toys, medical case folders, utility garments and fancy goods. Adequate supplies

of material have been obtainable during the year; the sale of articles to patients has established a new record.

During the past year, eight Student Therapists have each spent three months in the various departments in order to gain practical experience, and lectures in psychiatry and psychology have been given to them by the Medical Staff. Two qualified Therapists came for short refresher courses prior to taking up work in Singapore."

## 5. SOCIAL THERAPY.

Dr. Charlton, who supervises where necessary, the many activities included under this heading, reports as follows:—

"Here it is necessary to review the very active and fully comprehensive programme of activities directed towards the improvement of the social efficiency and cultural development of our patients. Many psychiatric disorders result from faulty adaptation to life and limited personal resources or interests, and these conditions are best helped by social therapeutic methods which also contribute to the prevention of further breakdowns of a similar nature. Such a programme, which is constantly being developed and extended to meet the differing and indeed individual needs of our patients, calls for a very high degree of keenness and enthusiasm on the part of our staff, if it is to be successful, and before dealing in detail with the activities that comprise our programme, I would like to pay tribute to those whose unfailing efforts and enthusiasm have done so much to achieve the excellent results obtained.

**Religious Services.**—The value of the spiritual life being fully appreciated, ample facilities are provided for divine worship and devotional practices. Church of England, Non-Conformist and Roman Catholic Chaplains hold regular services which are well attended; those at Christmas and Easter when the Church is attractively decorated, being especially so. In addition, services are held in the wards, particularly those for old people, where the patients are unable by reason of infirmity to attend the Church. The Chaplains have complete freedom of movement within the hospital, frequently visiting the wards where their spiritual guidance is much appreciated by the patients and is very often most helpful in their treatment.

**Visual Arts.**—Interest in painting and literature has been maintained at a high level throughout the year. Unfortunately the regular painting classes formerly held under the guidance

of Miss McRirick of the Bishop Otter College, have had to be discontinued since no replacement has been obtainable for that lady. The facilities for individual painting have, of course, continued to be available and have been incorporated in the Occupational Therapy programme under the direction of Miss Thompson, who also has contributed to brightening the Hospital through increased attention to poster art. It is to be hoped, however, that it will prove to be possible to restart the classes on a full scale in the near future as there can be no doubt that painting is a most valuable aid in the treatment and investigation of the psychiatric case. During the year a considerable number of prints of both modern painters and old masters have been acquired for permanent use in the wards of the Hospital.

**Literature.**—The considerable interest in literary activities already referred to resulted in a steady stream of contributions for the patients' own magazine, "The Wishing Well," which is produced entirely from start to finish by patients. That this magazine has appeared regularly since the first number was printed in January, 1947, and has sustained a high standard of contributions is a matter of pride, and each issue is eagerly awaited. There is a large central library at which books may be changed on any week day, whilst smaller but varied collections of books are available in each ward, being changed frequently. Considerable numbers of new books are added regularly to the library which continues to be popular and subject to very considerable demand.

**Music.**—Classical concerts arranged by the Council for Music in Hospitals have been held regularly each month since 1947. The high quality of the performances and the interesting selection of programmes has resulted in a sustained high level of attendance which, although entirely voluntary, has never been less than 250. As an indication of the quality of the concerts, there follows a list of the artistes who have visited the Hospital since January, 1951.

1951.

January	...	Maria Lidka	...	...	<i>Violin</i>
		Margaret Kitchin	...	...	<i>Piano</i>
February	...	Jean Grayston	...	...	<i>Contralto</i>
		Helen Pyke	...	...	<i>Piano</i>
March	...	Jean Merlow	...	...	<i>Piano</i>
April ...	...	Philip Hattey	...	...	<i>Bass-Baritone</i>
		Viola Tunnard	...	...	<i>Piano</i>
May ...	...	The Beaufort Trio			
		(Felix Kok, Alexander Kok, Daphne Ibbott)			
June ...	...	Maurice Cole	...	...	<i>Piano</i>

July ...	...	Nora Gruhn ...	...	<i>Soprano</i>
		Hubert Greenslade...	...	<i>Piano</i>
August	...	Watson Forbes ...	...	<i>Viola</i>
		Alan Richardson ...	...	<i>Piano</i>
September	...	Emrys Lloyd ...	...	<i>Baritone</i>
		Hubert Greenslade...	...	<i>Piano</i>
October	...	Kendall Taylor ...	...	<i>Piano</i>
November	...	Mary Bonin ...	...	<i>Soprano</i>
		Margaret Norman ...	...	<i>Piano</i>
December	...	The Sidney Crooke Trio		
		(Sidney Crooke, Olive Zorian, David Greenstone)		

1952.

January	...	Henry Cummings ...	...	<i>Baritone</i>
		Norah Newby ...	...	<i>Piano</i>
February	...	Ross Pratt ...	...	<i>Piano</i>
March	...	Janet Howe ...	...	<i>Contralto</i>
		Hubert Greenslade ...	...	<i>Piano</i>
April ...	...	Alfred Cave ...	...	<i>Violin</i>
		Paul Hamburger ...	...	<i>Piano</i>

There can be no doubt that these recitals have provided a high level of entertainment and instruction, and they have been the means of stimulating considerable interest in serious music. In response to this demand, regular sessions of recorded music are now given in the wards and I would like to mention especially the part played by Mr. Burch, Charge Nurse of Summersdale Villa, in arranging musical evenings there. In addition to the regular monthly concerts there have been a number of other musical events of outstanding interest, amongst which a performance of Handel's 'Messiah' by the Orpington and Bromley Choir, a fine rendering of Stainer's 'Crucifixion' by the Subdeanery Augmented Choir under the direction of Mr. E. C. England and a concert by the Chichester Light Orchestra, deserve special mention.

**Recreational Therapy.**—The widest possible freedom of movement consistent with their condition, is accorded to all patients in the Hospital. The majority of the wards, including all admission units, are completely open and the patients may freely walk in the grounds, whilst many have also the privilege of visiting the town. Periods of leave at home for week-ends or longer, are actively encouraged and are believed to make a definite contribution to treatment.

There are excellent facilities for all forms of outdoor recreation and the patients' own football and cricket teams have full fixture lists including many away games with neighbouring hospitals. On

these "away" occasions the teams are accompanied by members of their 'Supporters' Club' and these outings are much enjoyed. The women patients mostly play hockey, netball or stoolball, but of recent years have shown interest in cricket and now provide a cricket team which undertakes an annual challenge match against the men. A number of courts are available for those who play tennis, and croquet is available for the older ladies. During the summer months cross-country rambles to places of interest are organised and a number of motor coach excursions to the sea and surrounding country where picnics are held, provide additional features to the summer programme.

During the year a comprehensive programme of physical re-education was started for the reclamation of longer-stay patients and this has resulted in the rehabilitation to full physical health and activity of a number of patients who were previously immobile. There have also been regular classes in eurhythmics and movement.

There are many indoor recreations and diversional activities throughout the year, although naturally these are most actively pursued in the winter months. There is a very liberal supply of papers and magazines to the wards and considerable interest is taken in the events of the day, upon which, from time to time, discussions and debates are organised which reach a high level. Pianos, radios and radiograms are available and provide opportunity for those interested in serious music, and also popular music during ward parties or impromptu dances. Frequent inter-ward contests are arranged which include such various games as billiards, table tennis, draughts and chess. These are keenly contested and are a very popular feature in the winter programme, as also are the annual ward parties which take place in each ward about Christmas time.

The Cinema is equipped with modern projection apparatus and regular shows are held each week; selected up-to-date films are shown.

During the year we were fortunate in having visits from a number of Dramatic Societies who presented modern plays, mostly in lighter vein; these included:

Three One-Act Plays, including "The Browning Version," by  
the Catholic Drama Club.

"Miss Mabel"  
"Happy and Glorious"  
"The Chiltern Hundreds" } by the Emsworth Amateur  
Dramatic Society.

“ Arsenic and Old Lace ”  
“ The Girl who Couldn't Quite ” } by the Barnstormers.  
“ Busman's Honeymoon ” }  
“ Mary, Mary, Quite Contrary ” by the Midhurst Players.

In addition, “ Dick Whittington and His Cat ” by Miss Joan Leonard and Company, and a concert by Miss Audrey Fennimore's Juvenile Troupe were given. All these entertainments were much appreciated and our thanks are due to all whose efforts made them possible.

On Christmas Eve the Staff presented an excellent concert which was very much enjoyed. This annual show has been a regular feature for many years, is always much appreciated as one of the high-lights of the festive season and this year was better than ever.

**The Hospital Shop.**—This is open daily for the convenience of patients and has been well supplied throughout the year with a wide variety of sweets, tobacco, fruit, cakes and other luxuries. In response to many requests from patients a wider variety of goods has been stocked, including articles of clothing, haberdashery and other requirements.

**Hairdressing.**—The well-equipped Ladies' Hairdressing Salon has been busy throughout the year, being greatly appreciated and having an excellent effect on the morale of women patients. Arrangements are in hand for the provision of a similar well-equipped modern Hairdressing Department for male patients.

**Social Clubs.**—The importance of encouraging independence and initiative in social relationships is well recognised and there are two patients' social clubs, one at Summersdale Villa and the other in the main building intended for longer-stay patients. These clubs are organised by committees elected by the patients themselves, who show great interest and initiative, requiring little help apart from occasional unobtrusive guidance from those senior members of the staff who assist in the planning of their activities. The club meetings are held regularly in the evenings, and are well attended by members of both sexes. Amongst the more popular activities have been discussions and debates, games evenings, impromptu dances and also dancing lessons. These have provided not only great interest and entertainment but through these group activities, social skills have been cultivated and self-confidence gained. As stated elsewhere in this report, any patients who require further therapy along these lines, may be referred to one or other of the Out-Patient Social Clubs following their discharge from hospital.



## 6. DISCHARGES.

The following table gives the discharges, departures, etc., during the year 1951:—

	Voluntary			Temporary			Certified			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Recovered ...	138	280	418	—	—	—	11	10	21	149	290	439
Relieved ...	81	173	254	—	—	—	6	12	18	87	185	272
Not Improved	14	21	35	—	—	—	8	4	12	22	25	47
	233	474	707	—	—	—	25	26	51	258	500	758

During the year, 439 patients recovered from their illness and were discharged—a recovery rate of 51.4% calculated on direct admissions. In addition, 272 patients whose condition was relieved left the hospital. Calculated upon the total number of direct admissions, these two figures together give a percentage of 83.2 recovered and relieved.

## 7. GENERAL HEALTH.

The general health of the patients and staff has been satisfactory and there have been no epidemics.

On 31st December, 1951, there were only 3 patients (M.2, F.1), suffering from Pulmonary Tuberculosis. Unfortunately, two male nurses were affected and they are still under treatment. We sincerely hope, however, that they will soon have recovered and be able to return to duty.

The Physiotherapy Department continues to provide the required treatments, including massage, remedial exercises, actinic rays, faradism, and ultra-short-wave diathermy. Mrs. M. Harry is in charge and she holds five sessions a week.

The Chiropodist, Mr. I. Parks, pays a weekly visit to the hospital and his services have been much appreciated by both patients and staff.

The general health of any community is greatly affected by the environment in which it has to live, and, as I have shown earlier in this report, this is especially true of a mental hospital. The present financial restrictions do not permit of any major upgrading of the hospital, but the Lay Administrator has been able to introduce certain improvements: the decoration of the wards has received attention, a certain amount of the additional

furniture we so badly need has been purchased, and the dietary has been improved. Slowly but surely we are making progress towards providing that reasonable standard of comfortable accommodation which we know to be essential for our patients.

## 8. DEATHS.

Below are given figures relating to the deaths which occurred during 1951 :—

		M.	F.	T.
Voluntary	...	21	30	51
Temporary	...	—	1	1
Certified	...	24	31	55
		45	62	107

The average age at death was 67.5 years. Post-mortem examinations were made in 81% of the cases. The death rate was 9.5%. This is higher than last year and is due to the admission of elderly patients in a precarious state of health. If all those patients admitted over the age of 70 are disregarded, however, the mortality rate becomes 6.7% which is perhaps a truer picture. Of the 107 patients who died during last year, 39, or 36.4% had been in the hospital less than a month. Apart from these patients who were ill on admission, the causes of death require no special comment, being mostly degenerative changes associated with senility.

## 9. DEPARTMENT OF CLINICAL RESEARCH.

Report by Dr. Roth, Director of Clinical Research :—

“ Since the last report, the department has been able to extend its work in a number of directions. Owing to the generous help given by the Regional Board, additional staff has been appointed. Mr. John Shaw continues as senior technician and research assistant on the established staff of Graylingwell Hospital. The following hold temporary appointments: Miss Barbara Hopkins is research psychologist, Mrs. Joy Green is senior E.E.G. recordist, Miss Mary Healy is junior recordist and Miss Phyllis Allen is secretary to the department.

Research has been along two main lines. The first has been the investigation of certain problems in relation to physical treatments in psychiatry; the second on problems of mental disorder in old age. In each of these fields there are urgent practical and

theoretical problems awaiting solution. Although physical methods have brought about a revolution in the treatment of psychoses and have transformed the atmosphere of mental hospitals, they have at present no accepted theoretical foundation. We need to be able to produce their undoubted therapeutic effects in more direct, deliberate and specific ways. But progress at this important growing point in psychiatry is conditional upon our acquiring greater understanding of their rationale. In the mental disorders of the old, the ageing of the population in most parts of the world has created serious problems, particularly for mental hospitals. Our classification of these disorders dates from the beginning of the century; since then various advances have made a review of the whole problem a matter of considerable importance.

Two reports have been issued during the year (Roth 1951a, 1952a) dealing with our work on the electro-encephalographic changes produced by electro-convulsive treatment. In the latter of these a theory of E.C.T. action has been put forward which provides a basis for further investigation along a number of different lines. The progress of a series of patients receiving E.C.T. has been recorded on behaviour charts, and work is now in progress on the correlation between E.E.G. and clinical changes. Research into the effects of afferent stimulation on the E.E.G. during courses of E.C.T. has proceeded throughout the year. Some interesting results obtained in recent months have provided evidence in favour of the view that the responses have a specific physiological function in relation to states of unconsciousness. A pilot investigation into the psychological changes produced by E.C.T. has been carried out; it will pave the way for further research in this field. A study of the treatment of confusional psychoses with convulsive therapy has been completed (Roth & Rosie 1952); the opportunity was taken in the paper describing this work to review the literature dealing with the use of E.C.T. in organic psychoses, a subject of great theoretical and practical importance. The results so far of our clinical and E.E.G. studies of subconvulsive treatment suggest that the convulsion is an essential component of E.C.T. and allied forms of therapy.

Dr. Macgregor has been continuing with his study of the day-to-day changes occurring in patients before and after prefrontal leucotomy; he is submitting a report on his investigations as a D.M. thesis to the University of Oxford. During the past nine months research has been in progress into the E.E.G. changes produced by prefrontal leucotomy. In addition to routine examination a number of methods of activating the record have been in use, and results obtained so far are of considerable interest. A report on

these observations is in progress.

It has been known for some considerable time that affective disorder, and depression in particular, may occur even at an advanced age, while more recently reports have suggested that a proportion of these patients respond well to physical treatments. A preliminary report of our investigations in this field has appeared (Roth & Morrissey, 1952). Our studies have brought to light a number of interesting facts. It has been shown that the incidence of depressive illness in admissions to mental hospitals over the age of 60 years may be far higher than had been generally supposed. Moreover, observations of the clinical picture and natural history of affective and organic psychoses have suggested that these two main groups are relatively distinct, with very little overlap between them. A combined clinical and psychological investigation carried out by Miss Hopkins and myself has confirmed the view that affective disorder in old age, and depression in particular, is distinct from psychoses caused by organic degeneration of the brain. About a quarter of the patients admitted to mental hospitals are over the age of 60, and the practical importance of these findings is therefore likely to be considerable. For a high proportion of cases of depressive illness of "functional" ætiology can be expected to leave the hospital within a relative short time.

Dr. Towers is accumulating observations on the clinical status, intelligence and personality of institutionalised epileptics and their correlation with the electro-encephalogram.

Dr. Panton is carrying out a follow-up study of cases of neurotic and mild psychotic illness treated at The Acre, to gather some much needed information about their natural history.

The weekly seminar for junior staff has been continued during the year. Four members of the staff passed Part I of the D.P.M. of London University and one of them also passed Part II in a single attempt. With the exception of a brief interval during the summer we have continued with our "Journal Meetings" twice a month, and many of the discussions at these informal gatherings have been most valuable. On February 29th we were given a most stimulating talk on the application of statistics to medicine, by Dr. Richard Doll, a member of the permanent staff of the Medical Research Council, well known for his work on peptic ulcer and on the association between smoking and carcinoma of the bronchus. Dr. Carse was in the Chair, and there was a good attendance which included consultants in other specialities as well as a number of general practitioners.

In the course of the year I paid visits by invitation to a number of psychiatric centres which included the Department of Psychiatry in the University of Leeds and the Liverpool Psychiatric Club, as well as the quarterly meetings of the R.M.P.A. at Norwich and at Dumfries. The exchange of views with other workers at such meetings has proved most valuable and stimulating. On April 23rd I shall be reporting on our recent work to the Psychiatric Section of the Midland Medical Institute and also at a seminar in the Department of Experimental Psychiatry, University of Birmingham. A further report of our geriatric work will be given at the Annual General Meeting of the British Medical Association in Dublin on July 12th.

#### COMMUNICATIONS FROM THE DEPARTMENT.

##### 1. Papers published or in the press.

- ROTH, M. (1951a) \* "Changes in the E.E.G. under barbiturate anaesthesia produced by electro-convulsive treatment and their significance for the theory of E.C.T. action."  
E.E.G. Clin. Neurophysiol. 3: 261-280.
- ROTH, M. (1951b) "Problems of old age and the senile and arteriosclerotic psychoses." In: "Recent Progress in Psychiatry," edited by G. W. T. H. Fleming. J. & A. Churchill, Ltd., London, 1951.
- ROTH, M. (1952a) \* "A theory of E.C.T. action and its bearing upon the biological significance of epilepsy."  
J. Ment. Sci. 98: 44-59.
- ROTH, M. (1952b) "The differential diagnosis of early dementia" (Based on studies of case material at Graylingwell Hospital). To appear in the Proceedings of the Royal Society of Medicine (Sections of Neurology and Psychiatry).
- ROTH, M. (1952c) "Changes in the electrical activity of the brain produced by convulsive treatment." To appear in the Proceedings of the International Congress of Psychiatry.
- ROTH, M. (1952d) "The differential diagnosis of early dementia in the old and middle-aged." In the press.
- ROTH, M. and MORRISSEY, J. D. (1952) "Problems in the diagnosis and classification of mental disorder in old age; with a study of case material." J. Ment. Sci. 98: 66-80.
- ROTH, M. and ROSIE, J. M. (1952) "The use of electro-convulsive treatment in mental disease with confusion." In the press.

\* The work on the changes in the electro-encephalogram produced by E.C.T. was awarded the BURLINGAME Prize of the R.M.P.A. for 1951.

## 2. Papers read at meetings.

"Some physiological aspects of E.C.T." Read at the Annual General Meeting of the International League against Epilepsy, *2nd February, 1951.*

"The application of electro-encephalography to psychiatry." Read at the Department of Psychiatry, University of Leeds, *4th and 5th May, 1951.*

"Problems in the diagnosis and classification of mental disease in old age." Read at the quarterly meeting of the R.M.P.A., Norwich, on *11th May, 1951.*

"A theory of E.C.T. action and its bearing upon the biological significance of epilepsy." Read at the Annual General Meeting of the R.M.P.A. in *July, 1951.*

"The contribution of E.E.G. studies to the theory of convulsive treatment." Read at the Liverpool Psychiatric Club on *14th December, 1951.*

"The differential diagnosis of early dementia" (based on studies of case material at Graylingwell Hospital). Read at the Royal Society of Medicine (Sections of Neurology and Psychiatry) on *3rd January, 1952.*

## 10. EARLY TREATMENT CENTRE.

While classification of varying types of patients admitted to Graylingwell has been improved, our long-term policy remains that ultimately a specially designed satellite unit shall be provided for the short-stay or recent patients, as we believe that a divorcement of these patients from the long-stay patients will bring advantages to both. Locally everything is in readiness; the scheme has been approved, a suitable site acquired and plans prepared. In view of the considerable financial outlay involved, however, there will inevitably be delay in providing this major extension of our psychiatric services.

## 11. HOSPITAL STAFF.

**Medical.**—I have as my colleagues, Dr. E. P. H. Charlton, Deputy Medical Superintendent, Dr. Martin Roth, Director of Clinical Research, Dr. David Rice, Consultant Psychiatrist, Dr. Nydia E. Panton, Psychiatrist, Dr. J. D. Morrissey and Dr. D. F. Macgregor, Senior Registrars, Dr. J. Towers and Dr. M. M. Salzmann, Registrars and Dr. R. H. Park, Junior Hospital Medical Officer. At present there are vacancies for one Psychiatrist and one Junior Hospital Medical Officer.

The duties of the medical staff are so organised that the junior members have an opportunity of examining and treating under supervision, recent or short-stay patients; and in addition they are expected to join in all the extra-mural activities. No junior

member of the medical staff, therefore, is engaged solely in the care of long-stay patients, and working under the supervision of senior members of the staff they receive valuable training and experience in addition to that given by the Director of Clinical Research.

A clinical meeting is held on each Wednesday evening, attended by all the medical staff, the matron, chief male nurse, the social workers and the occupational therapist. The meetings are devoted to the consideration of special, and usually difficult, cases and they have proved to be of great practical as well as instructional value. A daily medical staff meeting is also held for the discussion of the many clinical and medical administrative problems which constantly arise.

The Group Medical Advisory Committee has continued to be of great assistance in making recommendations on the welfare and treatment of the patients and staff. This year the Chairman is Dr. Rice and the Honorary Secretary is Dr. Morrissey.

**Nursing. Senior Staff.**—The Matron, Miss Lilian A. De Gras, has to assist her Miss S. Grealy, Deputy Matron, Miss Mary Caird, Senior Assistant Matron, and Miss Rosalind Wheeler, Junior Assistant Matron. Miss Beatrice Nash is the Sister Tutor. There is a vacancy for one Assistant Matron.

The Chief Male Nurse, Mr. S. G. Richards, has Mr. H. G. Clinch and Mr. S. G. Whitehead as his Deputies, and Mr. R. Barber as his Assistant.

**Nurses.**—The Matron reports:

“Staff numbers have remained constant and at present are the highest for ten years of both fully trained and State Preliminary nurses, although we are still 10% below strength.

Many Sisters and nurses are now non-resident, but Mrs. Rawlins, the Home Hostess, continues to maintain a happy and contented atmosphere for the resident staff.

The nursing has been progressive, satisfactory and encouraging. To the training of nurses and the success of new methods introduced, we owe much to the willing and loyal co-operation of the Sisters.

The physical, social and occupational welfare of the long-stay patient has received concentrated attention. A nursing Sister, together with two student nurses, give physical re-educational

exercises daily, both indoors and out. Recent cases have weekly sessions of physical culture by Miss Auerbach.

The addition of two sewing rooms, making three in all, allows for classification of patients in this department. The largest room is supervised by Nursing Staff, and patients from long-stay wards are employed on repairs for the whole hospital. They attend either morning or afternoon sessions and this enables over 200 patients to be occupied. The other two rooms accommodate 30 patients who are making and marking new garments and these are supervised and instructed by dressmakers.

Nurse Training School. Miss B. B. Nash is the Qualified Tutor. The Inspector of Training Schools from the General Nursing Council, visited on 19th June, 1951, and an excellent report has been received. The recommendations made at that time have been carried out; also a new lecture theatre for senior nurses is nearly completed.

Three Preliminary Training Schools of ten weeks duration have been held (24 students).

State examination results have been most encouraging, Finalists numbering nine and Preliminaries sixteen.

By kind co-operation of the Matron of the R.W.S. Hospital, student nurses have had the advantage of four months Operating Theatre training. They have proved most satisfactory and a valuable asset to the hospital since their return. We hope to be able to continue this arrangement.

The whole method of training for Student Nurses has been commended by the General Nursing Council."

**Male Nurses.**—The Chief Male Nurse reports:

"During the year 1951, the total staff has remained much the same as previously. There are 19 students in training.

The Staff recognise the value of General Training and all the staff up to the age of 35 years have the opportunity of being seconded in turn to take this training. So far a regular flow of men taking General Training has been maintained. During 1951, 3 members of the staff returned from secondment, having qualified, and 3 were seconded to other General Hospitals.

The total Nursing Staff on 31st December, 1951, was 95. There remain vacancies for 7 male student nurses.

On 19th June, 1951, The General Nursing Council's Inspector of Training Schools visited the Hospital and her report was satisfactory. On her recommendation a bedpan washer has been



installed and the installation of a sterilizer will be completed shortly."

**The Staff Social and Athletic Club.**—This year the Chairman of the Committee is Mr. A. W. Ingram, who reports:

"The aim of the Club's Committee of Management is the provision of an adequate and varied programme of social activities within the Hospital. Last year's record membership of over 300, comprised of staff members, their families and their friends, suggests that our programme was a popular one.

The Club Room, with its modern bar and radiogram, has been the scene of many a pleasant evening. Impromptu dances, socials, and concerts of classical music have taken place there; and other dances—modern, old-time and fancy dress—have been held in the Hospital Hall. A well-known B.B.C. dance orchestra was engaged twice during the year. Other indoor activities included league table tennis, badminton and bridge. Out-of-doors there has been considerable success in league football, cricket, hockey, and cycling. All the athletic sections are efficiently managed by sub-committees. Each month a magazine, whose popularity is increasing is published giving news of Club affairs.

Whilst the Club is entirely independent in matters of management and finance, it could not function so successfully without the great help which it receives from the Hospital Management Committee, the Medical Superintendent and the Group Secretary, and their unfailing interest and co-operation is greatly appreciated by the Club."

## 12. OFFICIAL VISITS.

- |                    |   |
|--------------------|---|
| 27th June, 1951    | Commissioners of the Board of Control—Dr. Isabel Wilson and Mr. C. F. Penton. |
| 25th July, 1951    | Ex-Services Welfare Society—Captain Napier.                                   |
| 4th December, 1951 | Ministry of Pensions—Sir Francis Prideaux.                                    |

## CONCLUSION.

I have very great pleasure in tendering my sincerest thanks to all my colleagues for their willing assistance and loyal co-operation, and to you, Mr. Chairman, Ladies and Gentlemen, for your continued encouragement and support.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOSHUA CARSE.

*Medical Superintendent.*

**ANNUAL REPORT OF THE GROUP SECRETARY,  
FINANCE AND SUPPLIES OFFICER.**

GRAYLINGWELL HOSPITAL,  
CHICHESTER.

*29th May, 1952.*

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year ended 31st March, 1952.

**1. GENERAL ADMINISTRATION.**

During the year under review the Hospital has been faced with two conflicting needs. First the need for expansion, both with regard to staff and space, to cope with the increasing treatment and activity which results from a higher admission rate together with modern methods of treatment, and second, the duty which has been imposed upon the Hospital of taking every possible step to economise and reduce expenditure without lowering the standard of treatment.

The Committee will appreciate therefore, that the Hospital has been faced with a dilemma which the officers and staff have done their utmost to resolve, and this report will show many of the steps taken to solve these two opposing problems.

**2. FINANCE.**

In common with all other Management Committees a severe cut was imposed on the estimates submitted for the financial year 1951/52. The Committee were informed that the whole cost of the service must be contained within the reduced figure and that however great the rise in prices or rates of pay during the year no supplementary Parliamentary estimates could be entertained. However, I am glad to report that the Regional Board were able to make a further contribution towards certain National Wage Awards which had been granted since the estimates had been first submitted and although the accounts for the year ending 31st March, 1952, have not yet been closed it is apparent that as a result of the tight control on all spending the Hospital has kept within the allocated figure.

The Ministry of Health Auditors have continued to visit the Hospital at frequent intervals and I am pleased to report that I

have found them most helpful. They have given invaluable advice on many points and I am happy to say that their criticisms have been few.

Wages and salary awards were granted during the year to Ancillary and Domestic Workers, certain Professional and Technical Staffs and to the Administrative and Clerical Staffs. This latter award involved the complete regrading of all the clerical and administrative staff in the light of their present duties. Two appeals against the regrading have been made to the Whitley Council Appeals Committee but the results are not yet known.

The Amenity Fund continues to provide a very useful source of supplementary benefits to both patients and staff. The expenditure during the year has included the purchase of a hut for the Preliminary Training School, interior sprung mattresses for "The Acre," a new grand piano, coach outings and entertainments for patients and many other small extras which it would not have been possible to provide from the general maintenance funds.

### **3. STRUCTURAL AND PLANNING.**

The new Stores, Central Linen and Needleroom were opened during the year, also the conversion of part of the old stores into the new administrative offices was completed. Among the new features contained in these offices is a new filing room where all medical and other records of patients can be stored in a readily accessible and orderly manner and, in addition, a small and pleasantly furnished room where patients or their relatives may make enquiries about their property or affairs generally.

The erection of three huts to form the nucleus of the new Occupational Therapy Centre commenced during the year and when these are finished it will be possible for certain ward space to be freed for the accommodation of patients.

The Committee's Architect, Mr. Stanley H. J. Roth, is continuing his preparation of plans for the Farm Reorganisation and certain preliminary equipment has already been purchased.

### **4. SUPPLIES AND CATERING.**

The Committee continued the practice of asking for six monthly tenders for supplies and in addition the Ministry of Health Supplies Division commenced a system of Central Purchasing for Cleaning Materials. The opening of the new stores has been of great assistance to the supplies department. The Stores have separate

Issuing and Receiving Bays, the latter having direct access to the Stores Yard. Modern steel racking has been fitted in the Main Store Room and a separate bulk Provisions Store and an Oil Store adjoin the Main Store. A new Central Linen Store and Workroom all form part of the Unit.

Prices as a whole have been more stable during the year, with the exception of groceries and provisions, which have shown very marked increases.

The Occupational Therapy Department has continued to assist with Hospital supplies and has been of great assistance, especially in connection with the supply of articles from their carpentry section. The Printing Department copes with all printed forms, duplicate books, etc., and in addition is assisting the Aldingbourne Sanatorium with the printing of their magazine.

The refurnishing of the Hospital Wards has been retarded on account of the economic situation, but the Upholstery Department is tackling the repair of existing furniture as far as it is able.

Progress has continued during the year in the Catering Department. In the Kitchen, worn out steaming ovens have been replaced and some minor structural alterations have been made to improve the Kitchen Annexe. A bread cutting and wrapping machine has been purchased for the Bakehouse. The monthly staff dietary committee has continued and, in addition, regular meetings are held between medical and catering staff to discuss the medical and nutritional aspects of the patients' dietary. Ways and means of improving and varying the patients' dietary are constantly being sought and during the year it has been possible, by making certain modifications, to introduce a hot meal at night. This is appreciated by the patients and as so much is done in today's treatment of mental illness to encourage activity, the serving of a more substantial meal in the evening is considered to be necessary.

## **5. ENGINEERING DEPARTMENT.**

The Resident Engineer and his staff have continued their work of redecoration and repair and, in addition, have been able to carry out certain structural alterations and major improvements throughout the Hospital. A list of these works is given in the attached summary of the Engineer's Report (Appendix "A").

The Minister has found it necessary on national and economic grounds to limit the expenditure on works of building and engineering, which has meant that much work of structural repair

and improvement has had to be postponed, and this applies especially to the very urgent and extensive roof repairs which are necessary.

## 6. FARM AND GARDEN.

The report of the Farm Bailiff (Appendix "B") shows a very successful year and I am pleased to report that in addition to supplying other Hospitals in the area with vegetables and fruit, all the requirements of this Hospital have been fully met and Graylingwell has been completely self-supporting for supplies of meat, milk, eggs, vegetables and fruit.

## 7. CONCLUSION.

Before closing this report, I wish to express my thanks for the co-operation and assistance I have received from all the members of my staff and to acknowledge my indebtedness to Dr. Carse and the Senior members of the Medical and Nursing Staffs for their help throughout the year.

It now only remains for me to thank you, Mr. Chairman, Ladies and Gentlemen, for your encouragement and support during the past year.

I am, Mr. Chairman, Ladies and Gentlemen,  
Your obedient Servant,

E. C. ENGLAND,

*Group Secretary, Finance & Supplies Officer.*

(Appendix "A")

## SUMMARY OF RESIDENT ENGINEER'S REPORT.

I beg to submit the following statistics:—

### ELECTRICITY. Consumption.

D.C. (Generated) ...	252,760	Units.	Cost/unit	3.89d.
A.C. (Purchased) ...	253,460	"	"	1.28d.
Total Consumption	<u>506,220</u>	"		

Compared with the previous year, there was an increased consumption of 37,870 units.

New cylinder liners have been fitted to No. 3 Engine and a new water cooling tower has been installed. This accounts for the increased cost of the generated electricity.

### WATER.

Pumped ...	9,073,740	Galls.	Cost per 1000 galls.	7½d.
Purchased ...	<u>26,536,000</u>	"	"	1/d.
Total Consumption	<u>35,609,740</u>	"		

Compared with previous year.

Pumped.	Increase of	24,940 galls.
Purchased.	Decrease of	3,395,000 galls.
Total Consumption.	Decrease of	3,370,060 galls.

In addition to the above—92,520 galls. were supplied to the Farm and metered at Old Place Farm.

**BOILER HOUSE EQUIPMENT.** The Boilers, Feed Pumps, Calorifiers, etc.. have all been overhauled during the year by our own staff and satisfactory reports have been received from the Insurance Company.

**BUILDINGS.** In addition to the ordinary repairs, the following are some of the main works undertaken.

Conversion of laundry buildings to General Stores, etc., completed.

Conversion of part of old General Stores into Offices, completed.

Conversion of ground floor of Junior Nurses Block into Research and E.E.G. Department.

Old E.E.G. Department converted to Committee Dining Room.

Venetian shutters in F.A.1 Ward Verandah replaced by sliding sashes and casements.

Bedpan Washers installed in F.E.1 and M.B.1 Wards.

Extension to Preliminary Training School Hut.

Cycle Shed provided for Nurses Home.

Cycle Racks installed at Nurses Home and in Old Stores Yard.

Erection of Occupational Therapy Huts started (Messrs. J. Thorn & Sons) on foundations prepared by us.

Occupational Therapy Hut erected in M.D. Garden.

Floors Tiled (Marley Tiles). Front Entrance and Centre Block Corridors, Kitchen Annexe, General Stores, Laboratory and Physio-Therapy Department.

New Sluice installed in Operating Theatre.

Cowstalls re-roofed with A.C. Sheeting.

CONDITION OF BUILDINGS. Extensive roof repairs need to be done as soon as materials and labour are available.

The floorboards in many wards are very worn and should be renewed as soon as possible.

The parapet surrounding the Recreation Hall roof is in need of repair and this should be attended to this year.

Extensive repairs to the large Greenhouse are necessary and the small Greenhouse needs replacing.

A considerable amount of internal and external redecoration has been carried out.

J. C. CHYNOWETH,

*Resident Engineer.*

31ST MARCH, 1952.

## SUMMARY OF FARM BAILIFF'S REPORT.

I am pleased to report a fairly successful year, crops were good and supplies to the Hospital were fully maintained.

Surplus potatoes and vegetables were sold regularly to several local Hospitals.

A complete Threshing outfit was purchased; this is very useful and will cut down expenses.

The attested Dairy Shorthorn herd was again successful in winning the "North" Cup for the highest milk yield in the County, it also holds the second position for the breed in the National Milk Records.

The road leading from the main drive to the sports' field has been repaired after being widened and drained the previous year.

The Hospital wards have been regularly supplied with plants and cut flowers. Hanging plants along the corridors have attracted much attention.

The Church was suitably decorated for the Harvest Thanksgiving and Easter Services.

Patients have rendered valuable assistance in all departments.

W. H. HIGGOTT,

*Farm Bailiff.*

31ST MARCH, 1952.



## REPORT OF THE COMMISSIONERS OF THE BOARD OF CONTROL.

GRAYLINGWELL HOSPITAL,  
CHICHESTER.

*28th June, 1951.*

This well equipped and excellently organised hospital continues to provide first class psychiatric services for the population of its catchment area. The extra-mural work is being continuously developed and we have been much impressed by the great care that is taken to ensure that all those concerned with the working of the health services in the area are kept fully informed of the facilities for treatment of mental illness afforded by the hospital. To this end the closest touch is maintained with the local health authority, the general practitioners of the area, the courts and probation service, the geriatric services and organisations, and, needless to say, with the general hospital system. To all these advice is freely afforded in a spirit of complete co-operation to the lasting benefit of the community.

Direct admissions during the 1950 numbered 728 (M.251, F.477) of whom 576, or just over 79 per cent, were admitted as voluntary patients. No person was admitted on a temporary basis during that year.

There are today on the statutory books of the hospital 1124 patients, in the proportion of 387 men to 737 women, 16 patients are at present on leave or trial, leaving 1108 patients in residence. According to the statistical returns furnished to us there is deficiency of night space for 39 men and 84 women but this lack of accommodation was not seriously noticeable in the dormitories generally.

We found the wards scrupulously clean, in good order, and, compared with the general run of mental hospitals at the present time, in very good decorative condition. There are only 5 closed wards in the hospital, two on the male and 3 on the female side. The contented atmosphere which we found throughout the hospital is no doubt in great part due to this lack of restriction of liberty and to the system of granting frequent week-end leave which is actively pursued.

Occupational treatment is carried out on a well thought out system and a new occupational therapy hut has been recently

brought into use. The Chief Occupational Therapist is assisted by three qualified therapists and two carpenters, and provision is made for training nurses in the work. Specially designed record cards are kept and progress reports are regularly submitted to the medical staff with whom the Chief Therapist works in close consultation.

The patients are well catered for in the matter of games and recreations, both indoor and outdoor; the male patients' own football and cricket teams have full fixture lists and the women play hockey and stoolball. In addition, the women have also organised a cricket team which challenges the men annually. The two patients' social clubs for in-patients continue to thrive, among their activities being discussions, games evenings, dancing lessons and debates. There is no doubt that such activities are a great factor in assisting the growth of self confidence which many patients sorely need.

During the past year many improvements of considerable value have been completed amongst which may be specially noted the completion of the conversion of the former laundry into General Stores, which latter are now excellently accommodated in roomy and light premises. The former ironing department of the laundry has been converted into a well lighted and airy needleroom with good accommodation for over 100 workers.

Other alterations and improvements include the installation of a modern carding machine and dust extractor in the Upholsterer's Shop—a replacement that was badly needed, and the installation of Maxol Water Boilers in the ward kitchens. An interesting innovation, now in progress, is the installation of Aerovap fly-killers in the Main Kitchen, General Stores, Linen Stores. These work by means of distillation of a special vapour which, it is claimed, results in the complete destruction and disappearance of all flies.

We discussed with Dr. Carse the working of the mental treatment provisions of the Criminal Justice Act, 1948, in the area served by the hospital. Generally speaking they appear to be working satisfactorily and we were glad to find that, if special problems do arise, resolute steps are taken to resolve them by discussion with the appropriate authority direct.

Health, generally, has been excellent. There were a few cases (17) of Sonne dysentery early this year; there is no infectious illness, other than tuberculosis, at present. During 1950 there were 4 notifications of tuberculosis; now there is one male patient

under treatment for the pulmonary form and 3 female for other forms. Of 92 deaths for all causes in 1950 only one was due to tuberculosis. The mortality rate for 1950 was 8.2 per cent. Three inquests were held, the verdicts in which call for no special comment. Casualties since the last visit, including fractures, dislocations and cuts which had to be stitched, were recorded for 16 females and 5 males.

The investigation and treatment of patients is so thorough that it cannot be described in detail here. There are 3 out-patient clinics. At the Royal West Sussex Hospital and Horsham Hospital there are beds for the psychiatric treatment of a few cases, an arrangement which is found to be satisfactory and useful. The staff of the hospital take part in marriage guidance work, geriatric work and domiciliary visiting. The 3 social workers, each in an area, visit patients in the hospital and at home, and attend the clinics. Pathological investigations are done after admission and as the need arises. The psychological department, with one psychologist already here and another appointed, is using a variety of tests, including some personality tests which are helpful and time-saving in diagnosis—a satisfactory feature of work which is also useful in research. The research department, with Dr. Roth as clinical director, is working on a number of promising lines, particularly in relation to the disorders of old age and to the method of action of electro-convulsion therapy.

The insulin unit continues to function actively and there is a wide range of active medical treatment by modern methods, psychological and physical. We were struck by the keenness of the medical and nursing staff and others with whom we came in contact. Social therapy is of interest. In addition to the two clubs for in-patients already mentioned, there are also two clubs for out-patients which do much for interest and rehabilitation. The Acre at Worthing is valuable for treatment and convalescence. The life of the hospital is organised on progressive lines, giving both male and female patients in the open wards opportunity to meet without distinction of sex, at meals and for recreation, and patients can smoke, shave, sew and employ themselves much as they might do at home, with freedom from the many restrictions formerly thought necessary in all mental hospitals.

The Nursing Staff consists of:—

WHOLE-TIME.		PART-TIME.	
M.	F.	M.	F.
94	84	—	29

of whom are on duty at night, 15 men and 12 women.

There are 9 male and 29 female whole-time nursing assistants, and 12 part-time nursing assistants. There is some shortage of nursing staff but by no means so serious here as in many other hospitals.

There is a preliminary training school. There are, at present, 22 male and 27 female nurses in training. The wards on the female side are divided into training wards and non-training wards. In the former there are patients of many types, and all equipment necessary for teaching; each nurse in training works in every such ward. Some of the wards which are not used for training are staffed entirely by part-time nurses who arrange their own rota of duty, subject to general arrangements for time off etc., and to the approval of the matron. These methods are said to work well. The patients were, in our view, carefully and considerately nursed. This is a hospital which offers excellent opportunities of interesting work to the staff.

The names of the medical staff are as recorded at the last visit.

We had the pleasure of meeting at lunch the Chairman and members of the Hospital Management Committee.

We should like to thank Dr. Carse and all others concerned for the arrangements made for us and the assistance given to us during our visit.

CYRIL F. PENTON,

ISABEL G. H. WILSON,

*Commissioners of the Board of Control.*

## CHAPLAIN'S REPORT, 1952.

*29th May, 1952.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my seventh Annual Report for the year ended 31st March, 1952.

I received every assistance from Dr. Carse, Mr. Ernest England and all members of the Staff. The Church was improved with the provision of a new curtain in green to replace the old one and the effect is most pleasing.

A Service in the Church was well attended every Sunday morning and evening and a Service in Richmond 1 Ward was held every Friday afternoon for those unable to attend Church.

A Celebration of Holy Communion took place once a month and on the great Festivals with about seventy to eighty Communicants; also in both the Sick Bays and private Communion as requested. A special Celebration was held for the Staff at 6.15 a.m. on Christmas Day, Easter Day and Whit Sunday.

The Wards, Sick Bays and Occupational Therapy Centres were visited regularly, giving every patient an opportunity to speak to me if they desired and making friends with as many as possible, and giving spiritual help and guidance in suitable cases.

One member of the Staff was baptised and prepared and presented for Confirmation.

Twenty-three Funeral Services were taken at Chichester Cemetery and I officiated at the funeral of the wife of one of the members of the Staff at Brighton Crematorium.

I joined in the Social life of the patients when possible and played cricket with the patients and staff with much pleasure.

I conducted a party from Summersdale Villa over the Cathedral during the summer.

I visited members of the Staff when patients of local hospitals.

I attended the Choir practice on Friday evenings and would like to thank Mr. Ingram, the Church Organist, and all the members of the Choir, for their devoted service each week. They prepared and sang special Anthems at the Festival Services.

On Good Friday Evening the augmented Choir of the Sub-deanery Church, under the direction of Mr. Ernest England, sang Stainer's 'Crucifixion' and this was once again greatly appreciated by a large congregation.

A Special Carol Service, with seven lessons read by members of the staff, was held on the Sunday before Christmas.

I continue to receive a number of letters from patients who have left the hospital, thanking me for the Services of the Church and there are strong grounds for the belief that the work of the Church in the Hospital is both expected and sincerely received.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN C. SALISBURY.

## THE FREE CHURCH CHAPLAIN'S REPORT

*29th May, 1952.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my fifth annual report on my work as Free Church Chaplain at the Hospital during the past twelve months.

In my regular visitations of patients in all departments I have maintained valued personal contacts and I am especially grateful for the help which all members of the staff have most willingly given me in my work.

Much of my time has been spent in the Occupational Therapy Department, where I have conducted weekly Community Singing and the Percussion Band. A large number have joined in the rendering of music of all kinds—folk tunes, national songs, classical works, besides carols and sacred music. A Carol Concert was again given in the large hall at Christmastime. It has been of much interest to note the therapeutic value of the best types of music.

At the invitation of the Rev. Salisbury I have continued to enjoy the privilege of conducting evening worship on the second Sunday of each month in the Hospital Church and the congregations have joined heartily in the services.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. J. SPOONER.

## THE ROMAN CATHOLIC CHAPLAIN'S REPORT.

*29th May, 1952.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the report of the Catholic Chaplain.

All the comforts of the Catholic faith have been available to the Catholic patients in the Hospital. Mass has been said there on every Tuesday at 9.15 a.m. and the sacraments of Confession and Holy Communion have been available for all. In a few cases, where it was necessary, the Last Sacraments have been given.

The Catholic community at Graylingwell Hospital owe a special debt of gratitude to the authorities, and we would like to record that gratitude publicly. A new chalice has been provided for the celebration of Mass. This was indeed a necessity. As soon as it is consecrated, it will be in use in our (we hope) temporary Chapel. Let us hope that a new and permanent Chapel will be provided for us in the not too distant future.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

Father W. G. HOWELL.

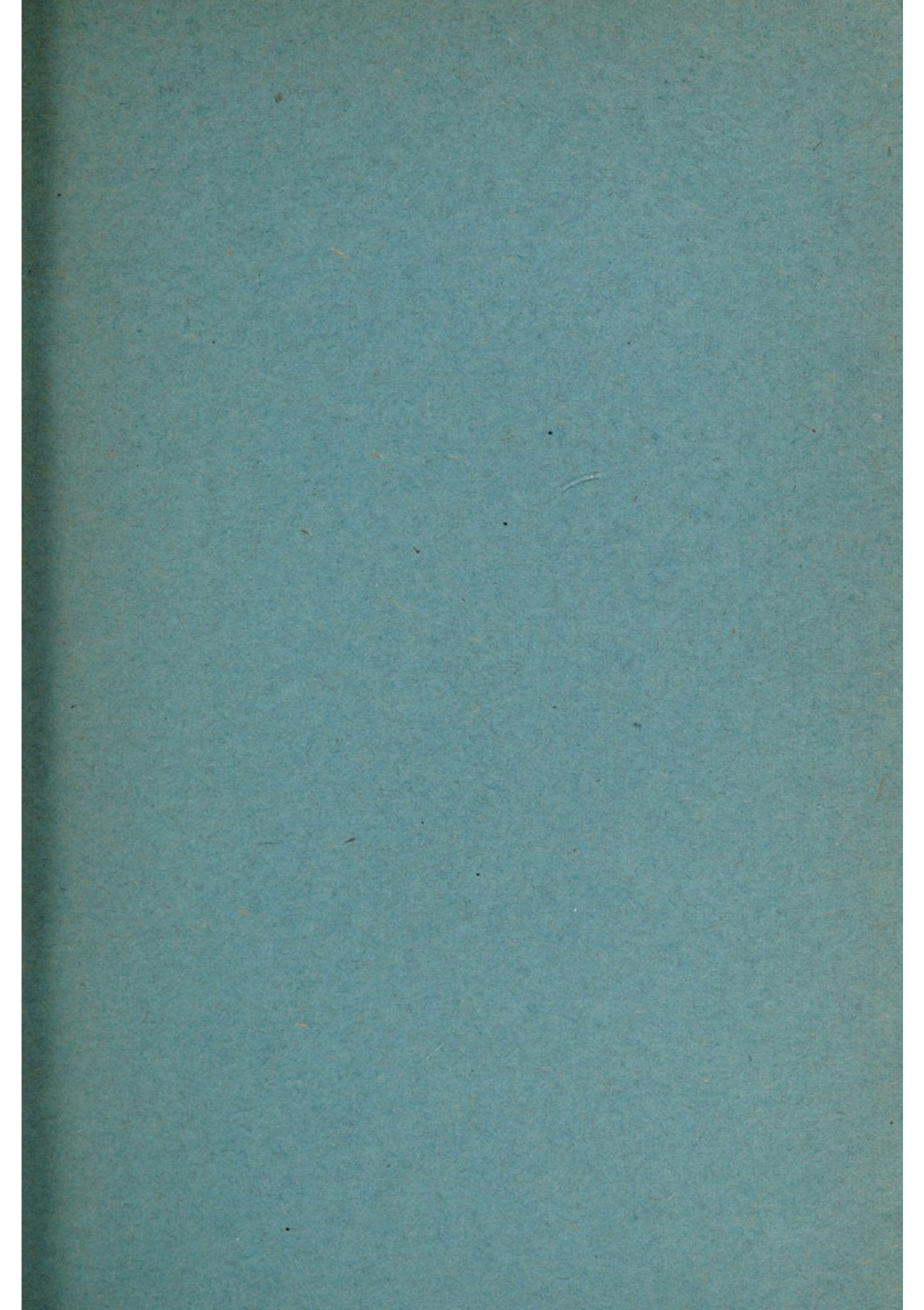




*Table showing the Admissions, Discharges and Deaths with the mean Annual Mortality, and Proportion of Recoveries per cent. on Admissions.*

Year	Admitted						Discharged						Died			Remaining 31st Dec.						Average Number Resident						Percentage of Recoveries on Admissions excluding Transfers						Percentage of Deaths on Average Number Resident		
	Recovered			Relieved			Not Improved			M			F			T			M		F		T		M		F		T		M		F		T	
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1921	61	82	143	18	38	56	2	6	8	1	5	6	17	22	39	250	359	609	245	357	602	35.29	51.35	44.80	6.94	6.16	6.48									
1922	79	111	190	9	20	29	3	7	10	10	14	24	9	10	19	298	419	717	265	397	662	20.93	35.71	29.29	3.39	2.51	2.85									
1923	44	86	130	13	20	33	7	14	21	3	8	11	15	15	30	304	448	742	302	438	740	35.13	25.64	28.69	4.97	3.42	4.06									
1924	58	75	133	19	22	41	5	9	14	7	15	22	27	23	50	304	454	758	294	444	738	38.77	35.48	36.93	9.18	5.17	6.77									
1925	52	88	140	18	34	52	7	13	20	3	33	36	24	18	42	305	441	746	305	441	746	36.73	43.03	40.62	7.87	4.07	5.69									
1926	57	82	139	19	28	47	10	10	20	1	1	2	21	18	39	310	469	779	304	455	750	35.18	36.84	36.15	6.89	3.95	5.30									
1927	68	85	153	15	22	37	5	13	18	4	3	7	23	35	58	331	481	812	316	471	787	23.08	28.57	26.06	7.28	7.43	7.20									
1928	76	107	183	23	31	54	5	5	10	1	4	5	25	24	49	353	524	877	343	502	845	33.82	31.96	32.72	7.29	4.77	6.10									
1929	77	97	174	24	27	51	6	14	20	26	11	37	23	43	66	351	526	877	355	522	877	33.80	30.34	31.87	6.48	8.24	7.51									
1930	68	88	156	20	33	53	3	10	13	9	4	13	28	24	52	359	543	902	353	529	882	31.75	43.42	38.13	7.79	4.54	5.80									
1931	69	117	186	18	44	62	8	15	26	11	15	20	24	27	51	367	565	932	362	551	913	30.00	40.00	36.50	6.60	4.90	5.67									
1932	88	122	210	23	43	66	11	15	26	5	15	20	38	34	72	378	580	958	370	571	941	29.10	38.50	34.60	10.30	5.90	7.75									
1933	89	132	221	30	69	99	11	15	26	13	7	20	24	33	57	389	588	977	380	582	962	36.60	56.60	38.50	6.30	5.70	5.92									
1934	128	175	303	49	60	109	16	20	36	7	20	27	45	51	96	400	612	1012	397	600	997	41.00	36.60	38.40	11.40	8.50	9.60									
1935	113	164	277	35	76	111	8	18	26	8	8	16	38	37	75	424	637	1061	401	622	1023	34.00	47.20	42.00	9.50	5.90	7.30									
1936	106	154	260	43	73	116	16	25	41	3	12	15	36	51	87	432	630	1062	426	629	1055	41.70	49.30	46.20	8.40	8.10	8.20									
1937	116	186	302	48	67	115	19	25	44	10	13	23	41	64	105	430	647	1077	430	634	1064	43.20	37.00	39.40	9.50	10.10	9.90									
1938	105	174	279	29	67	96	18	37	55	19	18	37	41	42	83	422	643	1065	422	643	1065	29.30	42.90	37.60	9.70	6.50	7.80									
1939	128	221	349	42	82	124	33	38	71	10	19	29	38	60	98	417	643	1060	425	638	1063	35.60	41.00	39.00	8.90	9.40	3.20									
1940	128	182	310	40	86	126	42	32	74	12	7	19	45	61	106	406	639	1045	414	637	1051	32.20	48.90	42.00	10.90	9.60	10.10									
1941	108	225	333	41	61	102	18	42	60	9	10	19	34	75	109	412	676	1088	409	633	1042	39.40	35.20	36.80	8.30	11.80	10.40									
1942	92	176	268	52	81	133	16	29	45	5	3	8	34	67	101	397	672	1069	409	665	1074	57.77	46.55	50.37	8.31	10.07	9.40									
1943	119	194	313	50	123	173	22	20	42	11	7	18	39	49	88	394	667	1061	389	664	1053	42.37	64.06	55.80	10.02	7.38	8.35									
1944	124	236	360	62	132	194	25	37	62	8	1	9	37	56	93	386	677	1063	385	671	1056	51.20	57.10	55.10	9.60	8.30	8.80									
1945	150	289	439	71	163	234	22	46	68	7	11	18	43	68	111	393	679	1072	385	671	1056	47.97	57.39	54.16	11.16	10.13	10.51									
1946	205	321	526	92	174	266	44	74	118	11	12	23	45	67	112	406	677	1083	396	684	1080	44.90	54.20	50.60	11.40	9.80	10.40									
1947	224	350	574	92	191	283	73	78	151	14	14	28	42	79	121	409	665	1074	404	658	1062	44.80	56.00	50.40	10.40	12.00	11.40									
1948	208	381	589	82	158	240	68	104	172	28	20	48	44	47	91	395	717	1112	404	697	1101	40.80	42.25	41.74	10.89	6.74	8.27									
1949	264	484	748	101	206	307	72	165	237	24	16	40	69	87	156	393	727	1120	392	713	1105	38.50	43.30	41.60	17.60	12.20	14.10									
1950	254	481	735	128	207	335	86	200	286	15	19	34	34	58	92	384	724	1108	391	726	1117	50.60	43.40	45.88	8.70	7.99	8.24									
1951	295	567	862	149	290	439	87	185	272	22	25	47	45	62	107	376	729	1105	387	737	1124	51.55	51.33	51.41	11.63	8.41	9.52									





Printed in the Graylingwell  
Hospital O.T. Department.