

## **Annual report of Graylingwell Hospital : 56th, 1953**

### **Contributors**

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**SOUTH-WEST METROPOLITAN  
REGION**



**GRAYLINGWELL HOSPITAL**

**CHICHESTER**

(Group No. 45)



**FIFTY-SIXTH**

**ANNUAL REPORT**

**1953**



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**SOUTH-WEST METROPOLITAN REGION**

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**FIFTY-SIXTH**

# **ANNUAL REPORT**

**of**

## **GRAYLINGWELL HOSPITAL**

**CHICHESTER**

**(Group No. 45)**

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**1953**



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## CONTENTS.

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	Page No.
List of Management Committee and Sub-Committees ...	4
List of Visiting Staff ... ..	5
„ „ Staff ... ..	6
Report of Management Committee ... ..	9
Report of Medical Superintendent ... ..	12
Report of Group Secretary, Finance and Supplies Officer	55
Report of the Commissioners of the Board of Control...	61
Report of the Chaplain ... ..	65
„ „ „ Free Church Chaplain .. ...	67
„ „ „ R.C. Chaplain ... ..	68
Summary of Expenditure for year ended 31st March, 1953	69
Table showing Movement of Hospital Population during 1952	70
Table showing Admissions, Discharges, Deaths, &c. ...	71

# The Management Committee.

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MR. A. CAIRNS, J.P. (*Chairman*).  
MR. D. BRYCE, O.B.E., K.St.J., J.P.  
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LT.-COL. G. B. KENSINGTON, O.B.E., O.St.J., J.P.  
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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.  
ONE VACANCY.

## Sub-Committees.

---

### Farm and Grounds:

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MR. P. A. NORMAN	

### House and Stores:

MR. W. G. S. NAUNTON, (*Chairman*)

MR. H. H. CORDERY	MRS. M. E. LAWSON
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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. A. 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.

- Consultant Psychiatrist and Medical Superintendent.....* JOSHUA CARSE, M.D., D.P.M.  
(Consultant Psychiatrist to the Royal West Sussex Hospital, Chichester, Worthing Hospital and Horsham Hospital).
- Consultant Psychiatrist and Deputy Med. Superintendent* E. P. H. CHARLTON, M.D., D.P.M.  
(Consultant Psychiatrist to the Chichester Group Hospitals).
- Consultant Psychiatrist and Director of Clinical Research* MARTIN ROTH, M.D., M.R.C.P., D.P.M.
- Consultant Psychiatrist.....* DAVID RICE, M.A., M.D., D.P.M.  
(Consultant Psychiatrist to Horsham Hospital)
- Psychiatrists.....* { NYDIA E. PANTON, M.A., M.B., Ch.B., D.P.M.  
(S.H.M.O.) { JOHN D. MORRISSEY, M.D., D.P.M.  
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- Senior Registrar.....* JOHN TOWERS, B.M., B.Ch., D.P.M.
- Registrars.....* { EMILY FRAZER, M.B., B.S., D.C.H.  
{ DAVID R. MOORE, M.B., B.S., D.P.M.
- Junior Hospital Med. Officers* { R. H. PARK, B.Sc., M.B., Ch.B., D.P.M.  
{ VACANT.
- Medical Asst., Research Dept.* D. W. K. KAY, B.M., B.Ch., D.P.M.
- Clinical Psychologists .....* { BARBARA HOPKINS, B.A.  
{ P. A. SANDIFORD, B.A. (Hons.)
- Physio-Therapist.....* M. W. HARRY, M.C.S.P., M.E., L.E.T.
- Chaplain.....* REV. J. C. SALISBURY, L.Th. (Durham)
- Chaplain, R.C. ....* REV. T. SHEEHY.
- Chaplain, Free Church.....* REV. P. J. SPOONER, B.D.
- Secretary of the Management Committee, Finance and Supplies Officer* { E. C. ENGLAND, F.H.A.
- Deputy Secretary.....* K. BRODIE, A.H.A., A.R.San.I.

**OFFICERS**—*continued.*

*Matron*..... L. DE GRAS, S.R.N., R.M.N., S.C.M.

*Sister Tutor*..... B. B. NASH, S.R.N., R.M.N.

*Chief Male Nurse*..... S. G. RICHARDS, R.M.N.

<i>Social Workers</i> .....	{	E. E. NEVELL.
		M. JOSEPHINE BUTCHER, <i>Barrister at Law.</i>
		BARBARA NEVELL.
		J. COLLINS, B.Sc. (Econ.)

*Chief Occupational Therapist* M. THOMPSON, M.A.O.T., O.T.R.

*Chief Pharmacist* ..... E. FARLEY, M.P.S., D.B.A.

*Research Assistant*..... J. C. SHAW, B.Sc., Grad. I.E.E., A.M.E.P.T.A

*Senior Laboratory Technician* H. A. SEYMOUR, A.I.M.L.T., M.R.I.P.H.H.

*Engineer*..... J. C. CHYNOWETH, A.M.C.T. (*Mech. Eng.*)

*Farm Bailiff*..... W. H. HIGGOTT.

*Catering Officer*..... R. VERNON VASS, A.M.H.C.I., M.C.F.A.,  
M.H.C.A.

## OFFICERS.—continued.

Major.....	1. Dr. GRAS, R.N., R.M., S.C.M.
Consultant, Psychological Medicine.....	M.P.D., D.W., B.S., C.A., J. C. A. J. C. A. J. C. A.
Chief Male Nurse.....	2. G. RICHARDS, R.N.
Deputy Medical Superintendent.....	M.P.D., D.W., B.S., C.A., J. C. A. J. C. A. J. C. A.
Social Workers.....	M. JOSEPHINE BUTCHER, B.A., B.Sc., B.N.
Chief Occupational Therapist.....	M.P.D., D.W., B.S., C.A., J. C. A. J. C. A. J. C. A.
Chief Physiotherapist.....	M.P.D., D.W., B.S., C.A., J. C. A. J. C. A. J. C. A.
Senior Radiologist.....	M.P.D., D.W., B.S., C.A., J. C. A. J. C. A. J. C. A.
Junior Radiologist.....	M.P.D., D.W., B.S., C.A., J. C. A. J. C. A. J. C. A.
Caregiving Officer.....	M.P.D., D.W., B.S., C.A., J. C. A. J. C. A. J. C. A.
Physiotherapist.....	M.P.D., D.W., B.S., C.A., J. C. A. J. C. A. J. C. A.
Chaplain.....	Rev. J. G. SALMON, L.H., D.D.
Chaplain, R.C.....	Rev. T. SNEYDY
Chaplain, Free Church.....	Rev. P. J. SPOONER, D.D.
Secretary of the Management.....	E. C. ENGLAND, F.R.S.
Committee, Finance and Supplies Officer.....	

## SOUTH-WEST METROPOLITAN REGION.

### *Graylingwell Hospital, Chichester.*

(Group No. 45).

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#### The Fifth Report of the Management Committee.

being the

## **FIFTY-SIXTH**

#### Annual Report of Graylingwell Hospital.

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The Management Committee have much pleasure in presenting their fifth Annual Report, and in doing so are pleased to say that the past year has been marked with even greater activity and progress than in other years.

One of the outstanding events of the year was the occasion of the Reception and Dinner given by the Management Committee on the 8th August last, in honour of the International Seminar which was being held in Chichester, under the auspices of the World Federation for Mental Health. The Committee were privileged to welcome to the Hospital the Rt. Hon. Iain MacLeod, M.P., the Minister of Health, together with many other distinguished persons, several of whom came from overseas. The Minister of Health took advantage of his visit to inspect the Hospital and formally opened our newly erected Occupational Therapy Centre. The Minister expressed himself pleased and impressed by what he saw and remarked on the happy atmosphere which prevailed in the Hospital. We should like to say here that in our opinion the Occupational Therapy Centre has fully justified the expense involved in the building and furnishing of the Centre as the patients are now deriving considerable benefit from it.

During the year most careful attention has been given to other domestic amenities of the Hospital and the process of refurnishing and redecorating all the Wards has progressed satisfactorily, giving the Wards a comfortable and homely appearance all of which has a beneficial effect on the mental and bodily health of the patients.

Catering arrangements have also come under scrutiny and as a result a new appointment—that of Catering Officer—has been made and we are pleased to say the arrangement is working very satisfactorily.

For some time past, owing to the restrictions in the supply of fuel, the Hospital has not been able to have constant day and night heating and hot water supply but we are now glad to report that this has been remedied and the provision of this supply is a great advantage.

We also have to report that television has been installed in the hospital there being at present three projection sets and two direct vision sets all served by a single aerial sited on the summit of the water-tower. Reception has been very satisfactory and the pleasure and enjoyment which the patients have derived from this source of entertainment has more than justified the not inconsiderable expense involved, and we are happy to say that a very large number of patients were able to view the Coronation of Her Majesty Queen Elizabeth II in the Hall.

With regard to the Staff, the Committee decided to support the project initiated by the Staff, for the erection of a building for the Staff Social and Athletic Club, such premises being erected by their own voluntary labour. The Committee were very glad of this opportunity to give the Staff this support which they were able to do in a practical form by voting a sum of money from the Amenity Fund towards this effort.

The Farm has again proved to be a source of pride to the Hospital and a great advantage to the patients, in addition to which it continues to work at a good profit.

We congratulate the Farm Staff on the success of the Short-horn Dairy Herd which gave the highest milk yield for the breed in England, and has for the fifth successive year been awarded the "North" Challenge Cup which is presented for the highest yield in Sussex. We feel that the supply of fresh fruit and vegetables from the Farm is one of the many advantages of this Hospital.

The Reports of the Officers and the Chaplains of the Hospital are appended together with a copy of the Report made by the two Commissioners of the Board of Control following their annual visit of inspection and it is not therefore necessary for the Committee to refer to the matters dealt with in those Reports.

The Chairman of the Committee would once again like to take this opportunity of expressing his thanks to the Medical Superintendent and to all the Officers and Staff of the Hospital for their continued co-operation and enthusiasm, and of expressing his appreciation of the efficient and cheerful manner in which every member of the Staff carries out his or her daily duties, thus making Graylingwell Hospital one of the most progressive Mental Hospitals in the country.

Signed on behalf of the Management Committee at a meeting held on the 25th day of June, 1953.

ANDREW CAIRNS,

*Chairman.*

# ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

GRAYLINGWELL HOSPITAL,  
CHICHESTER.

*28th May, 1953.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Fifty-Sixth Annual Report of your Hospital for the year ended 31st December, 1952, together with an account of its extra-mural services.

## A. INTRODUCTION.

In having practically the whole of the adult psychiatric services for West Sussex based on Graylingwell, the Hospital is called upon to fulfil a variety of functions. Its first and most important job, of course, is to provide care and treatment for recoverable patients. Fortunately the majority of psychiatric disorders are recoverable if the patient has treatment at the onset or during the early stages of his illness. Where the condition has been allowed to become fully established, however, the prognosis is much worse and, indeed, too often the illness has to be regarded as incurable. This fact is of fundamental importance and for many years Graylingwell has provided a number of extra-mural services to encourage patients to receive treatment promptly. In many cases attendance at one of our out-patient departments has proved adequate, although frequently it has been necessary to advise a short period of treatment in hospital.

This part of the work has been most satisfying, for in it we believe lies the hope for the future. It has taken many years to break down prejudice, superstition and ignorance, and to enlighten the people about psychiatry. During the same time many changes have had to be made in the hospital to make it acceptable to patients who, while anxious to co-operate in the treatment which they have been advised to receive, are still critical of their surroundings and acutely sensitive to any suggestion that they are irresponsible and need to be locked up. The general practitioners, our friends and collaborators, have also helped us to gain the confidence of our patients by encouraging them to seek advice and treatment without delay.

Finally, while we still admit young and middle-aged patients into Graylingwell who have obviously been in need of treatment for many years, the number of such cases is getting smaller and we can only hope that the day is near when all our admissions will be patients who are in the early stages of their illness. Even then, however, no guarantee can be given that every patient will recover, but his prospects are vastly superior compared to those suffering from a chronic established mental disorder.

Of the 917 patients admitted to Graylingwell during 1952, 727, or 79.8%, were voluntary patients. Here we have evidence that there is a need for our services and that the patients are willing to avail themselves of them. During the same year, 797 patients left the hospital. 602, or 75.5% of those discharged had been with us for less than three months, while 718, or 90%, had been with us for less than six months. These figures may be taken to indicate that not only can we help a large proportion of our patients, but that the duration of stay in hospital is in most cases comparatively short. Most of these cases were, of course, patients whose illnesses, while serious, were not advanced, and where, as I have already said, the prospects of recovery are good. The sad fact remains, however, that of the very large number of patients who had been resident in Graylingwell for over two years, only 22, or 2.76% of the total number of discharges, became well enough to leave the hospital during 1952.

Of recent years Graylingwell has also been called upon to provide facilities for the carrying out of special investigations. An increasing number of patients attend as out-patients, or are admitted for a short period, for investigation and assessment, usually in association with the Department of Neurology. These patients have been referred to us in the first instance because of a psychiatric disability, but in the course of examination it is suspected that the real underlying condition may be an organic nervous disease and the saving of the patient's life might well depend on an accurate diagnosis. Already a number of patients previously dismissed as "neurotic" have been found to be suffering from operable cerebral tumours or other organic nervous conditions and have been transferred to special hospitals for the appropriate treatment. This close liaison between neurology and psychiatry is most encouraging and is beneficial not only to the patients but to both specialities.

An important part of the work of the hospital is the care and management of long-stay patients. There are a large number of them and mostly they come from the schizophrenic group, stretching

that entity to include young oligophrenics right through to the older and even senile paraphrenics. A number, however, have an organic basis for their illness such as cerebral arteriosclerosis, chronic alcoholism or some progressive neurological condition such as Parkinsonism, etc. There are also among these long-stay patients epileptics with character disturbances, while yet another group includes manic-depressive patients. All have had the benefit of treatment but unfortunately they have failed to respond sufficiently to allow of them taking their place in the outside world. Finally, most of them are active and physically fit with a normal expectation of life.

The first question to be asked, of course, is why have so many patients failed to get better after treatment. In a certain number of cases delay in seeking treatment until it was too late is the answer, but in general it must be admitted that the reason is not known. Clearly, therefore, there is a need for a great extension of research into this subject. There are many thousands of these unfortunate and permanently frustrated patients in our mental hospitals and on economic grounds alone research should be widely expanded.

In the meantime, however, much has been done to improve their conditions so that even while it is necessary for them to remain in hospital, they can have a full and interesting life. In the old days the patients were restricted to their wards and ward gardens, and occupational and social therapy was little practised, if, indeed, at all. This produced hopeless despondency, gross deterioration of character, and finally total dementia. Today, a different technique is practised. Wherever possible the wards are open and the patients are given the maximum amount of freedom consistent with their mental condition, while great emphasis is placed on occupational and social therapy, details of which will be found later in this report.

The results of this more understanding and humane management of the long-stay patient have been most gratifying. The atmosphere of the hospital is bright and cheerful. Being interested in their work or recreation, the patients are not so preoccupied with their personal problems and grievances, while, finally, we believe we can now prevent the deterioration which used to be so characteristic of the long-stay patient.

A serious problem, however, besetting nearly every mental hospital in the country is the increasing number of beds being occupied by certified senile patients. The following figures show

how Graylingwell is affected. On 26th March, 1953, there were 1,128 patients in residence. Of these, 376, or 33.4% were 65 years of age or over and 274, or 24.3% were aged 70 or over. On that particular day, therefore, approximately one patient in every four was 70 or more. While 121 of these 274 patients had been in Graylingwell for some years and were not in the senile age group when admitted, the remaining 153 had come to this hospital fully certified during the past five years and nearly three-quarters of them were aged 70 years or more on admission. Very few of these patients are bedridden and unfortunately there is no treatment from which they can benefit. The majority are intellectually deteriorated old people requiring supervision and attendance which they could well receive elsewhere than in a special hospital. Their detention in Graylingwell, however, is having most serious results: the wards originally set aside for the accommodation of the elderly are now totally inadequate and the over-flow of senile patients is infiltrating into all parts of the hospital. Finally, it is the reception of this large group of aged patients which is chiefly responsible for the serious overcrowding which now amounts to 16.6% above the normal capacity of the hospital (male wards 9.3%, female wards 20.7%).

During 1952, the average age of the 917 patients admitted to hospital was 50.1 years. 211, or 23% were aged 65 or over, 148, or 13.1%, were 70 or over, while 32 were over 80 years of age on admission. A survey as to the disposal of these elderly and senile patients made on the 2nd May, 1953, revealed the following facts. 109 had been discharged. This is most encouraging and confirms the opinion of our own research department and that of other hospitals that many senile patients are suffering from psychiatric illnesses which respond to treatment. 60 have died, while 42 are still in hospital. 12 of these 42, however, are suffering from florid psychoses necessitating their remaining in a mental hospital. The remaining 30 (M.4, F.26), however, form a group of intellectually deteriorated senile patients who no longer require to be in a special hospital but could be either in a home or an institution so long as supervision and care are provided. It is the disposal of these patients which is our greatest and most immediate problem.

As my last remarks may be taken to suggest that senile patients are being wrongfully certified and sent to Graylingwell, I hasten to take this opportunity to state quite clearly that this is not the case. The Duly Authorised Officers have always been most conscientious and co-operative and while they themselves

have a difficult task to perform, they fully appreciate our difficulties and only in the last resource have they initiated certification which, incidentally, also requires the independent completion of documents by a magistrate and a medical practitioner.

A common history of the patients in this group of simple demented is that with supervision and care the relatives or friends or home or institution have been able to cope with them satisfactorily, sometimes for many years. Unfortunately, however, there is a tendency for acute episodes to occur when the patient may become confused, restless, disturbed, noisy and incontinent and quite frequently these symptoms are worse during the night. There comes a time, therefore, when the patient is no longer manageable at home and he is admitted to this hospital under certificate. A number, unfortunately, are so exhausted by their prolonged motor restlessness that they die shortly after arrival here. Many, however, respond to hospital nursing and treatment and in three or four weeks have emerged from their acute episode and could well return to their previous environment, but unfortunately this is no longer available. These are the patients who make up that group of 30 who were admitted last year and, although they should be discharged from this hospital, are still with us because there is nowhere for them to go.

It will be seen, therefore, that the senile patients have become a serious problem. Clearly we cannot continue indefinitely to extend our resident population without reaching a point where there are no beds left for the reception of short-stay recoverable patients. This could be avoided, however, if we had assistance over the disposal of senile patients who had become well enough to live in homes and institutions and thereby release valuable beds in the hospital.

The care of the aged is also a responsibility of the Local Health Authority, and during a recent discussion with the County Medical Officer of Health and the Welfare Officer we are able to examine the problem from all aspects. Graylingwell can be of assistance in screening all the senile cases in our catchment area and we can admit these patients during their acute episodes. We need help, however, over the disposal of the elderly patients no longer needing hospital care and here we hope the Local Authority will come to our assistance and so ensure that Graylingwell continues to provide every facility for the treatment of recoverable patients.

In this introduction to the Annual Report I have tried to

show how, in its endeavour to meet all the needs of adult psychiatry, Graylingwell has a number of different functions to fulfil. So far we have managed to satisfy all the demands made on the hospital, but, as I have already pointed out, we now have great anxiety about the large proportion of geriatric patients being sent to our care. Unless we have assistance over their disposal, it will soon be necessary to curtail the admission of short-stay patients owing to lack of beds.

Once again I wish to thank my colleagues for their collaboration in the production of this Annual Report which, in the sections following, gives details of the work done during an exceptionally busy year.

## 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 1952 are shown below:

			New Patients	Other Attendances	Total Attendances
Worthing...	...	...	347	1052	1399
Chichester	...	...	341	988	1329
Horsham	...	...	126	452	578
			814	2492	3306

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. Moore, 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.

In addition to the Clinics, an out-patient service is maintained at Graylingwell Hospital and at the Treatment Centre in Worthing. During the year many patients were seen by appointment, frequently at weekends, thus enabling them to receive treatment without losing time from work.

Electro-convulsant Therapy and Modified Insulin Shock Therapy are available at all out-patient clinics. Our experience of these physical treatments for out-patients is now considerable and we believe they have helped to bring about recovery in many patients who otherwise would have required to come into hospital. Since August, 1942, 588 out-patients have received E.C.T.

Out-patients are also seen by Dr. Olive Sharp and Dr. Parsons-Smith and details of this work will be found later in the Report.

## **2. EXTRA-MURAL UNITS.**

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

“The treatment of psychiatric patients in the medical wards of the Royal West Sussex Hospital, which began on the 1st January, 1949, when four beds were made available, continued during 1952 and sufficient experience has now been gained to draw reasonable conclusions as to the place of this facility in the psychiatric service.

The patients admitted have mostly been drawn from those attending the psychiatric out-patient clinic, although some have also been admitted directly from their homes, either following domiciliary visits or at the request of their general practitioners. Requirements for admission have been the milder psychotic conditions or psychoneuroses where there was neither disturbed behaviour nor active suicidal risk necessitating special nursing observation. There was a slight reduction in the number of patients admitted compared with 1951, after it had been found that certain types of cases did less well in general wards where they could not be isolated from patients suffering from severe physical illness. It is considered that the anxious and suggestible psychoneurotic individual should be dealt with in a separate unit where specially trained psychiatric nursing and occupational staff are available and where there is adequate space for up-patients.

During 1952, sixteen patients of a purely psychiatric nature were treated, comprising three with anxiety states, two with conversion hysteria, one with anorexia nervosa, two of failed suicidal attempts due to barbiturate poisoning, two of Wernicke's encephalopathy, two patients admitted as in a stupor who proved to have cerebral tumours, one with a confusional psychosis, one with involutional melancholia, one case of drug addiction for detoxication, and one severe hysteric who was supervised through

a difficult childbirth. The results in these cases were satisfactory, although one patient had to be transferred to Graylingwell for closer observation.

By virtue of my appointment as Consultant to the Chichester Group a full psychiatric service has been provided in the various hospitals comprising that group and a considerable number of patients treated in co-operation with the somatic specialists, in addition to the purely psychiatric cases already detailed. Increasing numbers of skin diseases are being referred and some success has been achieved with psychotherapy, E.C.T., and Methedrine shock treatment in these. Further cases of ulcerative colitis, peptic ulceration and rheumatoid arthritis have been studied and to these psychosomatic disorders one must add as especially promising the results of treatment in several cases of asthma. It is interesting, too, to note that one patient with pulmonary tuberculosis improved clinically following psychiatric interviews.

During the year under review, E.C.T., modified insulin, abreactive techniques, and psychotherapy were administered under general hospital conditions and it is evident that suitable patients, especially those who are apprehensive of entering a mental hospital, can be adequately treated in medical wards. For the reasons already stated, however, it is considered that, in general, psychiatric patients are most satisfactorily treated in self-contained psychiatric units whether attached to general hospitals or not."

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

"The Acre continues to provide a wide range of psychiatric services for both in-patients and out-patients. During the year, there were 63 direct admissions and 62 transfers from the hospital for completion of treatment or purely for convalescence. It is often found desirable to admit patients to Graylingwell, especially for investigations such as X-rays or electro-encephalography, and then to move them to "The Acre" after quite a brief period. Almost all forms of physical treatment are available at "The Acre"—modified insulin, electro-convulsant therapy, and abreactive methods using drug injections or inhalations of ether or carbon-dioxide. All patients have simple psychotherapy to reinforce physical treatments; in suitable cases a more fundamental approach is made and psychotherapy is the main treatment. Co-operation in social and other activities is an important aspect of treatment and rehabilitation. Two afternoons a week are devoted to occupational therapy under a trained therapist, who

has a happy knack of arousing interest and dispelling depression and lethargy, which are such common symptoms of psychiatric illness. In addition, group activities are encouraged, both indoors and out. Facilities are available for games, table tennis, darts, cards, etc., and trips are organised to plays and concerts and to places of interest in the surrounding district. Rambles are much enjoyed and once last year a coach trip was arranged to Leonardslee Gardens when the rhododendrons were at their best. The in-patients attend the Goodwill Club which meets at "The Acre" on Tuesday evenings, and many of those who live in the Worthing area become members of the Club before they leave.

Many of "The Acre" facilities are available for out-patients too. Modified Insulin is given for periods of three or four weeks to patients who come in daily on weekdays at 8 a.m. or earlier, and who leave to go home and prepare the dinner, thus helping many who, for family reasons, cannot arrange to leave home. Courses of E.C.T. are also given, sometimes in the evening so as to enable patients whose disability is not too severe to continue at work. Occasionally out-patients are given narco-analysis or ether abreaction, but it is often found preferable to keep the patient in for one night after these treatments. Many patients seen at the Worthing Clinic are subsequently given psychotherapy at "The Acre" where it is possible to devote more time to individual interviews and where the setting is more conducive to a slow and quiet endeavour to unravel causes of anxiety and distress. In addition, a large amount of follow-up work is done and simple reassurance and support is given to ex-patients, including those who come from a distance and who are grateful to be able to return periodically for reinforcement of the help they received while living in the house. Lastly, new patients are occasionally seen at "The Acre" when there is some special reason why this is more suitable than attendance at one of the Clinics; during 1952 there were six of these."

#### "The Acre."

	No. of Patients	Number treated by		
		Modified Insulin	E.C.T.	Abreaction Treatments
Direct Admissions ... ..	63	53	30	6
Transfers ... ..	62	10	4	1
Out-patients ... ..	80	8	20	3

### 3. OUT-PATIENT SOCIAL CLUBS.

This is an active hospital with a large turnover of patients and during normal duty hours the staff is fully occupied. That, after a busy day, members of the medical, nursing and ancillary staff have, for the past five years, been willing to give up regularly a long evening each week, however, is evidence of the practical value we place on out-patient social clubs. This contribution towards the rehabilitation of the patient has been so great that the voluntary service continues with sustained enthusiasm.

**The Concord Club, 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, serving 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, which serves the same area and whose medical staff and psychiatric social worker supervise the club, thus being able to maintain close contact with their patients and to preserve continuity of treatment. New members of the club are drawn from suitable out-patients attending the Royal West Sussex and Graylingwell Hospitals and from ex-in-patients of the latter requiring further social rehabilitation.

The attendance during 1952 was very gratifying and showed an increase in membership over the previous year. Despite the many difficulties occasioned by the scattered semi-rural nature of the area, the attendance was usually 25-30 and the largest was 52.

The members elect annually at the beginning of each session a social committee who arrange the programme under the unobtrusive guidance of the medical staff. The evenings are divided so that during the first half there are spontaneous activities and games such as table tennis and darts for the more energetic, cards, draughts and chess for the remainder. After a break for refreshments a more definite programme of an organised therapeutic nature is arranged under medical supervision, an attempt being made to cover during each session as wide as possible a variety of social and cultural interests. There have, for example, been lectures on literary and musical appreciation, the latter illustrated on the gramophone, drama and poetry readings, instruction in art and handicrafts, and talks on hobbies in general. On the lighter side there have been brains trusts, debates, whist drives, and evenings given over to outdoor games, dancing, and expeditions to enter-

tainments or places of interest. Lessons in Country and Square dancing have been both energetic and enjoyable.

The annual Christmas Party was a very happy social occasion and during the present session it is hoped to celebrate the fifth anniversary in fitting fashion.

In conclusion I must express my sincere appreciation of the enthusiasm and unfailing efforts of Miss Butcher, our Psychiatric Social Worker, and Miss Clarke, our Occupational Therapist, to whom no little of the credit for the success of the Club is due. I have also been greatly assisted by the collaboration of Dr. J. D. Morrissey who has arranged regular discussions and organised group psychotherapy throughout the year."

**The Goodwill Club, Worthing.**—Dr. Panton, who has been in charge, reports :

"The Club continues to extend its activities and to increase its membership, which now stands at 46. Meetings are held on Tuesday evenings at "The Acre" and attendance is usually 25-30. The members elect their own chairman and secretary and the planning of the meetings is undertaken by a rota of members so as to bring in new ideas and to increase the number actively concerned in the Club's success. Its purpose is to provide an outside interest and a place of social contact, especially for the lonely and the shy, those whose lack of interest or of self-confidence tends to make them restrict their lives unduly. The sense of belonging to a group is certainly one factor in easing the return from hospital to private life and in reducing tendency to relapse. Many remain active members only for a few months, turning to other interests as their confidence becomes fully re-established, others stay on in the Club, some since its foundation in 1949.

Meetings cover a wide range of interests. Whist drives, social evenings and "Twenty Questions" remain popular. We have again had lantern lectures with colour photographs of Austria and Switzerland, also a most interesting lecture on "Old Worthing" with illustrations going back to the early days of photography; once, too, we had our own cinema show, provided by a deaf and dumb friend of our secretary. Several of the summer meetings were held out of doors, including a whist drive on the terrace, a bathing party, an evening coach run, and a walk by the Ilex Avenue to Ferring to visit the garden of a former member.

The Rambling Section continues active and its outings ranged over a large part of the county, to St. Leonard's Forest, Beachy

Head and Chichester Harbour, as well as to many nearer places. One particularly delightful outing in January was through woods of snow-clad trees to Dragon's Green.

Hostel weekends at East Marden and Alfriston, and Tanner's Hatch in Surrey, were much enjoyed and well supported. It is highly gratifying that several who first went hostelling with the Club now go independently as well; during the year three of our members have been Youth Hostelling in Holland. There can be no doubt of the value of this in increasing confidence and well-being.

As always, thanks are due to our Psychiatric Social Workers and to the Nursing Staff at "The Acre" who have helped to make the Club a success."

#### **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:

"There can be no doubt that work under this general heading must play a very important part in preventive psychiatry. Too little attention is still paid to the educational and preparatory side of marriage. The Marriage Guidance Council sets out its objectives under the headings of Education, Preparation and Repair, and too often the last is thought of as its main function and a Counsellor's advice is only sought when things have gone wrong—and often then too late. It is certain that a happy marriage and a settled home are two of the strongest buttresses against many psychiatric disorders, not only in the parents but also in the next generation.

Talks on marriage guidance and some of its problems have been given on several occasions to various groups and bodies, and I am convinced that more widespread use of the facilities available is wholly admirable, for the educational work of the Council must always be more fruitful than its 'salvage' or repair work.

During 1952, four couples were referred by the Marriage Guidance Council, and I therefore saw and reported on eight persons during that period. My help and advice was also sought on a number of other occasions when it did not prove necessary for me to see the people concerned. In one case prompt treatment brought about a recovery in a psychiatric illness and enabled relations to be re-established on their old terms, which proved most gratifying for all.

More prolonged psychotherapeutic help and surveillance has been maintained for two other patients with excellent results, and the work in general showed a great increase over that of 1951.

Alderman G. A. R. Purchase has succeeded the Reverend John Grant as Chairman of the Chichester and Bognor Regis Branch of the Marriage Guidance Council, but Mrs. C. H. Mosse of Aldwick Vicarage remains the sole Counsellor locally as well as the Hon. Secretary. Inquiries relating to Marriage Guidance problems should be addressed to her in the first instance, but where General Practitioners find that it is more convenient to contact me direct, I am always ready to try and assist."

## 5. GERIATRICS.

Dr. Rice, who is one of the members of the Chichester Even-tide Housing Association, and on the Management Committee of Donnington House, a home for semi-infirm old people, reports:

"The Geriatric aspects of psychiatry have again been prominent in the work and research of the Hospital Staff. The number of elderly patients admitted remains high (23% of those admitted in 1952 were over 65) and treatment of the various psychiatric conditions has been vigorously pursued. As is stressed by Dr. Carse in his introduction, active treatment and the general measures available in specialised hospitals can do a great deal in many of the psychiatric illnesses of the elderly. For this reason a full Consultant service is always available and domiciliary visiting is often helpful in assisting the practitioners to assess those patients who would benefit from admission. Many of the acute episodes too, which lead to admission under Urgency Order or Certificate respond well to treatment.

The problem, however, is not quite so straightforward as there are many patients in whom acute restlessness, noisiness and confusion herald merely a terminal state and it is tragic when certification is necessary in the very last days of life. This may well happen since a mental hospital is the only place where a patient must be received, regardless of bed state, if the necessary documents are in order.

The problem of those whose conditions are due solely to age and for whom no known treatment is available is ever present. They are often only mildly demented and their admission is frequently brought about on social rather than strictly medical lines for they cannot fully look after themselves and need supervision.

These patients, together with those whose social and domestic background do not permit of ready discharge when any acute psychiatric disorder has been treated, form a problem in disposal and one of the social problems of the present time, for there are insufficient homes, long-stay annexes and institutions for their care to allow of their ready discharge from hospital to free beds for other patients whose need of active treatment is greater.

Attempts to alleviate depressive conditions in elderly patients considered unfit for E.C.T., by the use of A.C.T.H. have proved disappointing, no striking improvements being observed.

In the extra-mural field, Dr. Panton continues to visit North View, East Preston, regularly, while I visit Budgenor Lodge, Midhurst, frequently and the other homes on request. A close link is maintained with the Staff of the homes and with the General Practitioner in medical charge, which has helped in the smooth and happy running of the homes and has enabled supervision of a number of ex-patients to be maintained."

## **6. CONSULTANT SERVICE.**

The senior staff provide a full Consultant Service in each of the Hospital Groups where Out-Patient Clinics are regularly held.

During 1952, a total of 83 visits was made to the Hospitals comprising the Chichester Group, on many of which more than one patient was examined and reported on. Many of the patients were seen subsequently for psychiatric treatment on several occasions.

In addition to the twice weekly visits to Horsham Hospital, 7 special consultations were held there, whilst in the same year a total of 4 visits was made to the King Edward Sanatorium, Midhurst, and Aldingbourne House Sanatorium.

During 1952, 116 domiciliary visits have been made by senior members of the medical staff and it is considered that the opportunity for seeing patients in consultation with their own practitioners is very helpful in establishing a firm basis for treatment.

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

During 1952, 12 cases were examined and reported on, and on several occasions the psychiatrist has attended Court. We have

maintained the close and friendly liaison which has existed for so long between the Courts, the Officers and ourselves, and with their collaboration we have continued to provide what we believe to be a valuable service.

## 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.

There is no need for me again to stress the importance of keeping the public fully informed of the psychiatric services available and encouraging them to seek advice and treatment promptly. The same technique was adopted last year as during previous years. Many talks and lectures were given to a variety of groups of people and facilities were arranged for the hospital to be visited. I can now confidently state that Graylingwell and the aims and practice of psychiatry are no longer the terrifying mysteries they used to be, and most of the people in our catchment area have a good understanding of the true nature of mental illness and what we are trying to do for it.

As I have already stated in this report, however, the general practitioners have also been most helpful in assisting us to maintain friendly relations with the public. To the patient, the family doctor is a trusted and wise friend whom they have usually known for some years and consequently his influence is very great. We are most fortunate, therefore, in having the co-operation and goodwill of the general practitioners. We meet them personally during domiciliary consultations and when they visit the hospital, and we also keep in contact with them through reports on patient, seen at the clinics and on discharge from this hospital. Finally, to enable them to have detailed information about Graylingwell, 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 1951 and 1952 is given below :

	1951			1952			Increase or T. decrease
	M.	F.	T.	M.	F.	T.	
Voluntary	221	444	665	237	490	727	+ 62
Temporary	—	1	1	—	—	—	— 1
Certified	68	120	188	60	130	190	+ 2
	289	565	854	297	620	917	+ 63

The average age on admission was 50.1 years, while 211, or 23% were aged 65 or over.

79.8% of the total direct admissions were voluntary patients. Of the 190 classified as certified, however, 112 were admitted under Urgency Orders—an order authorising removal but lasting only seven days. Of these, 7 left at the expiration of the order, 3 died, 2 were regraded as temporary patients, 84 continued as voluntary patients, and in only 16 cases was it necessary to proceed with full certification. In practice, therefore, 813, or 94.1% of the patients admitted during 1952 received treatment as either voluntary or temporary patients.

### 2. INVESTIGATION.

Before treatment is undertaken, an accurate assessment of the patient and his condition must be made and whenever possible a precise diagnosis reached. This is often a difficult and lengthy procedure, and, in addition to a searching psychological and physical examination, requires the assistance of specialist and ancillary services.

**Department of Clinical Psychology.**—Miss Sandiford, the Clinical Psychologist, reports:—

“ During 1952 the number of patients seen by the Department has increased steadily, a total of 405 in-patients and 92 out-patients being investigated. About one-fifth of this number were examined by Miss Hopkins, of the Department of Clinical

Research, who has devoted a portion of her time to routine Clinical work.

The aim of the Department is to assist the psychiatrist by presenting an objective assessment of a patient's assets and liabilities in the fields of both intelligence and personality; to analyse his patterns of reaction and relationships with his environment and with other people, and to assist in estimating the type and degree of mental illness present. For a full investigation, repeated interviews are a necessity and approximately one-quarter of the in-patients studied were seen over two or more sessions.

During the last few weeks of the year, in response to requests from the Medical Staff, a new policy was tried out with patients in Summersdale Villa. All new admissions there were briefly examined by the psychologist and an estimate made of their intellectual level on both verbal and non-verbal tests; personality assessment, or a full investigation of a patient's specific abilities were carried out as before, only on request of the doctor in charge of the case.

In 1953, this scheme will be applied for a trial period to the remainder of the hospital. In this way all new admissions would be screened by the Department and an estimate made of their intelligence, while more detailed studies are reserved for those patients presenting particular problems for the Medical Staff.

Informal seminars on psychology and psychometric techniques were held again this year for D.P.M. candidates. The descriptive talks on psychological methods for Occupational Therapy students in the hospital have also been continued.

**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:—

“The work of the department continues to increase steadily, and 1952 was a particularly busy year.

The functions of the social worker can be summarised under five headings:—

(a) *Social histories for the Psychiatrist.*

Social and domestic background is often an important factor

in any nervous disorder, and, for this reason, a social history is of value to the psychiatrist in charge of the case. During the year, a total of 598 social histories have been taken, and, in almost every case, these have been obtained from a relative in his own home environment. These home visits involve many miles of travelling during the course of the year, as the catchment area of the hospital covers the whole of West Sussex.

*(b) Out-patient Clinics.*

Each social worker attends the out-patient clinic which is held at the general hospital in her area. She is available to assist the patient with some practical help in any immediate social or domestic problem which might otherwise hinder him from coming into hospital if necessary. In many cases, social histories are prepared for the psychiatrist.

*(c) Liaison Officer between the patient, hospital and relatives.*

A patient having been admitted to Graylingwell, one of the chief functions of the social worker is to act as liaison officer between the patient, the relatives, and the hospital. It is often a source of comfort to the relative to have an early visit from a member of the hospital staff, who has seen the patient since his admission to hospital, and who can therefore give first-hand news of him. Often too, the relative wishes to send back a message of re-assurance to the patient, that all is well at home.

Once a patient is in hospital, sundry problems may arise in connection with the children, pensions, National Assistance, employment, housing, and the social workers are in close contact with the Children's Department at the County Hall, the respective National Insurance Offices, Area Assistance Boards, Labour Exchanges and Housing Managers, in addition to the other various voluntary or statutory social agencies in the district. During the year a total of 968 visits were paid in connection with these various services.

*(d) After-care.*

After discharge from hospital, some patients may still need help and support in facing their problems, and in these cases, the social worker continues to visit them in their homes to give them such help as they may need.

*(e) Out-patient Social Clubs.*

Another useful form of after-care work is provided by the therapeutic out-patient social clubs, for ex-in-patients and out-

patients, which are held weekly in the Worthing and Chichester areas, and at which one of the social workers attends. These evenings are chiefly social and friendly affairs, and have the advantage of maintaining a friendly contact between the social worker and patients living a normal community life, but who perhaps still have need of support and re-socialisation."

**Laboratory and X-Ray Department.**—The Chief Technician, Mr. H. A. Seymour, has to assist him Mr. A. Mair and a student, 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 valuable assistance in the prompt diagnosis and treatment of inter-current illnesses occurring in the hospital. In addition, 56 out-patients underwent laboratory and X-ray investigations.

The following table gives some details of the work done during 1952:—

**Blood :**

Kahn and F.R.C (Meinicke)	..	..	..	..	937
Counts (including Hb. and differential)	..	..	..	..	1154
Urea .. .. .	..	..	..	..	964
Sedimentation .. .. .	..	..	..	..	1420
Bromide .. .. .	..	..	..	..	939
Fasting Sugar .. .. .	..	..	..	..	1174
Sugar tolerance curves .. .. .	..	..	..	..	32
Grouping .. .. .	..	..	..	..	950
Van den Burgh .. .. .	..	..	..	..	4
Malaria Parasites .. .. .	..	..	..	..	11
Widal (Typhoid and Dysentery) .. .. .	..	..	..	..	3748
Cholesterol .. .. .	..	..	..	..	2
Chlorides .. .. .	..	..	..	..	1
Phosphatase .. .. .	..	..	..	..	6
Clotting time, Bleeding time, Prothrombin time .. .. .	..	..	..	..	33
Uric Acid .. .. .	..	..	..	..	2
Paul Bunnell .. .. .	..	..	..	..	2
Protein .. .. .	..	..	..	..	2

<b>Cerebro-Spinal Fluid</b> (complete examination) .. ..	86
<b>Urine :</b>	
Routine .. .. .	1922
Culture (Typhoid, Dysentery, etc.).. ..	883
Bile .. .. .	5
Tubercle bacilli .. .. .	5
<b>Faeces :</b>	
Culture (Typhoid, Dysentery, etc.).. ..	864
Occult blood .. .. .	5
Tubercle bacilli .. .. .	37
Worms and Ova .. .. .	8
<b>Sputum :</b> Tubercle and other organisms .. ..	66
<b>Nasal and Throat Swabs :</b> Diphtheria, etc. .. ..	68
<b>Fractional Test Meals</b> .. .. .	21
<b>Sections</b> .. .. .	57
<b>Water :</b> Bacteria, etc. .. .. .	12
<b>Milk</b> —bacteria .. .. .	12
<b>Pleural fluids</b> .. .. .	4
<b>Penicillin, Streptomycin and Sulphonamide Sensitivity Tests</b>	37
<b>Barbiturates and Salicylates</b> .. .. .	3
<b>Miscellaneous</b> .. .. .	40
<b>Electro-cardiographs</b> ... .. .	115

#### X-RAY DEPARTMENT.

Number of Patients X-Rayed .. ..				684
Chest .. .. .	320	Femur and Hip .. ..	30	
Spine .. .. .	48	Knee .. .. .	12	
Sinuses.. .. .	22	Tibia and Fibula .. ..	16	
Sacro-iliac and Coccyx	8	Ankle .. .. .	21	
Humerus and Shoulder	23	Foot .. .. .	15	
Elbow .. .. .	8	Skull .. .. .	67	
Radius and Ulnar .. ..	29	Abdomen .. .. .	9	
Hand .. .. .	29	Gall Bladder .. ..	2	
Wrist .. .. .	41	Kidney .. .. .	4	
Ribs .. .. .	5	Barium Meals .. ..	7	
Pelvis .. .. .	5	Barium Enemata .. ..	6	
Pregnancy .. .. .	1	Dental .. .. .	11	

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

**“Clinical Neurology.**—New accommodation has been provided for the Neurological Clinic, which is now held every Wednesday and the arrangements are now running smoothly. 227 new cases have been seen in this clinic during the past year, 101 of these have been in-patients of the hospital. 126 have been out-patients referred from psychiatric clinics of the hospital, by Consultant and General Practitioners in the district, also from the Royal West Sussex Hospital. An appointments system is now in operation, this being controlled by the Secretary of the Department.

A regular teaching session of Neurology is held for candidates for the D.P.M., the department being recognised for this purpose by the Conjoint Board of Examiners.

**Electro-Encephalography.**—The year has seen the continuation of the steady expansion reported in the previous three years. The new central self-contained site for the department which has been provided in association with the Department of Clinical Research, is proving highly satisfactory. The two E.E.G. machines, an eight channel and a six channel, are working well; we are fortunate in having Mr. John Shaw on our staff who is able to service these machines. Recordings are taken in quiet, separate laboratories and the arrangements are proving most satisfactory. The lay-out of the various rooms of the Department has been made so that patients are not disturbed or bewildered by the sight of large electrical machines.

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 Consultants of patients attending the Royal West Sussex and St. Richard's Hospitals in the district. Patients have also been sent to the Department from hospitals over a wide area extending from Worthing in the east to Southampton, Lymington and the Isle of Wight in the west and Horsham in the north.

As can be seen from the table, the number of cases examined has increased steadily over the years since the Department was first formed in 1949.

	1949	1950	1951	1952
Total number of records examined	400	482	648	877
Routine recordings	400	482	416	542
Research recordings	—	—	232	335
Epileptic patients	122	133	178	258
Cases of organic cerebral disease	58	81	111	165

Routine E.E.G. techniques are adopted and activation methods with photic stimulation, auditory stimuli, seconal, metrazol and other drugs are also used in certain cases. Dr. Martin Roth's original research has continued and is reviewed in that section of the report devoted to Clinical Research.

We are indebted to Mr. John Shaw, our senior technician, for his work in the Department and technical skill in electronic construction, and to our two recordists, Mrs. Joy Green and Miss Terry Attwell.

**Consultant and Specialist Services.**—The Consultant Physician visited the hospital on request and during 1952 his opinion and advice were sought for 63 patients (M.31, F.32).

The Consultant Surgeon attended the hospital each week for consultations. In addition, he performed 135 operations (M.64, F.71).

The Consultant Radiologist held a weekly session and during the year 684 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 21 patients (M.10, F.11).

The Ear, Nose and Throat Surgeon held 40 clinics. The practice was continued of subjecting new patients to a routine examination with special reference to focal sepsis. During additional sessions, the following operations on patients were performed: 8 tonsillectomies (M.2, F.6).

Twelve clinics were held by the Ophthalmologist during which a total of 59 patients (M.18, F.41). were examined.

Whenever possible 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 1016 patients (M.374, F.642) visited the clinic.

### 3. TREATMENT.

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

“During the latter half of 1952 the Medical Staff lost to senior posts elsewhere, two of its more active psychotherapists; nevertheless, the amount of time and effort expended in this form of treatment has been maintained and even increased to meet ever greater needs.

Of the total admissions to the hospital during 1952, some degree of systematic psychotherapy has been the major treatment in one out of every 6.9 patients—a higher rate than last year—and if re-admissions are included, then one in every 4.7. This does not include the number of cases where it has been used to supplement physical treatments.

In addition, some 120 out-patients have received such help, over and beyond the usual attendance at a clinic.

Longer term psychoanalysis is reserved for severe and carefully selected cases of psychoneurosis in the hospital, though all those now attending are at present back at home.

Unfortunately, owing to limitations of time, it is not possible to accept the many out-patients for whom this would be the treatment of choice.

The analytical point of view has also been sought by colleagues in some 31 cases, where one or more diagnostic interviews have been carried out. In addition, weekly seminars are held for discussion of theory, technique and case material.

The use of clinical substances such as Methedrine, Ether, Pentothal and C.O.<sub>2</sub> for the purpose of mental exploration in 19 cases who have had 39 treatments is about half the number recorded last year. This may be due to increasing skill and confidence in the direct and conscious approach to the patient's emotional problems.”

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

“During 1952, convulsant therapy was given to 608 patients (M.194, F.414). The increase in the number of patients treated this year as compared with 1951 is due not only to the increased admission rate, but also to the greater use of E.C.T. in the treatment of depressive illnesses in the older age groups.

With present day modifications in technique, convulsant therapy can now be given with safety to most elderly depressed patients. All patients over the age of 65 are examined by our Consultant Physician who decides whether they are physically fit to undergo treatment.

E.C.T. continues to be used as a maintenance treatment in the management of long-stay patients. "Multishock," using the Ectron machine was given to 16 female patients and proved of value, although the long-term results were disappointing.

A "Contra-stimulation" machine for the administration of non-convulsant therapy was purchased during the year. Good results are claimed for this form of treatment in certain cases of anxiety. It may also be given immediately following ordinary E.C.T. This combination is said to prevent or minimize the memory disturbances which are occasionally associated with the latter treatment. To date it has been used on only 12 patients.

**Modifications of E.C.T.**—Eulissin is still the relaxant which is chiefly used in this hospital. 202 patients (M.82, F.120) had their treatment modified by this drug. Scoline is more certain and more complete in its action and we now use this compound in cases, *e.g.*, following operation or with fracture, in which total relaxation is required. When Scoline is used, a general anæsthetic, *e.g.*, Pentothal, must also be given. This increases the hazards to the patient and we have, therefore, arranged for an anæsthetist to be present when this treatment is carried out. So far, however, no provision has been made for a regular session for this purpose.

**Chemically-induced Convulsions.**—23 patients (M.12, F.11) had this form of convulsant therapy during 1952. The drug used in all cases was Triazole. Good results were obtained in the treatment of this small group of long-stay patients whose attacks of confusion and excitement do not readily respond to E.C.T."

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

"Deep insulin coma therapy is administered in a specially equipped unit of sixteen beds, eight for each sex, set aside for this form of treatment. As it is considered that much of the success of insulin therapy is due to the best use being made of the increased accessibility of those receiving it to social and psychotherapy, a comprehensive and stimulating programme of group activities is arranged by the fully trained medical and nursing staff in attendance.

In general, treatment is given on five days a week and the aim is to give not less than 60 comas, it having been found that shorter courses are all too often followed by relapse. Electro-cerebral treatment is given, usually during hypoglycaemia, whenever it is indicated by affective symptoms such as undue excitement or depression, in the presence of retardation or stupor, or to break down excessive rigidity of thought in the paranoid types of illness.

During 1952, which was again a very full year, 54 full courses of treatment were given to 30 women and 24 men, in addition to 9 patients who were still receiving treatment at the year's end who will not be considered in this report. The patients varied in age from seventeen to forty-four years, all suffering from various types of schizophrenia. The average number of comas was 51, the highest being 104 given to one patient in two courses, the second of which resulted in remission and discharge from hospital. 31 of the patients received E.C.T. in conjunction and three of the unsuccessful cases proceeded to pre-frontal leucotomy.

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.
10	16	26 (48%)	12	9	21 (39%)	2	5	7 (13%)	24	30	54 (100%)

It will be seen that full recovery occurred in 48% and there was significant improvement often with remission of symptoms in 39%. In only 13% was there failure to make any lasting response. There were no cases of protracted coma and no deaths attributable to the treatment.

It is perhaps worth noting here that 34 of the cases, that is to say, 63% of those treated, have already been discharged from hospital.

The results are closely comparable to those obtained last year and in view of the severe and progressive nature of schizophrenia must be considered satisfactory in the present state of our knowledge. The 7 patients who failed to respond were all suffering from the paranoid type of disorder and it seems possible that the extremely insidious onset of this may contribute to delays in recognition and so of starting effective treatment.

In conclusion, it should be emphasised that deep insulin coma therapy is the nearest to a specific treatment for schizophrenia,

particularly when given early in the disease and that therefore early diagnosis is of paramount importance. A delay in treatment of only a few months may mean the difference between success or failure."

**Modified Insulin.**—During 1952, this treatment was given to 402 patients (M.145, F.257). Insulin in sub-coma dosage was found to be most helpful in the treatment of Anxiety States where tension, poor appetite with under-nourishment, and other psychosomatic symptoms were prominent features. When combined with E.C.T. the tonic effect of modified insulin was noticeably beneficial in the treatment of many cases of depression. Insulin is given on five days each week and the course usually lasts about three weeks depending on the response of the patient.

**Prolonged Narcosis.**—This was given with good results to 5 women patients where acute agitation and restlessness were causing anxiety. The period of continuous sleep lasted from 10 to 15 days.

**Malaria and Penicillin.**—Only one patient was admitted last year suffering from General Paralysis. He received a full course of Malaria followed by an intensive course of Penicillin. His condition has improved, but he has not yet sufficiently recovered to leave hospital.

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

"During the past four years the number of patients treated each year by this operation has been getting smaller, and the figure for 1952 was again down—28 patients (M.14, F.14.)—making a total of 484 from the first operation in 1942.

Once again, the small number indicates the extremely cautious and conservative outlook adopted by the Medical Staff towards what is, after all, a serious undertaking.

Preliminary survey and assessment of these 28 patients shows that 17 or 60.7% are to be regarded as very greatly improved and a number (9) have already left the hospital to resume work outside. Three more have had a period at home but have had to be re-admitted since.

All three patients who died were elderly male patients in whom the risks were perhaps higher than usual, but for whom this treatment seemed to hold out the only hope for relief from intolerable stress"

## 1952 RESULTS.

Patients undergoing operation 28: (Male 14, Female 14)

Diagnostic Groups		Recovered	Improved	No Change	Died	Discharged	Remaining in Hospital
Schizo-phrenia	M. 11	2	4	3	2	2	7
	F. 5	—	5	—	—	3	2
Paranoid Psychoses	M. —	—	—	—	—	—	—
	F. 1	—	1	—	—	—	1
Depression	M. 3	1	1	—	1	2	—
	F. 6	4	2	—	—	4	2
Obsessional States	M. —	—	—	—	—	—	—
	F. 1	1	—	—	—	1	—
Psycho-pathy	M. —	—	—	—	—	—	—
	F. 1	—	1	—	—	—	1
Totals		28	8	14	3	12	13

### 4. OCCUPATIONAL THERAPY.

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

“The fulfilment of many years of waiting was partially achieved on 8th August 1952, when the first building was opened by the Right Hon. Iain Macleod, M.P., Minister of Health. The Centre is beautifully situated, quite close to the hospital. It has a south aspect with wide lawns and shady trees, and the concrete terrace surrounding the building makes it possible for patients to sit out even after heavy rain.

The interior is colourful and can accommodate up to 230 patients each day. The building is divided into two large airy rooms with cloak rooms for both male and female patients. The main workroom, to which a kitchen is attached, is used in the mornings for a large class of male and female patients. Here complete freedom is allowed, a privilege which is appreciated by both groups of patients. The second work room accommodates long-stay patients, some even from closed wards, and here there is a separate entrance as well as the usual cloak room accommodation. Large store rooms, cutting-out room, office, and staff cloak room complete the lay-out. Tea is served to all patients during the morning session.

During the year priority has been given to the making of utility articles for use in the hospital, such as lampshades, tray

cloths, nightdresses, paper bags, and cushion covers—for the latter much of the material is being woven in the Centre.

The Department at Summersdale Villa is much appreciated by the patients and a large variety of high class work is produced, in addition to which is the painting of hospital furniture and the execution of small repairs to equipment.

In addition to the Occupational Therapy Department, there is a Carpenter's Shop in the main building, where hospital furniture is made and re-conditioned, also picture frames, filing cabinets, notice boards and other ward equipment. The assembling of stools and the making of bird cages for the wards has also been undertaken during the year.

An afternoon class is held in a Male Ward in the main building for patients not well enough to attend the Centre. Here again, work is mainly on utility lines. Work is also provided in the wards for patients who are unable to attend the classes, and good co-operation has been given in these circumstances by the Nursing Staff.

During the past year, ten Student Therapists have gained their practical experience at Graylingwell.

Our present accommodation is far from adequate and further buildings will undoubtedly be needed if a programme of full employment for patients is to be maintained."

## **5 SOCIAL THERAPY.**

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

"During recent years increasing attention has been paid to social factors in the causation of psychiatric disorder and in consequence an active and fully comprehensive programme has been arranged which is directed towards improving the social adjustment and cultural resources of our patients. Mention has already been made of the services provided in our social clubs for out-patients which are, of course, also available to any ex-in-patients who may need further help in rehabilitation. Within the hospital itself the social therapeutic programme has, broadly speaking, two separate aims. Firstly, to deal with the recently admitted patient and to amend his social shortcomings, increase social skills and personal resources, thus to aid in the prevention of further breakdowns; secondly, to provide for the long-stay patients

a stimulating social and educative milieu which can prevent deterioration and enable such patients not only to lead happy and satisfying lives whilst illness lasts, but to take their places unhandicapped in the community when remission occurs. The organisation of such a programme, which must be constantly developed and extended to meet the differing and indeed individual needs of patients, calls for spiritual, mental and physical measures which demand great keenness and enthusiasm on the part of the staff if success is to be obtained, and before proceeding to deal in detail with these activities I would like to pay tribute to all those whose unfailing efforts have helped to achieve the excellent results attained during an exceptionally busy year.

**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. 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.

**The Arts. Painting.**—Although in the absence of a trained teacher the regular painting classes have had to be discontinued, facilities for individual painting have been provided under the supervision of Miss Thompson, the Chief Occupational Therapist, and during the year modelling in clay has been commenced which is likely to become very popular when a suitable oven can be obtained for baking the models. Apart from these diversional activities, a smaller painting group has been organised by Miss Sandiford for psychological research purposes. Further prints of modern pictures and old masters have been acquired for use in wards.

**Literature.**—Interest in literary activities has been maintained at a high level, resulting in a steady stream of contributions to the patient's own magazine "The Wishing Well." This magazine has appeared regularly since the first number was printed in January, 1947, and that it has sustained such a high literary standard 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 and frequently changed collections are found in each ward. Consider-

able numbers of new books have been added and the demand for these has been brisk.

**Music.**—Considerable interest in serious music has been shown during 1952, stimulated by the excellent series of classical concerts arranged by the Council for Music in Hospitals which have been held regularly each month since 1947. The high quality of these performances and the interesting selection of programmes have resulted in a high level of attendance, which, although entirely voluntary, has never been less than 250 and usually is in the region of 400. The following artistes have visited the hospital since January, 1952:

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>
May	...	Mierowski	...	...	<i>Piano</i>
June	...	Jan Van der Gucht	...	...	<i>Tenor</i>
		Dorothy Manley	...	...	<i>Piano</i>
July	...	Audrey Strange	...	...	<i>Soprano</i>
		Daphne Ibbott	...	...	<i>Piano</i>
August	...	Vivian Joseph	...	...	<i>'Cello</i>
		Margaret Chamberlain	...	...	<i>Piano</i>
September	...	Joan Davies	...	...	<i>Piano</i>
October	...	The Opera Players			
		"Don Pasquale"			
November	...	Elizabeth Lockhart	...	...	<i>Violin</i>
		Hubert Greenslade	...	...	<i>Piano</i>
December	...	Robert Easton	...	...	<i>Bass</i>
		Rex Stephens	...	...	<i>Piano</i>

1953.

January	...	Flora Neilsen	...	...	<i>Soprano</i>
		Hubert Greenslade	...	...	<i>Piano</i>
February	...	Jean Merlow	...	...	<i>Piano</i>
March	...	Mary Wilson	...	...	<i>'Cello</i>
		Mantle Childe	...	...	<i>Baritone &amp; Piano</i>
April	...	Hedde Nash	...	...	<i>Tenor</i>
		Brian Douglas	...	...	<i>Piano</i>

In addition to these regular monthly celebrity concerts there have been a number of other musical events, amongst which should be mentioned Orchestral Concerts by the Chichester Light

Orchestra, and members of the Chichester Music Club, and at Easter a rendering of Stainer's "Crucifixion" by the Subdeanery Augmented Choir under the direction of Mr. E. C. England.

**Drama.**—During 1952 we were fortunate in having visits from a number of dramatic societies who presented interesting performances, including:

"The Yeomen of the Guard" Slindon Amateur Operatic Society

"Rookery Nook"  
"Love in a Mist" } The Barnstormers.

"The Late Christopher Bean" Emsworth Amateur Dramatic Society

"Mystery at Greenfingers" The Catholic Drama Club

whilst in lighter vein there were several concert parties and a performance of "Aladdin" by Miss Joan Leonard's Company, in addition to the Annual Staff Concert on Christmas Eve which, maintaining its usual standard, was warmly received.

**Cinema.**—The hospital cinema is equipped with modern projection apparatus and performances are held regularly each week when selected up-to-date films are shown.

**Recreational Therapy.**—The widest possible freedom of movement is accorded to all patients within the hospital. The majority of the wards, including the admission units, are completely open and their patients may walk freely in the grounds, whilst many have also the privilege of visiting the town. Periods of leave at home for weekends or longer are actively encouraged as these 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 games with neighbouring hospitals. On these 'away' fixtures the teams are accompanied by members of their 'Supporter's Club' and these outings are much enjoyed.

The women patients may play hockey, netball or stoolball, but of recent years have shown more interest in cricket and provide a team which undertakes an annual match against the men. A number of courts are available for those who play tennis, and croquet is provided for the older ladies. During the summer months cross-country rambles to places of interest are arranged and motor coach excursions to the sea and surrounding countryside for picnics are additional features.

There are many indoor recreations and diversional activities throughout the year. The wards are liberally supplied with newspapers and magazines and considerable interest is taken in the events of the day, upon which discussions and debates are organised from time to time. Pianos and radiograms are available, providing entertainment and instruction for those interested in serious music, and also for more popular events such as ward parties or impromptu dances. Other facilities available include such various games as billiards, table tennis, draughts and chess. As this report is being written, big screen projection television is being installed throughout the hospital and early experience indicates that this will be extremely popular. An interesting innovation last year was the concentration of the usual individual ward Christmas Parties into more formal evening functions with professional cabaret entertainers.

**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.

At the present time work is proceeding on providing much more spacious premises for the shop which it is anticipated will still further improve the services available.

**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. Happily it has now been possible to start work on the provision of a similar well-equipped Hairdressing Department for male patients, which will be situated in the hospital shop already mentioned.

**Social Clubs.**—The importance of encouraging independence and initiative in social relationships is well recognised and as many as possible of the foregoing activities are organised by the committees of the two Patients' Social Clubs, one being situated in Summersdale Villa, and the other in the main building, intended for the longer-stay patients. These clubs show great interest and activity and require little help, apart from unobtrusive guidance from senior members of the staff, in planning their programmes. The clubs meet regularly and each evening of the week there is a varied and interesting programme which can be attended by members of both sexes. As examples of some of the activities,

one may mention debates, dances, whist drives, and coach tours which have been arranged and financed by the clubs themselves.

The activities dealt with in this section have provided not only interest and entertainment, but have proved of great value in the treatment of patients who have acquired social skills, self-confidence and cultural resources which stand them in good stead throughout their lives."

## 6. DISCHARGES.

The following table gives the discharges, departures, etc., during the year 1952:—

	Voluntary			Temporary			Certified			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Recovered ...	150	313	463	—	—	—	8	7	15	158	320	478
Relieved ...	79	174	253	—	1	1	3	15	18	82	190	272
Not Improved	13	29	42	—	—	—	3	2	5	16	31	47
	242	516	758	—	1	1	14	24	38	256	541	797

During the year, 478 patients recovered from their illness and were discharged—a recovery rate of 52.1% 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 81.7 recovered and relieved.

## 7. GENERAL HEALTH.

There have been no epidemics during the past year and, apart from those seriously ill on admission, the general health of the patients and staff has been satisfactory.

On 31st December 1952, there was only one male patient suffering from Pulmonary Tuberculosis. I regret to report, however, that there are two male nurses still under treatment for this illness and we sincerely hope that soon they will 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.

Despite financial restrictions, the Lay Administrator during 1952 was able to introduce further improvements in the standard of comfort of the hospital. Our aim to make the wards homely and attractive is gradually being achieved and the patients are most appreciative of our efforts. The dietary also received special attention and has been improved.

## 8. DEATHS.

Below are given figures relating to the deaths which occurred during 1952:—

		M.	F.	T.
Voluntary	...	19	23	42
Temporary	...	1	2	3
Certified	...	28	36	64
		48	61	109

The average age at death was 72.3 years. Post-mortem examinations were made in 82.3% of the cases. The death rate was 9.7%. If all those patients over 70 who were admitted and died during the year are disregarded, however, the mortality rate becomes 6.7% which is, perhaps, a truer picture. Of the 109 patients who died during last year, 36, or 33%, had been in the hospital less than a month. Apart from those 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:—

“During the past year the department has been able to make good progress with its work. Additional staff has been appointed; Dr. David Kay joined us in September, 1952, as medical research assistant, and Mrs. Joyce Collins was appointed in May, 1952, as psychiatric social worker. Mr. John Shaw continues as senior technician and research assistant on the established staff of Graylingwell Hospital, and the following hold temporary appointments: Miss Barbara Hopkins, research psychologist, and Mrs. Joy Green, senior E.E.G. recordist. Miss Mary Healy resigned from her position as junior recordist in October, 1952, and Miss

Terry Attwell was appointed in her place in March, 1953. Miss Phyllis Allen was my secretary until April 1953, when she resigned from the post.

Our work on the mental disorders of old age has brought out some facts of considerable interest. We have now studied the natural history of five years' material; two of these years were before the era during which physical treatments have been in use. The conditions of patients admitted over the age of 60 fell into five groups which were distinct in their natural history: affective psychosis, senile psychosis, and three smaller groups—arteriosclerotic psychosis, paraphrenia and acute confusion. Between 60 and 69 years affective psychosis is by far the largest single group, but between 70 and 79 senile psychosis becomes the predominant disorder, the affective disorders accounting for only about a third of the total number of admissions. Within six months and also within two years of admission to hospital each of these conditions shows a distinctive pattern of outcome. Thus six months after they come into hospital some 60% of patients with affective disorder are discharged while about the same proportion of senile psychotics are dead. Most paraphrenics are in-patients, while the acute confusional group shows an equal proportion (about 40%) of dead and discharged. Cases of arteriosclerotic psychosis are mostly dead and in-patients in approximately equal proportions. Follow-up studies have shown that these distinctive patterns of outcome in the five groups are well sustained in four of the disorders at two years after admission. Psychological tests given to these five groups of patients sharply differentiate between the groups of patients with affective and paraphrenic disorders on the one hand and senile psychosis on the other, with virtually no overlap. Patients with arteriosclerotic psychosis fall somewhere between them in performance (see numbers 8 and 9, list of published papers). It is of interest that the pattern of outcome in the years before E.C.T. showed that this treatment has brought about a considerable improvement in the chances of discharge from hospital of patients with affective disorder. Thus in the years 1934 and 1936, 30% affective psychotics were discharged and 50% were in-patients, as against over 60% discharged in 1948, 1949 and 1951-1952, and 30% in-patients.

These findings were reported at the annual meeting of the British Medical Association in Dublin in July 1952 also to the Geriatric Sub-Committee of the Royal Medico-Psychological Association in November 1952. Since they have an important bearing on the psychiatric problems of the old, the Geriatric Section of the R.M.P.A. has recommended that research into the

classification of mental disease in old age should be conducted at several psychiatric centres with the use of the criteria we have employed. Investigations have begun in the Cardiff area and also in Dumfries. I understand from Dr. Mayer-Gross that investigation of the first year's material at the Crichton Royal has confirmed our findings.

What we have learned during the past year will pave the way for further research in a number of directions. For example, although the five groups differ in their outcome, within each group some patients die, some are discharged, and some remain as in-patients. We can now proceed to investigate the reasons for these differences in outcome, and it may be that we shall learn more about how to predict what is going to happen in individual cases and perhaps also how to bring about an increase in the proportion of discharges in some of the groups. In the case of the acute confusions, a number of interesting problems have arisen which we are proceeding to investigate by combined psychological and physiological methods. It is also a matter of great importance to investigate how the pathological findings in those cases that die differ in the five groups. In collaboration with Dr. McMenemey of the Maida Vale Hospital we have started research on this problem, and we hope to expand this work during the coming year. The arrangement with the Maida Vale Hospital we owe to the kindness of Sir Russell Brain.

Dr. Kay and myself are at present also engaged in a detailed investigation into the inheritance, clinical picture, diagnosis and prognosis of patients over 60, and we hope in the course of the next two years to issue a series of reports dealing with each of the five clinical groups our investigations have so far defined.

It is held by most experienced observers that between 30% and 40% of the patients in infirmaries for the chronic sick suffer from a clearcut psychiatric illness, and the psychiatric approach to geriatrics is therefore one of considerable importance. When the *Lancet* published a Leader dealing with the work of the department in July, 1952, we had several enquiries for further details of our findings from general physicians in charge of geriatric units in different parts of the country.

During the past year Mrs. Collins has been engaged on the follow-up study of patients over 60 discharged from hospital. An investigation into the condition and social status of patients originally admitted in 1948 and 1949 has been completed, and more recently a study has been made of patients originally admitted

in 1946 and 1947. We are now proceeding with the study of a sample of the normal population over 60, and the results of our follow-up investigations will then be published

We have continued during the year with our studies of the relationship between clinical and electrophysiological changes during E.C.T. In recent months we have concentrated on a small number of cases studied in great detail, and some findings of interest have emerged. It seems fairly certain that until sufficient change in the electrical activity of the brain has occurred for it to be reflected in some alteration of the sensitised E.E.G., the patient has not been given an adequate chance of recovery. It will be some time before we can hope to state in precise form the amount of change required in a given case, but there is reasonable hope that it will be possible in the light of our observations to make E.C.T. at any rate a little less empirical a procedure than it is at present. In the detailed investigation of some of the E.E.G. changes which appear in the course of physical treatments we have had to work out further methods of obtaining quantitative information about the electrical activity of the brain. This we have begun to do by examining the distribution of the electrical field on the surface of the head. We have thus been enabled to obtain much additional information about the E.E.G. changes; when this work has been further developed we may well be able to learn more about the origin in the brain of the various electrical phenomena produced by such treatments as E.C.T.

We have now completed the first part of our investigation into the E.E.G. changes produced by pre-frontal leucotomy. Some new observations have come to light. Relating our E.E.G. findings to data in other fields I think we have been able to add a little to our knowledge of how the operation of leucotomy produces its effects. Papers on the E.E.G. changes and on the theoretical implications of our findings are in preparation and should be published some time during the next year.

Dr. William Mayer-Gross and Dr. Eliot Slater asked me in the spring of 1952 to join them as a co-author in the writing of a textbook, *Clinical Psychiatry*. This has now been completed, and the work is to be published by Cassells before the end of 1953.

Weekly seminars have continued during the year, and since no member of the staff remains without the first part of D.P.M. they have been concerned with psychiatric and neurological topics. Since the last report two members of the staff, Drs. Park and Moore obtained Part II of the D.P.M. and Dr. Fisher was

successful shortly after she left the hospital. We have continued to hold our bi-monthly Journal Meetings and there have been many stimulating sessions during the year.

Dr. Duncan Macgregor has now left us, but I understood from him when he visited us recently that his work on the thesis dealing with the clinical changes produced by prefrontal leucotomy is nearing completion.

Dr. Towers is continuing with his work on the problem of the institutionalised epileptic, and Dr. Panton is making progress with her follow-up studies of cases of neurotic and mild psychotic illness. Dr. Park has commenced a survey of the hospital population which should eventually give us interesting information as to the way in which the problem of chronicity has been affected by the advent of physical treatments, as well as much other valuable information.

During the past year I have visited by invitation a number of psychiatric centres to give an account of some aspect of our work and to exchange views with other clinical and research workers. In March 1952 a conference was convened by the Mental Health Research Fund at Magdalen College, Oxford, with the aim of clarifying some of the problems which confront us in the field of research in psychiatry. I was one of fifty research workers who took part in the conference. The proceedings have been published in the form of a book.

A visit to the Barrow Gurney Hospital of the University of Bristol was made in December, 1952."

#### Papers published or in the press:

1. ROTH, M. (1952a) "A theory of E.C.T. action and its bearing upon the biological significance of epilepsy." *J. Ment. Sci.*, 98, 44.
2. ROTH, M. (1952b) "The differential diagnosis of early dementia." *Proc. R. Soc. Med.*, 45, 369.
3. ROTH, M. (1952c) "Changes in the electrical activity of the brain induced by convulsive treatment." *Proc. Intl. Congr. Psychiat.*, Paris 1950, 4, 229.
4. 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.
5. ROTH, M. (1953) "Prospects in psychiatric research." Ed., J. M. Tanner, Blackwell, Oxford. Contribution to the symposium, pp. 25-26, 38-39, 153-156.

6. ROTH, M. and ROSIE, J. M. (1953) "The use of electroplexy in mental disease with clouding of consciousness." *J. Ment. Sci.*, 99, 103.
7. SHAW, J. C. (1953) "Physical interpretation of potential phenomena in the E.E.G." *Proc. E.P.T.A.*, 4, 6.
8. ROTH, M. and HOPKINS, B. (1953) "Psychological test performance in patients over 60. I. Senile psychosis and the effective disorders of old age." To be published in the July issue of *J. Ment. Sci.*
9. HOPKINS, B. and ROTH, M. (1953) "Psychological test performance in patients over 60. II. Paraphrenia, arteriosclerotic psychosis and acute confusion." To be published in the July issue of *J. Ment. Sci.*
10. MAYER-GROSS, E., SLATER, E. and ROTH, M. (1953) Textbook: "Clinical Psychiatry." To be published by Cassells.
11. KAY, D. W. (1953) "Anorexia Nervosa" (based on data collected at the Maudsley Hospital). To be published in *Proc. R. Soc. Med.*

#### Papers read at meetings:

1. M. ROTH, 3.1.1952 "The differential diagnosis of early dementia." Read at the Royal Society of Medicine.
2. M. ROTH, 21.3.1952 "The natural history of mental disease in old age." Contribution to the Oxford symposium.
3. M. ROTH, 23.4.1952 "A heuristic theory of frontal lobe function based on an integration of clinical and physiological observations with data in other fields. Read at a meeting of the Department of Experimental Psychiatry, University of Birmingham.
4. M. ROTH, 13.7.1952 "The natural history of mental disorder in old age," Read at the Annual General Meeting of the British Medical Association, in Dublin.
5. M. ROTH, 13.12.1952 "The bearing of psychoses of the old on the problem of the relationship between functional and organic mental disorders." Read at the Barrow Hospital, Barrow Gurney, Bristol.
6. J. C. SHAW, 7.2.1953 "Physical interpretation of potential phenomena in the E.E.G." Read at a meeting of the Electro Physiological Technologists Association held at the Maudsley Hospital.
7. M. ROTH, 13.2.1953 Paper to open discussion after lecture "On Ageing," by Dr. Eduardo Krapf. Read at the Royal Society of Medicine.
8. D. W. KAY, 10.3.1953 "Anorexia Nervosa." Read at the Royal Society of Medicine.

## 10. EARLY TREATMENT CENTRE.

The provision of an Early Treatment Centre as a satellite unit of Graylingwell was first approved in 1946, and in that same year plans were prepared and a most suitable site acquired. So far, it has not been possible to allocate money for its construction but we hope that eventually it will be built, for in our opinion it is essential for the proper development 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 and Dr. J. D. Morrissey, Assistant Psychiatrists, Dr. J. Towers, Senior Registrar, Dr. R. H. Park, Junior Hospital Medical Officer, and Dr. E. M. Frazer and Dr. D. Moore as Registrars.

It is with great pleasure that I report that during 1952, Dr. Morrissey obtained the degree of M.D. (N.U.I.). Dr. Moore passed the final of the D.P.M. (R.M.P.A.) and Dr. Frazer secured Part 1 of the D.P.M. (R.C.S. & P.). Three other members of the staff are preparing theses for the degree of M.D.

The duties of the medical staff continue to be organised so that the junior members can gain experience in all branches of adult psychiatry both in the hospital and extra-murally. To assist them to obtain the D.P.M., they attend formal lectures by the Director of Research and carry out their clinical work under the supervision of senior members of the staff. The hospital is also approved for the teaching of Neurology for the Conjoint D.P.M.

Clinical meetings are held on each Wednesday evening. They are attended by all the medical staff, the psychologists, the matron, chief male nurse, social workers and occupational therapist. They have proved to be of great practical, as well as instructional value.

The Group Medical Advisory Committee has again proved of great assistance. This year the Chairman is Dr. Morrissey and the Secretary is Dr. Towers.

**Nursing. Senior Staff.**—The Matron, Miss Lilian A. De Gras, has to assist her Miss Mary Caird, Deputy Matron, Mrs. B. Norbury, Senior Assistant Matron, and Miss Rosalind Wheeler, Assistant Matron. There is a vacancy for one Assistant Matron.

In November, 1952, Miss A. G. Duffy, Night Superintendent, retired on service pension. She was replaced by Miss W. McLoughlin.

The Chief Male Nurse, Mr. S. G. Richards, has Mr. H. G. Clinch as his Deputy, Mr. S. G. Whitehead as his Senior Assistant, and Mr. R. Barber as his Assistant. Mr. J. Keiran is the Night Superintendent.

**Nurses and Male Nurses.**—On the female side, the numerical strength has remained at an even level, although the proportion of students has, unfortunately, decreased during the past year. We continue to be about 10% below our full establishment.

In common with other hospitals we have experienced difficulty in getting recruits for the male side and we now have vacancies for 12 student male nurses. This is making it very difficult for the Chief Male Nurse to maintain all the many nursing services, arrange staff holidays and allow for the possibility of sickness. We have, however, continued to assist the staff to become doubly qualified and at present three Staff Nurses have been seconded for General Training. Altogether 8 of our male nurses already hold certificates for both mental and general nursing.

Apart from the two male nurses who are unfortunately suffering from Pulmonary Tuberculosis, the health of the nursing staff has been satisfactory. Those who are resident have comfortable accommodation and their welfare is looked after by the Home Hostess, Miss M. Irwin.

**Nurse Training School.**—The Sister Tutor is Miss B. Nash, S.R.N., R.M.N., Qualified Tutor, and there are at present 37 nurses in training (women 21, men 16). During 1952, three Preliminary Training Schools were held with seven nurses in each School. One week's Block Study has also been given to each candidate immediately before taking the Final Examination. Last year 9 candidates entered the Final, all passed and are now State Registered.

The revised syllabuses of Subjects for Examination have been received. We have already commenced the Study Day per week for junior nurses as recommended and intend to implement the other recommendations in due course.

The Edmiston Nursing Prize was awarded to Miss M. Quigley, third year student, for Efficiency in Practical Nursing.

The Gambier Nursing Prize was won by Miss I. Reinthal, second year student, for Proficiency in the Theory and Practice of Nursing.

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

“ The Club has enjoyed another year of success and expansion in all its regular activities. In addition to the programme of events there has been the momentous decision to build a new Club House to replace the inadequate premises at present at our disposal.

On the social side there has been a series of modern and old time dances and social evenings. The Club Room has continued to be the meeting place for members and their friends, and its popularity as such has increased considerably. The bar, managed by our friendly steward and stewardess, is one of the Club's greatest assets, both socially and financially. One concert of recorded music and items for oboe and piano was arranged, and this was presented and played by Club members.

On the athletic side we have seen progress all the way. Excellent games of cricket and tennis were played throughout the summer, when our sports field may well be styled one of the most attractive in the county. The three hockey teams lived up to their reputation in a hard-fought but successful season, and the Inter-Hospital (Chichester) Hockey Cup rests once again in our Club Room. Credit goes to the Football Section, not so much for their performance (although they have achieved a measure of success) but rather for their courage in launching a second league team. The value of a second eleven playing league football has been well proved at Graylingwell. Other organised games included badminton, bridge, and table tennis, the latter section also having two teams in a local league. At the end of the third Annual Inter-Hospital (Chichester) Sports Day the Challenge Shield returned to our Club Room for the third time. Our ladies' athletic team also won a shield in a Chichester athletic competition.

Since the decision was made to build a new Club House, all sections of our Graylingwell community have banded together in making plans and raising money. The object is to provide a comfortable and attractive social centre with facilities for many indoor games, changing accommodation for sports teams, a bar, snack bar, and a large room for socials and dances. Most of the labour is to be provided by Club members in their spare time.

The Club is deeply appreciative of the unfailing interest and support which they receive from the Hospital Management Committee, the Medical Superintendent and the Group Secretary, and in particular they are most grateful for the generous assistance given to the new building project."

## 12. OFFICIAL VISITS.

17th June, 1952	Commissioners of the Board of Control—Mr. N. C. Croft-Cohen and Dr. E. N. Butler.
16th July, 1952	Ex-Services Welfare Society—Captain Napier.
8th August, 1952	The Minister of Health—The Rt. Hon. Iain Macleod, M.P.,
1st September, 1952	Ministry of Pensions—Sir Francis Prideaux.

## CONCLUSION.

It gives me very great pleasure to tender my sincere thanks to all my colleagues, both professional and lay, for their unfailing assistance and co-operation; and I would thank you, Mr. Chairman, Ladies and Gentlemen, for the encouragement and support you have so generously afforded me at all times.

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.

*25th June, 1953.*

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year ended 31st March, 1953.

## 1. GENERAL ADMINISTRATION.

I have to report a noticeable increase in administrative work during the year, and an increase in the clerical establishment appears to be unavoidable.

Three senior officers of the Hospital retired on pension during the year after long periods of faithful and valuable service. They were :—

Mr. Frank Miles, Assistant to the Engineer, after 33 years' service.

Miss A. G. Duffy, Night Superintendent, after 24 years' service.

Mrs. E. E. Nevell, Social Worker, after 16 years' service.

## 2. FINANCE.

### (a) MAINTENANCE ACCOUNT.

Expenditure on this account has again risen, largely because of the salaries and wages awards which have been granted during the year and also to higher purchasing cost ; particularly is this so with regard to the prices of provisions and fuel.

### (b) CAPITAL ACCOUNT.

The only item of capital expenditure authorised by the Regional Hospital Board was in respect of the erection of an Occupational Therapy Centre.

(c) AMENITY FUNDS.

The main headings of expenditure from "free monies" were :—

Patients' Outings and Entertainments.

Television and Radiogram.

Games and Recreational Equipment.

Research Equipment.

The Management Committee have promised a large donation towards the cost of erecting new premises for the Staff Social and Athletic Club and as Honorary Treasurer of the Club, I beg to express the thanks of the staff to the Committee for their generous support.

### 3. SUPPLIES AND CATERING.

The supplies position remains much as last year and, in general, may be regarded as satisfactory.

It is very pleasant to record that we are receiving an increasing amount of assistance from the Occupational Therapy Department which arranges its programme to include the greatest possible number of projects which are of utility value to the Hospital.

The Printing Department, which has printed the whole of this Report, has been able to assist other Hospitals in addition to meeting the full requirements of Graylingwell Hospital.

The Kitchens, Bakehouse and Dining Rooms are now under the supervision of a Catering Officer and although this appointment is a very recent one, I can state that it has already been fully justified by the results achieved.

### 4. ENGINEERING DEPARTMENT.

The Engineering and maintenance staff have had a busy year as will be seen from the summary of the Engineer's Report (Appendix "A").

In addition to work undertaken by direct labour, extensive repairs to the drives and farm roads were carried out.

### 5. FARM AND GARDEN.

I attach the Farm Bailiff's Report hereto (Appendix "B") in

which he records a satisfactory year's work.

I take the opportunity of reaffirming that the benefit which the Hospital derives from the Farm is incalculable.

It is disappointing that the scheme to reorganise the Dairy Farm has again had to be deferred for financial reasons.

## 6. CONCLUSION.

To Dr. Carse, the senior members of the Medical and Nursing Staffs and my colleagues in all departments, I would like to offer my sincerest thanks for the ready co-operation and willing assistance which they have at all times given to me.

In conclusion, I must express to you, Mr. Chairman, Ladies and Gentlemen, my very real gratitude for your continued encouragement and support.

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 for the year ended 31st March, 1953.

**ELECTRICITY. Consumption.**

D.C. (Generated) ...	262,735	Units.	Cost per unit	3.48d.
A.C. (Purchased) ...	295,610	"	"	1.34d.
Total Consumption	<u>558,345</u>	"		

Compared with the previous year, there was an increased consumption of 52,125 units.

**WATER.**

Pumped ...	7,172,790	Galls.	Cost per 1000 galls.	7.4d.
Purchased ...	29,045,000	"	"	1/1d.
Total Consumption	<u>36,217,790</u>	"		

Compared with the previous year.

Pumped.	Decrease of 1,900,950 galls.
Purchased.	Increase of 2,509,000 galls.
Total Consumption.	Increase of 608,050 galls.

In addition to the above, 123,230 gallons were supplied to the Farm and metered at Old Place Farm.

**BOILER HOUSE & ENGINE ROOM.** The Boilers, Feed Pumps, Calorifiers, Diesel Engines, Generators and Main Storage Battery have all been overhauled by our own staff during the year and are in satisfactory working order.

A three shift system providing full 24-hour service for hot water and heating when necessary was started in September.

**BUILDINGS.** In addition to the ordinary repairs and redecorations, the following work was carried out:—

Completion of Occupational Therapy Centre.

Hut in M.D. Garden completed as Printing Dept., Resident Male Nurses' Lounge and Sanitary Annexe.

Lavatories tiled, M.C.1, M.C.2, F.B.1 Wards.

New Lavatory Basins installed in M.C.1, M.C.2 and F.B.1 Wards.

Urinals installed in M.C.1 and M.C.2 Wards.

Gas supply connected to Richmond Block.

Gas heated Sterilisers installed in M.A.1, M.B.1, F.B.1 and F.R.1 Wards.

T.V. aerial installed on top of Water Tower, complete with amplifiers and ring main feeding, M.E.2, M.B.1, F.A.1, F.F.1 and F.F.2 Wards, and Recreation Hall.

Projection T.V. Sets installed in Recreation Hall, F.F.1 and F.E.2 Wards. Direct Vision Receiver installed in M.B.1 Ward.

Barn roofs repaired and re-thatched—Martin's Farm.

J. C. CHYNOWETH,

*Resident Engineer.*

25TH JUNE, 1953.

(Appendix "B")

**SUMMARY OF FARM BAILIFF'S REPORT.**

I beg to submit my report on the Farm, Gardens and Grounds for the year ended 31st March, 1953.

I am pleased to report a fairly satisfactory year, crops on the farm and in the kitchen garden were excellent.

Supplies of milk, meat, eggs, vegetables and fruit to the Hospital were fully maintained, several other local Hospitals were regularly supplied with potatoes and vegetables.

The farm buildings at Martin's Farm have been thatched and restored to a serviceable condition.

Repairs were carried out to the drives and roads on the Estate.

The Shorthorn Dairy Herd again won the "North Challenge Cup" for the highest yield (13,581 lbs.) by a Shorthorn Herd in the County for the fifth time in succession, the herd also had the highest yield given by any Shorthorn Herd in the whole Country.

The grounds have been kept in an attractive condition, giving a lot of pleasure to the patients and visitors.

Patients have once more given valuable assistance on the farm and gardens.

W. H. HIGGOTT,  
*Farm Bailiff.*

25TH JUNE, 1953

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

GRAYLINGWELL HOSPITAL,  
CHICHESTER.

*18th June, 1952.*

We have today concluded an exceptionally interesting and pleasant visit to this very good Hospital, and our impressions of the standards of medical work and nursing care, and of the administration, both lay and medical, are wholly favourable.

That this is a happy hospital we have no doubt, and for this the freedom from restraint enjoyed by the patients, and the emphasis placed on measures for their resocialisation and rehabilitation are no doubt largely responsible. The occupation therapy department, with a staff of 4 occupation therapists, assisted by 2 carpenters, is extremely well organised, and we observe with satisfaction that 77.5% of the men and 82% of the women patients are occupied or employed. In addition to work in the occupation centre and classes, all patients are expected to do some useful work for the Hospital, an excellent arrangement. At the present time a new occupational building is under construction. It is ideally sited, and it will provide accommodation for some 200 patients. This will not only make it possible to allow more patients to benefit from this indispensable form of treatment, but it will also relieve the present overcrowding of the centre in the main building. Two dressmakers are employed, and selected women patients are taught this work. There are physical training classes for those most likely to benefit. Recreations and amusements, including motor coach drives, are ample, and the Hospital has for long been outstanding for its varied cultural activities.

We are glad to know that better accommodation for the library, now housed in the Recreation Hall, will soon be available, and we hope that when funds permit, consideration will be given to the employment of a trained librarian, if not full-time at least on a part-time basis.

The Canteen is also to be moved to better quarters in the near future, and a hair-dressing room for men (there is already a very good one for women) will be provided.

The patients' dietary appears to be good and well varied, the cost of food alone a head each week being 15/2. On the male side the wards are already equipped with hot plates, and the female wards will be similarly provided as soon as the staff is available for fitting them. It is proposed to purchase a Pasteurisation plant and bottling machinery for the dairy farm. The wards without exception are attractive and comfortable, and most of them are well furnished, while plans for completing the refurnishing of the wards are well under way. Sponge rubber and interior spring mattresses are both being gradually introduced. A particularly pleasing feature is the generous supply of flowers and plants in all the wards.

There are 1111 patients in residence, 739 women and 372 men, 306 of the former and 156 of the latter being here on a voluntary basis. There are no temporary patients at present, and we note that only 1, a woman, was admitted during 1951.

Direct admissions during 1951 numbered 854, 289 men and 565 women, no fewer than 666 of these cases having been admitted under the provisions of the Mental Treatment Act, while 777 of the patients came here straight from home. In the same year 748 patients, 251 men and 497 women, departed or were discharged. It will be seen therefore that the turnover of patients is very high.

There are only 3 locked wards on each side of the Hospital, and we understand that it is hoped to reduce even this number in due course. "The Acre," the ancillary house at Worthing, where there is accommodation for 17 patients, is of course entirely "open": we visited this very comfortable and pleasant house, where Dr. Panton is in charge, yesterday. The Preliminary Training School is being extended, and when the work has been completed, this should be a very good unit indeed.

The Nursing Staffs are as follows:—

	M.	F.
Total staff ... ..	93	90 + 33 part-time
On duty at night ... ..	15	13 + 14 „ „
Certificated or registered as		
mental nurses ... ..	63	32 + 17 „ „
Passed preliminary exam. only	11	11
Nursing Assistants ... ..	9	29

There is a qualified sister tutor.

In addition to the Nurses' Home, the Hospital possesses a very charming and comfortable house, called Woodfield House,

where 19 Sisters and Nursing Assistants live.

Recently an excellent mess-room for medical officers and senior subordinate officers has been opened, and a similar mess-room for nurses, male and female, will be ready for use in the near future. The nurses have a good Social Club.

In 1951, 107 patients died, 45 men and 62 women, giving a death rate of 9.5%. As many as 87 post-mortem examinations were made. Since the last visit 2 inquests have been held, and 19 fractures have occurred.

In 1951 there were 17 cases of dysentery, but since then the Hospital has been free from intestinal infections. In the same year there were 5 notifications of tuberculosis, and this illness was the cause of one death. At present one man and one woman are suffering from pulmonary tuberculosis. Treatment for this condition is supervised by the Medical Superintendent of a nearby Sanatorium, who is most helpful. Mantoux testing of the nursing staff has been completed, and all who needed it have been inoculated with B.C.G.

Following upon a recent smallpox outbreak at Brighton, all the nurses were vaccinated.

The wards where the sick are treated are very good indeed, and we were impressed by the skill and kindness of the nurses throughout the Hospital.

One medicine cupboard which we inspected did not comply with the law as regards the storage of poisons, and the pharmacist has undertaken to put this right.

There are 2 pathological technicians and one student. A very thorough pathological investigation is carried out on every new case, and there is a system whereby any abnormal findings are automatically followed up. The work of this department appears to us to be excellent. The Senior technician acts also as radiographer, and the X-ray apparatus is modern.

Part of a disused general bathroom has been converted into an operating theatre and a physiotherapy department.

We were sorry not to meet Dr. Roth, Director of Research, who is attending a conference abroad. The E.E.G. Dept. comes within his province, there is one machine for routine work, and a second, 8 channel apparatus for research. A fact of considerable importance is that the Hospital has now been recognised as a

teaching centre for Neurology for the D.P.M.

The medical staff is at present depleted, but we were impressed by the competence and enthusiasm of the doctors here. This applies not only to the sphere of psychiatry but also to that of general medicine, and in this respect we were glad to hear that the visiting consultants pay regular visits, which has a stimulating influence.

Clinical conferences, which are attended also by the Social Workers and the head occupation therapist, are held each week.

All recognised forms of modern psychiatric treatment are available. Attention is also paid to the welfare of chronic patients, and for them physical training (already mentioned), habit training, and group activities have been introduced.

Out-patient clinics are held weekly at Horsham Hospital, at Worthing Hospital, and at the Royal West Sussex Hospital, Chichester, and Graylingwell has beds available for the treatment of patients at the Royal West Sussex and at St. Richard's Hospital.

Dr. Joshua Carse, his deputy, Dr. E. P. H. Charlton, Dr. Martin Roth, and Dr. David Rice are all consultants. Dr. Nydia E. Panton is Psychiatrist, Drs. J. D. Morrissey and D. F. Macgregor are Senior Registrars, Drs. J. Towers and M. M. Salzmann are Registrars, and Dr. R. H. Park is a Junior Hospital Medical Officer. There are vacancies for one Psychiatrist and one Junior Hospital Medical Officer.

Miss L. A. De Gras is Matron and Mr. S. G. Richards is Chief Male Nurse. Our thanks are due to Dr. Carse and to his medical colleagues, in particular to Dr. Charlton, Dr. Rice and Dr. Panton, as well as to Mr. England, the Secretary, for their assistance to us throughout our visit.

N. C. CROFT-COHEN,

E. N. BUTLER,

*Commissioners of the Board of Control.*

## CHAPLAIN'S REPORT, 1953.

*25th June, 1953*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my eighth Annual Report for the year ended 31st March, 1953.

The Medical Superintendent and Group Secretary have continued to give me every assistance and encouragement in my spiritual work.

It is recognised that the Church has a message of forgiveness that can relieve many who have become conscious of guilt and this message is proclaimed in the weekly services of the Chapel and to individuals as the need arises, with the co-operation of the doctors.

The Church's teaching of loving one's neighbour is also helpful in cases where the illness is due to hate or jealousy.

Patients who have been made ill by the deprivation of love often find that need satisfied in the fellowship of the Church and in the revelation of God's love towards them.

In these and other ways, the Church's work in the Hospital seeks to supplement the healing work of the medical and nursing staff.

The Morning and Evening Services in the Chapel every Sunday were well attended and the Choir of patients and staff under the leadership of Mr. A. W. Ingram helped everyone to join heartily in the hymns and prayers. An Evening Service was held on Friday afternoons in Richmond I Ward for those unable to attend Chapel through age or sickness.

The Sacrament of Holy Communion was administered on the third Sunday of every month and on the great Festivals. About twenty private Communions were given in the Wards each month. A Celebration of Holy Communion was held for the staff on Christmas Day, Easter Day and Whit-Sunday at 6.15 a.m., before duty commenced.

The Wards and various departments were visited regularly and my contact with the patients and staff was most friendly and encouraging.

Twenty-three Funeral Services were taken at Chichester Cemetery.

The Choir of St. Peter the Great, together with friends from other Churches in Chichester, under the leadership of Mr. Ernest England, sang Stainer's "Crucifixion" on Good Friday Evening. Two members of the staff, Mr. S. Whitehead and Mr. C. E. Goff, sang the principal parts.

The Christmas Carol Service with lessons read by doctors, nurses and the Engineer, was held on the Sunday before Christmas.

A Memorial Service for His Majesty, the late King George VI was held in the Chapel and also Special Services of Thanksgiving for the Coronation of Her Majesty, Queen Elizabeth II.

An innovation this year was the Service of Prayer in connection with the Women's World Day of Prayer. Miss E. Fisher gave a talk to a large congregation of women. I hope that this will become a regular Lenten Service each year.

I was happy to join in the various social events of the Hospital and have taken an active interest in the patients' football and cricket teams.

I should like to take this opportunity of publicly thanking the Matron and her staff for all their help and especially in the preparation of Holy Communion in the Chapel and in the Wards, and also for the arrangement of the Altar Flowers. Mr. S. G. Richards, Chief Male Nurse, has always been most helpful to me, both at the Services by reading the Lessons and appointing sidesmen to take the Collection and also in keeping the Chapel spotlessly clean and tidy.

The Farm Bailiff and his staff have decorated the Church at the Festivals with such care that I have never seen more beautiful arrangements. Finally, may I thank the members of the Committee for the new Altar Frontal and Holy Communion Linen which makes our worship more fitting and dignified. These, and the gift by a grateful patient of two rugs, made by a patient in the Occupational Therapy Department, have greatly improved the appearance of the Sanctuary.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN C. SALISBURY.

## THE FREE CHURCH CHAPLAIN'S REPORT

*28th May, 1953*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my sixth Annual Report on my work as Free Church Chaplain at the Hospital during the past twelve months.

Visitation in all departments has increased the number of personal contacts with patients, and fuller knowledge of the circumstances and needs of many has made possible a relationship of growing mutual confidence and trust.

In collaboration with the Department of Occupational Therapy I have again conducted weekly Community Singing and the Percussion Band. The music has included not only the usual kind of community songs, but also classical works, carols and sacred music. As in previous years a Carol Concert was given in the large hall at Christmastime.

It has again been my privilege to conduct the evening worship in the Hospital Church on the second Sunday of each month, by invitation of the Rev. Salisbury, whose unfailing co-operation has added greatly to the usefulness of my own work.

I am most grateful to all members of the Hospital Staff for their readiness to assist the chaplain in every possible way, and their co-operation has made the work throughout the year a happy one.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. J. SPOONER.

## THE ROMAN CATHOLIC CHAPLAIN'S REPORT.

*25th June, 1953*

Mr. Chairman, Ladies and Gentlemen,

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

I have been temporary Chaplain to the Hospital since last September only. I have received every assistance in making the helps and comforts of the Catholic faith available to the Catholic patients of the Hospital. The Mass continues to be offered on every Tuesday at 9.15 a.m., in Kingsmead Villa, and the Sacraments of Confession and Holy Communion have been available to all. The last Sacraments have been given when necessary.

A permanent Chapel would be of immense benefit to the whole Catholic community and we all hope that the matter will be given effective consideration soon.

The amenities provided for all patients at this Hospital are deserving of the greatest admiration and it has been a pleasure to work under such conditions.

We express to the authorities the sincere thanks of the Catholic staff and patients at Graylingwell for the ready help and understanding we have always received.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

THOMAS SHEEHY.

# GRAYLINGWELL HOSPITAL MANAGEMENT COMMITTEE.

## *Summary of Expenditure and Cost per Head for year ended 31st March, 1953*

Average Available Staffed Beds	1166
Average Bed Occupancy ...	1103
No. of In-Patient Days ...	402497

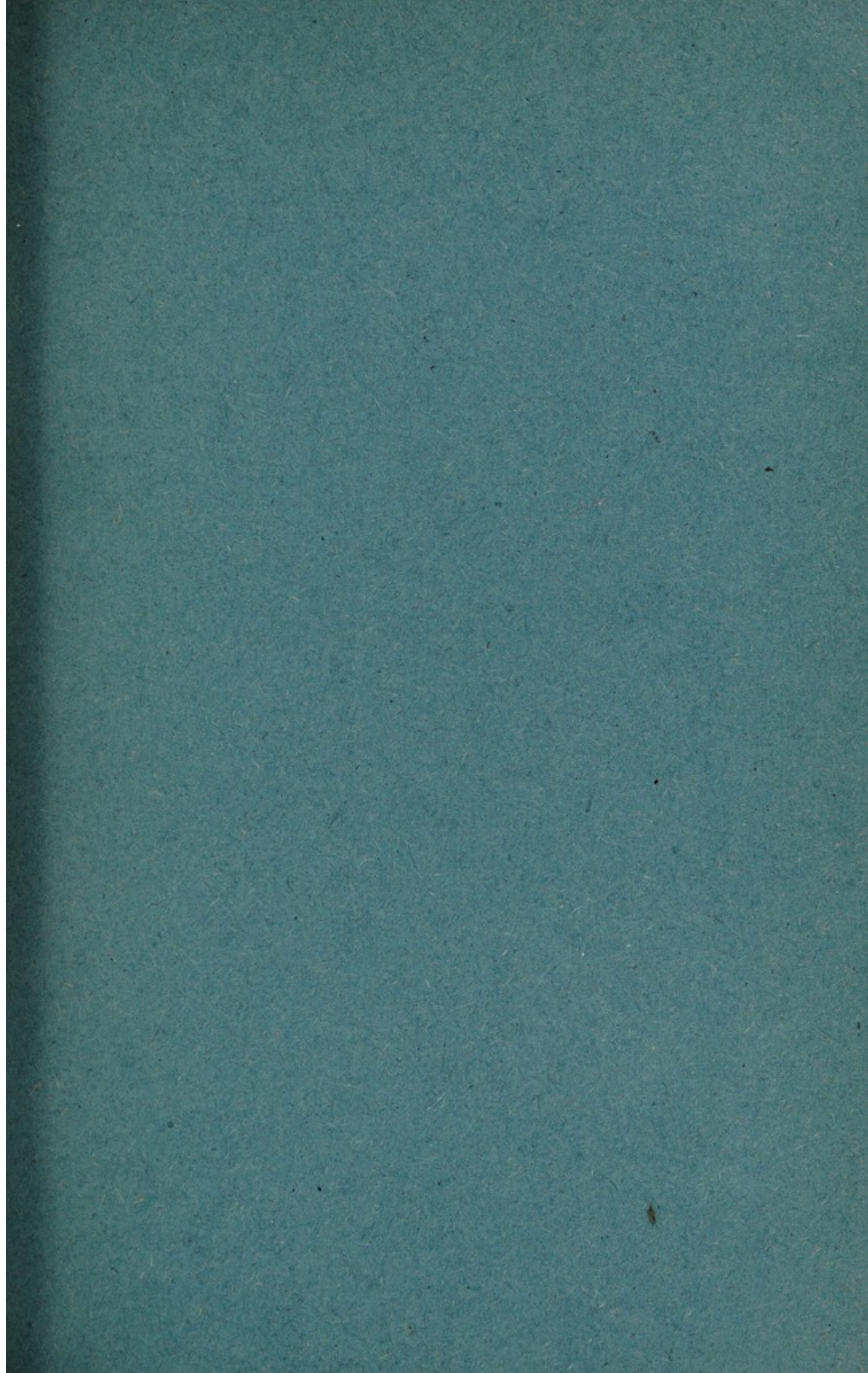
EXPENDITURE HEAD.	Amount (nearest £)	Wkly Cost per head
<i>Running Charges.</i>	£	£ s. d.
Provisions ...	49,319	17 2
Patients' Clothing ...	4,595	1 7
Drugs, Dressings, Medical & Surgical Appliances	5,601	2 0
Laundry ...	8,776	3 0
Hardware and Crockery ...	935	4
Bedding and Linen ...	3,785	1 4
Cleaning and Chandlery ...	1,779	7
Other Running Charges ...	4,822	1 8
<i>Standing Charges.</i>		
Medical Salaries ...	22,589	7 10
Nursing Salaries ...	92,382	1 12 2
Other Staff Salaries ...	71,438	1 4 10
Staff Uniforms ...	1,805	8
Fuel, Light, Power and Water ...	19,463	6 9
Maintenance of Buildings, Plant and Grounds...	11,699	4 1
Furniture and Furnishings ...	7,554	2 7
Rent and Rates ...	8,930	3 1
Printing, Stationery, etc. ...	3,363	1 2
Hospital Transport ...	2,855	1 0
Canteens and Shops ...	12,200	4 3
Farm and Garden ...	14,269	5 0
Other Standing Charges ...	1,231	5
<b>TOTAL HOSPITAL EXPENDITURE</b>	<b>349,390</b>	<b>6 1 6</b>
<i>Direct Credits.</i>		
Staff Deductions & Charges for Board & Lodging	10,902	3 9
Canteens and Shops ...	14,305	5 0
Farm and Garden Income ...	32,795	11 5
Other Trading Income ...	498	2
Other Receipts...	379	2
<b>TOTAL DIRECT CREDITS</b>	<b>58,879</b>	<b>1 0 6</b>
<b>NET HOSPITAL EXPENDITURE.</b>		
Total Hospital Expenditure less Direct Credits	290,511	5 1 0
<b>SUMMARY OF EXPENDITURE FOR GROUP.</b>		
Net Hospital Expenditure (as above) ...	290,511	
Central Administration Expenditure ...	10,296	
<b>TOTAL FOR GROUP</b>	<b>300,807</b>	



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

Year	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				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				Died			Remaining 31st Dec.						Average Number Resident						Percentage of Recoveries on Admissions excluding Transfers						Percentage of Deaths on Average Number Resident												
	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														
1922	79	111	190	9	20	29	3	7	10	10	14	24	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	15	8	11	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	27	15	22	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	24	18	36	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	21	18	2	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	23	35	7	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	25	24	5	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	23	43	37	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	28	24	13	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	23	24	27	20	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	38	34	20	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	24	33	20	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	45	51	27	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	38	37	16	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	36	51	15	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	41	64	23	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	41	42	37	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	38	60	29	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	45	61	19	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	34	75	19	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	34	67	8	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	39	49	18	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	37	56	9	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	43	68	18	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	45	67	23	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	42	79	28	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	44	47	48	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	69	87	40	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	34	58	34	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	45	62	47	107	376	729	1105	387	737	1124	51.55	51.33	51.41	11.63	8.41	9.52																			
1952	300	624	924	158	320	478	82	190	272	48	61	47	109	372	751	1123	375	748	1123	53.20	51.61	52.13	12.80	8.16	9.71																			





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