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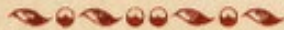
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SOUTH-WEST METROPOLITAN
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GRAYLINGWELL HOSPITAL
CHICHESTER
(Group No. 45)



FIFTY-NINTH
ANNUAL REPORT

1956

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SOUTH-WEST METROPOLITAN REGION

FIFTY-NINTH



ANNUAL REPORT

of

GRAYLINGWELL HOSPITAL

CHICHESTER

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CHICHESTER

(Group No. 42)

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The Management Committee

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

Sub-Committees.

Farm and Grounds:

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MR. H. H. CORDERY MR. P. A. NORMAN
MR. J. W. COPITHORNE

House and Stores:

MR. W. G. S. NAUNTON, (*Chairman*)
DR. L. C. de R. EPPS MRS. M. E. LAWSON
MR. D. A. LANGHORNE MR. N. LONGLEY

Finance:

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

Secretary of the Management Committee:

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

VISITING STAFF



- Physicians..... (H. SEAWARD MORLEY, M.D., F.R.C.P. (Lond.)
J. F. P. SKRIMSHIRE, M.D., M.R.C.P.
- Physicians in Neurology and E.E.G. (B. G. PARSONS-SMITH, O.B.E., M.D., F.R.C.P.
J. FOLEY, M.D., M.R.C.P.
- Chest Physician J. EDGAR WALLACE, M.D.
- Honorary Psycho-Analyst... ERNEST JONES, M.D., F.R.C.P.
- Honorary Psychiatrist..... MARTIN ROTH, M.D., M.R.C.P., D.P.M.
(Professor of Psychiatry, University of Durham)
- Psycho-Therapist..... O. B. SHARP, M.B., B.S., M.R.C.S., L.R.C.P.
- Surgeons (D. A. LANGHORNE, M.B.E., F.R.C.S. (Ed.)
A. G. ROSS, F.R.C.S.I.
- Neuro-Surgeon..... WYLIE MCKISSOCK, O.B.E., M.S., F.R.C.S.
- Ophthalmologists..... (NIGEL CRIDLAND, M.A., D.M., D.O.
P. W. ARUNDELL, M.R.C.S., L.R.C.P., D.O.M.S
- Surgeon, Ear, Nose and Throat Department..... J. H. HARLEY GOUGH, M.A., M.R.C.S.,
L.R.C.P.
- Anaesthetists..... (C. PRIDEAUX, F.F.A.R.C.S., D.A.
S. E. OSBORNE, L.M.S.S.A., D.A.
- Radiologist..... J. H. BAIRD, M.B., Ch.B., D.M.R.E.
- Pathologists (G. A. HARRISON, M.D., F.R.I.C.
D. P. KING, M.D. (Cantab.)
C. H. R. KNOWLES, M.D.
- Consultant, Public Health and Hygiene..... J. S. BRADSHAW, M.B., Ch.B., D.P.H.
(County Medical Officer of Health)
- Dermatologist..... E. COLIN JONES, M.B., B.S.
- Dental Surgeon..... 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* JOHN D. MORRISSEY, M.D., D.P.M.
(*Consultant Psychiatrist to the Chichester Group Hospitals*).
- Consultant Psychiatrist and Director of Clinical Research* PETER SAINSBURY, M.D., D.P.M.
- Consultant Psychiatrist*..... G. H. A. CHAMBERLAIN, M.D., M.R.C.P.I.,
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 TOWERS, B.M., B.Ch., D.P.M.
{ BRIAN H. VAWDREY, M.A., M.D., D.P.M.
- Senior Registrars*..... { D. LINDSAY WALKER, M.B., B.S., D.P.M.
{ J. P. SCRIVENER, M.B.E., M.R.C.S.,
L.R.C.P., D.P.H., D.P.M.
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{ PATRICIA PRINGLE, M.A., M.B., D.P.M.
- Junior Hospital Med. Officers* { A. SPELLMAN, M.B., B.S.
{ VACANT.
- Clinical Psychologists*..... { P. B. WALDRON, B.A.
{ VACANT
- Physio-Therapist*..... M. W. HARRY, M.C.S.P., M.E., L.E.T.
- Chaplain* REV. R. R. MINTON.
- Chaplain, R.C.* REV. P. TAK.
- 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.

- 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* G. R. PRATT, S.R.N., R.M.N., R.M.P.A.
- Social Workers*..... { M. JOSEPHINE BUTCHER, *Barrister at Law.*
J. COLLINS, B.Sc. (Econ.)
GRACE CANNON, B.Com.
V. ARENDT, A.M.I.A.
- Head Occupational Therapist* J. M. MEADER, M.S.A.O.T.
- 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
- Chief 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.

Major	J. D. GRAY, S.M., R.M., S.M.
Staff Tutor	R. H. NASH, S.M., R.M.
Chief Male Nurse	G. R. TRATT, S.M., R.M., S.M.
	M. JOSEPHINE BUTCHER, B.Sc. in Law
	J. COLLINS, B.Sc. (Pharmacy), B.Sc. (Hons.)
	GRACE CANZON, B.A., B.Sc. (Hons.)
	V. SHRENT, A.M.A.
Head Occupational Therapist	J. M. HEALD, M.A., B.Sc. (Hons.)
Chief Pharmacist	E. FARLEY, M.L.S., B.Sc. (Hons.)
Research Assistant	J. O'SHAW, B.Sc., Grad. L.H.E., A.M.S.T.A.
Chief Laboratory Technician	H. A. STYMON, A.L.M.T., M.B.E.M.S.
Registrar	J. C. CHYROWETH, A.M.C.T. (V.M.S. Ex.)
Form Officer	W. H. HENNOT
Catering Officer	R. VERNON VASE, A.M.C.T., M.C.T.A., M.B.C.A.
	A. M. WALKER, A.M.C.T. (V.M.S. Ex.)
	VACANT
Clinical Psychologist	P. B. WARDEN, M.A. (V.M.S. Ex.)
	VACANT
Physio-Therapist	M. W. HAY, M.C.P., M.P., L.P.T.
Chaplain	Rev. R. E. Minton
Chaplain, R.C.	Rev. P. Lee
Chaplain, Free Church	Rev. P. J. Gordon, M.D.
Secretary of the Management	E. C. BARNETT, M.A.
Director of Studies	H. BROWN, M.A., M.B.E.

SOUTH-WEST METROPOLITAN REGION.

Graylingwell Hospital, Chichester

(Group No. 45)

The Eighth Report of the Management Committee

being the

FIFTY-NINTH

Annual Report of Graylingwell Hospital.

The Graylingwell Hospital Group Management Committee have pleasure in submitting their Report for the year ended 31st March, 1956.

There has been no change in the constitution of the Management Committee since the presentation of the last Annual Report; a list of the present members will be found on page 4.

The Report of the Medical Superintendent, which is appended, contains a full account of the activities of the hospital and gives details of the statistics for the year. Also appended are the Reports of the Hospital Chaplains, the Administrative Reports and a copy of the very satisfactory entry made by Miss I. Coffin Duncan, a Commissioner of the Board of Control, when she visited the Hospital on the 22nd September, 1955.

As from 1st October, 1955, Kingsmead Villa was excluded by the Minister of Health from the "designated" accommodation of Graylingwell Hospital, and thus became available for the reception of "non-statutory" patients. With the beds which

were previously excluded at Summersdale Hospital and at The Acre, there is now accommodation for 160 patients who can be admitted for treatment without legal formality.

A commencement has been made with the building of extensions to two existing blocks which, when completed, will provide additional accommodation for 36 men and 36 women.

A new Insulin Unit, at present under construction, will enable ward space hitherto diverted for this purpose to be returned to its original function, while additional sleeping space is being provided by converting the former Staff Social Club Room into a dormitory annexe for 10 patients.

Other works of maintenance and adaptation are enumerated in the Superintendent Engineer's Report, but reference must here be made to a few items of especial interest and importance.

The sum of £12,500 was spent on repairs to the Hospital roofs during the year, making a total expenditure of £27,500 over the past three years and leaving approximately £4,000 worth of work still to be executed.

The Recreation Hall has been tastefully redecorated and special attention given to improving its acoustics. The stage fittings and fixtures have been modernised to a certain extent and the cinema apparatus has been adapted for "wide screen" showings.

The first phase in the reconstruction of the main Kitchen has been completed and the remaining work will be undertaken when money is available for this purpose.

The major scheme whereby the three Chichester Hospitals and the Central Laundry are to be served by a single Boiler House, has made considerable progress. Graylingwell Hospital is scheduled to be connected to the new service in 1958, but there is a probability that the actual date of connection may be considerably advanced.

It is pleasing to record that members of the Staff Social and Athletic Club have by their own efforts completed the first stage in the building of a new Club House. The part which has been completed is in itself an efficient and most attractive unit and all concerned with its design and erection are to be highly commended and congratulated.

In 1947, the first Celebrity Concert ever to be given under the auspices of the Council for Music in Hospitals was held at Graylingwell Hospital, and so commenced a service which has since proved of inestimable benefit and entertainment to patients in hospitals and sanatoria all over the Country. The hundredth consecutive monthly concert in the Graylingwell Hospital series was held on the 16th June, 1955, and to mark the occasion and to pay tribute to the valuable work of the Council, a Reception and Dinner was held immediately afterwards. The Management Committee had the honour and pleasure of entertaining a most distinguished gathering, amongst whom was the President of the Council, the Earl of Harewood, who was accompanied by the Countess.

A Mental Health Exhibition was held at the Assembly Rooms, Chichester, in February, 1956. The Exhibition, which was opened by Miss M. P. Hornsby-Smith, M.P., Parliamentary Secretary to the Ministry of Health, aroused much local interest, no less than 2,621 people having attended during the five days it was open to the public.

While it cannot be said to have had an immediate effect on nursing recruitment, which was one of its objectives, it is hoped that some of the many young people who came may have been sufficiently impressed to present themselves in due course as candidates for the mental nursing profession.

The Committee wish to express their thanks to the Organising Committee as well as to the many members of the Hospital Staff who devised, prepared and indefatigably staffed the Exhibition. They may be assured that their efforts were well worth while and greatly appreciated. Thanks are also due to the Press, Cinema Managers and many others who co-operated in publicising the Exhibition.

Dr. Martin Roth resigned his appointment as Director of Clinical Research on his acceptance of the Chair of Psychological Medicine in the Newcastle Division of the University of Durham, and at the latter end of the year the Deputy Medical Superintendent, Dr. David Rice, gave notice of his impending resignation on his appointment to the post of Physician Superintendent of Hellingly Hospital, East Sussex. To both Doctors, the Committee extend sincere thanks for their past services, congratulations on their respective appointments and best wishes for their future happiness.

The Revd. P. H. G. Tak has succeeded the Revd. C. P. Crawford as Roman Catholic Chaplain and the Committee offer him a cordial welcome.

At the end of the year a final decision with regard to the future of the Graylingwell Hospital Farm was yet to be made, but there appears to be no doubt that the Management Committee will cease farming operations in the near future. In the meantime, the Farm has continued its usual efficient manner and all concerned in the management of the Shorthorn Dairy Herd are to be congratulated on the successes which it has achieved.

Each year an increasing number of people interest themselves in the work of the Hospital and the welfare of the patients and the Committee are exceedingly grateful to the many who have assisted in different ways.

Thanks are especially due to the several amateur societies who have entertained the patients with their productions, to the members of the Women's Voluntary Services who act as Librarians, serve refreshments to patients' visitors and help in various other ways, while a special word of thanks is due to one lady who, with the help of her friends, regularly entertains parties of long-stay patients in her own home.

The Committee are also deeply appreciative of the gifts received through the medium of the League of Friends of the Chichester Hospitals and they have welcomed the formation of a League of Friends of Graylingwell Hospital which operates in the Worthing district. The latter Society owes its inception to the efforts and enthusiasm of Mr. and Mrs. W. G. S. Naunton and the Committee are indeed grateful to them.

The Committee sincerely hope that both Leagues will prosper and they commend them whole-heartedly to all who would like to give practical help.

Finally, the Committee desire to express their deep appreciation of the services which have been rendered by the Medical Superintendent and all the Officers and staff throughout an exceptionally busy year.

Signed on behalf of the Hospital Management Committee at a meeting held on the 28th day of June, 1956.

ANDREW CAIRNS,

Chairman.

ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

28th June, 1956.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Fifty-Ninth Annual Report of your Hospital for the year ended 31st December 1955, together with an account of its extra-mural services.

A. INTRODUCTION.

In this Annual Report an account is given of the work done during the very busy year of 1955. It should be noted, however, that while direct admissions amounted to 1151, we discharged 1053—86.2% recovered or relieved—and this number together with the 90 patients who died in hospital, left us with 24 fewer names on the books of the hospital at the end of the year than at the beginning. We regard this as most satisfactory because it indicates that while our admission rate is increasing each year, the patients are not remaining with us but we are able to assist the majority of them to a full recovery, or improve them sufficiently to return home.

This steady and noticeable increase in the number of admissions to Graylingwell during recent years is due to a number of reasons of which, possibly, the following are the most important. The good relations which exist between your hospital and the community which it serves are, I believe, quite exceptional. For many years frequent talks and lectures have been given to the widest possible variety of groups of people in our catchment area, explaining simply the work of psychiatry—its triumphs, its failures, and its problems—but above all, the need for early treatment. There are, therefore, few people in West Sussex who are ignorant about nervous and mental illness and much fear and apprehension has been removed. Then today we can do so much more for psychiatric illness: new treatments have been introduced, while others have been modified and improved. There is still, however, a small but tragic proportion of our patients who drift into incurable

chronicity and the only hope for these lies in a great expansion of the research departments throughout the world. Another reason for the increase in our admission rate lies in the willingness of the recent recoverable patient to enter hospital. Here again, good public relations has had much to do with this change of attitude. The introduction of the "non-statutory patient" has also undoubtedly helped by removing the last shred of suspicion through allowing patients to receive treatment on an entirely co-operative basis and free from all legal formality or interference. But not least has been the great amount of work done by all sections of the staff to meet the requirements of sensitive and appreciative patients. Among many other things, this has meant the opening up of the hospital so that the patients experience a feeling of freedom and responsibility, giving special attention to ward decoration, furnishings and those other refinements found in one's own home, while, finally, the dietary has been revised and improved. In this we have had every encouragement and support from the Management Committee and the Regional Hospital Board and while great progress has been made, much still remains to be done before we have achieved our final objective—a hospital in every way acceptable to the patient.

While it is very pleasant and encouraging to report on the achievement of last year, we can never remain satisfied while the problem of the long-stay patient remains unsolved. Graylingwell Hospital and its associated units has 28 wards (M.10, F.18). In practice, however, only 6 wards (M.2, F.4) are regarded as being devoted solely to the active treatment of recoverable patients. Treatment, of course, both active and maintenance, goes on in all wards whenever indicated, but the number of patients discharged from any ward other than the 6 treatment wards is unfortunately only too small. For instance, of the 1053 patients discharged last year, very few indeed had been accommodated in wards other than the treatment wards.

On 28th January, 1956, the names of 1150 patients (M.373, F.777) were on the books of the hospital: that is, Graylingwell Hospital, Summersdale Hospital, and The Acre, Worthing. Allowing for about 16% overcrowding, the 6 treatment wards accommodated 240 patients (M.81, F.159) and the remaining 910 patients (M.292, F.618) were in the long-stay wards. For some time special attention has been given to the accommodation of the long-stay patient and their wards are now as attractive and comfortable as the other part of the hospital and the patients enjoy the same amenities.

The question which naturally arises in one's mind is what kind of patient is to be found in the long-stay wards? On the day just mentioned, there were 101 senile patients (M.17, F.84). These were patients who were over 70 years of age and suffering from some form of senility on admission. This class of patient, I am afraid, is becoming more and more frequently seen in our mental hospitals particularly since—but not necessarily as a result of—the introduction of the National Health Service. Another group of patients to be found in our long-stay wards is a mixed group of nearly 200 patients consisting of chronic epileptics, with behaviour disorders, chronic depressive and manic patients who have failed to respond to repeated courses of treatment and patients suffering from organic conditions such as cerebral arterio-sclerosis.

The hard core of the long-stay population, however, is the large group of patients suffering from schizophrenia, using that term to cover that wide range of personality disorders from schizophrenia simplex to paraphrenia. On the day that this survey was undertaken there were 641 schizophrenic patients (M.213, F.428) in residence of whom only 79 had been in hospital less than two years. Most psychiatrists are agreed, however, that, with the treatments we have at present at our disposal, the prognosis for patients suffering from schizophrenia who are still in hospital after two years steadily deteriorates with the passage of time. The sad fact remains, therefore, that there were 562 schizophrenic patients (M.185, F.377) with a much diminished hope for the future. This group accounted for 87.7% of all the schizophrenics in the hospital and they alone formed 48.9% of the total population of the hospital—both short-stay and long-stay. There is one salutary, if painful, effect which a mental hospital has on its staff and that is that we do not usually discharge those patients whom we are unable to cure, but rather we live with them from day to day and they become either a reproach or a challenge to us. I must admit, however, that I am both reproached and challenged when I do a ward round and realise that approximately every other patient I meet is a schizophrenic who has been in the hospital more than two years.

Schizophrenia is the most serious of all the mental diseases with which we have to deal. While the patient lives in distress and torment, the disease does not kill, rather he may—and usually does—live for many years. Of the 562 patients who had been in hospital over two years, 389, or 69.2% of this group had already been in hospital over 10 years, 225, or 40% had been resident for over 20 years, while 88 patients (M.30, F.55) had been in hospital over 30 years and 24 (M.6, F.18) had lived over 40 years in

Graylingwell. Just one last item of statistics: the average duration of stay, so far, of schizophrenic patients who had already been in the hospital over two years on 28th January, 1956, was 15 years, 9 months (M.15 yrs. 3 mths., F.16 yrs.).

I cannot believe that conditions in Graylingwell are noticeably different from other mental hospitals and the facts which I have brought to your notice most probably prevail throughout all the hospitals in the country. Today there are approximately 150,000 patients in our mental hospitals, which means, therefore, if Graylingwell is a fair sample, that 70,000 to 75,000 schizophrenic patients are being detained for an indeterminate period and probably for life. Consider what this means in terms of human suffering. At the onset of their illness these are young, or youngish people who, through no fault of their own, are to be segregated from their family and their home community and to be detained in the artificial environment of a hospital. Let nothing deter us from making this environment as normal and homely as possible, but no matter how far we succeed we must admit that it can never be the same as home. And the relatives, consider their suffering and distress as they wait, not week after week, but year after year for the recovery of someone to whom they are deeply attached, until finally they are compelled to abandon all hope.

Finally, consider this problem from the financial aspect: the majority of these patients were in full employment, while many were skilled craftsmen. Instead of earning money and helping to maintain a prosperous community, they are now a burden on the State. So far as Graylingwell is concerned, the 562 schizophrenic patients who had been in hospital more than two years at the beginning of this year had, on the aggregate, been 10,104 years in residence. Apply this to the rest of the country and try to estimate the amount of money required to maintain these most unfortunate patients who, so far, are without hope for the future unless research comes to their rescue—and there we have the operative words “unless research comes to their rescue.”

Not very long ago it was urgently necessary to make an atom bomb. A little was known about the subject but it required an enormous amount of research before the bomb was made. The bomb *was* made, however, but no one can even approximately estimate how much it cost to produce. It has been said that not enough is known about schizophrenia even to start research on a big scale. Personally, I disagree with this viewpoint. A large amount of work has already been done on this major problem in psychiatry, although I am prepared to admit that much of it is

in "bits and pieces," one research worker approaching the problem from one angle and another working from another, without any close co-ordination. It has been said that there is a possibility of substantial sums of money being set aside to provide additional mental hospital beds. Would it be unreasonable to suggest that some of this money be devoted to big-scale organised research into schizophrenia? As soon as we are able to treat this illness effectively there will be no need for more psychiatric beds but there are good prospects that many of the wards of our overcrowded hospitals will be empty. And who will be able to make even an approximate estimate of the gratitude of the cured schizophrenic patient and of the joy which will be felt by his family on his return home.

Before proceeding to the next sections of this Annual Report, I would like to take this opportunity of expressing my grateful thanks to all those members of the staff who have collaborated in its production.

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 1955 are shown below :

	New Patients	Other Attendances	Total Attendances
Worthing	522	1553	2075
Chichester	358	1262	1620
Horsham	183	918	1101
	1063	3733	4796

At the Worthing Clinic I have to assist me Dr. Panton and Dr. Vawdrey, with Miss G. Cannon as the Social Worker in attendance. During 1955, Dr. Rice was in charge of the Royal West Sussex Clinic, assisted by Dr. Towers, with Miss M. J. Butcher as the Psychiatric Social Worker. At the Horsham Clinic Dr. Morrissey was the Psychiatrist in Charge and the Social Worker was Miss B. E. Nevell. Towards the end of the year Miss Cannon went to take a course of further study and we were pleased to

welcome Mrs. E. E. Nevell back on a part-time basis as Social Worker at Worthing Clinic. Dr. Palmer, Dr. Pringle, and Dr. Spellman who are trainee psychiatrists attend the Clinics regularly, sitting-in at examinations and later in their training examining patients in consultation with the psychiatrist in charge.

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 is now considerable and we believe that they have helped to bring about recovery in many patients who otherwise would have required to come into hospital. Since August, 1942, 768 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. THE ACRE, WORTHING.

Dr. Nydia Panton, who is the resident doctor in charge of this rehabilitation and treatment unit, reports:

“During the past year The Acre has continued to provide full facilities for patients suffering from anxiety and depression of mild and moderate degree. Physical treatments include modified insulin, electro-convulsive therapy and exploratory and abreactive techniques using ether or intravenous sodium amytal. Concurrently psychotherapy is given, varying according to individual needs from simple reassurance to deeper exploration and explanation, but necessarily limited to some extent by the amount of time available. No specific group treatment is done, but the household itself forms a therapeutic group working together in daily activities, occupational therapy, and recreations of all sorts, both indoor and outdoor.

Out-patients too are treated at The Acre by all the methods available to in-patients. Physical treatments are used only sparingly and in special cases, as in the main these are more beneficial combined with the full in-patient regime. Out-patient attendance is particularly valuable where it is desired to give a course of psychotherapy rather more extensive than is possible

in the very busy Clinic sessions and yet without interruption of the patient's employment or her care of home and family.

In-Patients

Direct Admissions	Transferred from Summersdale	Modified Insulin	E.C.T.	Narco-Analysis	Ether Abreaction
90	10	70	57	7	3

Out-Patients

New patients seen at Acre	Interviews—follow-up & psychotherapy	Modified Insulin	E.C.T.	Narco-Analysis	Ether Abreaction
16	385	5	36	2	1

The Goodwill Club.—This is a social therapeutic club for the benefit of former patients and is also attended by those resident in the house. It has a membership of about 40 and a weekly attendance on Tuesday evenings of 12 to 20. It is democratically run by the members themselves who elect their own officers and committee and take turns at accepting responsibility for a month's programme. Favourite evenings are whist drives, gramophone concerts, housey-housey, Twenty Questions, and social evenings. In addition to its social and recreative purpose, the Club provides an opportunity for supervision and support of recent in-patients, many of whom join it for a few weeks or months whilst re-establishing themselves on their return home.

The Club was formed in 1949 and has now completed six years of useful service."

3. CONSULTANT SERVICE.

The senior staff provide a full consultant service in each of the hospitals where out-patient clinics are regularly held and, on request, advice is given on many patients after examination in the wards. In addition, however, frequent visits have been made to many other hospitals and the two sanatoria in the catchment area of Graylingwell. These include St. Richard's Hospital, Southlands Hospital, Littlehampton Hospital, Bognor Regis War Memorial Hospital, Midhurst Cottage Hospital, Petworth Cottage Hospital, King Edward VII Sanatorium and Aldingbourne House Sanatorium. In all, 190 visits were made to these hospitals during 1955.

During the same year, 146 domiciliary visits were carried out by the senior medical staff.

Regular weekly visits have been paid by Dr. Panton to North View, East Preston. This unit was formerly a Public Assistance Institution, but is now largely devoted to the care of the aged. Budgenor Lodge, Midhurst, is a similar institution which was visited by Dr. Rice. The many other homes for the aged provided by the County Council have been visited on request.

During 1955, 9 patients were examined and reports prepared for the Magistrates' Courts, and on several occasions the Psychiatrist has attended Court.

4. PUBLIC RELATIONS.

Since the last Annual Report, 32 lectures or talks on the subject of Psychiatry and the work of the mental hospital have been given. The groups addressed included Rotary Clubs, Women's Institutes, Townswomen's Guilds, Worthing and District Friends of Graylingwell, British Legion, Parish Councils, Magistrates, Probation Officers and Duly Authorised Officers, Student Teachers, Senior Forms of Girls' and Boys' High Schools, and some others. In several cases the talk was followed by a visit to the hospital, when the parties were divided into small groups and conducted by the nursing staff on a comprehensive tour of the hospital, ending with a cup of tea and an opportunity for further discussion.

All this takes considerable time and effort, but I believe it to be the best method of letting the people in our catchment area learn something about their own hospital, the work which we are trying to do, and how much their understanding and co-operation can help us.

Another valuable form of public relations was the Mental Health Exhibition which was held in Chichester from 28th February to 3rd March, 1956. The main object of the Exhibition was to demonstrate to the public the many activities of a modern mental hospital. A secondary and long-term aspect was to interest young people in the many interesting and worthwhile careers which are open to them in the specialty of Psychiatry. In addition to the well-arranged pictorial display sent down by the Ministry, the hospital organised a series of stands showing methods of investigation, treatment, occupational therapy, art therapy, nurse-training and social service. A model ward dayroom or lounge was also on view. Over 2,600 visitors attended and we were all impressed with the great interest displayed by them. The hospital, however, is much indebted to all sections of the staff who worked many hours additional to their normal duties and

the success of the Exhibition was largely due to their efforts.

Through the efforts of the Matron, the Senior Sister Tutor and their staff, we also took part in the Bognor Regis Careers and Hobbies Exhibition held from 18th to 21st April, 1956. They prepared a Nurse Recruitment Stand which was attended by members of the nursing staff during the whole of the Exhibition.

We are deeply indebted to the League of Friends of the Chichester Hospitals who have not only given us substantial gifts to provide additional amenities and refinements for our patients, but have taken a personal interest in the work of the hospital and the welfare of the patients.

Our sincere thanks are also due to Mr. and Mrs. W. G. S. Naunton, through whose kind enthusiasm and energy an active "Worthing and District League of Friends of Graylingwell" has been formed. Already a number of the members have visited the hospital to see where best they can help both by gifts and by personal service. I am confident that the formation of this League will not only bring many practical benefits to the patients but it will keep the people of Worthing and its environs—from where so many of our patients come—fully informed of the services maintained by the hospital.

During yet another year we have had generous assistance from members of the Women's Voluntary Services. Regularly they attend on visiting days and help to prepare tea for the visitors. They have also taken over efficiently the work of librarian, and indeed in many ways they have been extremely kind and helpful and we are sincerely grateful to them.

As is mentioned later in this report, we are deeply indebted to the members of Selsey Women's Institute for so kindly entertaining in their own homes a large number of long-stay women patients. I doubt if they know how much the patients enjoy these outings and how much they talk about them afterwards, but they are undoubtedly giving a splendid service which is deeply appreciated.

The General Practitioners in our area have continued, as in previous years, to give us every help and assistance and we are indeed indebted to them for the very great interest they take in the specialty of psychiatry and the services we are providing. We are able to meet them personally on domiciliary visits, they receive a detailed report of all patients seen at Clinics, of all patients discharged from hospital or who have died, while finally, each General Practitioner receives a copy of the Annual Report which gives him the latest information about the hospital.

**C. GRAYLINGWELL HOSPITAL.
SUMMERSDALE HOSPITAL.
THE ACRE, WORTHING.**

1. ADMISSIONS.

To be able to receive in-patient treatment without any legal formality is a refinement which is obviously much appreciated by our patients, for it will be noted from the figures given below that 43% of the admissions during 1955 were non-statutory patients. Their management created no special problems and with only a few exceptions they co-operated fully in their treatment. On 1st October, 1955, Kingsmead Villa became a non-statutory unit for women and for administrative purposes it is now part of Summersdale Hospital—and this, together with The Acre, Worthing, in practice provides 160 beds for this class of patient (123 according to Ministry standards). We would welcome, however—and indeed we need—further extensions of non-statutory accommodation but this is not possible at present as no other parts of the hospital conform to the requirements upon which the Ministry of Health still insists.

A comparison of the number and status of the patients admitted direct to the hospitals during 1954 and 1955 is given below :

	1954			1955			Increase or decrease
	M.	F.	T.	M.	F.	T.	
Summersdale Hospital	166	195	361	162	242	404	+ 43
The Acre	—	65	65	—	90	90	+ 25
Voluntary	141	284	425	175	262	437	+ 12
Temporary	—	—	—	2	1	3	+ 3
Certified	70	130	200	62	155	217	+ 17
Magistrates Court Act	1	—	1	—	—	—	— 1
	<u>378</u>	<u>674</u>	<u>1052</u>	<u>401</u>	<u>750</u>	<u>1151</u>	<u>+ 99</u>

The average age on admission was 49 years for Graylingwell Hospital and 46 years for Summersdale Hospital and The Acre. The proportion of elderly patients aged 70 and over on admission accounted for 12.3% of the total admissions for the year. I am pleased to report that this is a slight improvement on 1954, when 13.5% were aged 70 and over. During 1955, 38 patients aged 80 years or over were admitted and to date 12 have died, 13 still remain with us, and 13 have been discharged.

80.9% of the total direct admissions were voluntary or non-statutory patients. Of the 217 classified as certified, however, 107 were admitted under Urgency Orders—an order authorising removal but lasting only seven days. Of these, 4 left at the expiration of the order, 90 continued as voluntary patients, 2 continued as non-statutory patients, 2 were regraded to temporary status, and in only 9 cases was it necessary to proceed with full certification. In practice, therefore, 1028, or 89.3% of patients admitted during 1955 received treatment as either voluntary, temporary or non-statutory patients.

2. INVESTIGATION.

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

Department of Clinical Psychology.—Mr. Brian Waldron reports:

“This Department is concerned with the assessment of the patient's intelligence and personality by means of special tests. The value of these lies in the fact that they are administered under standard conditions and that the performance of normal people, on the same tests, is known in detail. Comparative information is thus obtained about many aspects of the patient's intellectual and emotional life which cannot be obtained with the same confidence in any other way.

During 1955, 152 in-patients and 51 out-patients were examined. Most of these patients were referred by a member of the Medical Staff as special diagnostic problems and were investigated in detail. The majority of these patients were seen on two or more occasions.

In October 1954 we lost the services of Miss Barbara Hopkins who, though employed in the Research Department, devoted part of her time to Clinical work. The post of Research Psychologist was vacant during the whole of 1955 and this has restricted the scope of the clinical testing. Those patients for whom psychological testing was an important requirement in diagnosis have naturally had first claim. In a large number of cases, however, a shorter examination provides a valuable guide to the

effect of treatment, the future employment of the patient, etc., and this aspect of the work was unfortunately much curtailed.

Discussions on general psychology and psychological testing have again been held with candidates for the D.P.M. examination."

Social Services Department.—Reviewing the work of the department, Miss Butcher, Senior Psychiatric Social Worker, reports:

"Each year the scope of this Department increases and different channels of service seem to arise. During the year, 545 social histories were taken for the Psychiatrists and 960 visits were paid in connection with the social welfare of the patients. These include interviews with:

The National Assistance Board.

The Ministry of Pensions and National Insurance.

Housing Managers.

Women's Voluntary Services

and sundry other authorities.

There are also the cases in which the Social Worker is the person who can provide the necessary continuous support in the home. As an illustration of this, the following is fairly typical:

'Miss X. Aged 45—single.

Miss X was referred to the Out-Patient Clinic having "lost her voice" and because she was slightly depressed. She had always lived with her parents, both of whom had recently died, and she had made few social contacts all her life. The tenancy of the cottage had been transferred to her so that she had a home, but no occupation, no friends, no interests, and she rarely went out except to do the necessary shopping. Her only company was her dog.

The Psychiatrist, having seen Miss X, decided that psychiatrically there was very little wrong with the patient and that essentially this was a social problem—her symptoms being chiefly the result of loneliness. Resocialisation was suggested as the main treatment and to further this the Psychiatric Social Worker was asked to visit and keep in touch with Miss X.

During the course of the next year, Miss X found part-time employment; this gave her the opportunity of meeting people every day, making friends with one or two of the other employees who subsequently visited her home. She generally became more interested in everything, worked in her garden—which is quite large—and looked after her hens. Unfortunately her old dog died, but she was now able to face this and quickly replaced him by a kitten, getting a puppy a few months later.

Miss X has now joined the Women's Institute—an organisation she

would previously have nothing to do with—and now five years later she is leading quite an active life. She is still in the same job, she is interested in her garden, growing all varieties of vegetables; she looks after her livestock—the hens, her cat and her dog; she goes to the W.I. meetings and there has been no recurrence of the symptoms for which she was originally sent to see the Psychiatrist.’

During the year we were sorry to say good-bye to Miss Nevell, who left to take up other Welfare Work, and we would like to wish her every happiness in her new sphere of work. We also parted temporarily with Miss Cannon, who was granted leave of absence to take a course, but we are looking forward to having her back in the latter part of 1956.

In the place of Miss Nevell we welcome Miss Arendt, who had been doing medico-social work in Scotland for some years, and her experience is proving of great value to the Department.”

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 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, 32 out-patients underwent laboratory and X-ray investigations.

The following table gives some details of the work done during 1955 :

Blood :

Kahn and F.R.C. (Meinicke)	1223
Counts (including Hb and differential)	1325
Urea	1188
Sedimentation	1770
Bromide	1128
Fasting Sugar	1235
Sugar tolerance curves... ..	19
Grouping	1138
Malaria Parasites	3
Widal (Typhoid and Dysentery)	4524
Cholesterol	10
Chlorides	12
Phosphatase	2
Alkali Reserve	3
Bilirubin	7

Protein	...	...	...	...	...	...	14
Culture	...	...	...	...	...	...	4
Sodium	...	...	...	...	...	...	22
Potassium	...	...	...	...	...	...	12
Cerebro-Spinal Fluid (complete examination)	...	...	...	...	...	...	56
Urine :							
Routine	...	...	...	...	...	...	2698
Culture (Typhoid, Dysentery, etc.)	...	...	...	...	...	...	80
Bile	...	...	...	...	...	...	5
Tubercle bacilli	...	...	...	...	...	...	2
Urea	...	...	...	...	...	...	8
Faeces :							
Culture (Typhoid, Dysentery, etc.)	...	...	...	...	...	...	24
Occult blood	...	...	...	...	...	...	44
Tubercle bacilli	...	...	...	...	...	...	8
Worms and Ova	...	...	...	...	...	...	5
Sputum : Tubercle and other organisms	...	...	...	...	...	...	72
Nasal and Throat Swabs : Diphtheria, etc.	...	...	...	...	...	...	61
Fractional Test Meals	...	...	...	...	...	...	8
Sections	...	...	...	...	...	...	66
Water : Bacteria, etc.	...	...	...	...	...	...	12
Milk—Bacteria	...	...	...	...	...	...	12
Pleural Fluids	...	...	...	...	...	...	5
Sensitivity to Antibiotics	...	...	...	...	...	...	822
Barbiturates and Salicilates	...	...	...	...	...	...	1
Miscellaneous	...	...	...	...	...	...	99
Total Units	37,270			TOTAL TESTS			17,727

X-RAY DEPARTMENT.

Number of Patients X-Rayed		...	...	1013	
Chest	...	541	Knee...	...	20
Spine	...	60	Tibia, Fibula	...	22
Sinuses	...	84	Ankle	...	24
Sacro-iliac and Coccyx	...	12	Foot	...	17
Humerus and Shoulder	...	34	Skull	...	89
Elbow	...	12	Abdomen	...	13
Radius and Ulna	...	10	Retrograde Cystography	...	3
Hand	...	17	Gall Bladder	...	4
Wrist	...	29	Kidney (I.V.P.)	...	9
Ribs	...	8	Barium Enemata	...	4
Pelvis	...	5	Barium Meals	...	25
Femur and Hip	...	47	Dental	...	13

TOTAL X-RAY UNITS 1639

Electro-cardiographs 212

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

“Clinical Neurology.—A Neurological Clinic is held in the hospital every week. During the past year, 263 consultations have been held. 65 of these were with new patients whilst there were 118 new out-patients. We have been fortunate to obtain the services of Dr. John Foley, M.R.C.P., who has been appointed as a second Physician both in the Neurological Department and in the Department of Electro-Encephalography. The out-patients were referred from the various psychiatric clinics of the hospital, by Consultants and General Practitioners in the district, and from the Royal West Sussex Hospital, where visits to cases suffering from Neurological disorders have also been made. Appointments for the Clinic can be made through the Secretary to the Department.

Regular teaching sessions in neurology are held for candidates for the D.P.M., the department being recognised for this purpose by the Conjoint Board of Examiners.

Electro-Encephalography.—This department continues to work smoothly and is used for both routine clinical investigation and for research. The department is a self-contained one and has two E.E.G. machines, an eight channel and a six channel, which are serviced by our Senior Technician, Mr. John Shaw. The recordings are taken in quiet, separate laboratories and the arrangements prove 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, at the request of Consultants, on 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, Weymouth and the Isle of Wight in the west and Haslemere and Horsham in the north.

The figures of the number of cases examined remain steady and this can be seen in the following table:—

	1950	1951	1952	1953	1954	1955
Total number of records examined	482	648	877	847	760	838
Routine recordings	482	416	542	619	661	624
Epileptic patients	133	179	258	222	288	269
Cases of organic cerebral disease ...	81	111	165	254	373	355

Routine E.E.G. techniques are adopted and activation methods with photic stimulation, auditory stimuli, seconal, metrazol and other drugs are also used in suitable cases.

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 (whose work is mainly with the Research Department) and Miss Esther MacKinnon."

Consultant and Specialist Services.—Dr. H. Seaward Morley, the Consultant Physician, visits the hospital by request. During 1955 he examined 104 patients (M.49, F.55).

Mr. D. A. Langhorne, the Consultant Surgeon, attends the hospital regularly each week and he is also on call for emergencies. Last year he examined 218 patients (M.53, F.165) and 9 resident staff members (M.5, F.4). He performed 55 operations on patients (M.23, F.32) and 2 on staff (M.1, F.1).

Dr. J. H. Baird, the Consultant Radiologist, holds a weekly session and during the year 1013 patients attended his department.

The hospital has the good fortune to share the Consultant Pathology Services of the district. Dr. G. A. Harrison now has his headquarters at Graylingwell and supervises the work of the laboratory. Dr. D. P. King and Dr. C. H. R. Knowles are the other members of the team, who made all post-mortem examinations and gave valuable advice and guidance on any problem which arose during the year.

Dr. Colin Jones, the Consultant Dermatologist, visited the hospital on request and during 1955 he examined 17 patients (M.8, F.9).

Mr. J. H. Harley Gough, the Ear, Nose and Throat Surgeon, held 37 clinics, when he examined 451 patients (M.214, F.237) and 7 staff (M.6, F.1). During additional sessions he performed 10 operations: tonsillectomies 6 (M.2, F.4); antrostomies 4 (M).

Eleven clinics were held by Dr. P. W. Arundell, the Ophthalmologist, during which 99 patients (M.35, F.64) were examined.

Mr. A. J. Roberts, the Dental Surgeon, conducted a weekly clinic. Whenever possible new admissions are examined, and long stay patients who are well enough have at least one routine inspection a year, emphasis being placed on conservative treatment

and oral hygiene. Last year 930 patients (M.386, F.544) visited the clinic, and in addition 15 patients (M.3, F.12) were seen at monthly intervals in an endeavour to encourage oral hygiene.

3. TREATMENT.

Psychotherapy.—Dr. Olive Sharp reports:

“Psychotherapy is not a commodity which can be administered to a person, like a drug, an electric shock, or even an operation. Each interview is a unique and often surprising adventure into the realm of personal relations, making special demands, not only on the time, but on the whole personality, skill, self-discipline and emotional integrity of the doctor, as well as upon the ability of the patient to co-operate. Hence it is not possible to weigh or measure statistically the psychotherapeutic work done by the medical and nursing staff in the hospital and out-patient clinics. Certainly there has been no slackening in effort to afford personal help to the many sufferers in need of it. Such have included cases of reactive depression, anxiety states, phobias, obsessional neurosis, conversion hysteria, unstable adolescence, character disorders, impotence and other sexual maladjustments, incapacitating asthma, rheumatism and migraine, and certain cases referred from the Courts of homosexuality and other aberrations. Truly a formidable challenge to our limited resources.

However, in order to extend this service in some measure to those unable to obtain intensive personal treatment, weekly clinical discussion groups have been held of about 8 patients at a time. In these the analyst and Registrar have played a passive role with occasional contributions and members have discussed social and psychological problems, personal or imaginary, with increasing freedom and insight. These experimental groups have turned out to be educative rather than curative, informative to the ignorant and bewildered, encouraging to the shy, the lonely and the self-absorbed and have brought about a broader sense of community in the complicated struggle of all for development and peace of mind.

In addition an experimental Musical Group was held which was appreciated by patients seeking relief and self-expression in rhythm. In all, 10 women and 22 men attended group meetings.

Another new venture this year has been the holding of free discussion groups for the Senior Nursing Staff. Each group consists of 4 men, 4 women and the therapist, and meets weekly for four or five sessions. Sisters and Charge Nurses from chronic

wards are thus brought into contact with the more modern treatments and endeavours in the acute and early treatment centres. Differences between the male and female approaches to problems are often vividly brought out and shared. Many subjects of professional, social and psychotherapeutic interest have arisen and it seems to have been the general feeling that these meetings have been enjoyable and worthwhile.

Another group was formed of the Pre-Nursing student youngsters—boys and girls in preparation for their entrance into ward life.

The weekly seminar for the discussion of psychotherapeutic theory, practice and case material with the Junior Medical Staff has continued as usual.

During the year 3 women and 5 men have been attending for long-term analytical treatment, all now out of Hospital. Four of these ended treatment and five others came for short courses. In addition, 18 in-patients and 12 out-patients have been referred to the analyst for opinion and advice.

Investigation or abreaction under drugs has played little part this year in our activities, apart from L.S.D. Six women and five men were given this treatment with some interesting results, of which there will be a fuller account next year."

Convulsant Therapy.—Dr. John Towers reports:

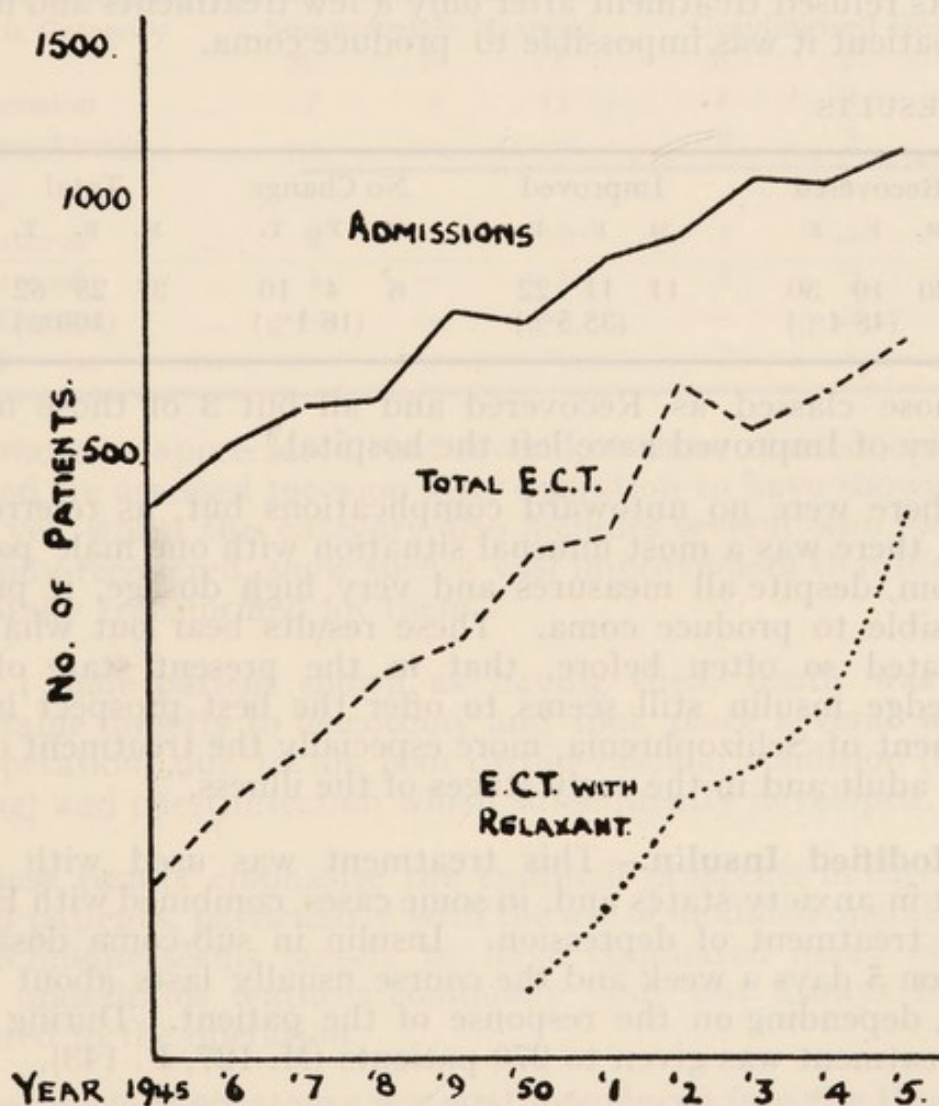
"In spite of the addition of several much-publicised remedies to the therapeutic armamentarium of the psychiatrist, convulsion therapy has remained the mainstay of the in-patient treatment. To its efficacy, modern advances in technique have added safety and comfort for the patient and its only main drawback nowadays is the unfortunate impression its name has on the lay mind. Previous contra-indications therefore, such as active tuberculosis, no longer apply and its use in psychotic states complicating physical illness can now be undertaken with the help of these safeguards.

As can be seen from the accompanying graph, the percentage of admissions to the hospital benefiting from this treatment is steadily rising, accompanied by a sharper rise in the percentage of treatment modified by a relaxant drug, usually scoline with pentothal. This modification, while ideal from the patient's point of view, makes heavy demands on the nursing staff and anaesthetist's time and at present such a treatment session is carried out on four mornings a week. Encouraging reports have been published on the use of a gradually increasing electrical stimulus in elderly patients (using an Ectonus machine) as an equally safe

and less time-consuming alternative to pentothal and scoline, but for various theoretical reasons it has not yet been tried in this hospital. A similar technique (Glissando E.C.T.) was given an extensive trial here some years ago and discarded as having little advantage over the "straight" method.

During the year under review 692 patients (M.285, F.407) were treated by convulsant therapy and it is interesting that the average number of treatments was 7.5 for females and 4.7 for males. Over three-quarters of all treatments were given with the use of a relaxant.

Chemically-induced convulsions (using Triazole) are still occasionally used in Schizophrenia. 12 patients were so treated during the year."



Logarithmic graph showing admissions and number of patients receiving E.C.T. over the last ten years.

Insulin.—Dr. David Rice, who was in charge of the insulin unit during 1955, reported as follows:

“During the year under review, Deep Insulin Therapy was continued under the same conditions as before, the unit accommodating usually up to 7 male and 7 female patients at any one time, the maximum number being 8 on each side.

During the year 62 patients (M.37, F.25) received courses of treatment. Courses in the main were of 30-60 comas but there were individual variations from 1-64 amongst the male and 2-63 amongst the female patients. Ages ranged from 16-42 years for male, and 17-43 female, and the diagnosis made was Schizophrenia in all cases, except for one male patient suffering from a very severe obsessional state with many near-delusional ideas. 4 male patients refused treatment after only a few treatments and in one male patient it was impossible to produce coma.

RESULTS

Recovered			Improved			No Change			Total		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
20	10	30	11	11	22	6	4	10	37	25	62
(48.4%)			(35.5%)			(16.1%)			(100%)		

All those classed as Recovered and all but 3 of those in the category of Improved have left the hospital.

There were no untoward complications but, as referred to above, there was a most unusual situation with one male patient in whom, despite all measures and very high dosage, it proved impossible to produce coma. These results bear out what one has stated so often before, that in the present state of our knowledge insulin still seems to offer the best prospect in the treatment of Schizophrenia, more especially the treatment of the young adult and in the early stages of the illness.”

Modified Insulin.—This treatment was used with great benefit in anxiety states and, in some cases, combined with E.C.T. in the treatment of depression. Insulin in sub-coma dosage is given on 5 days a week and the course usually lasts about three weeks, depending on the response of the patient. During 1955 this treatment was given to 270 patients (M. 127, F. 143).

Malaria and Penicillin.—No patients suffering from General Paralysis were admitted to the hospital during 1955.

Pre-frontal Leucotomy.—During 1955, Pre-Frontal Leucotomy was continued, the operations being carried out by Mr. Wylie McKissock.

In all, 24 patients (M.14, F.10) underwent operation, the figures being: Summersdale Hospital, 11 (M.7, F.4) Graylingwell Hospital, 13 (M.7, F.6). All the patients from Summersdale Hospital (except 1 male patient) underwent the modified operation—Rostral Leucotomy—whilst of those patients from Graylingwell Hospital, 5 (M.3, F.2) had the modified operation. 1 male patient from Summersdale Hospital and 8 patients (M.4, F.4) from Graylingwell Hospital underwent the standard operation.

Results are shown as follows:

Diagnostic Category	Summersdale Hospital			Graylingwell Hospital		
	M.	F.	T	M.	F.	T.
Depression ...	7	4	11	4	3	7
Schizophrenia ...	—	—	—	3	3	6
OUTCOME.						
Recovered ...	6	4	10	1	—	1
Improved ...	1	—	1	4	3	7
No Change ...	—	—	—	—	2	2
Died ...	—	—	—	2	1	3

It must be appreciated that several of those classed only as improved are assessed too soon after operation to have shown full benefit yet, whilst this category also includes several who, whilst not wholly recovered, show such a vast improvement that life has been totally transformed for them.

In 1 male patient shown as having died, death was not attributable directly to leucotomy and took place several weeks after operation, due to his poor cardio-vascular condition (long-standing) and chest infection which subsequently developed.

These results emphasise the excellent prospects in carefully selected patients, particularly with the use of modified operations. This technique seems largely to have eliminated many of the former undesirable features commonly (but not always fairly) attributed to the operation.

Pre-frontal Leucotomy was first introduced into the Hospital by Mr. A. G. Ross on 22nd October 1942, since when 535 patients (M.234, F.301) have had the benefit of this treatment.

4. OCCUPATIONAL THERAPY.

No one denies the great importance of Occupational Therapy—certainly not we at Graylingwell Hospital. We ourselves, as ordinary citizens, have to work and we usually have acquired additional hobbies and pastimes. Essentially this is Occupational Therapy, but in a mental hospital difficulties have arisen as to which sections of the staff shall be responsible for this therapy—the nursing staff or the occupational therapist? Some hospitals no longer have trained occupational therapists and this form of activity is supervised entirely by the nursing staff. Some other hospitals employ large numbers of occupational therapists and the nurses take no part in this important treatment. In my opinion, both these policies are wrong, but in every hospital there is a need for the trained occupational therapist, while at the same time, for many patients, this treatment can best be arranged and organised by the nursing staff—preferably with the assistance of the occupational therapist.

It all depends on the patient. As I have pointed out in the introduction to this report, the greater proportion of patients in a mental hospital consists of long-stay patients, many of whom are at times difficult and disturbed. These patients can best be managed by the trained psychiatric nurse who understands them and who is not worried by unruly, mischievous or paranoid behaviour or conversation. Unfortunately the trained occupational therapist is not usually a qualified nurse and she could well become confused and bewildered and quite unable to cope with patients which the nurse could manage quite easily, while at the same time keeping them busily occupied on some useful task. I think, however, that the nurse would be well advised frequently to seek advice and guidance from the occupational therapist whose training, after all, was by no means a mere formality.

On the other hand, there is the short-stay recoverable patient who is not expected to remain in hospital for more than a few weeks. Here we need all the skill of the trained occupational therapist. Morbid self-preoccupation—this has to be broken down by graded diversional activities. Poor concentration—this has gradually to be improved, but always with encouragement and understanding. The teaching of new handicrafts and hobbies is very important to this class of patient because anything which will help these patients to broaden their interests on their return home will be of great importance in their ultimate prognosis. But here, the occupational therapist should frequently consult with the nurse about her patients. The nurse spends much more

time with the patient than the occupational therapist and often she could pass on information and suggestions to the therapist which would make her work all the more effective.

Quite obviously, for the practice of occupational therapy we need both trained occupational therapists and nurses. As usual, it gets down to team work and that always means the ability to work in a friendly way with each other. I am, therefore, particularly pleased to report that at Graylingwell we have solved this problem and that Occupational Therapy is now more firmly established than ever. I do wish, however, that more occupational therapists were also qualified psychiatric nurses; and I also wish that more psychiatric nurses would become trained occupational therapists.

The reason for this somewhat lengthy preamble on this subject is that the rather radical reorganisation which took place in this hospital at the beginning of last year has created a certain amount of interest. The changes, however, have proved completely successful and the present set-up is as follows. First of all, we have linked up Social Therapy with Occupational Therapy so that now we can supervise the patient's day from getting up to going to bed. For this purpose two senior nursing officers have been appointed, Miss Carter and Mr. Murgatroyd. They devote the whole of their time to occupational and social therapy. Under the guidance of the doctors and with the assistance of the nursing staff, each patient in the hospital is given special consideration and his occupation is graded according to his abilities and, wherever possible, his wishes. They decide which patients shall attend the various centres, which shall work in the utility departments, and they organise habit-training classes and groups for physical training. In the evenings they encourage the patients to enjoy the social amenities provided by the hospital, they organise out-door games and recreations and in general it is their duty to see that all patients have personal attention so far as occupational, social and recreational activities are concerned.

Inevitably to carry out such work the liaison between these two officers and the rest of the nursing staff—and indeed the occupational therapy staff—must be of the highest order. They visit all the wards, utility departments and centres as and when necessary and this applies not only to Graylingwell Hospital but to Summersdale Hospital.

At Summersdale Hospital, Miss Meader is the Head Occupational Therapist and she was appointed on 3rd October, 1955.

Working with the doctors and nursing staff she supervises the occupational therapy for that unit, where patients are engaged on skilled handicrafts and learning new hobbies and pastimes. She also willingly gives any technical assistance in the Graylingwell Hospital Occupational Therapy Centres. Miss Meader has to assist her Mrs. D. Wardale, who took up duty on 30th January, 1956, and she makes regular visits to "The Acre," Worthing, to organise occupational therapy for the patients in that treatment centre.

By this arrangement we have found a great improvement in the atmosphere of the hospital; more patients are occupied—in fact, well over 80% of the total population, including the geriatric wards, is engaged in some pursuit or another every weekday. As is described under "Social Therapy," new activities have been introduced and we feel confident that by employing occupational therapists and nursing staff jointly all types of patients are now being encouraged to occupy themselves and to join in the social amenities of the hospital.

5. SOCIAL THERAPY.

Dr. J. D. Morrissey reports:

"We are continuing to provide a comprehensive programme of social activities throughout the hospital and nowadays there are few patients who do not take an active part in this aspect of hospital life. That this is so is largely due to the enthusiasm and interest of the staff who are increasingly aware of the importance of this work in the rehabilitation of their patients. During the year many new activities have been introduced and these have proved deservedly popular.

Religious Services.—Church of England, Non-Conformist and Roman Catholic Chaplains hold regular services. They have full access to all wards and are able where necessary to collaborate with the Medical Staff in helping individual patients.

Literature.—The patients' own magazine "The Wishing Well" has maintained the high standard of previous years. The Library has moved to new premises and we are grateful for the continued help and enthusiasm of those members of the W.V.S. who so willingly give their time to this work.

Music.—Classical concerts arranged by the Council for Music in Hospitals were given each month during the year. They

continue to be very popular and are always well attended. The first concert under the auspices of the Council was given at Graylingwell Hospital in March, 1947, and in June, 1955 our hundredth concert was held. On this special occasion we were honoured by the presence of the Earl and Countess of Harewood and other distinguished guests, and we were entertained by Maurice Cole—who gave our first recital in March, 1947—Robert Easton, Cecelia Keating and Hubert Greenslade. The following artistes have visited the Hospital since January, 1955 :

1955

January	...	Mierowski	...	...	...	<i>Piano</i>
February	...	Maria Lidka...	...	...	...	<i>Violin</i>
		Margaret Kitchen	...	...	...	<i>Piano</i>
March	...	Laelia Finneberg	...	...	...	<i>Soprano</i>
		Henry Bronkhurst	...	...	...	<i>Piano</i>
April ...	...	The Beaufort Trio				
May ...	...	Richard Standen	...	...	...	<i>Bass</i>
		Dorothy Kelly	...	...	...	<i>Piano</i>
June ...	...	Maurice Cole	...	...	...	<i>Piano</i>
100th Concert		Robert Easton	...	...	...	<i>Bass</i>
		Cecelia Keating	...	...	...	<i>Violin</i>
		Hubert Greenslade	...	...	...	<i>Piano</i>
July ...	...	Maurice Cole	...	...	...	<i>Piano</i>
August	...	The Opera Trio				
September	...	Trevor Williams	...	...	...	<i>Violin</i>
		Rex Stephens	...	...	...	<i>Piano</i>
October	...	Dennis Knight	...	...	...	<i>Piano</i>
November	...	Hedde Nash	...	...	...	<i>Tenor</i>
		Sidney Crooke	...	...	...	<i>Piano</i>
December	...	Edith Furmedge	...	...	...	<i>Contralto</i>
		Isabel Bedlington	...	...	...	<i>Piano</i>

1956

January	...	Elizabeth Lockhart	...	...	...	<i>Violin</i>
		Hubert Greenslade	...	...	...	<i>Piano</i>
February	...	Joan Davies...	...	...	...	<i>Piano</i>
March	...	Denis Weatherley	...	...	...	<i>Baritone</i>
		Daphne Ibbott	...	...	...	<i>Piano</i>

In addition, we have had a number of other musical events, including an Orchestral Concert by the Chichester Light Orchestra, and on Good Friday a rendering of Stainer's "Crucifixion," by the Subdeanery Augmented Choir, under the direction of Mr. E. C. England. The Slindon Amateur Operatic Society gave a

full-stage performance of the Gilbert and Sullivan Opera "H.M.S. Pinafore"; and a colourful display of sword and morris dancing was given by the Martlet Morris Dancers. Other items included a Carol Recital by the Choir of Bognor Regis Training College and a rendering of "The Nativity" by Bishop Otter College Choir.

Drama.—During the year we had the pleasure of visits from a number of local dramatic societies, and the presentations included:

"You Can't Take it with You"	}	The Barnstormers.
"The Book of the Month"		
"Worm's Eye View"	}	Thorney Island R.A.F. Dramatic Society.
"As Long as They're Happy"		
		The Chichester Players.

Recreational Therapy.—Cinema shows are held twice weekly and television has now been installed in most wards of the hospital. Twice-weekly socials are held during the winter months and in the summer games and side shows are held on the sports field. The annual Sports Day was enjoyed by a large number of patients. The Whist Drives and Old Time Dancing instruction have continued twice a month and during the year three Old Time Balls were held, for which all expenses were met by the Patients' Social Clubs. There was also a Modern Gala Dance, which was a most successful and enjoyable function. From time to time gramophone recitals were given by members of the staff. Under a very pleasant arrangement with the Selsey Women's Institute, there were weekly visits to members' homes in Selsey for groups of female patients during the summer months, and at monthly intervals in the winter. These have been greatly appreciated by the patients who have participated. The patients' football and cricket teams each had a successful season. The Christmas Concert was presented by both patients and staff and was much enjoyed.

Hospital Shop.—This is attractive and adequately stocked with a wide variety of goods and is open daily for the convenience of patients.

Hairdressing.—Both the Ladies' and Gentlemen's Hairdressing Departments were busy throughout the year. These facilities continue to be available, when required, on the wards.

Social Clubs.—During the year a Darby and Joan Club was started to cater more specifically for the needs of the older patients. It meets once a fortnight and its activities include community singing, games and gramophone recitals. There have also been occasional visits from outside entertainers. The other Clubs continue to be very active and their Patients' Committees have been responsible for the organisation of many of the different activities which have been described. In addition, they arranged two coach outings—one to Corfe Castle and the other a "Mystery Trip"—which were greatly enjoyed by the patients, who paid their own expenses and those of the Staff members who accompanied them."

6. DISCHARGES.

The following table gives the discharges, departures, etc., during the year 1955:

	Recovered			Relieved			Not Improved			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Summersdale Hosp.	117	239	356	68	103	171	21	37	58	189	359	548
The Acre ...	—	74	74	—	26	26	—	1	1	—	101	101
Voluntary ...	56	100	156	66	83	149	12	20	32	134	203	337
Temporary ...	—	1	1	—	—	—	—	—	—	—	1	1
Certified ...	16	18	34	8	17	25	3	4	7	27	39	66
	189	432	621	142	229	371	36	62	98	350	703	1053

During the year, 621 patients recovered from their illness and were discharged—a recovery rate of 53.9% calculated on direct admissions. In addition, 371 patients whose condition was relieved left the hospital. Calculated on the total number of direct admissions, these two figures together give a percentage of 86.2% recovered and relieved.

7. GENERAL HEALTH.

The general health of the patients has been very satisfactory during the past year. There were no epidemics and there were no cases of typhoid or dysentery.

On the 31st December, 1955, there was only one patient, a man, suffering from active Pulmonary Tuberculosis and he is now

very much improved and no longer regarded as being infectious. We had, of course, the usual small number of patients admitted for psychiatric treatment while also suffering from Tuberculosis, but they had all been discharged before the end of December.

Mrs. Harry, who is in charge of the Physiotherapy Department, continues to hold three sessions a week. Massage, remedial exercises, actinic rays, faradism, ultra-short wave diathermy, etc., are available for those patients and members of the staff for whom it has been prescribed.

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

During the year the routine re-decoration of certain wards took place and care was taken over the colour schemes to keep them light, cheerful and varied. I am pleased to report that there are no arrears of ward re-decoration, but all have had attention within recent years. The last of the uncomfortable bentwood chairs have gone from the dining rooms and throughout the hospital we have been able to replace them by well-designed dining chairs. We have also been able to introduce a number of refinements into several wards and gradually we are reaching the standard of comfort which we believe to be necessary for the welfare of our patients.

With the nursing staff at present at our disposal it has not yet been possible to turn all our wards into open wards, but we have made some progress and today only one of the ten male wards and only two of the eighteen female wards are locked. It is anticipated, however, that very shortly even these wards will be opened. The great majority of our patients, therefore, already enjoy the maximum of freedom. The attractive grounds of the hospital are for their personal benefit and many are permitted to leave the hospital unaccompanied and visit Chichester and neighbouring towns. In addition, day outings, weekend leave, and leave for longer periods with relatives and friends are actively encouraged for as many patients as possible.

Finally, I would once again like to pay a special tribute to the nursing staff who through their efforts—and their's alone—have maintained the high reputation which this hospital has built up in the care of frail and often helpless senile patients. None of the patients are kept in bed unless acutely ill. To keep them ambulant and occupied, however, requires continued and unromantic hard work on the part of the nurses and male nurses: many need

every attention, having to be dressed and undressed, washed and bathed, fed with all meals and have bodily habits attended to, while all elderly patients require much encouragement to take an interest in some activity. It is much easier to allow the old people to remain constantly in bed where they develop bedsores, become grossly contracted and totally demented. This is a challenge to the nursing staff, however, and in this hospital that challenge has been successfully met, thanks to a willing and hard-working staff.

8. DEATHS.

Below are given figures relating to the deaths which occurred during 1955:

	M.	F.	T.
Summersdale Hospital	2	1	3
The Acre	—	—	—
Voluntary	10	19	29
Temporary	—	1	1
Certified	26	31	57
	<u>38</u>	<u>52</u>	<u>90</u>

The average age at death was 59 for Summersdale Hospital and 72.4 for Graylingwell Hospital. Post-mortem examinations were made in 91.0% of the cases. The death rate was 7.7%. Of the 90 patients who died during last year, 15, or 16.6% had been in hospital less than one 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 our studies into the association between the slow wave E.E.G. changes evoked by E.C.T. (as measured by a quantitative technique devised by us) and the pattern of outcome in depressive states have made some progress. Investigations into the first forty-one cases have been completed and the report of this study submitted for publication. The method is promising not only from a practical point of view, but also in the demonstration

of the fact that a quantitative principle operates to decide the success of treatment with E.C.T. This accords well with clinical observations and is also in agreement with the results of research in relation to pre-frontal leucotomy. That there is a quantitative principle involved is shown by the fact that the number of thalamo-frontal fibres interrupted has a decisive influence on outcome. This has been demonstrated by the brilliant work of Professor Meyer. The similarities in the clinical and physiological effects of the two treatments may therefore result from their acting in common upon thalamo-frontal connections.

With the help of Dr. Walker we have conducted further studies into a second group of cases, this time not strictly confined to unequivocal endogenous depressions; follow-up studies of this material are still in progress but the necessary information for completing this study will slowly become available during the next few months.

At present our methods for assessing the E.E.G. changes are crude and it was for this reason among others that we carried out in the Department a complete reconstruction of the frequency analyser. This work incorporated a new design by John Shaw for the resonators and incorporation of the new Ediswan integrator circuit. These changes will greatly improve the stability of the machine and the linearity of the records obtained with it. Deficiencies in these respects have deterred us from using the machine for a number of years. But it should now be possible to employ it in the Department and it should prove a valuable adjunct for its E.E.G. research and for detailed routine investigations in special cases.

Another method of precise measurement of E.E.G. phenomena that we have developed in the Department is that of voltage distribution analysis about which we have already published some reports. We have begun applying this method also to the E.E.G. changes observed during E.C.T., but in developing the technique electrically we have come across a number of obstacles which we have not, so far, surmounted. We are confident, however, that this approach using precise quantitative methods of measurement of the E.E.G. is the one most likely to advance the application of electro-encephalography to psychiatry.

Our preliminary studies on the K-complex have been completed and are shortly to appear in the International E.E.G. Journal. We became interested in this phenomenon during the course of our E.C.T. work, but it was necessary to carry out a study of it in normal subjects and in untreated patients before we

could understand the changes in the course of E.C.T. and leucotomy. The transformation of the responses produced by these treatments are of considerable interest and our first report on them is in preparation. But there is much more work to be done before we can understand how such changes are produced. Since my departure from Graylingwell, Joy Green has carried on with this work and the recent observations would suggest that in young adults both the K-complex and the lambda wave are universally elicitable during full awareness. There is also a certain amount of evidence to suggest some relationship between these two interesting phenomena.

Reports of our work in relation to physical illness in old age mental disorder have appeared during the past year. Affective disorder is the only one of the five main groups of mental illness in senescence about which we have published a separate report. At present we are engaged in completing our studies on 51 cases of late paraphrenia, an important member of the group of mental disorders in old age particularly as the features we have shown to be peculiar to it may have a bearing on the aetiology of paranoid illnesses in general as well as schizophrenia.

Also completed during the year was a study we have made of the electroencephalogram in some 300 cases of old age mental disorder, which has brought some new facts to light. It seems clear that the E.E.G. can provide considerable help in discriminating between functional and organic disorder in old age where the diagnosis is in doubt. Moreover, it is a valuable aid in the differential diagnosis between senile psychosis, arteriosclerotic psychosis and acute confusion, which can be difficult, particularly where an independent history from a relative is unobtainable. Certain E.E.G. patterns are pathognomonic for acute confusional states, although not specific for it. These patterns appear only very rarely in association with cerebral degenerative processes as such and represent therefore a valuable differentiating sign.

Finally, we have found that those cases of pre-senile dementia to which a specific diagnostic label such as Pick's or Alzheimer's Disease can be attached, can be reliably differentiated from cases of simple pre-senile dementia. The former show unequivocal E.E.G. abnormalities almost without exception and the latter normal E.E.G's.

We embarked during the last year on an investigation into the prevalence of the different types of old age mental disorder in the different social classes in West Sussex, as reflected in the admissions to Graylingwell. Two whole years' material was

investigated, each case being allocated to a social class on the basis of data obtained in the social histories. We decided when the investigation had been in progress for a while, to extend it to cover all the cases admitted so as to obtain some facts about prevalence of mental illness according to social class in West Sussex. This material is being analysed statistically at present and the results will not be available for a number of months. But already some interesting information has emerged.

The additions to staff in the last year were Miss Esther MacKinnon who took up the post of E.E.G. Recordist in the Department, and Mr. Michael Runnals who came to work as an Electronic Technician on the problems of the frequency analyser.

I myself have had with deep regret to resign my appointment so as to take up the Chair of Psychological Medicine at the University of Durham where I have succeeded Professor Alexander Kennedy, the new Professor in the University of Edinburgh. I did not find it easy to take the decision to leave a hospital and a department where I had spent five-and-a-half of the fullest and happiest years of my life. No one could have asked for more generous support and warm co-operation than I received from all my friends on the staff, nor could anyone want a happier hospital to work in. I want to take this opportunity to wish the new Director of the Department every success in his future work; he will find Graylingwell a fertile soil in an ideal setting.

Papers and books published or in the press:

1955.

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|---|--|
| ROTH, M. | "Natural History of Mental Disorder in Old Age." <i>J. Ment. Sci.</i> 101, 423. |
| KAY, D. W. K.,
ROTH, M. and
HOPKINS, B. | "Affective Disorders Arising in the Senium: I. Their association with organic cerebral degeneration." <i>J. Ment. Sci.</i> 101, 423. |
| SHAW, J. C. and
ROTH, M. | "Potential Distribution Analysis: I. A new technique for the analysis of electrophysiological phenomena." <i>E.E.G. Clin. Neurophysiol.</i> , 7, 272-284 |
| SHAW, J. C. and
ROTH, M. | "Potential Distribution Analysis: II. A theoretical consideration of its significance in terms of electrical field theory." <i>E.E.G. Clin. Neurophysiol.</i> 7, 285-292. |
| KAY, D. W. K. and
ROTH, M. | "Physical illness and post-mortem findings in relation to psychiatric disorder among patients aged 60 and over admitted to a county mental hospital." In: <i>Old Age in the Modern World. Report of the Third Congress of the International Association of Gerontology</i> , London, 1954. 444-450.
E. & S. Livingstone, Ltd., Edinburgh & London, 1955 |

1956.

- ROTH, M.,
SHAW, J. C. and
GREEN, J. "The form, voltage distribution and physiological significance of the 'K-complex'." E.E.G. Clin. Neurophysiol. In the press.
- ROTH, M. and
KAY, D. W. K. "Affective Disorders Arising in the Senium: II. Physical disability as an aetiological factor." J. Ment. Sci. 102, 141-150.
- KAY, D. W. K. and
ROTH, M. "Physical illness and post-mortem findings in Old Age Psychiatric Disorder." The Lancet. In the press.
- ROTH, M. "Geriatric Problems in Psychiatry." Proc. Roy. Soc. May, 1956. Vol. 49, No. 5, pp. 243-244.

Papers read at meetings:

- ROTH, M. (14.2.55) "Some Special Aspects of E.C.T." Maudsley Bequest Lecture. Read at the Royal Medico-Psychological Association, London.
- ROTH, M. "Geriatric Problems in Psychiatry." Discussion at the Royal Society of Medicine, 8.11.55.
- ROTH, M. "The E.E.G. in Old Age Mental Disorder." Symposium on the E.E.G. in Psychiatry; Quarterly Meeting of the Royal Medico-Psychological Association, 10.11.55.
- ROTH, M. Symposium on Schizophrenia. Ciba Foundation, London. January, 1956.
- SHAW, J. C. "The Design of Phase-shift Oscillators and Filters." Electronic Engineering, Vol. 28, 1956, pp. 216-218. (May, 1956).

10. HOSPITAL STAFF.

Medical Staff.—Since my last Annual Report there have been many changes in the medical staff. On 31st December 1955, Dr. Martin Roth, Consultant Psychiatrist and Director of Clinical Research, left the staff of this hospital to take up his new Appointment as Professor of Psychiatry of the University of Durham. Dr. Roth had been with us five-and-a-half years and we all looked upon him a psychiatrist of outstanding brilliance. From our point of view we are very sorry indeed that he has left the Research Department of Graylingwell, where he was doing much valuable work. We also miss him as a fellow consultant whose opinion was so greatly valued. The post he now fills, however, will undoubtedly offer him wider scope for his abilities and we wish him every success for the future.

The appointment of Dr. Roth's successor is now a matter for the Clinical Research Board. So far we have had no official information but it is anticipated that an announcement will be made shortly.

On 30th April, 1956, Dr. David Rice, Consultant Psychiatrist and Deputy Medical Superintendent, left to take up his new post as Medical Superintendent of Hellingly Hospital in East Sussex. Dr. Rice had been on the staff of Graylingwell for nine years and naturally we miss him keenly. Not only was he an able psychiatrist and experienced in medical administration but he was a man of many interests and well known outside the hospital, not least for his enthusiasm and prowess in cricket—to say nothing of golf. We all sincerely wish him every success in his new post at Hellingly.

Dr. J. D. Morrissey is now Consultant Psychiatrist and Deputy Medical Superintendent, to whom we offer our congratulations and best wishes, and the post of Consultant Psychiatrist which he previously held is in process of being filled.

As a matter of interest I would like to point out that two of the present Professors of Psychiatry in this country were formerly on the staff of this hospital while, since the war, four Medical Superintendents have graduated from Graylingwell.

Other Medical Officers leaving the staff are as follows: September, 1955, Dr. J. Dunn, Registrar, appointed Senior Registrar at Helleston Hospital, Norwich; December, 1955, Dr. Graham went to Tone Vale Hospital, Somerset, as Senior Registrar; January, 1956, Dr. Hadfield, Senior House Officer, took up a similar post at the Middlesex Hospital, London.

The following doctors joined the staff: March, 1955, Dr. D. Lindsay Walker, Senior Registrar; September, 1955, Dr. J. R. Palmer, Registrar; January, 1956, Dr. P. Pringle, Registrar; February 1956, Dr. A. Spellman, Junior Hospital Medical Officer.

In March, 1956, Dr. Brian H. Vawdrey was promoted to Senior Hospital Medical Officer and to him also we offer congratulations and best wishes.

I have great pleasure in reporting that Dr. Patricia Pringle and Dr. J. P. Scrivener passed the final of the D.P.M.

The duties of the medical staff are so arranged that the junior members can gain experience in all branches of adult psychiatry, both in the hospital and extra-murally. In preparation for the D.P.M. they attended during 1955 formal lectures by Dr. Martin Roth, Director of Research, and Dr. B. G. Parsons-Smith, Consultant Neurologist. Unfortunately, lectures by the Director of Research have this year fallen into abeyance and naturally the junior members of the medical staff are anxiously awaiting the appointment of the new Director. Lectures and demonstrations

in Neurology, however, continue to be given by Dr. Parsons-Smith and Dr. Foley. Clinical work is carried out under the supervision of senior members of the staff. They also receive lectures on psychology and psychometry from our Clinical Psychologist.

A special clinical meeting is held on each Wednesday evening, attended by all the medical staff, the matron, chief male nurse, sister tutor, the organising and co-ordinating officers for social and occupational therapy, the social workers and the head occupational therapist. In addition, a proportion of sisters and charge male nurses sit-in at these case conferences. The meetings are devoted to the consideration of special, and usually difficult, cases and they have proved to be of great practical as well as instructional value. A daily medical staff meeting is also held for the discussion of the many clinical and medical administrative problems which constantly arise.

This year the Chairman of the Group Medical Advisory Committee is Dr. Towers and the Secretary is Dr. Vawdrey. This Committee has again proved of great assistance in directing and co-ordinating the medical policy of the hospital.

Nursing. Senior Staff.—The Matron, Miss Lilian A. De Gras, has to assist her Miss Mary Caird, Deputy Matron, Miss W. McLoughlin, Senior Assistant Matron, and Miss Rosalind Wheeler, Assistant Matron. The Night Superintendent is Miss I. Alexander.

The Senior Male Nursing Staff consists of Mr. G. R. Pratt, Chief Male Nurse, Mr. J. Keiran, Deputy Chief Male Nurse, Mr. F. F. Forder, Senior Assistant Chief Male Nurse, and Mr. L. J. Dicker, Assistant Chief Male Nurse. Mr. R. E. Ballantyne is the Night Superintendent.

The Organising and Co-ordinating Officers for Social and Occupational Therapy are Miss M. Carter, Senior Assistant Matron and Mr. F. Murgatroyd, Senior Assistant Chief Male Nurse.

Nurses and Male Nurses.—Numerically we have just about held our own during the past year and we remain approximately 10% below an establishment which is admittedly regarded as being inadequate. It is most unfortunate that recruitment has so far been disappointing because with only a few additional nurses and male nurses there is so much more we could do for our patients, not least the opening up of our remaining closed wards. However, in a hospital with a turnover so large as Graylingwell, it would appear that what is lacking in quantity, our nursing staff makes up for in quality. When all comes to all, we are here to treat

patients and while Regional Boards, Management Committees, Administrative, Ancillary and Artisan Staffs are all very important members of the team, it is the medical and nursing, and particularly the nursing, staff who have constant personal contact with the patient. I myself know of the grand work willingly carried out, often under difficult and trying conditions, by our nurses and male nurses—and by the nursing assistants. So do the patients and their relatives and friends, and I feel that the general public also should know of the great service rendered to the community by the nursing staff of this hospital.

In March this year, the hospital was visited by 135 students from the West Sussex Pre-nursing Training School, Littlehampton. We were most impressed at the keen interest they took in the work of the hospital and we can only hope that, in the years to come, some of them will find in psychiatric nursing a satisfying and worth-while career. We believe, however, that we have made a useful and friendly contact with this training school and I should mention that this was largely a result of the Mental Health Exhibition.

In January, 1956, Sister M. McCabe took part in a one month's Refresher Course for Ward Sisters organised by the King Edward Hospital Fund for London.

Charge Nurse G. Goddard attended in October 1955, a four-day course for Charge Nurses and Ward Sisters in Mental Hospitals organised by the Royal College of Nursing.

Whenever possible, we encourage members of the nursing staff to get qualified not only as psychiatric, but as general trained nurses and male nurses. At present, three male nurses have been seconded for general training and during the past year two of our male nurses returned from general hospitals after having successfully completed their training. We also welcome the three general trained nurses who have come here for training as psychiatric nurses. Not including the senior administrative nursing staff, we now have thirteen doubly trained male nurses and four doubly trained nurses employed in the wards.

Nurse Training School.—Miss B. Nash, the Senior Sister Tutor, reports:

GENERAL NURSING COUNCIL.	Sat.	Passed.	Failed.
Preliminary Examination Part I	12	11	1
Preliminary Examination Part II	8	6	2
Final Examination	6	5	1
Total Student Nurses:	40 (M.16, F.24)		

Four General Nurses availed themselves of the 18 months training course in Psychiatry, but unfortunately one of these left after two months.

Three Preliminary Training Schools were held during the year, each lasting 9 weeks.

The Study Day system of training was continued for second and third year nurses. Blocks of one week were given before entry for the Preliminary Part II and Final Examinations respectively.

Mr. F. Tudgay, Qualified Tutor, joined the staff on 1st August, 1955.

The Staff Social and Athletic Club.—The Chairman for the year under review was Mr. G. R. Pratt, who reports:

“The completion of the tenth year in the life of the Club has been marked by the opening of the New Club House. This is only the first stage of the scheme to give the Club premises worthy of its size and many activities, and it is proposed with the help of members to carry on with the scheme as soon as funds permit. I would like to thank all those who have given assistance voluntarily in the building of this centre, and look forward to continued support when work recommences.

General social activities have once again been very much to the fore, both Modern and Old Time Dances have been organised throughout the year. The Old Time Dancing enthusiasts have given much valuable help in encouraging Old Time Dancing among the patients, and are to be congratulated for their efforts, and for the assistance given to the Patients Social Club in organising Old Time Dances.

Draws were run in connection with two of the larger Modern Dances, and I would like to express grateful thanks for the many gifts that were presented to the Club for the prizes.

In July, Club Members assisted in running the darts stall in connection with the “Chichester Summer Fete,” which was held in Priory Park, and a letter has been received from the Mayor of Chichester, thanking all Members of the Club who helped the Chichester Joint Charities on that day.

It was not possible this year to hold the inter-Hospital Sports, both the Royal West Sussex and St. Richards Hospitals being unable to put up Athletic teams.

It was felt, however, that an Annual Sports event should not be dropped altogether, and an evening was arranged in September, which proved enjoyable. The presence of Mrs. J. Carse, who kindly presented the prizes, was much appreciated.

Other sporting activities include Football, Hockey, Tennis, Badminton, Table Tennis, Darts, and these sections are well organised, and popular among members.

For the third successive year a Ladies Relay Team has won the St. Pancras Community Shield, and a Mens Tug-of-War team retained a shield presented by the same Association.

Great credit is due to Mr. and Mrs. Orton for their efficient management of the bar. It is now the policy of the Committee to invite members of the Staff retiring on superannuation to become Honorary Club Members.

In conclusion, I wish to express deep appreciation to the Graylingwell Hospital Management Committee, The Medical Superintendent, The Hospital Group Secretary, and the Matron, for their unfailing interest and vital support."

11. OFFICIAL VISITS.

- | | |
|-----------------------|---|
| 21st September, 1955. | Commissioner of the Board of Control—Miss I. Coffin Duncan. |
| 7th October, 1955. | Ministry of Pensions—Sir Francis Prideaux. |
| 24th January, 1956. | Ex-Services Welfare Society—Sir Robert Napier. |

CONCLUSION.

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

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.

28th June, 1956.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year ended 31st March, 1956.

1. GENERAL ADMINISTRATION.

During the year, the administration of the Hospital has proceeded smoothly and progressively, and various improvements have been effected.

I have to report, however, that the time has now arrived when it is necessary for me to seek for a revision of the Clerical establishment, in order to deal with the ever increasing volume of work.

The immediate and urgent necessity is for additional assistance in the General Office, where the establishment has remained unchanged for several years, although the work to be performed has increased to a very large extent. This Department is concerned almost entirely with the formalities connected with the admission and discharge of patients, the statutory and statistical work, compilation of returns etc., and as will be seen from the following comparative figures, the number of admissions has almost doubled in the last seven years:—

		1948	1955
Admissions	...	589	1151
Discharges	...	460	1053

Mr. D. W. Russell, the Senior Accountancy Assistant, was appointed to a post at Shenley Hospital, and his place has been taken by Mr. P. A. Turner, formerly of St. James Hospital, Portsmouth.

2. FINANCE.

There has been an overall increase in expenditure of £33,447 over the previous year and the cost per head now stands at £6 4s. 11d., as compared with £5 13s. 8d. for the year 1954/55. The cost of salaries and wages showed by far the largest increase of any expenditure head, the additional cost under this heading amounting to £15,930. Prices continued to rise during the year and this was reflected by an increase of £5,759, in the cost of patients' and staff provisions, and £4,435 in the cost of fuel, light, power, water and laundry. There was an increase in the expenditure on maintenance of buildings, plant and grounds of £6,774 over the preceding year. Under this heading was £12,500 given to the Hospital for re-roofing, £2,500 more than for the previous year, and additional money granted for general upgrading work. This made possible the long delayed redecoration of the Main Hall and further progress with the Hospital roads and paths repair.

Farm and Garden Expenditure on Wages and Materials increased by £5,057 although this was more than offset by an increase of £9,467 in Farm and Garden Income.

With regard to Capital Expenditure, the Regional Hospital Board gave consent last June to the execution of Phase I of a scheme for modernisation of the Kitchen under the category of minor capital works "under £1,000." In November a sum of £3,400 was approved for the building of an Insulin Unit and in January of this year a sum of £450 was granted from capital funds for the provision of 10 additional beds by conversion of the old Social Club premises.

During the year the Minister of Health announced his intention of putting into operation, as from 1st April, 1957, the recommendations of the Working Party on Hospital Costing, and to assist with the extra work involved the Regional Hospital Board is introducing a scheme for machine accounting of stores receipts and issues on a regional basis. An additional burden will however fall on the staffs of Hospitals in implementing the recommendations of the Working Party.

3. SUPPLIES AND CATERING.

As reported above, it has been possible to commence on the Scheme for modernisation of the Main Kitchen and the completion

of Phase I has made a great improvement to both the efficiency and appearance of the Kitchen.

The refurnishing of the Wards has continued and all wards are now supplied with new dining chairs of modern design and the purchase of more fireside chairs has also added to their comfort.

The Printing Department was able to assist during the year with printing for the Chichester Group of Hospitals and I am pleased to report that permission has been granted for the appointment of an additional Printer. It is thus hoped that the Department will now be able to cope to a far greater extent with printing for other Hospitals in the Region.

4. ENGINEERING DEPARTMENT.

A record of this year's work will be found in the Summary of the Engineer's Report (Appendix A) which gives details of the work done during the year on the repair and maintenance of the Hospital fabric and the additions and alterations made.

5. FARM AND GARDEN.

A copy of the Farm Bailiff's Report is attached (Appendix B) and I would refer to the very fine achievement of the Dairy Herd and to the success in winning the Shorthorn Society's Gold Challenge Cup for consistent milking and regular breeding with the cow "Gracie."

6. CONCLUSION.

I have to acknowledge with gratitude the help and assistance received from the Medical Superintendent and all members of the Staff, also let me in conclusion thank you, Mr. Chairman, Ladies and Gentlemen for your generous support throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

E. C. ENGLAND,

Group Secretary, Finance & Supplies Officer.

SUMMARY OF RESIDENT ENGINEER'S REPORT.

I beg to submit the following statistics for the year ended 31st March, 1956.

ELECTRICITY. Consumption.

D.C. (Generated) ...	291,330	Units.	Cost per unit 3.43d.
A.C. (Purchased) ...	409,088	"	" " " 1.4d.
Total Consumption	<u>700,418</u>	"	

Compared with the previous year there was a decrease in consumption of 5,807 units.

WATER.

Pumped ...	6,902,840	Galls.	Cost per 1000 galls. 8.5d.
Purchased ...	31,761,000	"	" " " 14.8d.
Total Consumption	<u>38,663,840</u>	"	

Compared with previous year.

Pumped.	Decrease of 1,883,940 galls.
Purchased.	Increase of 4,868,000 galls.
Total Consumption.	Increase of 2,984,060 galls.

BOILER HOUSE AND ENGINE ROOM. The Steam Boilers, Mechanical Stokers, Feed Pumps, Calorifiers, Diesel Engines, Generators, Storage Battery and Hot Water Boilers have been completely overhauled by our own staff during the year and are in satisfactory working order.

BUILDINGS. The re-slating of the roofs of all the Blocks of the Main Building, and certain Corridor roofs have been completed during the year (by Contractors).

Recreation Hall, redecoration (by Contractors).

Acoustic Tiles fitted in Recreation Hall (by Contractors)

New Proscenium and Stage Curtains provided (by Contractors).

New Wide Screen provided in Recreation Hall and Projectors modified to suit.

Male Occupational Therapy Centre completed.

Alterations in Main Kitchen, including the installation of 6 Stainless Steel 60-gall. Boiling Pans. Installation of two 2-deck gas Pastry Ovens and one 4-unit gas stove.

Alterations to South Lodge to improve arrangement of downstairs rooms.

Coal and Wood shed in Kitchen yard converted into Changing Room and Sanitary Annexes with Shower for kitchen staff.

Alteration to room previously used as Needleroom and Carpenter's O.T., with addition of new unit to be erected in Stores yard to provide a new Insulin Unit (Commenced)

The following wards have been re-decorated throughout, Barnet 2 and Anderson 2 wards also the following: Nurses' Home, Staircases, Corridors and 3 Bedrooms. Amberly 1 Clinic Sitting Room; A.M.O.'s Quarters, Sitting Room; Assistant Matron's Quarters, Summersdale Hospital. Psychologist's Room, Summersdale Hospital.

A considerable amount of outside painting was done including; The Acre, Little Acre, Green House, West side Barnet and Nightingale Ward Block, North side Anderson Block, Havenstoke, Front Entrance, Engineer's yard, O.T. Centre, Male Eastergate Block, North side Laboratory, Matron's Block, all Corridor skylights, Enclosed yard, Chilgrove Block, Tailor's, Shoemakers and Upholsterer's Shops, Enclosed yard Duncton Block, Mortuary, Nurse Training School.

J. C. CHYNOWETH,
Superintendent Engineer.

28TH JUNE, 1956.

(Appendix "B")

SUMMARY OF FARM BAILIFF'S REPORT.

I have the honour to submit my report on the Farm, Gardens and Grounds for the year ending 31st March, 1956.

From an Agricultural and Horticultural point of view, the year 1955 was one of the most productive on record; with the exception of the potato crop, which was affected by the dry weather in the late summer, yields generally were good.

The severe frosts in January and February 1956 caused the loss of 60 acres of Autumn sown Oats.

The Dairy Shorthorn Herd again did well with milk records, winning the Challenge Cup for the eighth successive year, and two second places in the B.O.C.M. National Milk Competition.

The cow 'Gracie' was again awarded the Gold Cup for consistent milking and breeding, she also set up a record for the breed by completing her sixth successive lactation of over 2000 gallons.

The supplies of Milk, Eggs, Meat, Fruit and vegetables were fully maintained, also flowers and plants for ward decorations.

The Hospital Church was decorated with produce from the farm and gardens for the Harvest Thanksgiving.

Several local Hospitals were regularly supplied with potatoes and vegetables.

A number of Patients gave valuable assistance in all departments; I find they take a great interest in the raising of flowers and plants.

Repairs were carried out during the year to the drives and paths at Woodfield House and Graylingwell Hospital.

W. H. HIGGOTT,
Farm Bailiff.

28TH JUNE, 1956

REPORT OF THE COMMISSIONER OF THE BOARD OF CONTROL.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

22nd September, 1955.

The past year has been one of progress at this Hospital, and I have been much interested during my visit to see what has been accomplished since the last visit 13 months ago.

The new male occupation therapy hut was put into use about 3 months ago and is proving its usefulness. The former carpenter's shop has in consequence become available for other use and is now a sleeping annexe for women patients. The re-roofing of the whole hospital has been continuing steadily. A room opening out of the Entertainment Hall has been made available as a Central Library which is now being run with the help of the W.V.S. A large number of new books has been acquired and in this connexion the "Friends of the Chichester Hospitals" who have now included Graylingwell among their hospitals, have been most generous. Refurnishing and redecorating of wards have continued satisfactorily. The Kitchen department has been provided with a good deal of modern equipment part of which has already been installed.

Shortly buildings to enlarge two wards on each side of the hospital are to be started. These extensions will provide a total of 72 new beds—18 new beds for each of the wards concerned. Plans are also under consideration for a new deep insulin unit; part of an existing structure will be incorporated.

A very high percentage of patients at this hospital is usefully occupied and with the new male hut the accommodation for occupation therapy has been much improved. It was interesting to learn that the whole of the occupational and recreational life of the hospital has been reorganised in the past year. These activities are now under the co-ordinating supervision of an Assistant Matron and an Assistant Chief Male Nurse with technical assistance from occupation therapists, seamstresses, carpenters, etc. The new system is said to be working very successfully indeed. The patients clubs are active and popular and they

arrange many entertainments which are in addition to the usual weekly Cinema performances and dances. Physical training classes are held daily in the Hall and out of doors and do much to stimulate the more regressed patients. Fourteen further T.V. sets have been acquired during the past year.

The patients here enjoy a very large measure of liberty and I was interested to hear that there are now only 3 locked wards, 2 on the male side and one on the female side of the hospital.

The patients on the whole are very neat in appearance and their clothing is good. Not only are patients encouraged to wear their own garments, but hospital clothing is marked with the individual patient's name and excellent facilities exist on the female side for washing and ironing personal garments.

The dietary is well varied and adequate. Electrically heated food trolleys ensure that the meals reach the wards really hot. Dinner yesterday consisted of Irish stew, potatoes, beans, and suet and currant pudding with custard; it was a satisfying and edible meal.

The number of patients in residence today is 1073 (339M. 734F.). Of the total 404 are voluntary and the remainder are all detained under certificate. During 1954 there were 626 direct admissions (212M. 414F.) and 426 of these came in voluntarily. Five hundred and thirty seven patients left or were discharged.

For the year ended 31st March 1955 the cost of maintenance was £5 13s. 8d. and of this 18/- represented the cost of food per patient.

The present staff of nurses includes 87 male and 88 female whole time and 1 male and 41 female part time nurses. Sixty-six of the men (1 part time only) and 62 of the women (26 part time) are certificated or registered as mental nurses and there are 11 male and 20 female student nurses. There is a good training school with a Sister Tutor and Male Tutor in charge. The 3 shift system is worked on both sides of the Hospital.

In 1954, 89 patients died (31M. 58F.), giving a mortality rate of 8.4%. No fewer than 77 post mortem examinations were carried out. Since the last visit 1 inquest was held, full particulars of which were furnished to my Board at the time. Serious casualties in the period numbered 23 (4M. 19F.). All except one were fractures. The exception was a ruptured eye (subsequently enucleated). The patient who suffered this injury was attacked

during the night by another patient in a non-observation dormitory.

There is at present only one patient suffering from pulmonary tuberculosis in an active form. The male patient concerned is nursed in a single room off his ward and all proper precautions are taken.

There has been no typhoid or dysentery in the hospital for a number of years.

At the time of my visit few patients were being nursed in bed. It is obvious that the standard of sick nursing is high and that every effort is made to get as many patients as possible to sit up for part of each day.

The medicine cupboards examined were all properly kept.

All forms of modern treatment are in use at this hospital and there is a full staff of visiting consultants. I must note once again that there is only one dental session a week and that that is quite inadequate for a hospital of the size and importance of Graylingwell.

Out-patient Clinics continue to be held weekly at Worthing General Hospital, the Royal West Sussex Hospital, Chichester and Horsham General Hospital and also at Graylingwell itself and at the Acre at Worthing.

Unfortunately my visit has been paid in the absence of Dr. Carse. I was very sorry to miss seeing him but Dr. David Rice, his Deputy, and Dr. J. D. Morrissey have given me every assistance during a most interesting visit.

I. COFFIN DUNCAN,

Commissioner of the Board of Control.

THE CHURCH OF ENGLAND CHAPLAIN'S REPORT.

28th June, 1956.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my second report. May I as a first duty mention the pleasant atmosphere which prevails throughout the hospital. This, needless to say, is of the greatest possible assistance to a Chaplain, and is largely due to the kindness and understanding of an altogether friendly and courteous staff.

It should be added, that throughout this second year as Chaplain to Graylingwell Hospital, I have been encouraged at all times by the knowledge that Dr. J. Carse, our Medical Superintendent, Mr. England, Group Secretary, Miss de Gras, our Matron, Mr. Pratt, our Chief Male Nurse, and their deputies, have been behind me in my endeavours.

In the main my duties from week to week have been routine. But whether in the conduct of Services, or coming into contact otherwise with both patients and staff, there is the knowledge that many regard the Chaplain both as friend and adviser, and welcome him and his ministrations. Such knowledge is both a source of real encouragement and inspiration, and an unflinching reminder of a Chaplain's privileges and responsibilities.

The Services of Morning and Evening Prayer have continued throughout the year, at 9.45 a.m. and 5.30 p.m. every Sunday in our Hospital Chapel, and good attendances at both these Services has been marked. Holy Communion is administered every third Sunday each month, also on Festival occasions, and privately when desired.

Once a month, following Evening Prayer, community singing of hymns chosen by patients is conducted in Chapel. This Service is greatly enjoyed by many. So also have been the special Services at Christmas, Harvest, and Easter, when our Chapel has been beautifully decorated, under the direction of our Farm Bailiff by his staff.

On Good Friday evening, the choir of St. Peter-the-Great, Chichester, under its leader Mr. E. C. England, sang "The Crucifixion" in Chapel, and in December the Choir of Bishop

Otter College gave a rendering of Thiman's Christmas Cantata, "The Nativity" under its conductor, Canon D. B. Eperson.

The Woman's World Day of Prayer in February was marked by a special Service in the Chapel, and was well-attended both by female patients and members of staff.

I have greatly valued throughout the year, the unfailing help of Mr. A. Ingram at the organ, and those among patients and staff who form our choir on Sundays. The kind assistance of members of our medical staff as Lesson Readers some Sundays, has also been greatly appreciated.

One values most highly the friendly co-operation of the Reverend P. J. Spooner, B.D., our Non-Conformist Chaplain, who is responsible once a month for the conduct of Evening Prayer in Chapel.

We have been pleased to welcome the following to our pulpit. Canon S. L. Buckwell, and Reverend J. C. Salisbury, two former Chaplains to Graylingwell Hospital. The Reverend H. K. Gordon Bearman (Chichester); the Reverend M. T. Dodds, (Chichester) the Reverend W. J. Norman (Church Missionary Society) the Reverend J. D. Brown (Worthing); the Reverend R. E. D. Hull (Chichester) the Reverend R. M. C. Beak (Bristol, Bible Churchmen's Missionary Society); and Mr. W. N. Stevens, (Hospital Manager at Wasasa, Northern Nigeria, C.M.S.).

During the year special collections were taken up at various Chapel Services on behalf of our Hospital Benevolent Fund; The Ex-Services' Welfare Association; The Bible Society; The Scripture Gift Mission; The Chapel Building Fund of St. Mary's Hospital, Portsmouth; The Bible Churchmen's Missionary Society, and The Church Missionary Society.

A further consignment of New Testaments for placement among patients, was made by The Gideons. These Testaments are used at the Patients' Quiet Half Hour, which is conducted at 6 p.m. every Friday in Summersdale Hospital. This quiet devotional period has continued throughout the past year. It is simple, consisting of the unaccompanied singing of one or two chosen hymns; Prayer; Reading from St. John's Gospel, followed by a brief exposition; Prayer and Closure.

At this particular gathering I have had great appreciation expressed by a number of patients, both for this particular ministry, and the work of the Hospital generally. Such

appreciation is spontaneous and real I am convinced, and registers the therapeutic value of things spiritual, as part of healing treatment, in a place where much good is done.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

R. R. MINTON.

THE FREE CHURCH CHAPLAIN'S REPORT.

28th June, 1956.

Mr. Chairman, Ladies and Gentlemen,

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

Visitation of the wards has led, during the nine years of my pastoral work, to close acquaintance with a large number of the more permanent patients, and consequently to a fuller understanding of their individual difficulties and needs. There is always an eager welcome for the chaplain's personal interest and sympathetic concern.

The Community Singing and Percussion Band classes have been attended every week by more patients than in previous years, and the classes are now an established part of the Occupational Therapy Department. The patients join in the rendering of all kinds of music, including new songs and instrumental pieces as well as old favourites, both sacred and secular. In this, as in all my activities, I receive the most ready help of members of the staff.

I have continued to conduct regular services in the Church at the invitation of the Rev. Minton—a privilege for which I am grateful and a responsibility I value highly.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. J. SPOONER.

THE ROMAN CATHOLIC CHAPLAIN'S REPORT.

28th June, 1956.

Mr. Chairman, Ladies and Gentleman,

I have the honour to submit my report as Roman Catholic Chaplain to your renowned Hospital.

With gratitude I record my appreciation of notifying us of any patient seriously physically ill, and of impending surgical operations.

I record the gratitude of patients, who are able to come to Mass on Sunday, and those who are able to assist at Mass every Tuesday morning at 9.15 a.m. in Kingsmead Villa.

As priest I am after "existential" man, such as he is, such as his natural dispositions, the influences of his milieu, education, his personal development, his intimate experiences and external events have made him.

The psychiatrist helps the patient to disentangle himself from his neurotic attitude, gives him an insight into his condition, clears up the debris, and makes him aware of his potentialities.

Now, if the patient is a Catholic, the priest can give valuable assistance in formulating the rebuilding programme, especially when this programme contains moral, religious and spiritual values and I am glad to state that the possibility, that the priest is the ultimate specialist in human adjustment, has most unscientifically not been ignored at Graylingwell, where a patient's religious convictions and conscience are respected.

It is in order to be of greater help to the patients, and I speak from experience, that I plead for better accommodation for Mass in the Hospital. At present Mass is in Kingsmead Villa—a busy place, on the perimeter of the Hospital and I feel that a more central place exclusively set aside for religious worship, with an office attached for interviewing patients, in order better to supply a patient's religious and moral needs, would be a great advantage.

Sincerely hoping that this request will meet with your approval.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. H. G. TAK.

GRAYLINGWELL HOSPITAL MANAGEMENT COMMITTEE

*Summary of Expenditure and Cost per Head for year ended
31st March, 1956.*

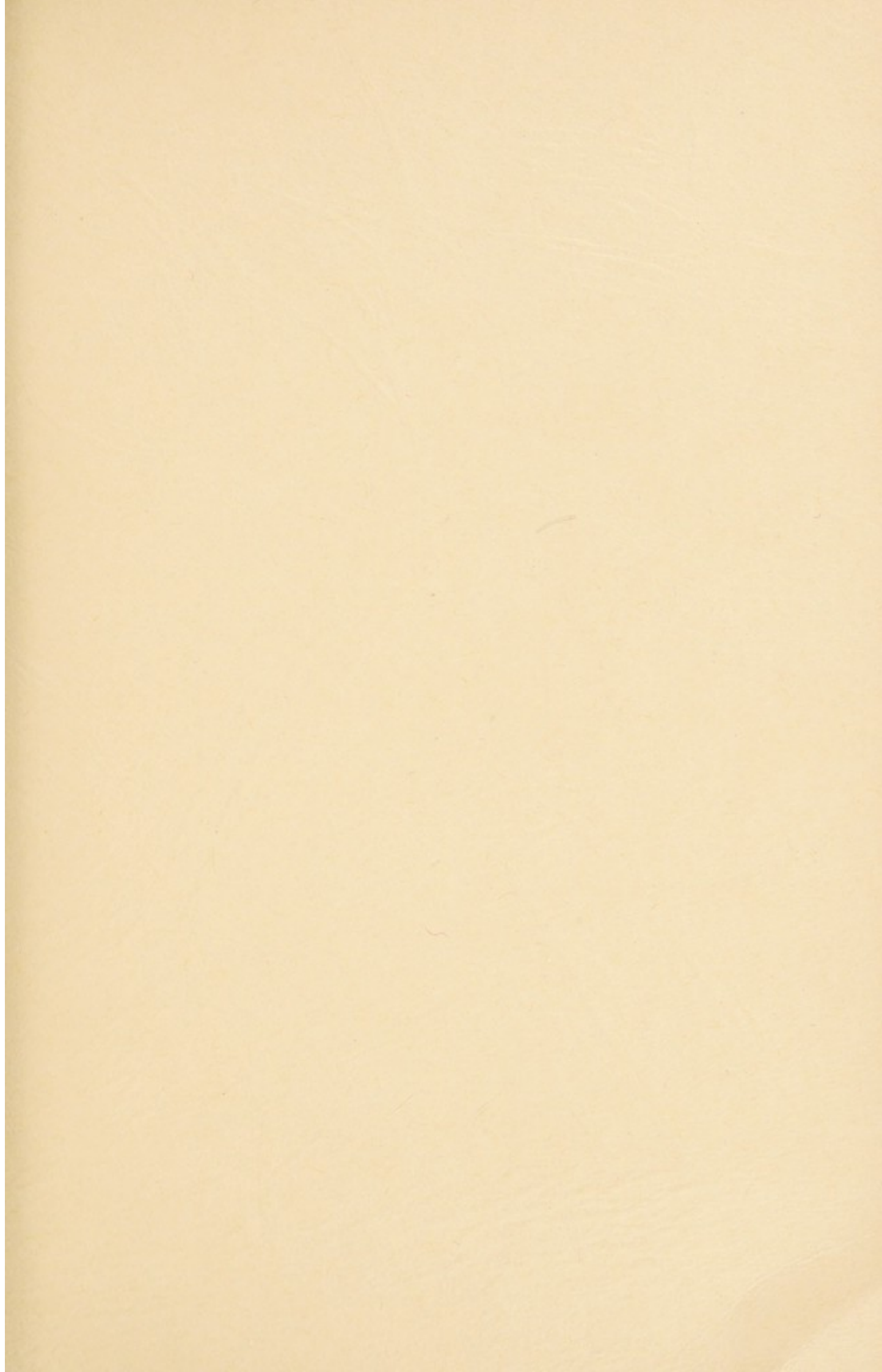
Average Available Staffed Beds ...	1,221	
Average Bed Occupancy ...	1,130	
No. of In-Patient Days ...	413,564	
EXPENDITURE HEAD	Amount (nearest £)	Wkly Cost per head
<i>Running Charges.</i>	£	£ s. d.
Provisions ...	59,416	1 0 1
Patients' Clothing ...	4,613	1 7
Drugs, Dressings, Medical & Surgical Appliances	6,537	2 3
Laundry ...	11,307	3 10
Hardware and Crockery ...	1,178	5
Bedding and Linen ...	3,190	1 1
Cleaning and Chandlery ...	1,295	4
Other Running Charges ...	4,851	1 8
<i>Standing Charges.</i>		
Medical Salaries ...	27,118	9 2
Nursing Salaries ...	110,370	1 17 5
Other Staff Salaries ...	100,683	1 14 1
Staff Uniforms ...	1,972	8
Fuel, Light, Power and Water ...	26,036	8 10
Maintenance of Buildings, Plant and Grounds	24,951	8 5
Furniture and Furnishings ...	4,883	1 8
Rent and Rates ...	9,655	3 3
Printing, Stationery, etc. ...	3,756	1 3
Canteens and Shops ...	14,352	4 10
Farm and Garden ...	17,977	6 1
Transport and Travelling Expenses ...	2,061	9
Other Standing Charges ...	1,235	5
TOTAL HOSPITAL EXPENDITURE	437,436	7 8 1
<i>Direct Credits.</i>		
Staff Deductions & Charges for Board & Lodging	9,382	3 2
Canteens and Shops ...	16,680	5 8
Farm and Garden Income ...	41,213	13 11
Other Trading Income ...	513	2
Other Receipts ...	754	3
TOTAL DIRECT CREDITS	68,542	1 3 2
NET HOSPITAL EXPENDITURE.		
Total Hospital Expenditure less Direct Credits	368,894	6 4 11
SUMMARY OF EXPENDITURE FOR GROUP		
Net Hospital Expenditure (as above) ...	368,894	
Central Administration and other Expenditure	153	
TOTAL FOR GROUP	369,047	

General Table, showing the Movement of the Hospital Population during the year 1955.

	Graylingwell Hospital										S.H. & Acre				
	Voluntary			Temporary			Certified			Total		Special			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
On the Hospital Registers, 1st January, 1955	132	267	399				217	454	671	349	721	1070	34	54	88
Cases admitted during year (inc. Statutory Transfers & Transfers from S.H. and Acre to G.H.)	175	262	437	2	1	3	64	158	222	241	421	662	162	332	494
Regradings	32	79	111	-1	2	1	-31	-81	-112						
Transfers from Graylingwell to S.H. and Acre													53	174	227
Total cases under treatment during the year	339	608	947	1	3	4	250	531	781	590	1142	1732	249	560	809
<i>Cases discharged, departed or statutorily transferred during year (inc. transfers from S.H. and Acre to G.H.):—</i>															
Recovered...	56	100	156		1	1	16	18	34	72	119	191	117	313	430
Relieved ...	66	83	149				8	17	25	74	100	174	68	129	197
Not Improved	12	20	32				3	4	7	15	24	39	21	38	59
Transfers from Graylingwell to S.H. and Acre	134	203	337		1	1	27	39	66	161	243	404	206	480	686
Died during the year	51	168	219				2	6	8	53	174	227			
Total cases discharged, transferred and died during year	195	390	585		2	2	55	76	131	250	468	718	208	481	689
On the Hospital Registers 31st December, 1955	144	218	362	1	1	2	195	455	650	340	674	1014	38	78	116
Average daily number resident during the year	139	254	393				203	465	668	342	719	1061	36	56	92

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

Year	Admitted			Discharged						Died			Remaining 31st Dec.			Average Number Resident			Percentage of Recoveries including Transfers			Percentage of Deaths on Average Number Resident		
	Recovered		Not Improved	Relieved		Recovered		Relieved		Not Improved	Died		Remaining 31st Dec.		Average Number Resident		Percentage of Recoveries including Transfers		Percentage of Deaths on Average Number Resident					
	M	F		M	F	T	M	F	T		M	F	T	M	F	T	M	F	T	M	F	T		
1925	52	88	140	18	34	52	7	13	20	3	33	36	42	305	441	746	36.73	43.03	40.62	7.87	4.07	5.69		
1926	57	82	139	19	28	47	10	10	20	1	1	2	39	310	469	779	35.18	36.84	36.15	6.89	3.95	5.30		
1927	68	85	153	15	22	37	5	13	18	4	3	7	58	331	481	812	23.08	28.57	26.06	7.28	7.43	7.20		
1928	76	107	183	23	31	54	5	5	10	1	4	5	49	353	524	877	33.82	31.96	32.72	7.29	4.77	6.10		
1929	77	97	174	24	27	51	6	14	20	26	11	37	66	351	526	877	33.80	30.34	31.87	6.48	8.24	7.51		
1930	68	88	156	20	33	53	3	10	13	9	4	13	52	359	543	902	31.75	43.42	38.13	7.79	4.54	5.80		
1931	69	117	186	18	44	62	8	15	23	11	9	20	51	367	565	932	30.00	40.00	36.50	6.60	4.90	5.67		
1932	88	122	210	23	43	66	11	15	26	5	15	20	72	378	580	958	29.10	38.50	34.60	10.30	5.90	7.75		
1933	89	132	221	30	69	99	11	15	26	13	7	20	57	389	588	977	36.60	56.60	38.50	6.30	5.70	5.92		
1934	128	175	303	49	60	109	16	20	36	7	20	27	96	400	612	1012	41.00	36.60	38.40	11.40	8.50	9.60		
1935	113	164	277	35	76	111	8	18	26	8	8	16	75	424	637	1061	34.00	47.20	42.00	9.50	5.90	7.30		
1936	106	154	260	43	73	116	16	25	41	3	12	15	87	432	630	1062	41.70	49.30	46.20	8.40	8.10	8.20		
1937	116	186	302	48	67	115	19	25	44	10	13	23	105	430	647	1077	43.20	37.00	39.40	9.50	10.10	9.90		
1938	105	174	279	29	67	96	18	37	55	19	18	37	83	422	643	1065	29.30	42.90	37.60	9.70	6.50	7.80		
1939	128	221	349	42	82	124	33	38	71	10	19	29	98	417	643	1060	35.60	41.00	39.00	8.90	9.40	9.20		
1940	128	182	310	40	86	126	42	32	74	12	7	19	106	406	639	1045	32.20	48.90	42.00	10.90	9.60	10.10		
1941	108	225	333	41	61	102	18	42	60	9	10	19	109	412	676	1088	39.40	35.20	36.80	8.30	11.80	10.40		
1942	92	176	268	52	81	133	16	29	45	5	3	8	101	397	672	1069	40.665	46.55	50.37	8.31	10.07	9.40		
1943	119	194	313	50	123	173	22	20	42	11	7	18	88	394	667	1061	42.37	64.06	55.80	10.02	7.38	8.35		
1944	124	236	360	62	132	194	25	37	62	8	1	9	93	386	677	1063	51.20	57.10	55.10	9.60	8.30	8.80		
1945	150	289	439	71	163	234	22	46	68	7	11	18	111	393	679	1072	47.97	57.39	54.16	11.16	10.13	10.51		
1946	205	321	526	92	174	266	44	74	118	11	12	23	112	406	677	1083	44.90	54.20	50.60	11.40	9.80	10.40		
1947	224	350	574	92	191	283	73	78	151	14	14	28	121	409	665	1074	44.80	56.00	50.40	10.40	12.00	11.40		
1948	208	381	589	82	158	240	68	104	172	28	20	48	91	395	717	1112	40.80	42.25	41.74	10.89	6.74	8.27		
1949	264	484	748	101	206	307	72	165	237	24	16	40	156	393	727	1120	38.50	43.30	41.60	17.60	12.20	14.10		
1950	254	481	735	128	207	335	86	200	286	15	19	34	92	384	724	1108	51.55	51.33	51.41	11.63	8.41	9.52		
1951	295	567	862	149	290	439	87	185	272	22	25	47	107	376	729	1105	53.20	51.61	52.13	12.80	8.16	9.71		
1952	300	624	924	158	320	478	82	190	272	16	31	47	109	372	751	1123	58.61	58.49	58.52	7.70	7.57	7.61		
1953	334	738	1072	194	427	621	88	194	282	23	39	62	86	373	771	1144	50.53	57.42	54.94	8.75	7.64	8.01		
1954	383	677	1060	191	387	578	110	172	282	41	56	97	92	380	774	1154	47.13	57.60	53.95	10.00	6.60	7.70		
1955	403	753	1156	189	432	621	142	229	371	36	62	98	90	378	752	1130								





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