

Annual report of Graylingwell Hospital : 60th, 1957

Contributors

Graylingwell Hospital (Chichester, England)

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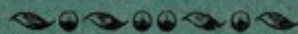
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GRAYLINGWELL HOSPITAL

CHICHESTER

(Group No. 45)



SIXTIETH

ANNUAL REPORT

1957



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SOUTH-WEST METROPOLITAN REGION

SIXTIETH

ANNUAL REPORT

of

GRAYLINGWELL HOSPITAL

CHICHESTER

(Group No. 45)

1957

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CONTENTS.



	Page No.
List of Management Committee and Sub-Committees ...	4
List of Visiting Staff	5
List of Officers	6
Report of Management Committee	9
Report of Medical Superintendent	13
Report of Group Secretary, Finance and Supplies Officer	46
Report of the Commissioners of the Board of Control...	51
Report of the Chaplain	54
Report of the Free Church Chaplain... ..	58
Report of the R.C. Chaplain	59
Summary of Expenditure for year ended 31st March, 1957	60
Table showing Movement of Hospital Population during 1956	61
Table showing Admissions, Discharges, Deaths, &c. ...	62

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MR. H. H. CORDERY, B.E.M.
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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.)
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- 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* { R. P. M. MILES, F.R.C.S.
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. B. LATTO, M.R.C.S., L.R.C.P., D.M.R.
- 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 & 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.,
(Consultant Psychiatrist to Horsham Hospital) D.P.M.
- Psychiatrists* { NYDIA E. PANTON, M.A., M.B.,
Ch.B., D.P.M. } *Worthing Service*
A. ALAN-WATT, M.B., Ch.B., D.P.M.)
JOHN TOWERS, B.M., B.Ch., D.P.M.
BRIAN H. VAWDREY, M.A., M.D., D.P.M.
J. W. T. REDFEARN, M.D., D.P.M. *Research Dept*
- Senior Registrars*..... { J. P. SCRIVENER, M.B.E., M.R.C.S., L.R.C.P.,
D.P.H., D.P.M.
A. SPELLMAN, M.B., B.S., D.P.M.
C. J. LUCAS, M.B., M.R.C.P., D.P.M. } *Research Dept.*
- Registrar* A. R. JONES, M.R.C.S., L.R.C.P.
- Junior Hospital Medical Officers* { K. H. M. LOTINGA, M.B., B.S.
J. R. PALMER, M.B., B.S.
J. S. BLAND, M.R.C.S., L.R.C.P.
- Senior Clinical Psychologist* J. E. MACDONALD, M.A., Dip. Psych.
- Clinical Psychologist*..... H. S. CROUSE, M.A.
- 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.S.H.

<i>Matron</i>	L. DE GRAS, S.R.N., R.M.N., S.C.M.
<i>Sister Tutor</i>	B. B. NASH, S.R.N., R.M.N.
<i>Chief Male Nurse</i>	G. R. PRATT, S.R.N., R.M.N., R.M.P.A.
<i>Psychiatric Social Workers</i>	(M. JOSEPHINE BUTCHER <i>Barrister at Law.</i> J. COLLINS, B.Sc. (Econ.)
<i>Hospital Almoner</i>	(GRACE CANNON, B.Com.) } <i>Worthing Service</i> V. ARENDT, A.M.I.A.
<i>Social Worker</i>	J. M. STACEY
<i>Physiotherapist</i>	M. W. HARRY, M.C.S.P., M.E., L.E.T.
<i>Chiropodist</i>	I. Y. PARKS, M.S.F., M.C., S.Ch.
<i>Head Occupational Therapist</i>	J. M. MEADER, M.S.A.O.T.
<i>Co-ordinating Officers for</i> <i>O.T. and Social Therapy</i> ...	} M. CARTER, S.R.N., R.M.N. F. MURGATROYD, R.M.N., R.M.P.A.
<i>Chief Pharmacist</i>	E. FARLEY, M.P.S., D.B.A.
<i>Research Assistant</i>	J. C. SHAW, B.Sc., A.M.I.E.E., C.M.E.P.T.A.
<i>Chief Laboratory Technician</i>	H. A. SEYMOUR, A.I.M.L.T., M.R.I.P.H.H.
<i>Engineer</i>	J. C. CHYNOWETH, A.M.C.T. (<i>Mech. Eng.</i>)
<i>Catering Officer</i>	R. V. VASS, A.M.H.C.I., M.C.F.A., M.H.C.A.

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SOUTH-WEST METROPOLITAN REGION.

Graylingwell Hospital, Chichester

(Group No. 45)

The Ninth Report of the Management Committee

being the

SIXTIETH

Annual Report of Graylingwell Hospital.

The Graylingwell Hospital Group Management Committee have pleasure in submitting their Report for the year ended 31st March, 1957.

It is with deep regret that the Committee record the untimely death of Mr. D. A. Langhorne, M.B.E., F.R.C.S. (Ed.) who was a most valued colleague as a member of this Committee and also the highly esteemed Consulting Surgeon to the Hospital over a period of many years.

While this Report was in course of preparation, the Committee learned with sorrow of the death of Mrs. M. E. Lawson whose serious ill-health had caused her to resign her membership a few months earlier.

Mrs. Lawson had devoted much of her life to the welfare of the community and Graylingwell Hospital was one of her many spheres of interest. She will be greatly missed.

A cordial welcome is extended to Mrs. B. E. Newman and Dr. Mary Cooper, who have come forward to fill the vacancies.

The year has been momentous and active as will be more fully seen in the detailed reports which are appended.

The problem of the continually increasing admissions to Mental Hospitals is becoming seriously felt throughout the whole Country. At this Hospital for instance, the number of admissions rose from 1,151 in 1955 to 1,345 in 1956. The Management Committee have, therefore, welcomed the opportunity of inaugurating an experimental scheme in the Worthing area which sets out to show that by a greater concentration of effort upon out-patient treatment, the number of admissions to Mental Hospitals can be effectively reduced. Although the experiment is scheduled to be carried on over an initial period of two years, it is possible to state at this comparatively early stage that the existence of the Worthing and District Mental Health Service has made a considerable impact upon the number of patients being admitted from that district. Already there is ample evidence which would justify the extension of these additional out-patient facilities to the remaining parts of the Hospital's Catchment Area and the Committee sincerely hope that this may be possible. It only remains for them to express their thanks to the Regional Hospital Board and the Nuffield Provincial Hospitals Trust for making the scheme possible and to convey their congratulations and thanks to Dr. Carse and his colleagues on the excellent results so far achieved.

In his annual report the Medical Superintendent calls urgent attention to an associated and worrying problem—the care of the aged who do not require psychiatric treatment in Hospital. The facts and figures which Dr. Carse give are startling to say the least; they show that Graylingwell has an excessively high proportion of such patients, that the position is continually and rapidly worsening and that unless immediate positive action is taken, Graylingwell's identity as a progressive psychiatric hospital is likely to be subordinate to that of a geriatric unit.

The Department of Clinical Research, which has contributed so much in the past, will in future function under the aegis of the Medical Research Council. The Committee are indeed glad that research is to continue at Graylingwell Hospital and they look forward to co-operating with the Council and with the new Director of Clinical Research, Dr. Peter Sainsbury.

Farming operations came to an end on the 25th March, 1957, when the remaining stock was disposed of by auction. Although viewed sentimentally, the occasion was a sad one, the Committee are glad to state that there is no likelihood of any ill-effect being

felt by the Hospital. The Committee are in fact, looking forward to a happy association with the tenant of the farmlands—Mr. A. D. Heaver—who has among other things, granted facilities for the patients to continue their walks around the boundaries of the estate.

The Committee are particularly glad that it was possible for them to retain the home farm buildings for the use of the Hospital. These are to be converted for use as a Social Centre for the patients, who are themselves happily and voluntarily occupying themselves in the works of alteration and adaptation.

The subject of farming cannot be left without paying a tribute to the staff who have maintained such high standards throughout the years. The dairy herd concluded its successful history by winning the North Challenge Cup for the ninth successive year and all concerned in this achievement are to be congratulated.

Two Commissioners of the Board of Control visited the Hospital in June, 1956, and made a most satisfactory report, a copy of which is appended. They referred to the "steady improvement" which has taken place and in this connection it may be of interest to know that television is now available in every ward of the Hospital and that Cinemascope apparatus has been installed in the Main Hall.

Rubber flooring has been laid in three geriatric wards to limit the risk of slipping, while by slight alterations and the adoption of a different style of decoration the front entrance to the Hospital has been greatly improved at little cost, and is now more in keeping with and indicative of the standards which prevail throughout the whole Hospital.

The heating and lighting services of the Nurses' Home have been greatly improved, the internal telephone system has been replaced and the re-roofing of the Hospital has been completed.

The number of organisations and individuals who voluntarily interest themselves in the welfare of the patients is increasing and to all who have contributed in any way to the happiness of the patients, the Committee extend their most grateful thanks.

The Friends of the Chichester Hospitals and the Worthing and District Friends of Graylingwell Hospital have continued their generous benefactions and in expressing thanks to them, the Committee take the opportunity of commending the work of

these Associations to any who desire to render help.

For the first time a Nurses' Prize Giving was held in public when the Hospital was honoured by the presence of Mr. A. G. Linfield, the Chairman of the South West Metropolitan Regional Hospital Board and by Mrs. Linfield who graciously presented the prizes. The Committee have decided that in future this function is to be held on the last Thursday in November of each year.

Among the staff changes which have occurred, the Committee particularly wish to welcome the appointment of Dr. J. D. Morrissey as Deputy Medical Superintendent and to refer in grateful terms to the valuable service rendered by Miss R. Wheeler, Assistant Matron, who retired after thirty-six years at Graylingwell Hospital.

In conclusion it is a pleasure to pay tribute to the Medical Superintendent, Dr. Joshua Carse, the officers and the staff and to thank them for all they do in the interests of the patients.

Signed on behalf of the Hospital Management Committee at a meeting held on the 29th August, 1957.

ANDREW CAIRNS,

Chairman.

ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

29th August, 1957.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Sixtieth Annual Report of your Hospital for the year ended 31st December, 1956, together with an account of its extra-mural services.

A. INTRODUCTION.

As in previous years, once again I have to report the substantial increase of 194 (M.24, F.170) in the number of patients admitted to hospital, the actual figures being 1,345, as compared with 1,151 for 1955. This increase was partly due to the reception of a greater number of short-stay patients, but there was an almost equal rise in the number of senile admissions.

That we were able to treat successfully these short-stay patients is shown by the fact that, despite this large admission rate, there were 35 fewer names on the books of the hospital at the end of 1956, than at the beginning. Whether it is the best psychiatric practice, however, for many of these short-stay patients to be admitted to hospital to receive their treatment is a subject which is now being critically examined, and it is possible that in due course my colleagues and I may be able to make some alternative recommendations. The increased admission of senile patients, however, has become our greatest problem—one which is having a serious effect on the character of the hospital. Here I should explain that I am not referring to the admission of elderly patients to Summersdale Hospital. These patients are suffering from conditions likely to respond to treatment and we are only too pleased to try and help them. The senile admissions which are causing us anxiety are those being sent to Graylingwell Hospital in increasing numbers. These patients show varying degrees of intellectual deterioration and are usually undergoing a confusional episode with considerable disturbance of conduct. Often we are able to help these patients to recover from the acute episode but so frequently we find we are unable to discharge them

afterwards. Nobody wants them and, as through skilled nursing and medical attention they may live for a number of years, they remain here increasing the proportion of senile patients in the hospital.

It is appreciated that West Sussex has a special problem owing to its having a greater proportion of elderly people than any other county in England and Wales, but the following facts and figures relating to Graylingwell—but not including Summersdale Hospital—can only be regarded as most disturbing.

1. During 1955, 111, or 16.7% of the admissions were 70 years of age or over. In 1956, the number of these patients had risen to 132, or 21.5% of the admissions.
2. In 1955, 36 patients were admitted aged 80 years or more: in 1956, this figure had risen to 48.
3. The average age on admission was 49.1 years in 1955: it was 53.3 years in 1956.
4. SOME FACTS ABOUT GRAYLINGWELL HOSPITAL (excluding Summersdale Hospital). Number of names on books on 2nd August, 1957: 990 (M.320, F.670).
Average age of patients: 59.8 years (M.54.1, F.62.5).
412 patients (M.86, F.326) or 41.6% were aged 65 years or over. (men 26.9%, women 48.7%).
316 patients (M.65, F.251) or 31.9% were aged 70 years or over. (men 20.3%, women 37.5%).
196 patients (M.37, F.159) or 19.7% were aged 75 years or over. (men 11.6%, women 23.7%).
101 patients (M.15, F.86) or 10.2% were aged 80 years or over. (men 4.7%, women 12.8%).
38 patients (M.4, F.34) were aged 85 years or over.
10 women patients were aged 90 years or over.
5. Apart from one mental hospital in London which is designated for the reception and treatment of geriatric patients, Graylingwell has a noticeably higher proportion of senile admissions than any other mental hospital in the South West Metropolitan Region.
6. Finally, this increase in senile admissions is not a recent development but has extended over the past ten years and not only shows no signs of abating, but is actually getting worse.

The Local Health Authority has already done much for the care of the elderly and senile members of its population, but the above facts pointedly suggest that it is not doing enough and that too much use is being made of Graylingwell in solving their difficult problem. This hospital, however, has no redress and so long as a doctor and a magistrate can be found to certify these old people we must receive them. A general hospital, an institution, an old people's home, or a nursing home can say that their geriatric beds are all occupied and refuse admission of a senile patient until they have a vacancy. Not so a mental hospital, however, but always it must accept a certified patient, and when all our beds are full we must put up additional beds, if necessary, to the permitted extent of 20% overcrowding.

Finally, it appears inevitable to me that, if the present trend continues, in very few years' time Graylingwell Hospital will have turned over completely and become a geriatric hospital. Actually, so far as the female side is concerned, the above figures indicate that this is the case now. What is usually forgotten, however, is that it is one thing to be compelled to admit senile female patients, and quite another thing to find the nurses to look after them. Student nurses come to Graylingwell for psychiatric training, but what they are mostly receiving today is training in geriatric nursing as there are now no wards in the main building which have not a high proportion of senile patients. During the past months, recruitment of nurses has fallen off and we have already reached the point where we are seriously understaffed. The reception of many more senile patients, therefore, might well precipitate a crisis which would render us unable to continue to make even our present contribution towards the care of the old people of West Sussex. From every point of view, therefore, it appears to me to be a tragedy that a hospital such as Graylingwell, with its very high reputation, should be faced with the very real danger of shortly becoming a geriatric hospital. In my opinion, no single hospital should be devoted entirely to such a purpose, worthy as it may be, but each hospital, no matter of what designation, should take only its fair share of senile patients and the Local Authority should remember that they are primarily concerned with this urgent problem.

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 and Thursdays at Horsham Hospital, Tuesdays at Worthing Hospital and Thursdays at the Royal West Sussex Hospital, Chichester. Details of the attendances during 1956 are shown below:

			New Patients	Other Attendances	Total Attendances
Worthing	...	...	525	1608	2133
Chichester	...	...	361	1083	1444
Horsham	...	...	171	825	996
			1057	3516	4573

At the Worthing Hospital Clinic I have to assist me Dr. Panton and Dr. Vawdrey, with Miss G. Cannon as the Psychiatric Social Worker in attendance. Dr. Morrissey is in charge of the Royal West Sussex Hospital Clinic, assisted by Dr. Towers, with Miss M. J. Butcher as the Psychiatric Social Worker. At the Horsham Clinic, Dr. Chamberlain is the Psychiatrist in charge and he has Dr. Scrivener to assist him, while Mrs. J. M. Stacey is the Social Worker. During 1956, Dr. Palmer, Dr. Pringle and Dr. Spellman attended the clinics regularly as trainee psychiatrists to gain experience in out-patient psychiatry.

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, 793 out-patients have received courses of electrical treatment.

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

2. THE ACRE, WORTHING.

Dr. Nydia Panton, the resident psychiatrist in charge of this rehabilitation and treatment unit, reports on the work done in 1956:

"During the year The Acre continued to offer a full range of treatments for both in-patients and out-patients. There were 75 admissions; almost all had either modified insulin or E.C.T., or a combination of the two. All in-patients participated in the general rehabilitation scheme including occupational therapy and social activities. All had simple superficial psychotherapy and thirteen had more prolonged and exploratory psychotherapy, including narco-analysis in 8 cases and ether abreaction in 4 cases.

For selected out-patients a similar range of physical treatments was available—33 out-patients attended for follow-up interviews and psychotherapeutic support, and 32 for more systematic psychotherapy including narco-analysis (2 patients) and ether abreaction (1 patient).

		IN-PATIENTS		OUT-PATIENTS	
		No. of Patients	No. of Treatments	No. of Patients	No. of Treatments
Modified Insulin	...	50	1057	7	150
E.C.T.	...	42	215	30	137
Narco-analysis	...	8	11	2	4
Ether Abreaction	...	4	4	1	1

The Goodwill Club has now completed its seventh year and is of great value in providing a simple means of follow-up for some recent patients, and a social rehabilitation centre for many of the shy and lonely."

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.

During 1956, 178 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. Morrissey. The many other homes for the aged provided by the County Council have been visited on request.

During 1956, five patients were examined and reports prepared for the Magistrates' Courts, and the Psychiatrist attended Court when required.

4. PUBLIC RELATIONS.

In most cases, it is generally agreed that if treatment can be given to a patient in the early stage of his illness the prospects of his recovery are very good. When the condition has been allowed to become fully established, however, there is a very real danger that treatment will be ineffective and the patient remain with a chronic disabling illness. The importance, therefore, of early treatment cannot be over-estimated and this can only be achieved through the constant maintenance of good public relations.

On a national level, much has already been done by the Press, Radio and Television. Our immediate concern, however, is with the people in our own catchment area and we have continued to give lectures and talks to a wide variety of groups of people. Frequently these have been followed by visits to the hospital and in this way we believe we have done much to break down prejudice, ignorance and fear, so that mental illness can be accepted the same as any other illness.

In June, 1957, we held our second Mental Health Exhibition, this time in Worthing. It was opened by the Minister of Health and it was well attended by the people of Worthing and the surrounding district. The organising of such an exhibition so far away from the hospital called for much additional work from all sections of the staff and we are indeed very much indebted to them, for it was almost entirely due to their efforts that the Exhibition was such a success.

If the extent to which a hospital is on friendly terms with the people of its catchment area can be judged by the amount of voluntary help it receives, then Graylingwell is indeed a favoured hospital. Two Leagues of Friends have adopted Graylingwell: the League of Friends of the Chichester Hospitals, and the Worthing and District League of Friends of Graylingwell. Not only has each made generous donations to the hospital enabling us to provide extra amenities and comforts for the patients, but each has given personal service and many of our lonely patients now know that they have a friend who is really interested in them, visiting them and taking them for outings. I am sure it is not necessary for me to say how much this is appreciated, for the patients themselves make it abundantly clear how deeply grateful they are.

The Women's Voluntary Services have continued to give us their generous assistance in their usual methodical and highly efficient manner. Regularly they attend on each visiting day and help to prepare and serve tea for the visitors. The hospital library is now entirely under their control: the books are indexed, stock maintained, and a librarian is provided to advise and issue books to the patients. In addition to the above, from time to time we appeal to them on other matters and always we have found them to be extremely kind and helpful and we are sincerely grateful to them.

During yet another year, the members of the Selsey Women's Institute have regularly entertained in their own homes parties of long-stay women patients. These visits are very popular and are much appreciated by our patients. Following on the splendid example of the Selsey Branch, Women's Institutes throughout the country have been recommended to take an interest in their local mental hospital and already we have had many invitations and offers of help from other Women's Institutes in our catchment area.

Finally, we wish to express again our great appreciation of the help and assistance we have received from the General Practitioners. They take a great interest in the specialty of Psychiatry and the work of the Hospital, and we are always pleased to meet them personally on domiciliary visits. They receive a detailed report on all patients seen at the clinics and of patients discharged from the hospital or who have died, while each practitioner receives a copy of the Annual Report giving the latest information about the hospital.

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

1. ADMISSIONS.

The provision of non-statutory accommodation whereby suitable patients can receive in-patient treatment without any legal formality has continued to be very well received by the general public. During 1956, 732, or 54.4% of all admissions were non-statutory patients and they received their treatment in the 160 beds set aside for this purpose. We believe that enabling patients to have treatment without interference with their civil rights is in itself a valuable contribution to good public relations, and encourages them to seek treatment at an early stage in their illness when we are best able to be of assistance. This opinion was rather confirmed by the fact that the average duration of stay of the non-statutory patients was only 40 days.

A comparison of the number and status of the patients admitted direct to the hospitals during 1955 and 1956 is given below:

	1955			1956			Increase or decrease
	M.	F.	T.	M.	F.	T.	
Summersdale Hospital	162	242	404	187	471	658	+ 254
The Acre ...	...	—	90	—	74	74	— 16
Voluntary ...	...	175	262	183	222	405	— 32
Temporary ...	...	2	1	3	1	1	2 — 1
Certified ...	...	62	155	217	54	152	206 — 11
		401	750	1151	425	920	1345 + 194

The average age on admission was 53.3 years for Graylingwell Hospital and 50 years for Summersdale Hospital and The Acre. The proportion of elderly patients aged 70 and over on admission accounted for 17.4% of the total admissions for the year. During 1956, 48 patients aged 80 years or over were admitted as compared with 36 during 1955.

84.5% of the total direct admissions were voluntary or non-statutory patients. Of the 206 classified as certified, however, 119 were admitted under Urgency Orders—an order authorising removal but lasting only seven days. Of these, 11 left at the expiration of the order, 82 continued as voluntary patients, 5

continued as non-statutory patients, 1 was discharged under Section 72, 1 died, and in only 19 cases was it necessary to proceed with full certification. In practice, therefore, 1224, or 91% of the patients admitted during 1956 received treatment as either voluntary 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.—The Department had a difficult year owing to the illness of the Clinical Psychologist, Mr. Brian Waldron, who eventually resigned his post. Mr. J. Macdonald took up the appointment of Senior Psychologist in January, 1957, and Miss H. Crouse was appointed as Psychologist in June, 1957, and the department is once again working smoothly.

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

“During the year 1956, there have been several minor changes in the personnel of the department. We missed Miss Cannon, who had a year's leave of absence, to take the “Mental Health Course,” but we were pleased to welcome her back at the beginning of 1957. For nine months Miss Arendt endeavoured to be responsible for the Worthing and Horsham area jointly. We were very pleased to have the services of Mrs. Nevell again, who helped us part-time in the Worthing area, and we would like to thank her for her valuable assistance. We were pleased to welcome Mrs. J. Stacey, who joined the department in November, and took over the Horsham area—leaving Miss Arendt responsible for the Worthing area only, and Miss Butcher for the Chichester area. We also had the part-time services of Mrs. Collins of the Research Department, and we are grateful for her help.

Throughout the year close contact has been maintained with the various Government Departments such as:—

Ministry of Labour.

Ministry of Pensions and National Insurance.

National Assistance Board.

In July, at the request of the Manager of the Chichester Labour Exchange, most of the Disablement Resettlement Officers in West Sussex came up and spent a day at the hospital.

It is important that a good relationship should exist between the Social Workers and the Disablement Resettlement Officers as, when the time comes for a patient to be discharged from hospital and work found for him, it is the Disablement Resettlement Officer to whom we turn for help and co-operation in placing the patient.

Personal contact has also been maintained with the Housing Managers of the various Local Authorities in the area. Bad housing conditions sometimes play a part in the illness of patients, and often only the Local Housing Manager can help us to alleviate the difficult housing problems which arise.

It is quite a problem to find accommodation for some of the long-stay patients who could live out of hospital if a suitable home were available—in this connection we would like to take this opportunity of extending our thanks and appreciation to Miss Bush of Worthing, who now has five of our long-stay male patients living in her house. Three of them had been in Graylingwell for as long as 52 years, 47 years and 30 years respectively, and it speaks much for the welcome extended to them that these men have settled down so easily and so happily.

We would also like to extend our appreciation to Mrs. Downs of Sidlesham, who, a few years ago took over a house, and intended taking in four Old Age Pensioners—in actual fact she now has it full with four female patients from Graylingwell. She gives them a real home-life and all four are extremely happy with her.

During the year a total of 448 Social Histories were taken for the Psychiatrists and 1,446 visits were paid in connection with the social welfare of the patients."

Laboratory and X-Ray Department.—The Chief Technician, Mr. H. A. Seymour, has to assist him Mr. A. Mair and 3 students, 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, 33 out-patients underwent laboratory and X-Ray investigations.

The following table gives some details of the work done during 1956:

Blood :

Kahn and F.R.C (Meinicke)	1423
Counts (including Hb and differential)	1613
Urea	1357
Sedimentation	1769
Bromide	1310
Fasting Sugar	1467
Sugar tolerance curves	21
Grouping	1346
Malaria Parasites	2
Widal (Typhoid and Dysentery)	5244
Cholesterol	23
Sodium	7
Phosphatase	15
Alkali Reserve	3
Bilirubin	11
Culture	3
Potassium	6
Protein	39
Prothrombin Index	24
Thymol and Zinc Sulphate Turbidity Tests	19

Cerebro-Spinal Fluid (complete examination) 39

Urine :

Routine	2265
Culture (Typhoid, Dysentery, etc.)	63
Bile	5
Tubercle bacili	2
Urea... ..	12

Faeces :

Culture (Typhoid, Dysentery, etc.)	51
Occult blood	41
Tubercle bacilli	12
Worms and Ova	7

Sputum: Tubercle and other organisms... .. 77

Nasal and Throat Swabs: Diphtheria, etc. 61

Fractional Test Meals 3

Sections 74

Water: Bacteria, etc. 12

Milk—Bacteria... 12

Pleural Fluids...	...	...	...	...	...	5
Sensitivity to Antibiotics	...	...	...	...	...	783
Barbiturates and Salicylates	...	...	...	...	...	6
Miscellaneous ...	...	...	...	...	...	77
Electrophoresis	...	...	...	...	...	222
Total Units	41,221				TOTAL TESTS	19,508

X-RAY DEPARTMENT.

Number of Patients X-Rayed		...	...	1251	
Chest	...	834	Knee...	...	18
Spine	...	59	Tibia, Fibula...	...	8
Sinuses	...	72	Ankle	...	29
Sacro-iliac and Coccyx	...	7	Foot ...	...	13
Humerus and Shoulder	...	26	Skull...	...	108
Elbow	...	7	Abdomen	...	24
Radius and Ulna	...	24	Retrograde Cystography	...	1
Hand	...	24	Gall Bladder ...	...	2
Wrist	...	20	Kidney (I.V.P.)	...	4
Ribs ...	...	16	Barium Enemata	...	10
Pelvis	...	14	Barium Meals	...	27
Femur and Hip	...	41	Dental	...	18

TOTAL X-RAY UNITS ... 2188

Electro-cardiographs ... 302

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, 308 consultations have been held. 84 of these were with new in-patients, whilst there were 122 new out-patients. Dr. John Foley, Assistant Physician both in the Neurological Department and in the Department of Encephalography, has been appointed to other consultant posts at hospitals within the region but is still continuing his appointment here. 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 regular 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 standard E.E.G. machines, an eight channel and a six channel, together with C.R.O. and other modern equipment. 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.

New research projects have already been commenced by Dr. Peter Sainsbury, our new Director of Clinical Research.

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, Bournemouth and Weymouth, and the Isle of Wight, in the west, and Haslemere and Horsham in the north. We have done records for R.A.M.C. at Netley and H.M. Prison at Broadmoor.

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

	1951	1952	1953	1954	1955	1956
Total number of records examined	648	877	847	760	838	757
Routine recordings	416	542	619	661	624	665
Epileptic patients	179	258	222	288	269	308
Cases of organic cerebral disease ...	111	162	254	373	355	359

Routine E.E.G. techniques are adopted, including sphenoidal recordings, 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 Physicist, for his work in the department and technical skill in electronic construction, and to Miss Esther MacKinnon who has been in charge of the routine work."

Consultant and Specialist Services.—Dr. H. Seaward Morley, the Consultant Physician, visits the hospital by request. During 1956 he examined 152 patients (M.52, F.100).

The hospital sustained a great loss in the death of our Consultant Surgeon, Mr. D. A. Langhorne, on 20th September, 1956. Mr. Langhorne was a colleague for whom we had the highest professional regard, but he was also our great friend whom we miss very much.

During his illness and subsequently we have had the temporary assistance of Mr. A. W. Nurick, and during 1956, 132 patients (M.51, F.81) and 7 resident members of the staff (M.3, F.4) were examined. Operations were performed on 52 patients (M.23, F.29) and 7 staff (M.4, F.3). Mr. R. P. M. Miles, F.R.C.S., has been appointed as Consultant Surgeon and he hopes to commence duty in September, 1957.

Dr. J. H. Baird, the Consultant Radiologist, held a weekly session during the year and 1,251 patients attended his department. In April 1957, Dr. Baird went on service pension and we would like to take this opportunity of wishing him many happy years of retirement. Dr. J. B. Latto, M.R.C.S., L.R.C.P., D.M.R., has been appointed to fill this vacancy.

The hospital has the good fortune to share the Consultant Pathology Services of the district. Dr. G. A. Harrison 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 problems which arose during the year.

Dr. Colin Jones, the Consultant Dermatologist, visited the hospital on request and during 1956 he examined 13 patients (M.4, F.9).

Mr. J. H. Harley Gough, the Ear, Nose and Throat Surgeon, held 40 clinics, when he examined 576 patients (M.230, F.346) and 4 staff (M.1, F.3). One operation was performed.

Eleven clinics were held by Dr. P. W. Arundell, the Ophthalmologist, during which 89 patients (M.29, F.60) 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 780 patients (M.357, F.423) visited the clinic.

3. TREATMENT.

Psychotherapy.—Dr. Olive Sharp reports:—

“The problems facing any Psychotherapist are manifold. Among the folk presenting themselves for help, we meet:—

1. Those of well-developed personality who have reached breaking point, through an overwhelming combination of stresses from within, and from the environment.
2. Those who in face of particular circumstances regress temporarily to unresolved conflicts of childhood.
3. Those who have always reacted to the difficulties of life in an unsatisfactory and neurotic way, maintaining their work and family responsibilities precariously.
4. Those who, brought up in a traumatic home environment, are unstable, immature and need help in growing up to adult status.
5. Those who have achieved stability only at the cost of grave limitations, aberrations or character defects.
6. Those who are expressing all degrees of stress through somatic illness.

Hence the value of different methods and levels of treatment.

All members of the Medical Staff have contributed much time and effort to this work, and at least 1,170 hours have been put at the disposal of 193 patients, apart from much that is unrecorded. In addition, for those whose problems lie more deeply in the unconscious, the analytical approach has been attempted in selected cases.

	No. of Patients	No. of treatments and interviews
Hypnosis, Methedrine or other abreactions ...	23	36
Psychotherapy under L.S.D.	41	440
Long term psychoanalysis	10	405
	74	881

I will quote Dr. Vawdrey's account of his interesting work done under the influence of L.S.D. or lysergic acid diamine. Will this prove a longed-for short cut to the deeper conflicts of the psyche in place of the non-specific emotional abreactions brought about by other drugs?

TREATMENT

'L.S.D. (lysergic acid diamine).—It will be seen from the above tables that this drug has been used on a considerable scale, for the first time. It has been employed primarily for neurotic patients, and the clinical impression is hopeful, although it is as yet premature to reach any final conclusions as to its efficacy. Nevertheless many patients have experienced, and maintained, an apparent recovery in a much shorter period than would otherwise have been expected. Successful cases have, for example, included a homosexual, a very long-standing generalised dermatitis with exposurism, a chronic anxiety state associated with pruritus ani, and a severe obsessional state.

The drug is given in the morning on an empty stomach, and the patient has a nurse in attendance throughout the day to record his experiences, behaviour, and mood changes, etc. These experiences, which are vividly recalled, may at times extend back to childhood. Relatively clear consciousness is nevertheless retained, and the material brought up can therefore be profitably used during the subsequent psychotherapeutic interview with the doctor in charge of the case, which usually takes place on the following day. The grand total of 440 L.S.D. treatments therefore, represents a considerable volume of work.'

Dr. Vawdrey and Dr. Spellman, acting in their capacity as honorary consultants to the Marriage Guidance Council, have had a number of couples referred from this source, for advice and treatment. In several instances this has involved taking on both parties for courses of psychotherapeutic treatment.

Group discussions have been held throughout the year for Senior Staff Nurses, and Pre-nursing Students.

The weekly seminar for the study and discussion of psychotherapeutic problems and case work by Junior Medical Staff with the Analyst continues."

Convulsant Therapy.—Dr. John Towers reports :

"The use of this method of treatment continues to show the steady increase noted in previous years. There is still no other physical treatment which produces beneficial results so quickly and effectively in such a wide variety of cases, and refinements of technique have allowed its exhibition in all but a very few patients. It is partly for this reason, as well as the appreciation that depressive states are more common than had been realised, that many more elderly people are so treated and this has brought into prominence the fact—which has, of course, been known for many years—that in some patients the benefit is only temporary. It is not uncommon for patients in their seventies, or even eighties, to require two or more courses of treatment, but at the same time it is obviously better for the patient to do this and be at home in good spirits between times, than to suffer a period of long and sometimes unremitting misery.

During the year under review, 811 patients (M.316, F.495) were given electrical convulsant therapy and again it is noticeable that the average number of treatments was greater for females than for males (6.2 to 5.0). Sixty-four per cent of all treatments were given with pentothal and scoline, and other methods used to modify the convulsion include other relaxant drugs (such as Eulissin or C.10) and the use of the Ectonus machine. No patient on the male side is now given 'straight' E.C.T.

Chemically-induced convulsions, using Triazole, were again given in a few cases, seven in all, chiefly schizophrenics."

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

"The new Insulin Unit was opened during the year. This has accommodation for eight male and eight female patients. It is a modern compact unit with all the necessary facilities and it is a great improvement on the accommodation formerly available.

During 1956, 49 patients (M.30, F.19) had a course of deep insulin. The ages of the patients ranged from 16-46 (men) and 18-42 (women). The results of treatment are assessed as follows :

Recovered			Improved			No Change			Total		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
15	7	22	10	8	18	5	4	9	30	19	49
(44.9%)			(36.7%)			(18.4%)			(100%)		

Three women and five men were still in hospital on 31.12.56. Since then one woman and four men have been discharged.

Insulin treatment has recently been under critical review. Pending further reports on the long-term effects of alternative treatments we propose to carry on with deep insulin as the treatment of choice in Schizophrenia."

Modified Insulin.—During 1956, this treatment was given to 150 patients (M.63, F.87). In sub-coma dosage it was found most helpful in cases where tension, poor appetite and loss of weight were prominent features. In such cases it is used in conjunction with some other treatment, e.g., psychotherapy.

Tranquillizers.—Dr. G. H. A. Chamberlain reports: "The introduction of tranquillizing drugs, or 'tranquillizers,' represents a new and important development in psychiatric treatment.

These preparations are now in wide use, and in our hospital there has been a steadily increasing number of patients receiving them. In general, they allay tension and reduce excitement without producing drowsiness, and appear to have a special property of effecting the resocialisation of our patients. Hitherto, Chlorpromazine and Reserpine have been the preparations most prescribed, but we make clinical trials, where indicated, of the many other tranquillizing agents.

Tranquillizers are effective in conjunction with other forms of therapy of a large number of recent acute admissions. But the results with the long-stay and more chronic patients are often specially remarkable. Thus it often happens that disturbed, unemployable patients become manageable on tranquillizers, are able to participate in social activities, and once more can occupy themselves usefully. Often these drugs are able to effect quite marked degrees of clinical improvement. Even where once the outlook was considered very poor, a number of such patients have lost most or all of their symptoms, and in some instances it has been possible to discharge them home. In most cases they require to continue their tranquillizers for a variable time, and it is our practice to supervise them through our psychiatric out-patient clinics."

Prolonged Narcosis.—This was given with temporary benefit to one female patient whose symptoms of continued tension and agitation failed to respond to other methods of treatment.

Malaria and Penicillin.—No patients suffering from General Paralysis were admitted to the hospital during 1956.

Pre-frontal Leucotomy.—During 1956, 9 Patients (M.6, F.3) were operated upon by Mr. Wylie McKissock. The conditions were all of longstanding and had resisted other forms of treatment. Following leucotomy, however, the patients showed great improvement and all, save one man, have been discharged. It is hoped that shortly this man also will leave hospital.

Pre-frontal Leucotomy was first introduced into Graylingwell by Mr. A. G. Ross, on 22nd October, 1942, since when 545 patients (M.238, F.307) have had the benefit of this treatment.

4. OCCUPATIONAL THERAPY.

Experience has now proved that the system which we have introduced into Graylingwell is a complete success. Here we employ both trained occupational therapists and senior nursing

staff for this all-important form of treatment. Miss J. M. Meader spends most of her time at Summersdale Hospital and at The Acre, Worthing, and she has to assist her Miss U. Burgess. At Graylingwell, occupational therapy is organised by Miss M. Carter, Senior Assistant Matron, and Mr. F. Murgatroyd, Senior Assistant Chief Male Nurse. There are not, however, two entirely separate occupational therapy groups, but all the officers mentioned work together in close and friendly co-operation, willingly giving help and guidance to either hospital according to their training and experience.

The social life of the patients, a subject of special importance in a mental hospital, is largely arranged and supervised by the senior nursing staff. Here also, however, the occupational therapist can make a contribution and many and varied are the entertainments and recreational activities arranged for the enjoyment of our patients.

The result of our present system of working is that the atmosphere of the hospital is bright and cheerful and dullness and boredom have been largely banished. We can also report that over 85% of our patients are occupied each weekday and considering our high proportion of aged patients, this is a most excellent achievement for which the staff deserve our sincere congratulations.

5. SOCIAL THERAPY.

Dr. G. H. A. Chamberlain reports:

“Social activities have long played an important part in the life of the hospital, and during the past year the varied and comprehensive programme of these activities has been maintained and even extended. In Graylingwell it has long been realised by the staff that social therapy plays a vital role in the rehabilitation of the patients, and the vast majority of patients are encouraged to take an active part in the items provided. Needless to say, the drive and enthusiasm of the staff play a most important part in maintaining this state of affairs.

Religious Services.—Church of England, Non-Conformist and Roman Catholic Chaplains hold regular services. Full recognition is afforded by the hospital to the importance of the spiritual aspect of the life of the patients. The Chaplains have ready access to the wards and collaboration between the Clergy and the medical staff provides valuable results.

Literature.—The patients run their own magazine “The Wishing Well,” which has maintained its high standard and special quality. The Library is much appreciated and much of the success is due to the enthusiasm of the members of the W.V.S., who give so much of their time to this department.

Music.—The concerts arranged by the Council for Music in Hospitals have been given at monthly intervals throughout the year. Classical and semi-classical items have been rendered and have attracted large audiences, and have proved very popular. These concerts have been in existence at Graylingwell for about 10 years and have long proved a distinctive feature of the social life of the hospital. The following artistes have visited the hospital since January, 1956 :

1956

January	...	Elizabeth Lockhart	...	...	<i>Violin</i>
		Hubert Greenslade	...	...	<i>Piano</i>
February	...	Joan Davis	...	...	<i>Piano</i>
March	...	Dennis Weatherley	...	...	<i>Baritone</i>
		Daphne Ibbott	...	...	<i>Piano</i>
April	...	Watson Forbes	...	...	<i>Viola</i>
		Alan Richardson	...	...	<i>Piano</i>
May...	...	Ceinwen Rowlands	...	...	<i>Soprano</i>
		Clifton Helliwell	...	...	<i>Piano</i>
June	...	Robin Wood...	...	...	<i>Piano</i>
July...	...	Bryan Drake	...	...	<i>Baritone</i>
		Hubert Greenslade	...	...	<i>Piano</i>
August	...	Archie Camden	...	...	<i>Bassoon</i>
		Jan Kerrison	...	...	<i>Piano</i>
September	...	Laelia Finneberg	...	...	<i>Soprano</i>
		Hubert Greenslade	...	...	<i>Piano</i>
October	...	Philip Lewtas	...	...	<i>Baritone</i>
		Dorothy Manley	...	...	<i>Piano</i>
November	...	“La Boheme”—The Opera Players			
December	...	Mierowski	...	...	<i>Piano</i>

1957

January	...	Barbara Lane	...	...	<i>Soprano</i>
		Esme Sanford	...	...	<i>Contralto & Pianist</i>
February	...	Tessa Robins	...	...	<i>Violin</i>
		Maurice Cole	...	...	<i>Piano</i>
March	...	Robin Foster	...	...	<i>Baritone</i>
		Hubert Greenslade	...	...	<i>Piano</i>

Other musical events have included the following :

Orchestral Concert by the Chichester Light Orchestra.

Stainer's "Crucifixion" by the Subdeanery Augmented Choir under the direction of Mr. E. C. England.

"The Mikado"—Gilbert and Sullivan, by The Slindon Amateur Operatic Society.

Concert of classical music sponsored by Mrs. Bentall of the Worthing Friends of Graylingwell Hospital.

Pantomime—"Cinderella" by Littlehampton Musical Comedy Society.

In addition, various concert parties and dancing schools in the district have kindly given us entertainments.

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

The Barnstormers.

"Spring in Marino."

The Thorney Island R.A.F.
Dramatic Society.

"Seagulls over Sorrento."

The Phoenix Players.

"Quiet Wedding."

Recreational Therapy.—Cinema shows are held twice weekly and recently cinemascope has been installed. A feature of the hospital has been the installation of television sets in virtually all wards of the hospital. Socials are held twice weekly throughout the year, and the Sports Day, which is held annually, is extremely popular. Tea is supplied from a Marquee and is much appreciated. As regards sports, there are frequent fixtures for football and cricket throughout the appropriate seasons, and the patients' teams did well. For female patients, netball is held weekly. Coach Outings, which vary from mystery tours to half-day and all-day outings, have been held, and about 24 patients are entertained to tea at Selsey each month. Christmas Parties include a Christmas Concert Party which has formed a permanent feature in the annual programme of the hospital, while special Christmas parties are held for recent admissions, long-stay continuous treatment patients, and for elderly "Darby and Joan" patients.

Hospital Shop.—This has continued to be most popular and is attractively well-stocked with a wide variety of articles for the convenience of patients.

Hairdressing.—There are hairdressing departments which are available for ladies and gentlemen, and both have been busy throughout the year. Hairdressing facilities continue to be available on the wards when they are needed.

Social Clubs.—Throughout the year a number of weekly events take place which include the Darby and Joan Club for patients of advancing years. Modern dancing and Olde Tyme dancing are catered for, also Whist Drives. Social evenings take place, as well as Play reading.

It is hoped that in the near future it will be possible to increase the number of coach outings for patients."

6. DISCHARGES.

The following table gives the discharges, departures, etc., during the year 1956:

	Recovered			Relieved			Not Improved			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Summersdale Hosp.	133	387	520	87	125	212	13	30	43	233	542	775
The Acre ...	—	59	59	—	21	21	—	—	—	—	80	80
Voluntary ...	54	43	97	87	76	163	14	17	31	155	136	291
Temporary ...	—	1	1	—	—	—	—	—	—	—	1	1
Certified ...	6	20	26	11	35	46	5	2	7	22	57	79
	193	510	703	185	257	442	32	49	81	410	816	1226

During the year, 703 patients recovered from their illness and were discharged—a recovery rate of 52.3% calculated on direct admissions. In addition, 442 patients whose condition was relieved left the hospital. Calculated on the total number of direct admissions, these two figures together give a percentage of 85.1% recovered and relieved.

7. GENERAL HEALTH.

Once again I am pleased to report that the general health of the patients has been very satisfactory. There were no serious outbreaks of illness, nor were there any cases of typhoid or dysentery.

On the 31st December, 1956, there were two patients (M.1, F.1) suffering from active Pulmonary Tuberculosis. Unfortunately, the man, who was in an advanced stage of this disease when admitted on 10th December, 1956, did not respond to

treatment and died on 16th January, 1957. The woman patient, however, is much improved and is not now regarded as being infectious.

I regret to report that in December, 1956, a student nurse was found to be suffering from Pulmonary Tuberculosis. She is now in a sanatorium and I understand is making slow but steady progress.

The Physiotherapy Department continues to make its valuable contribution. Mrs. M. Harry, who is in charge, now has five sessions a week to enable her to give treatment in the wards as well as in her department. 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, holds four sessions a week and his services have been much appreciated by both patients and staff.

If through suffering from a psychiatric illness for which at present we have no cure, it is necessary for patients to remain in hospital for long periods, we believe it is our duty to ensure that they live in pleasant surroundings and that they are encouraged to live as near normal a life as possible if deterioration is to be avoided. To this end, therefore, for some years we have paid special attention to the standard of comfort in the wards and today this is approaching closely to the level which, in our opinion, is not only desirable but essential. The dietary is now better than it has ever been, but it is still under constant review. Freedom is something which is prized by the patients more than anything else and the opening-up of the hospital has been much appreciated: only one ward on either side is closed during certain periods of the day, while all the others have open doors. All patients are encouraged to enjoy the beautiful grounds of the hospital and many are permitted to visit Chichester and neighbouring towns unaccompanied. In addition, day outings, weekend leave, and leave for longer periods with relatives and friends, are actively encouraged for as many patients as possible. During 1956, 642 patients (M.299, F.343) enjoyed periods of leave.

8. DEATHS.

Below are given figures relating to the deaths which occurred during 1956:

DEATHS—1956

	M.	F.	T.
Summersdale Hospital	—	—	—
The Acre	—	—	—
Voluntary	17	17	34
Temporary	1	—	1
Certified	22	49	71
	40	66	106

The average age at death was 75.9 years. Post-mortem examinations were made in 84.9% of the cases. The death rate was 9.3%. Of the 106 patients who died during last year, 22, or 20.7% 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 of Dr. Peter Sainsbury, Director of Clinical Research :

“During the past year there have been a number of changes, not only in staff and administration, but also in the research programme.

First we would like to wish Dr. Martin Roth every happiness in his appointment as Professor of Psychological Medicine at Durham University and express our indebtedness to him for the distinction he has brought to this department by his brilliant and pertinent researches; we mean to maintain his high standards.

We were very sorry to lose, in February, 1957, Mrs. Joy Green, the senior recordist. She had spent a year continuing very profitably her investigations on Lambda Waves. This able work has been accepted for publication in the “Journal of Electro-Encephalography and Clinical Neuropsychology.” She contributed a great deal to the department by her hard and careful work, and to the spirit of it by her remarkable kindness. We wish her further success in her new position as Research Assistant in the E.E.G. Department at the Maudsley Hospital.

Our last regret is that Mrs. Marian Forder left us in June. She was an invaluable secretary, assistant and friend to everyone. She has moved to Salisbury, where her husband is now Chief Male

Nurse at The Old Manor. We were very pleased to welcome Mrs. Crews as secretary, and Miss P. Ray as recordist and assistant.

An increase in the medical staff is planned. We are very fortunate in having Dr. Redfearn to join the scientific staff soon. The Regional Board have given him an appointment as S.H.M.O. His considerable research experience will be most valuable and we are looking forward to his coming.

Mrs. Joyce Collins, our Psychiatric Social Worker, and Mr. John Shaw, I am pleased to report, are still with us. We offer special congratulations to Mr. Shaw on his appointment to the scientific staff of the Medical Research Council as a research physicist.

After some disappointing delays I took up my appointment in February, 1957. I feel privileged to have become Director to this Department, which has become an important centre of clinical research and was set up at a time when the need for research into mental illness was less recognised than now. I would like to express my gratitude to Dr. Carse and the staff for the kind and generous manner with which they welcomed me.

In addition to these changes in personnel, there have also been administrative alterations in that the Medical Research Council, in accordance with an overall national policy on medical research, are sharing the administration and financing of the Clinical Psychiatric Research Group at Graylingwell. This is the first such Research Group to be supported by the M.R.C. Their choice of Graylingwell is a singular mark of the regard we all feel for this hospital and both, I feel sure, will benefit from this liaison. This change will in no way bring any division between the activities of the Research Department and those of the hospital. On the contrary, it is hoped that the increased facilities for research which must emerge will enable more of the staff to undertake research projects and share in ours. It is particularly important, I think, that we train junior members of the staff in research methods, encourage them to take part in our programme, and assist them in planning theses. Seminars for those who are preparing for the D.P.M. have been started again. We would like to congratulate Dr. Spellman, who passed Part II of the D.P.M.

1956 was a difficult year for the staff because there were many uncertainties, and no Director, in spite of which there were some substantial achievements. Dr. Lindsay Walker collected clinical data and pathological specimens for a descriptive study on pre-senile dementia and he intends to pursue this. His work

on factors affecting the incidence in different sex, age and diagnostic groups admitted to Graylingwell during the past 50 years is now being written up and should soon be published.

During the first six months of the year, Mr. Shaw and Mrs. Green were largely engaged in completing work begun by Dr. Roth but of necessity left unfinished when he took up his new appointment. The work has now been completed and published.

During the latter part of the year, with admirable resourcefulness, Mrs. Green, with Mr. Shaw's help, continued some original investigations on Lambda Waves. These were written up and, as previously mentioned, accepted for publication. Mr. Shaw also continued with the technique problems associated with his work on distribution analysis.

A number of new projects have now been started or planned. The new tranquillizing drugs have raised many interesting problems—pharmacological, neurological and psychiatric. Perhaps the first thing, from the clinical stand-point, however, is a precise assessment of the type of symptom and illness in which they are most effective. Since it is their "tranquillizing" properties for which so much is claimed, the first requirement is to find an objective means of measuring over-activity in patients and then to observe the effect of the drugs on their activity.

Mr. Shaw is at present experimenting with methods of doing this and has already devised some successful equipment which is now being used in a trial of a new Phenothiazine derivative.

I read a paper to the Third European Conference on Psychosomatic Research at Copenhagen in May, where I described our method of measuring movements and reported some preliminary findings on the consistency of gestural activity and restlessness in patients. Some further studies, in which gesture and the content of psychiatric interview will be related, are planned, but we await the delivery of new apparatus.

We are also studying the psychological disturbance underlying somatic symptoms in neurotic and psychotic patients. Some studies on the social factors in mental illness are also planned.

May I say in conclusion how happy I am to have joined the staff at Graylingwell and how I look forward to contributing to the varied aspects of life here."

Papers published in 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., 1956, 8, 383-402.
- 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.
- ROTH, M. "Geriatric Problems in Psychiatry." Proc. Roy. Soc., May, 1956. Vol. 49, No. 5, pp. 243-244.
- SHAW, J. C. "The Design of Phase-shift Oscillators and Filters." Electronic Engineering, Vol. 28, 1956, pp. 216-218. May, 1956.
- 1957.
- ROTH, M.,
KAY, D. W. K.,
SHAW, J. C. and
GREEN, J. "Prognosis and Pentothal induced electro-encephalographic changes in electro-convulsive treatment." E.E.G. Clin. Neurophysiol., 1957, 9, 225-237.
- GREEN, J. "Lambda Waves and Peripheral Stimulation." Accepted for publication in E.E.G. Clin. Neurophysiol.

Papers read at meetings, 1957:

- SAINSBURY, P. "Clinical Research in Psychiatry." Read to the R.M.P.A. at Oxford on 5th July, 1957.
- SAINSBURY, P. "A Method of Measuring and some findings on Psychomotor Activity." Read to the 3rd European Conference on Psychosomatic Research, Copenhagen, May, 1956.
- SAINSBURY, P. "Social Aspects of Suicide." Read to the Progressive League, London, May, 1957.
- SAINSBURY, P. "Some Social factors in Mental Disorders." Read to the Cambridge Psychiatric Society, Cambridge. February, 1957.
- SAINSBURY, P. "A discussion on films in Psychiatric Research and demonstration of my films." R.M.P.A. at Royal Society of Medicine. February, 1957.

10. HOSPITAL STAFF.

Medical Staff.—Since my last Annual Report there have been the following changes in the Medical Staff.

Joining the staff: September 1956, Dr. G. H. A. Chamberlain, Consultant Psychiatrist; October 1956, Dr. K. M. Lotinga, Junior Hospital Medical Officer, and Dr. A. R. Jones, Registrar;

January 1957, Dr. A. Alan-Watt, Senior Hospital Medical Officer; February 1957, Dr. P. Sainsbury, Consultant Psychiatrist and Director of Clinical Research. To all, we extend a hearty welcome and best wishes.

In July 1957, Dr. Lindsay Walker left the staff to take up the higher appointment of Senior Hospital Medical Officer at Netherne Hospital. In the same month, Dr. A. Spellman was promoted to Senior Registrar. To both these gentlemen we offer sincere congratulations.

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 attend formal lectures by Dr. Peter Sainsbury, Director of Research, and Dr. B. G. Parsons-Smith, Consultant Neurologist. Clinical work is carried out under the supervision of senior members of the staff. They also receive lectures on psychology and psychometry from the Senior 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 male charge 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. G. A. Harrison and the Secretary is Dr. G. H. A. Chamberlain. 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 and Miss W. McLoughlin, Senior Assistant Matron. The Night Superintendent is Mrs. N. Potts.

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

The Organising 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.—The Matron reports :

“ The average number of Nurses during the year 1956 was 95 full-time and 40 part-time. During this time, however, there were frequent changes, particularly of Nursing Assistants. Whilst we appear to be able to get staff, unfortunately they do not stay very long owing to the nature of the work. This I believe to be due to the high proportion of elderly patients who are very heavy to nurse and need every attention. The overall ratio of nurses to patients for these geriatric wards should be very much higher than it is, and at present this amounts to only 1 nurse to 7 patients, whereas the recommended ratio is 1 to 4. Even this low proportion of 1 to 7 has been maintained only with difficulty and at the expense of acute psychiatric wards being left under-staffed.

Despite these difficulties, however, a high standard has been maintained and I cannot praise too highly the Nursing Staff. But I must draw attention to the fact that Ward Anderson 2, an acute psychotic ward of 50 patients, has only one trained nurse, one nursing assistant, and one night nurse ; while Ward Barnet 1 has 37 geriatric patients and has only one trained nurse, one nursing assistant and one night nurse. While the staff have done extremely well under very trying conditions in both these wards, I feel that this is really asking too much from those willing to do it and it would be unreasonable to expect such conditions to continue.

Several visits were made to the hospital from various organisations. These were shown round by members of the Senior Nursing Staff. Many patients have had monthly visits to Selsey, accompanied by one member of the Senior Nursing Staff, where they have been very kindly entertained by the Women's Institute. Car outings have been arranged by Ward Sisters for elderly patients and these outings have taken place during the Sister's off-duty time.

A full course of instruction in Practical Nursing was given to Nursing Assistants by Sister McCabe and they were assessed by the Matron of St. James' Hospital, Portsmouth, and the Chief Male Nurse. Thirteen entered and all passed. We continue to send Student Nurses for operating theatre experience to the Royal West Sussex Hospital.

The first Official Prize-giving was held on 29th November, 1956, attended by Mr. A. G. Linfield, Chairman of the Regional Hospital Board. Mrs. Linfield graciously presented the prizes, also Hospital Badges and Certificates. In the evening an "Appreciation Party" was held for Senior Nursing Staff and Ward Sisters.

Miss Rosalind Wheeler, Assistant Matron, retired in November 1956, after 36 years service. She was presented with a cheque for 50 guineas, collected from all branches of the Staff, who have always regarded her as a trusted friend and ever ready to assist when called upon.

In conclusion, it is with pleasure that I look back on the past year. We believe in working as a team and it is this spirit which has made it possible to run the Hospital on modern principles. This could not have been done without the loyal assistance of my Deputy, Miss Mary Caird, Senior Assistant Matrons, Miss Winifred McLoughlin and Miss Mary Carter, and Night Superintendent, Miss I. Alexander."

The Chief Male Nurse reports:

"The recruitment of Male Student Nurses has shown little improvement during the past year and the numbers are still below the permitted establishment.

One Staff Nurse, Leslie McWhirter, has been seconded to St. Richard's Hospital, Chichester, for General Training, and Staff Nurse Herbert James Mott has returned after the completion of the two years' General Training Course at the same hospital. At the present time doubly-trained members of the Nursing Staff number 15 (2 Charge Nurses and 13 Staff Nurses).

In November our first assessment of Nursing Assistants took place. The examiners were Mr. G. Allison, S.R.N., R.M.N., Chief Male Nurse of St. James' Hospital, Portsmouth, and Mr. J. Keiran, S.R.N., R.M.N., Deputy Chief Male Nurse of Graylingwell Hospital. Nursing Assistant W. Brenton entered and passed, gaining 90% marks.

In June 1956, Male Nurse G. Goddard and myself attended a one-day Conference at Tooting Bec Hospital, London, to discuss "The Manchester Mental Nursing Survey." Among the many speakers were Mr. H. A. Goddard, Director of the Team that made the Survey under discussion.

In October, 1956, I attended the Royal College of Nursing, London, for a two weeks' course in "Personnel Administration in Hospitals," arranged for Matrons and Chief Male Nurses, under the direction of Mr. H. A. Goddard (Management Consultant). Both psychiatric and general hospitals were represented by the fourteen members attending. Discussions were lively, many interesting aspects of staff administration were explored and a useful exchange of ideas and opinions maintained throughout the Course.

The Mental Health Exhibition was held at the Assembly Room, Chichester, commencing 28th February, 1956, for five days, during which the Male Nursing Staff manned some of the stands.

In November the first official Nurses' Prizegiving was held, followed by an "Appreciation Party" for Senior Nursing Staff and Charge Nurses.

Prizes gained during General Training.

Senior Nurses' First Prize,	}	1954/55—Staff Nurse Wilfred Heywood
Hospital Final Examination, St. Richard's Hospital ...		1955/56—Staff Nurse Herbert James Mott

APPOINTMENTS :

- April 1957. Mr. Frederick F. Forder, appointed Chief Male Nurse, The Old Manor Hospital, Salisbury. (Formerly Senior Assistant Chief Male Nurse, Graylingwell).
- April 1957. Mr. Reginald Ballantyne, Night Superintendent, appointed Senior Assistant Chief Male Nurse.
- April 1957. Charge Nurse Geoffrey Goddard appointed Night Superintendent.

In conclusion, no member of the Male Nursing Staff has been suffering from active Pulmonary Tuberculosis during the past year and all Male Nurses visited the Mass Radiography Unit for chest X-ray, held in January, 1957."

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

"There were 59 student nurses in training during 1956. There were three courses for Preliminary instruction, each with a duration of ten weeks. A total number of 36 students attended. Weekly Study Days have continued for Second and Third year Nurses, with some Block Study days.

There are 5 General Trained Nurses taking the eighteen-months' course for Psychiatric Certificate.

EXAMINATION RESULTS. General Nursing Council.

Preliminary State: 15 entered, 14 passed.

Final State: 9 entered, 9 passed.

Mr. F. Tudgay, Qualified Tutor, assisted in the Training School until 30th July, 1956, when he left to take a post as Tutor in Sole Charge at Fulbourn Hospital, Cambridge. Mr. Izzard, Qualified Tutor, joined the teaching staff in August 1957."

Comment of Medical Superintendent:—In their report on a recent visit to Graylingwell the Commissioners of the Board of Control praised the hospital very highly and gave it as their opinion that there was "no more progressive or better hospital than Graylingwell in the country." Such praise, of course, is extremely gratifying and while the high standard of the hospital has been achieved by team work involving all sections and grades of staff, it is inevitable that, in a mental hospital particularly, the greatest part of the load be carried by the nursing staff. Good organisation and administration are important, while the highest standard of treatment is essential. It is the nurses and male nurses, however, who live day by day with the patients and the importance of good nurse-patient relationship, difficult and trying as this frequently is, cannot be over-emphasised. A mental hospital can manage without many things, but it cannot function satisfactorily without the goodwill and understanding of the nursing staff. I would like to take this opportunity, therefore, of personally thanking every member of the nursing staff for their loyal and willing service during an extremely busy year. I know how hard they have had to work and how great has been the burden, particularly in relation to the care and nursing of so many aged patients. The Hospital Management Committee is also aware of this problem and it is causing them great concern. They appreciate that there is a limit to the amount of pressure and strain which the nursing staff can withstand and it is their earnest desire to ensure that some easement is brought about.

The Staff Social and Athletic Club.—The Hon. Secretary, Mr. E. C. England, reports:

"The Club now has a total membership of 362, of whom 306 are staff members, the remainder being either family, associate or honorary members.

Dr. J. D. Morrissey is the present Chairman, having succeeded Mr. G. R. Pratt who had held this office for several years and who has greatly contributed towards the success of the Club.

The members are deeply appreciative of the continued interest of the Hospital Management Committee in the welfare of the Club and are especially grateful for their most recent and generous contribution of £400 to the Building Fund. This financial help enabled us to proceed with the second phase of the building scheme and it is anticipated that the additional premises will be available for use by October, 1957.

A full programme of social and sporting activities has been carried out, a number of socials held in the friendly atmosphere of the new Clubhouse being especially successful.

The sincere thanks of the Club are due to the President, Dr. Carse, and to the officers of the Hospital for the support and help which they have given throughout the year."

11. OFFICIAL VISITS.

24th January, 1956: Ex-Services Welfare Society—Dr. E. Rollins

26th June, 1956: Commissioners of the Board of Control—Mr. N. C. Croft-Cohen and Dr. R. Rosie.

3rd September, 1956: Ministry of Pensions—Sir Robert Napier.

CONCLUSION.

I am deeply grateful to all my colleagues for their loyal co-operation, and to you, Mr. Chairman, Ladies and Gentlemen, for your unfailing support and encouragement, and I would like to take this opportunity of expressing my sincere thanks.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOSHUA CARSE,

Medical Superintendent.

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

GRAYLINGWELL HOSPITAL,
CHICHESTER.

29th August, 1957.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year ended 31st March, 1957.

1. GENERAL ADMINISTRATION.

I have to report a further increase in the volume of work required to be done in the administrative and especially the accountancy departments and in my opinion a minimum of three additional Clerks are needed, one to carry out the work involved in the Departmental Costing Scheme, another to cope with the general increase in work, and the third to relieve the Superintendent Engineer of a vast quantity of desk-work.

2. FINANCE.

The total net expenditure for the year was £391,388, an increase of £22,494 over the previous year, the cost per patient per week rising from £6 4s. 11d. to £6 17s. 1d. No less than £18,000 of the increase is attributable to salary and wage awards, the remainder being accounted for by increases in establishments, improvements to dietaries and the general trend of price increases.

Other factors which have affected the weekly cost this year are :—

1. The sale of the farm live and dead stock and
2. The fall in the average number of patients daily resident, viz., from 1,130 in 1955 to 1,095 in 1956. This is to a certain extent paradoxical as the admissions for the year increased by 194. As will be appreciated however, a

drop of 35 resident patients per day makes a significant difference when computing the average cost per head of standing charges.

The only new item of capital expenditure authorised was in respect of the provision of additional heating in the Nurses' Home (£1,910).

Extraordinary maintenance expenditure was authorised for the completion of the re-roofing of the Hospital (£4,000), and the replacement of the internal telephone system (£3,500).

A commencement has been made with the scheme to improve the ward kitchens but the cost will be more than can reasonably be met as ordinary maintenance and we shall, therefore, have to look to the Regional Hospital Board for assistance.

3. SUPPLIES AND CATERING.

A certain amount of new furniture and equipment has been purchased including a number of interior spring mattresses.

It has been possible to improve the patients' dietary but capital money for the scheme to modernise the kitchen has not so far been forthcoming.

With the closing of the Hospital farm it became necessary to arrange for supplies of milk and meat to be obtained from other sources and I am glad to report that the arrangements which have been made have been entirely satisfactory.

It is anticipated that the new Central Boiler House will commence to operate in September, 1957, when St. Richard's Hospital will be the first to benefit, followed shortly afterwards by Graylingwell Hospital.

4. ENGINEERING DEPARTMENT.

A record of this year's work will be found in the Summary of the Superintendent Engineer's Report 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. CONCLUSION.

I wish to acknowledge my appreciation of the help I have received from the Medical Superintendent, Dr. Joshua Carse, and from all my colleagues and also to express my thanks to you, Mr. Chairman, Ladies and Gentlemen, for your continued support.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

E. C. ENGLAND.

Group Secretary, Finance & Supplies Officer.

SUMMARY OF SUPERINTENDENT ENGINEER'S REPORT.

I beg to submit the following statistics for the year ended 31st March, 1957.

ELECTRICITY. Consumption.

D.C. (Generated) ...	293,640	Units.	Cost per unit	3.78d.
A.C. (Purchased) ...	403,332	"	"	1.7d.
Total Consumption	<u>696,972</u>	"		

Compared with the previous year there was a decrease in consumption of 3,446 units.

WATER.

Pumped ...	6,868,240	Galls.	Cost per 1000 galls.	9.6d.
Purchased ...	32,806,000	"	"	14.7d.
Total Consumption	<u>39,674,240</u>	"		

Compared with the previous year.

Pumped.	Decrease of	34,600 galls.
Purchased.	Increase of	1,045,000 galls.
Total Consumption.	Increase of	1,010,400 galls.

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

BUILDINGS. Radiators have been fitted in all bedrooms in the Nurses' Home, the Sectional Boiler has been increased in size from 7 Sections to 10 Sections and converted to Oil firing.

A Bed-light has been provided in each bedroom in the Nurses' Home.

Refrigerators have been installed in 17 wards and Summersdale Hospital.

T.V. Sets installed in 6 wards and "The Acre" (all wards now have T.V.).

Chapel roof re-tiled and Spire re-shingled (by Contractors).

Corridor roof re-slating completed (by Contractors).

Cinema converted to Cinemascope.

Alterations and extensions to Waiting Room and Medical Offices completed.

Rubber flooring laid in Geriatric Wards (Edgeworth 1, Fawcett 1 and Bramber 1 wards).

New Insulin Unit completed.

Richmond 1 and Richmond 2 wards have been re-decorated throughout, also the following:—

Front Entrance.

New Insulin Unit.

Matron's Quarters.

Central Dining Room.

Male Staff Quarters.

Ward Kitchens—Edgeworth 1 and 2, Fawcett 1 and 2, and the Chapel. Bakehouse and Kitchen have been thoroughly cleaned down.

A considerable amount of outside painting was also done including; Stores yard, New Insulin Unit, Edgeworth and Fawcett Blocks, South Lodge, Martins' Farm, Garages, Martins' Farm Cottages and Roof lights.

J. C. CHYNOWETH,

Superintendent Engineer.

29TH AUGUST, 1957.

REPORT OF THE COMMISSIONERS OF THE BOARD OF CONTROL.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

27th June, 1956.

For many years now a visit to this excellent Hospital has been an experience both pleasant and very interesting, and our visit this year has been no exception. Steady improvement has taken place in all the departments of the Hospital's many activities, and there are few mental hospitals in the country where there is such a friendly and pleasant atmosphere, or where there is such a marked absence of any feeling of restraint of personal liberty.

Since the last visit 9 months ago good progress has been made with the re-roofing of the older buildings, and a new insulin therapy unit has been constructed. In progress at present are extensions to Chilgrove and Cavell wards, and the construction of a new Central boiler house, together with the necessary service ducts.

There are only 2 locked wards in the hospital, and all the wards are comfortable, well-furnished and attractive. Decorations are in general in a good state, and all wards have curtains. There are some sponge rubber mattresses in the side wards, and a beginning has been made with a few mattresses of the interior spring type: it is hoped to introduce many more of the latter in due course.

There are excellent and well equipped hairdressing rooms for both men and women, and patients who can appreciate it and who do not possess suitable garments of their own are issued with complete individual sets of Hospital clothing. The patients' dietary seems to be very good and well varied.

Patients' occupations are exceptionally well organised here, and on each side there is a senior member of the Nursing Staff whose sole duty it is to co-ordinate all the necessary activities. As many as 81.7% of men and 95.8% of the women in the Hospital are regarded as substantially occupied; figures which may be regarded as extremely satisfactory. Patients' recreations and amusements are ample, and in this, as in many other respects,

much and greatly appreciated help has been given by a number of local voluntary associations.

Yesterday 991 patients, 338 men and 653 women, were resident in the mental hospital. In addition, in the non-statutory accommodation at Summersdale Hospital and at The Acre, Worthing (both of which units we visited), there are 133 patients in residence, 28 men and 105 women. During 1955, there were 657 direct admissions to the mental hospital, 239 men and 418 women, and as many as 721 to Summersdale Hospital; in that year 37 patients at Summersdale had to be transferred to the mental hospital.

Departures and discharges from the mental hospital in 1955 totalled 626, and 649 patients left Summersdale during the same period.

The Nursing Staffs are as follows:—

	M.	F.
Certificated or registered mental nurses	68 + 2 part-time	35 + 28 part-time
Nursing Assistants	9	30 + 15 „ „
Student Nurses	14	29
Passed preliminary exams only	5	13
Tutors (qualified)	1	1

The Training School is convenient and well-equipped.

A new Social Club for the nursing staff is now under construction, the nurses's restaurant, in the main building, is one of the pleasantest and most attractive we have seen.

Miss L. De Gras is Matron, and Mr. G. R. Pratt is Chief Male Nurse. Dr. Joshua Carse, the Medical Superintendent, and his deputy Dr. John D. Morrissey, are both Consultants, Drs. Nydia Panton, John Towers, and Brian Vawdrey are S.H.M.O., Dr. D. Lindsay Walker is a Senior Registrar, and there are 2 registrars and 2 J.H.M.O. There are vacancies for 2 more consultants and a senior registrar.

Out-patient clinics are held at Worthing, Chichester and Horsham.

The various modern methods of treatment, both physical and psychological, are available here. During 1955, 62 patients had deep insulin therapy, and the operation of pre-frontal leucotomy

was carried out on 24 patients. During the same period 692 patients were treated by convulsant therapy, modified in the majority of cases by the use of relaxant drugs, usually scoline with pentothal. The pathological laboratory and X-ray department are adjacent. Mr. H. A. Seymour, the Chief Technician in the former, also acts as radiographer. The laboratory is under the supervision of Dr. G. A. Harrison, a member of the Consultant Pathology Services of the district, and it is a busy department. A comprehensive pathological investigation is carried out in the case of all admissions. The filing system is excellent, and a wealth of information is therefore readily available.

The E.E.G. Department continues to do valuable work in the investigation of new admissions and selected out-patients. The Research Department covers several fields—social psychiatry, electro-encephalography, clinical psychiatry, etc. The list of reports published in 1955 is impressive, and details are available in the Annual Report of the Hospital.

The general health of the patients has been good. There have been no cases of typhoid or dysentery, and the incidence of pulmonary tuberculosis is very low indeed. At the present time there are only 2 non-active cases in the Hospital, both on the female side.

There were 87 deaths during 1955, giving a mortality rate of 8.2%. Eighty post-mortem examinations were made. The causes of death present no unusual features. There has been one inquest since the last visit, and in the same period 17 casualties have occurred (3 male and 14 female). The nursing standards in the sick and infirm wards, and indeed throughout the Hospital, appeared to us to be very high indeed, and remarkably few patients of either sex were confined to bed at the time of our visit.

In concluding this entry we should like to offer our congratulations to the Management Committee, and to the members of the medical, nursing and administrative staffs on the very satisfactory state of the Hospital.

Throughout our visit we have received every assistance from Dr. Carse and his colleagues, as well as from Mr. E. C. England, the Group Secretary, and they have our thanks.

N. C. CROFT-COHEN,
R. ROSIE,

Commissioners of the Board of Control.

THE CHURCH OF ENGLAND CHAPLAIN'S REPORT.

29th August, 1957.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present this, my third Annual Report since my appointment as your Chaplain.

I would begin by expressing once again my sincere thanks to our Medical Superintendent and the Group Secretary, for all their help received during another year of duty. I am grateful too, to Miss L. De Gras our Matron, and Mr. G. R. Pratt the Chief Male Nurse, and their colleagues, for their unfailing interest and help in the spiritual aspect of hospital treatment. It is encouraging too, some days, to feel one is welcome.

Recently, after a service in which he took part, the Rural Dean of Chichester was surprised by one's statement, that at Graylingwell on Sundays, we have one of the best congregations in the Chichester area. I would substantiate this with three reasons. (1) From point of view of numbers (2) General participation in worship (3) Reverence shewn.

Statistics can often be boring, nevertheless it may be of interest to some, to know that the average attendance of patients at our Hospital Church on Sundays, during the periods August—September 1956 and June—July 1957, was 301 in the morning, and 201 at night. This in a Church which comfortably seats 500 people. The firm yet gentle persuasion of members of the staff, does quite a good deal I believe, to secure this gratifyingly high percentage of attendance on Sunday mornings. Far less pressure is brought to bear however in the evening. The attendance figure given for Evening Prayer therefore, is the more revealing.

I am grateful to all members of staff who in their various ways assist with the services throughout the year, and in particular to Mr. Arthur Ingram, who at the Organ gives great help. It is pleasing in this report to mention the complete overhaul of the Church organ, and other attention the Church has received during the past year.

The simple Prayer Book Services of Morning and Evening Prayer have been conducted regularly each Sunday throughout the year, with a Celebration of Holy Communion once a month. The average number of communicants has been about 60.

Community hymn singing one Sunday a month at Evening Prayer in place of the sermon continues, and is very well-liked by patients.

Visitors to our pulpit have included; Canon D. B. Eperson (Chaplain to Bishop Otter College), Dr. John Lockett (Worthing General Hospital and Hon. Diocesan Lay Reader), Revd. H. K. G. Bearman (County Librarian Chichester), Revd. C. W. McDouall (Chichester), Canon S. L. Buckwell (Lavant), Revd. R. N. Parkinson (Brighton), Revd. R. J. H. Fry (Walcott, Bath), Mr. R. N. Wyatt (Walberton), Revd. Osmund F. Peskett (China), Miss Dorothy Atkins (Kachwa Hospital, India), Revd. W. E. French (Bengal) and Revd. R. E. D. Hull (Chichester). The Revd. P. J. Spooner, our Free Church Chaplain, to whom I am greatly indebted for various helps, regularly conducts the Evening Service in Church one Sunday a month.

Collections at various services during the year yielded a total of £34 12s. 8d., £15 1s. 3d. of this, being devoted to our own Hospital Benevolent Fund. The remainder was divided between various societies, including a donation to the Mayor of Chichester's Hungarian Relief Fund.

There was a noticeable increase this year in the number of patients who on Good Friday evening listened to the Choir of the church of St. Peter-the-Great, Chichester, singing "The Crucifixion" led by its conductor, Mr. Ernest England. Twice we have been pleased to welcome the Choir of Bishop Otter College under its Conductor, Canon D. B. Eperson, J. S. Bach's "Christmas Oratorio" being sung on December 9th and on March 24th the rendering of Eric Thiman's "The Last Supper." The Carol Service at Christmas with Lessons read by various members of the Staff, was recorded and as usual thoroughly enjoyed. At the service on Remembrance Sunday morning, the customary wreath of poppies was placed in the Sanctuary.

Again it is my pleasant duty to record the thanks of many, to those members of our Garden Staff who during the year, did excellent work in their decoration of the Church for various Festival Services. Their efforts bring real joy and delight, and are deeply appreciated.

Some patients are unable to attend Sunday Services in Church by reason of old age and other infirmity. For some of these, services are conducted in Edgeworth 1 and Barnet 1 during the week. These services are of great comfort and are looked forward to. The session on Friday evening in Summersdale Hospital at

6 p.m. known as 'Quiet Half Hour' has continued, and though the number of Summersdale patients attending this necessarily varies throughout the year, the average attendance is not inconsiderable. Miss Joan Gough, of Chichester C.A.W.G. has given great help with this, especially some Fridays when one has had an engagement elsewhere.

It was a great pleasure this Summer, to welcome a party of our patients to my own Church Garden Fete at Westhampnett and to know of the happiness this gave them. It is hoped that next year, still others may be able to enjoy this delightful social occasion.

An attempt to form a branch of the Inter-Hospital Nurses' Christian Union, some months ago, has for one or two reasons not proved successful. Nevertheless, it is hoped that some time in the future, such a facility, among many others, will exist for those members of our nursing staff who desire it.

One's work in the main, apart from conducting religious services, has been individual contacts with patients. This, as can be readily imagined, is a spiritual ministry of first importance, and it is regretted that one cannot give more time to it. Perhaps I may be allowed to give you three glimpses of the Chaplain on his rounds.

(1) I am talking with a younger patient who has asked to see me. Her mental and spiritual distress follows from a suicide by a member of the family. We chat quietly for half an hour, and I am able to point her to Christ and quieten her fears.

(2) I am alongside a man engaged in a form of Occupational Therapy. For a few moments conversation warms up and talk flows along ordinary lines. Then suddenly the question is put, "By the way, do you ever manage to get to one or other of the Services on Sunday?" In a flash, though not rudely, comes a counter-question, "No, why should I?" I am able to reply as quickly, "Some go because they feel their need of God, and because things may have happened during the week which make them feel as Paul the apostle did when he exclaimed, 'Oh wretched man that I am, who shall deliver me?'" A long and serious conversation follows.

(3) This time I am by the bedside of an elderly man just admitted. I gather he has been on long travels as he tells me a rather rambling story. Hoping to cheer him, I smile and say, "Well dad, and now you've come for a short stay with us here

eh?" Pushing himself upright, and with a big smile he replies, "Sir, I've come here for a nice long holiday." Somewhat hastily one changes the conversation.

Life in a Mental Hospital, (described I believe by the Japanese as 'The House of Mercy') certainly does have its more serious side. I am glad however, to speak of smiles as well as tears, and to be associated as Chaplain, with a Hospital which does so much to try and brighten the lives of those to whom it unceasingly ministers.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

R. R. MINTON.

THE FREE CHURCH CHAPLAIN'S REPORT.

29th August, 1957.

Mr. Chairman, Ladies and Gentlemen,

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

In happy co-operation with the Rev. Minton I have continued throughout the year to conduct evening worship in the Church on the second Sunday in each month and on special occasions. This is a privilege I have highly appreciated.

Regular visitation of all departments has led to close personal contacts with a large number of patients and in many instances these contacts have been followed up by continuing relationships after hospital treatment has been successfully completed.

It is now ten years since the weekly gatherings for Community Singing were begun as part of the activities of the Occupational Therapy Department, and these "sing-songs" have held their place as a regular feature of the Department during the year.

In all my work I am deeply indebted to the unfailing courtesy and friendly help received from all members of the staff.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. J. SPOONER.

THE ROMAN CATHOLIC CHAPLAIN'S REPORT.

29th August, 1957.

Mr. Chairman, Ladies and Gentlemen,

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

I am grateful for the prompt notification to me of any Roman Catholic patient who is seriously physically ill, or is going to have a surgical operation, so that the Sacraments can be administered in good time.

Appreciation is also expressed on behalf of the patients who are enabled to come to Mass on Sunday, and of those able to come to Mass every Tuesday at 9.15 a.m. in Kingsmead Villa, where the staff are always helpful in getting things ready.

I sincerely hope that this coming year may see the end of this temporary accommodation in Kingsmead Villa and that some more satisfactory arrangements can be made for religious worship of Roman Catholic patients.

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, 1957.*

Average Available Staffed Beds ...	1,227				
Average Bed Occupancy ...	1,095				
No. of In-Patient Days ...	399,580				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 60%;">EXPENDITURE HEAD</th> <th style="text-align: right; width: 20%;">Amount (nearest £)</th> <th style="text-align: right; width: 20%;">Wkly Cost per head</th> </tr> </thead> </table>			EXPENDITURE HEAD	Amount (nearest £)	Wkly Cost per head
EXPENDITURE HEAD	Amount (nearest £)	Wkly Cost per head			
<i>Running Charges.</i>					
Provisions ...	£ 61,220	£ 1 1 5			
Patients' Clothing ...	4,833	1 8			
Drugs, Dressings, Medical & Surgical Appliances	4,418	1 6			
Laundry ...	12,330	4 4			
Hardware and Crockery...	1,271	5			
Bedding and Linen ...	2,295	10			
Cleaning and Chandlery...	1,488	6			
Other Running Charges ...	4,858	1 9			
<i>Standing Charges.</i>					
Medical Salaries ...	24,280	8 6			
Nursing Salaries ...	126,210	2 4 3			
Other Salaries ...	112,836	1 19 6			
Staff Uniforms ...	2,362	10			
Fuel, Light, Power and Water ...	26,463	9 3			
Maintenance of Buildings, Plant and Grounds ...	21,884	7 8			
Furniture and Furnishings ...	3,387	1 2			
Rent and Rates ...	8,880	3 2			
Printing, Stationery, etc. ...	5,738	2 0			
Canteens and Shops ...	15,440	5 5			
Farm and Garden ...	25,791	9 1			
Transport and Travelling Expenses ...	3,195	1 1			
Other Standing Charges...	1,370	6			
TOTAL HOSPITAL EXPENDITURE	470,549	8 4 10			
<i>Direct Credits.</i>					
Staff Deductions & Charges for Board & Lodging	11,995	4 3			
Canteen and Shops ...	17,917	6 3			
Farm and Garden Income ...	48,250	16 11			
Other Trading Income ...	428	2			
Other Receipts ...	571	2			
TOTAL DIRECT CREDITS	79,161	1 7 9			
NET HOSPITAL EXPENDITURE.					
Total Hospital Expenditure less Direct Credits	391,388	6 17 1			
SUMMARY OF EXPENDITURE FOR GROUP.					
Net Hospital Expenditure (as above) ...	391,388				
Central Administration and other Expenditure	137				
TOTAL FOR GROUP	391,525				

General Table, showing the Movement of the Hospital Population during the year 1956.

	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, 1956 ...	144	218 362	1	1	2 195	455 650	340 674	1014	38	78 116
Cases admitted during year (including Statutory Transfers and Transfers from S.H. and Acre to G.H. ...	183	222 405	1	1	2 56	152 208	240 375	615 187	545 732	
Regradings ...	27	78 105	-1	-1	-2	-77 -103	— —	—	41	128 169
Transfers from Graylingwell to S.H. and Acre ...	354	518 872	1	1	2 225	530 755	580 1049	1629 266	751 1017	
Total cases under treatment during the year ...										
<i>Cases discharged, departed or statutorily transferred during year (including transfers from S.H. and Acre to G.H.) :—</i>										
Recovered ...	54	43 97	—	1	1 6	20 26	60 64	124 133	446 579	
Relieved ...	87	76 163			11 35	46 209	87 146	233		
Not Improved ...	14	17 31			5 2	7 38	23 70	93		
Transfers from Graylingwell to S.H. and Acre ...	155	136 291	—	1	1 22	57 79	177 194	371 243	662 905	
Died during the year ...	38	119 157			3 9	12 169				
Total cases discharged, transferred and died during the year ...	17	17 34	1	—	1 22	49 71	40 66	106	— —	
On the Hospital Registers, 31st December, 1956	210	272 482	1	1	2 47	115 162	258 388	646 243	662 905	
Average daily number resident during the year	144	246 390	—	—	—	178 415	593 322	661 983	23 89 112	
	149	232 381				189 433	622 338	665 1003	32 98 130	

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 on Admissions excluding Transfers			Percentage of Deaths on Average Number Resident											
	M	F	T	Recovered		Relieved		Not Improved		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T									
				M	F	T	M	F	T																M	F	T						
1926	57	82	139	28	47	10	10	20	1	1	2	21	18	39	310	469	779	304	455	750	35	18	36	84	36	15	6	89	3	95	5	30	
1927	68	85	153	15	22	37	5	13	18	4	3	7	23	35	58	331	481	812	316	471	787	23	08	28	57	26	06	7	28	7	43	7	20
1928	76	107	183	23	31	54	5	5	10	1	4	5	25	24	49	353	524	877	343	502	845	33	82	31	96	32	72	7	29	4	77	6	10
1929	77	97	174	24	27	51	6	14	20	26	11	37	23	43	66	351	526	877	355	522	877	33	80	30	34	31	87	6	48	8	24	7	51
1930	68	88	156	20	33	53	3	10	13	9	4	13	28	24	52	359	543	902	353	529	882	31	75	43	42	38	13	7	79	4	54	5	80
1931	69	117	186	18	44	62	8	15	23	11	9	20	24	27	51	367	565	932	362	551	913	30	00	40	00	36	50	6	60	4	90	5	67
1932	88	122	210	23	43	66	11	15	26	5	15	20	38	34	72	378	580	958	370	571	941	29	10	38	50	34	60	10	30	5	90	7	75
1933	89	132	221	30	69	99	11	15	26	13	7	20	24	33	57	389	588	977	380	582	962	36	60	56	60	38	50	6	30	5	70	5	92
1934	128	175	303	49	60	109	16	20	36	7	20	27	45	51	96	400	612	1012	397	600	997	41	00	36	60	38	40	11	40	8	50	9	60
1935	113	164	277	35	76	111	8	18	26	8	8	16	38	37	75	424	637	1061	401	622	1023	34	00	47	20	42	00	9	50	5	90	7	30
1936	106	154	260	43	73	116	16	25	41	3	12	15	36	51	87	432	630	1062	426	629	1055	41	70	49	30	46	20	8	40	8	10	8	20
1937	116	186	302	48	67	115	19	25	44	10	13	23	41	64	105	430	647	1077	430	634	1064	43	20	37	00	39	40	9	50	10	10	9	90
1938	105	174	279	29	67	96	18	37	55	19	18	37	41	42	83	422	643	1065	422	643	1065	29	30	42	90	37	60	9	70	6	50	7	80
1939	128	221	349	42	82	124	33	38	71	10	19	29	38	60	98	417	643	1060	425	638	1063	35	60	41	00	39	00	8	90	9	40	9	20
1940	128	182	310	40	86	126	42	32	74	12	7	19	45	61	106	406	639	1045	414	637	1051	32	20	48	90	42	00	10	90	9	60	10	10
1941	108	225	333	41	61	102	18	42	60	9	10	19	34	75	109	412	676	1088	409	633	1042	39	40	35	20	36	80	8	30	11	80	10	40
1942	92	176	268	52	81	133	16	29	45	5	3	8	34	67	101	397	672	1069	409	665	1074	57	77	46	55	50	37	8	31	10	07	9	40
1943	119	194	313	50	123	173	22	20	42	11	7	18	39	49	88	394	667	1061	389	664	1053	42	37	64	06	55	80	10	02	7	38	8	35
1944	124	236	360	62	132	194	25	37	62	8	1	9	37	56	93	386	677	1063	385	671	1056	51	20	57	10	55	10	9	60	8	30	8	80
1945	150	289	439	71	163	234	22	46	68	7	11	18	43	68	111	393	679	1072	385	671	1056	47	97	57	39	54	16	11	16	10	13	10	51
1946	205	321	526	92	174	266	44	74	118	11	12	23	45	67	112	406	677	1083	396	684	1080	44	90	54	20	50	60	11	40	9	80	10	40
1947	224	350	574	92	191	283	73	78	151	14	14	28	42	79	121	409	665	1074	404	658	1062	44	80	56	00	50	40	10	40	12	00	11	40
1948	208	381	589	82	158	240	68	104	172	28	20	48	44	47	91	395	717	1112	404	697	1101	40	80	42	25	41	74	10	89	6	74	8	27
1949	264	484	748	101	206	307	72	165	237	24	16	40	69	87	156	393	727	1120	392	713	1105	38	50	43	30	41	60	17	60	12	20	14	10
1950	254	481	735	128	207	335	86	200	286	15	19	34	34	58	92	384	724	1108	391	726	1117	50	60	43	40	45	88	8	70	7	99	8	24
1951	295	567	862	149	290	439	87	185	272	22	25	47	45	62	107	376	729	1105	387	737	1124	51	55	51	33	51	41	11	63	8	41	9	52
1952	300	624	924	158	320	478	82	190	272	16	31	47	48	61	109	372	751	1123	375	748	1123	53	20	51	61	52	13	12	80	8	16	9	71
1953	334	738	1072	194	427	621	88	194	282	23	39	62	28	58	86	373	771	1144	360	769	1129	58	61	58	49	58	52	7	70	7	57	7	61
1954	383	677	1060	191	387	578	110	172	282	41	56	97	33	59	92	380	774	1154	377	772	1149	50	53	57	42	54	94	8	75	7	64	8	01
1955	403	753	1156	189	432	621	142	229	371	36	62	98	38	52	90	378	752	1130	378	789	1167	47	13	57	60	53	95	10	00	6	60	7	70
1956	427	920	1347	193	510	703	185	257	442	42	89	131	40	66	106	345	750	1095	376	764	1140	45	41	55	44	52	27	10	60	8	60	9	30

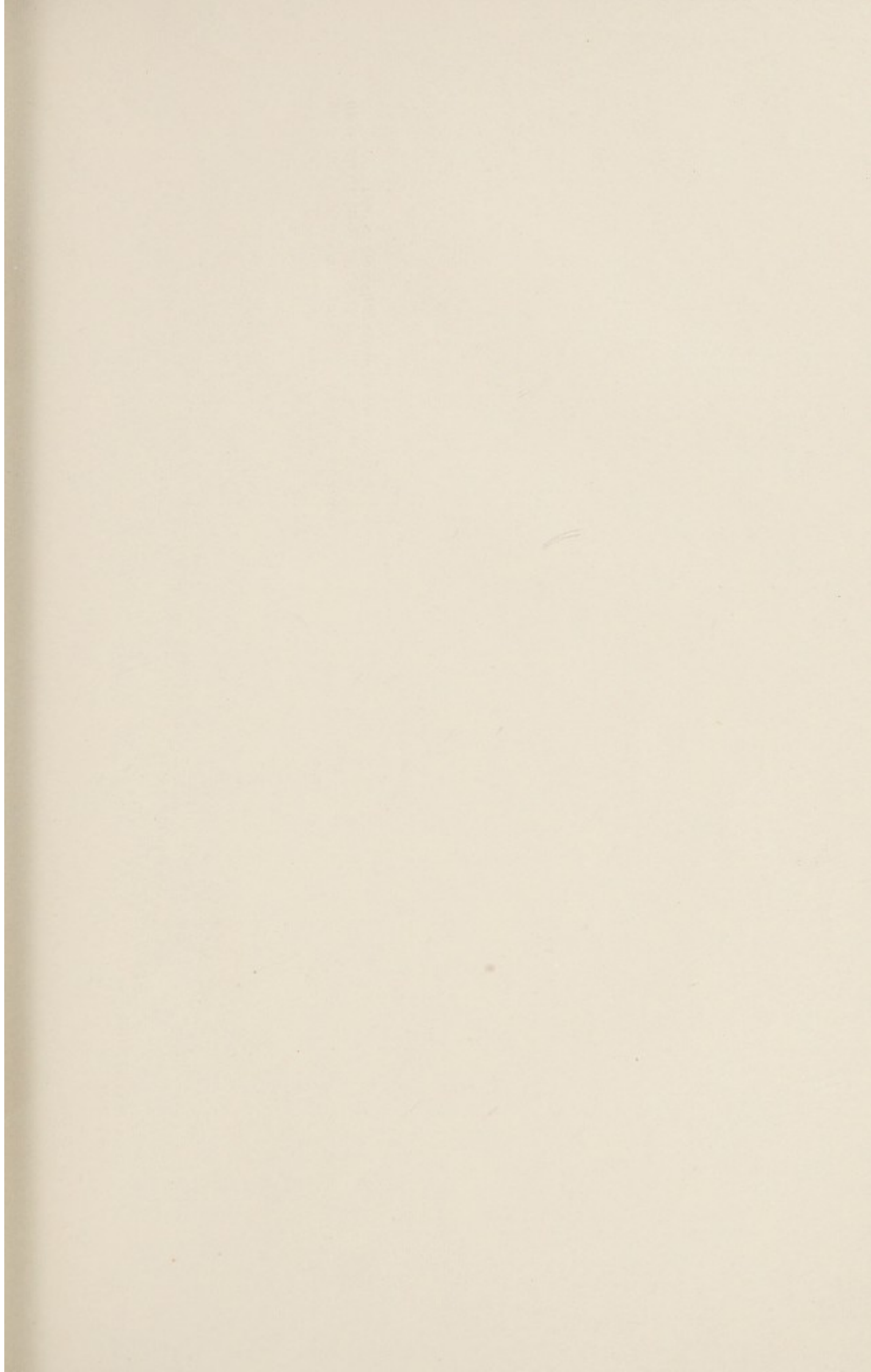
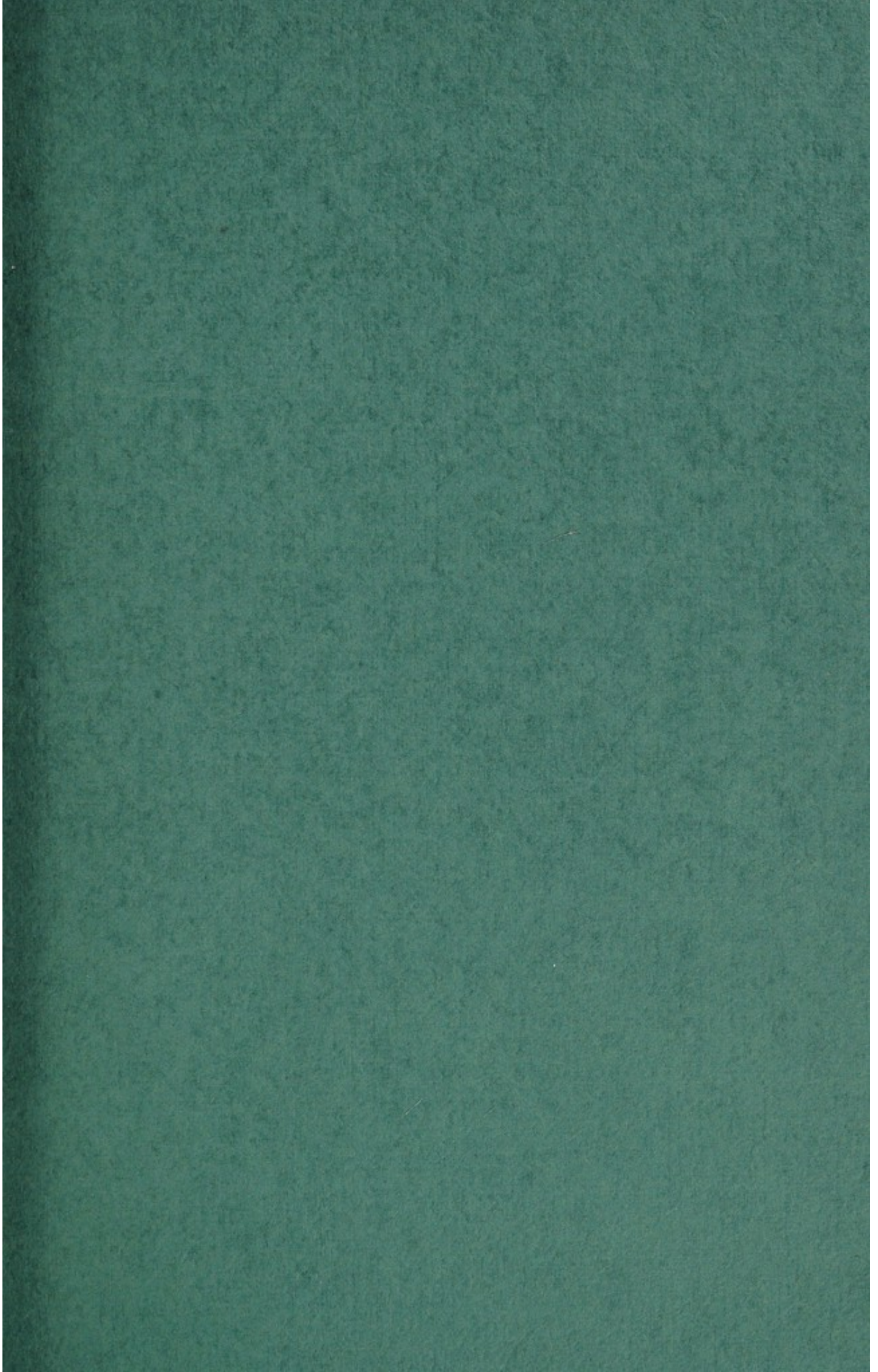


Table showing the Administration, Examinations and Results with the names, names, Matriculation, and Population of Examiners per cent. on a percentage.

Year	Examinations		Number of Candidates	Percentage of Successful Candidates	Percentage of Examiners	Average Number of Examiners	Percentage of Examiners
	Number of Examinations	Number of Examinations					
1871	1	1	1	100	100	100	100
1872	1	1	1	100	100	100	100
1873	1	1	1	100	100	100	100
1874	1	1	1	100	100	100	100
1875	1	1	1	100	100	100	100
1876	1	1	1	100	100	100	100
1877	1	1	1	100	100	100	100
1878	1	1	1	100	100	100	100
1879	1	1	1	100	100	100	100
1880	1	1	1	100	100	100	100
1881	1	1	1	100	100	100	100
1882	1	1	1	100	100	100	100
1883	1	1	1	100	100	100	100
1884	1	1	1	100	100	100	100
1885	1	1	1	100	100	100	100
1886	1	1	1	100	100	100	100
1887	1	1	1	100	100	100	100
1888	1	1	1	100	100	100	100
1889	1	1	1	100	100	100	100
1890	1	1	1	100	100	100	100
1891	1	1	1	100	100	100	100
1892	1	1	1	100	100	100	100
1893	1	1	1	100	100	100	100
1894	1	1	1	100	100	100	100
1895	1	1	1	100	100	100	100
1896	1	1	1	100	100	100	100
1897	1	1	1	100	100	100	100
1898	1	1	1	100	100	100	100
1899	1	1	1	100	100	100	100
1900	1	1	1	100	100	100	100





Printed in the Graylingwell
Hospital O.T. Department