Annual report of Graylingwell Hospital : 62nd, 1959

SOUTH-WEST METROPOLITAN
REGION

GRAYLINGWELL HOSPITAL

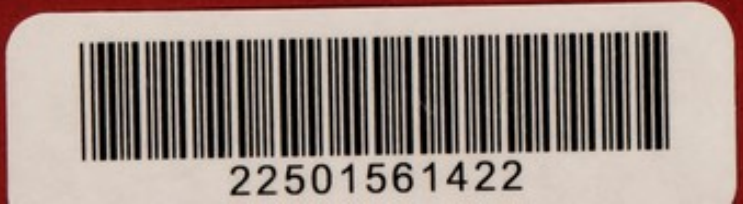
CHICHESTER

(Group No. 45)

SIXTY-SECOND

ANNUAL REPORT

1959



SOUTH-WEST METROPOLITAN REGION

SIXTY-SECOND

ANNUAL REPORT

of

GRAYLINGWELL HOSPITAL

CHICHESTER

(Group No. 45)

1959

The Management Committee

Mr. W. G. S. NAUNTON, *(Chairman)*.
Mr. D. BRYCE, O.B.E., K.St.J., J.P.
Dr. Mary COOPER, M.B., B.S.
Mr. J. W. COPITHORNE.
Mr. H. H. CORDERY, B.E.M.
Mrs. A. F. EASTLAND.
Dr. L. C. de R. EPPS, M.A., M.B., B.Ch.
Mrs. E. M. HOLMAN.
Mr. N. LONGLEY, C.B.E.
Dr. H. S. MORLEY, M.D., F.R.C.P.
Mrs. P. B. P. NAUNTON, J.P.
Mrs. B. E. NEWMAN.
Mr. P. A. NORMAN, J.P.
Mr. W. D. PASSMORE.
Mr. R. M. TILLING.
Mr. D. D. URQUHART, D.L.

Sub-Committees

Estate:

Mr. W. D. Passmore, *(Chairman)*
Mr. H. H. Cordery | Mr. P. A. Norman
Mr. J. W. Copithorne

House:

Dr. Mary Cooper, *(Chairman)*
Dr. L. C. de R. Epps | Mrs. B. E. Newman
Mr. N. Longley | Mr. R. M. Tilling

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Mr. D. Bryce, *(Chairman)*
Mrs. A. F. Eastland | Mrs. P. B. P. Naunton
Mrs. E. M. Holman | Mr. D. D. Urquhart
Dr. H. S. Morley

Secretary of the Management Committee:

Mr. E. C. England, F.H.A.

VISITING STAFF

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Physicians	H. SEAWARD MORLEY, M.D., F.R.C.P. (Lond). J. F. P. SKRIMSHIRE, M.D., M.R.C.P.
Physicians in Neurology and E.E.G.	B. G. PARSONS-SMITH, O.B.E., M.D., F.R.C.P. J. FOLEY, M.D., M.R.C.P.
Chest Physician	J. EDGAR WALLACE, M.D.
Honorary 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	S. E. OSBORNE, F.F.A.R.C.S., D.A. C. PRIDEAUX, F.F.A.R.C.S., D.A. J. R. BENNETT, F.F.A.R.C.S.
Radiologist	J. B. LATTO, M.R.C.S., L.R.C.P., D.M.R.
Pathologists	D. P. KING, M.D. (Cantab.) C. H. R. KNOWLES, M.D. PHYLLIS DAGNALL, M.D., D.C.P.
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	D. ROBERTSON-RITCHIE, H.D.D., R.C.S., L.D.S.

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.....	JOHN TOWERS, D.M., 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. — *Worthing Service*
	BRIAN H. VAWDREY, M.A., M.D., D.P.M.
	J. P. SCRIVENER, M.B.E., M.R.C.S., L.R.C.P., D.P.H., D.P.M.
	J. W.T. REDFEARN, M.D., D.P.M. *Research Dept*
Senior Registrars.....	A. SPELLMAN, M.B., B.S., D.P.M.
	H. M. MCBRYDE, M.B., B.Ch., D.P.M.
	N. B. KREITMAN, M.B., B.S., D.P.M. *Research Dept.*
Registrar	J. W. G. NIXON, M.B., B.Ch.
Junior Hospital Medical Officers	A. R. JONES, M.R.C.S., L.R.C.P.
	J. S. BLAND, M.R C.S., L.R.C.P., D.P.M.
	H. E. HUGHES-ROBERTS, B.Sc., M.B., B.Ch.
Senior Clinical Psychologist	L. R. C. HAWARD, Dr. Psy. (Leiden), M.A., A.M.Inst.E., A.B.P.S.
Clinical Psychologist.....	J. KNOWLES, B.Sc. *Research Dept.*
Chaplain.....	REV. R. R. MINTON.
Chaplain, Free Church.....	REV. A. W. CROWTHER.
Chaplain, R.C.	REV. LANGTON D. FOX.
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.

Matron	L. De Gras, S.R.N., R.M.N., S.C.M.
Sister Tutor.....	B. B. Nash, S.R.N., R.M.N.
Chief Male Nurse.....	G. R. Pratt, S.R.N., R.M.N., R.M.P.A.
Psychiatric Social Workers	M. Josephine Butcher *Barrister at Law.* J. Collins, B.Sc. (Econ.) Grace Cannon, B.Com. *Worthing Service* Vacancy
Hospital Almoner	V. Arendt, A.M.I.A.
Physiotherapist.....	M. W. Harry, M.C.S.P., M.E., L.E.T.
Chiropodist	I. Y. Parks, M.S.F., M.C., S.Ch.
Head Occupational Therapist	J. M. Meader, M.S.A.O.T.
Senior ,, ,,	M. Cromar, M.A.O.T. *Worthing Service*
Co-ordinating Officers for O.T. and Social Therapy	M. Carter, S.R.N., R.M.N. F. Murgatroyd, R.M.N., R.M.P.A.
Chief Pharmacist.....	E. Farley, M.P.S., D.B.A.
Research Assistant.....	J. C. Shaw, B.Sc., A.M.I.E.E., C.M.E.P.T.A.
Chief Laboratory Technician	H. A. Seymour, A.I.M.L.T., M.R.I.P.H.H.
Superintendent Engineer ...	J. C. Chynoweth, A.M.C.T. *(Mech. Eng.)*
Catering Officer.....	R. V. Vass, A.M.H.C.I., M.C.F.A., M.H.C.A.

SOUTH-WEST METROPOLITAN REGION.

Graylingwell Hospital, Chichester

(Group No. 45)

The Eleventh Report of the Management Committee

being the

SIXTY-SECOND

Annual Report of Graylingwell Hospital

The Graylingwell Hospital Group Management Committee have pleasure in submitting their Report for the year ended 31st March, 1959.

Lt.-Colonel G. B. Kensington, O.B.E., O.St.J., J.P., retired from membership of the Management Committee on the 31st March, 1959, after 21 years' continuous and active association with the Hospital. An appreciation of the valuable services which he rendered and the Committee's regret at losing the benefit of his advice have been recorded in the Minutes.

The Regional Hospital Board has appointed Mr. D. D. Urquhart, D.L., to succeed him. A member of the West Sussex County Council, Mr. Urquhart comes to us with a wide knowledge and experience of public administration, and the Committee have wholeheartedly welcomed his appointment.

By the end of the year, approximately one half of the accommodation in the Hospital had been "de-designated" by the Minister of Health, which means to say that it is, and has for

some considerable time past, been possible to admit patients to the "non-statutory" wards of Graylingwell Hospital with as little formality as that usually associated with admission to General Hospitals.

This is in accord with the Report of the Royal Commission on the Law relating to Mental Illness upon whose recommendations the new Mental Health Act has largely been based.

In considering the new approach to mental illness which the new Act will initiate, it is appropriate to refer to our Out-patients' Services at Worthing and Chichester, which have unmistakeably demonstrated the practicability and the advantages of treating patients outside the Hospital, thus allowing many of them to continue as useful members of the community while undergoing active treatment.

The "Worthing Experiment" as it has become widely known is, in fact, no longer an experiment; it is an established and integral part of the psychiatric services of West Sussex, having completed two successful years on the 31st December, 1958.

The Medical Director, Dr. Joshua Carse, has prepared an excellent and comprehensive report covering every aspect of the work undertaken and has included an account of the first year of the Chichester and District Mental Health Service. This important topic is further discussed by Dr. Carse in his Report which follows.

The Management Committee hope that in the not too distant future a similar service will be established for the benefit of those who reside in the Horsham and Crawley area, and active steps are being taken to bring this about.

This pioneer work has attracted world-wide interest and Psychiatrists of almost every nationality have visited the Hospital to see and hear about these Services at first-hand.

Meanwhile the Hospital itself continues to make steady progress as will be seen from the reports of the Officers, which are appended.

In addition to the visitors already referred to, the Committee and the Hospital have been honoured by visits from many distinguished personages, amongst whom may be mentioned the Bishop of Chichester, the Rt. Revd. R. P. Wilson, accompanied by Mrs. Wilson, the Viscount Brentford, formerly Member of Parliament for the Chichester Division, Sir Herbert Shiner,

Chairman of the West Sussex County Council, Major General L. A. Hawes and Mr. B. Abel-Smith, members of the South-West Metropolitan Regional Hospital Board.

The statutory visit on behalf of the Board of Control was paid in June, 1958, and a copy of the satisfactory report made on that occasion by two Commissioners is appended hereto.

The Management Committee had the pleasure of entertaining members attending a Summer School organised by the Central Council for Health Education which was held in Chichester during last Summer.

As was predicted in the last Annual Report, the Central Boiler House, which commenced operating in September, 1957, has in its first full year, proved to be entirely efficient and extremely economical. At present, steam and hot water services are supplied from the one source to St. Richard's Hospital, the Health Services Central Laundry and Graylingwell Hospital, and it is hoped eventually to connect the Royal West Sussex Hospital to the system.

The Management Committee have strongly urged the Regional Hospital Board to make money available for necessary improvements to the Sanitary Annexes and Ward Kitchens throughout the Hospital. Undoubtedly this will be a costly undertaking but the work will be phased and it is anticipated that a commencement will be made during the year 1959-60.

The Committee are again greatly indebted to the many individuals and organisations who have taken an interest in the Hospital and the happiness of its patients. In particular, the Committee wish gratefully to acknowledge the generosity of the Worthing and District Friends of Graylingwell Hospital and the Friends of the Chichester Hospitals and to express their appreciation of the help which is so readily forthcoming from members of the Womens' Voluntary Services.

Tribute must be paid to two of the Visiting Staff who retired during the year—Dr. G. A. Harrison, Consultant Pathologist and Mr. A. J. Roberts, Dental Surgeon, both of whom have rendered valuable services to the Hospital over a period of years.

Two matters of especial interest with regard to nursing staff are, firstly: the reduction of working hours from 48 to 44 per week. It was a source of satisfaction to the Management Committee that the reduction was effected immediately after it had been authorised by the Minister of Health and for this

achievement great credit is due to the Matron and the Chief Male Nurse. Secondly, the third Annual Prizegiving was held on the 18th December, 1958, when Miss E. Gordon, O.B.E., M.A., Editor of the Nursing Mirror, kindly made the awards.

In conclusion, the Management Committee welcome this opportunity of publicly expressing their appreciation and their sincere thanks to the Officers and Staff for all they do to promote the welfare and happiness of the patients.

Signed on behalf of the Hospital Management Committee at a Meeting held on the 29th day of October, 1959.

W. G. S. NAUNTON,

Chairman.

ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

GRAYLINGWELL HOSPITAL,
CHICHESTER.
29th October, 1959.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Sixty-second Annual Report of your Hospital for the year ended 31st December, 1958, together with an account of its extra-mural services and a review of the progress in psychiatry.

A. PROGRESS IN PSYCHIATRY.

Until recent years psychiatric treatment has usually meant in-patient treatment in the mental hospital. We have had mental hospitals, however, for over 200 years and yet psychiatry is still referred to as the youngest speciality. While it is fair to say that the treatment of mental illness has been beset by great obstacles, nevertheless it does not appear to have made anything like the same steady progress as is to be found in other branches of the medical profession. For some time, however, we have been encouraged by the feeling of liveliness, almost of adventure, which has become so manifest in our speciality as more and more new ideas have been introduced to improve the treatment and care of our patients both in hospital and in the community. Psychiatry is very much in the news these days: the grim reality of mental illness as a major social problem is beginning to be appreciated by the ordinary citizen as well as those sections of the medical profession who previously took little interest in psychiatry. Is it possible, therefore, that at last we are really making progress, or are we just passing through a phase of enthusiasm which in time will fade away? We feel very satisfied that we have been able to organise a way of life for our patients in hospital—particularly our long-stay patients—which is similar to that of people living in the community: good board-residence, freedom to move about as a result of the open-door policy, frequent holidays, a satisfying work programme for the day-time

together with plenty of opportunity for recreation and entertainments in the evenings and at weekends.

It was a salutary experience for some of us, however, to listen to the Presidential Address given by Dr. T. P. Rees before the Royal Medico-Psychological Association in 1956,* when he reminded us that 100 years and more ago certain medical superintendents with an advanced humanitarian approach to the care of their patients had introduced nearly all these so-called modern ideas into their hospitals. They could have sat back, as their predecessors had done, and carried on in the time-honoured traditional way. But they were men of vision and they had a warmth of personality which made them acutely aware of the fact that the patients in their care, while sick people were still individuals and human beings. This awareness, however, compelled them to provide, in the face of almost insuperable difficulties, conditions which, while stimulating and encouraging a patient to recover his self-confidence and to feel that he was regarded as a person, a human being, and not just an inmate, would at the same time enhance the value of such treatment as they were able to give.

It looked, therefore, as though those distant days were heralding a new era in the practice of psychiatry. Yet at the turn of this century it seemed that a dark cloud had descended on our hospitals, for most of them had reverted to the rigorous spartan routine, with its soul-destroying monotony, of the hospital governed by cold unemotional rules and regulations and, once again, patients had become inmates. Was this due to the fact that the successors of those early pioneers in humanity were men who were not of the same calibre, or was it that they did not approve of what, to them, were molly-coddling ideas? Probably both, although, as I see it, this does not cover the whole story, for I feel that the Ministry of Health and the Local Health Authorities were also involved in this set-back into the dark ages.

The question which immediately comes into one's mind, of course, is: what of the future? While none of us is entirely satisfied with psychiatry as it is today, we feel that our speciality is evolving on sound lines and a brighter future lies ahead. But is it still possible that in another 50 years the pendulum will have swung once more and that the present wave of enthusiasm will have petered out? Personally, I believe there will be great changes in psychiatry in the years to come: they will not be retrogressive changes, however, because I believe we now have

* Journal of Mental Science, 1957, *103*, 303.

safeguards which, while giving full scope to those with original and advanced ideas, will ensure that progress shall not be impeded by the sheer dead weight of inertia of those who elect to remain complacent and are satisfied with things as they are.

The changes which have taken place in psychiatry have not come about in the course of a few weeks but, as I have already said, have slowly but steadily evolved over the past three or four decades and it has been my great privilege to witness the introduction of most of them. In 1924, when I first joined the mental hospital service as a junior assistant medical officer, our hospitals were just emerging from the old asylum age. Active treatment was rudimentary and custodial care was the main function of the hospital. Psychotherapy in the form of psychoanalysis was becoming firmly established for neurotic patients, but very few of these came to our care. Only one major physical treatment had been introduced—Malaria for General Paralysis, and it brought about dramatic results in the treatment of this otherwise 100% fatal disease. For sedation, we relied chiefly on the bromides, chloral, sulfonal, opium and paraldehyde. In themselves, these are excellent drugs and in selected cases are used today. They have severe side effects, however, and in those days we welcomed the new barbiturates which proved to be more effective and much more refined.

The 1920's in particular were years which were noted for severe financial stringency and too frequently, in the eyes of the local authority, the "best" hospital was also the cheapest. This emphasis on economy, however, had been in existence for many years and was itself responsible for the kind of hospital we had to try and treat our patients in: large hospitals with large wards were, erroneously, thought to be cheaper to run than small hospitals with small wards. Nobody asked the patient what he thought about it. But, so long as we could "house" our patients away from the general public (who at that time were literally scared at the thought of mental illness), so long as there were not too many deaths from Tuberculosis, Pellagra, Typhoid and Dysentery, and so long as we kept the maintenance cost as near to a bare subsistence level as possible, all was well.

England, however, is a country with a very high reputation for its regard for the welfare of human beings and it is noted for its philanthropic work: it has initiated many important social reforms both here and abroad, and always it has tried to improve the lot of the underprivileged and been sympathetic to the needs of the sick. How, then, did our public men and women come to

adopt such a cheese-paring attitude towards the care and treatment of the mentally ill? I am convinced that this was not motivated by unkindness or even indifference, but rather from ignorance and lack of understanding of the requirements. Possibly if some of the earlier medical superintendents had spent more time with their committees frankly discussing the problems they had to face, conditions might well have been much better. Nevertheless, things being as they were, the hospital suffered badly: there was all-round understaffing, the dietary was less than mediocre, and the locked wards were cheerless and comfortless. Looking back, however, I cannot feel that we on the staff were so very bright, and certainly one could not be accused of being over-imaginative, for we could have improved the lot of our patients in many ways without incurring additional expense, but we just did not think of it.

A day in the life of a patient in hospital in the 1920's was very grim: he was expected to sleep quietly and peacefully for 13 hours each night: during the day he was subjected to a relentless discipline which never varied; he was allocated a seat on a bench and woe betide him if he decided to sit somewhere else—and the same applied at the dining table. A code which we used to know as "the contraband of lunacy" was of paramount importance and applied to almost the whole of the patient's personal possessions, including his own clothing; and all personal property, which means so much to all of us, was removed immediately the patient was admitted to hospital. Finally, in the hospital in which I was working at the time, occupational therapy was not permitted and social therapy was extremely limited. With a little thought, and particularly some encouragement from the top, we could have made the lives of our patients so much more comfortable.

It is easy to be wise after the event, however, but what has been forgotten is that in the 1920's the medical superintendent was personally responsible if anything went wrong, and being in charge of a hospital full of patients seething with irritation and frustration, he was, understandably, not prepared to take any chances. Then the innumerable rules and regulations designed by the Visiting Committee, together with statutory forms covering almost every eventuality issued by the Board of Control, did not encourage freedom of action on the part of the staff, but rather created an atmosphere of distrust and suspicion. This is inevitable, of course, when hospitals are run by remote control. After all, it is the doctors and, in particular, the nursing staff who daily work for, and live with, the patients, and the staff are also human

beings who respond to encouragement and trust but quickly become dispirited and defeated when this is withheld.

While I have mentioned some of the difficulties under which we tried to treat our patients, the greatest obstacle of all to progress was the law. By law no patient could be admitted to hospital until his illness had advanced to such a stage that he could be certified as a lunatic or person of unsound mind. This may sound fantastic today; nevertheless, that is how it was in the 1920's. As there were no out-patient treatment facilities, however, the patients coming to our care were suffering from fully developed insanity, usually with severe behaviour disorder, or else, through the family striving desperately to avoid certification until they could withstand the strain no longer, they were already chronic patients when they came to us and at that time the prospect of recovery was usually hopeless. This period, therefore, was hardly conducive to progress, and on the part of the staff there was such a mounting feeling of dissatisfaction and frustration that an open revolt was imminent. Fortunately, however, behind the scenes events were taking place which within a few years were to revolutionise psychiatry.

During the 1930's, our speciality saw a complete break-through from the previous sterile static years. At last some kindly common sense was to be applied to the reception and management of our patients, for this decade opened brilliantly with the passing of the Mental Treatment Act 1930. This great humane act is undoubtedly the most outstanding milestone in the history of British psychiatry. At one stroke it cut across all the outmoded ideas which had been accepted without question in the years before by drawing attention to the simple fact that mental illness is an illness and, like any other illness, the sooner it is treated the better. It empowered local authorities to set up out-patient treatment clinics. For those patients needing hospital treatment it encouraged them to come as voluntary patients without loss of legal rights. It also arranged for the reception of short-term temporary patients while it simplified the process of certification for those patients requiring it.

Within a very short time this new Act made a big impact on psychiatry and on our hospitals. The patients, on the advice of their family doctors, came willingly to the out-patient clinics and we were able to treat many of them and avoid admission to hospital. Where admission was necessary we recommended the patients to come voluntarily. At first the proportion of voluntary admissions was low because to the realistic man in the street the

mental hospital was still the same old asylum, and he was afraid of it. By the end of the decade, however, about half the admissions were voluntary patients and later on, of course, the percentage became very high—hence the latest Mental Health Act 1959, which is about to be implemented. The reception of voluntary patients, however, had a great effect on both the staff and the hospital. This was a new kind of patient who, if he so decided, could walk out on giving us three days notice. He wanted help and treatment but he was very sensitive to any suggestion that he was insane and he refused to submit to the humiliations which had previously been imposed on certified patients. This was the first of the many severe body blows the old-fashioned authoritarian psychiatrist was to receive and it did us good. We now began to look at everything with a critical eye from the patient's point of view and began the process, which is still in operation, of upgrading the hospital to meet his requirements. Now that we were receiving appreciative patients in the early stage of their illness, staff-patient relationships also considerably improved to the benefit of both.

If nothing else but this had happened, this decade would have been notable. During the years immediately to come, however, there was to be introduced a whole battery of new treatments which enabled us to do so much more for our patients. Psychotherapy was now beginning to be used more extensively inside the mental hospital because we were now receiving patients suitable for this treatment. Later during this period, group psychotherapy also was introduced. The number of barbiturate drugs had increased and were slowly replacing the heavy sedatives to which we had been accustomed. It was the four new treatments which came from the Continent, however, which caused the most excitement—particularly to the younger psychiatrists. In 1934, from Vienna, we had Insulin Treatment for Schizophrenia, and when given early this treatment vastly improved the prognosis of this dread disease affecting young people. In 1935, from Budapest, we had chemically-induced Convulsion Therapy (Cardiazol), again for Schizophrenia, and it proved to be successful in many cases. In 1936 we had Pre-frontal Leucotomy. This operative treatment for severely disturbed and distressed chronic patients was first introduced by Professor Moniz of Lisbon in 1934, but later came to us with the improved operative technique of Freeman and Watts of America. For a variety of reasons this treatment is only occasionally used today. One of the reasons could well be that our patients, being willing to have early treatment, never deteriorate to such a state where this heroic treatment is needed. None the less, some two to three hundred

chronic patients have left Graylingwell and returned to the community as ordinary people as the result of Leucotomy, and in each case the patient was judged to be otherwise incurable. Finally, in 1938, from Italy we had electrical treatment, principally used for depression, and since its introduction countless thousands of people have had prompt relief from a tormenting and usually long-drawn out illness.

Having a wide variety of treatments at our disposal, we felt more optimistic about the future of the patients coming to our care. At the same time, however, other things were happening in the hospital. Treatment can take up only a small part of the patient's day, leaving many long hours to be filled in and we learned, therefore, that Occupational Therapy (British) was an essential to any special treatment if boredom and the tendency to rumination and morbid thinking were to be overcome. Concomitantly, the need for more social therapy was becoming obvious, although no serious action was taken about this until later years.

Altogether, therefore, the 1930's were progressive years. The law had been changed and greater kindness and consideration was now shown to our patients. Great advances had been made in treatment enabling us to do more for the mentally ill. Finally, we were learning that something could be done about helping a patient to live a normal life while he had to be in hospital. These were undoubtedly steps in the right direction but—then came the war.

In one respect, at least, our hospitals fared very much better in World War II than in the First World War; the rationing scheme set up for the nation in 1939 applied also to patients in hospital so that they had the same fair share of essential foods as had the civilian population. This was not the case in the first war and in some cases the results were tragic. Staff shortages of all kinds were, of course, inevitable and many activities had to be curtailed or even temporarily suspended. During the war years, however, we learned much about patient management and in particular their potentialities with regard to accepting responsibility and being able to look after themselves with the minimum of supervision, for ward after ward was without staff of any kind. The patients rose to the occasion, however, and were not only willing but happy to show that they could be trusted with their new-found liberty and responsibility, and never once were we let down. These war years, therefore, while temporarily calling a halt to many desirable activities, did give us an opportunity to

learn a number of lessons about our patients from an entirely new angle and it was during this time that we first had wards with open doors.

The progress in psychiatry which was such a great feature of the 1930's has been continued in the post-war years. First of all, the procedure for the reception of recent short-stay patients has been further refined. In 1953, with the permission of the Ministry of Health and the South West Metropolitan Regional Hospital Board, Graylingwell Hospital took part in an experiment whereby suitable patients could be admitted to certain sections of the hospital without any legal formality of any kind. In other words, a patient by agreement with his psychiatrist could be admitted to a mental hospital in the same way as he would enter a general hospital. He would, of course, give written consent for any special treatment but he would not have to make written application for admission. This at once proved to be immensely popular with the general public and of course this so-called " informal " admission of patients was a strong recommendation of the recent Royal Commission and it was embodied in the new Mental Health Act, 1959.

Since the war much has happened in the hospital itself. The standard of comfort throughout all the wards has been so improved that we now feel justified in referring to our ward day rooms as lounges: they are bright, cheerful and well furnished. There still remains a lot to be done but the upgrading of the hospital is progressive and continuous and in time we hope to get nearer to our objective. As and when conditions were suitable, however, the wards have been opened up and today all the wards on the women's side are open wards while on the men's side only one ward is closed from time to time. Personally I believe this flexibility with regard to open wards to be essential if we are to watch the best interests of the patients, the staff and the public. Finally, special attention has been given to the dietary which is now more varied and of better quality.

During this time, however, there have been great changes in the staff. The medical establishment has been increased and is now more nearly adequate for the work we are trying to do. The nursing staff is still below full strength and recruitment of new students, particularly on the men's side, is proving to be difficult. This is a national problem, however, and while Graylingwell Hospital is somewhat better off for nursing staff than many hospitals, the whole subject needs revision and I am very pleased to learn that this is now being undertaken. In the

progressive practice of modern psychiatry, however, we have found the assistance of the ancillary staff to be essential to our work. In addition to our occupational therapists, therefore, we are helped by the senior clinical psychologist who can give us an intellectual and personality assessment of the patients we refer to him. Then we are particularly fortunate in having three psychiatric social workers and one almoner whose assistance in the treatment, discharge and disposal of our patients is indispensable. Finally, we find invaluable the services of the physiotherapist, the senior laboratory technician with his staff, the technician in the electro-encephalography department, the chief pharmacist and her staff, the chiropodist, and last, but by no means least, the medical secretarial staff. This complex organisation is very different to what I was introduced to in 1924, and in itself indicates the great change, which I believe to be progress, which has occurred in British psychiatry. Even so, no reference is made here to the Group Secretary and his administrative and maintenance staff whose work has kept pace with and been complementary to the great changes which have occurred on the medical side.

One of the most important things which has happened since the war, however, has been the drive to improve public relations. Much has been done nationally through the press, radio, television and the Ministry's own Mental Health exhibitions. This has been most helpful in getting the public interested in psychiatry. Locally, however, we have adopted a more intimate approach and during the past twelve years some hundreds of lectures and talks have been given to small groups of people. In simple language psychiatric illness has been described and treatments discussed, but above all, emphasis has been placed on the need for early treatment. Frequently these talks have been followed by a visit to the hospital and I am sure that this kind of contact with the public has done much to break down fear, superstition and prejudice, while it has encouraged many to have prompt treatment. In addition, it appears to have aroused personal interest in our patients and many people are now following the example of the Selsey Women's Institute and entertaining the patients in their own homes.

If the key to the future of psychiatry is an educated and enlightened public who is not afraid of mental illness and is willing to seek advice and treatment promptly—and of this I am absolutely convinced—then the importance of good public relations cannot be over-emphasised. We are particularly fortunate, therefore, in having been adopted by the Friends of the

Chichester Hospitals and the Worthing and District Friends of Graylingwell. Both these organisations know the hospital well, they have provided special amenities and arranged outings for the patients, but above all they are extremely helpful in keeping the public informed of the work of the hospital and, indeed, of psychiatry generally.

Further major advances in treatment have taken place during the post-war period. Psychotherapy, both individual and group, is widely practised in the hospital because we are now receiving suitable patients. We have learned much more about the physical treatments, particularly as to when they should be used, while they have been considerably improved and refined in technique and thereby made more acceptable to the patients. Possibly the greatest advances during this time, however, have occurred in drug therapy. We now have a large variety of sedatives to choose from but happily the demand for them is, if anything, showing a decrease which is to be expected when other treatments, particularly psychotherapy, are available. The tranquilliser drugs, especially Chlorpromazine and Reserpine, are of undoubted value: in the treatment of long-stay patients they have improved prognosis and the prospects of returning home, while they are also helpful for certain kinds of recent patient. Some new drugs, however, have just been introduced designed specifically for the relief of depression. It is too early to make any positive statement, but already we have had a number of excellent results. In the years to come, therefore, as these drugs are improved the need for electrical treatment may well be very greatly reduced, and it is probable that the family doctor will treat successfully his own cases of depression without even referring them to a psychiatrist.

While considering treatment, it must have been noticeable that apart from occupational therapy all our treatments, including psychotherapy and the new drugs, have come from either the Continent of Europe or the United States. In some cases we have improved them and made them more refined but the basic research was carried out abroad. While British psychiatry is in some respects way ahead of most countries—and is, indeed, the envy of many—particularly in the humane care of our patients in open door hospitals and the very good relations which now exist between our mental hospitals and the communities they serve, research has unfortunately been woefully neglected. There is only a handful of psychiatric research units in the whole of the United Kingdom and a pitifully small amount of money has been devoted towards trying to find out something about the aetiology

and treatment of the commonest disease likely to overtake our citizens. Realising the importance of research into mental illness, the Committee decided to make their own contribution and in 1947 a Department of Clinical Research was set up in Graylingwell Hospital. At that time it was financed by the Local Authority; then, with the introduction of the National Health Service, it was taken over by the South West Metropolitan Regional Hospital Board, while three years ago it became the responsibility of the Medical Research Council. Already the work of this department has proved to be of great practical value and later in this report will be found an account of its recent activities by the present Director, Dr. Sainsbury. Apart from the actual research work carried out, however, the department is an asset to the hospital and makes an important contribution towards maintaining progress in psychiatry. It enlivens the professional atmosphere of the hospital by keeping the staff informed of recent developments taking place at home and abroad. Controlled clinical trials of new treatments, particularly drug therapy, can be undertaken to test their value, while members of the hospital staff are encouraged to undertake original work and, at the same time, they receive guidance and training in carrying out these projects.

A characteristic but tragic feature of nearly all our mental hospitals, however, is the very high proportion of long-stay or chronic patients. Usually at least three-quarters of the accommodation is taken up by them and these are the patients who are so obvious to our visitors. Patients who are going to respond to treatment mostly do so inside three months and certainly few take longer than one year. On the other hand, patients who have already been in hospital two years are likely to remain there for the rest of their lives—at least that was the view generally held until recently. Being in a mental hospital for a long period can of itself, however, have a disastrous effect on human beings. In the years long ago, when such a pessimistic outlook was held for these chronic patients, there was a tendency to leave them very much to their own devices and while the staff provided a valeting service for them and supervised their general health, in time they became institutionalised and deteriorated. A tour of the long-stay wards at that time was most depressing, for in them were seen masses of men and women herded together and shut away from contact with the outside world. Mostly they were middle-aged people for all had been in hospital for many years. They were listless and even lifeless, and they lacked initiative and spontaneity. They appeared to be fatalistically resigned to the grinding monotony of their existence and they showed a complete lack of interest in everything, including

themselves, their future, their appearance and their habits. Periodically, they indulged in explosive outbursts when for a time they became excited, disturbed, and even aggressive and violent. These outbursts were sometimes a feature of the mental illness from which the patient was suffering, but quite frequently they were obviously a pathetic and ineffective protest against the conditions under which he had to live. In these patients, therefore, was seen unmistakeably the devastating results of a system which did not take into account the essential needs of human beings.

Even today, with our different outlook and the greatly improved conditions for long-stay patients, the staff are sometimes very despondent, for the task of trying to rescue these unfortunate people is formidable and requires much time and infinite patience. Actually we have two things to do for these patients: first we have to rekindle in them a desire to live again and take an interest in themselves, and second we have to encourage them to look to the future and to the day when they will be able to leave hospital.

In this very rewarding work we have undoubtedly been helped by the new tranquillising drugs, for they seem to make the patient more responsive to the real treatment which lies in occupational and social therapy. Unfortunately some of these chronic patients will never completely make the grade, although all should be improved. But some will—and, indeed, since we have begun this all-out drive to help the chronic patients a good number have already left our care and are now taking their place in the community. The prognosis for this group of patients, therefore, has considerably improved and in time, no doubt, we will be able to do even more for them. The real answer, of course, lies in early treatment and preventing patients ever becoming institutionalised.

From the foregoing it will be seen that considerable all-round improvement has taken place in the practice of psychiatry. We now have many effective treatments at our disposal and others are on the way. More and more are we realising the importance of respecting the personal individuality of every patient in our care. This is essential for recent patients, but we have also for some time been trying to apply it to the long-stay patients and the results have been encouraging. Greatest emphasis, however, has been placed on early treatment for this contains the solution of nearly all the clinical problems in psychiatric practice. As has already been pointed out, however, to get people to seek advice and treatment promptly for nervous illness, demands the very best of public relations. With time, and with the invaluable

assistance of the family doctors, we have been able to overcome the reluctance to seek help, and having made the hospital acceptable to these sensitive and appreciative patients, they have come to us in ever-increasing numbers. This willingness to come into hospital, however, brought about its own difficulty, for not only did the admission rate show a steady increase from 735 in 1950 to 1345 in 1956, but overcrowding was beginning to cause anxiety. This trend was not peculiar to Graylingwell, however, but throughout the country more patients were being admitted and serious overcrowding was frequently being reported. Clearly, therefore, if we were going to encourage more in-patient treatment, additional hospitals would be required.

For some time the South West Metropolitan Regional Hospital Board had been concerned about the future of the many mental hospitals for which it is responsible. Building new hospitals was out of the question owing to lack of money. The Board felt, however, that the effect of increased out-patient treatment facilities should be tried and they asked the Management Committee of Graylingwell Hospital to submit a scheme. After careful consideration, the Committee recommended that a two-year pilot experiment should be tried in the Worthing area for this purpose. This recommendation was approved and with generous financial assistance from the Nuffield Provincial Hospitals Trust the new service commenced on the 1st January, 1957. This important clinical research project proved to be so successful that a similar service was started in the Chichester area on the 1st January, 1958, and has produced equally good results. Here we have examples of the logical and inevitable development in the practice of psychiatry: treatment being made available for suitable co-operative patients while remaining in their homes, thereby avoiding domestic upset and often loss of employment, and at the same time easing the strain on the mental hospital. Some details of these services are given later in this report, but it is interesting to note that we now have the community actively involved in the care and treatment of the mentally ill. This is most important for it means that the public now accepts psychiatric illness, as it does any other illness, while it gives us an opportunity at least to draw attention to some of the social conditions which are factors in the causation of the breakdown.

In the mental hospital, however, where there is so much routine work with chronic and senile patients, it is inevitable that there shall be occasions when for a while the staff feel dejected and pessimistic and wonder if they are really making any progress at all. The review which I have just written, however, should

dispel such feelings for there is no doubt that great advances have taken place in psychiatry. We still have a long way to go, but at least we are aware of this and we are far from being complacent, for it could well be that we are going through a transition stage. Research is at last being stepped up throughout the world and who is to say what the next few years will hold. We have had many pleasant surprises in the past and I believe there are more to come. The future of the long-stay patient is already brighter than it was and it is going to improve. At the moment, we are faced with the problem of the senile patient, a problem which, so far, has not been satisfactorily solved. The whole subject of geriatrics, however, is now receiving special and urgent attention. If the advances in medicine can increase the span of life, surely something can be done about making the additional years worth having, for as things stand today there is a very real risk of spending them in a mental hospital.

The next decade, therefore, might well be another exciting period in psychiatry. In the meantime we must continue to use the techniques and treatments which we already have at our disposal but always be receptive to new ideas and discoveries. At this point, however, I feel that a special tribute should be paid to the staff, particularly the nursing staff. There are two features associated with the practice of psychiatry: first, the need for team work and second the inescapability of being involved personally with one's patients. The importance of team work, of course, has been appreciated for many years and we know how essential this is in treatment. The time spent with the patient by the doctors and most of the ancillary members of the team, however, is of necessity limited. The nursing staff, on the other hand, live with their patients for many long hours each day and, no matter how they might feel in themselves, they must always be calm and unruffled, always willing to listen, encourage and comfort, while at the same time carrying out their programme of nursing duties. To maintain this personal and friendly relationship makes heavy demands on the staff, but without this vital, yet intangible, part of treatment our patients would fare badly and Graylingwell would certainly not have the high reputation it has today.

B. EXTRA-MURAL PSYCHIATRIC SERVICES.

1. OUT-PATIENT TREATMENT.

(a) Worthing and District Psychiatric Service.—The area served by this pilot experiment is the same as that served by the Psychiatric Out-patient Clinic of Worthing Hospital and the population amounts to about 160,000. The activities in this district in 1956 serve as a control and during that year 645, or 47.9% of the total number of patients admitted to Graylingwell, came from that area. Patients are referred to the Service by their family doctors and no patient is admitted to Graylingwell without first being screened by the Service, thereby ensuring that hospital treatment is reserved only for those cases who are in need of it.

The headquarters of the Service are at The Acre, Worthing. This was a 20-bedded unit belonging to Graylingwell which is now used as an active Day Hospital. One of the former activities of The Acre is still retained, however. The Goodwill Club, a therapeutic social club, continues to meet regularly and new members are now recruited from the Out-patient Service. Special credit must be given to Dr. Panton and other members of the staff who willingly give up one evening each week for the benefit of the club. There is no doubt, however, that it makes a big contribution towards the social rehabilitation of a number of shy and lonely people.

Employed in the Worthing Service are two full-time Psychiatrists, Dr. Nydia Panton and Dr. A. Allen-Watt, while I give part-time assistance. The Nursing Staff consists of two doubly-trained Sisters, two Staff Nurses (one half-time), and two Ward Orderlies. For the treatment of male patients, the necessary staff is supplied from Graylingwell by the Chief Male Nurse who, with the Matron and their Senior Staff, visit The Acre periodically. The Social Work is carried out by Miss G. M. Cannon, the Psychiatric Social Worker, while Miss M. Cromar, Senior Occupational Therapist, organises the patients' work and physical exercise. The secretarial work is undertaken by one full-time Medical Secretary and one half-time. Domestic assistance is supplied by the hospital.

Great interest has been taken in this pilot experiment by the Local Health Authority and I have pleasure in reporting that we have received every assistance and co-operation from all members of the staff concerned. We are particularly grateful, however, to

the Hospital Car Service, for without its willing help this out-patient treatment service would not be possible.

The following statistics give some indication of the work done by the Worthing and District Psychiatric Service during 1957 and 1958.

STATISTICS—

	Total Cases			New Cases			Follow-up Cases		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1957 ...	441	937	1378	432	861	1293	9	76	85
1958 ...	435	818	1253	429	787	1216	6	31	37
Total	876	1755	2631	861	1648	2509	15	107	122

WHERE SEEN

	Worthing Hospital O.P. Clinic	Day Hospital (The Acre)	Domiciliary Visits			
1957 ...	481	374	523	new	1663	subsequent
1958 ...	411	288	554	new	1965	subsequent

NUMBER OF PATIENTS ADMITTED TO GRAYLINGWELL HOSPITAL.

	M.	F.	T.	
1956 ...	204	441	645	Before the Worthing Experiment
1957 ...	108	176	284	Reduction of 56% as compared with 1956
1958 ...	78	169	247	,, ,, 61.7% ,, ,, ,,
	-30	-7	-37	

The Day Hospital is also a treatment centre and while between 20 and 30 patients attend there daily, as many as 40 additional patients attend by appointment for some form of special therapy. The treatments which we are able to offer to out-patients include electrical treatment (modified where necessary) for depression, modified insulin for tension states, and drug therapy in selected cases. As is to be expected of course, all patients attending the centre have individual or group psychotherapy.

It is interesting to note that during the two years this out-patient service has been in existence, four out of every five patients seen have had such treatment as they needed on an out-patient basis. The clinical results have been comparable with those obtained in hospital, but it has been most obvious that patients are more willing to have treatment as out-patients than to come into hospital. It appears, therefore, that in this respect

we are meeting the needs of the public. There will always be a proportion of patients, however, who require hospital treatment and when this is necessary we arrange for immediate admission with the minimum of formality.

The two years experimental period of the Worthing Service has now been completed, and during this time we have been able to bring about a big reduction in the number of admissions while at the same time being satisfied that the patients are having the treatment they need. Our Regional Board have agreed, therefore, to the continuation of the service for a further two years to give an opportunity to evaluate the results. We are now well through the third year and I am very pleased to be able to report that we are continuing to get equally good results, and it seems that the service has now settled down into a well-defined pattern.

(b) Chichester and District Psychiatric Service.—Following on the enthusiasm and initiative of the full-time staff of the hospital, the Committee agreed to the setting-up of a second out-patient treatment service on 1st January, 1958. The area chosen is that covered by the Royal West Sussex Hospital Clinic and extends over the western half of the county. In this scattered district there are approximately 110,000 people and during 1957, 463 patients were admitted from this area. For a day hospital, the women's half of Summersdale Villa is used, and working from the hospital the service is operated by Dr. Morrissey, Dr. Towers and Dr. Scrivener, with Miss Butcher as their Psychiatric Social Worker. All other grades of staff are drawn from the hospital and no additional staff of any kind has been engaged. The Chichester Service is modelled on that at Worthing, although it has complete clinical independence.

The following tables give some details of the work done:

Total Cases			New Cases			Follow-up Cases		
M.	F.	T.	M.	F.	T.	M.	F.	T.
345	580	925	313	529	842	32	51	83

WHERE SEEN

R.W.S. Hospital, Chichester O.P. Clinic	Day Hospital	Domiciliary Visits
353	207	365 new
		406 subsequent
		771

NUMBER OF PATIENTS ADMITTED TO GRAYLINGWELL HOSPITAL.

	M.	F.	T.	
1957 ...	158	305	463	Before the Service commenced
1958 ...	66	162	228	Reduction of 50.7% as compared with 1957
	-92	-143	-235	

The number of day patients attending varies between 15 and 25, but again a very much greater number attend by appointment for special treatment. The same treatments are given at Chichester as at Worthing and the effect of the service has been to reduce the number of admissions to hospital by half.

The outstanding feature of the Chichester Service, of course, is the fact that it is being conducted by full-time members of the Staff of Graylingwell Hospital, and this applies to all grades. During 1958, therefore, in addition to carrying out the routine work of the hospital, some 70 new out-patients per month were examined and the greater proportion treated on an out-patient basis. My colleagues in the Chichester Service, however, are also finding that where there are good public relations and helpful family doctors, patients needing psychiatric help prefer to have this as out-patients.

(c) Combined effect of the two Services on the Hospital.—The Worthing and Chichester Out-patient Treatment Services cover just over 70% of the catchment area of the hospital and their effect on the hospital is now noticeable. First of all, the total admission rate during 1958 was 759 as against 1,345 in 1956, when there were no such services. This is a reduction of 586, or 43.5%. There has also been an improvement in the bed state; on 1st January, 1958, there were 1,104 patients on the books of the hospital and at the end of that year there were only 995, a reduction of 109, or 9.9%. It should be pointed out, however, that this reduction is not solely due to the out-patient treatment services, as these can only affect the treatment wards. Much of the reduction is due to the discharge of long-stay patients—work which has been done by the hospital staff.

Finally, there has been some impact on the hospital finances in so far as there were 37,798 in-patient days fewer than in 1956. This must mean that less money was spent on food, bed linen, laundry and other running charges.

The Regional Board has now instructed us to find suitable premises for a day hospital in the Horsham area and when we are able to set up an out-patient treatment service there the

whole of the catchment area of the hospital will be covered and it is anticipated that there will be an even further reduction in the number of admissions.

2. HORSHAM CLINIC.

As will have been noticed from the foregoing statistics, the clinics at Worthing and Chichester are included in the out-patient services of those two districts. Horsham Clinic is staffed by the hospital as it is still without a day hospital. The clinic is conducted by Dr. B. H. Vawdrey, with the assistance of Dr. J. S. Bland and Dr. A. R. Jones, while the social work is taken care of by Miss V. Arendt, Hospital Almoner.

The population of Crawley New Town having increased, the numbers of patients attending the Horsham Clinic have steadily risen over the last two or three years, until during 1958, 252 new patients were examined, while altogether there were 1,965 attendances. One of the problems in Horsham is the unsatisfactory accommodation which is available for this clinic. I am very pleased to report, therefore, that on 1st October this year a weekly clinic was started in Crawley Hospital, and it is expected that this will improve conditions at Horsham.

3. PUBLIC RELATIONS.

In my review much has already been written about this extremely important part of psychiatry. In this respect I must again express gratitude for the co-operation and help we are always receiving from the family doctors of West Sussex. The practitioner can often reassure an apprehensive and sensitive patient and encourage him to seek our advice and treatment at a time when we are able to do most for him. General Practitioners show keen interest in our work and through the Worthing and Chichester Services we are getting to know them personally. In some cases they actively collaborate with us in treatment.

The League of Friends of the Chichester Hospitals and the Worthing and District League of Friends of Graylingwell have continued to give us a great deal of practical assistance. Not only have they given many donations which have enabled us to supply items for the patients which normally we could not make available, but a number of outings and entertainments have

been arranged for the patients. While we are very appreciative of this help, what I believe to be more important is the personal interest which the "Friends" have taken in the work of the Hospital and the help they have been in maintaining good public relations. The Worthing Friends have continued to hold their monthly Coffee Mornings, which always include a talk on psychiatry and Graylingwell Hospital. These gatherings have been well attended and have proved conclusively that the ordinary citizen is interested in psychiatry when he is given the opportunity to learn something about it.

The continued help given by the Women's Voluntary Services has been much appreciated. They attend on each visiting day and help to prepare and serve tea to the visitors, and the patients' library has been efficiently run by the ladies of the W.V.S.

Thanks to the example set by the Selsey Women's Institute, many other W.I.'s throughout the country are regularly entertaining long-stay patients in their own homes. This is a personal service which is very much appreciated by the patients and undoubtedly has done much to enlighten the public about the activities of Graylingwell, thereby improving public relations.

C. GRAYLINGWELL HOSPITAL.
SUMMERSDALE HOSPITAL.

1. ADMISSIONS.

A comparison of the number and status of the patients admitted direct to the hospitals during 1957 and 1958 is given below :

	1957			1958			Increase or decrease
	M.	F.	T.	M.	F.	T.	
Non-Statutory ...	127	368	495	189	59	248	— 247
Voluntary	177	140	317	123	222	345	+ 28
Temporary	1	1	1	1	—	1	— 1
Certified	70	144	214	45	119	164	— 50
Magistrates Courts Acts	1	—	1	1	—	1	
Broadmoor	1	2	3	—	—	—	
	377	655	1032	359	400	759	— 273

From the above it will be noted that during 1958 there were only 759 admissions to the hospital as against 1,032 in 1957. This reduction is the result of the operation of the Worthing and Chichester Out-patient Treatment Services. Through these services the large number of short-term cases who formerly were admitted to hospital are now treated as out-patients with satisfactory clinical results. We are, of course, still receiving this type of patient from the Horsham area but, as has already been indicated, we hope shortly to have out-patient treatment facilities in that area.

The average age on admission was 57.5 years. The proportion of elderly patients aged 70 and over on admission accounted for 28.3% of the total admissions for the year. During 1958, 74 patients aged 80 years or over were admitted as compared with 60 during 1957.

78.1% of the total direct admissions were voluntary or non-statutory patients. Of the 164 classified as certified, 115 were admitted under Urgency Orders—an order authorising removal but lasting only seven days. Of these, 6 left at the expiration of the order, 84 continued as voluntary patients, 2 continued as non-statutory patients, 3 were discharged under Section 72, 3 died, and in only 17 cases was it necessary to proceed with full certification. In practice, therefore, 679, or 89.4%, received treatment as either voluntary or non-statutory patients.

2. INVESTIGATION AND TREATMENT.

Before treatment commences the patients undergo a comprehensive series of investigations to enable an assessment and diagnosis to be made. For this purpose the hospital is fortunate in being equipped with Departments of Clinical Psychology, Social Services, Pathology and X-ray, Neurology and Electro-encephalography, and during the year each has made its own important contribution. Sometimes one patient alone needs the help of all these departments before we fully understand the true nature of his condition. In addition, the departments have taken an active part in our two out-patient treatment services.

In another respect Graylingwell Hospital is particularly fortunate in having full consultant and specialist services for all branches of medicine and surgery. In a hospital containing about 1,000 patients inevitably inter-current physical illnesses occur and here we find the assistance of our visiting colleagues to be indispensable. In addition to this, however, not infrequently their help is called for in diagnosis and in deciding whether a patient is well enough to withstand physical treatment. A full list of visiting staff will be found at the beginning of this Report. Some visit on an "on call" basis, but most have regular sessions in the hospital.

Following the investigation of the patient the question of treatment must be considered. Having now such a wide variety of treatments, we have always avoided being over-enthusiastic about any one of them and the line we have taken is to consider the patient first and then prescribe the treatment we believe he is most likely to respond to. Psychotherapy, however, we still regard as the most important treatment of all and every patient receives it in some form or another. Electro-convulsant therapy continues to be used extensively in the treatment of depression, and in all cases the treatment is now given with a relaxant (Pentothal and Scoline).

Again I have to report that during 1958 there were no patients requiring deep insulin shock therapy, and again I must state that this is not due to any change of policy on our part. It is interesting to note, however, that other hospitals in this country and others, are reporting the same state of affairs, and so far as Graylingwell is concerned, it could be that the emphasis on early treatment together with new drug therapy are removing the need for this particular treatment. We still use insulin in sub-coma dosage in the treatment of tension states, although here

again the numbers are much less than formerly. This also is due to the fact that we find the new drugs produce better results.

Now that another year has gone by since the introduction of the new drugs we are in a better position to judge their respective merits. Chlorpromazine and Reserpine continue to have the most extensive use, although there are other drugs which have proved effective in certain types of case. This drug therapy has been particularly effective for the long-stay patients and, as I have already said, they help them to be more receptive to other forms of rehabilitation. The drugs already mentioned are known as tranquillisers, but there is a new group of drugs expressly designed to treat states of depression which undoubtedly holds out great promise.

For patients suffering from General Paralysis, Malaria and Penicillin are available, but fortunately no such cases were admitted to the hospital during 1958, and this is a tribute to the efficient V.D. Clinics throughout the country. Finally, no patients have been treated by pre-frontal leucotomy during the year under review.

3. OCCUPATIONAL AND SOCIAL THERAPY.

As has already been stressed, occupational therapy is particularly important in a mental hospital. Most of our patients are able-bodied people who are up and about. Even the high proportion of elderly and aged patients are kept mobile as a result of the hard work of the Nursing Staff. Actually, we have two types of patients in our care. First of all we still have a proportion of short-stay patients with a good prognosis. These patients are likely to be with us for a few weeks only, and while during this period they do some ward work and are given domestic duties similar to those they would carry out at home, Miss J. M. Meader, Head Occupational Therapist, and her staff try to instruct these recent cases in some form of handicraft—and, wherever possible, a craft which is new to the patient. The idea behind this is that people who are liable to breakdowns quite frequently find difficulty in occupying their leisure hours at home, and we feel that if they have learned a new hobby or handicraft while in hospital it will assist them to lead fuller and more interesting lives.

For the long-stay chronic patients, we adopt a different policy. These are patients who have been with us for some

considerable time and unfortunately are likely to remain here indefinitely. While these patients also are encouraged to do handicrafts and other interesting personal work, we feel that the greater emphasis should be placed on their being employed in doing useful work for the hospital, and therefore, for themselves. The employment of the women patients is organised by Miss M. Carter, Senior Assistant Matron. She assesses each patient individually and they are occupied in the O.T. centres and utility departments. The articles they make, such as lampshades, cushions, chair-backs, table centres, rugs, and many other items, are used in the wards, thereby creating a homelier atmosphere. In this way, the patients feel that they are making a positive contribution to their own comfort and well-being.

Mr. F. Murgatroyd, Senior Assistant Chief Male Nurse, is in charge of the occupation of the men patients. Here again, wherever possible we like to feel that a man is doing a man's job and not occupied in a way which he might feel to be undignified or out of keeping with his sex. Fortunately Mr. Murgatroyd has been successful in finding enough projects to meet these requirements and his patients are usefully employed assisting the artisans' staff and in the printing shop. In addition, they have been occupied in reconditioning the old farm buildings, and work which I estimated would take at least five years to complete, is more than likely to be finished in three as a result of their keenness and enthusiasm. They are also making kerbstones and paving blocks to provide a pleasant walk round our park. There is no doubt that our men patients have a feeling of satisfaction when they can look round and see the very obvious results of their labours. As a result of this policy, Miss Carter and Mr. Murgatroyd are able to report that over 80% of the patients are usefully occupied each weekday, and considering the large number of old people now in hospital this is an outstanding achievement.

For some years now we have tried to organise a way of life for patients in hospital which approaches that of people living in the community. We have, therefore, provided them with suitable work for the day-time, and evenings and weekends are given over to entertainments, recreation and relaxation. We encourage as many patients as possible to enjoy leave at home at weekends. For those still remaining in hospital there are Church of England, Non-conformist and Roman Catholic Services. Each of the Chaplains has ready access to the wards and arrangements have been made whereby patients can have private interviews with them. As already mentioned, the library is conducted by the W.V.S., and has a good assortment of books. For the past thirteen

years the patients have produced their own magazine, "The Wishing Well"; they provide all the contributions, do the printing and binding, and its distribution.

There is television in every ward in the hospital and I believe it has been of help to many patients by keeping them in touch with current events, and frequently the hour of going to bed is determined by the television programme. A weekly cinema show is provided for the patients. The pictures are modern and up-to-date, and this is a very popular form of relaxation.

Since March, 1947, we have had regular monthly music concerts by well-known artistes from London. The programmes consist of classical and semi-classical items and while attendance is entirely voluntary, they have attracted a large audience during the whole period. The following artistes visited the hospital in 1958.

January	Mary Rowland	*Soprano with celtic harp*
February	Dennis Knight	*Piano*
March	The Gordon Holdom Trio	
April	Maria Lidka	*Violin*
	Rex Stephens	*Piano*
May	Niven Miller	*Baritone*
	Robert Sutherland	*Piano*
June	Bertha Hagart	*Piano*
July	Audrey Strange	*Soprano*
	Margaret Bissett	*Contralto*
	Daphne Ibbott	*Piano*
August	Elizabeth Lockhart	*Violin*
	Nina Walker	*Piano*
September	Robert Easton	*Bass*
	Rex Stephens	*Piano*
October	H. Mierowski	*Piano*
November	Jill Nott-Bower	*Mezzo Soprano*
	Rex Stephens	*Piano*
December	Watson Forbes	*Viola*
	Jean Beckwith	*Piano and Songs*

Other musical events have included the following:

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

"Iolanthe"—Gilbert and Sullivan, by the Slindon Operatic Society.

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

During 1958, we have had the pleasure of a number of productions of local dramatic societies, and the presentations included:

The Barnstormers	"High Temperature." "Call it a Day."
Emsworth Dramatic Society	"Offer for Elizabeth."

The patients' social clubs which are held twice weekly continue to be popular and well attended, and for elderly patients we have an active Darby and Joan Club. Coach outings have proved to be very popular with the patients, including again the old people, and during the year these were very frequently arranged. In a number of cases the expenses were met by the Worthing and Chichester Friends. Classes for modern and old time dancing, and whist drives are held regularly, while there is a play-reading and acting group held each week.

The hospital shop is most important to the social life of the patients; it is well-stocked with a wide variety of commodities, including newspapers and magazines. The Hairdressing departments are an amenity much appreciated by both men and women, and they are well patronised. Where necessary the hairdressers visit the wards to attend to patients who are physically ill or not well enough to go to the department.

4. DISCHARGES.

The following table gives the discharges, departures, etc., during the year 1958:

	Recovered			Relieved			Not Improved			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Non-Statutory ...	39	144	183	79	115	194	3	28	31	121	287	401
Voluntary ...	31	55	86	71	84	155	7	21	28	109	160	269
Temporary ...	—	—	—	—	—	—	—	—	—	—	—	—
Certified	2	10	12	3	16	19	2	6	8	7	32	39
	72	209	281	153	215	368	12	55	67	237	479	716

During the year 281 patients recovered from their illness and were discharged—a recovery rate of 37% calculated on direct admissions. In addition, 368 patients whose condition was relieved left the hospital. Calculated on the total number of direct admissions, these two figures together give a percentage of 85.5% recovered and relieved.

5. GENERAL HEALTH.

Once again I am pleased to be able to report that the general health of the patients has been satisfactory. We have been free from serious outbreaks of illness and there have been no cases of typhoid, dysentery or tuberculosis. To be able to make such a statement implies that we have a vigilant medical and nursing staff who are quick to notice the first signs of illness, that we have an efficient laboratory and X-ray facilities, and that the patients have a good dietary.

As I have already indicated, long-stay patients are now receiving a very great deal of attention. Many have become severely institutionalised but we are finding that with constant stimulation by the nursing staff together with drug therapy all can be improved, and many assisted to return to the community. Periods of leave at home, however, have proved to be of great help in this work, At first the patient spends only a weekend at home; after this has been repeated successfully, the period is lengthened and ultimately the patient can be at home for an indefinite time. In this respect we must have the co-operation of the patient's family, and usually this is willingly given, particularly when they realise that we will not discharge a patient from our care until they are satisfied that everything is going well and are agreeable to such a step. At present we have 62 patients (M.19, F.43) on extended leave. Some of these will need to return to hospital, even if only for a short time. The majority, however, will, in due course, be discharged. Considering that nearly all these are chronic patients whom we would have written off as hopeless cases at one time, I feel that this is real progress.

Being able to discharge patients who have been with us for many years has encouraged other patients to look forward to the day when they also can leave hospital. The effect on the staff has been noticeable: working in the long-stay wards of the hospital can now be equally satisfying as working in the acute wards.

Another method whereby long-stay patients can be assisted to get back to the community is through their being gainfully employed in the district while at the same time living in the hospital. This method is particularly suitable for patients who have neither homes nor relatives. The patient receives the full rate for the job and it may be some months before he feels equal to living in the outside world entirely on his own, but as his self-confidence is restored and he becomes familiar with modern

conditions, he is able eventually to find his own accommodation. It is essential, however, in these cases never to suggest to the patient that he should leave hospital before he feels ready to do so. At present there are 9 patients (M.3, F.6) living in the hospital but having paid jobs in the Chichester area.

6. DEATHS.

Below are given figures relating to the deaths which occurred during 1958:

	M.	F.	T.
Non-Statutory ...	4	4	8
Voluntary	29	41	70
Temporary	—	—	—
Certified	16	41	57
	49	86	135

The average age at death was 74.1% years for Graylingwell Hospital. Post-mortem examinations were made in 54% of the cases. This is a much lower figure than usual, and is due to the fact that the post-mortem room was being completely re-conditioned and was therefore out of commission for some months. The death rate was 12.7%. Of the 135 patients who died during last year, 24, or 17.7% 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.

7. DEPARTMENT OF CLINICAL RESEARCH.

Report of Dr. Peter Sainsbury, Director of Clinical Research:

"It is a pleasure to begin this report by welcoming four new members to the staff. Dr. Grad, who recently completed a valuable survey of the family and social problems associated with imbecility, while with the Medical Research Council's Social Psychiatry Research Unit, is now giving us the benefit of her experience on research into mental health problems in the community. In this she is being ably assisted by our other new Psychiatric Social Worker, Miss Shula Lynn, previously at Littlemore Hospital. Mr. Knowles is our very welcome new Research Psychologist. He came to us in September, 1958 from the Clinical Psychology Department at the Maudsley Hospital. Miss Eade has recently joined as a much needed clerical assistant.

We all miss Dr. Christopher Lucas who has been appointed as Medical Director of the Student Health Association, University College, London, where I am glad he will be able to continue to exercise his skill as a research worker. We congratulate him on this important appointment. We look forward to Dr. Norman Kreitman, lately of Maudsley, coming here in the near future as Senior Registrar.

The department had many visitors during the year. The outstanding occasion was the meeting of the Clinical Psychiatry Section of the Royal Society of Medicine, at Graylingwell in June. This is the first time the Section has ever met in a Mental Hospital. It was an unquestionable academic and social success.

The most important development during the year has been the beginning of a joint investigation by the hospital and the Research Department into the Chichester and District Community Mental Health Service adumbrated in the last report. I attach the greatest importance to this venture. The need for objective studies on this important new departure in the care of the mentally ill is widely recognised as an urgent one. It is most apposite that the first inquiry of this kind should originate from Graylingwell, a hospital well known for pioneering ventures. The investigation should also demonstrate how the staff of a mental hospital and the members of a research department can co-operate in a major research undertaking.

A preliminary study comparing the admission rates from the Chichester area in various social and clinical groups in 1957, the year prior to the Service, and 1958, its first year, was undertaken by the psychiatrists in the Service and myself. Dr. Morrissey reported our findings at the meeting of the Royal Society of Medicine. They indicated that the reduction in admissions was more marked in some groups than others, and that social as well as clinical factors were accounting for these differences.

The next stage on which we are now engaged was, therefore, to plan a more detailed enquiry into the social, familial and clinical considerations which are determining whether a patient is cared for at home or in hospital. This is being done in two ways :

(1) An item sheet has been devised so as to collect limited but precise clinical and social facts on each new referral to the Chichester Service, data on his disposal, and also on the psychiatrist's assessment of which of 20 factors he took into account when deciding whether to admit or to treat in the community. By this means we expect to assess which factors

weighed most with the psychiatrist in deciding disposal of the different diagnostic groups.

(2) Arrangements are already advanced for a similar item sheet to be completed in a comparison area without a day hospital and domiciliary service. By comparing our area with another, differently administered, it becomes possible to examine statistically which of some selected factors determining disposal are general (the fact of living alone, for example); and which factors determining disposal are dependent upon different administrative policies. For example, in a community-orientated policy, occupied males might be found to be a group in whom the admission rate is reduced.

In a 25% sample of the Chichester patients Dr. Grad and Miss Lynn will visit patient's homes to complete a much more detailed schedule designed to examine the factors affecting disposal more fully. In addition at this visit they will also compare some of the effects on the family when a mentally ill member is admitted to hospital and when he remains at home. A pilot study with this schedule has been started.

There will be one further preliminary requirement. It will be necessary to find out if the doctors co-operating with us show reasonable agreement in the way in which they complete the item sheet. This in itself will form an interesting study into a perennial problem in psychiatry: the extent to which psychiatrists agree on diagnosis and symptoms, and which clinical considerations favoured agreement or disagreement between them.

Before Dr. Lucas left he completed his study on the social and familial correlates of delusions in schizophrenia. Seven categories of delusion were defined and many of them were found to have statistically significant relations to social factors. To give two examples: patients in the Registrar General's classes 1 and 2 and also those who had had a better education were found to have more than the expected incidence of grandiose delusions. Immigrants were more predisposed to paranoid delusions than were the native born. Dr. Lucas summarised his findings and discussed some of their implications in a paper read at the meeting of the Royal Society of Medicine here in June. We are now preparing a fuller report for publication.

Mrs. Collins is persevering, single-handed, with the study of mental illness in Crawley New Town. She has now interviewed 100 patients and 100 healthy inhabitants of Crawley New Town who will serve as a control. She is analysing her data and it is

already apparent that the patients can be differentiated from the controls in those respects which may help to disclose some of the problems of an immigrant to a New Town.

Our work on physiological and psychosomatic subjects continues.

Dr. Redfearn is continuing his studies on some physiological concomitants of emotion, and his present work in this field is directed to understanding more of the psychological significance of tremor, both in normal and neurotic people. He is recording tremor, heart rate, finger and ear blood flow, respirations, skin resistance, the electrical activity in muscles and the electro-encephalogram in various classes of patients whom he subjects to standardized stimuli. He is also recording some of these variables during psychotherapeutic interviews in order to relate somatic signs of emotion and the verbal content of the interview. He has found that a burst of tremor may occur as a mild form of the "startle reaction" and wonders whether emotional tremor may be part of a similar defense pattern mobilised against threatening internal stimuli (inappropiate impulses, wishes, etc.). The work on mammalian muscle spindles arising out of earlier studies on the physiology of tremor is now finished and the results have been submitted for publication.

Dr. Redfearn and Dr. Lippold of University College are studying the formation of conditioned E.E.G. patterns in schizophrenics and in normal subjects given L.S.D. This work is designed to test an hypothesis concerning the physiology of hallucinations. Data for the hypothesis is also being obtained in experiments on the cortex and on isolated cat's brain. The latter work is being done at University College.

There has been no further progress in the transfusion of serum from acute schizophrenic patients into volunteers because of the dearth of suitable patients.

I have completed the epidemiological investigation into the concept of psychosomatic diseases. I am very indebted to Miss Ray for undertaking the extensive analysis of the neuroticism and extraversion scores of the many diagnostic groups we examined with the kind co-operation of the consultants at the Royal West Sussex and St. Richard's Hospitals. All but one of 22 diagnoses independently designated as psychosomatic could be differentiated from the controls on the two personality factors. There were a number of incidental findings of interest. I concluded on the basis of this evidence that psychosomatic disease is a valid

and distinct diagnostic entity. Papers describing these findings were read at the 4th European Conference on Psychosomatic Research at Hamburg in April and at the meeting of the Royal Society of Medicine in June. There are aspects of this work which I wish to pursue next year,

Mr. Knowles has assessed the temporal reliability of the Maudsley Personality Inventory (M.P.I.) used in the above study by re-testing a sample of the patients one year after I tested them. This work has been submitted for publication.

In the psychopathological field Dr. Redfearn is working on depersonalisation. He has already had several hundred interviews with a dozen patients. He is evolving interesting notions on how people conceive of "mind" and of "self" in relation to their "body scheme."

During the past year members of the hospital staff, too numerous to mention individually, have co-operated with us in a number of drug trials. Their contribution is very much appreciated. The first purpose of these trials, of course, is to assess the efficacy of treatment; secondly they afford a useful exercise and training in research methods. Lastly they contribute to Mr. Knowles' interest in the problem of the design of trials. Those completed and in progress are:

(1) A comparison of Tofranil and E.C.T. in three clinical categories of depression;

(2) A clinical trial of pineal extract in chronic schizophrenia;

(3) A trial designed to investigate patient-drug interaction by examining the clinical characteristics of those patients with anxiety states who respond *consistently* to one tranquilliser rather than another.

(4) Pilot investigations into methods of measuring the changes in psychomotor activity of chronic schizophrenics (using Dartalan) and the nocturnal restlessness of senile psychotics (using a variety of hypnotics).

Responses to the non-specific aspects of therapy are an interesting problem in such trials. Mr. Knowles has therefore also been working on factors which affect the "placebo-effect." With Dr. Lucas he has been examining the number and type of placebo responses in relation to the personality factors, neuroticism and extraversion, and under varying conditions of administration, such as when the subjects are in groups or alone. This work has been accepted for publication.

Mr. Shaw, and Mr. Ongley, his assistant, have been skilfully devising and energetically building the instruments required for the physiological measurements in Dr. Redfearn's experiments, also a memory drum for Mr. Knowles, and an improved electromyographic integrator for me. Progress has been made in the long-term programme of building up the instrumentation facilities in the department to provide reliable apparatus of known characteristics to meet most contingencies. In accordance with this aim a transfer amplifier was designed to enable the E.E.G. to be connected to other apparatus. Investigations which led to this development and a description of the apparatus has been published by Mr. Shaw. He has also submitted a paper on his modifications to the wave analyser and its improved reliability.

Mr. Shaw is also developing an original apparatus for recording information in digital form. This is intended as a write-out for the wave analyser but the principal has other uses, and, on the advice of the National Research and Development Corporation, an application for a patent for this device has been made.

Other activities have again included teaching for the D.P.M. —our congratulations to Dr. Bland for passing Part 2. The Journal Club begun last year has been successfully continued. The Group has also started monthly departmental meetings when we discuss our own projects. Dr. Redfearn has spoken at the Theological College and I have spoken to the Friends of Graylingwell.

We all wish to thank Mrs. Crews who, without assistance, has patiently dealt with our numerous demands.

Finally I would like to thank Dr. Carse, the medical, nursing, and administrative staffs for their ready co-operation and for the very considerable trouble to which they have often gone to help the Research Department.

Papers published and in the press, 1958-59.

KNOWLES, J.	"A Short Form of the WAIS." Psychosometrics Research Bulletin. August, 1959. IV.
KNOWLES, J. and LUCAS, C. J.	"Experimental Studies of the Placebo Response." J. Ment. Sci. (In the press).
LUCAS, C. J.	"Social and Familial Correlates of Schizophrenic Delusions." Proc. Royal Society of Medicine. (In the press).
MORRISSEY, J. and SAINSBURY, P.	"Observations on the Chichester & District Mental Health Service." Proc. Royal Society of Medicine.

REDFEARN, J. W. T., LIPPOLD, O. C. J. and VUCO, J. * "The effect of sinusoidal stretching upon the activity of stretch receptors in voluntary muscle and their reflex responses." J. Physiol., 1958, *144*, 373-396.

REDFEARN, J. W. T., LIPPOLD, O. C. J. and VUCO, J. * "The influences of afferent and descending pathways on the rhythmical and arrhythmical components of muscular activity in man and the anaesthetised cat." J. Physiol., 1959, *146*, 1-9.

REDFEARN, J. W. T., LIPPOLD, O. C. J. and NICHOLS, J. * "The response of mammalian muscle spindles to cold." Communication to 21st International Congress of Physiological Sciences. Buenos Aires. August, 1959.

REDFEARN, J. W. T. and HALLIDAY, A. M. * "Finger tremor in tabetic patients and its bearing on the mechanism producing tremor in healthy subjects." 1st International Congress of Neurological Sciences, Brussels, 1957. Vol, III. E.E.G Clinical Neurophysiology and Epilepsy. Pergamon Press. London, 1959.

REDFEARN, J. W. T., LIPPOLD, O. C. J. and VUCO, J. * "The frequency spectrum of thyrotoxic tremor." Clinical Science. (In the press).

* This work was done at University College, London.

REDFEARN, J. W. T. "Progress in Mental Science." New Scientist. February, 1959.

SAINSBURY, P. "The measurement of some muscular concomitants of emotion." In 'Quantitative Methods of Human Pharmacology and Therapeutics,' 1959. Pergamon Press.

SAINSBURY, P. Article on "Clinical Research at Graylingwell Hospital." Canada's Mental Health. (In the press)

SAINSBURY, P. and LUCAS, C. J. "Sequential methods applied to the study of a new tranquilliser." British Medical Journal. (In the press).

SAINSBURY, P. "Neurosis and Psychosomatic Disorders in Out-Patients." Advances in Psychosomatic Medicine. S. Karger, Inc., Basel. (In the press).

SHAW, J. C. "Electronics in Medicine." Electronic Engineers Reference Book. Heywood & Co., Ltd. 1959. Section 39, pp. 1-17.

SHAW, J. C. "E.E.G. Amplifier Output Facilities." Proc. E.P.T.A., 1959. *8*, No. 2, 2-5.

Papers read at Meetings, etc., 1958-59.

GRAD, J. C. "Research and Psychiatric Social Work." Lecture given at the London School of Economics. May, 1959.

GRAD, J. C. "Results of a recently completed mental deficiency survey in London." Talk given at the London School of Economics (Applied Social Studies Research Seminar). June, 1959.

GRAD, J. C.	"Proposed research into the Chichester Scheme." Talk given at the London School of Economics Staff Seminar. June, 1959.
LUCAS, C. J.	"Some Social and Familial Factors in the Genesis of Schizophrenic Delusions." Read to a meeting of the Royal Society of Medicine at Graylingwell Hospital. June, 1959.
REDFEARN, J. W. T.	"The mechanism of tremor." Lecture given at the Maudsley Hospital in January, 1959.
REDFEARN, J. W. T.	"Physiological and neurotic tremors." Addressed to a meeting of the R.M.P.A. in February, 1959.
SAINSBURY, P.	"Sequential Analysis and Psychiatric Drug Trials." Seminar at the Maudsley Hospital. January, 1959.
SAINSBURY, P.	"Neurosis and Psychosomatic Disorders in Out-Patients." Read at the 4th European Conference on Psychosomatic Research. Hamburg, April, 1959.
SAINSBURY, P.	"Diagnosis and personality of Out-patients attending a General Hospital during two months." Read to a meeting of the Royal Society of Medicine at Graylingwell Hospital, June, 1959.

8. HOSPITAL STAFF.

During the past year there have been no changes in the composition of the medical staff. The Group Medical Advisory Committee has continued to give invaluable assistance in directing and co-ordinating the medical policy of the hospital. Dr. P. Sainsbury is the Chairman and Dr. J. P. Scrivener is the Secretary.

The senior nursing staff also has shown no change during the period under review. 1958 was a particularly active year, both in the hospital and in the out-patient treatment services. Extra work and responsibility, therefore, fell on both the medical and the nursing staff because not only was the work of the hospital continued at its usual high standard, but additional demands were made on the staff to operate our new community services. In some ways this meant a new approach to the practice of psychiatry, but it gives me pleasure to report that this new approach was not met with rigidity and resistance, but was, indeed. welcomed, for the staff now realise that the hospital can no longer be isolated from the community. I find it most encouraging that both the medical and the nursing staff appreciate the importance of domiciliary care and treatment in psychiatry and they are pleased to take an active part in it.

During the year the training of nurses continued and Miss Nash, Senior Sister Tutor, reports :

NURSES IN TRAINING.

Female Students	Male Students	Total
31	46	77

Four students have taken advantage of the eighteen months shortened post-graduate course.

EXAMINATION RESULTS		ENTERED	PASSED
FINAL	Male	8	8
	Female	10	10
PRELIMINARY	Male	4	4
	Female	5	5

The Nurses' Annual Prizegiving was held on 18th December, 1958, when Miss Elise Gordon, O.B.E., presented the awards and Hospital Badges.

The new scheme of psychiatric nurse training was commenced on 6th October, 1958. Throughout the year I have been assisted by Mr. W. P. Izzard, qualified tutor, and full co-operation has been received from all sections of the hospital staff.

9. OFFICIAL VISITS.

17th June, 1958.	Commissioners of the Board of Control—Mr. A. K. Ross and Dr. E. N. Butler.
8th August, 1958.	Ministry of Pensions—Dr. E. M. Rollins.
11th September, 1958.	Ex-Services Welfare Society—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 October, 1959.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year ended 31st March, 1959.

GENERAL ADMINISTRATION.

There has been no major administrative change in the year under review but the forthcoming era of the new Mental Health legislation will bring many fresh and far reaching changes. The steady work done during the past year in the upgrading of the Hospital and the exclusion of many of the wards from the operation of the present mental treatment law has paved the way for the new approach to mental treatment and mental hospital administration.

There was no alteration in the personnel of my Senior Staff during the year. A revised grading structure with improved salaries for administrative and clerical staffs was introduced as from the 1st July, 1958, which should have a beneficial effect on the problem of recruitment of administrative staff generally throughout the Hospital Service. In January of this year, Mr. A. W. Ingram, Senior Secretarial Assistant, attended a three week residential course in Hospital Administration at Leeds University.

FINANCE.

The total net expenditure for the Group as a whole was £440,326 which was an increase of £22,756 or almost 5½% on the expenditure of the previous year. Wages and Salaries accounted for £19,844 of the increase, of which pay awards and increased

insurance contributions, made up £8,670. An increase of £4,279 under the heading "Drugs, Dressings, Medical and Surgical Appliances" is attributable to the increased use of drugs newly on the market and the replacement of the electro-encephalograph machine at a cost of £1,926. Expenditure on the maintenance of Buildings, Plant and Grounds was £15,024, this being an increase of £1,176 over the previous year. Much of the work under this heading is detailed below under Works Department.

The installation of the Central Boiler House has reduced the cost of heating. After deducting the income from steam supplied to other authorities, the net cost of fuel, light and power last year was £19,606 as against £27,567 for the previous year, a reduction of £7,961. An increase in rates, due to an assessment of £2,229 as the rateable value of the new Boiler House, and a higher wages cost, makes the net saving to the Committee on the above figures £5,227. Having regard to the fact that the steam supply to this Hospital from the Central Boiler was not connected until mid-June of last year, these results give reason for satisfaction.

Graylingwell Hospital in-patients' cost per head increased from £7 2s. 11d. to £7 15s. 8d. per week; this latter cost represents an expenditure of £400,189. The average occupancy upon which the cost per head is based fell by 6.5% and the spreading of the standing charges over a proportionately lower number of occupied beds is reflected in the increased weekly cost.

The cost of the Worthing and District Mental Health Service for the year ended 31st March, 1959, was £20,254 of which £2,237 was contributed by the Regional Hospital Board Research Funds and the Nuffield Trust. Other out-patient services cost £22,286.

SUPPLIES AND CATERING.

The policy of up-grading the furniture and furnishings throughout the Hospital was continued and both the Nurses' Home and other staff accommodation have had new furniture. This Hospital is continuing to give assistance to other local Hospitals by way of garden supplies, printing and other means. The purchase during the year of an automatic printing machine has increased the output of the printing department. The Estate has supplied 35 tons of potatoes, 33 tons of other vegetables and 2 tons of fruit to the Chichester Hospitals. Protective screens and aprons for the Radiological Departments of neighbouring Hospitals have also been made at Graylingwell.

ESTATE.

Work proceeded on Havenstoke Park and on the improvement of the decorative grounds. The purchase of a Hayter Grass Cutting Machine has effected a saving of labour in the upkeep of the Park. The path round the Park was completed and work has now commenced on paving. Improvements were made to the Poultry Farm during the year and an electric cable was taken across to provide light and heat. An outbreak of Coccidiosis in the spring caused a temporary setback, but otherwise the stock has remained healthy. Further repairs and resurfacing work were carried out to the Estate drives and paths during the year.

Mr. L. Finch, Head Gardener retired on the 1st April, 1959, and Mr. D. G. Dorrell, Propagating Gardener, was appointed in his place.

WORKS DEPARTMENT.

I regret to report the absence on sick leave of Mr. J. C. Chynoweth the Superintendent Engineer. Mr. C. Hamer, Assistant Engineer, has acted as Deputy during this period.

The work carried out during the year included the following :—

Re-surfacing of Stores Yard (Outside Contract).

Rubber Flooring to Chilgrove, Bramber and Barnet Wards (Outside Contract).

Conversion of part of the Insulin Unit for use as a Hospital Library and Physio-therapy Department,

Installation of Vent-Axia fans in Eastergate, Bramber, Edgeworth and Richmond Wards.

Redecoration and improvements to the Bakehouse.

Exterior painting and the redecoratlon of eleven Wards and Departments.

The Boiler at Summersdale Hospital was out of action for two weeks during last winter, one of the sections being severely fractured. It had been in use for 25 years and is to be replaced.

CONCLUSION.

I wish to thank the Medical Superintendent. Dr. Joshua Carse and his staff and all officers of the Hospital for the assistance given to me and especially you Mr. Chairman, Ladies and Gentlemen for the confidence which you have placed in me.

I am, Mr. Chairman, Ladies, and Gentlemen,

Your obedient Servant,

E. C. ENGLAND,

Group Secretary, Finance & Supplies Officer.

REPORT OF THE COMMISSIONERS OF THE BOARD OF CONTROL.

GRAYLINGWELL HOSPITAL,
CHICHESTER.
18th June, 1958.

Yesterday and today we paid the annual visit to Graylingwell on behalf of the Board of Control. At the time of the last visit, eleven months ago the most important event recorded was the opening of the Worthing and District Psychiatric Service on 1st January, 1957. That service proved so immediately successful in reducing the number of patients admitted from the Worthing district that a similar service was started for Chichester and district on 1st January, 1958. The purpose of both services is the same: to provide early treatment of psychiatric cases, in response to direct requests from general practitioners, at a convenient "day hospital," supplemented by intensive domiciliary visiting by senior medical staff to patients in their own homes. The centres are (in Worthing) "The Acre," Worthing, staffed by Dr. Joshua Carse, the Medical Superintendent of Graylingwell, Dr. Nydia E. Panton and Dr. A. Alan-Watt, and (for Chichester) the women's wing (now not used as such) of Summersdale Hospital in the Graylingwell grounds, staffed by Dr. John D. Morrissey, the Deputy Superintendent, Dr. John Towers and Dr. J. P. Scrivener.

The effect on admissions to Graylingwell from the area which it serves is shown by the following figures: the total number of patients admitted from 1st January of this year until today is compared with the admissions for the same period in 1957 ("Horsham district" means the part of the "catchment area" not served by either the Worthing or the Chichester service):

Total admissions	From Worthing district	From Chichester district	From Horsham district	Total
From 1.1.57 to 17.6.57	122	203	130	455
From 1.1.58 to 17.6.58	113	117	126	356
Reduction, 1958 from 1957	—9	—86	—4	—99

To see the Worthing district figures in perspective, the figures for the comparable period in 1956 also should be set out:

Total admissions	From Worthing district	From Chichester and Horsham districts	Total
From 1.1.56 to 17.6.56	291	343	634
From 1.1.57 to 17.6.57	122	333	455
(From 1.1.58 to 17.6.58)	(113)	(243)	(356)
Reduction, 1957 from 1956	—169	—10	—179

It is not possible to comment on these figures in detail, nor is it necessary. Both in Worthing and in Chichester the introduction of the new service has been followed by an immediate reduction in admissions from the district: in Worthing enough time has elapsed to show that the reduced figure is likely to be maintained: and in the Horsham district admissions at present are being maintained at a fairly constant level. (It should be mentioned that the Horsham district now includes the new town of Crawley, with over 40,000 residents: it is a credit to the work of Graylingwell 'conventional' out-patient service there that there has been no recent increase in admissions).

It is clear that in less than 18 months the value of "the Worthing experiment" has been firmly established, and the lessons already learnt from this imaginative venture should have widespread and beneficial results.

During our visit we saw all the wards at Graylingwell and Summersdale Hospitals, and visited Woodfield House and The Acre: we spoke to a number of patients in the designated parts of the hospital, and any patient who wished to talk to us was able to do so. Three private interviews were given.

The excellent appearance and general condition of the wards have been commended in many previous entries, and we are glad to confirm simply that the same high standard was seen everywhere. One or two items may be specially noted. Sandown House is a particularly attractive house for elderly women run on domesticated lines with limited staff supervision. At Woodfield House, Oving, where 32 elderly long-stay women patients live, the fire escape arrangements have now been dealt with and are satisfactory: this is a pleasant and comfortable addition to the main hospital. Steps are being taken to convert the men's ward, Duncton, into a sick ward where men patients who are physically ill can be nursed in one place, and it should be a good unit.

Dayroom furniture and decoration is uniformly good, and the appearance of the dormitories is well above average. It is

hoped to bring the ward kitchens up to a higher standard in the near future, if money is available.

Perhaps the most noticeable feature of all the wards was the high degree of occupation everywhere: apart from a few patients in bed, hardly a patient was seen who was not occupied, or returning from some occupation elsewhere in the hospital. It was not surprising, therefore, that the wards were uniformly quiet and the patients were contented in appearance and obviously on very friendly terms with the nursing staff.

263 of the men patients (92.6%) and 546 of the women patients (81.7%) were occupied: these figures are exceptionally high, especially since only 56 men and 72 woman out of these totals were engaged on ward work. A wide range of occupations is available, under the supervision of two qualified occupational therapists at Graylingwell (and one at Worthing) and of two senior members of the nursing staff who act as co-ordinating officers for occupation and social therapy.

68 men are engaged in group training of various kinds mainly out of doors, and a further 33 men work on the hospital gardens. Craft work in the centres and the wards occupies 52 men and the remarkable number of 285 women.

It is not surprising that there is only one closed ward on each side of the hospital, and that as many as 906 of the 957 patients have parole within the hospital grounds.

The vacated farm buildings are being made into a patients' social centre which will include, among other things, a workshop for industrial therapy and a gymnasium with adjoining changing room and sanitary accommodation: the adaptation is being carried out mainly by groups of men patients, and a play surface for basket ball and similar games has already been laid down in the farm yard and is in use.

There is a good recreational programme, and the events of the week are advertised by large notice boards in conspicuous parts of the hospital: there is also an attractive hospital magazine, ' The Wishing Well.'

Patients' relatives and friends may visit on Wednesdays (when medical staff are available for interviews) and Sundays, and on other days by arrangement. Great help is given by a number of voluntary bodies, such as the W.V.S. and the Women's Institutes: special mention may be made of Selsey Woman's

Institute, which has entertained many coach outings of patients in a most generous manner.

Two Leagues of Friends serve the hospital: one based on Worthing, which serves Graylingwell only: and the Friends of the Chichester Hospitals, which gives support to both Graylingwell and the general hospitals in the city. These bodies have made many gifts to the hospital such as pictures, cage birds, and clothes-drying apparatus, to name only a few.

Amenities include a good shop, and well equipped hairdressing rooms for both men and women patients.

The library is open three days a week and is run by the W.V.S.: it is stocked from purchases made from time to time from hospital funds and from gifts. Patients with full parole are encouraged to join the public library in Chichester. A number of hospitals are now finding that a reading room with armchairs, writing tables, and magazines (and a fire in winter) becomes very popular as soon as it is opened, especially if it is near the hospital library.

The diet appears very good, and we saw an appetising dinner being served. Meals are taken to the wards in heated trolleys. The kitchen is well equipped, and there is a well run bakehouse.

The following are the nursing staff figures:—

	Whole Time		Part Time	
	M.	F.	M.	F.
Certificated or registered	62	40	5	27
Nursing assistants ...	12	24	1	12
Student nurses ...	24	31	—	—
	98	95	6	39

These figures show a welcome strength in full time qualified staff, and in student nurses, which reflects most favourably on the high reputation of the hospital in the neighbourhood (almost all new staff come from the Sussex area).

Today there were 957 patients (290 M; 667 W) in residence in the designated wards, of whom 426 were voluntary patients. (In the four non-statutory wards there were a further 45 patients (11 M; 34 W). During 1957, 533 patients (248 M; 285 W) were admitted, 214 as certified patients, 2 as temporary patients, and 317 as voluntary patients. During the year 417 patients (189 M; 228 W) departed or were discharged, including 59

certified and 357 voluntary patients. (In 1957 there were 628 non-statutory admissions and 624 non-statutory departures, to and from the de-designated accommodation at the hospital).

In 1957, 114 patients died, giving a mortality rate of 11.6%, 20.7% for men and 7.2% for women. The figure for men appears startingly high, but one must bear in mind the reduction in the numbers of men resident to 290, which would cause a small number of additional deaths to be reflected as a big percentage increase. One inquest has been held since the last visit.

The hospital is entirely free from intestinal infections, and the only case of tuberculosis is one woman who has the disease in an inactive form. There is an excellent women's sick ward, and one is being constructed for men, as has been mentioned, in Duncton ward. A first class insulin unit was completed about a year ago, but has not been used, as there has been a lack of patients suitable for this treatment.

Many wards are filled with senile patients, but the number of these in bed is minimal.

The number of post-mortems held is remarkably high (98 out of 144 deaths in 1957). The number this year is likely to be lower, as the post-mortem room is being entirely reconstructed. The pathological service is a model for hospitals of this kind, under the direction of Dr. G. A. Harrison, a very eminent biochemist, with whom we had all too short an interview, owing to pressure of time.

The research department is directed by Dr. Peter Sainsbury, who has Dr. J. W. T. Redfearn and Dr. C. J. Lucas working with him. We learnt from Dr. Sainsbury that all the projects on which he and his team are working are essentially clinical, which is far from the case in some other research departments which we have seen. In conjunction with this, there is the E.E.G. department, with one machine for clinical and one for research purposes. Both are in full use.

There is an impressive list of visiting consultants, and special mention may be made of the two visiting neurologists, Dr. B. G. Parsons-Smith and Dr. J. Foley, who conduct, alternately, a weekly out-patient clinic here which is fully attended.

Out-patient clinics are held at the Royal West Sussex Hospital, Chichester, at Worthing and at Horsham. Sessions at Horsham are of increasing importance owing to the growth of Crawley new town.

Dr. Carse believes that a man must be a doctor before he can be a psychiatrist, and from what we have been able to learn he has collected a medical staff which bids fair to attain these standards.

A novel and interesting experiment has been started in Worthing. Prompted by a request from a general practitioner, a course of instruction in psychotherapy has been begun for general practitioners who have volunteered to attend. Dr. Olive Sharp holds classes once a week, and at present about 10 doctors are attending. We believe that this is a pioneer venture in this field, at least in the provinces, and it is one which might well be imitated elsewhere.

Dr. Carse, Dr. Morrissey, Dr. Sainsbury and Dr. Towers are consultants. Dr. Panton, Dr. Alan-Watt, Dr. B. H. Vawdrey and Dr. Redfearn are S.H.M.O's, and there is one vacancy in in this grade. Dr. Scrivener, Dr. A. Spellman and Dr. Lucas are Senior Registrars, Dr. A. R. Jones is a registrar. Dr. K. H. M. Lotinga, Dr. J. R. Palmer and Dr. J. S. Bland are J.H.M.O's.

Miss L. De Gras is the Matron and Mr. G. R. Pratt is the Chief Male Nurse. Miss Josephine Butcher is the Senior Psychiatric Social Worker and there is a social service staff of 4.

Arrangements were made, which we much appreciated, for us to meet as many as possible of the medical staff : this appeared to us especially appropriate in a hospital where excellent results in many fields are being attained by co-operation and teamwork. We should also like to place on record the assistance and guidance we received so willingly from the Group Secretary, Mr. E. C. England.

Every part of this visit has been of the greatest value and interest to us, and we look forward to hearing and seeing further important progress in the near future. We should like to thank Dr. Carse for his help at every point, and our appreciation of all the assistance which we received from so many members of his staff.

A. K. ROSS,

E. N. BUTLER,

Commissioners of the Board of Control.

THE CHURCH OF ENGLAND CHAPLAIN'S REPORT.

29th October, 1959.

Mr. Chairman, Ladies and Gentlemen,

In my sixth year as Chaplain to this Hospital, I have the honour to present once again my Annual Report.

First and most sincerely would I say how very much I have valued the cordial friendliness and helpfulness of the Staff. My tribute in this report to Dr. J. Carse our Physician Superintendent, to the Group Secretary, Mr. E. C. England, to Miss L. de Gras our Matron, and to Mr. G. R. Pratt, our Chief Male Nurse, is genuine, and I can only apologise for any way I may have failed them in their arduous tasks.

Regular Church Services were held each Sunday throughout the year at 9.45 and 5.30. Attendance at the Morning Service was noticeably good. Particularly pleasing was the presence of certain patients in wheelchairs, who but for staff kindness could not have attended. It has been possible on occasions for a patient to take special part in the Service, e.g., singing a solo, or reading a Lesson.

The musical side of the worship has once again been most sympathetically and ably handled by the Organist, Mr. A. Ingram. The Service of Holy Communion took place each third Sunday every month in the morning, and Congregational singing the same day in the evening.

Through the year once again, our Free Church Chaplain, Reverend A. W. H. Crowther has conducted the Service in Chapel, each second Sunday every month, and I am personally indebted to him for his true friendliness and willing co-operation.

The Lord Bishop of Chichester, Dr. R. P. Wilson, D.D., visited the Hospital in September, 1958. On other occasions we have welcomed old friends such as Canon D. B. Eperson, Reverend H. K. G Bearman, and the Hon. The Reverend J. M. A. Kenworthy, besides visiting Deputation Preachers for the Bible and Missionary Societies.

In December, the choir of Bishop Otter College under it's Conductor, Canon D. B. Eperson, sang to the patients, Vaughan William's Christmas Cantata "This Day." On Good Friday, the

Choir of the Church of St. Peter-the-Great, Chichester, under it's Conductor Mr. E. C. England, sang once again that well-known and much-loved work by Sir John Stainer, "The Crucifixion." The Rural Dean of Chichester who accompanied them on this occasion was invited to conduct the Service.

Remembrance Sunday was observed in November, and a Two-Minutes Silence observed by the congregation, following the customary placing of a poppy wreath at the Chapel War Memorial. In February, women, both patients and members of staff, attended in good number, a Service in connection with the Woman's World Day of Prayer. This was conducted by Sister M. E. Thornton, (C.A.) the speaker being Mrs. W. J. C. Evans, Chichester.

At various services during the year, collections have been taken and given to our Hospital Benevolent Fund, Scripture Gift Mission, Ex-Services Mental Welfare, Bible Society, Church Pastoral Aid Society, etc.

The Nine Lesson Carol Service the Sunday before Christmas gathered a good congregation, and I would again thank those members of the staff who so kindly assisted in their various ways. For the Christmas Day Service which soon followed, the Chapel was again very beautifully prepared for this Festival, and most sincerely do we tender thanks to our gardening experts on Staff for the care taken on these occasions. Our Chapel, kept so fresh and clean throughout the year, is more than ever at Easter and Harvest Thanksgiving, a place in which it is easy to worship God in "the beauty of holiness."

I recall with pleasure, the privilege of helping one of our departments on two occasions, by acting as a normal subject in certain research experiments and by preparing notes for one called upon to lecture some Theological students.

These notes were produced at home, where frequently this past year I have been occupied by duties pertaining to the hospital. Sometimes, as happened very recently, I am phoned by a discharged patient who desires to include me in her thanks for treatment received, and wishes to make an appointment to see me. At other times, my morning mail brings letters such as the one I received not long ago from the Bishop of Chichester, asking me to read a letter of 26 pages, close-written, which he had received from a Graylingwell patient, and to try and deal with the matter. Other letters in my hospital file include those from parochial clergy concerning parishioners who are patients

for a time, and some from anxious relatives. One such whom I met by appointment a month ago for a quiet talk, went back home in a far happier frame of mind.

Patients once again attended my own Church Garden Fete in June, and one or two have been warmly welcomed at my wife's monthly meeting for Women at our home. As far as possible when not hindered by funerals and other parochial engagements, I have met patients on Thursday afternoons in Richmond Villa for some light-hearted singing. Those who come to this do very obviously enjoy a happy hour in this way. During the past summer of extremely hot weather the Friday afternoon ministration in Ward Edgeworth 1 was discontinued. This has now been resumed. The Friday evening 'Quiet Half Hour' conducted in Summersdale Hospital was also discontinued at a time when patients there became extremely few. It is hoped, however, to introduce this again in the near future. Most Tuesdays I am able to visit Ward Bramber 1 for a short ministration of hymns and prayers for a number who are too infirm to attend worship on Sunday.

For some months now Kingsmead Villa patients have enjoyed the fortnightly visit of Mesdames W. J. C. Evans and R. Hayman, and Miss V. Wynn from Whyke Lodge, Chichester. These ladies conduct their own "Quiet Half Hour." A weekly service has also been introduced for patients at Woodfield House, Oving, on Thursday afternoons before tea.

In June, I attended a Chaplains' Day Follow-up Conference at the Royal Society of Medicine, Wimpole Street, London, at which Conference, two speakers, a theologian and a psychiatrist discussed "The Problem of Guilt." This Conference was arranged by the National Association of Mental Health, and the Chairman was Dr. T. P. Rees.

In conclusion, let me say that I make no attempt in a report of this kind to try and assess the value of religion in the treatment of patients. Drugs must be used with understanding, and so must religion. In attempting to deal with individuals, however, understanding is needed, for mental illness is not induced by "one great cause of all," and understanding means giving time to listening to people—at all times, and in all manner of places. This I have done quite often, during the past year!

Chaplaincy work is not only enormously helped by the attitude of a Medical Staff who take a "clinically reverent"

attitude towards the religion of patients, and of hospital organisation also, but is based upon the fundamental belief that "with God all things are possible" and that far from feeling "Abandon Hope all ye who enter in," patients can be encouraged to believe far otherwise. It is in such Faith, and with such Hope, and with what I trust is Love, that my ministry, Mr. Chairman, Ladies and Gentlemen, enters upon its sixth year here.

I am, Your obedient servant,

R. R. MINTON.

THE FREE CHURCH CHAPLAIN'S REPORT.

29th October, 1959.

Mr. Chairman, Ladies and Gentlemen,

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

The year under review, my first full year as Chaplain, has seen a steady growth in the number of personal contacts and interviews with patients, and although it is not always easy to assess the value of these discussions, the response of many leads me to believe that a useful and positive spiritual work is being maintained. In some instances these contacts have led to patients attending services and other meetings at my own Church in Parklands, where they have been made most welcome.

In happy co-operation with the Rev. Minton I have continued throughout the year to conduct evening worship in the Chapel on the second Sunday in each month and occasionally at other times. We have also shared in the weekly gatherings for Community Singing, arranged as part of the activities of the Occupational Therapy Department.

During last November I was given the opportunity to attend the Conference arranged at Eastbourne for Chaplains in Mental and Mental Deficiency Hospitals by the South-West Metropolitan Regional Hospital Board. For this I am most grateful, the excellent lectures and informal discussions serving to give me a much better understanding of the place and work of a Hospital Chaplain.

I am much indebted for the continued unfailing courtesy and help extended to me by all members of the Hospital Staff as I meet them in the course of my duties, for without their sympathetic co-operation the work of a chaplain would scarcely be possible.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. W. H. CROWTHER.

THE ROMAN CATHOLIC CHAPLAIN'S REPORT.

29th October, 1959.

Mr. Chairman, Ladies and Gentlemen,

Father Terence McLean-Wilson does the work of the Catholic Chaplain at Graylingwell Hospital.

In response to what he tells me, I would like to thank the Committee and the Staff of the Hospital for the facilities given to the Catholic patients to practise their faith, and to talk to the priest when he visits their wards.

The staff are to be congratulated particularly for the promptitude with which they notify the Presbytery of any patient placed on the list of those seriously ill.

I am grateful also to the Sister of Kingsmead Villa who sees that the ward television room is prepared for Mass every Tuesday morning, and gives up her office for the use of the priest. This must cause some inconvenience both to her and to the patients on the ward who are thus temporarily deprived of the use of their sitting room.

I understand that in East Sussex, at Hellingly Hospital, a permanent Catholic Chapel has been provided by the Committee. The Graylingwell Committee have more than once been asked to provide such a Chapel for their own Hospital. May I take this opportunity to urge the wisdom of making such provision ?

It would save inconvenience to the Staff of Kingsmead Villa. It would be a spiritual (and I imagine, a therapeutic) advantage to the patients to have such a permanent Chapel to care for, and to visit frequently (according to Catholic custom) for a few moments of peaceful prayer. It is also to be considered that the Hospital's possession of a permanent Catholic Chapel would be an advantage, and an attraction, to the best type of Catholic Staff.

I am told that a few years ago there did exist such a Chapel at Graylingwell, May this, please, be restored, preferably near the centre of the Hospital, where it will be easily accessible to all the patients, and to the Catholic members of the Staff.

Thank you, Ladies and Gentlemen, for your attention.

(Signed) LANGTON D. FOX.

GRAYLINGWELL HOSPITAL IN-PATIENTS

Cost Statements for year ending 31st March, 1959.

Cost Unit ... Per Patient Week
Total Units ... 51,413

Direct Expenditure ITEM	Expenditure	Unit Costs per Patient Week
	£	£ s. d.
Salaries and Wages		
Medical (Including R.H.B. Allocation)	14,441	5 7
Nursing	129,600	2 10 5
Domestic	12,178	4 9
Professional and Technical ...	3,372	1 4
Other Staff	5,535	2 2
Patients Clothing	4,856	1 11
Drugs	6,483	2 6
Dressings	923	4
Medical & Surgical Appliances & Equipment	1,864	9
Furniture, Furnishings and Fittings ...	1,761	8
Hardware and Crockery	406	2
Bedding and Linen	2,075	10
Water	1,986	9
Rents and Rates	6,596	2 7
Occupational Therapy (Expenditure less Income)	25	
Patients Allowances	5,542	2 2
Other Direct Expenses		
Cleaning Materials	1,276	5
Staff Uniforms and Clothing ...	2,122	11
Cleaning Appliances	151	1
Patients Travelling Allowances ...	15	
Staff Travelling Allowances ...	285	1
Staff Houses	2,782	1 1
Miscellaneous	3,096	1 1
TOTAL DIRECT EXPENDITURE & UNIT COST	207,370	4 0 7
Indirect Expenditure (Transfers from General Service Accounts)		
Dispensary	2,153	10
Cleaning and General Portering ...	6,367	2 6
Medical (Records & Clerical) Services	996	5
Works and Maintenance	17,665	6 10
Power, Lighting and Heating ...	25,426	9 11
Laundry	12,585	4 11
Catering	92,793	1 16 1
General Administration	32,510	12 8
TOTAL INDIRECT EXPENDITURE & UNIT COST	190,495	3 14 2
Total Direct & Indirect Expenditure & Unit Cost	397,865	7 14 9
Maintenance of Grounds	10,112	3 11
Deduct Direct Credits	13,909	5 5
TOTAL NET EXPENDITURE IN-PATIENT DEPARTMENTS AND UNIT COSTS	394,068	7 13 3
Medical Service Departments (Proportion of expenditure relative to In-Patients)		
Diagnostic X-Ray	1,176	6
Pathological Laboratory	4,649	1 10
Physiotherapy	296	1
	400,189	7 15 8

GRAYLINGWELL HOSPITAL MANAGEMENT COMMITTEE.

Summary of Group Expenditure for year ended 31st March, 1959.

Item		Amount
Expenditure		£
Salaries—Medical		30,912
Nursing		142,051
Other Staff		125,684
Provisions		68,695
Patients Clothing		4,936
Staff Uniforms		2,388
Drugs, Dressings, Medical and Surgical Appliances		13,042
Fuel, Light, Power and Water		37,304
Laundry		13,241
Maintenance Buildings, Plant and Grounds		15,024
Furniture and Furnishings		2,172
Hardware and Crockery		692
Bedding and Linen		2,191
Cleaning Materials		1,887
Transport and Travelling Expenses		4,517
Occupational Therapy		1,884
Rent and Rates		10,664
Printing, Stationery, etc.		4,668
Shops		14,660
Market Garden		4,776
Patients Allowances		5,646
Miscellaneous		2,427
		509,461
Less Direct Credits	£	
Staff Deductions & Charges for Board & Lodging	12,037	
Occupational Therapy Sales	1,836	
Shops	16,976	
Market Garden Income	14,293	
Other Authorities for Steam Supplies	17,698	
Other Receipts	6,295	69,135
		440,326

General Table, showing the Movement of the Hospital Population during the year 1958.

	Graylingwell Hospital															S.H. & Acre		
	Voluntary			Temporary			Certified			M.C. Act			B'dmoor			Total			Special		
	M.	F.	T.	M.	F	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
On the Hospital Registers, 1st January, 1958	147	261	408	—	1	1	168	412	580	1	—	1	—	—	—	316	674	990	23	91	114
Cases admitted during year (including Statutory Transfers and Transfers from S.H. and Acre to G.H.	123	222	345	1	—	1	47	122	169	1	—	1	—	—	—	172	344	516	74	174	248
Regradings	71	125	196	-1	—	-1	-68	-125	-193	-2	—	-2	—	—	—	—	—	—			
Transfers from Graylingwell to S.H. and Acre																			170	419	589
Total cases under treatment during the year	341	608	949	—	1	1	147	409	556	—	—	—	—	—	—	488	1018	1506	267	684	951
Cases discharged, departed or statutorily transferred during year (including transfers from S.H. and Acre to G.H.) :—																					
Recovered	31	55	86	—	—	—	2	10	12							33	65	98	39	144	183
Relieved	71	84	155				3	16	19							74	100	174	79	115	194
Not Improved	7	21	28				2	5	7							9	26	35	9	46	55
	109	160	269	—	—	—	7	31	38							116	191	307	127	305	432
Transfers from Graylingwell to S.H. and Acre	131	268	299	—	1	1	39	150	189							170	419	589			
Died during the year	29	41	70	—	—	—	16	41	57							45	82	127	4	4	8
Total cases discharged, transferred and died during the year	269	469	738	—	1	1	62	222	284							331	692	1023	131	309	440
Average daily number on register during year	72	139	211	—	—	—	85	187	272	—	—	—	—	—	—	157	326	483	136	375	511
On Hospital Registers, 31st December, 1958	152	280	432				140	367	507							292	647	939	31	90	121

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 on Register			Percentage of Recoveries on Admissions excluding Transfers			Percentage of Deaths on Average Number on Register		
				Recovered			Relieved			Not Improved																	
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
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
1957	380	658	1038	156	313	469	119	214	333	45	66	111	66	50	116	339	765	1104	342	750	1092	41.38	47.78	45.44	19.30	6.66	10.63
1958	246	518	764	72	209	281	153	215	368	18	72	90	49	86	135	293	701	994	323	738	1061	29.51	40.58	37.02	15.17	11.65	12.72

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