

Annual report of Graylingwell Hospital : 63rd, 1960

Contributors

Graylingwell Hospital (Chichester, England)

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SOUTH-WEST METROPOLITAN
REGION



GRAYLINGWELL HOSPITAL
CHICHESTER

(Group No. 45)



SIXTY-THIRD



ANNUAL REPORT

1960



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SOUTH-WEST METROPOLITAN REGION

SIXTY-THIRD

ANNUAL REPORT

of

GRAYLINGWELL HOSPITAL

CHICHESTER

(Group No. 45)

1960

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CONTENTS

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| | Page No. |
|---|-------------|
| List of Management Committee and Sub-Committees ... | 3 |
| List of Visiting Staff | 4 |
| List of Officers | 5 |
| Report of Management Committee | 7 |
| Report of Medical Superintendent | 13 |
| Report of Group Secretary, Finance and Supplies Officer | 42 |
| Report of the Commissioners of the Board of Control... | 45 |
| Report of the Chaplain | 48 |
| Report of the Free Church Chaplain... | 51 |
| Report of the R.C. Chaplain | 52 |
| Cost Statement—In-Patients | 53 |
| Summary of Expenditure for year ended 31st March, 1960 | 54 |
| Table showing Movement of Hospital Population during 1959 | 55 |
| Table showing Admissions, Discharges, Deaths, &c. ... | 56 |

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.

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MR. N. LONGLEY, C.B.E.

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.

VACANCY

Sub-Committees

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MR. H. H. CORDERY

MR. P. A. NORMAN

MR. J. W. COPITHORNE

House :

DR. MARY COOPER, (*Chairman*)

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MRS. A. F. EASTLAND

MRS. P. B. P. NAUNTON

MRS. E. M. HOLMAN

MR. D. D. URQUHART

Secretary of the Management Committee :

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

VISITING STAFF



Physicians..... { J. F. P. SKRIMSHIRE, M.D., M.R.C.P.
VACANT

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*)

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..... T. McL. GALLOWAY, F.R.C.P., D.P.H., Dr. P.H.
(*County Medical Officer of Health*)

Dermatologist..... E. COLIN JONES, M.B., B.S.

Dental Surgeon..... D. ROBERTSON-RITCHIE, F.D.S., H.D.D.,
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..... 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.
H. M. MCBRYDE, M.B., B.Ch., D.P.M.
J. P. SCRIVENER, M.B.E., M.R.C.S., L.R.C.P.,
D.P.H., D.P.M.

Psycho-Therapist BRIAN H. VAWDREY, M.A., M.D., D.P.M.

Senior Registrars..... { A. R. JONES, M.R.C.S., L.R.C.P., D.P.M.
N. KAYE, M.B., B.S., D.P.M.

Registrars..... { W. R. COSTAIN, M.B., B.S. (Lond.), D.P.H.
E. E. CURETON, M.B., Ch.B., D.P.M.

Junior Hospital Medical Officers { 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.

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.

| | |
|---|--|
| <i>Chief Male Nurse</i> | G. R. PRATT, S.R.N., R.M.N., R.M.P.A. |
| <i>Psychiatric Social Workers</i> | { M. JOSEPHINE BUTCHER <i>Barrister at Law.</i> GRACE CANNON, B.Com. <i>Worthing Service</i> VACANCY |
| <i>Hospital Almoner</i> | V. ARENDT, A.M.I.A. |
| <i>Physiotherapist</i> | M. W. HARRY, M.C.S.P., M.E., L.E.T. |
| <i>Chiropodist</i> | R. C. COLLIER, M.Ch.S. |
| <i>Head Occupational Therapist</i> | J. M. MEADER, M.S.A.O.T. |
| <i>Senior</i> ,, ,, | M. CROMAR, M.A.O.T. <i>Worthing Service</i> |
| <i>Co-ordinating Officers for</i> <i>O.T. and Social Therapy</i> | { M. CARTER, S.R.N., R.M.N. F. MURGATROYD, R.M.N., R.M.P.A. |
| <i>Chief Pharmacist</i> | E. FARLEY, M.P.S., D.B.A. |
| <i>Chief Laboratory Technician</i> | H. A. SEYMOUR, A.I.M.L.T., M.R.I.P.H.H. |
| <i>Superintendent Engineer</i> | J. C. CHYNOWETH, A.M.C.T. (<i>Mech. Eng.</i>) |

RESEARCH DEPARTMENT

| | |
|---|---|
| <i>Consultant Psychiatrist and</i> <i>Director</i> | PETER SAINSBURY, M.D., D.P.M. |
| <i>Psychiatrist</i> | J. W. T. REDFEARN, M.B., D.P.M. |
| <i>Senior Registrar</i> | N. B. KREITMAN, M.D., D.P.M. |
| <i>Psychologist</i> | J. B. KNOWLES, B.Sc. Dip. Psych. |
| <i>Sociologist</i> | J. C. GRAD, Ph.D. |
| <i>Psychiatric Social Worker</i> | J. COLLINS, B.Sc. (Econ.) |
| <i>Physicist</i> | J. C. SHAW, B.Sc., A.M.I.E.E., C.M.E.P.T.A. |

SOUTH-WEST METROPOLITAN REGION.

Graylingwell Hospital, Chichester

(Group No. 45)

The Twelfth Report of the Management Committee

being the

SIXTY-THIRD

Annual Report of Graylingwell Hospital

The Graylingwell Hospital Group Management Committee have pleasure in submitting their Report for the year ended 31st March, 1960.

A vacancy in the membership of the Hospital Management Committee has been filled by the appointment of Mr. R. M. Tilling, who has had wide experience of public affairs, and the Committee look forward to having the benefit of his advice and co-operation.

Although it does not come within the period covered by this Report, the Committee wish to take the earliest opportunity of publicly expressing their deep sense of loss and sorrow caused by the sudden death on the 5th July, 1960, of Dr. H. Seaward Morley.

Dr. Morley was held in the greatest affection and esteem by all who knew him; his profound knowledge of hospital affairs was of inestimable value in his membership of the Management Committee and the high standard of professional skill which he brought in his work as Consultant Physician has been of the greatest benefit to his patients. To Mrs. Morley and her family the Committee express their deepest sympathy.

By the end of 1960, the provisions of the Mental Health Act, which became law in 1959, will have been fully implemented ; the term 'lunacy' with all its distasteful and obsolete associations will have disappeared from our statutory vocabulary and the present legal distinction between a general and a mental hospital will have been completely abolished.

It is inevitable, for their own welfare as well as in the interests of public safety, that it will still be necessary for a small minority of the patients to be admitted and detained involuntarily but there are adequate safeguards in the new Act to ensure that no patient can be wrongfully or needlessly detained. The Committee are advised that the number of such patients is unlikely to exceed 10% of the total admissions.

In this connection it may be noted that of the 994 patients on the books of the hospital on the 31st December, 1959, only 26 (2.6%) were certified and detained under the provisions of the Lunacy Act, 1890. The remainder were classified as " Informal " patients and, as such, subject to no special laws and with no legal restriction upon their discharge from hospital.

The statistics of the hospital over the past few years are interesting and worthy of comment. If reference is made to the table which appears in the last page of this Report, it will be seen that commencing in 1943 there was a consistent yearly increase in the number of admissions, reaching a peak of 1,347 in 1956. In the three following years, however, the numbers were 1,038, 764 and 770. Furthermore, the average daily number of patients on the register, which in 1955 was 1,167 fell to 1,021 in 1959, a decrease of 146.

This changed pattern is undoubtedly due to the Community Services which have been in operation in the Worthing area since January, 1957, and a year later in the Chichester district.

It had become obvious in 1956 that the hospital was rapidly approaching a crisis and it seemed that if gross overcrowding was to be averted, a drastic curtailment of admissions would have to be imposed. The solution came when as the result of a co-operative effort between the Regional Hospital Board, the Nuffield Trust and the Hospital Management Committee, the pilot scheme which became widely known as " The Worthing Experiment " was introduced, bringing with it a new concept of clinical and administrative psychiatry. Since those days many hundreds of people have received treatment, the majority in one of our two Day Hospitals, but some in their own homes, without experiencing

the emotional, domestic and economic disturbances so frequently associated with admission to hospital, more especially perhaps to a mental hospital.

Dr. Joshua Carse, the Medical Director, has given his assessment of the clinical value of these services in two special reports and refers to them in some detail in his Annual Report which follows.

This empirical approach to some of the problems caused by mental illness continues to arouse considerable interest and there has been a constant stream of visitors from many parts of the World as well as from this Country.

It has been disappointing to the Management Committee that so far it has not been possible to extend the benefits of a complete out-patients' service to residents in the Horsham and Crawley area; the difficulty lies in finding a suitable house which could be adapted for use as a Day Hospital. The main requirements appear to be simple—a reasonably large house in Horsham which is easily accessible to the Railway Station and to a Bus route. Several properties, which appeared to be likely, have been inspected but for various reasons it has not been possible to negotiate a purchase.

In the meantime, Out-Patients' Clinics continue to be held at Horsham Hospital and, in addition, since the 1st October, 1959, a weekly clinic has been held at Crawley Hospital.

To return to the table of statistics, it will be seen that although the hospital population has fallen, the number of deaths is relatively high and that the percentage of recoveries has decreased.

These facts have at least one common causative factor which is the extremely high proportion of aged patients who have to be admitted to the mental hospital even though their illnesses may be predominantly physical. It is to be hoped that, with the increasing emphasis being placed on care in the community, more suitable arrangements for the care of old people will be made in the future.

The principal reason for the decline in the recovery rate is, however, the fact that so many of our patients are treated and recover without being admitted to hospital, which is a matter of considerable satisfaction to all concerned.

Two Commissioners paid a statutory visit on behalf of the Board of Control in June, 1959, and a copy of the satisfactory Report which they made on that occasion is appended.

An Inspector of the General Nursing Council visited the Hospital in August, 1959, and subsequently approval was given to the continuation of the Hospital as a complete training school for mental diseases.

Among the many other visitors who have come to the Hospital during the year, special reference must be made to the visit of the Rt. Worshipful the Mayor and the Mayoress of Chichester who made a much appreciated round of the Wards on Christmas Day. This was the first occasion on which such a visit has been made and the Committee very much hope that it will become an annual event.

Good progress has been made in the work of upgrading the kitchens and sanitary annexes in Amberley and Anderson Wards. Most of the remaining Wards are urgently in need of similar improvement and it is hoped that money will be made available to enable this work to be carried out over the next few years.

The serious illness of the Superintendent Engineer, Mr. J. C. Chynoweth, has caused much concern throughout the year and, in expressing the hope that his health will soon improve, the Committee desire to thank his Assistant, Mr. C. Hamer, and others who have been called upon to bear additional responsibilities.

A sum of money which, with interest, amounted to £59, was discovered to be in an account at the Bank under the name of "Graylingwell Memorial Account." The money had accumulated from a small balance of a fund which was established during the 1914—18 War and it was decided that it would be appropriate to use it for the purchase of a piece of Church plate to be regarded as a Memorial to the members of the staff who were killed during the Second World War; accordingly, on the advice of the Chaplain, a silver Ciborium was purchased and suitably engraved, and is now in use in the Hospital Chapel.

Dr. Olive Inman who had given valuable service to the Hospital over many years, latterly as Part-time Psycho-therapist, retired from her appointment, to the regret of the Committee and of her colleagues. Dr. Brian Vawdrey has taken her place in a full-time capacity.

Mr. D. Robertson-Ritchie, H.D.D., R.C.S., L.D.S., has succeeded Mr. A. J. Roberts as Dental Surgeon.

Arising from the official Report on the Design of Nurses' Uniforms, the management Committee invited members of the staff to submit designs for a uniform for female nurses. A first

prize of £25 was offered together with five consolation prizes of £5 each. Many imaginative entries were received but none was considered suitable for adoption in its entirety, although some contained features which were highly commended by the judging committee. The award of the first prize was with-held but the consolation prizes were given to the five entries which were considered to be the best. A satisfactory design has since been evolved and the new style of uniform is now in use.

The Catering Officer resigned his appointment in January of this year and the Committee have decided that the post shall be held in abeyance for the time being, the direct responsibility for catering to revert to the Group Secretary.

An experimental exchange of long-stay patients, twelve of each sex, was made with Hill End Hospital, St. Albans, during a fortnight in the Summer of 1959. The change of surroundings and the specially organised entertainments and outings were greatly appreciated by both parties and the Committee are most grateful to the Management Committee of Hill End Hospital for their helpful co-operation in this matter.

While the experiment was an undoubted success, the Committee made somewhat different arrangements for this year ; a room has been reserved in a small Hotel at Worthing for the duration of the holiday season and two patients are being sent there each week. It is considered that, with the complete change of environment and with greater freedom of action, the patients will enjoy their holidays even more than they did last year. For patients who are not able to participate in this scheme, frequent excursions and visits to places of interest and entertainment have been arranged.

At this juncture, it is appropriate to express the thanks of of the Committee to the Worthing and District League of Friends of Graylingwell Hospital who arranged and financed regular outings to the Summer Show at Worthing and have demonstrated their interest in the patients in many other ways. Similarly the great efforts of the Friends of the Chichester Hospitals must be gratefully acknowledged.

Special mention must also be made of the Womens' Voluntary Services who include in their manifold activities the staffing of the Patients' Library and the serving of teas on Visiting Days; several branches of the Womens Institute regularly entertain parties of patients at their homes and many societies bring their

dramatic and musical productions for the entertainment of the patients, all of which is much appreciated.

Thanks are also due to the Borough of Worthing Education Committee for their kindness in allowing their School Meals Service to be available for patients attending the Day Hospital at Worthing.

Finally, it is a great pleasure to acknowledge our indebtedness to the officers and staff of the Hospital and particularly we should like to mention the great services rendered to the Hospital by Dr. Joshua Carse in his successful efforts to bring the benefits of treatment of Mental illness to the attention of a much larger public in West Sussex than ever before, and in this he has been ably assisted by his deputy Dr. J. D. Morrissey; while on the administrative side we have to thank Mr. E. C. England, the Group Secretary and Finance Officer, for his devotion to the work of the Hospital Group especially during the present year when considerable additional work has been placed on him by the absence of members of the staff through illness and other causes beyond our control.

Signed on behalf of the Hospital Management Committee at a meeting held on the 27th day of October, 1960.

W. G. S. NAUNTON,
Chairman.

ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

27th October, 1960.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Sixty-third Annual Report of your Hospital for the year ended 31st December, 1959, together with an account of its community and extra-mural services.

A. THE WORTHING AND DISTRICT PSYCHIATRIC SERVICE.

1st January, 1957 to 31st December, 1959

1. INTRODUCTION.

On 1st January, 1957, the Worthing and District Psychiatric Service commenced. Initially this was a pilot experiment in community care and treatment sponsored by the South West Metropolitan Regional Hospital Board, administered by Graylingwell Hospital, and receiving financial assistance from the Nuffield Provincial Hospitals Trust. It will be noted, therefore, that this was essentially a hospital project although there has been the closest liaison with the Local Health Authority, particularly through its Hospital Car Service, without the help of which the experiment could not have been made. The object of the experiment was to discover whether the provision of greatly expanded out-patient treatment facilities could reduce the number of patients being admitted to Graylingwell, and thereby ultimately overcome the overcrowding which was beginning to cause anxiety.

2. LOCATION AND ORGANISATION OF THE SERVICE.

The area served by this pilot experiment is the same as that served by the psychiatric out-patient clinic of Worthing Hospital. It extends eastwards for about nine miles, a similar distance to the west, while it goes inland between eight and ten miles. The resident population amounts to approximately 160,000 and consists of urban and rural people, while there is a large number of industrial as well as agricultural workers. The activities in this district in 1956 serve as a control, and during that year 645 patients were admitted to hospital 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.

The headquarters of the Service are at The Acre, Worthing. This is a 20-bedded unit which belongs to Graylingwell, although it is situated over 20 miles away from the hospital. It is a large house with a very attractive garden and it lends itself admirably to being used as a day hospital. There are no resident patients.

Employed in the Worthing Service are two full-time psychiatrists, Dr. Nydia E. Panton and Dr. A. Watt, while Dr. H. McBryde and 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 one Psychiatric Social Worker, while a 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.

3. STATISTICS WITH COMMENTS.

(a) **Number of cases.**—The following table shows the number of patients referred to the Service:

TABLE I

| | 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 |
| 1959 | 497 | 891 | 1388 | 472 | 841 | 1313 | 25 | 50 | 75 |
| | <u>1373</u> | <u>2646</u> | <u>4019</u> | <u>1333</u> | <u>2489</u> | <u>3822</u> | <u>40</u> | <u>157</u> | <u>197</u> |

It will be seen from the above that the number of cases referred to the Service has been remarkably constant and during the whole period we have averaged just over 100 new cases a month. Approximately four out of every five of these have been satisfactorily treated as out-patients and only about 20% have been sent into hospital. In addition, during this three year period we have provided follow-up treatment and supervision for nearly 200 patients discharged from Graylingwell.

About one-third of the patients have attended the Worthing Hospital Clinic, which is now part of our out-patient service. Rather less than one-third were examined at the day hospital, while the remainder were seen at their own homes. Incidentally, we soon learned that in a number of cases one domiciliary visit was not enough but that subsequent visits were required.

(b) Activities in the Day Hospital.—Between 20 and 30 patients attend the day hospital on five days a week. They arrive at 9 a.m. and leave at varying times up to 7 p.m., according to their needs. Free meals are provided. Many have some form of special treatment, but all take part in occupational therapy and physical exercise. In addition, however, anything up to another 40 patients might come to the day hospital by appointment for psychiatric treatment.

Most of the treatments available in the hospital can be given to out-patients and they include individual and group psychotherapy together with abreactive techniques, electrical treatment (modified where necessary), modified insulin, and the new drugs. Drug therapy is restricted to patients who are seen almost daily to observe and treat any side effects which might arise. The clinical results have been very satisfactory and there is now no doubt that most patients prefer to have their treatment as out-patients.

The day hospital at Worthing, therefore, is a very busy unit and the staff work as a well-integrated team. Running a day hospital, however, is not work for novices of any kind. All grades of staff can receive training in work of such a unit, but always there must be experienced staff capable of accepting responsibility and, if necessary, of making immediate and important decisions. The Worthing Service, however, appears to have changed considerably the role of the psychiatric social worker. Visiting the patients' homes ourselves has obviated the need for long case histories: instead of using the eyes of the P.S.W. we now see for ourselves the conditions under which the patient lives and we are learning a lot by doing so. The psychiatric social worker

can now spend more time with the patients in the day hospital; she can work with the psychiatrist in the patient's home in our endeavours to try to help him sort out domestic and social problems which are factors in his illness, and finally, she can assist us in the rehabilitation of our patients after treatment. We have also learned that domiciliary visiting should no longer be the monopoly of the psychiatrist and the P.S.W. In certain cases a home visit by a member of the nursing staff can be much more profitable and I believe that in the future nurses will play an important part in domiciliary treatment.

(c) Impact of the Worthing Service on Graylingwell.—

At this early stage it is very difficult to assess fully the effectiveness of a community service. The patients undoubtedly dislike entering a mental hospital, but being at home in their normal environment they remain completely independent and are free agents: treatment, therefore, can only be given on a co-operative basis. From experience, however, we have found that with few exceptions this co-operation has been freely given during the whole course of treatment. Then, the patients' families are more involved with the illness than is the case with in-patients. Here again we have found that the great majority of families have not only been willing to have the patient at home but have welcomed the opportunity of assisting in his treatment. Time and much research will be needed before we know the full impact of community services, both on the community itself and on the mental hospital. In the table below, however, will be found details of the admissions to Graylingwell from the Worthing area during the past four years and it will be noted that since setting up the Worthing Service many more patients have had treatment as out-patients and the number going into hospital has been more than halved.

TABLE II

| | M. | F. | T. | |
|------|-----|-----|-----|--|
| 1956 | 204 | 441 | 645 | Before the Worthing Service |
| 1957 | 108 | 176 | 284 | Reduction of 56% as compared with 1956 |
| 1958 | 78 | 169 | 247 | " " 61.7% " " " |
| 1959 | 109 | 160 | 269 | " " 58.3% " " " |

(d) Geriatrics.—Geriatrics is a subject which throughout the country is preoccupying the minds of many psychiatrists, and the question arises, can an out-patient treatment service do

anything to help the older people? Worthing is a town with the highest proportion of people aged 65 and over of any town in England and Wales. The national figure is 10.8%—for Worthing it is 24.6%. As would be expected, therefore, a high proportion of the patients referred to the Service have been in the older age groups, and this is shown in the following table.

TABLE III

| | UNDER 65 | | | 65 AND OVER | | |
|------|-------------|-------------|-------------|-------------|------------|-------------|
| | M. | F. | T. | M. | F. | T. |
| 1957 | 323 | 680 | 1003 | 118 | 257 | 575 |
| 1958 | 341 | 563 | 904 | 94 | 255 | 349 |
| 1959 | 350 | 610 | 960 | 147 | 281 | 428 |
| | <u>1014</u> | <u>1853</u> | <u>2867</u> | <u>359</u> | <u>793</u> | <u>1152</u> |

In the age group 65—74, an out-patient service can make a big contribution, for many of these patients are depressed and they respond well to treatment, and as they very much dislike leaving their own familiar surroundings they are deeply appreciative of our help. In 1956, 128 of these patients from the Worthing area were admitted to hospital. In 1959, there were 74 admissions. This is a reduction of 42.5% on the control year. With regard to the age group 75 and upwards, the impact of the Service has not been so great. In this group, which is steadily increasing, we get some depressives, but we also have the dementias, terminal confusional states and senile psychoses. I do not feel that the complete solution has been found, however, and much more research is required. Nevertheless, the Worthing Service reduced the number of patients coming into hospital from 70 in 1956, to 53 in 1959, a reduction of 24.3%.

The effect of the Worthing Service on the older age groups is shown in detail in the table below:

TABLE IV

ADMISSION OF ELDERLY AND AGED PATIENTS TO GRAYLINGWELL HOSPITAL

| Age | 1956 | | | | 1959 | | | |
|-------|-----------|------------|------------|-----|-----------|-----------|------------|--------------------|
| | M. | F. | T. | | M. | F. | T. | |
| 65—69 | 18 | 46 | 64 | 128 | 16 | 20 | 36 | 74=42.2% reduction |
| 70—74 | 12 | 52 | 64 | | 14 | 24 | 38 | |
| 75—79 | 10 | 27 | 37 | 70 | 9 | 17 | 26 | 53=24.3% „ |
| 80+ | 9 | 24 | 33 | | 12 | 15 | 27 | |
| | <u>49</u> | <u>149</u> | <u>198</u> | | <u>51</u> | <u>76</u> | <u>127</u> | =35.9% „ |

4. FOLLOW-UP STUDIES OF THE 1957 AND 1958 ADMISSIONS.

The impact of the Worthing Service has been, of course, mostly on what would formerly have been short-stay recoverable patients. With few exceptions these are now treated as out-patients. There could, therefore, be some apprehension that only long-term patients with a poor prognosis, together with an increasing number of senile patients, are being admitted to hospital. On 30th September, 1960, a follow-up study was made of the 1957 admissions and results are given below:

TABLE V

| | | | M. | F. | T. |
|---------------------------|-----|-----|-----|-----|-----|
| Admitted | ... | ... | 108 | 176 | 284 |
| Discharged | ... | ... | 90 | 144 | 234 |
| Died ... | ... | ... | 16 | 23 | 39 |
| Still on books on 30.9.60 | | | 2 | 9 | 11 |

From the above it will be seen that only 11 patients of the 284 admitted during 1957 remain on the books. There is no evidence here, therefore, that the hospital is being downgraded and receiving only terminal and untreatable cases. This opinion is reinforced by a follow-up study of the 1958 admissions, again made on 30th September, 1960.

TABLE VI

| | | | M. | F. | T. |
|---------------------------|-----|-----|----|-----|-----|
| Admitted | ... | ... | 78 | 169 | 247 |
| Discharged | ... | ... | 59 | 128 | 187 |
| Died ... | ... | ... | 13 | 26 | 39 |
| Still on books on 30.9.60 | | | 6 | 15 | 21 |

Once again we see no sign of the hospital being silted up with hopeless and chronic patients. Only 21 of the 247 admissions continue in hospital, and most of these are in the later age group—the greatest psychiatric problem facing West Sussex. Actually, the types of patients being admitted today are similar to those admitted before the Worthing Service was introduced, only they are fewer in number and for clinical and social reasons they could not be adequately treated as out-patients.

5. OBSERVATIONS.

By 1956 much had been done to educate the public about mental illness and particularly the importance of early treatment. The general practitioners had also attended many clinical meetings to keep them abreast of modern developments and the necessity of prompt diagnosis. At the same time the hospital had been upgraded and made acceptable to the general public. These conditions prevailing, it is not surprising that admissions to Graylingwell rose from 735 in 1950 to 1345 in 1956, and it appeared as though Parkinson's Law was in full operation.

The Worthing Community Service has undoubtedly stopped this spiralling admission rate. Good public relations are essential for such a service to operate efficiently and, as has already been said, we are fortunate about this in Worthing. While almost any kind of patient can be treated as an out-patient, or at home if the background is favourable, in the main a service such as we have in Worthing is designed for the treatment of psychiatric patients in the early stage of their illness—hence the need for an enlightened public and family doctors who refer promptly. These are the patients who were formerly short-term non-statutory patients and who were largely responsible for the great increase in the admission rate. These are now treated effectively as out-patients and they prefer it this way: a domestic upheaval is avoided, while in many cases there is no loss of employment.

The reduction in the number of admissions is not necessarily the best yard-stick to use when judging the success of an out-patient treatment service. Now that we are no longer obsessed with the idea that psychiatric treatment automatically means in-patient treatment in a mental hospital, we can place the hospital in its right perspective in relation to other treatment services available. What we are trying to provide is a comprehensive scheme which will best meet the needs of all kinds of patients. From experience we have found that 4 out of 5 of the patients referred to us can be successfully treated while still remaining in the community. For the remaining 20%, however, in-patient treatment was essential and there will always be a number of patients in this category. Having an out-patient service, however, does make it easier for patients to be discharged from hospital and continue their follow-up treatment while at home. Finally, as in many other hospitals, we have also found that the hospital can render a valuable service to the community by admitting patients for a stated period to enable relatives to have holidays or to tide them over some domestic crisis. It is

felt, therefore, that a psychiatric service is better assessed on how well it meets the needs of the patients and the community rather than place all the emphasis on a massive reduction of the admission rate.

All patients are referred to the service in the first instance and we decide whether they shall be admitted to hospital or treated as out-patients. We feel that to give out-patient treatment effectively the patient must be able to give his full co-operation, have a favourable background and need only those treatments which are available for out-patients. Where these requirements cannot be fulfilled we advise immediate admission, and, wherever possible, as informal patients. The Worthing Service itself has done much to improve public relations and now that it is widely known that we are not going to recommend hospitalisation unless this is necessary, the patients come to us without delay. In this respect we are grateful to the general practitioners: all of them use the service, some extensively, they take a keen interest in our work and a group of them have just completed a course of instruction in psychotherapy and are now treating some of their own neurotic patients.

The largest group of patients referred to us consists of those suffering from the affective disorders, mostly depressions. Understandably, there might be some apprehension that in treating large numbers of depressed patients as out-patients the suicide rate for the district would be greatly increased. This, however, has not proved to be the case. Through the kindness of H.M. Coroner we have been given access to all the files dealing with suicides and the following are the facts: in 1956, the control year, there were 20 suicides: in 1957 there were 22, in 1958 21, and in 1959 there were 20 suicides. It would appear, therefore, that the Worthing Service has had no significant effect on the suicide rate. It is well known, however, that patients who are really determined on suicide rarely consult anybody. Where the requirements already mentioned are present we believe that those depressed patients who do ask for our help can be safely treated as out-patients. There should, however, be no delay.

Neurotic patients form another large group. Anxiety states are by far the most frequent, followed by the hysterias and some obsessional states. Giving psychotherapy to these patients makes heavy demands on one's time, but we feel that it is better psychiatric practice to treat them while still in the community and, indeed, only in special circumstances do we admit them to hospital.

B. THE CHICHESTER AND DISTRICT PSYCHIATRIC SERVICE

1st January, 1958 to 31st December, 1959

1. INTRODUCTION.

The Chichester and District Psychiatric Service was started on the 1st January, 1958. This was the result of local initiative and enterprise and the Hospital Management Committee agreed to the staff of Graylingwell setting up a community service based on the hospital itself. Once again, therefore, this is a hospital project although the local Health Authority has taken a close interest in the work and have been particularly helpful in allowing us to use their Hospital Car Service, which is so essential to our work. The Chichester Service was modelled on that already in operation in Worthing but, of course, it has complete clinical independence. The object of the Service was to provide more treatment for out-patients and thereby reduce hospitalisation.

2. LOCATION AND ORGANISATION OF THE SERVICE.

The area covered by the Chichester Service is the same as that served by the Out-Patient Clinic at the Royal West Sussex Hospital, Chichester. It extends over the western half of the county where there are many small towns, hamlets and villages; the resident population amounts to approximately 110,000 and consists almost entirely of rural people. The activities in the area in 1957 serve as a control and during that year 463 patients were admitted to the hospital. As in Worthing, the patients are referred to the Service by their family doctors and no patient is admitted to Graylingwell without first being screened by the Service.

Part of the women's side of Summersdale Villa is used as the Day Hospital for the Chichester Service and although this villa is in the grounds of the hospital it has its own separate entrance and has proved to be suitable for the purpose.

The actual work of the Service is carried out by Dr. J. D. Morrissey, Consultant Psychiatrist, Dr. J. Towers, Consultant Psychiatrist and Dr. J. P. Scrivener, Senior Hospital Medical Officer, whilst I myself am available for advice and guidance. Nursing and other grades of staff are drawn from the hospital and no additional staff of any kind has been engaged.

3 STATISTICS WITH COMMENTS.

(a) **Number of cases.**—The following table shows the number of patients referred to the Service :

TABLE VII

| | TOTAL CASES | | | NEW CASES | | | FOLLOW-UP CASES | | |
|------|-------------|-------------|-------------|------------|-------------|-------------|-----------------|-----------|------------|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| 1958 | 345 | 580 | 925 | 313 | 529 | 842 | 32 | 51 | 83 |
| 1959 | 336 | 529 | 865 | 326 | 515 | 841 | 10 | 14 | 24 |
| | <u>681</u> | <u>1109</u> | <u>1790</u> | <u>639</u> | <u>1044</u> | <u>1638</u> | <u>42</u> | <u>65</u> | <u>107</u> |

Again as in Worthing, the number of new cases has remained remarkably constant and it would appear that in the Chichester area also we have reached our maximum case load. 70 new cases a month from such a scattered area is undoubtedly a high rate of referral and I believe this is due to the excellent public relations which we have also established in the western half of the county. Of the 841 new cases examined in 1959, 578 or 68.7% were treated by the staff of the hospital as out-patients; in addition, during the past two years the hospital staff have provided psychiatric supervision for over 100 patients discharged from Graylingwell. These results could only have been achieved by extra effort and excellent team-work and Dr. Morrissey and indeed all members of the staff of the hospital are to be congratulated.

Rather more than one-third of the new cases were seen at the Clinic at the Royal West Sussex Hospital, which is part of the Chichester Service. A similar number were seen on domiciliary visits and in a good proportion of cases more than one visit was required. The remainder of the new patients were seen by appointment at the day hospital.

(b) **Activities in the Day Hospital.**—Day patients numbering between 20 to 30 attend the day hospital on five days a week. They arrive at 9 a.m. and leave at varying times during the day. Free meals are provided. A good proportion have some form of

special treatment but all take part in occupational therapy and physical exercises. In addition, however, a large number of patients attend the day hospital by appointment for special treatment.

We have again found that nearly all the treatments used in the hospital can be made available for out-patients with very good clinical results. The patients attend willingly and they prefer to have their treatment as out-patients.

The Chichester Day Hospital is also a very busy unit. It is not only doing good work for out-patients but I feel that it is having an effect on Graylingwell itself. The full-time staff of the hospital can now see the results and even the advantages of treating many psychiatric patients whilst they remain in the community. In selected cases some members of the nursing staff have paid domiciliary visits to patients who have been discharged but who need a certain amount of follow-up supervision. The work of the psychiatric social worker has also changed insofar as she spends more of her time with patients, assisting in their rehabilitation and is not now required to provide so many elaborate case histories.

(c) Admissions to Graylingwell Hospital from the Chichester area.—

TABLE VIII

| | M. | F. | T. | |
|------|-----|-----|-----|--|
| 1957 | 158 | 305 | 463 | Before the Chichester Service |
| 1958 | 66 | 162 | 228 | Reduction of 50.7% as compared with 1957 |
| 1959 | 96 | 167 | 263 | „ „ 43.2% „ „ „ „ |

From the above table it will be seen that there was a big reduction in the number of admissions to the hospital from the Chichester area. Again as in Worthing, the impact of the service is mostly on the group of patients who would formerly have been short-term recoverable cases. These are now treated successfully as out-patients and my colleagues have exercised the same care in safeguarding the families from any undue stress or strain. Considering that this work was done by the full-time staff of the the hospital, I think that the results were an outstanding achievement.

(d) Geriatrics.—As will be seen from the table below, a high proportion of patients referred to the Chichester Service have been in the older age groups.

TABLE IX

| | UNDER 65 | | | 65 AND OVER | | |
|------|------------|------------|-------------|-------------|------------|------------|
| | M. | F. | T. | M. | F. | T. |
| 1958 | 256 | 422 | 678 | 89 | 158 | 247 |
| 1959 | 256 | 396 | 652 | 80 | 133 | 213 |
| | <u>512</u> | <u>818</u> | <u>1330</u> | <u>169</u> | <u>291</u> | <u>460</u> |

The Chichester Service has been able to help a large number of patients between 65 and 74 because in this group we are dealing with many depressed patients who respond very well to out-patient treatment. In patients aged 75 and upwards, however, the Chichester Service, with its very scattered area, has not been able to make any contribution. These patients include the true dementias, senile confusional states and psychoses, and in these conditions—and in this particular area of the county—in-patient treatment is essential. In the table below the effect of the service is shown in detail:

TABLE X

ADMISSION OF ELDERLY AND AGED PATIENTS TO GRAYLINGWELL HOSPITAL

| | 1957 | | | | 1959 | | | |
|-------|-----------|-----------|------------|----|-----------|-----------|------------|-------------------|
| Age | M. | F. | T. | | M. | F. | T. | |
| 65—69 | 15 | 40 | 55 | 88 | 9 | 17 | 26 | 52=41% reduction |
| 70—74 | 10 | 23 | 33 | | 12 | 14 | 26 | |
| 75—79 | 7 | 15 | 22 | 44 | 9 | 13 | 22 | 50=13.6% increase |
| 80+ | 6 | 16 | 22 | | 14 | 14 | 28 | |
| | <u>38</u> | <u>94</u> | <u>132</u> | | <u>44</u> | <u>58</u> | <u>102</u> | =22.7% reduction |

4. FOLLOW-UP STUDY OF THE 1958 ADMISSIONS.

On 30th September, 1960, a follow-up study was made of the 1958 admissions from the Chichester area and the results are given in the following table:

TABLE XI

| | | | M. | F. | T. |
|---------------------------|-----|-----|----------|-----------|-----------|
| Admitted | ... | ... | 66 | 162 | 228 |
| Discharged | ... | ... | 46 | 128 | 174 |
| Died... | ... | ... | 15 | 21 | 36 |
| Still on books on 30.9.60 | | | <u>5</u> | <u>13</u> | <u>18</u> |

It will be noted that only 18 of the 228 patients admitted to hospital are still on the books. This is further confirmation that having active community services does not mean that only chronic and hopeless cases are being sent into Graylingwell. Actually, as I have said before, the same type of cases are being admitted only they are fewer in number and they respond well to active treatment. I should also mention that few neurotic patients have been admitted from the Chichester area.

C. HORSHAM AND CRAWLEY OUT-PATIENT CLINICS.

I had hoped that by this time I would have been able to report the setting-up of a community service in Horsham and district similar to those at Worthing and Chichester. Unfortunately we have not yet been able to find suitable premises at Horsham to act as a day hospital. The search, however, continues.

We have an active clinic attached to the Horsham Hospital, which is held each Monday and Thursday. Dr. B. H. Vawdrey is in charge and he has the assistance of Dr. J. S. Bland, Dr. A. R. Jones, Dr. N. Kaye and Dr. N. B. Kreitman, while Miss V. Arendt, Hospital Almoner, carries out the social work. The conditions under which this clinic operates are far from satisfactory, as Horsham Hospital has no out-patient department of its own but has the loan of some premises belonging to the local Health Authority.

On 1st October, 1959, it was possible to start an out-patient clinic in the Crawley Hospital, and while this has eased some of the overcrowding at Horsham, there is still an urgent need for adequate out-patient accommodation.

Attendances for the combined clinics for the year 1959, amounted to: 297 new patients; total attendances 2406.

D. PUBLIC RELATIONS.

Each year in this Annual Report I stress the great importance of good public relations because I am more than ever convinced that early treatment, particularly of psychiatric illness, can mean not only improved results but the avoidance of a painful and distressing illness. It has been said that the public relations in West Sussex are of a very high order and I believe that much of this is due to the co-operation and help we are always receiving from the family doctors. Not only do they detect the early signs

of psychiatric illness and refer their patients to us promptly, but they take a very keen interest in our speciality and in the work which we are doing.

We have also had great assistance from the League of Friends of Chichester Hospitals and the Worthing and District League of Friends of Graylingwell. Here we have two groups of people who are taking a personal interest in the welfare of the patients and the work of the hospital. They have provided amenities and refinements which have improved the standard of comfort in the hospital, and they have also arranged outings and entertainments for a large number of patients.

The Worthing Friends of Graylingwell have held monthly Coffee Mornings and these have included talks given by guest speakers on psychiatry and Graylingwell Hospital. The meetings have been well attended and their continued interest in our work has itself been a helpful contribution to good public relations, and the patients and staff are grateful to them.

During the year the Women's Voluntary Services have continued to give us their generous assistance. Regularly they attend on visiting days and help to prepare and serve tea to the visitors, and they continue to run the Hospital library most efficiently. In addition, however, from time to time we appeal to them on other matters and we have always found them to be willing and anxious to assist, and we are sincerely grateful to them.

The Women's Institutes have again taken a personal interest in the patients. During the summer months the Selsey W.I. have regularly entertained groups of long-stay patients in their own homes, while a number of other W.I.'s arranged similar hospitality. These visits to the homes of ordinary people have been much appreciated by the patients and again this personal service has improved public relations.

E. GRAYLINGWELL HOSPITAL. SUMMERSDALE HOSPITAL.

1. ADMISSIONS

A comparison of the number and status of the patients admitted direct to the hospitals during 1958 and 1959 is given below :

| | 1958 | | | 1959 | | | Increase or decrease |
|-------------------------|------------|------------|------------|------------|------------|------------|-------------------------|
| | M. | F. | T. | M. | F. | T. | |
| Non-Statutory ... | 189 | 59 | 248 | 168 | 206 | 374 | + 126 |
| Voluntary ... | 123 | 222 | 345 | 67 | 163 | 230 | — 115 |
| Temporary ... | 1 | — | 1 | — | — | — | — 1 |
| Certified ... | 45 | 119 | 164 | 62 | 119 | 181 | + 17 |
| Magistrates Courts Acts | 1 | — | 1 | 1 | — | 1 | |
| | <u>359</u> | <u>400</u> | <u>759</u> | <u>298</u> | <u>488</u> | <u>786</u> | + 27 |

The average age on admission was 54.9 years. The proportion of elderly patients aged 70 and over on admission accounted for 26.6% of the total admissions for the year. During 1959, 66 patients aged 80 years or over were admitted.

76.8% of the total direct admissions were voluntary or non-statutory patients. Of the 181 classified as certified, 145 were admitted under Urgency Orders—an order authorising removal but lasting only seven days. Of these, 6 left at the expiration of the order, 71 continued as voluntary patients, 39 continued as informal patients, 1 was discharged under Section 77, 1 died, and in only 27 cases was it necessary to proceed with full certification. In practice, therefore, 714 or 90.8% received treatment as voluntary or non-statutory patients.

To show the impact of the community services on the number of patients needing hospitalisation it is necessary to compare the present admission rate with that for the year 1956 when there were no community services. In that year 1345 patients were admitted, whereas in 1959 there were only 786—a reduction of 41.5%. This reduction is largely the result of treating as out-patients, short term cases who formerly were admitted to hospital.

Finally, as a result of the community services there were 54,232 in-patients days fewer than in 1956. This must mean that less money was spent on food, bed-linen, laundry and running charges.

2. INVESTIGATION AND TREATMENT.

Dr. J. D. Morrissey reports :—

Routine pathological investigations, as previously reported, have been carried out on all patients admitted to hospital. In addition, the Departments of Clinical Psychology, X-Ray, Neurology and Electro-encephalography are available for further investigations where these are indicated on clinical grounds. All these departments have also played an active part in our two out-patient services.

We continue to receive invaluable help from our visiting consultant staff. During the year Mr. Roberts, the Dental Surgeon, resigned and his place has been taken by Mr. D. Robertson-Ritchie, to whom we extend a very warm welcome. The operating theatre was closed for renovation and redecoration from June to December and during this period Mr. Miles, the Consultant Surgeon, kindly arranged for operations to be carried out at the Royal West Sussex Hospital.

In recent years there has been a great increase in the numbers of new drugs which have been made available for the treatment of the psychiatric patients. This is especially true of the phenothiazine group and these drugs continue to be used extensively not only in the treatment of acute illness but also in the long-term management of the chronic states. Used alone, or in combination with E.C.T., they have replaced deep insulin as the treatment of choice in Schizophrenia.

Advances have also been made in the treatment of affective disorders. The newer anti-depressive or thymoleptic drugs are especially effective in the treatment of the reactive depressions and the less severe endogenous illnesses. There is still, however, a place for such established treatments as E.C.T., particularly in the more severe forms of affective disorder.

3. OCCUPATIONAL AND SOCIAL THERAPY.

Dr. J. Towers reports :—

The aim of in-patient treatment in a modern mental hospital is to enable the patient to resume his normal life, efficient at work and happy at home. It is, therefore, an important part of his treatment that he should not lose the habit of regular work on the one hand and the habit of normal sociability on the other.

Equally, the rehabilitation of the long-stay patient, who so often has lost all touch with the outside world, demands the gradual restoration of these habits before attempts to return him to the general community can have any hope of success.

For these reasons the utilitarian forms of occupation are encouraged in this hospital, for they are just as therapeutic as what is usually understood by occupational therapy and may be of more value if giving a sense of pride of achievement and a feeling of belonging usefully to the social unit. Success depends largely on the nursing staff and it is a tribute to their industry, with the co-operation of the staff of nearly every department in the hospital, that over four-fifths of the patients are usefully occupied for five days a week. The women are taught a variety of crafts, to make articles for themselves, for other patients, for the wards, and for sale. They are encouraged to make their own dresses and woollens and assist in the hospital needleroom and laundry. They help to prepare the large quantities of vegetables required by the hospital kitchen. Many women dislike sedentary work and prefer to help on the wards, either with domestic work or with looking after other patients under nursing supervision. Others join in physical training groups or take part in games or walks, and there are even one or two keen gardeners. The men work in the vegetable and flower gardens, in the carpenter's shop, with the painters, plumbers and blacksmith, as well as being of considerable assistance in the wards. As stated in the last Annual Report, the patients have undertaken two major projects which are getting well ahead. The dilapidated farm buildings are being converted into a rehabilitation unit and so far a gymnasium and an industrial therapy room have been finished. A social club with cafeteria, a games room and a concrete games court will complete the unit. Secondly, work has been proceeding steadily with a paved walk round the park, and a third of it has been completed. When finished it will be three-quarters of a mile long and will have entailed the making and laying of some seven thousand flagstones and three thousand edging moulds.

All these activities are chiefly used in occupying the long-stay patients, though several new patients prefer to take part in them, rather than in the more specialised units for occupational therapy, where the staff cope admirably with a constantly changing throng of short-stay in-patients at Summersdale and out-patients at Summersdale and Worthing. Their success is seen in the frequency with which patients ask if they can continue their treatment a little longer so that they can finish off an article they are making in the Occupational Therapy Department.

An average of eighteen patients (men and women) are doing ordinary jobs in the City of Chichester and surrounding district, either full-or part-time, while still living in the hospital. This often proves an excellent half-way stage in the process of a patient's return to society.

Finally, we have been trying to encourage the old people to try their hand at something. Very many of them, of course, are too much out of touch, and these constitute nearly all the unoccupied one-fifth in the hospital. Groups have been formed in the wards, however, for a considerable number and, while there is very little production, the patients seem happier and less restless.

The social and recreational activities provided for and by the patients have continued in full swing throughout the year. Their own social club has organised outings to places as far as Blenheim Palace, trips on the Thames, and visits to pantomime. Greatly appreciated, too, are the monthly tea parties and Christmas party organised by the Selsey Women's Institute, and many other village clubs and Women's Institutes have been kind enough to invite groups of patients to tea and entertainment. Particular mention must be made of the seven visits to "Twinkle," followed by tea on Worthing Pier, arranged by the Worthing Friends of Graylingwell.

On the sporting side, the patient's football and cricket teams continue to flourish in spite of an increasing dearth of players—at least, young ones. Our own annual sports day was held on 7th July, and a team of twenty-four—twelve of each sex—was sent to the first inter-hospital sports competition at Botleys Park Hospital on 22nd June.

In the hospital itself, dances and socials, films, whist drives community singing, play-reading, Darby and Joan Club, fill the hall nearly every evening of the week. Visiting concert parties add to the variety, and the monthly concert of more serious music by professional artistes have continued to be greatly appreciated.

It would not be right to end this account without mentioning the importance of keeping the patient in touch with home. Evening visiting now takes place on wards where it can be conveniently arranged, and many patients are able to spend weekends at home. It is most encouraging too, that several of our long-stay patients, some of them having seen little or nothing outside of the hospital for many years, have been able to go to their relatives for periods of leave.

4. DISCHARGES.

The following table gives the discharges, departures, etc., during the year 1959:

| | Recovered | | | Relieved | | | Not Improved | | | Total | | |
|-----------------------------|-----------|-----|-----|----------|-----|-----|--------------|----|----|-------|-----|-----|
| | M. | F. | T. | M. | M. | T. | M. | F. | T. | M. | F. | T. |
| Non-Statutory ... | 84 | 126 | 210 | 84 | 123 | 207 | 16 | 22 | 38 | 184 | 271 | 455 |
| Voluntary ... | 9 | 47 | 56 | 13 | 59 | 72 | 3 | 21 | 24 | 25 | 127 | 152 |
| Temporary ... | — | — | — | — | — | — | — | — | — | — | — | — |
| Certified ... | 1 | 12 | 13 | 5 | 18 | 23 | 3 | 1 | 4 | 9 | 31 | 40 |
| Magistrates Courts Acts ... | — | — | — | — | — | — | 1 | — | 1 | 1 | — | 1 |
| | 94 | 185 | 279 | 102 | 200 | 302 | 23 | 44 | 67 | 219 | 429 | 648 |

During the year, 279 patients recovered from their illness and were discharged—a recovery rate of 35.5% calculated on direct admissions.

In addition, 302 patients whose condition was relieved left the hospital. Calculated on the total number of direct admissions, these two figures together give a percentage of 73.9 recovered and relieved.

5. GENERAL HEALTH.

During 1959 there were no cases of typhoid, dysentery or tuberculosis. There were no serious outbreaks of illness and the general health of the patients was satisfactory.

The upgrading of the hospital continued as in previous years and the standard of comfort was improved. Two of the wards on the men's side and two on the women's side have had special attention, including considerable structural alteration of the sanitary annexes and ward kitchens. It is hoped that these very necessary improvements will be brought about in the other wards.

With the introduction of the community services fewer short-term cases are coming to hospital and it is very gratifying to know that through improved treatments we are able to prevent patients from becoming chronic long-stay cases. In the hospital, however, we still have a large number of chronic patients who are now receiving special attention. Through drug therapy together with occupational and social therapy and frequent holidays we have already been able to rehabilitate a considerable number of these patients, and this work is continuing.

6. DEATHS.

Below are given figures relating to the deaths which occurred during 1959 :

| | | M. | F. | T. |
|---------------|-----|----|----|-----|
| Non-statutory | ... | 10 | 26 | 36 |
| Voluntary... | ... | 29 | 28 | 57 |
| Certified ... | ... | 10 | 19 | 29 |
| | | 49 | 73 | 122 |

The average age at death was 75.8 years for Graylingwell Hospital. Post-mortem examinations were made in 72% of the cases. The death rate was 11.9%. Of the 122 patients who died during last year, 33, or 27% 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. HOSPITAL STAFF.

Since the last Annual Report the following changes have occurred in the composition of the medical staff : Dr. A. Spellman, Senior Registrar, left to become Consultant Psychiatrist at Stanley Royd Hospital, Wakefield ; Dr. J. W. G. Nixon, Registrar, was appointed Senior Registrar at Bexley Hospital. Dr. N. Kaye joined the staff as Senior Registrar, and Dr. E. E. Cureton and Dr. W. R. Costain joined as Registrars. Dr. Olive Sharp retired and Dr. B. H. Vawdrey was appointed Psychotherapist in her place.

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.

Miss M. Hannigan, Assistant Matron, left to take up another appointment at Powick Hospital, Worcester, and so far the vacancy has not been filled. Mr. L. Dicker retired and Mr. H. A. Lee was promoted to be Assistant Chief Male Nurse in his place.

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

NURSES IN TRAINING.

| | Female Students | Male Students | Total |
|---------------------|--------------------|------------------|-------|
| | 28 | 17 | 45 |
| EXAMINATION RESULTS | | | |
| FINAL | | | |
| Male | | 4 | 4 |
| Female | | 9 | 9 |
| PRELIMINARY | | | |
| Male | | 3 | 2 |
| Female | | 3 | 3 |

The new scheme of psychiatric nurse training which was commenced on 6th October, 1958, is proving to be satisfactory. 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.

8. OFFICIAL VISITS.

17th June, 1959. Commissioners of the Board of Control—Dr. E. N. Butler and Mr. N. C. Croft-Cohen.

19th June, 1959. Ministry of Pensions—Dr. E. M. Rollins.

CONCLUSION.

It is with pleasure that I tender my sincere thanks to all my colleagues, both professional and lay, for their loyal co-operation and willing assistance; and I would thank you, Mr. Chairman, Ladies and Gentlemen, for your continued encouragement and help.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOSHUA CARSE,

Medical Superintendent.

ANNUAL REPORT OF THE CLINICAL PSYCHIATRY RESEARCH UNIT.

There have been fewer changes in the staff in this than in previous years. It is a pleasure to have Dr. N. Kreitman as the new Senior Registrar to the Clinical Psychiatry Research Unit (our title has recently been changed from Group to Unit).

Our investigation of the clinical and environmental factors which favour admission to mental hospital and those which favour treatment at home, and of the effects on the family of caring for a mentally ill member, have been going ahead very satisfactorily. For this we are most grateful to our colleagues in the hospital for their generous co-operation and for so patiently completing the clinical Item Sheet. We are particularly indebted to Dr. Galbraith, Dr. Simpson and his staff, and to Mrs. Gertrude Smith and her social workers at the Old Manor Hospital in Salisbury, for also contributing to this investigation. The psychiatrists in Salisbury complete a clinical Item Sheet identical to that used in Chichester on all their new referrals and Mrs. Stamp, who now works in Salisbury, obtains the same social data as we do here. In this way the Old Manor is serving as a control hospital with which to compare the domiciliary and day hospital service in Chichester. Their invaluable assistance is very much appreciated.

Two pilot studies have been completed. In the first Drs. Morrissey, Towers and Scrivener kindly enabled Dr. Kreitman or myself to make a second examination of 90 consecutive patients coming into the service. In this way we were able to assess the reliability of the clinical information we are obtaining. Our findings have now been written up by Dr. Kreitman and elaborated into a study on the agreement which is found between psychiatrists, as regards both diagnosis and their clinical assessments of their patients. We have examined, for example, the extent to which psychiatrists agree on whether there is a history of mental illness in the patient's family, on the previous illnesses the patient has had, and as regards symptoms they record. This will be the first study of this kind. Our findings show a greater degree of agreement than is often supposed to exist between psychiatrists. For instance, on broad diagnostic categories agreement was obtained in 79% of patients, with 85% agreement for the organic group, 71% for the psychoses, 52% for the neuroses and 33% for all

other conditions. Diagnostic agreement correlated highly with agreement on previous illness. Agreement on family history was reached in 51% of the cases. Agreement on duration of illness was 58% but varied according to diagnostic category. Symptoms were also analysed in some detail. The highest agreement on whether a symptom was both present and of importance for differential diagnosis was found for "depression" (85%) and the lowest for "thought disorders" (0%).

Complementing this study was that of Dr. Grad, Mrs. Collins and Mrs. Stamp, who similarly studied the reliability of information obtained by psychiatric social workers under service conditions. The per cent agreement between them on the 72 items in their schedule was assessed and this reached a level of at least 85% on 63 items. Dr. Grad has also used the data to examine factors affecting the reliability of this kind of psychiatric social work interview; a subject on which there has been little previous work. She has found, for example, that there was less agreement about information obtained from persons in social classes 1 and 2; from any informant other than the patient's spouse; from females; and from informants rated by the PSWs as being poor witnesses.

We analysed our preliminary data on the first 60 old people seen in the Chichester area in order to monitor the research and to provide material for a paper I read at the 3rd International Congress of Gerontology in San Francisco. The results are encouraging in three respects:—

(a) They show that such factors as the composition of the family, and the family's attitude to the patient, relate to his admission. Whether the patient is admitted depends, we found, on whom he is living with. The patient who is living with a spouse is very much less likely to come into hospital than one who lives with a relative who is not his spouse; in fact, under the latter circumstances we found that the older patient is more likely to come in than if he is living alone. Similarly we found a definite relation between our assessment of the family attitude to the patient and whether or not he is admitted. Where the attitude is a positive and accepting one the doctor usually recommends community treatment, but an unfavourable hostile attitude was associated with admission.

(b) The effects on the family of patients who are eventually admitted and of those who are treated at home were clearly differentiated from one another.

(c) It was very evident that the disposal chosen for the elderly by the doctor—whether he advised hospital or domiciliary care—closely matched the assessments we had independently made of the burden that the patients were to their family.

I also undertook a study of suicide in old age for the Congress of Gerontology. It was shown that during the past 50 years suicide in women has been increasing, particularly in later life; but in men it has been decreasing though proportionately less so in the elderly. The relation of suicide to retirement and employment were also examined statistically and the adverse effects of unemployment in predisposing to suicide discussed. The incidence of other factors such as poverty, physical illness, bereavement and psychiatric illness, were compared in suicides in different age groups.

The study of mental illness in Crawley is completed and the large mass of material is still being examined. We have found that there is a higher rate of mental illness among women in Crawley than in the country as a whole in so far as this can be judged from the available figures. Significant differences in adjustment were also found between men and women. It appears as if mental illness in the men was not associated with moving to a New Town but may have been in women. Further examination of our results confirmed this view. The female, but not the male, patients' attitude to Crawley was significantly less favourable than that of the controls. The women patients also missed their relatives significantly more than did the controls; but the men did not differ significantly from the controls in this respect. Female patients were found to be very significantly more lonely than controls, whereas male patients were not. All women, whether patients or not, were more lonely in Crawley than in their previous locality. The women also participated significantly less in the social and leisure activities of Crawley, and they felt more bored than the controls did.

Dr. Redfearn, working with Dr. Lippold from University College, has begun some extremely interesting work on the effects of passing a very small direct current through the scalp. This has the effect of changing the electrical potential of the cortex of the brain (depolarising it). Their initial experiments were made on themselves. After some 20 minutes each of them experienced quite definite changes in mood in the direction of euphoria and increased excitability. These effects outlast the application of the current by many hours, sometimes for days. The actual passage of the current cannot be felt, nor is there any discomfort or

disagreeable sensations when it is passing. So far 5 normal people and 13 patients with different diagnoses have been studied. Some impressive changes in behaviour have occurred in some of them. For example, a catatonic schizophrenic spoke for the first time for 20 years while being treated and his catatonia disappeared for the time being. This case was filmed and shown when Dr. Redfearn and Dr. Lippold presented this work to a group of clinicians and physicians at University College. Their observations clearly merit further enquiry and they now intend systematically to examine further the clinical accompaniments of depolarisation, and to study the problems of technique involved.

In the psychosomatic field Dr. Kreitman has been comparing the physiological effects of stress with those of tobacco as a preliminary exploration into the psychology of smoking. I have followed up my previous work on neuroticism in psychosomatic disorders by examining in greater detail patients complaining of lowback pain. These were divided into two groups, the 15 scoring highest and the 15 scoring lowest on neuroticism and their case notes examined. The groups were then found also to differ on clinical symptoms and on previous history. It was concluded that backache patients can be differentiated into those in whom physical causes and those in whom psychological causes are foremost. These findings were presented at the annual meetings of the British Association of Physical Medicine. Dr. Redfearn has published further papers on tremor and on fatigue.

Mr. Knowles has continued to work on the problems of method in psychiatric trials and those of the placebo response. Methods of assessing the daily level of activity in patients have been developed by incorporating apparatus in their clothing. Using these means we hope to be able to assess some of the tranquilising drugs more objectively. Mr. Knowles and Dr. McBryde have completed a trial of pineal extract by comparing its effects with that of a saline solution on the behaviour of matched schizophrenics. They were unable to confirm the claims of previous workers that it was therapeutically active. Mr. Knowles also has another experiment now in progress designed to find whether, under clinical conditions, attitudes to medicine and the medical profession are related to placebo responding and whether racial groups differ in these respects.

Having reviewed the literature, Mr. Knowles has decided on his future work in this field; to determine the extent of the placebo response in the major diagnostic groups; to compare the psychological characteristics of patients who are consistent and

those who are inconsistent responders ; and to test the hypothesis that conditionability is related to placebo responding, and that differences in responding are due to differences in the rate of extinction of previously conditioned responses.

Mr. Shaw has continued with his work on the design of apparatus to enable more precise and reliable measurement of electro-physiological signals to be undertaken. He has further developed his simple and inexpensive analogue-to-digital converter and recorder. Mr. Shaw's future plans include the further development and practical application of digital-recording methods, devising more rapid methods for processing recorded psychophysiological data, and research into methods for quantifying and processing E.E.G. data.

Finally, the long list of publications is a measure of Mrs. Crews' arduous year. We are very grateful for her hard work on our behalf.

Our contribution to teaching has been to continue with the Journal Club and the Saturday morning Seminars to the D.P.M. candidates.

Once again I am very pleased to have the opportunity to thank Dr. Carse for his kind help and concern for the department. I would also like to express our indebtedness to the Group Secretary and nursing staff for always being willing to do their best for us.

Papers published and in the press, 1959-60.

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- SHAW, J. C. "Modifications to an Edison Swan Mark I Wave Analyser to give improved performance." *E.E.G. Clin. Neurophysiol.*, 1960, *12*, 523.

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Papers read at Meeting, etc.

- GRAD, J. C. "A comparison of the families of imbeciles cared for in hospital and at home." Paper read at R.M.P.A. November, 1959.
- GRAD, J. C. "Problems of parents with mentally retarded children at home." Paper read to the International Conference on the Backward Child. April, 1960.
- GRAD, J. C. "Research and Psychiatric Social Work" Lecture given at the London School of Economics. May, 1960.
- GRAD, J. C. "Some Social Problems associated with mental disorder." Paper read to the Somerset County Council Mental Health Staff Course. June, 1960.
- KNOWLES, J. "The use of rating scales in Clinical Research." Read at the R.M.P.A. Research Seminar. May, 1960.
- KREITMAN, N. "The Psychopathology of Maternal Hostility." Child Guidance Training Centre, London. March, 1960.
- KREITMAN, N. "The Reliability of Psychiatric Assessment." Runwell Hospital Society, October, 1960.
- REDFEARN, J. W. T. "Depersonalisation." Read to the Luton Scientific Association, Luton. November, 1959.
- SAINSBURY, P. "Research—present achievements and future needs." Read at the Royal College of Nursing Conference on Mental Health—Today & Tomorrow. October, 1959.
- SAINSBURY, P. "Neuroticism in unselected out-patients attending Physical Medicine and Orthopaedic Departments." Read at the Annual Meeting of the British Association of Physical Medicine. April, 1960.
- SAINSBURY, P. "Studies comparing the Community and Hospital care of the mentally ill." Read at the Annual Meeting of the British Medical Association. June, 1960.
- SAINSBURY, P. "Suicide in the middle and later years." Read at the 5th Congress of the International Association of Gerontology, San Francisco. August, 1960.

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PETER SAINSBURY,

Director.

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

GRAYLINGWELL HOSPITAL,
CHICHESTER.

27th October, 1960.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year ended 31st March, 1960.

GENERAL ADMINISTRATION.

The general upgrading of the Hospital continued throughout the year and many of the improvements made are referred to in detail below.

During the year under review Mr. P. A. Turner, Senior Accountancy Assistant left the Hospital to take the post of Deputy Group Secretary to the Hellesdon Group Hospital Management Committee at Norwich and Mr. J. F. Jenner from the Mid Sussex Group Hospital Management Committee joined my staff as Senior Supplies Assistant. Mr. V. Vass, Catering Officer resigned in February and this post has been allowed to remain vacant.

FINANCE.

There has been an increase of 16/2d. per week in the In-Patients weekly cost as compared with the year ended 31st March, 1959, thus making the total weekly cost of an in-patient £8 11s. 10d. Of this increase 7/5d. was due to a salary award giving increases to all grades of nursing staff. This together with other awards and some increase in the numbers of Hospital domestic staff added an additional £23,938 to the Hospital Budget. Increases in the cost of drugs, rates, patients' allowances and a reduction in receipts from the Hospital Market Garden were further factors which led to the higher cost.

The total cost of the Worthing and District Mental Health Service for the year ending 31st March, 1960, was £21,683 as compared with £20,149 for the previous year; again this increase

was due to the higher cost of salaries and wages. The total cost of all other out-patient services was £21,241.

The Amenity Fund contributed to the well-being of the patients and staff and a sum of £1,940 was expended during the year. Included in this expenditure was a grant to the staff Social Club to provide for the resurfacing of two tennis courts and the improvement of the club heating, also £263 was spent on patients outings during the summer.

SUPPLIES AND CATERING.

New furniture and equipment has been purchased during the year to replace old or to add to the existing amenities. During the period Lister Ward the new mens' sick unit was equipped and has since been opened. Equipment for other wards included the purchase of a number of modern wheeling beds together with interior sprung mattresses to replace old type Hospital beds. Rubber flooring in Amberley, Anderson and Nightingale Wards, the provision of Vent-Axia Fans, Sterilisers and Hot Water Circulating Bed-pan and Bottle Racks to more Wards and further equipment including stainless steel tables for the Kitchen.

The Joint Contracting arrangement for tea and flour with Mental Hospitals in the Wessex Region continues and there has also been co-operation with the Chichester and Worthing Group Hospital Management Committees in joint contracting. The Milk and Fuel Oil contracts are now operated jointly to the mutual advantage of all concerned. The estate continues to supply vegetables to the Chichester Group and Graylingwell Printing Department and Occupational Therapy Department both assist considerably in their respective spheres.

Improvements were made to the Patients' and Staff dietary towards the close of the year under review and it has been a pleasure to hear of the satisfaction which these have given to both patients and staff.

ESTATE.

The year 1959/60 was difficult both for the market garden and decorative garden owing to the prolonged drought.

Further work was carried out on the Estate Drive and Paths and work put in hand for the improvement of the Graylingwell Pond. The Poultry Farm continued to supply the Hospital with

eggs but with improvements in the dietary it has been necessary during the present year to augment this supply from outside. It is hoped next year to increase the stock sufficiently to cover all Hospital requirements.

WORKS DEPARTMENT.

The Superintendent Engineer was absent on sick leave for a considerable part of the year under review but Mr. C. Hamer, Assistant Engineer, has given me valuable assistance during this difficult period.

The work carried out during the year included the following :

Reconstruction of Operating Theatre.

Adaptation of ground floor of Duncton Ward to a Male Sick Ward. (Lister Ward).

Upgrading of Amberley 1 and 2 Wards.

Provision of additional Greenhouse.

Further repairs to drives and paths.

Replacement of Boiler, Summersdale Hospital.

Installation of an Incinerator.

Installation of Vent-Axia fans in more wards.

Exterior painting and the redecoration of Wards and Departments including Lister Ward, Staff Restaurant, Officers Dining Room, Nurse Training School, Summersdale Hospital and Farm House.

The construction of the new Central Boiler House is now proved to have been well worth while. The standard of heating has improved throughout the Hospital and the Unit Cost of steam has fallen from 8/4d. the previous year to 7/2d. per 1,000lb of steam raised for the year ended 31st March, 1960.

CONCLUSION

It now remains for me to thank the Medical Superintendent Dr. Joshua Carse, the medical staff and all other officers and staff of the Hospital for the assistance given to me and to thank you, Mr. Chairman, Ladies and Gentlemen, for your encouragement throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

E. C. ENGLAND,

Group Secretary, Finance and Supplies Officer.

REPORT OF THE COMMISSIONERS OF THE BOARD OF CONTROL.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

17th June, 1959.

Since the last visit, exactly 12 months ago, part of the insulin unit has been converted into an excellent library and reading room, and another part is to be used as a physiotherapy department. Rubber flooring has been laid in parts of 5 wards, and in several dormitories efficient ventilating fans have been installed. Very good progress has been made with the conversion of the old farm buildings into a patients' gymnasium, an industrial occupation centre and a domestic science unit, and in the last phase of conversion there will be a social club and canteen here also. All this work has been done by patient labour supervised by the Occupational Therapy Department. The accommodation in Lister Ward is being rearranged so as to provide another male sick ward, and the main kitchen and the operating theatre are being reconstructed.

Approval has now been received for the improvement of the ward kitchens and sanitary annexes, and it is hoped to provide before long an additional occupation therapy hut for non-statutory patients.

Five male and 9 female wards have now been de-designated, and indeed the number of non-statutory patients in residence exceeds the total of statutory patients.

Without exception the wards are comfortable, attractive, and well-furnished, and there is no overcrowding to cause discomfort or inconvenience. All patients have their own individual sets of personal clothing, and the laundry arrangements are very good indeed.

The dietary is ample and well-varied, and an evening meal is provided for all those who need it.

For many years now, Graylingwell Hospital has been noted for the exceptionally good organisation of patients' occupations and employments, and no doubt much of the success achieved is due to the senior assistant matron and the senior assistant chief

male nurse who are engaged solely in the supervision of this work. Only 22 men and 44 women are engaged solely in ward cleaning, a state of affairs which certainly calls for congratulation.

Yesterday there were in all 1005 patients resident in the hospital, 319 men and 686 women, of whom as many as 527 are non-statutory. It is unusual to find such a large excess of female over male patients. During 1958 there were 758 direct admissions, 248 of them non-statutory. All the wards but one, a male ward which is open only to the ward garden, are completely "open door" wards.

The nursing staffs are as follows:—

| | M. | F. |
|--|------------------|-------------------|
| Certificated or registered mental nurses | 66 + 5 part-time | 45 + 18 part-time |
| Nursing Assistants | 14 + 1 part-time | 31 + 11 part-time |
| Student Nurses | 15 | 28 |
| Passed Preliminary Examination only | 8 | 16 |
| Tutors (qualified) | 1 | 1 |

The training school is commodious and well-equipped. Miss L. De Gras is Matron, and Mr. G. R. Pratt is Chief Male Nurse. Miss De Gras is at present on leave, and in her absence, her deputy, Miss Caird accompanied us during our visit to the female wards. The senior medical staff is unchanged since last year.

In 1958, 127 patients died, 45 men and 82 woman, giving a mortality rate of 13.5%.

Since the last visit, 17 fractures have been recorded. The Hospital has been free from dysentery and typhoid since 1951, and at the moment there is only one case of tuberculosis. The sick wards are good, and here and throughout the Hospital the standard of nursing and general care appeared to us to be high.

We were impressed by the quality of the work maintained, both in psychiatry and in general medicine. Dr. Carse has always demanded a great deal from his medical officers, and he assured us that he is very satisfied with the present results.

The "Worthing Experiment" has been fully described, and is now well known in this Country and abroad. As was said last year, the scheme has been extended to the Chichester area, and it is hoped before long to apply the same methods to the remainder of the catchment area when a suitable house has been obtained

in Horsham. The importance and success of these schemes can be judged by the remarkable number of visitors who have come here to study the methods used. We were impressed by the enthusiasm of the doctors taking part in these schemes.

We had a very interesting talk with Dr. Peter Sainsbury, the Director of Clinical Research, who described to us the work now in progress.

There is an extensive out-patient programme, clinics being held at Horsham, Worthing, and at the Royal West Sussex Hospital, Chichester.

As always at Graylingwell, our visit has been extremely pleasant, and of absorbing interest. We have received every assistance from the Medical Superintendent, Dr. J. Carse, and his colleagues, particularly from Dr. J. D. Morrissey and Dr. J. Towers, as well as from Mr. E. C. England, the Group Secretary, and they have our thanks.

N. C. CROFT-COHEN

E. N. BUTLER,

Commissioners of the Board of Control.

THE CHURCH OF ENGLAND CHAPLAIN'S REPORT.

August, 1960.

Mr. Chairman, Ladies and Gentlemen,

In my seventh year as Chaplain, I am once again honoured to present my annual report to the Management Committee.

I should like to begin, by saying that recently, "out of the blue" I had a letter from a man who earlier this year was a patient here. In it he said: "As one who has received treatment at Graylingwell Hospital, I should very much like to have an opportunity for bearing witness to help I have received. It would be to me an act of gratitude." This man happens to be an ordained minister of the Church of England, and although his visit to preach in our Chapel did not exactly coincide with Mental Health Week (July 9-16) one feels that his testimony, entirely unsolicited, is appropriate in this Report. I should add that his talk was much to the point, concerning cases helped by our Lord as recorded in the Gospel according to St. Mark—some of them much the concern of their friends, and others quite the reverse.

It is of significance too, that during this Mental Health Year, the Bishop of the Diocese, Dr. R. Wilson, has recently appointed a senior priest to act as liaison between the diocese and the Church's Council of Healing. I have been in touch with this representative at his request. There is interest in such questions as effective schemes for closer and more intelligent co-operation between local churches and our mental hospitals, as well as the training of clergy in pastoral psychology and mental health work.

It has been my great regret that during past months, for some considerable period, my limited activities were curtailed by the need for rest and treatment of a very troublesome foot. This, through treatment at St. Richard's Hospital, I am glad to say has largely been put right, and I have been happy to resume more normal duties.

These in the main entail the regular Sunday services morning and evening in chapel; meeting patients; being available for interviews, and conducting certain regular ministrations.

Special services have included the usual Carol Service at Christmas; the Easter Festival; Harvest Thanksgiving, and the Remembrance Day Service. In addition we have been very

glad to welcome once again the choirs of St. Peter's, Chichester, and Bishop Otter College. The traditional visit on Good Friday of the former choir, under its conductor Mr. Ernest England, accompanied by the Rural Dean of Chichester, was warmly welcomed, which visit, in my opinion, does much to impart to this one day in particular, something of its most sacred significance! The choir of Bishop Otter College visited us twice. In December singing Bach's "Christmas Oratorio" and rendering Thiman's "Last Supper" in March.

Through another year there has been very happy co-operation with the Rev. A. W. H. Crowther the Free-Church Chaplain, who has continued to conduct one Sunday evening service each month. Others who have kindly come to share the ministry include; Rev. H. G. Bearman our County Librarian; Canon D. B. Eperson, Chaplain to Bishop Otter College; the Rev. The Hon. J. M. A. Kenworthy; Dr. L. H. Chandler (Sudan United Mission); Captain R. W. Moir, R.N., (Missions to Seamen); Rev. A. J. Liddon (Church Pastoral Aid Society); Rev. R. M. S. Eyre (Church Missionary Society); Rev. L. Brewster (Dr. Barnardos); Rev. P. Price (Bible Churchmen's Missionary Society); and Miss C. Cheal and Miss K. Maxwell (Panyam). Collections for represented societies have been taken, as well as for the Hospital Benevolent Fund.

Most gratefully do I include in this report my deepest thanks to all those members of our staff, who by their continued kindness and consideration, have done much to help me in my office. This is something valued far more deeply than words can ever express. It is invidious to make mention of names, but I am deeply appreciative of such friendliness, and the very evident desire to make the Chaplain feel he is welcome and necessary. This is true of so many, medical and otherwise, with whom I come regularly into contact either on Sunday or other days, whether in chapel, or the wards, the offices or the gardens, or other various departments.

Woodfield House, Oving, is visited as regularly as possible, not only by myself but by those ladies who continue to visit Kingsmead Villa every fortnight, and who this year conducted the Women's World Day of Prayer Service in our chapel, for women patients and members of staff. My Chaplain's 'Quiet Half Hour' is also conducted every Friday when possible at Summersdale Hospital.

It was my great pleasure yet once again to welcome a number of our patients to my church Garden Party in June, and on other

occasions to greet some outside the hospital. Having paid just tribute to our staff, I would like also to pay tribute to so many who as patients have been their care through another year. One very naturally ministers to quite a number who have been domiciled here some years, and who in spite of a greater measure of freedom than ever before, to say nothing of improved comforts and facilities, have thoughts at times of life otherwise. I am really impressed however by the number of those I meet here, who in spite of real adversity—adversity of a kind which imposes of necessity restrictions within certain confines—nevertheless display uncommon cheerfulness and courage. These sometimes, at least in my estimation, preach a sermon far more powerful than some which the Chaplain preaches on Sunday.

Having said this, I would again mention the services on Sunday in our chapel—one of the best facilities our hospital affords, for it is indeed a fine church. There, Sunday by Sunday, some seek Christian fellowship, and, I am sure, a measure of assurance, that for them perhaps, “the good wine is being kept till last!”

During the year I was called upon to officiate at 23 funerals of Graylingwell patients.

I am Your obedient servant,

R. R. MINTON.

THE FREE CHURCH CHAPLAIN'S REPORT.

28th June, 1960.

Mr. Chairman, Ladies and Gentlemen,

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

During the period under review I have continued to visit systematically and regularly every Free Church patient, trying as far as possible to keep to a definite time-table. This has proved advantageous, in that my visits to the wards are anticipated and I have found increasingly that patients await my coming and are prepared to talk with me, oftentimes sharing their problems and difficulties. This is, to me, an especially privileged ministry, and one which I trust is of help to those with whom I have to deal. In a number of cases I have been able to arrange that upon discharge from hospital this ministerial contact is maintained, if not with myself then with a colleague residing near to the patient's home.

In cordial co-operation with the Rev. R. R. Minton it has been my privilege to continue to conduct evening worship in the chapel on the second Sunday in each month. On Sunday mornings, and occasionally at other times, I have had the pleasure of welcoming a number of patients to my Church in Parklands, and in this I am indebted to one of my church members who assists by providing transport. It is my hope that this kind of fellowship will continue and be extended during the coming months.

Once again I must record my appreciation of the help and consideration extended to me by all members of the Hospital Staff, being particularly grateful to those Sisters and Charge Nurses who, when this facility is requested, so readily make available accommodation for private interviews on the wards.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. W. H. CROWTHER.

THE ROMAN CATHOLIC CHAPLAIN'S REPORT.

4th October, 1960.

Mr. Chairman, Ladies and Gentlemen,

After one of your meetings last year, you invited me, as a newcomer to Chichester, to meet the members of your Committee. This gracious invitation was gratefully accepted.

A group of Committee Members discussed with me the difficulties against providing a Catholic Chapel for the Hospital, and it was agreed on all sides that the only possible course was to shelve this project for the present. In the course of the discussion I learned that, contrary to my previous information, there never has been a permanent Catholic Chapel at Graylingwell.

Father Terence McLean Wilson continues to give devoted service as the active Catholic Chaplain to the Hospital.

In the name of the Catholic Community I would like to reiterate our thanks to the Committee and to the Staff of the Hospital for the generous facilities they give to Catholic patients to practise their faith. The Sister of Kingsmead Villa in particular is most kind in seeing that the television room of her ward is prepared for Mass every Tuesday morning, and in putting her office at the disposal of the priest. Father Wilson tells me that in fact he meets with unfailing courtesy and helpfulness throughout the hospital and for this I offer you all my very sincere thanks.

I remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

LANGTON D. FOX.

GRAYLINGWELL HOSPITAL IN-PATIENTS

Cost Statements for year ended 31st March, 1960

| Cost Unit | | ... | Per Patient Week | | | | |
|--|--|---------|------------------|-----------------------------|----|----|--|
| Total Units | | ... | 50,033 | | | | |
| | | ITEM | Expenditure | Unit Costs per Patient Week | | | |
| <i>Direct Expenditure</i> | | | £ | £ | s. | d. | |
| Salaries and Wages | | | | | | | |
| | Medical (Including R.H.B. Allocation) | ... | 14,762 | | 5 | 11 | |
| | Nursing ... | ... | 144,860 | 2 | 17 | 10 | |
| | Domestic ... | ... | 14,167 | | 5 | 8 | |
| | Professional and Technical | ... | 3,627 | | 1 | 6 | |
| | Other Staff | ... | 5,183 | | 2 | 1 | |
| | Patients Clothing | ... | 5,169 | | 2 | 1 | |
| | Drugs | ... | 8,261 | | 3 | 4 | |
| | Dressings | ... | 496 | | | 2 | |
| | Medical & Surgical Appliances & Equipment | ... | 1,080 | | | 5 | |
| | Furniture, Furnishings and Fittings | ... | 4,355 | | 1 | 9 | |
| | Hardware and Crockery | ... | 419 | | | 2 | |
| | Bedding and Linen | ... | 2,260 | | | 11 | |
| | Water | ... | 2,154 | | | 10 | |
| | Rents and Rates | ... | 7,871 | | 3 | 2 | |
| | Occupational Therapy (Expenditure less Income) | Cr. 253 | | Cr. | | 1 | |
| | Patients Allowances | ... | 7,305 | | 2 | 11 | |
| <i>Other Direct Expenses</i> | | | | | | | |
| | Cleaning Materials | ... | 1,820 | | | 9 | |
| | Staff Uniforms and Clothing | ... | 1,662 | | | 8 | |
| | Cleaning Appliances | ... | 227 | | | 1 | |
| | Staff Travelling Allowances | ... | 262 | | | 1 | |
| | Miscellaneous | ... | 5,513 | | 2 | 2 | |
| TOTAL DIRECT EXPENDITURE & UNIT COST | | | 231,200 | 4 | 12 | 5 | |
| <i>Indirect Expenditure (Transfers from General Service Accounts)</i> | | | | | | | |
| | Dispensary | ... | 2,025 | | | 10 | |
| | Cleaning and General Portering | ... | 7,021 | | 2 | 9 | |
| | Medical (Records & Clerical) Services | ... | 1,034 | | | 5 | |
| | Works and Maintenance | ... | 19,610 | | 7 | 10 | |
| | Power, Lighting and Heating | ... | 24,743 | | 9 | 10 | |
| | Laundry | ... | 13,944 | | 5 | 7 | |
| | Catering | ... | 90,124 | 1 | 16 | 0 | |
| | General Administration | ... | 35,773 | | 14 | 5 | |
| TOTAL INDIRECT EXPENDITURE & UNIT COST | | | 194,274 | 3 | 17 | 8 | |
| Total Direct & Indirect Expenditure & Unit Cost | | | 425,474 | 8 | 10 | 1 | |
| | Maintenance of Grounds | ... | 9,309 | | 3 | 9 | |
| | Deduct Direct Credits | ... | 10,064 | | 4 | 0 | |
| TOTAL NET EXPENDITURE IN-PATIENT DEPARTMENTS AND UNIT COSTS | | | 424,719 | 8 | 9 | 10 | |
| <i>Medical Service Departments (Proportion of expenditure relative to In-patients)</i> | | | | | | | |
| | Diagnostic X-Ray | ... | 1,034 | | | 5 | |
| | Pathological Laboratory | ... | 3,747 | | 1 | 6 | |
| | Physiotherapy | ... | 260 | | | 1 | |
| | | | 429,760 | 8 | 11 | 10 | |

GRAYLINGWELL HOSPITAL MANAGEMENT COMMITTEE

Summary of Group Expenditure for year ended 31st March, 1960

| ITEM | | | | | AMOUNT |
|---|-----|-----|-----|-----|-----------------------|
| <i>Expenditure</i> | | | | | £ |
| Salaries—Medical | ... | ... | ... | ... | 31,259 |
| Nursing | ... | ... | ... | ... | 159,920 |
| Other Staff | ... | ... | ... | ... | 131,406 |
| Provisions | ... | ... | ... | ... | 65,715 |
| Patients Clothing | ... | ... | ... | ... | 5,160 |
| Staff Uniforms | ... | ... | ... | ... | 2,041 |
| Drugs, Dressings, Medical and Surgical Appliances | ... | ... | ... | ... | 11,858 |
| Fuel, Light, Power and Water | ... | ... | ... | ... | 36,474 |
| Laundry | ... | ... | ... | ... | 13,500 |
| Maintenance Buildings, Plant and Grounds | ... | ... | ... | ... | 15,165 |
| Furniture and Furnishings | ... | ... | ... | ... | 5,389 |
| Hardware and Crockery | ... | ... | ... | ... | 826 |
| Bedding and Linen | ... | ... | ... | ... | 2,403 |
| Cleaning Materials | ... | ... | ... | ... | 2,626 |
| Transport and Travelling Expenses | ... | ... | ... | ... | 3,376 |
| Occupational Therapy | ... | ... | ... | ... | 1,719 |
| Rent and Rates | ... | ... | ... | ... | 11,596 |
| Printing, Stationery, etc. | ... | ... | ... | ... | 5,351 |
| Shops | ... | ... | ... | ... | 16,201 |
| Market Garden | ... | ... | ... | ... | 6,094 |
| Patients Allowances | ... | ... | ... | ... | 7,419 |
| Miscellaneous | ... | ... | ... | ... | 2,596 |
| | | | | | <u>538,094</u> |
| <i>Less Direct Credits</i> | | | | | £ |
| Staff Deductions & Charges for Board & Lodging | | | | | 11,524 |
| Occupational Therapy Sales | ... | .. | | | 1,944 |
| Shops | ... | ... | ... | | 18,910 |
| Market Garden Income | ... | ... | | | 11,601 |
| Other Authorities for Steam Supplies | ... | | | | 18,544 |
| Other Receipts | ... | ... | ... | | 3,748 |
| | | | | | <u>66,271</u> |
| | | | | | <u><u>471,823</u></u> |

General Table, showing the Movement of the Hospital Population during the year 1959.

| | Graylingwell Hospital | | | | | | | | | | | | | | |
|--|-----------------------|-----|----------|-----|-----------|------|----------|-----|---------|----|-------|----|-----|------|------|
| | Voluntary | | Informal | | Certified | | M.C. Act | | B'dmoor | | Total | | | | |
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | | | |
| On the Hospital Registers, 1st January, 1959 | 72 | 139 | 211 | 136 | 375 | 511 | 85 | 187 | 272 | — | — | — | 293 | 701 | 994 |
| Cases admitted during year (including Statutory Transfers and Transfers from informal status to within the provisions of the L. & M.T. Acts, 1890-1930 | 67 | 163 | 230 | 168 | 206 | 374 | 63 | 120 | 183 | 1 | — | 1 | 299 | 489 | 788 |
| Regradings | 39 | 57 | 96 | | | | -39 | -57 | -96 | — | — | — | — | — | — |
| Transfers from within the provisions of the L. & M.T. Acts, 1890-1930 to informal status | | | | 199 | 393 | 592 | | | | | | | 199 | 393 | 592 |
| Total cases under treatment during the year | 178 | 359 | 537 | 503 | 974 | 1477 | 109 | 250 | 359 | 1 | — | 1 | 791 | 1583 | 2374 |
| Cases discharged, departed or statutorily transferred during year (including transfers from within the provisions of the L. & M. Acts, 1890-1930) :— | | | | | | | | | | | | | | | |
| Recovered | 9 | 47 | 56 | 84 | 126 | 210 | 1 | 12 | 13 | | | | 94 | 185 | 279 |
| Relieved | 13 | 59 | 72 | 84 | 123 | 207 | 5 | 18 | 23 | | | | 102 | 200 | 302 |
| Not Improved | 3 | 21 | 24 | 31 | 25 | 56 | 3 | 1 | 4 | 1 | — | 1 | 38 | 47 | 85 |
| | 25 | 127 | 152 | 199 | 274 | 473 | 9 | 31 | 40 | 1 | — | 1 | 234 | 432 | 666 |
| Transfers from within the provisions of the L. & M.T. Acts, 1890-1930 to informal status | 124 | 204 | 328 | — | — | — | 75 | 189 | 264 | | | | 199 | 393 | 592 |
| Died during the year | 29 | 28 | 57 | 10 | 26 | 36 | 10 | 19 | 29 | | | | 49 | 73 | 122 |
| Total cases discharged, transferred and died during the year | 178 | 359 | 537 | 209 | 300 | 509 | 94 | 239 | 333 | 1 | — | 1 | 482 | 898 | 1380 |
| Average daily number on register during year | 78 | 134 | 212 | 174 | 413 | 587 | 68 | 155 | 223 | — | — | — | 320 | 702 | 1022 |
| On Hospital Registers, 31st December, 1959 | — | — | — | 294 | 674 | 968 | 15 | 11 | 26 | | | | 309 | 685 | 994 |

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 | | | No Improved | | | | | | | | | | | | | | | | | | | | | | | |
| | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T |
| 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 | 1 | 65 | 12 | 72 |
| 1959 | 299 | 489 | 788 | 94 | 185 | 279 | 102 | 200 | 302 | 38 | 47 | 85 | 49 | 73 | 122 | 309 | 685 | 994 | 319 | 703 | 1022 | 31 | 54 | 37 | 95 | 35 | 37 | 15 | 36 | 10 | 38 | 11 | 94 |



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