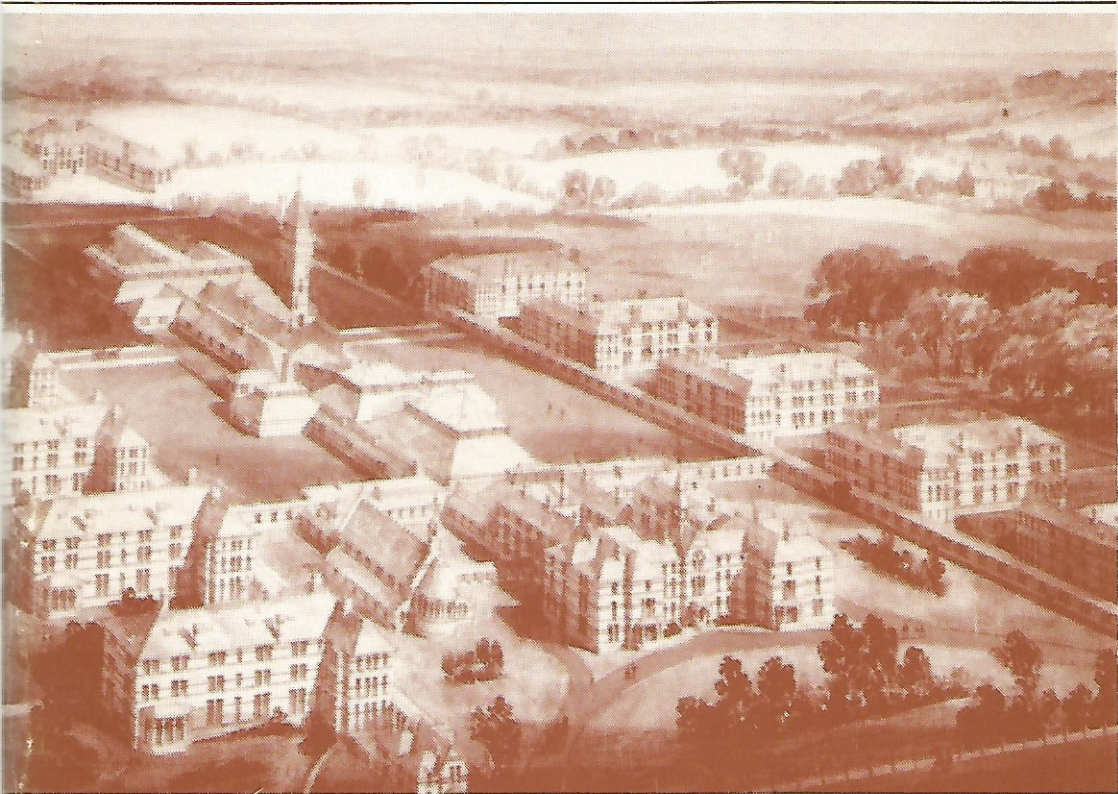


THE HISTORY OF LEAVESDEN HOSPITAL



By
Monica Diplock

Think of me first as a person

You look at me with pity, concern or indifference,
For I am a retarded person.
But you only see the outside me.
If I could express myself,
I would tell you what I am inside.
I am very much like you:
I feel pain and hunger.
I cannot ask politely for a glass of water,
But I know the parched dry feeling of thirst.
I itch when mosquitoes bite me
And run when I see a bee.
Though it is comfortable to be babied,
I am less dependent
When people treat me as grown up.
I don't want their sympathy;
I want their respect for what I can do.
I am slow, and many things you take for granted
Are hard for me.
I can hardly understand what "tomorrow" means.
If I can learn at my own pace and still be accepted,
I can fit into a world where slowness is suspected.
Think of me first as a person
Who hurts and loves and feels joy,
And know that I am a person to encourage and direct.
Smile and say "hello" -
Even that is worth much to me.

*Adapted by Dr. S.J. Koegler, executive director of the Michener Centre, Alberta, Canada,
originally written by Rita Dranginis.*

FOREWORD

When it became known that plans were being laid for the ultimate closure of Leavesden Hospital, it was felt that its history should be written before it was too late. An account of the early years had been made by the late Paddy Lundon and printed in "Insight" in Autumn 1971. This is an attempt to cover the period from 1867 to 1984.

Hugh Dulley sowed the seed in my mind during a lunch-time conversation a few months before I was due to retire. My first reaction was one of interest and agreement that someone should do this. A few weeks later, Hugh again broached the subject and suggested that I might like to be involved in the project. On the false assumption that I should be at a loose end after years of work, I agreed to "help" if others could be persuaded to become involved too. Bill Lyon, John O'Neill, Charles Finn, Ron Hughes, John Harris and Hugh Dulley all contributed their knowledge, expertise and criticisms and special thanks are due to John O'Neill for interviewing and taping conversations with ex-members of staff and to Donald Cameron and Jim Porter for checking my manuscript. We are also grateful to all those who have taken the trouble to write down their reminiscences and find old photographs, plans and souvenirs. Many more would be welcomed for the museum.

Minutes of the Metropolitan Asylums Board and London County Council committees from 1867 to 1948 (with the exception of two years, August 1939 to June 1940 and August 1940 to February 1941) are held in the archives of the Greater London Record Office in Northampton Road, Clerkenwell (now administered by the Corporation of London since the demise of the Greater London Council) together with numerous other reports and patients' records. Minutes of committee meetings since 1948 are in the basement of Leavesden Hospital. All the minutes and many reports were read and notes taken of relevant and important events, so that eventually they have been formed into a history. Much more could have been added and it has been difficult to condense the mass of information into what I hope is a readable whole.

The project has proved to be a fascinating study of social as well as hospital history over the last 116 years. It was felt that 1984 and another reorganisation would be a good stopping point prior to the changes about to be undertaken for the closure of the Annexe. It is to be hoped that someone will be able to complete the story when Leavesden finally closes its doors.

*Monica Diplock
September 1990*

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Chapter 1

INTRODUCTION

During the middle of the nineteenth century, the mentally handicapped were classified as idiots and imbeciles, the more severely handicapped being termed idiots and described as being "so deeply defective . . . as to be unable to guard themselves against common physical dangers". If they exhibited behaviour problems, they were probably cared for in "madhouses" together with the insane or lunatics suffering from a psychiatric illness. Imbeciles - those with mental defects less severely affected than idiots, but who were "incapable of managing themselves or their affairs" - and idiots who were not looked after by their families or who were in private homes (often run by unscrupulous owners) were allowed to wander at will to fend for themselves as best they could. Every village had its idiot who was frequently exploited and was the butt of unkind jokes. If they fell foul of the law, they were sent to prison, or to the local workhouse administered by the Poor Law Authorities to become a charge on the parish.

A few enlightened doctors had advocated reform in the treatment of the insane. In 1845, following the Act "for the Regulation and Care and Treatment of Lunatics", the Government appointed the Lunacy Commission (succeeded later by the Board of Control) to visit institutions and homes for lunatics (which included "idiots and every person of unsound mind") to see that patients were not improperly detained, that all received proper care and treatment, and that safeguards which Parliament had enacted were enforced. The Act required County Mental Hospitals to be built. The keynote of the future was to be prevention and treatment, whereas in the past it had been merely detention.

In the metropolitan area of London, the Poor Law Board provided workhouse infirmaries where all types of patient were accommodated, the sick, infirm, idiots and imbeciles, each parish and union being responsible for its own workhouse. Overcrowding prompted the Poor Law Board in 1866 to enquire into the "conditions of the infirmaries and sick wards of the metropolitan workhouses and their arrangements".

The need to separate those suffering from fever, smallpox or mental deficiency was recognised by Government. In 1867, the Metropolitan Poor Act was passed "for the Establishment . . . of Asylums for the Sick, Insane, and other classes of the poor . . .". The Poor Law Board on 15th May 1867 issued an Order combining the parishes and unions of the London metropolitan area into one Metropolitan Asylum District following which the Metropolitan Asylums Board was set up to relieve the parish authorities of the care and treatment of such poor persons "who could not be properly treated in workhouses". It was

managed by a committee of 60 persons, 45 elected by the various metropolitan Boards of Guardians of the Poor and 15 nominated by a department of the Poor Law Board (shortly afterwards in 1875 called the Local Government Board and later the Ministry of Health). In 1886, the number of committee members was increased to 72 and in 1913 to 73.

The first task of the M.A.B. was to devise means of isolating patients suffering from infectious diseases. During the next forty years, institutions were built for those suffering from smallpox and other infectious diseases, and asylums for all classes of mental defect. The funds required were raised by loans on the rates repayable with interest in twenty or thirty years.

Each institution was controlled by a separate committee with nominal direction from the M.A.B. When the committee system was rationalised in 1899, each branch of work was supervised by a committee specially appointed by the Board, so that the Leavesden Asylum Committee then came under the authority of the Asylums Committee.

As a result of the Mental Deficiency Act of 1913, the Metropolitan Asylums Board undertook the care of uncertified mental cases. The Local Government Act of 1929 transferred the powers and duties of the Metropolitan Asylums Board to the London County Council under whose control mental hospitals stayed until the advent of the National Health Service in 1948.

Chapter 2

BEGINNINGS – 1867-1870

At its meeting on 27th July 1867, the Board of Management of the Metropolitan Asylums Board (M.A.B.) appointed a Committee for the Insane which was instructed to ascertain "the number of insane patients for whom accommodation is required and the mode . . . by which such accommodation may be most efficiently provided". A few days later, the Committee for the Insane stated that 3,000 was the number necessary, that two buildings each containing 1,500 should be provided "one on the north side and the other on the south side of the Thames and that each be not less than 20 acres in extent"; that "each of the sites be within a radius of twenty miles from Charing Cross and in the vicinity of a railway station".

With that instruction, a search began for suitable sites. By the end of November 1867, after advertisements in leading newspapers of the day and enquiries to principal land agents, two sites were found – one "at Leavesden near Watford consisting of 76 acres or thereabouts for a sum not exceeding £7,600"; the other at Caterham in Surrey which, many years later, became known as St. Lawrence's Hospital.

A national competition was launched for architects' plans and ten firms competed. The winning entrant in March 1868 was Messrs. John Giles and Biven of 28 Craven Street, London, W.C. who, incidentally, was also the cheapest and whose similar designs for Caterham Asylum were also accepted. The firm was awarded a prize of £250. The final cost, amounting to £145,600 covered the buildings, layout of grounds, drainage, gas works, fencing, farm buildings, furniture and fittings, clothing etc.

Seven members of the Board of Management were appointed to superintend the erection of the proposed asylum and by June 1868 a Resident Engineer (Mr. John Lawson) and a Clerk of Works (Mr. Joshua Walker) were in post and building began soon afterwards.

The foundation stone was laid on 31st October 1868 by the Chairman of the Committee, William Henry Wyatt, J.P. (later Sir William), at a ceremony attended by 146 dignitaries and interested people.

There were problems during the building and at one time the supply of bricks was so low that workmen were idle. In April 1869, the contractors, Messrs. Nicholson & Herbert, were required to speed up work under a penalty clause, but by June of that year there was a change of contractor to Mr. William Henshaw of City Road Basin, London, E.C., who completed the building. He also erected the gas works, constructed the rain and spring water tanks and sewage screening tanks and laid out the gardens.

By March 1870, work was sufficiently far advanced for the Committee to think about the opening of the Asylum and the appointment of staff. The only qualifications for Male and Female Attendants, laundry maids, kitchen maids and cook seemed to be the ability to read and write. The Workmistress had to be "capable of superintending the female patients employed upon needlework and also qualified to act as organist in the Chapel". The Assistant Medical Officer had to "possess double qualification according to regulations of Poor Law Board and be required to do such dispensing as may be necessary". The Chaplain "must be in priest's orders and hold license (sic) from the Bishop of the Diocese".

Staff were expected to live in and their salaries included board, residence, washing and uniform (or a furnished or unfurnished house and emoluments of coal, milk, gas and potatoes). Salaries ranged from £13 per annum for kitchen and laundrymaids to £15 per annum for Ordinary Female Attendants (2nd class), £25 for Ordinary Male Attendants (2nd class), £40 for the Male Head Attendant, £60 for the Inspector, £150 for the Assistant Medical Officer, Matron and Steward, £200 for the Chaplain and £500 for the Medical Superintendent who was responsible to the Committee for the efficient running of the Asylum.

Senior staff were appointed as follows:

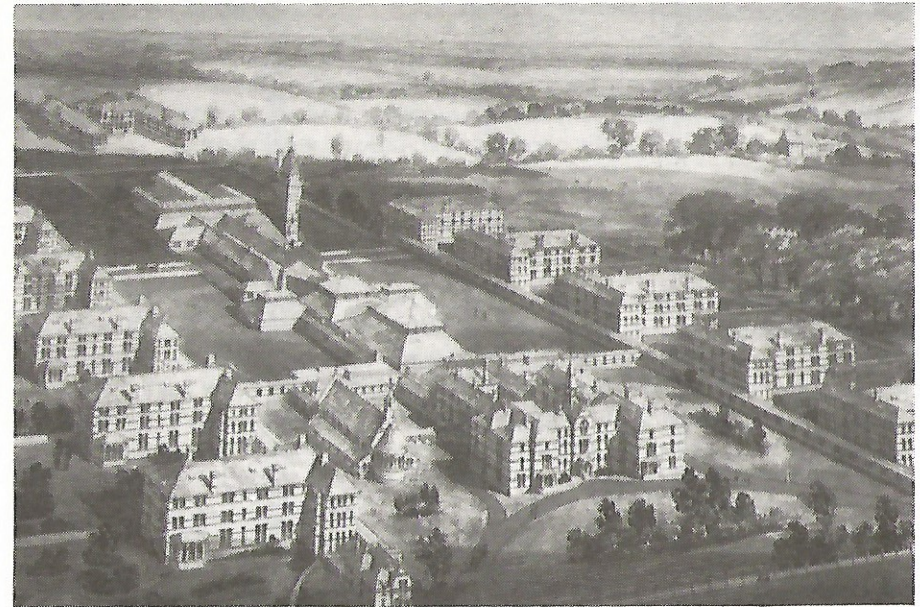
Medical Superintendent	Dr. T. Claye Shaw
Steward	Mr. Blake
Matron	Mrs. Jane Renwick (succeeded in November 1870 by Miss Middleton)
Chaplain	Rev. J. Finch Smith
Inspector	Mr. Williams (who was suspended in October 1870 and replaced by Head Attendant Frederick Galbraith)

Consideration had to be given to the supply of clothing, furniture and fittings, laundry apparatus and all the hundred and one items needed to run an institution of such a size. Bedding, linen and patients' clothing were made at Colney Hatch Asylum (now Friern Hospital) and the Steward there was paid £250 for the extra work involved – probably equivalent to eighteen months' pay. Coldbath Fields Prison (the Clerkenwell County Gaol which was on the site of what is now the Mount Pleasant Sorting Office) supplied baskets, mats and forty tables at 3s.9d. each, as well as making the uniform for the male Attendants.

The staff of officers was thoroughly organised prior to opening and the first patients were admitted on 9th October 1870, less than five years after the enquiry set up by the Poor Law Board. At the Committee meeting on 15th October 1870, Dr. Shaw reported that there were 100 patients in the Asylum, but that there was no gas supply due to difficulties with the gas tank. As gas was used for lighting and cooking, this temporary problem must have caused considerable confusion.

What was Leavesden like in October 1870? Old plans and extracts from the minutes of the Leavesden Asylum Sub-Committee and Medical Superintendent's reports give us some idea of the contemporary conditions.

According to "The Builder" in its edition of 25th July 1868, the building was of brick "of plain substantial character," this being the most economical material.



Architect's drawing of Leavesden Asylum

From the front entrance facing Asylum Road (now College Road), and surmounted by a clock tower and flagstaff, were, according to engineer's plans, short corridors to the right and left leading to the male accommodation on the east or right and to the female accommodation on the west or left. The Medical Superintendent's house was on the left of the front hall and comprised two reception rooms on the ground floor with bedrooms on the floor above as well as the "usual offices". On the right of the front hall was the Board Room and offices with living accommodation for Medical Assistants on the first floor.

In the centre of the block was the General Store which included a wine store and an ale and porter store. Behind the stores and reaching to the main cross corridor were the bakehouse and ovens.

To the right and left of the central stores were two corridors. The right hand corridor contained the clerk's office, the male visiting room, and the Head Attendant's office and living room. Attendants' dormitories were on the first and second floors. Similar arrangements were made for females on the left hand corridor. Next to the staircase was a passage leading to the Chapel.

On the south side of the cross corridor on the male side were the Male Attendants' messroom and the Mat and Basketmakers' workroom, while on the north side were placed the Upholsterer's and Shoemaker's workshops. Across the centre of the main corridor was a locked door separating the male from the female sides of the Asylum. The female side of the cross corridor contained the Female Attendants' messroom, the Workmistress's sitting-room and bedroom, the Vestry, the Matron's office and the female workroom. Later records indicate that the Sewing Room was on the female corridor opposite blocks 7 and 9 and was known as block 13.

Continuing northwards in the centre of the building, was the kitchen and scullery with a corridor on each side providing access from both male and female sides of the hospital. Off the left corridor was situated the dispensary and cook's store; off the right corridor, the Tailor's workshop.

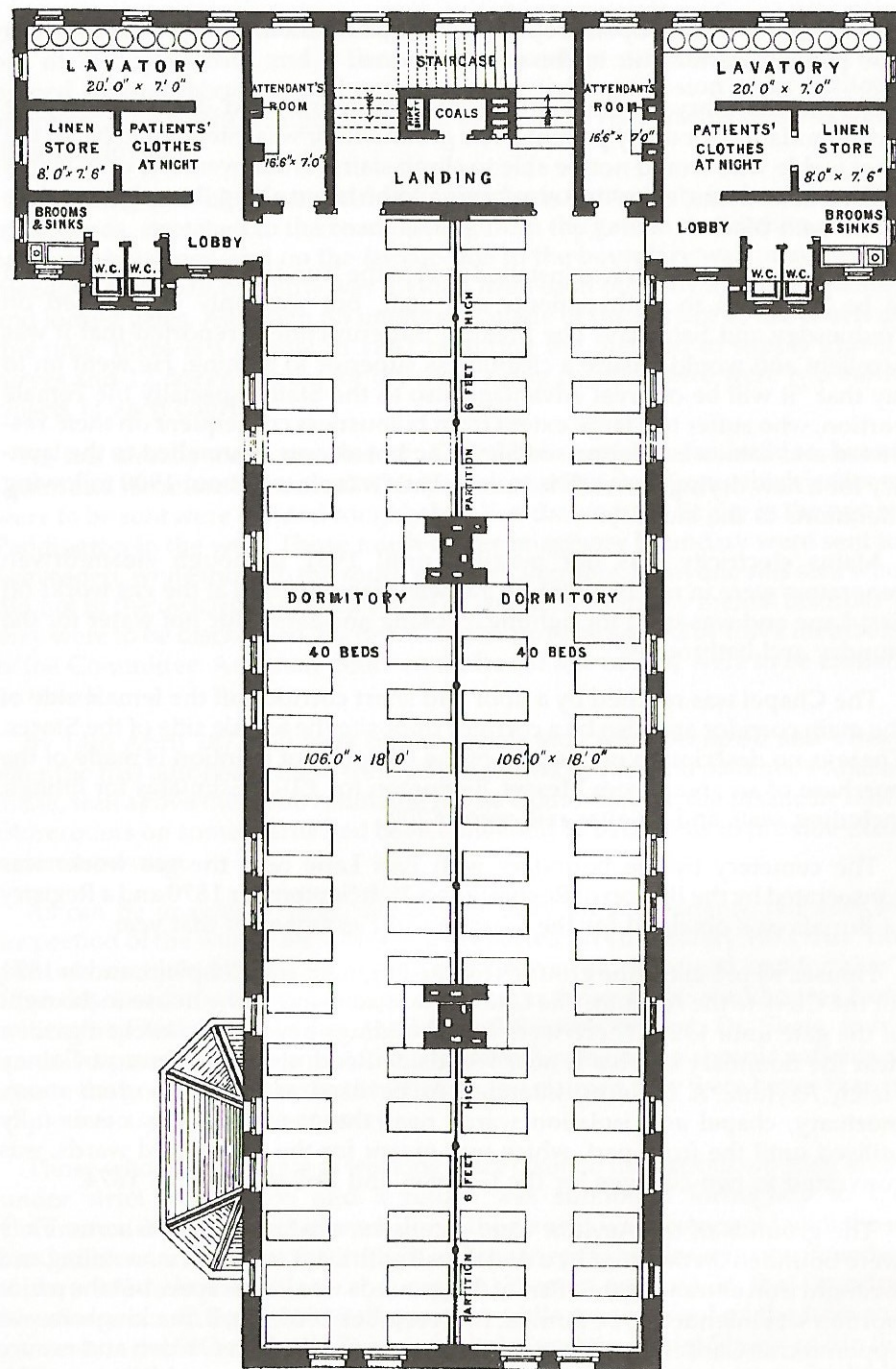
Beyond the kitchen and ancillary stores were the Plumbers' and Painters' workshop, the Carpenters' workshop and the laundry with drying grounds beyond.

As there was no mains water, a well was dug 612' deep \times 10' diameter to yield an estimated 60 gallons a minute. This was considered insufficient, so "headings to the extent of 300 cu. yds" were "driven a few feet above the bottom of the well at the junction of soft and hard chalk". This gave a yield of 100 gallons a minute and the Engineer anticipated that storage equal to one day's supply would be provided. Numerous problems were encountered with the pumps and the water supply and the work was not completed satisfactorily until the beginning of 1872.

The boiler house, engine house, well and water tower were built near to the laundry, kitchen and bath blocks for the convenient supply of steam and hot water.

On either side of the central block were corridors paved with York stone. At the end of each corridor nearest to the administrative area were the Steward's and Matron's quarters. The patients' blocks were set at right angles to the corridor; six blocks on the female side - blocks 1, 3, 5, 7, 9 and 11, and five on the male side - blocks 2, 4, 6, 8 and 10. Separate bath blocks were placed on the other side of the corridor between blocks 5 and 7 and 6 and 8. All the blocks were of the same design apart from blocks 1 and 2 which were built as Infirmary wards.

Each block provided beds for 160 patients. The ground floor was used as a day room and the two upper floors each had sleeping accommodation for 80 patients. Each dormitory was divided lengthways in the centre by an iron partition and iron columns, each division having a room at the staircase end with a window through which an attendant could supervise the patients. Next to the attendant's room were a washroom with basins, two store rooms and two W.C.s. On the landing was a coal store and a door from the staircase provided the only fire escape.



Plan of a ward 1870. By courtesy of "The Builder"

Heating was by four open fireplaces (two on each side of the partition) with a pipe passing warmed air to the smaller rooms.

On the Infirmary blocks 1 and 2, each floor included day and sleeping accommodation for thirty patients. The ground floor was intended to be for the most feeble who would not be able to climb stairs. These were the only wards to have bathrooms, everyone else having to be taken along the cold corridors to the bath blocks.

In 1876, a turkish bath was installed next to the laundry. This was considered to be beneficial to both patients and staff, but was only to be used on Wednesday and Saturday. The Medical Superintendent reported that it was excellent and would ensure a cleanliness superior to bathing. He went on to say that "It will be of great advantage also to the Staff, especially the Female portion, who suffer to a large extent from biliousness consequent on their restricted and somewhat depressed life". The hot air was channelled to the laundry for a new drying closet. The turkish bath was closed about 1900 following alterations to the laundry.

Mains electricity was not installed until 1931 (although steam-driven generators were in use in 1926), so gas was manufactured at the gas works off East Lane and was used for lighting, cooking and steam for hot water for the laundry and bathrooms.

The Chapel was reached by a door and short corridor off the female side of the main corridor and also by a corridor opposite the female side of the Stores. There is no description of the plan of the Chapel, but mention is made of the purchase of an organ from Messrs. Bevington for £105. Estimates for fittings, including seats and an altar rail, were £200.

The cemetery by the boundary with East Lane near the gas works was consecrated by the Bishop of Rochester on 26th September 1870 and a Registry of Burials was obtained for the Chaplain in December of that year.

Houses were built in the grounds for the Engineer and Chaplain, and in 1871 for the Clerk to the Asylum. The Gate Porter had to live in the house to the right of the gate until 1921. There were farm buildings beyond the kitchen garden near the boundary of what is now Woodside Road, similar to those at Colney Hatch Asylum. A building intended to be used as a post-mortem room, mortuary, chapel and isolation wards near the gas works was never fully utilised until the front part, which was meant for the chapel and wards, was converted to two cottages for the Gasman and Boiler Stoker in 1874.

The grounds of the Asylum were extensive, totalling in all 76 acres. They were bounded on the front by a dwarf wall with a 4 ft. wrought iron railing and wrought iron entrance gates. Part of the grounds was landscaped, but the major portion was intended to be farmed. In December 1869, Mr. E. Buckingham was appointed as Gardener at 25s. a week "to crop the Kitchen Garden and ensure a supply of vegetables for the Inmates". During September and October 1870, horses, pigs and cows were purchased. Mr. Buckingham managed the farm and

gardens until 1884 when a working farm bailiff, Mr. J.H. Leucas, was appointed out of 250 applicants, and a Farm Sub-Committee was convened. He was helped by four labourers and patients under the supervision of an outdoor attendant. The Medical Superintendent reported in 1879 that 64 patients were thus employed.

Adjoining each block were airing or exercise courts which, in the case of the male wards, stretched to the road leading from the gate to the kitchen garden and farm buildings, and on the female side to the boundary wall or adjoining meadow. Each pair of courts was divided from each other by a wooden paling and locked gates. Although no mention is made of the surface of the courts at this time, there is a minute in 1882 requiring the Steward to supply gravel, turves and 12 dozen shrubs for the male airing courts. There were two earth closets in each court.

As has already been mentioned, Leavesden Asylum was built to house "quiet and harmless imbeciles". The Unions and Parishes from which patients were to be sent were divided roughly by a line drawn from Poplar in the east to Paddington in the west. Those north of this imaginary boundary were sent to Leavesden, while those to the south went to Caterham. If anyone was sent who did not fit the description of "imbecile or suffering from any mental disorder", they were to be discharged, Forms of Discharge to be signed by three members of the Committee. Any male children under the age of nine were to be classed as females.

By 14th April 1871, all beds on the female side were occupied and a year after the first admission there were 739 male and 899 female patients, a total of 1,638, well above the 1,500 estimated by the Committee for the Insane in 1867. Storerooms on some wards had been converted to bedrooms to provide extra accommodation.

As can be imagined, there was little privacy for the patients, but after an inspection of the wards, the Committee reported on 4th January 1871 that "the patients seem to be well cared for and the wards clean and comfortable". Probably conditions were an improvement on those in the workhouses from which they had come. In fact, the Medical Superintendent, Dr. Shaw, in his annual report for 1876 attributed the low death rate among chronic patients as due to the good conditions in the Asylum and claimed they were better than in any other asylum in the country.

Those who were capable of working were taken to the various working areas under strict supervision and a return was submitted fortnightly to the Committee of the amount of work done; the returns were compared with those for Caterham and similar institutions and those responsible were reprimanded if they fell below standard and output. Women worked in the Laundry, Needleroom and the female staff quarters, while men worked on the farm and gardens, in the Shoemaker's, Tailor's, Upholsterer's and Paint Shops, and in the Laundry, Kitchen and Bakehouse. Horse hair and coir mattresses and pillows

were made in the Upholsterer's shop; patient labour was used to pick and sort the hair and coir before it was cleaned and disinfected.

Those who could not be taken to the work areas were employed on the wards. The corridors and stairs were scrubbed by patients, again under supervision. On 3rd January 1872, the Medical Superintendent was authorised to pay 1s. a week to a patient from each side for attending to the fires of the heating apparatus and in 1898 two patients on each ward were rewarded for sewing on buttons. Otherwise there is no mention of any payment or reward until 1923.

Thus, much of the work in the Asylum was done by patients who made a real contribution to the running of the institution and effected a saving in paid labour. It was estimated on 18th January 1871 that the cost per patient per week for food, coal, gas and water was 6s. 5d. and for clothing 7d. This sum was chargeable to the various Parishes and Unions to which the patient belonged. By the end of the first year, the weekly figure for maintenance and clothing was 5s. 3d.

Recreation was considered an important part of the patients' day, but facilities were limited. On 21st October 1870, £15 was granted to provide amusements; playing cards, bagatelle and draughts boards were purchased. On 1st February 1871, the Chaplain requested a supply of books to form a small library (for staff and patients) and was granted an annual sum on request. Patients were allowed to watch staff cricket matches and the Asylum band entertained them at weekly dances. Pianos were bought for some wards. Attendants were expected to see that each patient who was able had at least an hour's exercise in the airing courts in fine weather; or patients were taken on walks round the grounds and sometimes outside. Occasionally, they were allowed a picnic in the neighbourhood, but such an outing had to be sanctioned by the Committee before the Steward would supply any extra food. Sports were arranged once a year.

The Medical Superintendent in 1884, Dr. Case, replied to a query by the Local Government Board that he considered "the use of tobacco absolutely necessary in the treatment of the insane" and smoking was allowed. Clay pipes were issued and much later, in 1905, wooden pipes were allowed as well.

The sexes were strictly segregated, even in the working areas; the only times they could meet together were at the weekly dances and in Chapel and, even then, men had to sit on one side and women on the other and there was strict supervision, staff being expected to set an example and join in the service. Special services were held on one of the wards for epileptics to avoid disturbance in the Chapel and a Catholic priest came once a month to say Mass in the Female Visiting Room.

Patients' clothing was made in the Asylum, women's dresses in the Needleroom and men's suits in the Tailor's shop. Shawls and bonnets were issued to the women, neckerchiefs to the men. At night, all clothing was taken

out of the dormitory and kept in a small room at the end of the ward. One can imagine the difficulty of sorting out clothing for eighty patients in the morning and it is hardly surprising that the Commissioners-in-Lunacy during a visit had complained of the men's appearance. Suits were made of corduroy and suffered in the laundry. It would appear that night wear was not issued to the men, except for night caps, because in 1890 a request to the Committee for the supply of night shirts was turned down as being too expensive. A report in 1921 stated that the men wore vests and day shirts at night.

A cook ran the kitchen with the help of three assistant cooks, a youth and an unspecified number of kitchen maids. Bread and cake were made in the bakery next to the Stores, loaves weighing 7lb.

Meals were simple and unimaginative, but were considered adequate at the time. Breakfast consisted of bread and cocoa every day; meat, vegetables in season, or soup and pie were issued for dinner supplemented by bread and half a pint of beer; more bread and butter with a pint of tea had to suffice for supper. Working patients were allowed bread and cheese and half a pint of beer at 11 a.m. Extra issues were made on special occasions. When doubts were raised about patients receiving the correct diet, Head Attendants were instructed to supervise the quantities of food weighed out in the kitchen and initial each list. Attendants with the help of patients collected the food and carried it to the wards where it was served to the patients. By the time it reached the table it must have been cold and unappetising.

Visitors were allowed on Mondays and Thursdays, but the distance and expense of travelling from London prevented many from making the journey. In 1875, a van and pair of horses was hired on a Monday to transport visitors from Watford, but this was discontinued in 1897. Patients could meet their visitors in the respective visitors' rooms.

Most staff were expected to live in and accommodation was provided for various grades of personnel. Senior staff had their own houses, flats or rooms, but junior staff shared dormitory accommodation. However, all married men whose wives were not employed in the Asylum were allowed to go out at 8 p.m., returning at 6 a.m. the next morning.

Separate messrooms were provided for male and female attendants, laundry staff, clerks etc. Assistant Medical Officers had their meals brought to their quarters.

Appointments were made to the permanent staff after a satisfactory three months' probation.

Male attendants' uniforms were of light brown double twill. They were deemed to be the property of the Managers for twelve months, after which time, minus buttons and badges, they became the property of the wearer. Overcoats remained "permanently the property of the Managers". From later minutes, it seems that numbers and stripes indicating rank were worn until 1898.

After probation, female attendants received 1 uniform shawl, 1 linsey dress, 2 print dresses, 2 holland aprons, 2 muslin aprons, 1 bonnet, 3 pairs of cuffs, 6 collars and 4 caps. In October 1871, this allowance was altered slightly to include 1 alpaca apron braided (black), 4 net caps and 2 ribbon bows for the neck. This was similar to the uniform at Colney Hatch Asylum. The Committee even took advice from Colney Hatch as to the hair style which could be permitted.

Day duty began at 6 a.m. and finished at 8 p.m.; 1½ hours were allowed for meal breaks. Sub-officers were allowed one day's leave every four weeks and seven days annual leave after twelve months' service. Female attendants were granted an extra half day a month from 2 p.m. till 8 p.m. Men were allowed out of the Asylum between 8 p.m. and 10 p.m. unless they were on reserve duty. The Gate Porter was allowed every Saturday off from 1 p.m. to 10 p.m. plus two hours on Sunday and the Hall Porter every Thursday from 1 p.m. to 10 p.m. For staff wishing to go to Watford or London, there were problems about returning by the required time.

Discipline was very strict. Men and women were not allowed to mix in the grounds or even talk over the fence during off duty periods on pain of dismissal. Male attendants were expected to salute Medical Officers as a mark of respect. Disciplinary action was taken for misdemeanours. Even senior officers were not exempt. The Medical Superintendent and Matron were reprimanded for visiting each other's quarters and instructed to "abstain from all familiar intercourse while both continued to be officers of the Asylum". The Chaplain was reported to have set a bad example by breaking the rules of the Asylum on several occasions and was asked to resign. He had jumped over the fence to his house instead of going out by the front gate as was required and had "played billiards at a public Tavern in Watford". There are records of fines being charged for lateness, being out at night, altering or damaging a uniform, burning gas beyond prescribed hours, and loss of keys. Reprimands from the Committee or a request for resignation followed such misdemeanours as ill-treatment of patients (in self-defence), female attendants sleeping together, foul language to patients and over-driving horses. Serious offences warranted instant dismissal - theft, ill-treating patients, unsatisfactory performance of duties, absence at night without leave, being drunk or asleep on duty.

Leisure time was limited. Gas had to be turned off in the attendants' sitting rooms at 10.30 p.m. and in their bedrooms at 10.45. If found alight after that time, a fine of 6d. (2½p) was imposed. A fine of 1s. (5p) was incurred for wasting coals and cinders, a considerable penalty from a wage of about 5s. to 6s. a week (25p to 30p). Fires were not allowed in bedrooms and no birds or animals could be kept. No visitors were allowed to subordinate staff and even senior staff had to obtain permission from the Medical Superintendent who subsequently reported to the Committee.

In the early days, recreation facilities for staff were poor. Books were available from the library run by the Chaplain. Pianos were provided in staff sitting-rooms. An Asylum band was formed soon after opening and practised

one night a week. Members were allowed a pint of beer on practice nights and when playing at the patients' weekly dances. (In 1877, each member was paid 2s. each time they played for patients.) The band played at a staff ball held on 13th January 1871 (probably in a ward dayroom) from 8.30 p.m. to 1 a.m. by which time the room had to be cleaned and the gas extinguished. Married staff could bring their wives, but no other strangers were permitted. This ball became a popular annual event. A croquet ground was laid out in the courtyard adjoining the Chapel for the benefit of female attendants. Cricket was played on ground to the right of the road from the gate to the farm and inter-hospital matches were arranged, equipment for which was supplied by the Asylum.

Encouragement was given for the performance of amateur theatricals, which was considered to be a good and healthy activity for all staff and served as a means of education, promoting reading, improving memory and increasing confidence.

Administration of the Asylum at this time was the responsibility of the Steward, Mr. Blake, the Clerk to the Asylum, Mr. J. Barrett (until March 1871 when he was apprehended by the police for absconding with the staff wages and given a six months prison sentence with hard labour, and was replaced by Mr. H. Chapman) and the Steward's Clerk. The Steward and his staff were responsible to the Medical Superintendent and the Committee for the running of the Asylum. Their duties included hand-writing all Committee reports and minutes - there was no typewriter until 1902 - payment of wages and salaries, ordering and accounting for supplies and equipment, and stock-taking. Telephones were considered an unnecessary expense; there was no connection to the exchange until 1909, although an automatic internal system was completed in 1904, a system of bells having been gradually introduced from 1892 onwards. Emergency communication was by means of telegrams, the nearest telegraph station being at Kings Langley. The Post Office agreed to place a pillar box at the gate and to make two deliveries a day.

When Mr. Blake moved to Colney Hatch Asylum in 1874, he was succeeded by the Foreman of Works, Mr. Joshua Walker, who combined this duty with that of Clerk to the Asylum until his early retirement due to ill-health in 1890. The post then reverted to that of Steward. Mr. Walker was originally appointed Clerk of Works in 1868; in 1870, he was complimented by the Committee on his competence and zeal.

The Resident Engineer with the help of a blacksmith, fitters, stokers, plumbers, gasmen and a number of labourers was responsible for the boiler, well, gas works, sewage disposal, etc. Sewage was collected in cesspits and distributed after screening by means of pipes and pumps to the farm land for fertilisation.

Building works were under the control of the Works Foreman with a staff of carpenters, bricklayers, painters, etc.

Supplies were delivered by horse and cart or had to be collected from the railway station at Kings Langley or possibly from Lady Capel's wharf on the

Grand Union canal at Hunton Bridge. The coachman was issued with a uniform which included a cloth frock coat suit, a stable suit, two silk hats and a mackintosh coat.

The Leavesden Asylum Sub-Committee of the Metropolitan Asylums Board met at Leavesden on the first and third Wednesdays of the month. Two members of the Committee were appointed to visit the Asylum at fortnightly intervals and reported their comments and criticisms to the next Committee meeting. Their duties included checking condemned articles before replacements could be issued. All new admissions were seen by the Committee and orders signed for discharges.

An Inspector and Matron were responsible for the welfare and organisation of the male and female staff who did not come under the Resident Engineer, the Foreman of Works or Steward.

Chapter 3

EXPANSION - 1870-1913

As has already been mentioned, all available accommodation on the female side was full only six months after opening. It soon became apparent to the Committee that a further ward was essential. They decided to build on a piece of vacant ground next to the laundry drying ground to house all the female patients employed in the laundry and some who "should do all the needlework for the repair of the clothing, linen, etc. on the male side". Dormitories for the laundry servants, a separate dining room for needlewomen and baths for patients were added. A day room for off-duty staff doubled as a recreation room and was equipped with a stage. This new block, with space for 120 patients and staff, was opened on 21st October 1872 and was known as the Laundry Block or No. 15. In 1900, a further storey was built to increase laundrymaids' accommodation.

In 1872, the Laundry Superintendent resigned following dissatisfaction with the laundry arrangements and the whole of the block and the entire charge of the laundry was made the responsibility of an Assistant Matron, who was then known as the Laundry Matron.

Many of the admissions were elderly and ill and needed infirmary treatment. Two blocks, 1 and 2, had been allocated as infirmaries and in 1875/6 extensions were built to house more patients. The addition of a new block at the lower end of the male corridor allowed the number of male patients to be increased by 112. This block, No. 12, was smaller than the rest because of supervision difficulties.

Hampstead Hospital (later the North Western Fever Hospital) in Haverstock Hill was opened in 1870 as a smallpox hospital. After the decline of the smallpox epidemic in 1872, the building fell into disuse. As there was a shortage of between one and two thousand beds for "harmless imbeciles", it was suggested that children from Leavesden and Caterham Asylums should gradually be transferred to Hampstead together with some able adults who could help to run the establishment. Unfortunately by 1876, another smallpox epidemic had hit London and Hampstead was no longer available for imbeciles, so children were transferred to Darenth, which had just opened, and 200 adults were brought to Leavesden. This involved a major reorganisation of wards, the employment of extra staff and a temporary cancellation of further admissions.

By November 1876, the total number of patients had increased to 2,118. This caused a strain on the kitchen facilities so a waiting room was fitted up as a kitchen for preparing meals for the Assistant Medical Officers, principal and

subordinate officers and extra sick diets for patients. Alterations were also made to the Laundry to provide a new drying chamber.

In 1874, the Medical Superintendent (Dr. Shaw) and a member of the Committee visited Prestwich and Whittingham Asylums to investigate the methods in use there for the treatment of epilepsy. As a result, the dormitories of blocks 7 and 6 were set aside for those suffering from the disability, about 30% of the total. The central divisions of these wards were lowered and extra staff were employed to look after these patients. This had the advantage of closer supervision, fewer casualties and the beginning of the recording of fits which were believed to average 160 per patient a year. The higher staff/patient ratio meant that there was less need for mechanical restraint which, up to then, had been used to prevent casualties. By 1898, when Dr. Elkin was in post, he reported that there was no mechanical restraint or seclusion.

In October 1874, the freehold ground and premises opposite the Asylum became available and was bought from a Mr. Hall for £1,750. This was used until 1903 as a convalescent home for 17 men who had to have their meals in the General Waiting Room. It was then converted to staff residences, occupied by the Engineer and Head Attendant and in 1906 was renamed "Two Road Cottages". In 1933, it was again renamed, this time "Tanners", when it was occupied by an Assistant Medical Officer. Subsequently, it became male staff flats and was demolished in 1982 as being beyond economical repair.

Six years later, in 1880, four and a half acres of land next to the Convalescent Home was bought at auction for £750. The three freehold cottages and a hovel on the site were in a poor condition, so the tenants were given notice to quit and four cottages were built in their place. They were occupied in 1882 by Asylum attendants at a rent of 4/- a week, and later by other staff.

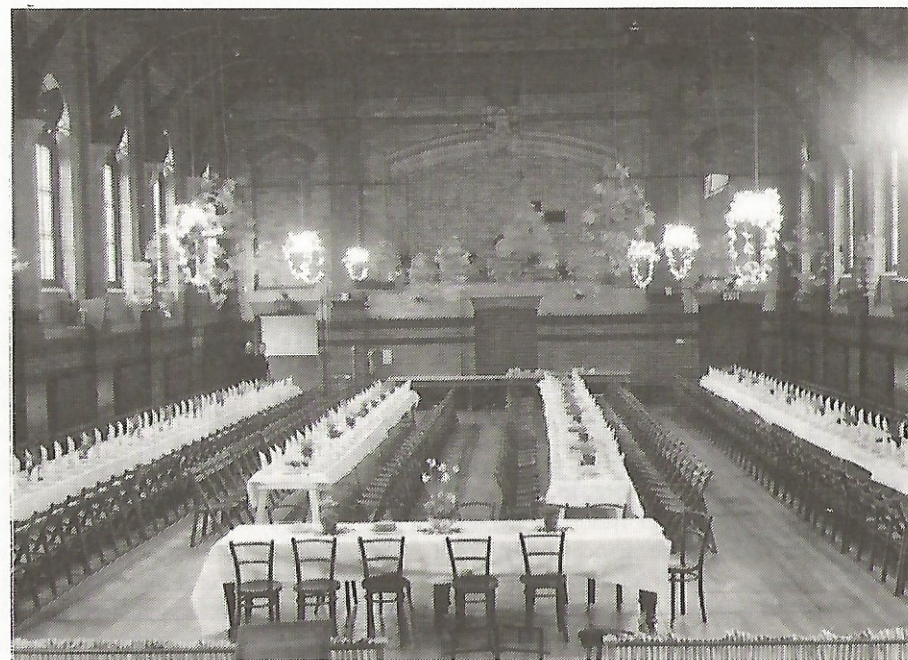
Because of the increased number of patients and the extra work involved in caring for them, Regulations were made in 1875 to increase the number and remuneration of Attendants. Those on duty in the Infirmaries had already received an additional payment in 1873, and in 1876 an increase of £4 a year was granted to Head Attendants and senior staff, while a good conduct allowance of 10s. a quarter was allowed to junior staff. This could be withheld for any misdemeanour. All staff benefited from the revised rates of pay.

The staff/patient ratio in 1876 was 1:20. The Medical Superintendent, Dr. Shaw in his report for 1876 stated that the pay and recreational facilities had helped to keep a stable staff, but in 1882 and 1883 he reported that there had been more changes than usual, mainly among second class attendants. This he attributed to "love of change and a desire to be nearer London".

The Acting Medical Superintendent (Dr. Walmsley), in a report on the Classification of Patients on 1st December 1886, stressed that it was important to recognise "that the Asylum is becoming more and more an Infirmary, a place for stowing away all the wreckage of our social system - a place where is thrown together everything in human nature troublesome and unsightly,

dotard old people, demented epileptics, helpless paralytics, deserted imbeciles, young and old, whose feeble mental faculties make unusual demands upon the resources of the poorhouse - all are thrown into the District Asylums, whose function thus becomes mainly, if not entirely, custodial". Unfortunately, his suggestions for classifying and separating patients were not acted upon.

Following an enquiry by the Committee, Dr. Case, who succeeded Dr. Shaw as Medical Superintendent in 1877, reported in 1887 that, due to the number of aged and infirm admissions, the female Infirmary was overcrowded. He suggested that the whole of block 3 should be converted to an infirmary. This was agreed to with a proviso that only 54 beds should be available on each floor. Ten extra staff were required for day duty and three for night duty. Similar extra infirmary beds became necessary for men and block 4 was converted in 1900.



Recreation Hall, taken in 1937

The increase in staff and patients created a need for more facilities and in 1889 consideration was given to the erection of a Recreation Hall. After much deliberation, contractors (C. Miskin of St. Albans) were engaged to construct a building 80' x 45' x 25' high (40' to the ridge of the roof) with seating for 600, on the space south-east of the Administrative block. Included in the plans by the architects A. & C. Harston, of 15 Leadenhall Street, E.C., was a stage 30' wide by 22' deep with dressing rooms beneath and a musicians' gallery at the

opposite end. A brass memorial tablet to commemorate the laying of the foundation stone was moved to the south outer wall of the hall in 1906. A grand opening on 26th October 1892 was celebrated with an evening dance for patients (who had to wear slippers to protect the floor), and was attended by members of the Committee. Patients were allowed ½lb of cake each to mark the occasion.

By 1898, there were pleas for more staff to cover sickness and leave and to increase the number of patients employed. Many attendants were leaving after short periods, some to go to County Asylums where the rate of pay was higher. Reasons given for not wishing to stay included the requirement to perform menial tasks not considered to be "nursing", especially "(i) standing in cold corridors whilst the patients clean them, for two hours each morning; (ii) going with the trolleys and distributing the food, clean clothes etc.; (iii) continual changing from ward to ward. On account of the small staff, a nurse is sometimes in two or three wards a day". They also complained of the "dullness of living in the country and distance from railway station".

The staff/patient ratio had decreased in 1899 to 1:21 on the female wards and 1:23 on the male wards. The night ratio was 1:84 females and 1:90 males; only infirmary wards and wards for the epileptic and elderly had staff on duty throughout the night, the remainder being visited every two hours by a Charge Attendant whose visits were recorded on a "tell-tale clock".

Around this time, consideration began to be given to improving the status of attendants and their working and living conditions. Following the retirement of Dr. Case at the beginning of 1898 (he died five months later), his successor, Dr. F.A. Elkins, began to sweep away some of the former institutional rules and introduce new ideas. As a start, he allowed the attendants to dispense with their numbers and stripes as being too conspicuous and "against the nursing spirit which is now being fostered in Asylums", but Chief Attendants were allowed to have a small cross on their collars as a sign of seniority. A Superintendent Nurse was appointed, whose duties included "teaching and training, so far as possible, in sick nursing of all attendants, male and female, who may come under her supervision in the Infirmaries". The medical staff was increased by the appointment of a third Assistant Medical Officer. The post of Inspector was abolished and replaced by that of a Head Day Attendant, the incumbent to hold a Nursing Certificate in Mental Disease. By 1900, attendants "were receiving a full course of lectures and demonstrations in their nursing duties", and a two year training course for the Medico-Psychological Association proficiency certificate was available at Leavesden; seven attendants passed the examination in 1901. Three years later, female attendants were called "nurses", although male attendants were not known as male nurses until 1919. In 1908, training for the M.P.A. certificate was extended to three years and the examination divided into two parts. The duties of the Assistant Medical Officers included lecturing to nurses and a new handbook "Nursing of the Insane" was purchased in 1910 for their use. In 1912, suitably

qualified Head Nurses took over the role of the Superintendent Nurse for nurse training. Hours of duty were reduced to 70 a week in 1913.

Because of the increased number of nursing staff, it was becoming difficult to find accommodation for them. Additional bedrooms had been provided in 1886, including a sitting and reading room above the Sewing Room (block 13 on the female corridor). Clerks were allowed to live out in 1900, thus releasing some rooms. In 1901, it was decided to build a separate home for female nurses at the northern end of the female corridor; this was completed in 1904 and in 1983 became known as Shepherd House.

In 1903, it was proposed to build twenty-two cottages for married attendants on land off Langley Lane behind the Swan public house. Completed in 1906, they were called Tanners Hill Cottages and were connected to the newly constructed main sewer and drainage belonging to Abbots Langley parish. There were initially only four applications for tenancies, because of the high rent of 6s. per week, which was more than the lodging allowance of 4s. given to staff living outside the Asylum. The cottages were fully occupied only when the lodging allowance was increased to 6s. shortly afterwards.

More freedom was allowed to female nurses and they were encouraged to live out of the Asylum with relatives or friends in the neighbourhood. By the end of 1905, it was reported that six had been given permission to do so. Also, married attendants living in Tanners Hill were permitted on application to take in one lodger from the staff if they so desired.

In 1897, the Commissioners-in-Lunacy were concerned about the high incidence of tuberculosis which in the previous year had accounted for 30% of deaths and was becoming a serious problem, not only at Leavesden, but in the country as a whole. At this time, fresh air was considered to be the only treatment for the disease which, as it was highly infectious, spread rapidly. In 1900, the Medical Superintendent reported that three wards on each side were allocated for tubercular patients and numbers were reduced in each ward to provide more fresh air. Patients were isolated from the rest of the Asylum population, were not allowed to attend the Chapel or the Recreation Hall and were taken out on separate walks.

In his report "The Tuberculous Insane" to a special Sub-Committee of the Asylum Committee in 1902, Dr. Shadwell blamed poor conditions in the Upholsterer's Shop for the high incidence of the disease at Leavesden compared with that at Caterham and Darenth. He recommended segregation of T.B. patients, better ventilation including wide-open windows, bridges between blocks, better aeration of wards and elimination of dust. As a result, steps were taken to have all windows in the T.B. blocks made to open fully – they had been altered in 1895 so as to open only 6". Shelters were provided in all the airing courts and estimates were prepared for the building of bridges between blocks 1 and 3 and 2 and 4. In the event, this was such an expensive project that it was postponed many times and bridges between pairs of blocks

were not completed until 1913 and then partly as an additional fire precaution.

Adverse reports had been made since 1892 on the conditions in the Upholsterer's Shop which had been moved to the basement of block 2 after that ward was extended in 1876. Some improvements had been made including the erection of a shed on the cricket field for the storage of horsehair. In 1900, it was agreed that a new building should be erected on the edge of the cricket field for the work of the Upholsterer and for use also as a pavilion on cricket days. This was completed in 1903 and included a disinfectant and steeping tanks for the disinfection of clothing. In 1907, the Upholsterer's Shop was running at a loss and as all old coir and hair mattresses had been replaced by hair, it was decided that future supplies could be obtained more cheaply from Darenth or under contract. Consequently, the unit was closed and the vacant building was converted to a ward for men with active tuberculosis. This became ward 14 (later Redwing) and in 1910 it was reported that the patients were "... much improved by the open-air treatment".

References had been made over the years for the need of an isolation ward and various sites had been suggested. However, it was not until after a serious outbreak of typhoid fever in 1899 that a firm decision was made to build on land behind the Gate Porter's house. This was ready for use in 1903 and was in the charge of a married attendant and his wife who was responsible for the cleaning. It was later known as ward 18 but in 1931 was in use as staff residences and became Orchard View.

This building and ward 14 encroached upon the cricket field, and the new Nurses' Home had taken part of the football field. In 1903, it was proposed to use 5½ acres of the 8 acre field behind the new mortuary (built in 1902 opposite the lower end of the male corridor) as a general recreation ground and to include 1 acre as a cricket pitch. Problems with the sewage system delayed the project which was finally completed in 1910 and included the erection of a cricket pavilion. The football pitch was transferred to the meadow behind the Convalescent Home on the other side of Asylum Road and remained there until 1921 when the site was needed for allotments. It was then moved to its present site on the back meadow beyond the farm.

Among the conditions which concerned Dr. Elkins on his appointment as Medical Superintendent in 1898 were the sanitary arrangements which he recommended needed modernising rather than patching up. An independent enquiry reported on these recommendations, but work was deferred until after the setting up of the new Central Asylums Committee in 1899. Work began in 1903 on the building of a toilet block a third of the way down each ground floor ward. The iron partitions dividing the dormitories had been removed in 1899 and were used "for the adornment of the Chapel". With improved heating and hot water arrangements, it was possible for each ward to have its own bathroom, in a room partitioned off from a store room. Consequently the general bath blocks were closed in 1908 and the male block was converted into

a dormitory of 22 beds for working patients. It became known for a time as ward 16. At the same time, sanitary annexes were added to blocks 13 and 15.

In the early years, the heating of such a large establishment had not been easy. As has been mentioned, heating of the wards was by four open fireplaces which could not be used at night in those wards which did not have permanent supervision. The internal temperature of ward 9 at 6 a.m. during the last week in April 1884 was reported as being between 45° and 52°. As an experiment, one ward was to be warmed by "Bacon's system of heating by hot water coils". This was considered to be a success and was extended to the other four female blocks. In 1894, a new boiler house was built in the airing court of blocks 1 and 3 to supply hot water for bathing and heating those blocks, and in 1900 a similar arrangement was provided for blocks 2 and 4.

New and improved fire grates were installed in wards in 1905/6 enabling the heating coils and the boilers in the basement to be dispensed with.

In 1901 radiators in the corridors were installed near the entrance to each block and in the intersecting male/female corridor and kept the temperature during a severely cold spell in January 1902 at 40°F! In 1908, they were considered inadequate, but no action was taken to improve the situation.

Sewage disposal was always a problem. Sewage was conducted by pipes to screening tanks near the gas works and then pumped to the fields to be absorbed by the mixed soil of gravel and chalk. Following the outbreak of typhoid fever in 1899, which was thought to have been caused by contamination of the well water by sewage from a defective drain, all drainage and sewage pipes were renewed and, in 1905, a new sewage disposal scheme was drawn up. A new pump was installed and sewage was spread on part of the 53 acres of land recently acquired beyond Coles Farm.

To eliminate as far as possible any further contamination of the water supply, a water softening and sterilising plant was installed and, after many problems and delays, was in use satisfactorily in 1904. Emergency supplies of water were obtained from the main belonging to the Abbots Langley Water Company, which was taken over in 1901 by the Rickmansworth and Uxbridge Valley Water Company. A stand-pipe was erected inside the main gates in 1904.

The first Chaplain, Rev. J. Finch Smith, left in 1872 and was succeeded by Rev. J.R.B. Watson. The duties of workmistress and organist were separated in 1876 and Rev. Watson's daughter, Miss Watson, then became the organist, a position she held until her father's retirement due to ill-health in 1902. He died in 1903; a memorial tablet was placed in the Chapel and his nephew presented the Asylum with a handsome clock. Rev. Watson interested himself in the well-being of patients and staff. In 1874, he was allowed to spend 10s. on the purchase of spelling books and the Medical Superintendent commented that he entered into the amusements and raised the tone of the staff theatrical performances. He was also responsible for the distribution of newspapers and

periodicals to the wards, the budget for which was fixed at £90 a year in 1900. This sum was not altered until 1935, although of course the cost had increased enormously and the number of magazines purchased had become quite inadequate, so much so that appeals were made for second-hand copies.

Rev. Watson was succeeded by Rev. E. Athelstan Clark, who with his wife as organist, continued his predecessor's interest in recreational facilities. He organised an entertainments committee for staff and patients and instituted a choral society. He also made efforts to communicate with deaf patients by the use of an ear trumpet.

A Committee of ladies had been allowed to visit "female patients of the Hebrew persuasion" on visiting days since 1882 and the Medical Superintendent reported in 1901 that both Roman Catholic and Jewish services were held.

The cemetery was enlarged in 1886 and consecrated by the Bishop of Rochester on 4th August 1887. Graves were dug to a depth of 14' and allowed for six coffins in each. It was discovered that in some cases graves were dug into virgin chalk and in 1899 it was questioned whether the cemetery had been a source of pollution of the well, causing the typhoid outbreak. By the end of 1903, 5,090 bodies had been buried and there was space for only another 156. A 2 acre site opposite the gas works was chosen as an extension and was consecrated on 6th June 1908. As the strata of chalk lay at a greater depth than in the old cemetery, more bodies could be placed in one grave. A report in 1930 stated that graves were dug to a depth of between 7' and 18' and the number of bodies in each grave varied from one to seventeen, the average being nine. The cemetery was in use until 1968, after which time North Watford cemetery was used. In the early years, unclaimed bodies were sent to anatomical schools under the Anatomy Act.

Until 1904, mourners were received in the Recreation Hall. A service was held in the Chapel, followed by a half-mile walk to the cemetery which was near to the old mortuary. In 1902, the new mortuary opposite the bottom of the male corridor included a visitors' room and a room for the reception of dead bodies, but in 1908, the old mortuary was converted to a funeral chapel. There seems to be no record of how long this practice continued.

The stained glass windows in the chancel of the Chapel were donated by members of the Committee in 1885. The windows at the opposite end were presented in 1894 by Mr. J. Bell Sedgwick to mark twenty-three years of service to Leavesden Sub-Committee, including sixteen years as Chairman. Mr. Sedgwick died on 23rd June 1895 aged 86. Three ornamental zinc tablets containing the Creed, the Decalogue and the Lord's Prayer were hung in 1899. In 1903, the positions of the organ, choir stalls and pulpit were altered. The memorial tablet to Henry Humphrey was placed in 1906 in memory of a well-liked attendant who died after an operation for appendicitis at an early age.

Rev. Athelstan Clark resigned in 1912. The Vicar of Leavesden, Rev. A. Lea-Wilson, was appointed to succeed him. As he had other parochial duties to perform, he attended Leavesden in a part-time capacity until 1919.

Fire precautions at Leavesden received little attention until 1878. The nearest outside Fire Brigade was four miles away "and over an hour must elapse before it could possibly arrive as a messenger would have to be sent to summon it". The Committee proposed placing hydrants on each floor of each block and acquiring a manual fire engine with a 2½" hose "capable of throwing water over the highest building". The specification for the hose was detailed as "10 × 40' lengths of 2½" best copper rivetted extra stout leather hose to be fitted with the best gun metal hose screens, with lugs and to be well bound into hose with copper wire, and to stand a pressure of 130 lbs to the square inch with all necessary straps complete". Messrs. Strand, Mason & Co. gave an estimate for the manufacture of the hose of £45. The fire engine was placed in the entrance hall and attendants were given instruction in the use of hydrants.

However, the Steward reported in 1883 that the water pressure was insufficient to reach beyond the eaves and recommended that a staircase should be constructed at the end of each ward as an additional fire escape, the only exit at that time being via the corridor staircase and fire door.

In 1886, the Superintendent of the Metropolitan Fire Brigade was asked to advise on fire precautions. As a result of his report, a fireman, Mr. W.G. Smith, trained by the Metropolitan Fire Brigade, was appointed in 1887 at a wage of 30s. a week, plus board, lodging and uniform. It was stipulated that he must not be more than 40 years of age and be unmarried (although this was rescinded in 1889). Rules and Regulations for a Fire Brigade were drawn up, battery operated fire alarms were installed, additional fire extinguishing appliances were contracted for, and improvements were made to the existing boiler and water power. All male attendants were expected to act as firemen.

Four years later, after a second fire in the laundry, more personnel and fire training practices were recommended. The water supply was then considered strong enough to go over a ward building, but ladders were too weak to make it safe for two men to reach the top windows or for more than four sections to be used. By 1896, a steam-operated siren alarm was fixed on top of the boiler house and a fire bell on the water tower. This bell was offered to the new Sports and Social Club in 1966 to ring "time", but it is not clear whether it was ever used for that purpose. The Fireman's bedroom was connected to the wards by the internal telephone system in 1898. In 1900, it was suggested that the arrangement whereby all male attendants acted as firemen should be replaced by a team of twelve who were to be thoroughly trained and remunerated. This was increased to 24 in 1906.

Following the Managers' decision to discontinue fire insurance with public fire insurance companies in 1902, a review of fire-fighting procedures was undertaken. As a result, a new steam fire pump was provided (the manual fire

pump was no longer needed), existing alarm pushes were connected with the steam hooter, new fire mains and pumps installed and fire escapes provided from upper windows. All these arrangements were completed by the end of 1904.

Attempts were made to make the wards more attractive and homely by hanging pictures and providing ornaments and tablecloths. Floral decorations were encouraged (especially when an official inspection was expected) and canaries were allowed. On one occasion, a parrot and cage was donated. These domestic touches seemed to be more successful on the female wards, as there were a number of criticisms of the bareness of the male wards. Instead of bare boards which had to be scrubbed, ward floors were stained and polished in 1898 and when the partitions were removed a year later, the wards must have presented a more pleasant appearance.

Unfortunately, because a patient had attempted to escape through a wide-open window, iron bars had been put on all windows in 1881/2, but in 1906, windows on the ground floor of blocks 1 and 2 were made into doors to allow beds to be pushed into the courts.

Recreational facilities for patients and staff improved over the years. The wards were provided with toys, board games – chess, cribbage and draughts – playing cards and dominoes. Ten of the wards had pianos and some patients were allowed their own musical instruments. In 1902, a gramophone and records were bought for the entertainment of the patients and were in the care of the Chaplain. The weekly dances continued and staff entertained the patients with theatrical performances or burlesques at Christmas, Easter and Whitsun. Various local amateur groups came to the Asylum to give shows, and for several years the Superintendent of St. Pancras Schools (situated in what in 1931 became Leavesden Annexe) brought over a magic lantern show. Cinematograph shows were given in the Recreation Hall for a time, but were discontinued in 1911 because they were considered to be a fire risk. Wool and knitting needles were supplied to the wards for those who could safely be allowed to use them. Two male courts were equipped with skittle alleys, ward 12 was allowed to have a billiard table and in 1892 tennis courts for female patients and staff were laid out.

From 1899, a shopkeeper from Abbots Langley set up a stall on Saturday afternoons either in the Recreation Hall or on the cricket field to sell eatables and miscellaneous items. This was considered to be beneficial provided the shopkeeper was reliable and did not exploit the patients. For those working on the farm and gardens, a special harvest supper or “bean feast” was provided for some years between 1878 and 1905.

In 1900, two new paved walks were laid out round the Asylum grounds, one for females and one for males.

National events, such as Jubilees, Coronations, war victories, etc., were made the occasion of special celebrations. For instance, Queen Victoria's Diamond

Jubilee in 1897 warranted extra fare of beef and mutton, jam roly-poly pudding, lemonade, tobacco and snuff. Outdoor entertainments were arranged, including light refreshments and games; plants were bought for the wards and flags for the Asylum. Four days extra leave was granted to principal officers and two days to subordinate officers.

An old storeroom was fitted up as a billiard room for officers in 1884 and in 1888, male attendants were allowed to use the room one evening a week from 8 to 10.30 under the supervision of a Head Male Attendant. In 1901, it was thought that there was a need for a recreation room for male attendants to “keep the men from the public houses” and in 1902 two storerooms were adapted for their use. A billiard table was included. However, due to misuse by junior staff and the fact that more senior staff were living out, the table was disposed of in 1907 and the room closed. It was not reopened until 1911 following a petition and one member of staff was made responsible for the furnishings and contents.

Annual staff football matches were arranged against other hospitals from 1901 and a gymnasium club was opened in 1910. During the 1913-14 season, the football team won 3 cups and shields including the County Cup.

The grounds had gradually been landscaped. Trees were planted alongside the road from the gate to the kitchen garden and farm, roses in front of the administrative block and a shrubbery by the entrance. The ward airing courts were made more like gardens with trees, grass and shrubs and in 1904, the wooden palings at the bottom of the male courts were replaced by iron railings. Seats were made and shelters were provided for T.B. patients.

In 1884, a working farm bailiff, Mr. J.H. Leucas, was appointed and a Farm Sub-Committee was set up to oversee the management of the farm and kitchen gardens. The farm was run as a profitable concern and provided fruit and vegetables for the Asylum, any surplus being sold commercially. In 1888 extensive alterations and additions were made to the farm buildings; in 1900 livestock on the farm comprised 66 cows, 11 heifers, 1 bull and 1 calf, as well as pigs and chickens. The herd of cows provided milk for the Asylum; this was sometimes supplemented by condensed milk, but as milk and fluid diets had been introduced in 1899, there was a need to increase the number of cows to 70-75. A veterinary officer, Mr. Trewin, was appointed in 1899, and diagnosed tuberculosis among the herd; he recommended that all milk should be sterilised and introduced tuberculin testing. This was continued until 1910, when the Committee decided it was unnecessary because milk was sterilised anyway. It was however reintroduced in 1922.

More land was needed to provide adequate grazing for the herd and an additional 53 acres of land was bought in 1905. Potatoes, mangolds, rye grass, swedes and green vegetables were cultivated, thus providing feed for the cattle. In 1911, it was ruled that only sufficient pigs should be kept that could be fed chiefly on waste from the institution; it was not considered economical to buy feeding stuffs for them. In 1912, 52 pigs made a profit of £100 and the

following year it was decided to try breeding rather than buying. The acreage of farm and garden land in 1913 was 93¼ and 20 sheep were bought to eat the green vegetables which were unfit for human consumption.

After thirty or forty years use, equipment began to need replacing. In 1891, a meat cutting machine cut 130 lbs in twenty-five minutes and was considered satisfactory. In 1901, automatic recording apparatus was installed for the weighbridge. The bakery was modernised in 1912 from the direct fire principle to steam heating, and the old boilers were replaced by improved high pressure steel boilers. The buildings themselves, too, needed urgent attention, especially roofs, ceilings, gas pipes, stairs and decoration. There is mention of ceilings falling down, water leaking from the corridor roofs, and trouble with the floor in the Recreation Hall.

The vehicles in use in 1891 included a covered wagonette, two uncovered wagonettes and an omnibus, all horse-drawn. In 1911, a motor omnibus replaced the old horse-drawn vehicle and was found to be more economical in use. The old coach house at the farm was altered to house it and a petrol storage tank was built, this being a cheaper way to obtain petrol than buying it locally at 1/2d a gallon.

Heavy motor traffic was damaging the Asylum roads as early as 1907 and surplus gas tar from the Asylum gas works was used to repair them as far as possible.

The gas works had been enlarged in 1881 to provide gas for the St. Pancras School on the other side of Asylum Road and, apart from some repairs, alterations and enlargements, had worked satisfactorily until 1911 when gas was supplied by the Watford Gas Board and the Leavesden plant was closed.

Annual reports by the Medical Superintendent for many years had contained complaints about the number of infirm, feeble and old patients being admitted to Leavesden requiring infirmary treatment. To avoid overcrowding, infirmary patients were occupying wards intended for more able patients with fewer beds in each, so that by 1901 the total number of patients was reduced from nearly 2,000 to less than 1,800, thus increasing the staff/patient ratio to 1:16. In 1903, Tooting Bec Hospital was opened for the reception of the infirm, feeble and old, but apparently it proved to be of only temporary relief to Leavesden as most of the patients were transferred directly from workhouses. The Medical Superintendent commented in 1909 - "It seems no use blinking the fact - Leavesden Asylum has become practically an infirm asylum, and the wards and arrangements should be made to fit the circumstances".

Thus gradually each floor of the general blocks was converted to a dayroom and dormitory instead of following the original plan of the dayroom on the ground floor and the dormitories upstairs. This, together with improved heating and ventilation, increased the number of beds in each block and by

1914 the number of patients had increased to 2,081. All blocks were converted by 1931.

When the Fountain Hospital, Tooting, was detached from the fever service in 1911, it was used for "low grade mentally deficient children" up to the age of nine, after which age they were transferred to Caterham. This meant that there were no children at Leavesden for some years. Darenth Schools in Kent began educating children in 1876 and in 1880 an asylum for 1,000 educable and trainable patients beyond school age was opened on land nearby.

Thus, progress was gradually being made by the Metropolitan Asylums Board to implement the concept of care and treatment of the mentally handicapped, but it had taken over forty years and much more needed to be done.

Chapter 4

FIRST WORLD WAR AND AFTER – 1913-1930

During the first decade of the twentieth century, Royal Commissions had considered the care and control of the mentally deficient who were not dealt with under the Lunacy Act of 1899 and the Idiocy Act of 1886 and for whom no adequate protection existed. Included were those who were not considered insane and therefore not eligible for admission to a County Lunatic Asylum. As a result, the Mental Deficiency Act of 1913 was passed "to make further and better provision for the care of feeble-minded and other mentally defective persons, and to amend the Lunacy Acts". Under the Act, suitable certified lunatics could be transferred from London County Mental Hospitals to Leavesden Asylum.

The 1913 Act authorised the certification of mentally deficient persons, many of whom were a nuisance in the community but not certifiable under other laws. It introduced two additional categories of mental defective – the feeble-minded and the moral imbecile. The feeble-minded were described as "not so handicapped as imbeciles but required care, supervision and control either for their own sake or for the protection of others". Moral imbeciles were those who lacked a moral sense, were anti-social in their behaviour and were unable to make a distinction between right and wrong. The Mental Deficiency Act of 1927 changed the term moral imbecile to moral defective and described such people as "persons in whose case there exists mental defectiveness coupled with strongly vicious or criminal propensities, and who require care, supervision and control for the protection of others". They are now known as psychopaths.

In effect, the Metropolitan Asylums Board was asked to undertake the care of those defective persons who were not certifiable under the Lunacy Acts but who now became so under the new Act. It included, apart from idiots and imbeciles, any defective who was found neglected, abandoned or cruelly treated, guilty of a criminal offence, referred by a local education authority, or who was a habitual drunkard. However, the Board decided in 1920 that it was not "willing to receive under the provisions of the Mental Deficiency Act 1913 . . . (i) persons found guilty of any crimes of violence; or (ii) moral imbeciles within the definition contained in the Act".

In 1914, at the beginning of the First World War, staff who were volunteers or reservists were called up for active service. To replace them, temporary staff were employed and ten working patients from Darenth were transferred to Leavesden to work as coal carriers and farm and garden workers. Troops were billeted in the Recreation Hall for a few months and officers were quartered on the Medical Superintendent. As the war proceeded, the staff problem became

acute and in 1918 three wards had to be closed, thus decreasing the number of patients to 1,767. They were not all reopened until 1921, ward 11 having been used as nurses' accommodation for a time. Women replaced men as clerks, farm workers and as kitchen staff, and nurses were allowed to work on male T.B. wards. Nurses married to serving members were allowed to stay, whereas previously they had to resign on marriage. Some of the temporary staff were made permanent in spite of being over 40 and part-time staff were employed for the first time in 1918.

Twenty-two staff members died on active service. A framed memorial scroll was placed in the Chapel and was later, in 1958, replaced by a marble tablet in the entrance hall.

During the war, due to the depletion of staff at the Metropolitan Asylums Board, the committee met every four weeks instead of fortnightly and, in fact, continued this practice after the war. Two members continued to visit every two weeks as before.

There was a national need for more farming land for grazing and food production. The Board of Agriculture encouraged farmers to breed livestock rather than buying, thus requiring more grazing land. At Leavesden, the football field was fenced off for grazing and in 1916 some yearlings were taken to Kingswood Farm, Leavesden. 30 acres were leased at North Meadow, Hunton Bridge and grazing on this land continued until 1925. Numbers Farm, Abbots Langley, including 90 acres with a house and barn, was purchased at the beginning of 1918. This land was never very profitable; an unproductive arable field of 16 acres was sold for housing in 1926; the remainder was used for sheep rearing and was finally disposed of in 1931.

In 1917, the Committee recommended that the salary of Farm Bailiffs on the Board's farms should be increased to encourage able men to stay; they were allowed to develop the farms as they chose, with the advice of experts from Wye Agricultural College who made an inspection two or three times a year. The inspections continued for a number of years.

In time, mechanical vehicles became more economical than horses. In 1917, a light engine with three trailers was purchased to transport coal and goods from Kings Langley station and the canal wharf, following complaints from the public about the heavy loads which horses had to pull up the hill several times a day.

In common with the rest of the country, economies and rationing had to be made to the diet of patients and staff and all non-urgent works had to be postponed until after the war.

Infectious eye cases had been a problem for many years. In 1907, they were segregated in wards 3A and 6A. The Committee of Chairmen in 1915 decided, on the advice of an ophthalmic expert, to house all cases of trachoma in one institution and Leavesden was designated for this purpose. There are mentions of ophthalmic wards in the minutes until 1948 and staff who worked at

Leavesden in the 1920s and 1930s have mentioned nursing on the "eye wards".

Conditions gradually returned to normal following the end of the war and the next ten years or so saw changes in the care and treatment of the "mentally deficient" at Leavesden Mental Hospital, as it had been renamed.

Much had changed in the country as a whole and this was reflected among the staff. Wages had increased to keep up with the increased cost of living and legislation had been passed to reduce working hours. The working population was unsettled and women had more freedom and choice of employment. The National Asylum Workers Union recommended a three-shift system enabling nurses to work a 48 instead of a 60 hour week, but, as on several subsequent occasions, this could not be implemented due to the need for extra staff and finance. The three shift system was not, in fact, introduced until 1981.

In 1919, the number of probationer nurses had increased and the Assistant Medical Officers were regularly training 122 nurses. Thirty-two out of the thirty-three who entered for the preliminary examination in 1920 passed and were promoted to Acting Charge Nurses. Eleven passed their final examination in 1922. Not all were eligible to sit as they had attended insufficient lectures.

Many probationer nurses left and there was difficulty in recruiting replacements due, it was said, to the distasteful nature of the work, distance from amenities and poor living accommodation – a repetition of some of the reasons given in 1898. Because of the scarcity of accommodation in the neighbourhood, nurses did not want to live out and once again there was need to increase staff accommodation in the hospital, some of the living quarters being below standard. In 1926, a new bungalow home containing fifty single bedrooms and including a garden was built in the meadow adjoining the female nurses' home.

New houses built at Tanners Hill were occupied in 1921 by married ex-Servicemen who were living in overcrowded conditions. They were numbered in sequence from 28 on the south side and 27 on the north side and were let at a subsidised rent. At about the same time, the tenants of the 26 old cottages in Tanners Hill agreed to pay an extra 4d. a week to have a mains gas supply from the Hemel Hempstead District Gas Co.

A review of senior staff accommodation was undertaken in 1920. The Medical Superintendent moved out of his quarters in the Administrative block and was allocated an unfurnished house with garden in Asylum Road which had formerly been occupied by the Chaplain and later became known as "Woodside". Matron moved from her house at the end of the female corridor to quarters in the Administrative block and two Assistant Medical Officers took over her house.

Under the new wages scale, it was not essential for the Gate Porter to live at Gate Lodge, so it was allocated to the Fireman, who was likely to be a married man. Mr. F. Waldron was appointed in 1921, and one room of his house was used as the Gate Porter's office until a new Gate Lodge was completed at the end of 1930.

Part of the upper floor of the Medical Superintendent's old quarters was altered to become the nurses' sick bay. In 1927, the ground floor consisted of a dining/sitting room for the Assistant Matron and Head Nurse and a nurses' lecture room. The title of Superintendent Nurse was changed to Sister Tutor in 1924.

In 1926, Coles Farm was bought; this included 14 acres of land with a ten-roomed house and two five-roomed cottages. The houses were upgraded and the Medical Superintendent moved into Coles Farm House.

Many male patients were being trained to take an interest in their personal appearance and Sunday suits were issued as a privilege. It was thought desirable for patients to have their own boots and boot racks were requested for the wards to replace the practice of throwing boots into a clothes basket. Working patients were allowed to wear night-shirts instead of day shirts in bed.

Dr. Elkins retired in 1922 and was succeeded briefly by Dr. Farquharson Powell who was replaced at the end of that year by Dr. R.M. Stewart.

In his first annual report, Dr. Stewart commented on the patients' clothing. As few patients could manage neckties, he suggested the substitution of high-necked sweaters or jerseys for the red ties and waistcoats in use. He also wanted to discard trousers with fixed linings (this had been suggested in 1901) and preferred celluloid collars and bow ties for Sunday suits when issued. Serge jackets and trousers, which had been supplied since 1912, were considered unsuitable for incontinent patients and the use of strong drill which could be boiled was recommended. He thought that women who were "clean in habits" could be supplied with knickers instead of heavy serge petticoats, and with a lighter material in summer. Twenty outdoor coats were supplied for women to go shopping and straw and felt hats of various colours for outdoor use. In 1927, Dr. Stewart ordered that male underclothing should be changed weekly instead of fortnightly and blankets washed more often than once in three years.

Dr. Stewart also thought that patients could be trained in greater personal hygiene. In 1925, he suggested that the one nailbrush on each ward, which was often used only by staff, could be increased to three and patients be taught to use them instead of cleaning their nails with a hairbrush. In 1926, the Interim Visitors on a routine inspection commented that each patient should have a separate towel, a special place to hang it and be trained to use it. In spite of scepticism that patients would know their own, a year later it was reported that they *could* be trained to take their towels from the bathroom to their lockers!

After this success, each patient was issued with his own hairbrush (instead of 1 hairbrush to 5½ patients as before), comb and toothbrush kept in a bag.

Paper handkerchiefs were supplied as an experiment on infectious diseases wards and toilet paper was issued for patients' use. Previously, bundles of old railway timetables had been used.

Until 1926, Assistant Medical Officers had been responsible for dispensing drugs; a Foreman Porter who was an ex-Charge Nurse had been helping for a time with the care of the equipment. It was decided that both had enough work of their own, so in 1927 a female Dispenser, Miss Kitchingman, was employed. Her duties included entering doctors' notes on to case sheets and photographing each new admission, a practice which had recently been started.

Leave could be granted for fourteen days by the Medical Superintendent at the request of relatives, but he had to be convinced that the home circumstances and the patients were suitable. The facility was not every often implemented.

In 1920, visiting hours were allowed to start at 10 a.m. Visitors were not allowed in the wards at dinner time between 12.45 and 1.45, but they could stay in the Recreation Hall for this period. In 1926, visiting days were changed from Monday to Wednesday, as well as the first Sunday in the month and Bank Holidays.

In 1923, in order to provide "an incentive to industry and promote a healthy spirit among the patients", working patients were rewarded in cash. In 1926, patients working outside the wards received 2d. a week and were able to spend their money at the trading stall run once a fortnight by nursing staff. (The shopkeeper from Abbots Langley who had been coming to the hospital since 1899 had to discontinue the practice during the war.)

The Board of Control visited Leavesden on 19th June 1923. In their report, they commented that ". . . this institution is largely devoted to the care and treatment of patients collected from other institutions of the Metropolitan Asylums Board on account of tuberculosis, dysentery, trachoma, etc. . . ." Although 223 patients were employed outside the wards and another 230 on the wards, the Board considered that the less able patients needed training "in the use of their hands". They suggested such activities as knitting dishcloths, hemming dusters and cloths, darning, sewing on tapes and buttons, cleaning spoons etc. They were also critical of the lack of organised games for younger patients and the bathing of patients: ". . . patients go to the bathroom wearing one cotton undergarment only and with bare feet and have a long wait in the bathroom while undressed".

As a result of this report, the Medical Superintendent suggested that the responsibility of organising work for less able patients should fall on the Superintendent Nurse, but as she was unable to combine those duties with those of nurse training, a temporary Occupations Supervisor (Miss Mary

Allen) was appointed in 1926 to give elementary instruction in raffia work, sewing, knitting etc. to low-grade female patients on the wards. Miss E.H. Gregory, a former Chief Charge Nurse and Laundry Supervisor, was appointed to this post in 1927. After advice from an officer from the Central Association for Mental Welfare and secondment for training, she remained in post until 1944 and developed occupational therapy until she retired when it was taken over by a qualified occupational therapist. Apart from the work on the wards, the department was housed in various small units including 13B and the dressing room of the former female bath block (as a weaving room or "loom shop"). In 1933 the whole of the female bath block became an Occupation Centre and gymnasium.



Miss E.H. Gregory - Occupations Supervisor 1927-44. By courtesy of Cyril Ruse

Works which had had to be postponed due to the war were carried out in the 1920s. These included modernisation of the sewage and water supply systems. Sewage distribution by syphon and gravitation instead of pumping was completed in 1921. Although the initial cost was high, the steam pumps were closed down and there was an estimated saving of six tons of coal a week.

In 1924, plans for a new heating and hot water supply system were submitted. These included the construction of a new boiler house, pump room and coal store on the laundry drying ground, and the heating of wards by hot water radiators from a central forced circulation system and pipes. The existing heating of the Recreation Hall was to be coupled into the system. The numerous steam engines in the hospital were to be replaced by electric-driven motors powered by steam-driven electric generators. The boiler house was completed in 1926 and the central heating was reported to be functioning satisfactorily in February 1927.

The old water softening and sterilising plant installed in 1904 was worn out in 1919 and was replaced by the Permutit system.

A new modern automatic telephone exchange was installed in 1926, the old one being considered beyond repair, having been in use for twenty-two years.

In 1926, the Medical Superintendent described the fire escape as "a most cumbersome affair and difficult to bring into action. To move it expeditiously requires the united efforts of 12 men who are exhausted before they reach their objective. It is not only awkward to bring into position, but it is so constructed that a fireman cannot carry a body down without relinquishing his grip at every rung". A new fire escape was provided and included props which could be used as a water tower up to two-thirds of its full height of 50 ft. The condemned machine was passed on to the artisan staff for use in building and telephone repairs.

Cinematograph shows in the Recreation Hall had been discontinued in 1911 due to the fire risk. New equipment was installed in 1925 and conditions were improved two years later to qualify for the issue of a licence. Wireless sets were purchased for the wards and wireless concerts proved a popular form of entertainment.

The Entertainment Committee chosen by the staff was responsible for two cricket teams, two football teams which had numerous successful seasons and a tennis club for female staff, and ran weekly dances. Resident male staff had a reading room and female staff two sitting rooms. The tennis courts on the cricket field were improved in 1927 and the following year a new court on ground between the staff cycle shed near the gate and the isolation block was laid out to replace the court adjoining block 1.

The Medical Superintendent felt that there was a need for an operation room and suggested that a greenhouse next to the Needleroom in block 13 could be adapted. This was completed in 1924 and an anaesthetic room built nearby to

double as a dentist's room. The services of a dental officer had been withdrawn some years previously because there was little work for him to do. Extractions were performed by Assistant Medical Officers and prosthetic work by a dentist in Watford. However, now that there were a number of younger patients, the employment of a dentist was considered advisable. In 1925, a dentist from the Metropolitan Asylums Board visited once a month. In 1927, the dental room was moved and in 1929 Mr. S.W. Fisk was appointed to work ten hours a month with not more than one visit a week. This was increased the following year to two 2½ hour sessions a week.

Prior to 1898, a few trusted and capable patients had "parole" to work outside the Asylum in officers' homes and the Convalescent Home. This privilege was much appreciated, but, by order of the Board of Control, the practice was discontinued. There is no further mention of the subject until 1925 when parole was extended to 200 male patients within the hospital grounds. Parole cards were issued in 1931.

The Mental Deficiency Act of 1927 placed on local authorities the duty of supervising the training and occupation of mental defectives who were not in institutions. In 1929, the Wood Report (produced by a joint committee of the Board of Control and the Board of Education) advised that more use should be made of community care. This allowed patients out on licence from institutions to parents, relatives and friends. It advocated the setting up of half-way houses and the use of guardianship or supervision by such bodies as the Brighton Guardianship Society and the Central Association for Mental Welfare who placed patients in village homes or private accommodation. Maintenance payments were paid in such cases. A few suitable patients were allowed on licence to work outside the hospital and from 1938 the names of those employed in this way were recorded in the Medical Superintendent's monthly reports.

In 1926, the Interim Visitors on a routine inspection of Leavesden produced a scathing report about conditions on the wards. They commented:-

"... in wards where patients are up, there do not seem to be enough fixed basins to get washing done in a reasonable time. The wash rooms are miserably cold and there should be mats or wooden gratings to stand on . . .

"Utensils. There are no proper slop sinks. Slops have to be thrown down WCs. There is even no place to draw water to cleanse the utensils other than the baths which are at the opposite end of the wards. Owing to the fact that the inlet to the baths is fixed about 3" from the bottom, a can of water cannot be drawn, but the bath must be filled and baled out. To cleanse a commode pan, the nurse must first empty it, then fetch a pail of water from the other end of the ward and do the rinsing. There is no proper accommodation for clothes, brushes, etc., and where there is an apology for a slop sink, it is of an antiquated pattern, almost impossible to

keep clean. There are no racks for bedpans, no tables for scrubbing mackintosh sheets, no place to hang them

"... The distribution of food seems very unsatisfactory, especially to the upper wards. No trolleys with facilities to keep food warm and all containers need to be taken upstairs by hand. This is very laborious work and must result in the food being nearly cold. Proper trolleys and lifts to each block are desirable."



A Female ward about 1930

The Metropolitan Asylums Board obviously took this report seriously and towards the end of 1926 decided to modernise the hospital. They reported:-

"Ward blocks exist as they were originally equipped with four WCs to each floor, situated in corridors opening directly off the ward, one on either side. Corridor has a small room at one end serving as a urinal, and the end of the other corridor houses the foul linen bins An improvement was effected 24 years ago by the addition, to the ground floors only, of sanitary annexes containing an additional five or six WCs.

"So far as bathing accommodation is concerned, on an average two baths per ward have been fitted up in a room partitioned off from a clothing or bedding store."

A further report by the Board included the following improvements:-

"... annexes to house the WCs and bedpan sinks have been designed . . . More spacious and better ventilated rooms have been cleared to accommodate the baths and lavatory basins . . . Hot and cold water would be laid on to the new fittings.

"The floors would be impervious terrazzo and the walls would be glazed brick or tiled to a height of 6'

"In the ward kitchens overlaying the floors with an impervious material New glazed sinks with draining boards have been allowed in each kitchen.

"... A separate store for spare bedding, and a room or rooms set apart for housing patients' clothes. In the cloak rooms a centre stand with heating coil would be provided for outdoor clothes and low racks on the walls for boots with pegs above on which to hang the patients' clothes during the night"

Sanitary annexes were to be built one-third of the way down the upper wards and projecting into the airing courts. Lifts were to be installed using one of the old attendant's rooms; a new two-storey block for thirty-two female T.B patients was to be built behind block 1 with a dayroom on the ground floor and a verandah; ward 14 was to be converted into a double-storied T.B. block with additional wings for 51 male patients; open verandahs were to be added to wards 1 and 2; the old male bathrooms were to be converted to a carpenter's shop and store and a range of new buildings for workshops for sashcord and mat making, shoe making, upholstery and tailoring with adjacent storerooms were to be built along the male corridor. Two new isolation wards were to be built, one for men (ward 16) to be sited beyond ward 14, the other for women (ward 17) in the meadow beyond the new nurses' home (the Bungalows).

The kitchen was to be completely reorganised with new equipment. A new garage in the portion of the garden adjoining the farm buildings was to include an inspection pit, working bench, heating chamber, WC and outside concrete washing-down space plus underground petrol storage and pump.

A recreation room for living-in male nurses, and a laboratory, were to be housed on a newly built upper floor off the main corridor. The main gate was to be widened to 15 ft. to provide easier access for lorries and a new Gate Porter's lodge built on the west side of the entrance with a pedestrian path 4 ft. wide beside it. The road to the main entrance and stores was to be remade and surfaced with tarmac.

It was also agreed that the hospital should be lit by electricity and installation was undertaken by the Watford Electricity Department.

Work began in June 1929, the contractors, Messrs. Miskin & Sons of St. Albans, agreeing to completion in eighteen months. About 350 patients were transferred to other institutions during the upheaval. In the event, the building was not completely finished until March 1931.

Following the Local Government Act 1929, hospitals and infirmaries were transferred to the control of the London County Council at the end of March 1930. It seems a pity that the Metropolitan Asylums Board was not in control to see the completion of this major and exciting reorganisation.

Chapter 5

LONDON COUNTY COUNCIL - 1930-1948

The first meeting of the sub-committee of the London County Council Mental Hospitals Committee for the control and management of Leavesden Mental Hospital was held at County Hall on Wednesday 12th March 1930. At the meeting, it was decided to hold committee meetings at Leavesden Hospital every fourth Wednesday.

The L.C.C. inherited a number of mental hospitals and assigned specific functions to each. Leavesden was given the special function of caring for mentally subnormal persons who were described as "adult idiots and low-grade imbeciles" together with the continuing treatment of those suffering from tuberculosis from outside its catchment area.

Following the completion of modernisation in 1931, conditions for the management of the hospital had vastly improved. The installation of mains electricity supply and the provision of lifts to upper wards, together with improved kitchen facilities and the supply of heated food trolleys, meant that food for the patients was more palatable. The last two wards to be converted to provide a day room and dormitory on each floor by the erection of glazed partitions were at last complete and the sanitary annexes and larger windows as well as electric lighting (although of low wattage) helped to make conditions easier and more pleasant for staff and patients. Some of the old fireplaces had been converted into cupboards following the installation of radiators in 1927. Although this was labour saving, the Committee reported in 1934 that more heat was needed in the wards. The large ward dining tables were replaced by smaller tables to seat eight. These were covered by Poilite instead of lino or rexine. Low iron bedsteads with lath and sacking type mattresses originally provided for epileptic patients were replaced with 20 in. bedsteads with wire spring mattresses. Every male patient was allowed to have a night-shirt - since 1922 only working men had had that privilege.

Staff who worked at Leavesden at this period have said that conditions improved when the London County Council took over. They thought that administration, clothing, food and staff facilities were better. Leavesden was reported to be a "happy hospital". Both Dr. Stewart and Matron Thompson were strict disciplinarians, but fair, and both were well liked and respected. Miss Thompson was awarded an M.B.E. for her part in administering the best run hospital in the British Isles, much to the pride and pleasure of the nurses.

Wards were still crowded, most having 51 patients, and nurses had to do the cleaning with the help of patients. Scrubbing and polishing floors, and climbing ladders to clean the windows are remembered as particularly

unpleasant tasks, and annual stocktaking was a nightmare. Wards were locked except for block 12 which, since 1925, was used as a working men's ward. Since about 1926, porters had been used to carry wood, coal and laundry and some ward maids had been appointed. Ward staff consisted of Chief Charge Nurse or Ward Sister, Deputy Charge Nurse, Staff Nurse and two or three nurses.

Well behaved and "harmless imbeciles" were taken for walks in crocodiles of not more than 30 to Bedmond via East Lane where there was no motor traffic. Towards the end of the decade, seaside outings were arranged by charabanc and a meal of fish and chips on the return journey was a highlight of the trip.

Ward pianos were gradually replaced by radiograms and one was purchased for the Recreation Hall. It was stated that this would increase the number of dances for the patients and reduce the number of concert parties engaged for their entertainment, thus reducing expenditure.



Staff outing 1930s

Apart from the successful football and cricket teams, staff sports included an angling section started in 1944 and participation in the Inter-Hospital Golf Competition. A bowling green was laid out on the cricket field near the tennis courts. Female staff played hockey and badminton as well as tennis. In June 1939, the Leavesden Hospital Sports and Social Club was inaugurated.

Special works for 1931-32 included tar-paving of airing courts 1, 2, 3 and 4, the provision of ramps from the male wards to enable cripples to be wheeled out to the airing courts and the installation of doors in the corridors so that patients brought down in the new lifts could have direct access to the courts rather than going through ground floor wards.

The 26-year-old fire alarm system was scheduled for renewal. In 1932, Tanners Hill tenants were regarded as auxiliary members of the Hospital fire brigade. They were divided into two sections for duty in alternate months and were paid 1s. on attendance within ten minutes of the alarm. In 1937, the Hospital was connected to Watford Fire Brigade Headquarters by a direct telephone line. When the new Gate Porter's lodge was completed by the end of 1930, the Fireman was allowed to occupy the room in his house formerly used as a Gate Lodge.

The St. Pancras Industrial School, or Leavesden Residential School as it was later called, situated opposite Leavesden Hospital, was opened in 1870 under the control of the Metropolitan Asylums Board to house and train orphan children as apprentices or domestic servants. The same architects were employed who designed Leavesden Asylum. Down the years, there had been friendly liaison between the two institutions, especially as regards entertainment. On many occasions, the children had been invited to Leavesden Hospital to watch pantomimes, magic lantern shows etc. and the Asylum band had played at the school. By 1931, the buildings were no longer used and the London County Council proposed that the school should be used as an annexe to the hospital. Transfer was effected on 1st April 1932 and engineering, gardening and maintenance staff came under the control of the hospital. Later, additional land and a cottage on the west boundary were purchased.

The Annexe was to be used to house 383 male and 156 female "chronic irrecoverable, harmless insane patients certified under the Lunacy Acts, of whom about 10% may be infirm, who were considered to be no longer in need of the type of observation and treatment given in the main London County Mental Hospitals" - in other words, a senile population requiring no treatment other than ordinary routine medical care.

Plans were drawn up for the adaptation of four detached blocks (renamed May Villa, Lime Villa, Fir Villa and Rose Villa) to house female patients and the main block for men. In 1933, tenders were accepted for the installation of electric lighting, fire alarms and telephones. On 28th June 1933, Rose Villa was opened for 20 parole patients who worked at the Annexe, and the other villas were opened in 1934. Staff accommodation was available in the Nurses' Home and in rooms in the three villas. When the building works were completed, the temporary Gate Porter's office at the Annexe main entrance was used wholly as a staff residence. A subway was built under the road to connect the Hospital with the Annexe.

According to an undated report by the Physician Superintendent (probably in 1948), "Between 1934 and 1939, the Annexe provided an entirely separate unit as regards treatment, occupational therapy, recreation and amusements. Cases needing operative treatment were dealt with in the main hospital and occupational therapy amongst the elderly psychotic patients had a very limited application, so that the large Occupation Centres offered considerable scope for the training of the higher grade able-bodied mental defectives from the main Hospital" under the supervision of Miss Gregory and her staff.

After the resignation of Rev. Athelstan Clark in 1912, the post of Chaplain became a part-time appointment filled by the vicar or curate of Leavesden. With the opening of the Annexe, a full-time appointment was needed and Rev. W.G. Murray took up the position on 1st January, 1937. He stayed until 1945 when Rev. W. Donovan was appointed. Nonconformist services had been held in ward 16 (the old male bath block used for working men), but in 1929 during modernisation, the ward was no longer available. Instead, the Chaplain gave permission for services to be held in the Chapel as it had never been consecrated.

Since 1921, sewage had been distributed by syphon and gravitation. In 1933, the installation of an electrically driven sewage pumping plant was approved in principle, and was included in the estimates for 1934/35. In 1938, responsibility for the maintenance and operation of the sewage disposal works was taken over by the Colne Valley Sewerage Board while the Engineer continued to be responsible for the day-to-day running of the apparatus.

Suggestions for the appointment of a radiographer and the provision of X-ray equipment at Leavesden were made in 1926, but the matter was postponed for many years due to the expense. Patients in need of X-ray examinations were taken to Stanborough Sanatorium and in 1937 to Watford's Peace Memorial Hospital. Included in the estimates for 1935/36 was the proposal to adapt an old store to an X-ray and light treatment room and to provide equipment, but there was no mention of it being implemented, although some equipment was in use in 1948.

In 1931, a part-time masseuse was appointed for the first time to give remedial exercises. Several successors followed for short periods until 1940 when Miss English took over in a part-time capacity and stayed until 1950. The purchase of equipment was postponed at that time due to the "present financial situation".

Since 1927, the nurses' lecture room had been located in the Medical Superintendent's old quarters by the front entrance. In 1932, it was moved to a disused storeroom in block 13 to enable the Medical Superintendent to use the room as an office. In 1937, consideration was given to building a new lecture room and in 1938, plans were drawn up for a new nurses' dining room/lecture room on the site of an old coal bunker and "empties store" off the main corridor on the female side next to the female kitchen corridor. As records are

incomplete between July 1939 and March 1941, there is no mention of the commissioning of this new building, but it is assumed to have been about 1939 or 1940.

During the 1930s, occupational therapy was developed by Miss Gregory and her three assistants. In 1936, a report showed the activities undertaken under their supervision in the male and female workshops, on the wards with some help from the nurses, and in the Annexe. These included carpentry, upholstery (the Upholsterer's Shop had been closed in 1907), and weaving; general occupations on male and female wards; classes in the gymnasium for low grade patients, five percussion bands and two companies of Girl Guides under Miss Murray. A Boy Scout troop under the leadership of Mr. C. Ruse was also formed and at one time country dancing classes were organised. In all, 863 patients were involved either full time or part time. It was pointed out that it was impossible to give personal supervision due to the large numbers, most of whom needed individual attention, and a plea was made for more staff to cope with 600 medium and low grade patients not receiving training. Following a trial camp in the grounds, the Scouts and Guides were allowed to join local troops at camp sites in the neighbourhood. Only the more able patients were members of the troops and they had to work for their badges in the same way as normal children.



Scout camp 1937. By courtesy of Cyril Ruse

By 1937, rope-making, book-binding and brush-making were added to the activities. In 1938, two members of the nursing staff were appointed as Male Assistant Occupation Officers to supervise a mat and sash cord-making shop for 20 low grade male patients and to organise games in the male courts because the "habits of male patients confined to the courts" were "of so unpleasant a character that it has not been found possible to utilise the services of a female officer for this purpose". Both were seconded for training for the diploma of the Association of Occupational Therapists and in 1946, Mr. C.R. Ruse became Occupation Officer on the male side, when the service was divided into separate male and female departments following Miss Gregory's retirement in 1944.



Brush-making shop about 1937. By courtesy of Cyril Ruse

The outbreak of war in 1939 severely curtailed the occupational therapy activities. The occupational therapy centre was used to accommodate patients and for storage, and materials were unobtainable. Most of the work was done on the wards while ward 18 was used for the men, together with the workshops off the male corridor.

The whole situation was most unsatisfactory at that time. Better accommodation and more staff were needed to provide adequate facilities. In spite of a Board of Control recommendation in 1935 that a suitable occupational therapy department should be built, no action was taken, but after the war a male ward (ward 12 - now Plover) was allocated for the male department. In 1948, it was staffed by one Head Occupational Therapist and three assistants. The female department had six assistants but no Head Occupational Therapist in spite of repeated advertisement.

During the 1930s when unemployment was high, it has been said that some 200 applications a week were received for employment at Leavesden, the hospital being one of the main local employers, together with Ovaltine and Dickinson. Applicants who could offer a skill, such as a sporting or musical ability, were given preference, hence the success of the football team during that period. Probationer nurses were expected to study, often in their own time, for the examination of the Royal Medico-Psychological Association. Failure to do so after a reasonable period of time resulted in the termination of contract "on the ground that such nurses are unlikely to become efficient . . . nurses", or the forfeiture of salary increments.

Until 1927, there had been two distinct schemes of training and examination for the mentally unsound - mental nursing and the nursing of mental defectives. Leavesden was recognised by the General Nursing Council for the former and by the R.M.P.A. for the latter. It was usual for Leavesden nurses to take the examination of the R.M.P.A. and become qualified as nurses of mental defectives. Since 1925, the G.N.C. had not recognised the R.M.P.A. qualifications as suitable for registration and insisted that holders of that certificate should take a further examination for registration, believing that the R.M.P.A. syllabus did not cover sufficiently the nursing of the bodily sick.

In 1927, the R.M.P.A. approved a new syllabus for training nurses of the mentally defective. All candidates for the final examination had to pass a paper covering the following subjects: the theory and practice of nursing; bodily diseases and disorders and their nursing requirements; the mind in health; nursing in colonies and homes; and mental deficiency. At the practical examination, candidates had the option of presenting themselves in one or more of the following branches: Section A - Bedside nursing; Section B - Special methods of teaching mentally deficient children; Section C - The teaching of mentally deficient adults; Section D - Physical training, drill, dancing, indoor and outdoor amusements. Following qualification, nurses were promoted to the rank of Staff Nurse. Further promotion was not automatic and as vacancies occurred for Deputy Charge Nurse or Ward Sister

rank, there may have been six or more applicants. To speed promotion and also in recognition of the stressful nature of the work, in 1929 retiring age was set at 55.

By the end of 1938, it became obvious that war was imminent. Leavesden Hospital participated in a civil defence exercise organised by the County of Hertfordshire and plans were made for blackout, fire-watching duties, building of blast walls, filling of sandbags and the strengthening of basements in the event of a bombing raid.

Staff were called up for active service in 1939. Although at the beginning of the war, nursing was a reserved occupation, many joined up and the complement of nurses was much depleted; they were replaced on a temporary basis by married women and, a few years later, by women recruited from Ireland.



Chapel equipped for air raid casualties 1939

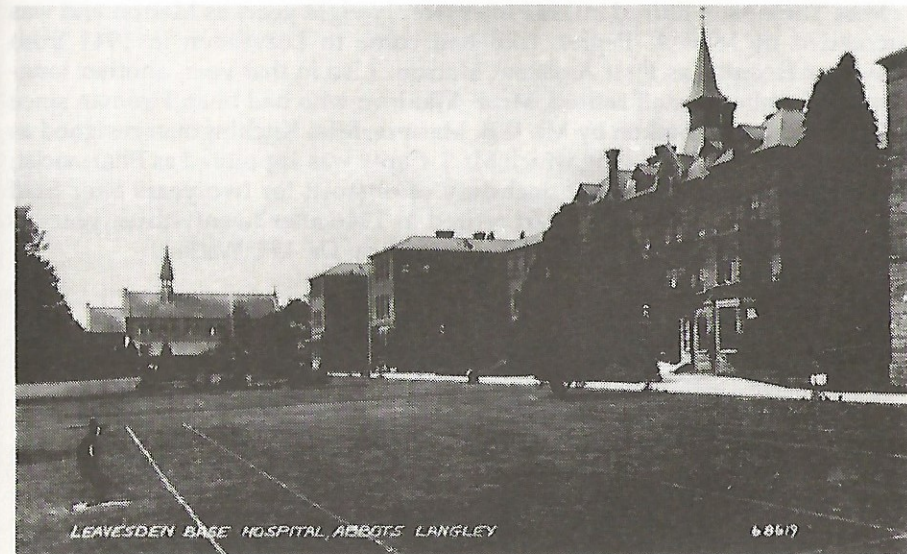
The Annexe was designated as an Emergency Hospital and the patients were all transferred to the main site and accommodated on the already overcrowded wards. Above is a photograph of the Chapel with the pews removed and replaced by beds, but this was probably only a temporary arrangement as there is mention of services held in the Chapel in 1943. About 50 children from the Fountain Hospital, Tooting, were brought to Leavesden and accommodated on female wards. When St. Bernard's Hospital was bombed in 1944, 102 female patients and 13 staff were temporarily taken in and shift work was introduced in the laundry to cope with the extra work.

Any attempts at habit training of patients were reported to be impossible due to the shortage of staff. Mr. R.W. Sharp, who had been Chief Male Nurse since 1935 following Inspector Ridgeway's retirement, had "to beg staff as a personal

favour to work overtime". Whereas, pre-war, airing court exercise had been supervised by 15 nurses, only five were now available ("and frequently several of these are septuagenarians").

Hutted buildings were erected in the grounds of the Annexe, and records reveal that the first admission was on 1st October 1939. Wounded French survivors from Dunkirk were housed in the Annexe for a time and cared for by doctors, nurses and medical students from University College Hospital, Charing Cross Hospital, Maida Vale Hospital for Nervous Diseases and the Central London Ophthalmic Hospital, as well as a detachment of F.A.N.Y. There are reminiscences of the escapades of the medical students, including one occasion when a student climbed on to the Annexe roof to fix a chamber pot to the tower.

The Emergency Hospital closed in 1943 and the Annexe and huts were taken over by wounded Canadian soldiers and nurses. After their departure came the Khaki University of Canada and later an English Teachers' Training College under the control of the L.C.C. Education Department; presumably this is why Asylum Road was renamed College Road.



Annexe main building during 1939-45 war

Local labour was scarce and a few patients from Leavesden were allowed out on licence to work in the locality. The Sub-Committee fixed the rate of pay for patients in daily employment at 6d. -9d. an hour. 6s. of their wages was retained by the patients as pocket money; the remainder was divided equally between the patient and the L.C.C., the patients' share being disbursed at the discretion of the Medical Superintendent for extra pocket money, clothing, savings, etc.

At the beginning of the war, the Sub-Committee for Leavesden Hospital decided to abandon monthly meetings at Leavesden and to empower the Chairman to settle the date and time of each meeting. These were held every three or four months. However, two members of the Mental Health Committee visited regularly every one or two months and the Medical Superintendent and the Steward continued to make their monthly reports as usual.

An Emergency Committee in 1939 combined hospital farms into groups, each group being the responsibility of a Superintendent Bailiff; Leavesden was grouped with Friern and St. Bernard's. Control of all groups was vested in a Farming Operations Sub-Committee and the hospital sub-committee had no jurisdiction over farming policy or staff. Once again, as in 1914-18, extra grazing land was needed and the cricket field was put to that use. Food production was important and 90 patients were working on the farm during 1944: very little work, however, was done on the gardens.

In common with the rest of the population, food rationing affected Leavesden, although staff have mentioned that no-one went short. A dietitian and assistant dietitian were appointed in 1941.

Miss Thompson retired in 1942 after twenty-eight years as Matron and was succeeded by Miss A. Pegler, who had come to Leavesden in 1941 from Claybury Hospital as First Assistant Matron. Also in that year, another long-serving member of staff retired, Mr. F. Waldron who had been Fireman since 1921. His place was taken by Mr. C.B. Masters. Miss Kitchingman resigned as Dispenser in 1942, following which Mr. J. Carey was appointed as Pharmacist; in 1946 he took on the additional duty of organist for two years after Staff Nurse W. Poulter left. Dr. Stewart retired in 1946 after twenty-three years as Medical Superintendent and was succeeded by Dr. J.H. Watkin.



Medical staff, chaplains, matron, chief male nurse and secretary about 1946/47

Leavesden was fortunate that no major damage had been sustained during the war. Windows broken by blast from a nearby bomb, and an anti-aircraft shell crater in the court of ward 4 appeared to be the only damage. Nevertheless, it took years to get back to normal. Not all staff wanted to return after a break of several years: employment was easy to get and wages were higher elsewhere. Building materials were in short supply and neglected maintenance projects took a long time to complete. The Annexe was still occupied by the Training College and not finally released until 1950, so wards were grossly overcrowded and short of staff.

The National Health Service Act of 1946 removed the administration of the hospital from the London County Council. On 5th July 1948, it came under the jurisdiction of the North West Metropolitan Regional Hospital Board and was handed over to the Hospital Management Committee.

Chapter 6

THE NATIONAL HEALTH SERVICE – 1948-1974

The next twenty-five years introduced yet more changes to Leavesden both in administration and in the welfare and treatment of patients. The National Health Service Act 1946 transferred hospitals for the mentally defective to the Ministry of Health while leaving community facilities in the care of local health authorities. The Act divided the country into regions and on 5th July 1948 the North West Metropolitan Region took over the administration of Leavesden Hospital. At that time, Leavesden was designated as both a mental hospital and an institution for mental defectives, but at the beginning of 1950 the Regional Hospital Board recommended that Leavesden Hospital should be an all-purpose mental deficiency institution with a well-defined catchment area (i.e. no longer to be a mental hospital) and that there should be no age limit for admission. It recognised that this was a long-term policy due to staffing difficulties and the need to provide alternative accommodation for more than 800 patients still in Leavesden under the Lunacy Acts.

In 1955, the catchment area was defined as:-

- “(a) That portion of Middlesex comprising borough/urban districts of Ealing, Acton, Brentford and Chiswick, Ruislip, Northwood, Uxbridge, Yiewsley and West Drayton, Hayes and Harlington, Southall, Heston and Isleworth.

In 1965, the catchment area was further restricted to the “London Boroughs of Hounslow, Hillingdon, Ealing, Brent, Harrow, Hammersmith (part within the region), Royal Borough of Kensington and Chelsea (part within the region)” together with adult female patients from the Boroughs of Slough, Maidenhead and New Windsor, Urban Districts of Eton and Beaconsfield and Rural Districts of Eton, Cookham, Windsor and Easthampstead.

The Act empowered Regional Hospital Boards to appoint Hospital Management Committees to be responsible for the administration of each hospital. Potential members were nominated by interested bodies for a three-year term. Initially, several members of the L.C.C. with previous experience of running the hospital were appointed, together with some local people and former staff members. An official circular (HMC(48)2) stated that “Where a

mental hospital has its own separate Management Committee Medical Superintendent to discharge both clinical and administrative duties as the Chief Officer and for the Clerk/Steward to become the secretary of the Management Committee responsible for the general administration and executive work of the hospital under the Medical Superintendent.”

HMC(48)16 defined a Secretary as “. . . a hospital administrator and not a Committee Clerk. He may be medical or lay (e.g. Medical Superintendent, House Governor, Clerk/Steward, etc.), but it is essential he should have experience in the direct administration of the hospital.”

The first chairman of the H.M.C. was Mr. Harry Smith from the L.C.C.; the Clerk and Steward of the hospital, Mr. C. St.G. Cook (who had succeeded Mr. W.H. Trolley in December 1947) was appointed Secretary combined with the duties of Finance Officer.

The work of the H.M.C. was delegated to sub-committees:-

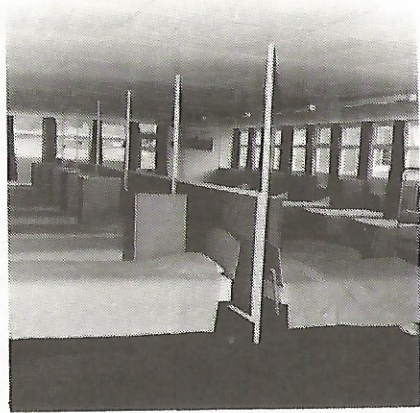
1) Establishment and Staff – to determine numbers and grades of staff for the efficient working of the hospital, 2) Finance and 3) Farming Operations. Each sub-committee met every fourth Thursday. The Establishment and Staff and Finance sub-committees were responsible for inspecting the hospital under the Mental Treatment Rules and Mental Deficiency Regulations.

The Mental Health Act 1959 repealed the Lunacy Acts and the Mental Deficiency Acts and dissolved the Board of Control which had supervised mental hospitals since 1890. It defined four classes of mental disorder: mental illness, subnormality, severe subnormality and psychopathic disorder. It required psychiatric hospitals to be run on the same lines as hospitals for the physically ill and for patients to be treated in the community wherever possible under the responsibility of local authorities. Where compulsory detention was required for emergencies or in lieu of imprisonment, four categories were determined – brief periods, limited periods, indefinite periods and Guardianship. Mental Health Review Tribunals replaced the Board of Control and patients and next-of-kin had the right at specified periods to ask the Tribunal to review the need for their continued detention. By 1965, most patients were under informal care, the last patients detained under the Lunacy Acts having become informal.

Leavesden Green Training College left the Annexe on 24th February 1950 and the site was returned to Leavesden by the Ministry of Works who had requisitioned it in 1939. This made it possible to transfer patients from Leavesden and to relieve congestion on the main site. Elderly psychotic patients certified under the Lunacy Act were transferred to four wards in the main block and on 1st October 1951 to May Villa. Following the R.H.B. recommendation that there should be no age limit for admission, fifty girls between 10 and 16 were admitted in 1952 and housed in Fir Villa. Between then and 1969, Lime Villa and Fir Villa, Cedar and Ash wards housed children between the ages of 10 and 16, Magnolia was opened as a nursery unit in 1967 in the former schoolroom, a new unit for boys named Oak House was opened



Overcrowded ward 1950's



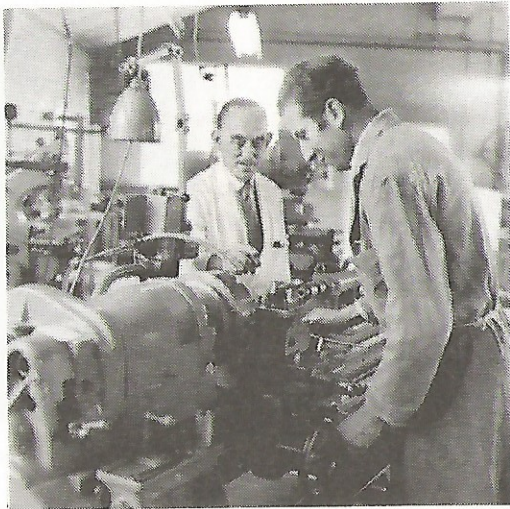
Oak House, a new villa, 1969

in 1969 and Forsythia became a ward for ambulant, disturbed severely subnormal adolescents. This increased the total number of patients in 1957 to 2,266 and in 1966 there was a waiting list of 132.

The hutted buildings in the Annexe, built at the beginning of the second world war, became Abbots Langley Hospital for geriatric patients separate from Leavesden but under the same H.M.C. and forming part of the group. However, in 1967, three wards were allocated for elderly Leavesden patients and became known as Maple Unit, staffed and administered by Leavesden.

The question of engaging a suitable teacher to develop an occupation and training centre for children was raised by the Physician Superintendent in 1952 and Miss de Raadt was appointed Supervisor of Children's Occupations Department, together with an assistant supervisor. Classes were held in the main building of the Annexe. In 1954, the Medical Advisory Committee suggested schooling for the increasing number of high-grade adult patients. Some reading and writing had been successfully undertaken by the occupational therapists, but there was a need for a qualified teacher. A special sub-committee was set up to consider the education and training of patients. It considered that separate training departments were desirable to give more individual attention and suggested the provision of hostels outside the hospital for resocialisation. It advised that physical training, which had lapsed during the war, should be reintroduced and a domestic training course set up for female patients who could benefit from training in personal hygiene, cooking and domestic duties.

In 1951, the female occupational therapy department and the needleroom were moved from block 13 in the female corridor to 15A and 15. 15B was allocated as a domestic training unit for 42 female patients under the supervision of Mrs. W. Kennedy (wife of the Chaplain) who was a trained domestic science instructress. Part of the dormitory was used as a schoolroom and became operational in 1956. The male occupational therapy department



Industrial Training Unit, about 1960

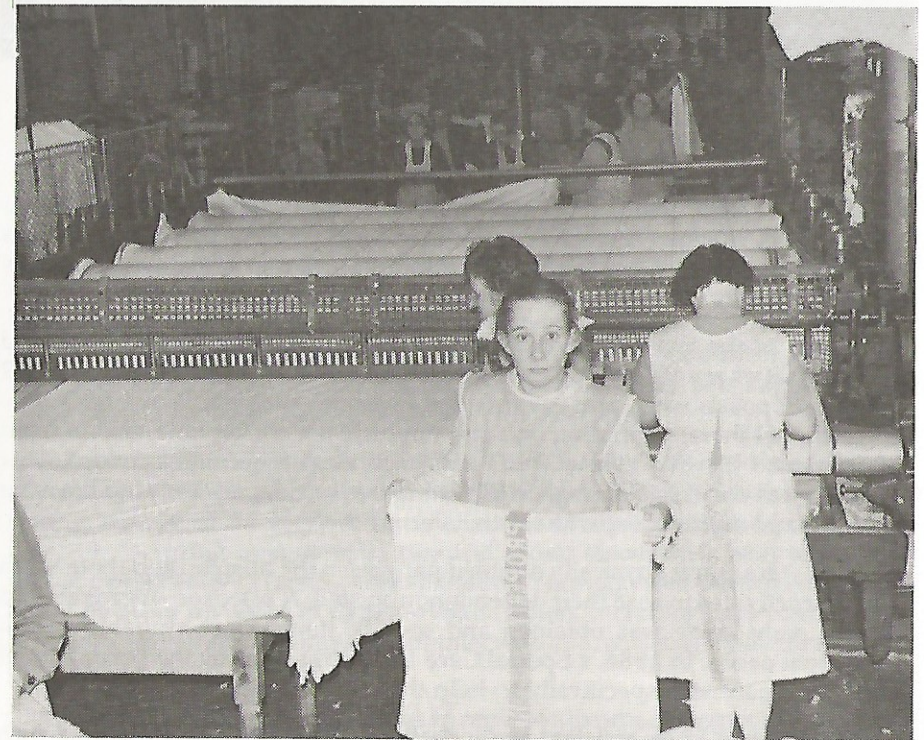
Following a period of training in the unit and suitable educational classes and recreational activities, such as camping holidays, a number of trainees were able to obtain local employment, although not always of the standard that had been hoped for them. Gradually, the most able patients left the hospital to live in the community or hostels; those left or being admitted were not able to reach the standard required. The post-war shortage of labour had eased and the high unemployment rate in the 1970s made it difficult to find suitable work from industrial firms. The competition for jobs meant that the less able had less chance of obtaining employment. At the end of 1981, the I.T.U. and the two occupational therapy departments were combined under one head occupational therapist, Mrs. L. Furner.

In March 1961, the Medical Advisory Committee reported that 800 patients were unoccupied, most of them severely subnormal and physically handicapped. The Committee recommended that there was a need for simple repetitive work and that patients should "go to work" out of the ward environment.

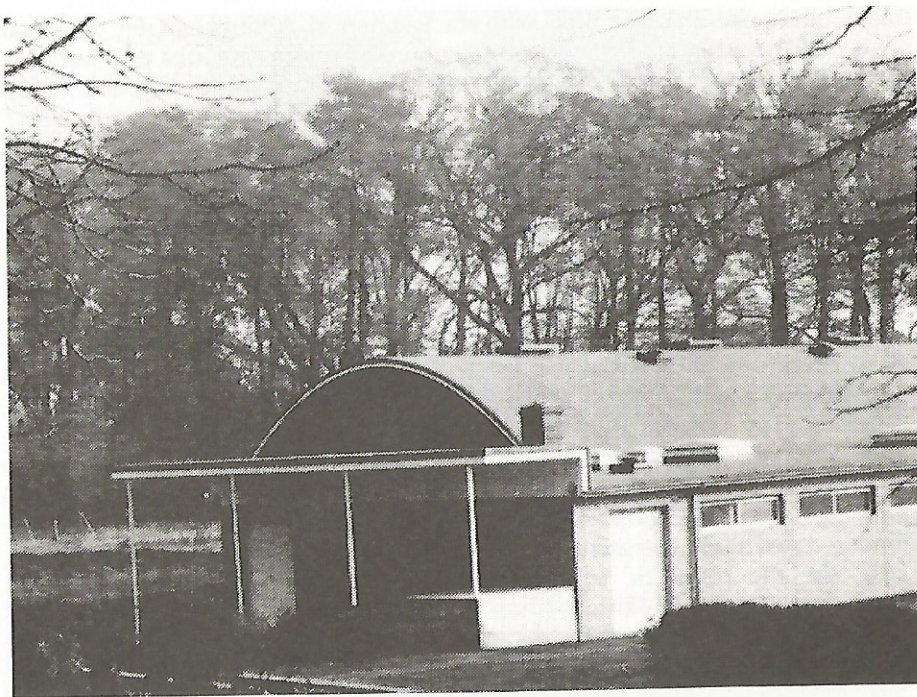
In 1962, a pilot scheme for a Sheltered Workshop was launched. It was decided that the workshop should be run by nursing staff to re-emphasise the original role of the nurse to include training of patients, to stimulate recruitment and to widen their role. In 1963, Assistant Matron Mrs. G. Sutton, who had had experience in an occupational therapy department, was appointed and opened a workshop for female patients on an empty ward, 7A. Simple repetitive industrial work was provided by the I.T.U. In 1967, the recreation hall in the Annexe was altered to accommodate the Sheltered Workshop and provided space to include men and some patients from the Annexe. In 1969, further space was available when the Annexe kitchen in the

main block was amalgamated with the kitchen in Abbots Langley Hospital. This had the advantage of allowing progression from one area to another as patients became more proficient. Activities became more varied and less industrial work was undertaken.

When the H.M.C. took over in 1948, the occupation and training of patients fell into three categories: those departments where patient labour formed an important part of the functioning of the department (e.g. laundry, needleroom, kitchens, farm and gardens); the departments supervised by staff who were specialists in their own fields (e.g. carpenters, shoe repairer, upholsterer, tailors, painters) and the male and female occupational therapy departments where less able patients were given tasks to suit their abilities in the departments and on the wards. The male department also organised recreational activities, including inter-hospital football and cricket matches, "club" nights and evening "socials", and physical training. Gradually, the establishment of staff was increased and more patients attended the departments. In 1967, the male department moved from ward 12 to ward 4 and took in non-ambulant patients of both sexes. At the same time, the female department assumed responsibility, in co-operation with the nursing staff, for the domestic science unit in 15B (later renamed Household



Laundry workers, 1960s



Occupational Therapy Department 1976

Management Unit) which had been closed due to lack of staff. The role of the departments changed to that of assessment and training by means of such activities as craft work, gardening, recreational and social activities and simple industrial work.

In spite of the fact that in 1935, the Board of Control had recommended better facilities for occupational therapy, little action had been taken. In 1972 outline proposals were presented to the Regional Hospital Board for a new occupational therapy building on a site opposite the cricket field next to ward 16 (renamed Hewlitt Villa in 1963 and used as staff accommodation). This building was only large enough to accommodate one department and the male occupational therapy department transferred there in 1976.

There were many physically disabled patients in the hospital and there was a need for activities to ease their dependency on staff. A selection of gadgets and aids to daily living was obtained and specific items were available to suit individual needs. In 1984, a Special Care Unit was set up by the occupational therapy department specifically to help those with a physical dysfunction.

As far back as 1926, assistant medical officers had been experimenting with psychological tests for intelligence and estimating mental age. Test material



Tailor's shop

and text books (such as Terman's "Measurement of Intelligence" and "Measurement of Intelligence by Drawing") had been bought and in 1930 experimental mazes were suggested for investigating the response of patients. However, it was not until 1950 that it was considered necessary to include a psychologist on the establishment and Mrs. Celia Williams began a part-time appointment which, two years later, was increased to full time. Her report in 1951 suggested that there were many patients with an IQ of more than 90, most of whom had a history of serious anti-social behaviour. She suggested that there should be more contact with the outside world.

Following her resignation in 1953, Dr. G.S. Claridge was appointed Clinical Psychologist in 1956 and in his report in 1957, he outlined his duties as clinical testing, mainly of intelligence but also a few of attainment and personality, research, lecturing to student nurses and group discussions with patients as part of a progressive system of rehabilitation. He suggested that a psychologist could be more involved in patient rehabilitation, including case conferences, sheltered workshop, finding sub-contract work, socialisation and research. Dr. Claridge resigned in 1957.

As there had been no applications in reply to advertisements for a successor, the post was up-graded to that of Senior Psychologist and Miss Daphne Roswell was appointed in 1958. In 1959, she was allowed the assistance of a

probationer clinical psychologist. Miss Roswell followed the suggestions made by Dr. Claridge and laid the foundations of the Psychology Department. Together with the Social Worker, she stressed the need for female patients to undertake remunerative work, resulting in the formation of the sheltered workshop. She was particularly interested in patients' recreation. She organised evening activities, took small groups on holiday and initiated staff training in play therapy.

Mr. R.C. Ramsden succeeded her in 1973. He reported in December 1975 to the Multi-Disciplinary Therapeutic Team that the role of clinical psychologist had been "confined to intensive study or assessment of the individual with a view to that individual's needs in therapy, training and education". He saw the future of the department as including "more advisory or consultative work to cover wards, groups of patients and in-service training of nursing staff", and viewed clinical psychologists as "specialists in human behaviour with particular expertise in the clinical field".

In 1972, the psychology department moved from small rooms at the top of the male corridor to more spacious accommodation further down the corridor in rooms at one time occupied by the shoemaker's shop before it was turned into a messroom for non-resident male staff. In 1978, the department moved to the Annexe in the temporary prefabricated building used as a decanting ward, Poplars.

The first mention of a social worker at Leavesden was in 1933 when a social worker for the parish of Leavesden visited friendless patients. It was not until 1953 that the Board of Control commented on the lack of a social worker and the R.H.B. was asked to approve the establishment of a social worker post. Miss S.C. Jones was appointed in 1954 and her report in 1955 mentioned that her main task was to find suitable outside employment for patients, both daily and on licence, supervising conditions of work, payment, etc. Most patients were employed on labouring, gardening and domestic work. In 1956, she introduced simple remunerative sub-contract work within the hospital and suggested the possibility of a pilot workshop. A charge nurse was appointed as her assistant until she resigned in 1963. The department gradually expanded and the duties of social workers in 1972 included liaison with local authorities and local authority social workers when patients were transferred to their area.

In 1956, a physical training instructor was employed to teach physical training and games and in 1960, a part-time instructress was appointed, her duties to include eurhythmics. Later, in 1971, there is mention of the employment of a remedial gymnast.

When Miss English left in 1950 after ten years' service, several physiotherapists came for short periods, but the post lapsed due to lack of applicants, probably because of the poor facilities. In 1950, the R.H.B. had been asked to provide a physiotherapy department, but finance was not forthcoming. When the school was built in 1966, a small room was made available for the

physiotherapist, but in 1973 a new building was opened behind Lime Villa. It was hoped that improved facilities would attract staff, but it did not prove easy and in 1974, the department was run by nine part-time post-graduate physiotherapy students and treatment was restricted to children and cases of cerebral palsy. The situation of the department in the Annexe made it difficult for patients to be taken from the main site, so it was decided to undertake treatment on the wards and in the school. There was a gradual improvement in services when the Physiotherapy Department was staffed on a part-time basis by physiotherapists from the Rehabilitation Unit at Garston Manor.

In 1957, parents of children in Fir Villa requested the services of a speech therapist and the following year Miss Christine Thompson was appointed. She was based in a small room in May Villa and stayed for a year. Later, a room in the school was made available and most of the work of the speech therapy department concentrated on school children with an assistant, appointed in 1966, being responsible for a weekly check of adults' hearing aids.

Requests to the Board of Control for an X-ray department had been made many times since 1929, but the project had been postponed due to the expense involved. In 1949, a request to the R.H.B. for apparatus and the services of a part-time radiologist and radiographer proved more fruitful. The apparatus was installed within six months and a radiographer, Mr. W. Beadle, from Watford's Peace Memorial Hospital, was available for two 2½ hour sessions a week. In 1953, the X-ray department was satisfactorily sited on the male side of the main corridor and in 1956, the Board of Control reported that it was well equipped. A processing unit was provided in 1962 and in 1964 the old reading room adjacent was converted to a filing and waiting room.

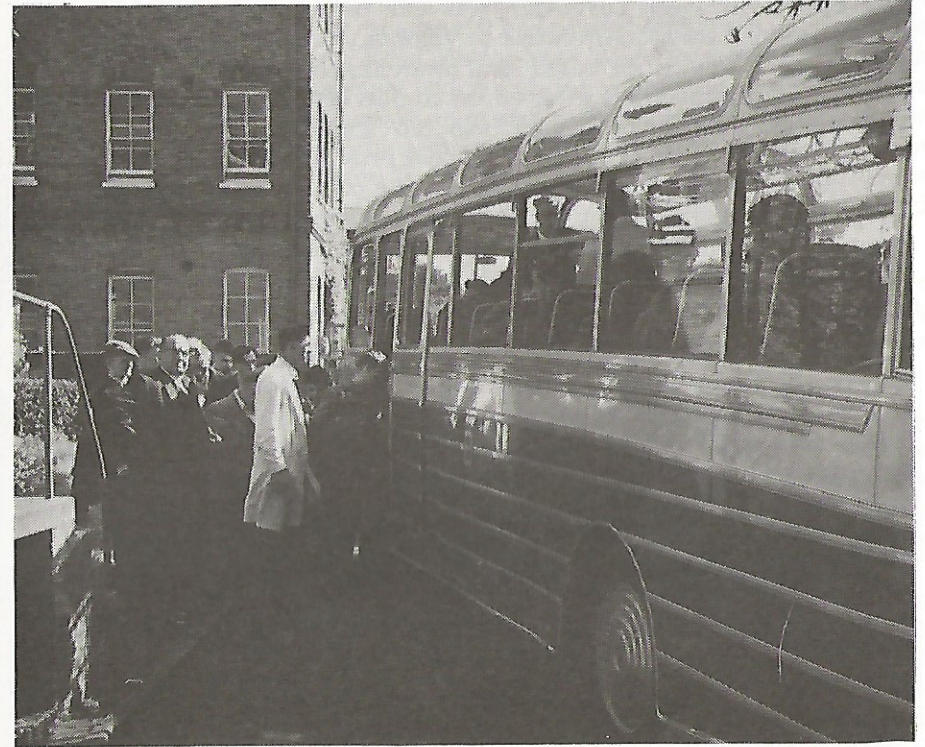
The dental surgeon, Mr. Fisk, had been visiting Leavesden on a part-time basis since 1929. He retired in 1954 and the following year Mr. C. MacFarlane was appointed Senior Hospital Dental Officer to Harperbury and Leavesden. An oral hygienist and dental nurse were employed and the purchase of modern equipment was authorised. In 1973, money was allocated for a new dental unit following a report that the premises then in use were unsuitable having been structurally unaltered for 18 years. Money for equipment was donated by the Variety Club of Great Britain and in 1977 the new unit was in operation in the Annexe by Fir Villa, under the control of Mr. Hitchcock.

After the war, patients' recreational activities continued in much the same way as formerly. When television sets were provided for the wards in 1953, it was thought that film shows and other entertainments could be reduced. However, it became apparent that activities requiring patient participation were required. The occupational therapy department and psychologist were providing "club nights" and socials, but these did not include those dependent patients confined to the wards. There was a need to co-ordinate all recreation, and in 1966, Mr. K. Harrison was appointed assistant chief male nurse in charge of social and recreational therapy. By 1973, the Recreations Officer was highlighting a need for a new recreation hut to accommodate all the



Patients' recreation 1960s

recreational activities which included holidays, outings, art and hobbies, and recreational activities with the elderly in the Annexe. In 1974, the department took over the organisation of the playgroup which had been started by the psychology department in 1969 and run for two years by a team from the Save the Children Fund.



Patients' outing 1950's

In 1955, when the number of children admitted to Leavesden was increasing, parents formed a Parents' Association, named Friends of Leavesden. Their aims were "to mobilise, encourage, foster and maintain the interest of the public in the patients and to support Leavesden Hospital by means of voluntary service". Contributions were made to various projects and major items provided included, in 1968, a coach. Their biggest contribution to the hospital, with the help of a loan from the R.H.B., was the building of a patients' club house on a site in the Annexe on disused tennis courts near the entrance to the tunnel. This was opened in 1974 and was called "Friendly Leaves". It proved to be a valuable asset and was used for recreational activities by all patients and their visitors and was more intimate than the recreation hall. In 1978, an extension was added and was open during the day for any patient who was not engaged in any other activity.

Ever since 1872, mention has been made of volunteers coming to the hospital to entertain and befriend patients. After the war, many individuals and groups were involved and in 1956, there was an enquiry into the principle of accepting voluntary help in connection with the direct treatment of patients. It was decided that each case should be considered on its merits and this decision prompted the thought that voluntary services should be better organised and co-ordinated. In 1969, Leavesden was one of the first mental handicap hospitals to appoint a Co-ordinator of Voluntary Services. Mr. John Robbins developed the service, increased local awareness of the needs of Leavesden Hospital and diplomatically resolved any conflict between volunteers and staff. An increasing number of visitors "adopted" individual patients; voluntary helpers undertook the construction of major projects, such as a pets' corner in 1971, the landscaping of Magpie/Nightingale court in 1972 and Kingfisher court in 1976. Staff from the department combined with staff from the recreation department to run the Friendly Leaves clubhouse and many fund-raising events were organised. John Robbins died in 1983 and his place was taken by Mrs. Kathy McLoughlin.

In 1952, short periods of care of up to 8 weeks were authorised by the Ministry of Health without certification. When the concept of informal care was fully implemented in 1958, most patients were treated on an informal basis. This assumed that a patient (or guardian) agreed to treatment on admission and custodial care as it had hitherto been known was abandoned. In practice, this meant that the doors of most wards were unlocked and divisions between airing courts were taken down so that patients were free to walk round the grounds as they wished. Gradually, there was less segregation of the sexes and during the 1960's patients could mix at dances, social events and in chapel and could meet their friends of the opposite sex in the grounds and at their places of work. This caused a few problems initially and there were four to six pregnancies a year, but improved contraceptive methods overcame the opposition to the less strict regime.

The entrance gates were also kept open so that it was easy for patients to walk out of the hospital. In 1964, concern was expressed about the number of young absconders. In 1966, part of the airing court of block 8(N) and in 1969 part of the court between blocks 10(O) and 12(P) were fenced in to provide secure exercise areas. Other airing courts were used as car parks.

The Mental Health Act 1959 permitted compulsory detention and treatment of those cases where it was essential for their own protection or for that of the community. The Criminal Justice Act 1948 authorised admission to Leavesden as an alternative to imprisonment or fines of those persons who were committed by a court of law. A few patients who fell within that category continued to be kept in locked wards and were escorted as before when they went outside. There were no locked facilities for their employment and they were confined to their wards for unacceptably long periods. In 1970, a security occupational therapy unit was opened in ward 4A for men from the neighbouring "secure" wards 2A and 2B (Kestrel and Kiwi). In 1973, girls

from similar female wards were included as well as some patients from open wards who were wanderers and would not stay in the normal working or training departments.

For a long time, the H.M.C. had tried to persuade the R.H.B. to provide hostel accommodation for those patients who went out to daily work. Such accommodation was needed as a "half-way house" between hospital and independent living in the community. It had proved difficult to find a suitable house, but in 1960, 46 Derby Road, Watford was leased from Watford Borough Council. It was named Ashbury Lodge and had accommodation for 12 men. Mr. and Mrs. J.C. Rees became warden and cook in 1963. At the time, it was known that it would only be a temporary home, because the property was scheduled for demolition and in 1969 Nascot Grange in Nascot Road was acquired. This was an old family home in its own grounds which had been used for some time as staff accommodation by the West Herts H.M.C.

For many years, a private guest-house at 65 Langley Road, Watford had been used for ex-patients. When the premises had to be sold, another property in the vicinity, Nascot Lawn, was repaired and reinstated and in 1971 opened as a women's hostel.

Pre-hostel training was required for low-dependency patients. The household management unit, run by the female occupational therapy department since 1967, provided initial training, but in many cases there was no follow-up and patients frequently had to return to their original wards at the end of their three months' stay. A few suitable female patients had been living temporarily in the "hostel" ward - the former female isolation ward, ward 17. When it was needed again as an isolation ward, the patients were transferred to the laundry block. This had been used for staff accommodation, but was considered unsatisfactory in 1964. It became known as the Monitors' dormitory and later Beech House. In 1976, a pre-fabricated building was erected in ward 10 (O block) airing court as a temporary hostel and was called the Brambles. In 1972, a new ward was planned to provide experience in social training, self-help, group living and community skills for 30 male and female patients prior to discharge to the community. This was built in the Annexe near Oak House, was named The Willows and opened in 1973. Unfortunately, it became overcrowded due to the lack of community facilities provided by local authorities.

Deaf patients in the hospital had been scattered in wards with little specific training available for them. The Chaplain (Rev. Hugh Kennedy, who had succeeded Rev. Donovan in 1955) had been interested in communication with the deaf and sign language had been used at church services. The Royal Association in Aid of the Deaf and Dumb and the St. Albans Diocesan Association for the Deaf had worked at Leavesden for many years. The report of the Chaplain in 1971 (Rev. G. Shaw) highlighted a need for in-service training of staff and three nurses were sent to Whittingham and Brockhall Hospitals to attend a two-month course for the training of the deaf. Due to the

decrease in the incidence of tuberculosis, ward 19 was no longer needed as a sanatorium. The two remaining female patients suffering from the disease were transferred to Redwing (formerly ward 14), and at the end of 1971, ward 19 (Jasmine) became a mixed ward for 39 deaf patients and was opened by the Bishop of St. Albans, Rt. Rev. Robert Runcie. However, the Medical Superintendent reported in 1976 that there had been little further demand for the deaf unit since it was opened.

Dr. Bavin, consultant psychiatrist, reported in 1968 on an experiment which involved a "family unit" in Godetia (11A). He felt that the elderly ladies in that ward would benefit from having children to care for and that the children would benefit in their turn from the love and attention they would receive from the adults.

In 1973, each consultant was responsible for a particular portion of the whole catchment area and in the past had sometimes had difficulty in finding an appropriate bed space for a particular patient. Thus, "sectorisation" was introduced with the aim of improving the service and establishing a link between the hospital and community. Each ward received patients from a particular borough or sector. This meant that some female wards were designated for men and some male wards for women. Therefore, the term "male" and "female" corridors no longer made sense and it became reasonable to rename them East and West corridors.

Since 1939, the farm had been part of a group including Friern and St. Bernard's Hospitals under a Superintendent Bailiff with a working assistant bailiff in charge of each farm. In 1948, under the H.M.C., the farm once again became part of the hospital and the farm bailiff was responsible to the H.M.C. which set up a Farming Operations Sub-Committee. The duties of farm bailiff and gardener were divided. An additional 12 acres of land was rented at Bedmond and in 1949 a further 27½ acres of grazing land at Garston Manor was obtained by the R.H.B. and allocated to the West Herts Group. Stock was increased and the farm was run satisfactorily, if not entirely self-supporting, under the farm bailiff, Mr. P.A. Weeks.

In 1954, an official circular (HM(54)23) questioned the use of farming activities at hospitals and the R.H.B. set up a committee to enquire into the use of the farm for occupational purposes. The land at Bedmond was given up and efforts were made to increase patient participation, although the type of patient and alternative training then available made this difficult. In 1955, the Ministry of Health was not convinced of the need for hospital farms and insisted that full-scale farming should gradually be brought to an end. The dairy herd was sold in 1956 and farming activities were limited to pigs, poultry and kitchen gardening.

The R.H.B. ordered a further review in 1962 and in 1965, the Ministry of Health ordered that 51 acres of farm land north of East Lane should be sold. It was bought in 1970 by the farmer of neighbouring Tenements Farm. Mr W. Robinson (who became farm manager after the death of Mr. Weeks in 1958)



Poultry-keeping 1960s



Gardening 1960s

proposed to concentrate on pig production and adapted the reduced acreage for feeding purposes. In 1967, the poultry flock was sold. The Catering Officer was reluctant to use fresh farm produce in the kitchen because of the cost of the labour involved in preparation, so surplus produce was sold commercially. The farm manager took over management of farm and gardens in 1968 and was renamed estates manager. Mr. A. Grant became estates manager in 1980 following the resignation of Mr. Robinson. In 1971, the Farming Operations Sub-Committee amalgamated with the Catering Sub-Committee to become the Farming/Catering Sub-Committee.

The Diseases of Animals (Waste Food) Order 1973 laid down strict rules for the use of swill for feeding pigs. The expense of providing the necessary equipment to carry out the new health regulations and upgrade the pig unit was not considered economically viable and by 1980 pig farming had been discontinued.

Further small parcels of land were released. In 1971, 1 acre at Trowley Bottom was sold to the Spastics Society for a workshop and in 1973 a further 4 acres to Watford Rural District Council for building.

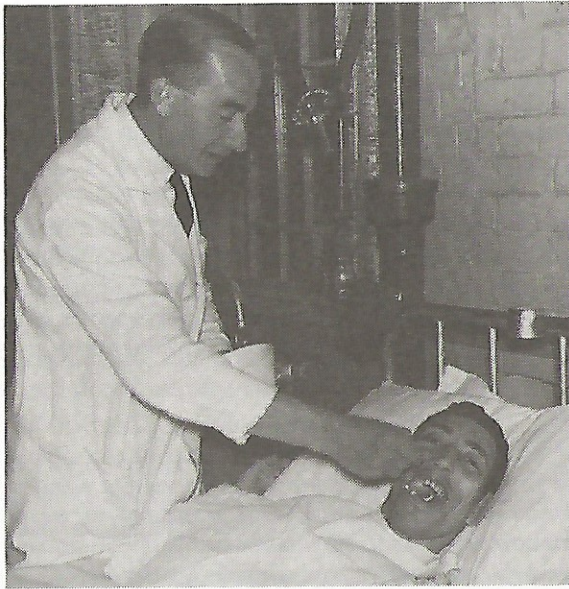


Pig-keeping 1960s

When the National Health Service Act came into force, nurses' hours had been reduced to 48 a week with 1½ days off. There were many vacancies and in the following years intensive recruitment campaigns were organised in areas of high unemployment and overseas. The number of part-time staff was increased to try to cover the shortage but this caused problems at weekends and many hours of paid overtime were worked. An 88-hour fortnight was implemented in 1959 and a further reduction to 84 hours came into force in 1964. Additional annual leave was allowed in 1962. As a result, there was an increase in establishment which partially compensated for the loss of working hours and in 1968, the recommended ratio of staff to patients was increased from 26 per 100 to 30 per 100. This was further increased in 1972 to 40 per 100 – a big difference from the 5 per 100 allowed in 1876 when nurses worked a 75-hour week.

Following advice from the General Nursing Council, the Preliminary Training School opened in January 1948 under the control of two senior nurses. After the first six months, disappointing results were reported due to the low intake and the poor educational standard of new entrants. The R.M.P.A. examination was due to be phased out in 1951, therefore there were few candidates and the academic requirements for the G.N.C. syllabus proved too high for the students, although they had good practical ability. In 1949, Sister Tutor Pugh came to the School of Nursing and in 1953 two qualified tutors were appointed to the Preliminary Training School which had recently moved to block 13 in the female corridor. In 1954, the P.T.S. course was extended from two to three months and in 1955 a course of instruction was started for nursing assistants. From 1961 the word "assistant" was dropped from State Enrolled Assistant Nurse and Pupil Assistant Nurse; they were replaced by the new titles of State Enrolled Nurse and Pupil Nurse. The rank of Tutor-in-sole-charge was changed to Principal Tutor in 1957. Also in 1957 a new scheme of training was introduced by the G.N.C. and a prize-giving was held in 1966 for the first group of students who qualified under the new syllabus. A further scheme to train pupil nurses for the Roll began in 1967 and in 1968 the minimum age of entry for student nurses was reduced from 18 to 17½.

The recommendations made by the Salmon Committee in 1966 on senior nursing staff structure began to be implemented in 1970. The Committee had recognised that the "proper role of the nurse" should include "participation in teaching and training in addition to patients' physical needs". A new training course for nurse/teachers began and was further extended to include community care following the report in 1972 by the Briggs Committee which reviewed "the role of the nurse and midwife in the hospital and the community and the education and training required for that role, so that the best use is made of available manpower to meet present needs and the needs of the integrated health service".



Nursing 1960's

The Salmon Committee aimed at improving the clinical and managerial role of nurses and relieving them of non-nursing duties. New titles replaced those of senior staff and gave them new duties, as follows:

- Grade 10 – Chief Nursing Officer – a new post to prepare Group nursing policy and supervise its implementation; adviser to H.M.C.
- Grade 9 – 1) Principal Nursing Officer (c.f. Matron and Chief Male Nurse) – responsible for a number of areas forming a division.
2) Principal Nursing Officer (Teaching) – Principal Tutor in charge of Group School of Nursing with 160 learners.
- Grade 8 – Senior Nursing Officer – managerial (c.f. Deputy Chief Male Nurse/Matron, Night Superintendent, Senior Assistant Chief Male Nurse/Matron).
- Grade 7 – Nursing Officer (c.f. Assistant Chief Male Nurse/Matron) – administrative and clinical in charge of a number of wards or departments forming a unit. Support to Charge Nurse and Ward Sister (Grade 6).
- Grade 6 – Charge Nurse and Ward Sister – work to include managerial functions.

When Miss B. Sheppard, who had been Matron since Miss Pegler's retirement in 1963, retired in 1969, the decision was made to appoint Mr. W.J. Williams (who had been Chief Male Nurse since Mr. E.J. Field's retirement in 1962) as Head of Nursing Services with the new grade 10B. He had the task of effecting the change-over at Leavesden. "Salmon" was fully implemented with A and B divisions by the time he retired in 1973, A division covering the Leavesden site and B division the Annexe and Abbots Langley. He was awarded the M.B.E. for his 41 years work at the hospital. He was succeeded as Chief Nursing Officer for eighteen months by Mr. J.C. Gardner.

The title of Medical Superintendent was changed to Physician Superintendent in 1948. Dr Watkin continued in the post until 1951 when he was succeeded by the Deputy Physician Superintendent, Dr. E.F. Hewlitt. He retired in 1963. The office of Physicial Superintendent was no longer a statutory requirement, but a consultant psychiatrist, Dr. E.W. Shepherd (who had been on the staff since 1952), was appointed with clinical duties of at least 32 hours a week and the responsibility for medical and medical auxiliary staff.

Nursing staff accommodation was criticised in 1948 as being below standard and it was claimed to be yet another reason for poor staff recruitment. Repairs and upkeep had been neglected during the war and post-war shortages and restrictions had caused further deterioration. The modernisation which had commenced in 1936 by the installation of hot water systems, bathrooms and electricity was gradually completed and in 1968, Tanners Hill houses had the electrical installation which was first approved in 1937. Central heating was gradually provided.

In the years between 1948 and 1970, various changes were made to staff residences. Lime Villa was used for staff accommodation, but was released and used as a ward for boys when Cayford House was opened as a nurses' home in 1963. The house was named after Mrs F.E. Cayford who was chairman of the Board of Management from 1947-48 and of the H.M.C. from 1949-60. She was elected chairman of the L.C.C. in 1960 and awarded a D.B.E. in 1965. Six bungalows built for married male nurses in College Meadow on the western boundary of the Annexe were occupied in 1964 and named Stewart Close after Dr. R.M. Stewart, Medical Superintendent from 1923-46. In 1961, Farm House was renamed Warren Farm; Cemetery Cottage became Silver Birch Cottage and was sold in 1976. Several of the houses previously occupied by senior or medical staff were converted into flats when the staff were no longer compulsorily resident, including Coles Farm, the former Group Secretary's house in the drive (which became 1 and 2 The Drive), Tanners and Gabled House. Block 16, the male isolation block built in 1931 was converted to house single male staff and named Hewlitt Villa after Dr. E.F. Hewlitt, Physician Superintendent from 1951 to 1963.

For very many years, hospitals for the mentally handicapped had been underfunded and Government under the N.H.S. was also reluctant to provide the finance needed for modern facilities. It was not until scandals of inadequate

treatment and care in some other hospitals came to light in the 1960s that public opinion forced the Government to rethink its policy and instruct R.H.B.s to increase the amount of money available for the mentally handicapped. The D.H.S.S. set up the Hospital Advisory Service in 1969 with the object of inspecting hospitals for the mentally handicapped and advising on improved services. Leavesden was first visited in 1970 and again in 1972. They recommended that Leavesden should gradually be run down in line with a report "Better Services for the Handicapped", published in 1971, which advocated moving services away from large institutions to local authority day and residential facilities. It envisaged the future closure of large institutions. The Hospital Advisory Service was disbanded in 1975, "minimum standards" having been achieved.

Leavesden patients eventually benefited from modernised wards with no more than 30 patients. Small bedrooms, improved furnishings and clothing, private lockers for their personal possessions and an improved staff/patient ratio all helped to make the hospital less institutional. Patients were encouraged to improve their appearance by training in the use of make-up and hair care. A hairdresser, who had been employed since 1949, provided a hairdressing service, and in 1960, nurses were relieved of the duty of giving male patients a haircut by the employment of a barber.

In 1969, wards were given names instead of numbers, flowers on the female side and birds on the male side, the names replacing numbers in alphabetical order. Annexe wards continued to be named after trees.

To achieve this improved standard, rationalisation of some departments was necessary. When dairying was discontinued in 1955, milk was issued to the wards in one pint bottles from contractors instead of in churns and by 1961 the bakehouse was baking only a third of the hospital's requirement of bread, the remainder being bought sliced and wrapped. Modernisation of the kitchen was a high priority and was completed in 1967, including the incorporation of the bakery. When the upholsterer retired in 1970, he was not replaced.

Personal clothing was first suggested in 1957 with an experiment for the personal marking of underclothing. In 1970, the Clothing and Linen Department, under a Clothing Manager, was created by amalgamating the Needlework and Tailor's Shop to improve arrangements for the supply of clean linen and personal clothing to wards. The old bakery was converted into a clothing store. By 1974, 75% of patients had a personal issue of outer clothing and shoes and the long-term programme progressed slowly, helped by the use of man-made fibres and the provision of domestic washing machines on some wards where patients were capable of using them. Pressure on the laundry was thus reduced. Laundry equipment was gradually modernised and labour-saving machines introduced.

The standard of lighting in the wards had been poor, but improved fluorescent lights began to be installed in 1950. A report on the electrical service in that year stated that electricity was supplied to the site from high-

tension mains of the Eastern Electricity Board and transformed to a low voltage on site. It was considered that the distribution system installed twenty years before was obsolete. In 1956, it was reported that the supply service was approaching its maximum load and in 1961 the R.H.B. approved improved distribution services. A further urgent request in 1967 resulted in the work being undertaken in 1968 and increased electrical loading was permitted.

The L.C.C. continued the system of payment for working patients begun in 1923 and in 1948 this consisted of 1½ oz of tobacco or 20 cigarettes a week for men and between 6d. and 3s. a week in cash for women. Sweets or tobacco were issued to those unable to work. In 1954, a recommendation that suitable patients should receive rewards in cash rather than kind was implemented and more patients benefited. In 1958, the R.H.B. provided an additional allocation of money and the following year there was a review of payment to patients working in the laundry. The Mental Health Act 1959 permitted patients to receive pocket money. Pressure was put on the R.H.B. to increase further the allocation for rewards and pocket money and eventually all patients were paid in cash on the wards by ward clerks or, if working, at their place of work or training. Allowances in kind were discontinued in 1972. The more realistic amounts of money available to the patients enabled them to spend it in the hospital shop and in local shops for the purchase of personal items, clothes and in some cases for holidays.

The hospital shop succeeded the fortnightly trading stall started in 1899, discontinued during the 1914-18 war and restarted by nursing staff in 1918. In the 1930s, there is a mention of a small canteen opening on to the central corridor and in 1955, the Establishment and Staff sub-committee considered the opening hours of the male and female canteens. It was suggested that the two facilities should be amalgamated. In 1962, the committee agreed to a move to a site near the laundry and the shop has been there ever since, ably managed by Mrs. S. Vaughan and her staff. The premises have been extended and the range of stock increased so that patients and staff have a much wider selection of goods.

A review of the domestic service in 1971 recommended setting up a Group Domestic Service under a Group Domestic Manager "with the object of . . . introducing a domestic and portering services organisation compatible with the Salmon nursing structure". Mr. E.G. Aplin was appointed and very slowly, due to lack of funding, nurses were relieved of their ward domestic duties.

After the war, staff recreational activities were resumed. Film, theatrical and musical societies were restarted in addition to the sporting facilities. Many requests were made for the restoration of the Annexe swimming bath which had been unused since the beginning of the war when it was converted to a recreation hall. Unfortunately, it was decided that this was too expensive a project and the hall was eventually used for the sheltered workshop. In 1959, an application was made to the King's Fund for a clubhouse to include a licensed bar and indoor sports facilities. After some changes of plans, a site in the Annexe near College Road was agreed and grants were provided by the King's

Fund and the R.H.B. The club house was opened on 28th October 1966, the annual subscription being set at 5s. A darts and snooker section was inaugurated in 1969.

Although the band was restarted after the war, payment for band practices was discontinued in 1952. It was still active in 1957, but there is no record thereafter. In 1953, a new bowling green was laid out at Abbots Langley Hospital to replace the one on the cricket field. A pavilion was added in 1956. The recreation hall was modernised in 1960 with a suspended ceiling, new floor, furnishings and decorations and improved acoustics.

Rev. W. Donovan, Chaplain since 1945, resigned in 1955 and was succeeded by Rev. Hugh Kennedy. After the Annexe was returned to Leavesden, the chapel was re-opened and dedicated on 18th October 1953 by the Rural Dean of Watford to commemorate the coronation of Queen Elizabeth II. The Roman Catholic Chapel in the Annexe was opened at about the same time. In 1957, the Leavesden Chapel was repaired and redecorated, including an overhaul of the organ and the installation of an electric blower. In 1964, a side altar was consecrated and the chapel was named the Chapel of the Good Shepherd, the Annexe chapel being called the Chapel of the Holy Cross. In 1968, expensive repairs were needed in the Chapel of the Holy Cross and all services were held at Leavesden, the Holy Cross Chapel being converted for the use of the Adult Education Unit. In 1967, due to a revision in the service of Holy Communion, the Chaplain requested a change in the layout of the chapel by replacing the pulpit with a lectern.

An oil painting donated to St. Pancras School about 1870 by a Committee member, Dep. Surg. General J. Ashton Bostock, and hanging in the Chapel of the Holy Cross was found by the National Gallery to be a copy of a picture of St. Mary Magdalene by Carlo Dolci (1616-80) painted about 200 years ago. The picture was cleaned by A.C.M.N. L. Miller and hung on the rear wall of the Chapel of the Good Shepherd. Pictures were placed on the west wall of the chapel in memory of staff who died during the second world war.

North Watford cemetery was used for burials and cremations after 1968 and memorial plaques were placed in the hospital cemetery for 52 patients and staff whose ashes were interred there. It was reported in 1973 that the old cemetery was unmarked and untended but still consecrated ground.

Rev. G. Shaw succeeded Rev. Kennedy in 1969. He was instrumental in integrating patients at services and in setting up the ward for the deaf in ward 19 (Jasmine). In 1971, a group of 28 patients participated in a pilgrimage to Lourdes for the mentally handicapped. In 1972, a part-time assistant chaplain was appointed to help with the ever-increasing demand on his services from patients and staff in Leavesden and Abbots Langley Hospitals. Also in that year, a sculpture depicting the Good Shepherd was placed in the main entrance of the chapel. This was donated by the sculptor, Coulton Wright.

Fire services at Leavesden had been supervised by the London Fire Brigade. In 1948, the Hertfordshire County Fire Brigade took over responsibility and arranged for six-monthly inspections and advice when necessary. In 1950, the R.H.B. was asked to make provision for a new fire station to replace the damp, dilapidated shed below the main boiler house. A new fire prevention centre was opened in 1963 on the main drive near block 2 and the title of Chief Fireman was changed to Fire Prevention Officer. A fire brigade was formed from male staff who were paid a retaining fee of £20 a year for a minimum of 24 drills, plus an attendance payment of 10s. for each alarm call attended. Out-of-date equipment was replaced and automatic fire detectors were installed in areas which were empty at night. Mr. J. Leatherbarrow, who had succeeded Mr. Masters, resigned in 1970 and his post was taken by Mr. D. Bagley. A new fire tender with modern equipment was delivered in 1972 and was to prove its value within the year when a major fire destroyed part of the laundry, fortunately with no loss of life. A survey by the County Fire Service recommended improved fire precautions and the Regional Hospital Board allocated a substantial sum of money for the purpose.



Fire engine and crew, 1963

In 1949, an advisory committee on pharmacy advised on "the utilisation of the hospital pharmacy service of the Region to the maximum advantage . . .". In 1953, Mr. C.J. Rawski-Conroy became Chief Pharmacist. He reorganised the pharmacy, but reported in 1954 that it was too small. In 1955, it was transferred to Abbots Langley Hospital with a branch pharmacy open at Leavesden until 2 p.m. daily. Further improvements and an extension to include what was the

Assistant Matron's dining room took place in 1966. Mr. C.L. Burns succeeded Mr. Conroy in 1959 and Mrs. M. Benfield took over in 1969. She reported in 1972 that there was a full complement of staff in the pharmacy and that the Noel Hall Report recommended reorganisation based on an area system.

When the N.H.S. took over, it was reported that the pathology laboratory was well equipped. In spite of an up-grading in 1957, the low pay offered made it difficult to attract staff and in 1962 it was proposed to integrate with the area laboratory at Napsbury Hospital. Later, in 1978, services were transferred from Napsbury to Watford District General Hospital.

On 20th January 1949, a Joint Consultative Committee was set up "to provide a forum for the free discussion of matters of common interest affecting the efficient working of the hospital". It was not intended to be in conflict with trades unions or heads of departments, but to air grievances and make constructive suggestions put forward by staff. Three members of the H.M.C. and elected staff representatives from five various disciplines made up the constitution. In 1973, Leavesden and Abbots Langley Hospital committees were amalgamated.

One of the important policies discussed at J.C.C. meetings was that of the introduction of a three-shift system of nursing. This had been approved in principle by the Establishment and Staff sub-committee in 1948, but they recognised that additional staff would be needed to implement the scheme. It was therefore postponed for many years until a trial period of working began among female nurses at the beginning of 1961. The system quickly broke down due to shortage of staff. The idea was not seriously considered again until April 1972 when a ballot among nurses for the introduction of three-shift working was easily defeated. Four months later, another ballot voted in favour, although with a reduced poll, and in 1973 the J.C.C. reached agreement on the hours of working. However, it was not considered practicable to begin the system until the beginning of 1981, by which time nurses' working hours had been reduced to 37½ a week.

In order to keep staff informed of the many changes taking place in the hospital during this period, it was agreed in 1963 to publish a twice-yearly broadsheet. (The "Leavesden Asylum Magazine" had been distributed at a charge of 1d. a copy for a year in 1903.) This enterprise was more successful and in 1965, a quarterly newsletter edited by a member of staff appointed by the J.C.C. was circulated. Frank Warn became editor and the newsletter, which was entitled "Insight", won an award in 1971 in a competition for hospital magazines run by the King's Fund. In 1974, Mr. W.D. Robinson took over as editor and Insight was issued monthly. In 1979, the magazine was edited by Rev. J. Pragnell, the chaplain who had succeeded Rev. G. Shaw in 1975, and renamed "Contact".

Because of the changing concept of care for the mentally handicapped, the hospital employed staff to do work which for so many years had been carried out by the patients. No longer were patients seen on their hands and knees and

with raw knuckles scrubbing stone corridors and stairs; much of the ward cleaning was done by the domestic department staff and patients were not allowed in the kitchen for reasons of hygiene. Some patients resented the change as they took a pride in their work in spite of the hardship; indeed, some patients still enjoy helping porters to push food trolleys and acting as messengers. Alternative employment and training was available and machines took over the heavy cleaning. Corridor floors were covered with vinyl tiles which made them more cheerful if not increasing the warmth. The laundry and needleroom and to a lesser extent the gardens, were still used as places of employment and training, and patients working there received payment. In fact, some doubt was expressed later by a senior nurse that perhaps too much responsibility had been taken from the patients. He felt that, as wards were becoming more homelike, patients should be expected to help to keep them clean and tidy as they would do at home. The shoe shop was closed in 1976 after the retirement of the shoemaker.

A Ministry of Health dietitian visited Leavesden in 1955 and recommended the employment of a Catering Officer with responsibility for all aspects of catering, including butchery and bakery, planning of menus, kitchen organisation and control of staff dining-rooms and catering department staff. Until then, responsibility for catering had been divided between the Clerk and Steward, Matron and Chief Male Nurse. A Group Catering Officer, Mr. J.H. Harris, was appointed. Separate staff mess-rooms for different staff disciplines were discontinued and from 1971 all staff and committee took their meals in the staff cafeteria, built as a female nurses dining-room in 1939.

Resident staff who were sick had been cared for in the staff sick bay under Home Sister. The Tunbridge Report in 1968 recommended the setting up of an occupational health service and in 1973 the Chief Nursing Officer advised the H.M.C. that such a facility should be available at Leavesden. The suggestion was approved and the Occupational Health Department opened in 1976 to provide preventative treatment and first aid for all staff. Resident members were expected to register with their own general practitioners and the staff sick bay was disbanded in spite of some opposition.

An undated photograph of Leavesden Hospital probably taken in the 1930s shows a clock tower and weather vane over the main building, the front of which was covered with ivy. Minutes of 1870 noted that an 8-day turret clock 3 feet in diameter was supplied by Messrs. I. Moore of Clerkenwell for a sum of £110 and that the resident engineer was to take charge of it. The tower was rebuilt in 1884, English oak being used for its principal timbers. The tower and clock were finally removed in 1968 following the fall of the weather vane above it.

A system of departmental budgets was introduced in 1972 whereby each head of department was responsible for the way in which the money allocated to them was used.

A reorganisation of committee structure took place in 1972 following the Farquharson-Lang Commission which published its report in 1967. The Finance Committee restricted its duties to financial matters, the general purposes items being dealt with by a General Purposes Committee which met once every two months alternating with the Establishment and Staff sub-committee. The H.M.C. became a strictly policy making body and free use continued to be made of ad hoc working parties.

This was a forerunner of a reorganisation of the N.H.S. which took place in 1974 and involved Leavesden in many more administrative changes.

Chapter 7

REORGANISATION – 1974-1984

High level discussions had taken place for many years on the reorganisation of the National Health Service in order to replace a "fragmented structure by an integrated service". The Ministry of Health was abolished in 1968 and replaced by the Department of Health and Social Security (D.H.S.S.), and the Reorganisation of the Health Service Act 1973 became operational on 1st April 1974. Changes particularly affected management structure.

N.H.S. committees were replaced by a two-tier structure of management. The D.H.S.S. was the Government department with overall responsibility. Regional Health Authorities and Area Health Authorities (A.H.A.s), with a multi-disciplinary team of officers, replaced Regional Hospital Boards and Hospital Management Committees.

Each A.H.A. (whose boundaries coincided with the new local government boundaries) had from two to six Districts, each with a District Management Team (D.M.T.). Herts Area Health Authority was in the North West Thames region and had four districts, Leavesden and Abbots Langley being part of the South West Herts District. The District Management Team (D.M.T.) was also a multi-disciplinary body with medical, nursing, finance and administrative members, plus two representatives from the District Medical Committee (one representing the hospital service and one the general practitioners).

Management of Leavesden became the responsibility of a team of Chief Officers consisting of the Physician Superintendent, Chief Nursing Officer, Group Secretary and Group Finance Officer. This committee had direct contact with the District Management Team.

The Professional Executive Committee (P.E.C.) was an advisory committee whose mandate was to formulate broad policies and decide priorities with members drawn from senior medical and nursing disciplines, heads of service departments, and representatives from other committees. This was a large and unwieldy body which later, in 1976 was replaced by the Chief Officers Meeting. This included a doctor, nurse and administrator. Members of the Medical Executive Committee were drawn from medical, nursing and psychology departments and advised on patient care and clinical work.

The Multi-Disciplinary Therapeutic Team (M.D.T.T.) consisted of the heads of the training departments, a psychologist and a medical representative and was concerned with the care, treatment and training of patients. The Adult Patient Training Committee (A.P.T.C.) advised on matters of social and

therapeutic importance to patients and had a representative on the Professional Executive Committee. The Joint Consultative Committee continued as before, but the H.M.C. representatives were replaced by representatives from the P.E.C.

Social workers continued to work in the hospital, but were transferred to Area Social Work Departments under local authority management, thus continuing their involvement in the community and family case work. The Speech Therapy Department became the responsibility of the Area Health Authority and was financed from the A.H.A. budget instead of the District budget.

Lengthy discussions were held between 1959 and 1979 regarding the provision of a medium security building for those patients who needed to be kept in security conditions, particularly those sent from the courts under the Mental Health Act. In 1974, the Government intended to build medium security units for the mentally ill and mentally handicapped and money was available. Ultimately, the money was used to provide appropriate facilities for the mentally ill and hope faded of having a new building for a regional security unit for the mentally handicapped at Leavesden.

However, an "interim" medium secure unit was formed by modifications and adaptations to wards and in 1975, six wards (three male and three female) were designated as security wards. In 1985, when K block was modernised, it became the security block for men and women and was named the Eric Shepherd Unit after the late Medical Co-ordinator, Dr. E.W. Shepherd, who had a particular interest in young offenders.

An art therapist had been employed for a short period in 1952 and again in 1965. In 1978, a D.H.S.S. Consultative Paper recommended the appointment of an art therapist and at the beginning of 1980 Miss D. Heeks took up the post. She was joined by an assistant in 1981 and in 1982 Mrs. C. Driscoll took over.

When the farm was being run down, more emphasis was placed on market gardening. There was a need for outdoor activity for a number of patients and the A.P.T.C. supported the suggestion of the appointment of a horticultural therapist to run a rural craft centre. In 1980, a start was made by a member of the nursing staff to cultivate a piece of land behind Redwing. In 1982, with the help of the King's Fund to cover capital costs, a horticultural therapy adviser was employed. This project successfully gave employment to a number of men including some from the security wards.

In 1974, the nursing management structure for the Leavesden sector was altered to include one divisional nursing officer (D.N.O.) and five senior nursing officers (S.N.O.s), including one for night duty. Mr. K. Pugsley became D.N.O. in 1975 and was succeeded in 1980 by Mr. A. Jackson.

The new nurse/teacher training course which was started in 1969 following the Salmon and Briggs reports began to show results. Community nurses took up posts to provide a link between the hospital and the patients and their families in the community. Nurses took over the play group, set up a geriatric day centre in the Brambles and a "rumpus room" for over-active lads or those with disturbed behaviour problems in the Recreational Hut on the cricket field. With the help of Watford Round Table, a secure outdoor recreational area was provided outside A block.

The School of Nursing underwent improvements and modernisation in 1975/76. In 1981, the long discussed three-shift system came into operation and at about the same time, nurses' hours of working were reduced to 37½ a week. Shortage of staff on the wards still remained a problem and it was reported that there was additional strain on staff due to the working of overtime.

Mr. R.F. Hughes retired as Group Secretary/Finance Officer just before reorganisation in 1974, having been in post since 1956. His deputy, Mr. A.S.T. Jones took over his responsibilities until he took early retirement in 1975 when Mr. J.L.S. Harris was appointed with the new title of Unit Administrator.

The post of Physician Superintendent held by Dr. Shepherd since 1963 was redesignated Medical Co-ordinator in 1976. Dr. Shepherd retired in 1981 and sadly died soon afterwards. Plaques in the chapel commemorate the service to Leavesden of both Dr. Shepherd and his predecessor, Dr. Hewlitt. As the hospital was then run by the Hospital Management Team which succeeded the Chief Officers, the post of Medical Co-ordinator lapsed.

In 1975, Rev. G. Shaw left and Rev. J. Pragnell was inducted. In that year, the mosaics on the wall at the back of the chapel were made, with the help of staff, by patient Jean Nunn in her art class.

The coal-fired boiler house, which had been in use since 1926, was replaced in 1975 by an oil-fired installation. Concern had been felt for some time about the inadequacy of the water supply at the hospital. The main site relied on the well (which was frequently contaminated), with a reserve mains supply having to be pumped from the reservoir at the Annexe. It was therefore decided to convert the old boiler house into a water storage tank so that a reliable supply was always available. In 1977, the D.M.T. reported that drinking water was being supplied from the Annexe.

Staff residences which were built in 1870 were beginning to deteriorate. Repairs were becoming expensive and uneconomical and, in 1980, it was decided that the buildings should be demolished when repairs were no longer a viable proposition. Gabled House, the fireman's house (the original gate porter's lodge) and Tanners (which was possibly of an earlier date as it was bought by the Metropolitan Asylums Board in 1874) were all knocked down. Other houses were upgraded to more modern standards.

An increased demand on the telephone service and the need for all wards to have an outside extension meant that the G.P.O. telephone system installed in 1951 had to be replaced. This was completed in 1980.

From time to time, industrial action by various sections of staff, including nurses, was supported by the trades unions as a protest against pay and working conditions in the N.H.S. These strikes, although regrettable, were generally upheld by most staff in opposition to some of the many changes which were taking place. In 1983, it was decided that inter-union representation was more suitable than staff representation on the Joint Consultative Committee and no elections were held in 1984, the role of joint consultation being taken over by the trades unions.

Allegations of mistreatment of patients at Leavesden by a misguided busybody were proved to be unfounded and served to draw staff together in their defence without causing a national scandal.

The growing tendency towards informality in the care of patients continued. Nurses were encouraged to discard their uniforms and were given a clothing allowance instead. Patients had much more freedom and many were allowed to go to the village on their own or were taken by staff. They had more money to spend and could buy their own watches, transistors, records, etc. and were encouraged to buy their own clothes. In 1982, a residents' committee of patients was formed which made suggestions about the running of the club house and other matters of particular concern to their welfare.

For some years, more attention had been paid to the actual treatment of patients rather than mere custodial care and this continued in the knowledge that many more would be transferred to hostels in the foreseeable future. A consultant psychiatrist, Dr. J. Bavin, together with the psychologists, introduced a scheme of behaviour modification, initially in those wards where disturbed behaviour was a problem. Nurses and training departments were more involved in the assessment of patients' performance with an on-going assessment procedure, both in work and recreational activities. Attention was also paid to the severely handicapped, with incontinence training on the ward and self-help skills. Treatment for those suffering from epilepsy had improved due to new and more efficient drugs which helped to control fits.

In line with the recommendations of the Hospital Advisory Service in 1969 and the report "Better Services for the Handicapped" in 1971, the Hertfordshire A.H.A. in 1976 drew up a long-term plan which decided on the progressive reduction of bed numbers in the hospitals for the mentally handicapped in the area with eventual replacement by small sector hospitals in the catchment areas. It was envisaged that the plan would take 35 years to implement.

Patient numbers had gradually been decreasing since the late 1960s, partly by natural wastage and partly because there were improved facilities in the community, so that there was a better discharge rate and fewer admissions, particularly of children. By 1981, the number of patients in Leavesden had

decreased to 1,356 and by 1984, to an even lower number. Plans began to be laid to close the Annexe and transfer all patients, departments and services to the main site. The Annexe site was to be sold, thus implementing Watford R.D.C.'s town planning scheme of 1932 which zoned it for residential use when no longer required for institutional purposes.

The N.H.S. was becoming very expensive to run and Government sought the advice of successful commercial enterprises on more efficient operating methods. Their advice was to run the Health Service along business lines and yet another reorganisation was planned to come into force in 1984.

The Chief Officers Meeting had already been replaced by the Hospital Management Team who had "corporate responsible to the District Management Team for the effective running and functioning of the hospital under delegated authority from the District Management Team . . .". Members were

Chairman of the Medical Executive Committee
Divisional Nursing Officer
Unit Administrator.

No mention was made of the Adult Patient Training Committee and this committee was disbanded.

Progress in the care of the mentally handicapped has been painfully slow over the last 120 years, but at last changes in public and official attitudes are taking place, albeit more slowly than we would like. Campaigns to inform the public and to remove some of the old prejudices which still remain, changes in nursing training and skills, socialisation, community care and follow-up after discharge are all helping to improve the status of the mentally handicapped and their families. Institutional care will still be needed in the twentieth century, but hopefully the mentally handicapped will not be "put away": smaller, more homelike facilities should be available for all who need them. However, some years have yet to pass before there is no further need for Leavesden Hospital and the care and training available there.

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Monica Diplock, born in London in 1924, took a secretarial course after leaving school and before joining the WRNS in 1943. On discharge, she worked for the Corporation of London for three years and then became a mature student at the London School of Occupational Therapy. She gained experience in various fields of occupational therapy including general, T.B., mental handicap, geriatric and rehabilitation at home and overseas in Canada, New Zealand and Australia. Returning home in 1962, she was appointed Head Occupational Therapist of the Male Occupational Therapy Department at Leavesden where she stayed until she retired in 1984.

In spite of being a "non-achiever" in history at school, Monica Diplock developed an interest in the subject down the years, especially the history of London. The invitation to become involved in Leavesden's past enabled her to delve into the archives which proved a fascinating study of social and hospital history.

In between various voluntary activities and writing the history, she enjoys gardening, rambling, international folk dancing, needlework and struggling with the intricacies of bobbin lace.