Online archive 22

The penultimate medical superintendent (Dr J.E.S. Lloyd, 1901–1971)

There will be few people today who remember Dr J.E.S. Lloyd. He died over 30 years ago and would be well over 100 were he still living. I met him when appointed to my first consultant post at a London mental hospital and in the course of the next 5 years concluded that he was a psychiatrist who was as intelligent as Aubrey Lewis, but also someone who was paid more for doing less work than anyone else in the health service in the 1960s.

Dr Lloyd had qualified in Liverpool in 1923 and started life in general practice. He did not like this, so within a year joined the Mental Health Service in London. He worked simultaneously for the D.P.M., the London M.R.C.P. and for an LLB to become a barrister. He lived in the Temple and motored down to Long Grove Hospital, always arriving shortly before 10.00 a.m. for the daily meeting with the Physician Superintendent. He completed his work each day by lunchtime when he returned to London to visit teaching hospitals. He told me his medical study for the M.R.C.P. examination was much helped by his having the notes prepared by John Cohen (later Lord Cohen) who had used them when working for the same examination a few years earlier. Having passed the D.P.M. and M.R.C.P. he moved to the Maudsley Hospital where he worked for his M.D. He had the choice of joining a consultant to study psychotherapy or as an alternative go to the pathology department. ‘I saw no future sitting

listening to the bletherings of neurotics so I opted for pathology'. He submitted plans for research for his M.D. These consisted of putting patients in coffin-like structures filled with sand and then weighing the sand displaced (presumably to measure their levels of anxiety, shown by how deeply they were breathing). 'D'you think it's safe?' said Dr Golla (his supervisor). 'I'm game to try, I said. "A man after my own heart" he replied.' He then obtained his M.D. He had also passed the necessary examinations, eaten his dinners and become an LLB and a barrister-at-law. He was then appointed as the youngest physician superintendent working for the L.C.C. in his early thirties.

His first posting was to the old Fountain Hospital and he was there when the War started. The hospital was hit by a bomb and some patients and members of staff were killed. He told me of this, saying 'The place had become positively dangerous. There was only one thing to be done, so I joined the Army'. He spent the rest of the War safely in charge of Netley Hospital, where he remained till it ended. 'It was very simple really', he said. 'Those with mental problems in the armed services were all transferred through Netley Hospital. I always saw them myself as soon as they arrived. If I thought they were going to be difficult I sent them somewhere else, if not I kept them at Netley. I had a good war'. With the coming of peace he could have had the superintendent's house floodlit for parties but decided to return to London to be physician superintendent of another mental hospital (Tooting Bec) which had been the L.C.C. hospital for the elderly with dementia.

When I was appointed a consultant at Tooting he welcomed me, saying, 'There are only four of us here with proper doctorates. You, myself, Dr Cooper (the Chaplain) and Dr E. (a patient), the rest have a mere courtesy title'. He told me (when I moved into a hospital house) 'By the way, Bewley, one of the things we have always considered as a part of the doctors' perks, any wood on the Estate'. It was a curious introduction to a senior post in the NHS in Central London in 1960.

His pattern of life was simple. He lived in the largest hospital house and every day at 10.00 a.m. came in to meet all the medical staff (nine including himself, for this 2100-bedded hospital, with 2000 very elderly patients and 100 younger ones). Each afternoon would leave it quietly through a back gate in his garden, not reappearing in the hospital till 10.00 a.m. the following morning. When the staff came in he got up from his roll top desk and gave out all the letters sent to the hospital. (Stationery was headed 'Reply to the Physician Superintendent'.) All staff were expected to draft a reply which he would, if necessary, shorten and simplify before signing the letter himself as superintendent. At that time the medical staff consisted of one consultant as well as himself, three SHMOs and four JHMOs. Many were locums. When he arrived at the hospital two of the locum JHMOs were in their 80s and 90s respectively. He decided that the latter, who cooked his own meals over an open fire in the doctors' quarters, was possibly too elderly and dispensed with his services, but the 80-year-old continued for some years at the time I first worked there. The numbers of patients in all mental hospitals were declining in the 1960s which concerned him as he pointed out to me that if the number fell below 2000

this would affect the pay of all non-medical staff such as the secretary and chief pharmacist. For this reason he was keen to admit as many elderly patients, from any part of London, which would keep the number from falling.

He signed all the death certificates and also all certificates for cremations as well as any medico-legal reports. These had been drafted for him by the other doctors. He also did all the domiciliary visits that were requested. These could come from any part of London as the hospital had been the first to be able to admit elderly patients informally without requiring certification. He was known by members of the social services in various parts of London who would approach him about the possible admission of an elderly person with a dementing illness. He would admit them if he had been invited to see the patient on a domiciliary visit after being requested to do so by the patient's general practitioner. He saved up these visits till he had three or four in one area when he would do them all in a brisk swoop. He usually did these in a small van with a large empty cardboard container in the back. As he explained to me: 'I can park anywhere if I leave the back door of the van open when I can be assumed to be in the middle of a delivery'. He did domiciliary visits on a Sunday when they were in London Boroughs at a distance from the Hospital since there was less traffic that day. As he said to me 'As Physician Superintendent I am a 7-day 24-hour-a-day doctor'. He thought it was very foolish of any members of the medical staff to make unnecessary work for themselves. He queried why I admitted patients with alcohol problems from bomb sites. 'Why do you admit all these drunks?' he

asked me, 'surely they are not mentally ill'. I could only reply that the patients admitted could be diagnosed by using the definition in the International Classification of Diseases.

Dr Lloyd's approach to the duties of medical superintendent was that of manager of the whole organisation. He appeared to see himself in the role of captain of a transatlantic liner, with medical staff as subordinate officers, other staff as crew and patients filling the role of third class passengers (there were no private wards at Tooting Bec Hospital). He took the view that his was the total responsibility for everything. It was because of this that he considered he should sign every letter leaving the hospital. When I started to sign letters about patients under my care he objected at first. I explained that this was my responsibility since I had been appointed a consultant. He then pointed out that the hospital's letter heading stated that all letters should be addressed to the medical superintendent and that he ought to reply. I told him that was true, but I always started my letter with the words 'Your letter was referred to me as the consultant responsible for Mr X'. He told me that this had never been done before and he might have to consult the regional board about the matter. I said that I had little doubt that they would agree with my view. I heard no more on the matter and continued to sign my own letters.

He was an effective administrator with a logical, tidy mind who liked to do everything as simply and quickly as possible. On one occasion he explained to me that one should never have more than one point in a letter as the recipient could reply to the easier point and ignore the other. I followed his advice when I had to write a report as a special consultant

to an addiction authority. I had about twenty recommendations but I only put in one of them as my recommendation (that the whole staff should be put on either the University or Health Service scales rather than the Prison Service scales). I put all the rest of my recommendations in an appendix called 'other suggestions'. This worked very well as the salaries of all the staff were raised. If it had not been for Dr Lloyd, and this was merely the first of 20 recommendations, I suspect they would have decided 'this needs further consideration.'

No patient was allowed to leave the hospital without a member of staff unless he had been issued with and carried a 'parole card' signed by the physician superintendent. Many patients were only given a 'dual parole card' which meant they were only allowed out of the gate of the hospital with another patient with a card. Both would be expected to leave and return together. In a similar way all 'suicide cards' had to be written by a member of the medical staff but countersigned by himself. A patient could only be taken off a 'Suicide card' by himself. [These cards kept in the patients' notes stated how often the patient was to be seen and a note made in the nursing notes.]

Dr Lloyd was an educated and well-trained psychiatrist who had started his career when it was believed that there was little medical that could be done for the majority of psychiatric patients, particularly those with severe learning disabilities or the dementia of old age, who were the majority of patients in the asylums of his day. It was not entirely surprising that he had abandoned research, clinical work and teaching, preferring to

remain a senior administrator for most of his professional career. He had ceased to go to any psychiatric meetings, nor did he interact with any psychiatric colleagues, apart from the medical staff at Tooting Bec Hospital. He was interested in medical politics. Although I did not see him as a good role model for a psychiatrist, his abilities were considerable. Having had 'a good war' by his standards he had a similar 'good post-War' career till he retired when he left psychiatry finally. This short account of a physician superintendent appointed in the 1930s gives a glimpse of an earlier and different psychiatry than is practised today.

Reference

Online archive 24*b*, Asylum rules, London 1966