

## People and places

### Horton Hospital, Epsom – the Royal connection

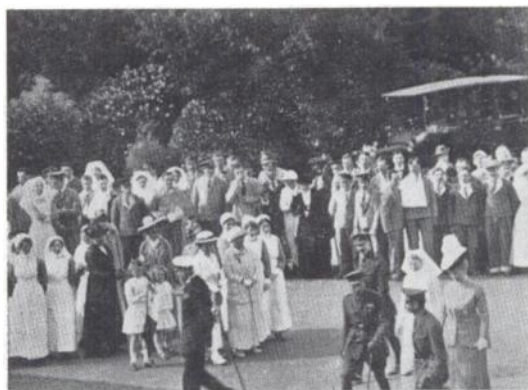
HENRY R. ROLLIN, Emeritus Consultant, Horton Hospital, Surrey

The history of Horton Hospital is best seen in the context of the socio-economic history of the late 19th century. London, as a result of the Industrial Revolution, had grown enormously so that the existing metropolitan mental hospitals could no longer cope with sheer numbers of mentally disordered arising within its boundaries. The Metropolitan Asylums Board, whose responsibility it then was, looked for suitable land within easy – but not too easy – reach of London. Epsom at the turn of the century was an exceedingly fashionable area boasting a number of large and elegant “Derby Houses” (some of which still exist, although now put to rather more plebeian use) to which the aristocratic racing fraternity transferred themselves for the races. It was known that this wealthy and influential body would oppose the sale of the private estate of Sir Thomas Powell Buxton in the parish of Horton, roughly one square mile in size, for the purpose of building mental hospitals. What added even more bitterness to the pill was that the hospitals were to house “pauper lunatics”, a sobriquet with obviously undesirable social connotations. The negotiations for the sale were carried out in secrecy and the *fait accompli*, when it was announced, created an outcry. But it was too late. In retaliation the “toffs of the turf” including, ironically perhaps, the Royal Family, transferred their establishments and training facilities mainly to Newmarket which grew in importance as Epsom declined.

The Metropolitan Asylums Board went ahead with its plans to build five mental hospitals on the Horton Estate of which the first to be opened in 1902 was Horton Hospital, then named Horton Asylum. The hospital was designed to accommodate 2000 patients and such was the demand that it was quickly filled and, not long after, over-crowded.

#### *King George V and Queen Mary*

The upheaval of the First World War was responsible for the transformation in 1915 of Horton Asylum into what was to be known as the Horton (County of London) War Hospital. In November, 1916, the Eastern Command ordered the hospital to fly the correct hospital flags, in accordance with the



*Field Marshall HM the King made an informal inspection of the hospital and its military patients on 18 July 1916. He was accompanied by HM the Queen: Countess Fortescue and Commander Sir Charles Cust, Bt, RN, were in attendance.*

Geneva Convention, and the Union Jack and the Red Cross flags were flown side by side horizontally. The hospital was to be commanded by the medical superintendent in post, Dr J. R. Lord, a distinguished editor of the *Journal of Mental Science*, the forerunner of the *British Journal of Psychiatry*, who was thereupon awarded an honorary commission. He became known as Lieut.-Colonel J. R. Lord, a title he stuck to with grim resolution to the very end of his eminently successful life.

In order to prepare for its new role, it is recorded that 2143 mental patients had to be evacuated from Horton to sister hospitals. Some idea of the magnitude of the scale of the subsequent operations can be gleaned from the official statistics: between 1915 and 1919 inclusive, over 30,000 officers and other ranks were received in 227 convoys.

A highlight in the life of the hospital was the visit of HM King George V and HM Queen Mary on 18 July 1916. Colonel Lord, in his understandably self-satisfied account of the visit, writes:

“... The King and Queen arrived outside the main entrance at 3.45 p.m. ... The representatives of the Civilian Authorities and the principal officers having

been presented, the King at once moved off on his tour of inspection. I accompanied him as Officer Commanding; the Queen, who followed immediately, was accompanied by the Matron. All the ground-floor wards were visited, fifteen in number – quite a considerable walk. On entering a ward, the medical officer and sister in charge were presented, but thereafter Commander Sir Charles Cust sturdily kept the door, so that, apart from the matron and myself, their Majesties could speak their words of comfort and cheer to the patients in private. Their homeliness, kindness and sincerity were very touching, and many a patient had as much as he could do to keep his emotions in check.

“... The King saw, during the one hour and twenty minutes the inspection took, nearly the whole of the 2000 or so patients in residence from all parts of the Empire, and spoke to most of those confined to bed. He was very pleased at having accomplished this so easily and with the arrangements I made, and expressed to me the great satisfaction the visit had given himself and the Queen. The (recreation) hall, in the meantime, had emptied itself, and its cheering crowd was lining the main drive as the royal visitors drove away.”

### *HRH Princess Marina, Duchess of Kent*

The Second World War saw the re-enactment of the same fate which befell Horton during the first. Once again the Hospital evacuated its patients, donned its war paint, but this time went into action from the very beginning and it did not resume its primary rôle as a mental hospital until late 1949. There was one noticeable difference: the Hospital, staffed mainly by doctors and nurses from King's College Hospital, treated both civilian and military casualties. The medical superintendent, Dr W. D. Nicol, remained at his post throughout as an administrator, but also, at the same time, associating himself with the vital work being done in the Malaria Laboratory. There, thanks largely to the research carried out, mepacrine, an anti-malaria drug, was evolved: the value of this drug, prophylactically and curatively, to the allied troops fighting in malaria-infested theatres of war can never be estimated, or over estimated.

It was during the Second World War that the Hospital was honoured by a visit from HRH Princess Marina, Duchess of Kent, who opened a newly-completed nurses' home. This was originally known as “Marina Mansions”, but due to a curious linguistic inversion, the term “mansions” has taken on socially undesirable connotations. It is now known by the far more prosaic title of Home II.

### *The Countess of Harewood*

Having resumed its civilian rôle in 1948, Horton as a mental hospital developed in line with current concepts and modern therapeutic approaches. One ancillary form of treatment which in effect, Horton



*Visit of Their Royal Highnesses the Prince and Princess of Wales to Horton Hospital, January 1985.*

pioneered, was that of music therapy. What it so sadly lacked in order to carry out this venture adequately was a suitable music room. In keeping with the other assembly halls at Horton, the chapel was of giant proportions, far too large for the spiritual needs of the community of both patients and staff. With money provided by the King Edward VII Fund and the South West Metropolitan Regional Hospital Board, the rear end of the chapel was converted for our needs. In December, 1961, the hall was officially opened by the then Countess of Harewood (now Mrs Jeremy Thorpe), wife of the Earl of Harewood, a cousin of the Queen. In her honour the hall was named, and is known to this day, as “Harewood Hall”.

### *The Prince and Princess of Wales*

Whether it was entirely fortuitous, or whether someone in high places had a sense of historical continuity, is not known. But, whatever the reason, the most recent royal visit to Horton was by Their Royal Highnesses, the Prince of Wales and the Princess of Wales.

The visit took place on 16 January 1985, almost 60 years after the Prince's great-grandfather had visited the Hospital. There can be no greater reminder of the changing times than the fact that on this occasion the royal visitors were met and officially conducted round the Hospital by civic dignitaries and administrators. In the official party the doctors were conspicuous by their absence. There was no Colonel Lord to accompany the Prince as Officer Commanding, nor was there a Matron to accompany the Princess.

Nevertheless, the visit was a resounding success. In a letter from the Equerry to the Prince of Wales, he writes, *inter alia*:

“... The arrangements worked perfectly, the Hospital looked immaculate and all members of the staff and patients really responded to what was clearly a very happy day for all concerned.”

### *Prince William?*

The future of all large mental hospitals rests in the lap of the gods, or perhaps, more accurately, in the lap of the politicians. In the present political climate there is an inexorable drive towards their closure, the belief being that “community care” – more of a resounding talismanic slogan than a positive fact – will take over the functions of the mental hospitals. So far Horton

has been spared and continues to flourish. If the politicians wake up in time to the reality that “asylum” – using the term in the way that it was intended to be used, that is, as a refuge – will always be needed for the chronically mentally ill, Horton will survive.

If it does, may we, in the future interests of historical continuity, look forward to a visit at some time in the future from HRH Prince William?

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## Conference briefing

### Alternatives to ‘community care’: the use and misuse of the acute admission ward\*

JOHN L. COX, Professor, School of Postgraduate Medicine, Keele University;  
Chairman, General Psychiatry Section, Royal College of Psychiatrists

This meeting stretched the College facilities to their greatest extent by accommodating 120 general adult psychiatrists on site. The contributions reminded participants that most psychiatrists *have* beds, and that attention therefore needs to be given to the optimal integration of these into an overall psychiatric service.

The implications of the Reed Committee report for general and forensic psychiatrists were highlighted by Dr Michael Harris, while Dr Christine Dean presented new material from her earlier work describing the characteristics of those patients who *were* admitted to beds in multi-cultural Sparkbrook. Dr C. Littlejohns from Clwyd, North Wales drew on his experience as a higher trainee, and spoke on the importance of tempering innovation with experience when managing a rapidly changing service.

Some presentations described the variety of service models on offer, many of them promoted

by committed consultants responding to consumer demand. The need for careful evaluation of these innovations was underlined by Professor Francis Creed in his paper on the research methodology of controlled studies.

The drive to develop community services and the perceived threat of a reduction in acute beds with a consequent increase in the proportion of disturbed and detained patients were highlighted by several speakers. These latter developments, as Professor J. Watson pointed out, led to in-patient wards becoming an increasingly less attractive environment for patient care. Dr M. Harris suggested that an optimum in-patient unit might consist of patients with neurotic or personality disorders, as well as those with a psychosis – an option which became increasingly impossible in areas of high psychiatric morbidity with few beds, and where community services were vestigial. Dr Dean, on the other hand, felt that a range of services designed to meet differing needs would provide a better service than a ward trying to meet all needs. Professor H. Morgan described

\*General Psychiatry Section Day Conference held on 3 July 1992.