

## The times

### Death of a hospital

P. PIEZCHNIAK, Registrar; and D. MURPHY, Consultant Forensic Psychiatrist,  
Special Assessment and Supervision Service, Cane Hill, Coulsdon, Surrey CR5 3YL

The life of an institution may come to an end. The closure of a large mental hospital is an event of great emotional importance analogous to the death of an individual. Man has developed a set of rituals to help him cope with emotional turmoil released by bereavement. Since the death of an institution is not common the need for mourning rituals is not so generally acknowledged. We describe a ceremony to mark the closure of Cane Hill Hospital, Surrey.

The Hospital is situated on a hill top surrounded by trees and overlooking the village of Coulsdon. It has taken patients from South London since its birth in 1882. In its heyday it had accommodated 2,000 patients but, in recent years, it was recognised that it was ailing. The cause of death was not a matter of great dispute but there were complaints that unsatisfactory care during the terminal phase had

unduly hastened its end. It was perhaps guilt which led to the denial of the need for a proper funeral. The managers of the health authority were extremely unwilling to pay for a ceremony and only conceded at the last moment after a prolonged dispute.

The day of the ceremony was sunny. The mourners walked through the beautiful but now overgrown grounds to the splendid turreted facade. Outside were parked several large black limousines such as are seen at funerals. They had delivered the attending dignitaries. These dignitaries were ushered into the boardroom for a glass of sherry while others were offered tea and biscuits in the main hall. This was the last occasion on which the boardroom was used for hospital business.

Nearly 500 people attended, mainly dressed with some formality – dark suits predominated. A number of former long-stay patients came in wheelchairs.



*Cane Hill Hospital*

One nurse of African origin came dressed in his traditional tribal costume.

The centrepiece was the church service. The vast high-ceilinged, richly decorated, hospital chapel was a reminder of days when spiritual and temporal were more closely aligned. When people had taken their seats there was a procession into the chapel led by the Mayors of four London Boroughs wearing their chains of office. Then came the managers followed by the clergy – Anglican, Methodist and Catholic.

During the service hymns were sung. Some must have had special poignancy such as “O Jesus I have promised to serve thee to the end” and “Thine arm O Lord in Days of Old”. The theme of the sermon emphasised the role of the hospital as a place of safety – an asylum. The reading described Jesus calming the storm.

The most powerful symbolism concerned two flags. These had been presented to the hospital by a Unit of the Canadian Army which had been stationed at Cane Hill during the Second World War. They had hung in the chapel. One flag was given back to an officer of the Canadian Army in full uniform. Another was given to the minister of a local church. “The Last Post” was played by a bugler followed by “God Save the Queen” – some tears were noticed.

There were some speeches. These were eulogies. The Chief Nursing Officer gave a colourful account of the hospital’s past. Charlie Chaplin’s mother had been its most famous patient. A retired consultant spoke of the philanthropic intentions of the founders and of the caring community it had been. The

Chairman of the new Trust said, in keeping with the new commercial ethos, that the importance of local traders in the history of the hospital should not be overlooked.

Then the crowd went into the main hall for a meal. The quality of the food was better than usual. There was smoked salmon and plenty of wine. On tables in the hall were laid out memorabilia: photographs, manuals and old equipment, reminiscent of the custom of displaying medals and other honours on a coffin. People filed past.

In the conversation at the meal it was evident that as well as good memories there was concern about the future. There was talk about those qualities of the hospital which had been helpful in dealing with difficult patients and boosting staff morale – the large and beautiful grounds, the size of the hospital, the sports facilities and the staff social club. There was little chance of replicating these in a modern service. One man said that he felt sad but relieved at the final end of what had become a bitter relationship. He feared for the future of the children (the patients).

With the ceremony over little remained to be done. The beneficiary of the property of the deceased was the regional health authority whose agents boarded up the doors and whose security guards would watch over the tomb. Virtually all felt that the closing ceremony had been fitting and helpful. It had honoured the past and encouraged those who carry on the struggle. We feel it would be desirable for other moribund hospitals to plan a suitable requiem.

---

*Psychiatric Bulletin* (1992), 16, 483–484

## Psychotherapy Register

MICHAEL R. POKORNY, Chairman, United Kingdom Standing Conference for Psychotherapy, 167 Sumatra Road, London NW6 1PN

At a meeting of the United Kingdom Standing Conference for Psychotherapy on 7 March 1992, a series of working papers describing the organisation of a register of psychotherapists was discussed, amended and accepted.

What has been agreed is to have a Registration Board which is made up of appointees from the Special and Institutional Member Organisations, plus representatives from those Sections which can meet the training standards. Only delegates of accredited training organisations may sit on the Board. There is provision for an extra seat for the British Psycho-Analytical Society. The structure is such that the Board cannot have its decisions

changed by any of the bodies of UKSCP. It is insulated from the Council and therefore from the AGM. Even the Appeals Committee can only refer cases back to it for reconsideration.

The Training Standards Committee will comprise delegates appointed by the Registration Board and the Council. The Sections will continue to have a pivotal role in the regular scrutiny of Member Organisations and in setting specific standards for their own kind of therapy.

Registration will be at two levels: basic and advanced. An outline of the level of basic training has been agreed. The essentials are that entry to training will be at graduate level or equivalent, and a ground