

Twenty Months at Roffey Park, 1946-47

by Margaret Plunkett (Nurse Gittins)

I was born in 1921 and grew up near Leicester, where my father was involved with the Enderby Co-operative Society and the Blaby Rural District Council. In 1939 I had no thoughts of going into nursing: I was working in a Council office and hoping to make a success of writing. I was also in love, and had become engaged. At the outbreak of War, Norman entered the Merchant Navy and trained as a radio operator. When his course was completed he joined Brocklebanks of Liverpool and his posting was aboard the S.S. Maidan. He had been around the Cape to Calcutta and then back and across to Nova Scotia when, in November 1940, his ship was destroyed by enemy action in the north Atlantic in the H.M.S. Jervis Bay convoy to Britain.

Through the rest of the War I trained as a nurse at Lincoln. That was a disciplined, hard-working environment, and also restrictive. Student nurses were confined in the evenings except on their day off, and then not let out after 10 p.m. without a special pass. Anyone who got married was turned out altogether. I became engaged a second time to Colin, an RAF officer, who died in action over Germany in 1944. In 1943 my father died suddenly, and in Summer 1945 I gained my qualification as State Registered Nurse. I left Lincoln and for six months worked at a rather grim, cockroach-infested Tuberculosis and Fevers Unit in Leicester. There, turning the pages of the Nursing Times or the Nursing Mirror, I saw an advertisement for The Roffey Park Rehabilitation Centre, Horsham, which required qualified nurses.

I was interviewed by Matron, a slim, attractive woman of about 35, to whom I explained that it would be difficult to obtain a reference from Leicester as they were expecting me to complete a year with them. "I shall have to rely on my own judgement," she observed, and the Matron at Lincoln (Miss Joyce) gave me a reference. I was attracted by the multi-treatment approach of Dr. Ling's project, in which the medical aspect was only a part. Naturally the surroundings of Roffey and the staff quarters in Beedingwood were also a great incentive. I began work at Roffey Park in March 1946.



Nurse Gittins at Roffey Park

Dr. Thomas Ling (Medical Superintendent) was head of the establishment, which sprang from his ideas. He lived in a wing or apartment of Roffey Park house itself, and so was always present (when not away lecturing), though not generally accessible to the junior staff. There were about six psychiatric doctors and six nurses, all SRNs. Matron was assisted by Sister Lamb, more comfortably middle-aged. Although converted for institutional use Roffey had the atmosphere of a big country house, with lots of wood panelling. The grounds were beautifully laid out with gardens, whole hedges of gardenias and camellias, under the supervision of the horticulturalist, Miss Jex-Blake, a particular friend of Sister Lamb's. There was also a large lake. But above all at Roffey there was a completely different way of looking at life and at patients and colleagues alike.

Roffey treated about 1700 patients during its first two years. It was sponsored by large firms and manufacturers, and the patients came from a wide variety of backgrounds. Many were from the factory floor, others from management, from teaching or office employment. Civilians whose lives or relationships had been much disrupted by the War, or were suffering from high levels of stress and strain or depression, breaking down or burning out, were often referred from the workplace with the hope of making them fit and revitalized for return to their jobs. As time went on however the larger industries became less interested in subsidizing rest-cures, and we began to receive patients recuperating after hospital treatment for more serious mental illnesses.

Patients came in the first instance for six weeks' stay, arriving on Wednesdays. Through the big doors into the large entrance hall with the main staircase, the ground floor included the dining room, the kitchens, the doctors' consulting rooms, the library, and an Art room. There were also sitting rooms. Smoking was permitted, but there was no bar. Patients on arrival were allocated to their communal bedrooms, the largest of which, for twelve men, was on the ground floor. Women's rooms were on the first floor, and the other mens' rooms were upstairs in the attic. (They were not called dormitories.) Everyone came with a "history", and each was assigned to one of the doctors. At turnover the nurses routinely took blood for BSR (blood sedimentation rate) tests.

Depending on the doctors' recommendations, many of the chores of maintaining the house and gardens were carried on by patients. There were staff employed, but the main work of cleaning the house was done by patients with a nurse supervising. Hours were spent sitting on stairs all polishing banisters together. Jex-Blake was in charge in the gardens, but it was the patients who kept them constantly in order. Patients might be assigned to a week's housekeeping, a week in the kitchens, or a week helping in the wonderful hothouses and kitchen gardens, from which such things as peaches and apricots were brought to the table. The meals, all carefully thought out, were not strictly vegetarian-based, but large salads were placed on the tables at all times whatever the main menu might be.

Some of the outbuildings were used as workshops for making and mending, and occupational activities. There was a Carpentry room with a supervisor for tuition. A large ballroom (including a piano) was regularly used for concerts and dancing under the guidance of an events organizer. Sports were encouraged: there were squash and badminton courts, and a Sports Instructor, Tom Mathias. The ethos was for activity and recreation, always with patients working together as little groups, organizing and doing as much for themselves as possible. Singleton, a young woman, was an important member of staff, her role I think like a social worker or almoner.

Each doctor had his own allocation of patients and prescribed their therapy. They had different ideas and approaches, and psychotherapy was used intensively. Dr Frank (all of whose patients seemed to have sinus trouble) made use of hypnosis to disinhibit his subjects, always with a nurse present as chaperone. He used to dangle a wristwatch before the patient's eyes and let it swing gently from side to side - and off they went. I often acted as chaperone if a woman patient was reluctant to speak to her male doctor. All the doctors were men, and all the nurses women - woman doctors were still very few, and male nurses had hardly been thought of.

A number of patients suffering from depression arrived having lost weight through not eating properly. To help build them up, small-dose insulin treatment was administered by the night nurse at 6 a.m., which made them sleep. At 10 a.m. they were woken and given breakfast, by which time a great appetite would have developed. Vast bowls of porridge were consumed, followed by cooked breakfast if required, and despite rationing they were encouraged to eat as much as they wanted. Deep insulin treatment was also used in certain cases, when massive doses were given by injection, under close supervision, to induce temporary restorative comas.

Sleep therapy was given to three or four patients at any time. They had small single bedrooms on the first floor, containing only a bed and a chair: personal belongings were kept in lockers in the corridor. The patient was given enough sodium amytal to sleep for a long time, perhaps 6 hours. Then they were woken up, given a meal, washed, and another dose was administered. In this way they were kept sleeping most of the time for several days. One man on this regime, having had his meal, asked me to fetch a cigarette from his locker. I stepped across the corridor and when I turned back the room was empty. After some moments of bewilderment I saw the sash was open, and that the poor man had jumped out of the window. He went off in an ambulance, but he survived the fall.

On the first floor also was the ECT room. Electro-convulsive therapy was used in about half-a-dozen cases every week for severe depression. In this room the bed consisted merely of a very thick wooden board. A gag was placed in the mouth to prevent biting the tongue, and assistants held down the patient's shoulders, knees and ankles to prevent injury from muscle spasms while the electrodes were applied to the head. After treatment the unconscious patient was taken to a recovery room. While I was at Roffey the doctors began to use curare instead, which had a similar effect but did not induce the dangerous spasms.



A group of patients with Nurse Gittins in the centre, in white uniform, and Dr Bartlett, standing centre right.

The dispensary and the staff room

were also on the first floor. The staff room, with its bay window overlooking the gardens, was used by the doctors, nurses and other staff equally. We were encouraged to work all together without a feeling of hierarchy. At weekly meetings we all gathered to discuss the patients. At Beedingwood, which had its own kitchens and dining room, two unmarried doctors lived along with the nursing and other resident staff, and we usually had our breakfasts and evening meals together. At lunchtime, when meals were collected from a servery in the big dining-room at Roffey, the nurses, doctors and patients all mixed together, though Dr Ling and one or two others sometimes sat aside at their own table.

Matron wore a blue uniform with a square cap, and we nurses (called by our surnames) wore white with a smaller cap. Staff retention was generally steady. Halliday left, and we heard later that she had had to have a leg amputated. Bennett-Rees was a married nurse, Dutch in origin and quite unconventional: her husband was still away as a chaplain in the army. Nurse Hall was there before I came and stayed long after I left. Nurse Savage lived in Horsham and came in each day. Her sister ran the Day Nursery for children of other staff who came in to work. For some reason the sister was convinced that there were zombies in the woods, but I think the Centre helped her to get over those fears. There was Ruth Wilson: she and I used to cycle around in the country a good deal on our days off. And there was nurse Gittins.

Various cottages around the estate were homes for the married staff. Occasionally I spent my day off with Dr Sandiford, one of the young doctors, with his wife Mary and their baby, who were kind to me and made me feel at home. I became friends with Dr Fysh and his family, who had another of the houses. Christopher and Eileen had been married before the War and had two elder sons. They hadn't seen one another for four years while he was in North Africa, but now they began again and had more sons and a daughter. They had to be very organized to keep them all in order! We remained friends, and years later they looked after my two young daughters when my son was born. Dr Fysh became a psychiatrist to the Prison Service. Cottages were also used for putting up visitors.



Official opening of Roffey Park in June 1946. In the front row are Dr Ling, HM Queen Mary and Lord Horder

In June 1946 H.M. Queen Mary came for the official opening of Roffey Park. Lord Horder, the King's physician, who had been involved from the beginning with Dr Ling in setting up the project, accompanied her. I was there, but missed most of it because I was doing my first term of night-duty and had to sleep that day. But I enjoyed the strawberries and cream. The Visit was included in the Central Office of Information film made that year about the Centre, which also featured a staged demonstration of ECT. I was in that film, but have never seen it. A year later I was staying with my brother in Aycliffe, and a visitor said he had just seen a film about Roffey: "and the young

woman I saw in the film is here".

With about 120 residents, there was only one nurse on duty between 10 p.m. and 8 a.m. We had to go round the whole place intermittently making sure that everything was alright. It could be quite creepy going along those corridors under the half-lights. Often unofficially another nurse would sleep in an ECT room as a backup. The term of duty was a fortnight and came up every two to three months. Of course there were examples of odd behaviour by the patients, but it was more in the nature of problems arising than any sort of aggression. I remember once a girl in a room with several occupants had pulled a wardrobe across the door to block it, and another time I found a girl sitting in distress on top of a wardrobe. Typically patients at Roffey did not have serious behavioural disorders.

At other times it was lovely to come off duty in the evenings and walk home to Beedingwood - through the grounds of Roffey, into some woods to the gate and the lane, across it and through more woods to the

house. The winter of 1946-47 was very severe, a real snow and ice winter. Once we were snowed in for three weeks. When it was just beginning to thaw in the day and freeze again at night, three or four of us were walking home through the woods one evening, snow under foot. All the bare branches of the trees were coated in a thin layer of ice with frozen drips hanging from them. The bright moonlight shone through them all, creating a host of icy rainbows. It was like a scene from fairyland.



Beedingwood, used as staff quarters.
Drawn by John Bray in 1991

Sometimes we went out quite late - there were no restrictions or lockup for us. One evening in that snow we took a little sledge, going along the lane to the pub at Colgate, taking turns to ride while others pulled it along. The last little bit was a slope down, and I rode straight in through the pub doorway! A little bit of rum kept us warm. Another time we walked over the hill to the pub at Faygate. On the way I found a rabbit struggling in a snare and let it free. I don't know whether I was doing it a favour.

All through the winter we had great log fires blazing in both houses. We were without oil for several days at Roffey and kept hoping that a tanker would get through so that we could get the heating going. Finally we heard it was coming, and it arrived at the Park gate, but turning in it rolled over onto its side. That was a bit of a disaster - I don't know how they sorted it out. On night-duty it was terribly cold, and one night I went off on my midnight rounds with all sorts of things wrapped round my head and shoulders to keep warm. Along the dark corridor I came face to face with Dr Ling, who appeared out of the shadows. I think he realised then that having only one person on duty was not enough.

Sir Stafford Cripps, who was Chancellor of the Exchequer, came for several weekends in 1947, and I was delegated to look after him. As Lady Cripps was in China on an official visit, he was living alone in his flat in London with his manservant, and was exhausted through working too hard. His red despatch box was brought by a motorcycle courier. He was put up in a little flat where the sleep therapy went on. They were strict vegetarians, and a special menu had to be prepared for him from the kitchens, the various dishes to be served in the right order: soup came in the middle of the meal.

On her return Lady Cripps came one weekend and she had another sleep therapy room. She couldn't find her watch, and said she supposed I had taken it. Going in to see him I said "I must tell you your wife thinks I have stolen her watch", and he said "Don't worry, we've heard of that sort of thing before." The Boat Race was on about that time, and Lady Cripps gave me a dark blue scarf to wear (for Oxford). "But I always support Cambridge" I had to say.

He wanted a treatment he had received before the War at a "Herbal Hospital" in Switzerland. First thing in the morning he was to be given a very, very hot bath. Then he was helped out and into a dressing gown, and onto a bed made up with sheets wrung out in ice-cold water. He lay on it and more and more blankets were piled over him as he lay there sweating for about an hour. Then he was got dry and dressed.

When he arrived one day I went in at evening and found him agitated, sitting in front of the open fire very fidgety, kicking his slipper off as he gave instructions. He required a hot orange drink last thing at night and refused my offer of a cup of cocoa instead. Next morning he insisted he must have his hot bath. As his shirt was taken off I saw that he had a most terrible attack of shingles on his back, all across his shoulders a mass of weeping blisters. I had to put my foot down and refuse him his bath: instead I fetched Dr Ling and we put him in an ambulance and sent him to hospital. He must have been in really terrible pain. He was truly a Stoic.

The summer which followed was by contrast a very hot one. When off-duty sometimes we used to go down to Brighton for a swim of an evening in someone's car - maybe Tom Mathias, or one of the young doctors driving. Tom took me to Lords to watch a cricket match, and it poured with rain all afternoon. There was a lake at Beedingwood too, and we used to swim in it by moonlight: it wasn't very safe as it was full of tangly weed. I set off for Brighton once by bus, but stopped on the way to climb up to Chanctonbury Rings. I reached the top all alone and suddenly down came a heavy fog and mist, and I had no hope of finding the way down. After some wandering about I heard voices, and a little group of people emerged with a guide.

He led us to where there were some large stones and we sheltered for quite a long time. It gradually got lighter and eventually he got us all back to the road.

Matron had a dog, a black cocker spaniel, and I used to take it for walks. Going home for a break to Leicester I took it with me. When I got there my sister was waiting at the station to tell me I must ring Matron immediately, as she had been on the phone to mother. I rang, and she said a bottle of sodium amytal had gone missing. "Have you taken it?", she asked. "No I certainly haven't got it", I replied, "and I have only just arrived at the station." "Well, it must be accounted for," she answered.



Sally at Roffey Park

Later I kept my own dog at Roffey. There were often visitors there at weekends, many from London, and one day after they had all left there was a bearded collie running around with just a piece of string for a collar. We made inquiries, but no-one knew anything. Nurse Savage suggested I should keep her. But we took the dog to the Horsham police, who kept her for seven days and then rang to say that if she wasn't collected she would be put down. So we went and got her. Back at Roffey she was running about and we realized she was on heat. While wondering what to do I saw her from the staffroom window down by the gravel drive. Dr Ling was looking as well, and said "I thought we had only one dog here, but now there seem to be two." "I think the other one must be mine," I ventured, and so I became Sally's keeper. She once ran off with a whole chicken from the kitchens - no-one seemed to mind!

At weekends I sometimes took Sally with me to stay with friends at Croydon. Later in 1947 a new nurse came, and she took a great liking to Sally. As she was going away for the weekend she asked if she could take her home to her parents, somewhere over the other side of London. I was thinking of moving on from Roffey, and must have offered to let her keep the dog. Soon after she got home Sally ran away and didn't come back, and the nurse returned without her. They hadn't done anything to find her. I visited my Croydon friends and they said "Have you tried the Battersea Dogs' Home?" So I made a special journey, and after looking through hundreds of different dogs, lo and behold there was Sally! She had been found very near Croydon. So I took her back to Horsham. Still the nurse pleaded that her parents would love to look after her. Reluctant to let her go, I talked it over with Jex-Blake, who gently reminded me that I had given Sally to the nurse: and so, very sorrowfully, I parted with her.

In my last months Roffey was changing. I think it could not have carried on for very long in the way it had begun: the funding organizations were looking for other solutions, and there were pressures to admit patients with different kinds of problems. The formation of the National Health Service, and the adoption of Roffey Park into the St Thomas Group (which followed in 1948-49) altered its role. Perhaps these pressures were also felt by the staff. Matron and one of the nurses both left in late autumn 1947. I left in November intending to go to the King Edward VII Tuberculosis Sanatorium at Midhurst as Staff Nurse, but finally went to Moorfields Eye Hospital early in 1948.

I had a brief holiday from Roffey to the Peak District with some old friends in April 1947. At their party in London in January 1948 I met my future husband, and we were married in August. There my formal career as a Nurse came to an end - but once a nurse, always a nurse. I have always remembered Roffey as one of the great learning times and places of my life. Those big houses and grounds, that countryside, the refreshing adventure of what Roffey Park was about in those times, and how we set out to achieve it, have held a very special place for me over the years.

Margaret Plunkett (Nurse Gittins)
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