

# **Annual report of the Devon Mental Hospital Management Committee for the year 1952 : Exminster Hospital, Digby Hospital, Wonford Hospital.**

## **Contributors**

Devon Mental Hospital Management Committee.

Shelmerdine, T. G.

Allan, S. M.

Russell, John.

Mullin, B. J.

Rawlinson, John C.

Anderson, R. G.

Campbell, J. Fraser M.

Wilman, R. E.

## **Publication/Creation**

[Exminster] : [Printed at the Hospital Printing Press], [1953?]

## **Persistent URL**

<https://wellcomecollection.org/works/w8w7yya4>

## **License and attribution**

Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

# ANNUAL REPORT

of the  
Devon Mental Hospital  
Management Committee  
for the Year

1952



EXMINSTER HOSPITAL  
DIGBY HOSPITAL  
WONFORD HOUSE HOSPITAL

WELLCOME INSTITUTE LIBRARY	
Coll.	welMOmec
Call	Ann. Rep
No.	WLM 28
	. BE 5
	D 49
	1952




22501245701









Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b30299299>

**DEVON MENTAL HOSPITAL  
MANAGEMENT COMMITTEE**

**List of Members**

**1952-53**

---

*CHAIRMAN :*

REVD. SUB-DEAN SHELMERDINE, The Rectory, Silverton

*VICE-CHAIRMAN :*

SIR ARTHUR C. REED, Cumbre, Exeter (to March, 1953)

*OTHER MEMBERS :*

R. H. BAKER, Esq., Millbrook Braunton

DR. J. D. H. ILES, Starcross, Devon (to July, 1952)

G. W. A. JACKSON, Esq., 44, Queen Street, Exeter

C. A. JACKSON, Esq., Moortang, Two Mile Oak, Newton Abbot

W. MADDICOTT, Esq., Rowdens, Ipplepen, Newton Abbot

MRS. J. D. R. MURRAY, 12, Carlton Hill, Exmouth

ALDERMAN MRS. J. M. PHILLIPS, O.B.E., Awliscombe House  
Honiton

DR. H. SCOTT-FORBES, 8, Baring Crescent, Exeter

MRS. M. L. SYMONS, Petersfield House, Fortescue Road, Paignton

J. G. WARNE, Esq., 97, Bonhay Road, Exeter

A. J. WITHYCOMBE, Esq., Redcot, Exeter  
(Vice-Chairman from April, 1953)

*GROUP OFFICIALS :*

*Secretary :* R. Seal, Exminster Hospital, Near Exeter

*Deputy Secretary :* D. W. Miller, A.H.A., The Hospital, Digby, Exeter

*Finance Officer :* R. E. Wilman, A.C.A., F.H.A., 26, Queen Street,  
Exeter

*Deputy Finance Officer :* C. H. Heath, A.I.M.T.A., A.H.A., 26, Queen  
Street, Exeter



## SUB-COMMITTEES

### Finance :

REVD. SUB-DEAN SHELMERDINE (*CHAIRMAN*)

SIR ARTHUR C. REED (*VICE-CHAIRMAN*)

R. H. BAKER, Esq.  
 DR. J. D. H. ILES  
 G. W. A. JACKSON, Esq.  
 C. A. JACKSON, Esq.  
 W. MADDICOTT, Esq.  
 MRS. J. D. R. MURRAY

ALD. MRS. J. M. PHILLIPS,  
O.B.E.  
 DR. H. SCOTT-FORBES  
 MRS. M. L. SYMONS  
 J. G. WARNE, Esq.  
 A. J. WITHYCOMBE, Esq.

### House :

EXMINSTER HOSPITAL :

SIR JOHN E. DAW  
 (*CHAIRMAN*)  
 SIR ARTHUR C. REED  
 (*VICE-CHAIRMAN*)  
 R. H. BAKER, Esq.  
 MAJOR H. C. GOULD  
 W. T. HARVEY, Esq.  
 MRS. R. M. A. HODGE  
 DR. J. D. H. ILES  
 C. A. JACKSON, Esq.  
 MRS. C. A. JACKSON  
 MRS. E. KELLY  
 E. T. LINSOTT, Esq.  
 MRS. J. D. R. MURRAY  
 MISS B. PARKER  
 DR. H. SCOTT-FORBES  
 MRS. M. L. SYMONS  
 REVD. SUB-DEAN  
 SHELMERDINE  
 J. G. WARNE, Esq.  
 A. J. WITHYCOMBE, Esq.

DIGBY AND WONFORD HOUSE  
 HOSPITALS :

J. G. WARNE, Esq.  
 (*CHAIRMAN*)  
 A. J. WITHYCOMBE, Esq.  
 (*VICE-CHAIRMAN*)  
 H. W. H. GODDARD, Esq.  
 MRS. R. M. A. HODGE  
 G. W. A. JACKSON, Esq.  
 MRS. J. D. R. MURRAY  
 ALD. H. C. PEDRICK  
 ALD. MRS. J. M. PHILLIPS,  
O.B.E.  
 SIR ARTHUR C. REED  
 DR. H. SCOTT-FORBES  
 REVD. SUB-DEAN  
 SHELMERDINE  
 MRS. E. E. TINKHAM  
 COL. C. P. TREMLETT

### Farm :

W. MADDICOTT, Esq., (*CHAIRMAN*)

J. CROOKE, Esq.  
 G. W. A. JACKSON, Esq.  
 R. LAWRENCE, Esq.  
 J. B. MARTIN, Esq.  
 J. G. PAUL, Esq.

P. D. ROWSELL, Esq.  
 SIR ARTHUR C. REED  
 REVD. SUB-DEAN  
 SHELMERDINE  
 J. J. WALE, Esq.  
 J. G. WARNE, Esq.  
 A. J. WITHYCOMBE, Esq.



## THE THIRD ANNUAL REPORT OF THE DEVON MENTAL HOSPITAL MANAGEMENT COMMITTEE

The Management Committee have pleasure in presenting their Annual Report for the year ending March 31st, 1953.

Dr. J. D. H. Iles resigned his membership of the Committee on his departure to Canada, and Dr. J. Russell was not eligible for re-election though happily he still attends our meetings in an advisory capacity. We welcomed to fill these vacancies Mrs. M. L. Symons and Dr. E. D. Ervine, who is the Exeter City Medical Officer of Health.

With the help of the members of the two House Committees the statutory visits to all the Hospitals in the Group have been made.

Our main anxiety is still a deplorable lack of accommodation which caused grave overcrowding. During the year we were able to construct a new Sewing Room at Digby. The old Sewing Room is now restored to its original function as a ward. The Regional Board has encouraged us to plan more schemes of this kind where possible, and we have now submitted plans for new Occupational Therapy departments for both male and female patients at Exminster which if approved, will relieve the overcrowding at that Hospital.

The extension to the female side of the T.B. Block at Exminster is now completed, and it is hoped that male wards will soon be ready for occupation. These T.B. wards are of course for the accommodation of patients from the whole of the Southern section of the Region.

New boilers have been installed at Exminster, and a new sanitary annexe is being built in Ward 17. At Digby, the electrical rewiring is completed and a new sanitary block has been erected. The engineers and building staff at both these Hospitals is barely sufficient for the ordinary day to day maintenance of our buildings and plant. It would seem to us that an increase in these staffs would result in considerable economy, as we could then do more of the new work by direct labour.

The farms at Exminster and Digby are efficiently and profitably run. Improvements have been effected in the dairy at Exminster and a milking parlour provided.

At Wonford, two senior Administrative Assistants, Mr. Beck and Mr. Huish, have retired after many years of honourable service. Mr. J. K. Morris was appointed as Administrative Assistant, and supplies and services at this Hospital have been continued in many ways with those of Digby. The closer link between these two Hospitals will result in efficiency and economy.



The Joint Consultative Staffs Committee have met at intervals, and we acknowledge the real value of such opportunities for discussion between Management and Staff.

The Reports of the Commissioners of the Board of Control which are printed elsewhere testify to the high standard of the care and attention meted out to the patients. We, as a Committee, are well aware of these things, but it is nice to have confirmation from visiting officials.

Our nursing staff is still woefully undermanned, but the Medical Superintendents deal with this difficulty in their individual reports.

In conclusion, the Committee would wish to record its sincere appreciation of the continued loyalty and devotion of the Officers and Staff of the Hospitals in this Group.

Though not occurring exactly in the year under review, I feel compelled to refer to the resignation of Mr. Robert Seal, the Group Secretary. His association with Exminster Hospital has been long and honourable, and he goes into retirement with our best wishes and grateful thanks.

The Committee appointed Mr. D. W. Miller, the Deputy Secretary, to succeed him, and we did this with great confidence.

T. G. SHELMEARDINE,

*Chairman.*

# EXMINSTER HOSPITAL

## Medical Staff

### *Medical Superintendent :*

S. M. ALLAN, M.D., Ch.B. (Glas.) D.P.M. (Lond.)

### *Senior Hospital Medical Officer and Deputy Medical Superintendent :*

J. W. FISHER, M.R.C.S. (Eng.) L.R.C.P. (Lond.), D.P.H., D.P.M.

### *Senior Hospital Medical Officers :*

T. J. K. BROWNLEES, M.R.C.S. (Eng.) L.R.C.P. (Lond.), D.P.M.

A. JACK, M.B., Ch.B. (Glas.)

### *Junior Hospital Medical Officers :*

J. R. ROCYN-JONES, L.M.S.S.A. (Lond.)

C. P. BURGESS, M.B., Ch.B. (Edin.)

## Officers

*Secretary :* R. SEAL

*Steward :* W. CONNETT

*Matron :* MISS I. PRIDHAM, S.R.N., R.M.P.A.

*Chief Male Nurse :* W. H. NEWNS, S.R.N., R.M.N.

*Engineer :* J. FAIRCLOUGH

*Building Foreman :* T. E. REDDAWAY

*Farm Bailiff :* J. BAKER

*Pharmacist :* B. C. T. SNOW, Ph.C., M.P.S.

*Laboratory Technician :* M. C. LANGLEY, A.I.M.L.T.

*Church of England Chaplain :* REV. W. PARRY, B.A.

*Roman Catholic Priest :* REV. P. J. TOBIN

*Free Church Chaplain :* REV. R. H. NORMAN



# REPORT OF THE MEDICAL SUPERINTENDENT FOR THE YEAR 1952

EXMINSTER HOSPITAL,  
NEAR EXETER

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Medical Superintendent's Report for the year 1952.

On the 1st January 1952, there were 1601 patients on the Register, and 3 Emergency Admissions, 600 males and 1001 females, plus 1 male and 2 females.

Classification of the above :—

	Male	Female	Total
Voluntary	121	155	276
Temporary	—	3	3
Certified	479	843	1322
	—	—	—
	600	1001	1601
Section 20/21	1	2	3
	—	—	—
	601	1003	1604

## Admissions

Including statutory transfers, the admissions were as follows :—

	Male	Female	Total
Voluntary	184	209	393
Temporary	4	6	10
Certified	79	142	221
	—	—	—
	267	357	624

## Emergency Admissions

Section 20/21. Sixty-one males, 77 females—Total 138. Of the total emergency admissions 112 became Voluntary patients, 1 a Temporary patient and 5 Certified patients. (These figures are included in the direct admissions shown above). Ten Emergency patients were discharged and 4 died, leaving 6 remaining on the 31st December, 1952.

## Discharges

	Male	Female	Total
Recovered	89	131	220
Improved	83	112	195
Not Improved	6	9	15
	<hr/> 178	<hr/> 252	<hr/> 430

## Resident

There were on the books at the end of the year 1625 patients and 6 Emergency patients, classified as follows :—

	Male	Female	Total
Voluntary	146	177	323
Temporary	-	1	1
Certified	472	829	1301
	<hr/> 618	<hr/> 1007	<hr/> 1625
Emergency Admissions	3	3	6
	<hr/> 621	<hr/> 1010	<hr/> 1631

## Deaths

There were 158 deaths (64 male, 94 female), a decrease of 34 on the previous year. The great majority of the deaths were of patients aged 65 and over, and many of them were only a short time in the Hospital. It would seem that some other method of treating these elderly patients should be adopted. It is hoped that the Geriatric Committee established in our clinical area will direct their attention to this problem.

## General Health

There were no epidemics during the year. No cases of dysentery were reported—an excellent record and one that shows our method of dealing with dysentery carriers is well founded. Five cases of tuberculosis were notified.

## Treatments

The Special Treatment Units continue to do good work and during the year 60 patients were treated in the insulin therapy wards. The number discharged recovered was 40, a similar record to that of last year. It is hoped that improvements to these units will be effected shortly so that the work there will be made easier. Electrical Convulsive Therapy continues to be used in the types of patient



likely to benefit. All convulsive therapy is given with relaxant drugs and a general anæsthetic, and there is no doubt that this technique is a great advance on previous methods. However, it does throw a great strain on our meagre staff, both medical and nursing, and great praise is due to all for the grand work that is being done.

Psychotherapy and narcoanalysis are employed in all suitable cases, and these techniques reinforced by occupational therapy are proving their worth. The occupational therapy departments are fully employed but are still working under most trying conditions. It is hoped that a new scheme already prepared will meet with the full approval of the Regional Board, and that my next annual report will record that a proper occupational therapy centre is being built.

Many other forms of treatment are used in this Hospital, including Antabus treatment of alcoholics and the use of "Suxil" in chronic melancholics.

### **Social Worker**

Much good work has been done by our Social Worker, and her contact with patients and the help she gives are invaluable. Many patients have been placed in employment through our social service, and most of them are visited regularly and helped in any difficulties. The work here has increased so much that additional staff is urgently needed.

### **Clinics**

Two Clinics are staffed from the Hospital. One is at Exeter, and it is hoped its usefulness will be increased when there is fuller liaison with the Royal Devon & Exeter Hospital. The other is held at Bideford ; it was begun at the end of 1950. In 1952, 430 patients attended there, including 94 new patients. It is important that as many patients as possible should be seen and treated in the early stages of their illness : and so these clinics ought to be expanded. If that were done it would help to relieve our overcrowding.

### **Entertainments**

This Hospital has been justly famed for the excellence of the entertainments it offers to patients. We have a very talented staff and their contributions to community life are rich and varied. There is a very active dramatic club, and they produce a pantomime, two modern plays and a number of variety performances each year. The standard of these productions is high and bears favourable comparison with similar amateur shows in any part of Devon. All stage productions are dressed by our own staff, all stage scenery produced by them and all lighting effects. The results achieved are truly praiseworthy, and I know they are much appreciated by the Management Committee.



## **Nursing Staff**

In February, Miss Sykes our Matron resigned. She was appointed in 1930, and so for 22 years had held this very responsible position. Unfortunately, in her last few years she was much handicapped by illness, but her cheerful disposition in such adversity was admired by all. She is now living in well-earned retirement and the good wishes of all members of the staff went with her.

Miss I. Pridham, who was Deputy Matron, was appointed Matron, and all applaud her promotion and wish her well.

In the Spring of 1952, 16 French student nurses were engaged by the Hospital. This innovation has been most successful, and already 8 have been able to go through the Preliminary Training School. We are glad of their help and hope they will long remain with us.

I must again record that the recruitment of female student nurses falls far short of our requirements. In 1952 the intake was only 29. To keep the staff up to the required numbers 116 are necessary. In spite of intensive advertising, and a close liaison with the Ministry of Labour, there has been no improvement.

## **Laboratory Report**

Specimens :—

Bacteriological	1394
Biochemical	476
Hæmatological	744
Histological	6
Post-Mortem	107

## **Farm Report**

In 1952 it was decided to build up a T.T. herd of South Devon cattle. The former herd were sold, and after an interval of some weeks the buying of the new herd was begun. At the end of the year 63 cattle had been purchased. A new milking parlour was built and the dairy was altered to meet the new requirements.

## **Clerk of Works' Department**

A great deal of internal and external decorating was completed. A number of wards were painted, including their approach corridors. The male circular corridor was done, and much needed repairs and decorations at the Nurses' Home. Wards 12, 19 and 23 were painted externally.

Alterations and additions carried out included a new milking parlour at the farm, a flat for the Matron, a new barber's shop and a male visiting room. Many minor works of improvement and alteration were completed, such as a new roof for the bookbinder's shop



and a new unloading point for the butcher's shop.

The work of this department is never done. The buildings of the Hospital are old, and often enough what begins as a minor repair ends up as a major operation. The staff are doing fine work but they are much too few in number. If the Hospital is to be kept in decent repair a bigger staff is essential.

### **Engineer's Department**

The big change-over in the boiler house was begun this year. Four old Lancashire boilers were removed, and two economic boilers installed. This work is far from complete. Such a change-over can be done piecemeal only, as sufficient boiler capacity for the Hospital's need must always be in place. It is hoped that 1953 will see the completion of the job.

Many new machines have been installed in the laundry to cope with increased work. New calorifiers have been fixed in various wards. Tea urns and hot-cupboards have been supplied to 15 wards. Improved heating methods have been introduced into two more wards.

A great deal of rewiring has been necessary in various parts of the Hospital, and new wiring put into the farm milking parlour.

All the manifold repair jobs have been done as time permitted, for in this department too, shortage of staff is keenly felt. The work that has been done reflects great credit on the staff.

### **General**

Six members of the staff retired during the year : Miss Sykes, Matron, Sister W. Duguid, Nurse C. Hawes, Nurse W. Trigger, Mr. R. Leach and Mr. C. Pyle.

I should like to thank all of them for good and loyal service to the Hospital, and hope they will live long to benefit from their retirement.

I wish to thank the Management Committee and the House Committee for their continued confidence, and for their readiness to appreciate all the difficulties encountered.

To my medical colleagues, all officers and staff, I tender my sincere thanks for their hard work and loyal help.

I have the honour to be,  
Mr. Chairman, Ladies and Gentlemen,  
Your obedient Servant,

S. M. ALLAN,

*Medical Superintendent.*



# REPORT OF THE COMMISSIONERS OF THE BOARD OF CONTROL

EXMINSTER HOSPITAL,  
EXMINSTER,  
*12th November, 1952*

This Hospital has the usual handicaps found in others, namely overcrowding on the female side, gross in places where day space has been encroached upon, and shortage of female nursing staff. During the period under review, approximately 21 months, progress has been made in some directions, and we were informed that owing to financial restrictions a great deal of work both of major and minor importance has had to be given up.

Dr. S. M. Allan, M.D., Ch.B., (GLAS.), D.P.M., (LOND.), Medical Superintendent, has Dr. J. W. Fisher, M.R.C.S., (ENG.), L.R.C.P., (LOND.), D.P.H., D.P.M., as his Deputy, and the remainder of the medical staff consists of :

Dr. T. J. K. Brownlees, M.R.C.S., (ENG.), L.R.C.P., (LOND.), D.P.M., Dr. A. Jack, M.B., Ch.B., (GLAS.), Dr. J. R. Rocyn-Jones, L.M.S.S.A., (LOND.), Dr. C. P. Burges, M.B., Ch.B., (EDIN.). There is a vacancy on this establishment which has not yet been filled.

The male nursing staff numbers 107, which for these days is comparatively satisfactory, but on the female side it totals 138 of whom 77 are on a part-time basis. There is a slight improvement in the numbers of full-time nurses owing to the recruitment from European countries, but the strength still remains very low.

At this juncture we should like to offer our congratulations on the manner in which those concerned and particularly the female nursing staff owing to their depleted numbers and overcrowding on the female side, combat their various handicaps. Throughout our visit we found the relations existing between patients and staff to be good. Good classification, because of general overcrowding, is impossible but steps have been taken to classify the patients in residence as well as possible.

There are 1620 (610 male, 1010 female) patients in residence : a very large proportion of these are elderly or chronic patients. Four hundred and sixty-seven male and 825 female patients are under certificate. We gather every effort by both the Regional Hospital Board and Hospital Management Committee is being done to find a Long-stay Annexe for elderly female patients.

The rate of direct admissions still continues to put pressure on the Hospital. This Hospital is also designated for the reception of short order cases. Voluntary admissions have from time to time been delayed owing to overcrowding and shortage of staff. During



the year 1951 the direct admissions numbered 577 (238 male, 339 female) : 263 were received under certificates. Up to date this year the direct admissions have numbered 547 (238 male, 309 female) ; a larger proportion of these were admitted under Section 1 of the Mental Treatment Act, as only 183 were received under certificates.

There are two weekly Out-patient Clinics, one at The West of England Eye Infirmary, Magdalen Road, Exeter, and the other at Bideford & District Hospital, Bideford. From time to time out-patients are seen at this, Exminster Hospital, by appointment. This Hospital has its own Social Worker.

We discussed many matters with both Dr. Allan and Mr. Seal the Secretary of the Hospital Management Committee. We appreciate, as the Hospital Management Committee does also, that financial restrictions imposed on this Hospital have hindered its proper development and much needed modernisation. If we refer to any of the major needs of the Hospital we do not feel that the fact that financial restrictions exist should preclude us from mentioning or stressing them. Two female wards are still derelict, the future of the kitchen is still undecided, many wards have no adequate w.c. accommodation and several have no hot water laid on to the water basins. It is understood that some of the sanitary annexes are to be rebuilt or modernised and that ward kitchens, as has already occurred in some wards, are to be properly equipped.

The major operations at the moment are the replacement of the old boilers, and the reconstruction of the Sanatorium for tubercular cases of both sexes. Redecoration has taken place in some of the wards and is continuing in others where practicable.

The weekly maintenance cost per head for Health Service patients as last ascertained was approximately £3 8s. We discussed comforts and rewards to working patients : we understand the Regional Hospital Board has issued a guide on this rather complicated subject. We welcome this and hope every effort will be made to implement it, as nothing can be more unsatisfactory to find in one Hospital that the rewards to working patients compare very unfavourably on the female side to those given on the male side. We think uniformity in rewards in all similar Hospitals in the region is to be encouraged.

A very large proportion of the patients receive four meals per day but there are a number, for instance at the Sanatorium, where there is no social life, there is no real late supper served. The whole question of the serving of meals and their preparation in the kitchen is not an easy one, but if a new kitchen is to be built in the near future it might be advisable to seek the advice of a Ministry of Health dietician.

Throughout our visit to the male side we found the wards, apart from the general deficiencies already mentioned, to be fairly comfortable and not materially overcrowded. According to the figures



before us there is a deficiency of accommodation by day for 64 women, by night for 198. It is obvious both on the male and female sides everything is being done by those immediately responsible to make them as comfortable as possible, but we feel the introduction of more comfortable furniture is needed particularly on the female side, and that a number of mattresses, markedly on the male side, are in need of remaking or replacement. We discussed this latter subject and feel that a concentrated drive, if practicable, should be made to overcome the leeway.

This Hospital pays great attention to both indoor and out-of-door recreations but obviously owing to the shortage of staff, exercise for female patients and out-of-door recreations must be limited. The Recreation Hall is small but very good use is made of it ; for example there are two cinema performances weekly, one for the better type of patient and the other for the more demented and more difficult type.

For these times the patients of both sexes appear to be fairly satisfactorily clothed. Eighty-eight (58 male, 30 female) have parole beyond the Hospital estate. A far greater number of both sexes have parole of various types within the Hospital grounds. The Hospital has a canteen from which various small purchases can be made, and the Recreation Hall is used for the majority of visitors.

Occupational Therapy as such is well understood and on the female side there is one fairly large centre, and patients in a number of wards are encouraged to occupy themselves in various ways. The female Occupational Therapist is qualified and has two assistants and nurses to assist her. On the male side there is a head Occupational Therapist and he has five assistants : there are three centres, one mainly carpentry and the other devoted to various types of handicrafts.

The general health of the patients during the period under review can be considered very satisfactory. There have been no outbreaks of any infectious diseases except for the usual influenza and a small outbreak of dysentery which affected some 46 patients of both sexes in the early part of this year. Today nobody is suffering from any infectious disease except tuberculosis.

When the Sanatorium is rebuilt it will accommodate tubercular cases not only from this Hospital but from other ones in the region. Naturally, at the moment the facilities for nursing the male patients is unsatisfactory, as they have to be nursed in a ward : there is, however, verandah accommodation. A portion of the Sanatorium is used for nursing female tubercular patients, and amongst other patients it also houses three typhoid carriers. The social life of the tubercular patients when the Sanatorium is finished may be improved greatly, but the fate of the typhoid carriers will presumably remain unchanged. Perhaps it may be that the Regional Hospital Board



have a scheme of concentrating typhoid carriers and the like in one or more of the other Hospitals in the region, as when this Sanatorium here is completed and presumably full of tubercular patients, segregation of the typhoid carriers may be extremely difficult.

The Mantoux Test has been offered to the nursing staff and they are going to be X-rayed again. We understand that another mass X-ray of the patients will take place in due course. At the moment there are no proper facilities for sterilising crockery for either male or female tubercular patients. We hope the delivery of the sterilisers and their installation will not now long be delayed.

Throughout the last 21 months there have been 290 (116 male, 174 female) deaths ; the death rate for 1951 was for male patients 12.4 for female patients 12.6. We have no comment to make on the causes of death except that 12 (7 male, 5 female) died from tuberculosis, and except that out of the seven inquests held one was of the nature of suicide. An inquest was in the process of being held during the course of our visit and at the conclusion of our visit was not sub judice. The facts of all the previous inquests were reported to our Board at the time ; we enquired into the facts of the last-mentioned inquest which was also of a suicidal nature.

There have been 63 (18 male, 45 female) casualties involving either fracture or dislocation of bone. All with the exception of four of each sex were accidentally sustained. In the remaining eight cases the cause was unknown. The only comment we have to make is that the large proportion of female casualties can be contributed to the greater number of female patients on the books, the shortage of nursing staff, the ages of the patients and overcrowding generally. In the case of the four male casualties which were undetermined, we might say that all occurred in Ward 8, the disturbed ward.

Practically all forms of modern treatment including deep insulin therapy are available to patients of both sexes : this Hospital still has not the services of a neuro-surgeon.

The Pathological Laboratory undertakes all routine testing of new cases who undergo the examinations for the presence of organisms of the dysentery and typhoid groups, and the Widal Reaction is carried out. There are also periodic examinations of those who have had dysentery in the past as well as of the three known typhoid carriers. Sulpha drugs have been used extensively for the prophylactic treatment of dysentery.

In conclusion, we would like to thank Dr. Allan, other members of his medical staff and heads of departments for their assistance during our visit, and for the arrangements made for us.

(Signed) JOHN C. RAWLINSON,  
R. C. ANDERSON.

*Commissioners of the Board of Control.*



# DIGBY HOSPITAL

## Medical Staff

*Medical Superintendent :*

J. RUSSELL, M.B., Ch.B., D.P.M.

*Senior Hospital Medical Officer & Deputy Medical Superintendent :*

J. SCOTT, M.B., B.Ch., B.A.O., (N.U.I.), D.P.M., L.M., (Coombe)

## Officers

*Matron :* Miss F. N. HENRY, S.R.N., R.M.N., R.M.P.A., M.R.C.N.

*Chief Male Nurse :* C. S. POYNTON, S.R.N., R.M.N.

*Clerk, Steward and Deputy Secretary :* D. W. MILLER, A.H.A.

*Chief Engineer and Clerk of Works' :* D. GIBSON

*Farm Bailiff :* H. J. HOOPER

*Pharmacist :* E. HODGE, M.P.S.

*Church of England Chaplain :* REVD. G. E. DEANE

*Free Church Chaplain :* REVD. E. C. HOPE



# REPORT OF THE MEDICAL SUPERINTENDENT FOR THE PERIOD 1st JANUARY 1952, TO 31st DECEMBER, 1952

THE HOSPITAL, DIGBY,  
EXETER

To : The Devon Mental Hospital Management Committee.

Mr. Chairman, Ladies and Gentlemen,

I submit my Report for the year 1952 which ended with 372 patients in residence, the maximum number on any one night during the year having been 382. The following figures submitted by the Clerk clearly show the increased demand made upon our beds and upon our nursing staff during the past three years, particularly in the reception and treatment of female patients.

## Direct Admissions (Mental Treatment Acts, etc.)

	1952		TOTALS		
	Male	Female	1952	1951	1950
Certified	8	20	28	12	26
Voluntary	48	67	115	124	83
Temporary	—	3	3	3	2
	—	—	—	—	—
	56	90	146	139	111

## Emergency Admissions

Section 20	18	38	56	47	31
------------	----	----	----	----	----

The percentage of voluntary patients was 78 as compared with 89% in 1951 and 67% in 1950.

## Discharges

	1952		TOTALS		
	Male	Female	1952	1951	1950
Recovered	18	35	53	39	55
Improved	23	28	51	31	29
Not Improved	9	16	25	11	9
	—	—	—	—	—
	50	79	129	81	93

## Section 20

Left Hospital	5	7	12	12	4
---------------	---	---	----	----	---

## Health

There were no major epidemics, *e.g.*, of influenza. The number of



deaths during the year was low (12 only). The critical pneumonias which complicate the mental illness of elderly patients are now controlled by penicillin and similar remedies ; many more of these enfeebled patients survive the abrupt change from home to hospital and more ground floor beds have been put aside permanently for old people.

## **Nursing**

(a) **Students.** I have again to call attention to the difficulty of recruiting student nurses, both men and women. The situation in the men's wards worsens from year to year. Many of the more promising men students regretfully leave us for employment which offers higher immediate awards. I have enquired into the reasons for leaving in all cases during the past five years. Invariably I learn that the rate of pay which can be offered a young man in the mid-twenties with wife, small children and a high rent (usually furnished rooms) is no inducement to take up or to remain in the profession of mental nursing.

(b) **Training.** Five students attended our Group Preliminary Training School at Exminster Hospital.

A scheme has been put forward to link up with the Royal Devon & Exeter Hospital in a combined Training School for the certificates in General and in Mental Nursing to be obtained at the end of a course of four years. The proposal still requires the approval of the General Nursing Council. Similar schemes are being set up in other hospitals in this country and will do much to break down the barrier which is becoming more and more artificial between the nurse in a general hospital and the nurse in a mental hospital. Each service has much to offer the other, and in the long view it matters not at all whether a nurse so trained takes up mental work permanently.

(c) **Tutor.** Mr. E. Vinten, who is a fully qualified Tutor, was appointed to the Hospital Training School. The ward teaching would be further strengthened if we could find a suitable Deputy Matron.

(d) There is no ready solution to the problem of staffing the men's wards. It is not possible to work a scheme of part-time nursing like that which helps our Matron to maintain a high standard both in numbers and in proficiency in the women's wards.

## **Staff**

We are still short of a Junior Hospital Medical Officer, and the failure to fill this post means that much extra duty falls on the Medical staff.

In January, Mr. D. V. Cummins, our Engineer and Clerk of Works', who had done very good work in the reinstatement of the Hospital



after its military occupation, received promotion to Group Engineer at St. David's Hospital, Carmarthen, and was succeeded by Mr. D. Gibson.

I cannot commend too highly the help I have received from my Deputy, Dr. Scott.

## **General**

I do not wish to repeat the detail which is contained in the very helpful report of the Commissioner of the Board of Control of the 11th February, 1953, to which I again call attention.

More and more does it become apparent that the limits of a Mental Hospital these days are the limits of its ground floor accommodation. A hospital is full when there is no ground floor bed for a new patient.

I thank you then, for the continued support you have given me in attempts to find temporary solutions for the more urgent problems:

- (a) in making available ground floor accommodation for elderly patients.
- (b) in the relief of overcrowding.
- (c) in the improvement of the Training School.

Permanent solutions will be found only in new buildings ; simple structures of the bungalow type adjacent to and serviced from the main Hospital.

Yours faithfully,

JOHN RUSSELL,

*Medical Superintendent.*



# REPORTS OF THE COMMISSIONERS OF THE BOARD OF CONTROL

THE HOSPITAL, DIGBY,  
EXETER

*12th March, 1952*

Our visit to this Hospital has been one of considerable interest and it is very satisfactory to be able to say that it has few of the usual problems found elsewhere. There are four Wards on each side and the names of 170 men and 190 women are upon its books, and, with the exception of 2, are in residence.

The numbers of both male and female nursing staff are quite satisfactory ; the former consists of 35 male nurses and the latter of 62 female nurses of whom 43 are on a part-time basis. According to the figures placed before us there is a deficiency of accommodation by day for 11 men and 33 women, but a surplus by night for 6 men and 8 women. The chief handicaps of this Hospital appear to be due to the fact that there are only 8 Wards in all which makes classification in some practically impossible. Both the male and female Admission Wards have to house a considerable number of elderly patients and nearly all the infirm cases have to be nursed there too. A portion of the Male Admission Ward is going to be handed over to a neighbouring Ward which may improve the classification a little. This Hospital has no Ward or Villa for nursing or isolating any infectious cases.

Dr. Russell is the Medical Superintendent, and the only other member of the Medical Staff is his Deputy, Dr. Scott. This Hospital as such has no Out-patients' Clinics of its own, but some patients are seen by appointment once a month at this (Digby) Hospital. There is no Social Worker but it is hoped to acquire one who will give her services jointly to this Hospital and to Exeter City.

During the year 1951 there were 139 (54 male, 85 female) direct admissions ; of these only 12, 6 of each sex, had to come in under certificates. This Hospital is also designated for the reception of short order cases and during the same period 47 (17 male, 30 female) patients were so admitted. Ten men and 22 women were retained in the Hospital as Voluntary patients, 2 as Temporary and 3 as Certified. The fact that this Hospital is designated for such cases may be the answer to the satisfactorily small number of Certified patients admitted during 1951. It can be seen, therefore, that for a Hospital of such a small basic size and a small Medical Staff the turnover of patients is very creditable.

A large proportion of the Hospital is filled with fairly elderly but



ambulant patients ; of those on the books, 291 (141 male, 150 female) are under Certificates ; quite a large proportion of chronic patients.

We were informed that it was proposed to build accommodation for some 75 to 100 beds for female senile patients ; we gather that the type of building has not yet been decided, and it may be that it would be an advantage if the opportunity were taken to look at post-war buildings which have been erected in this or other Regions.

Since the date of our last visit on behalf of our Board some 10 months ago progress has been achieved in a number of directions. It must be remembered that this Hospital was only reopened for male patients in 1947 and for female ones in 1949, and that then practically no reinstatement work had been carried out. During the period under review further additional sanitary accommodation has been provided, for example, on the male side ; the female nurses' accommodation has been extended and now provides a pleasant Recreation Room and some 5 or 6 bedrooms ; the female sisters' residential accommodation has been upgraded.

A fair number of alterations have been done at the kitchen and new equipment is in the process of being installed. The laundry, however, may require new equipment ; it has had some sanitary accommodation added to it. New sanitary accommodation is being provided to the new nurses' quarters just referred to.

The electrical rewiring of the Hospital has just started and it is proposed to have a new electric sub-station. We understand some other improvements or additions will depend upon the installation of this.

During the course of our visit we found the very large majority of the patients contented and appreciative of their food and individual attention of which they are in receipt. Good relationships appear to exist between the patients and staff. New furniture has been introduced into the Wards but there still is need in some for more and of a more comfortable type.

We discussed several matters with Dr. Russell and with Mr. Miller, the Clerk and Steward of the Hospital who is also Deputy Secretary to the Hospital Management Committee. We understand that the rewards to working patients are about to be reviewed. As has been said before, Occupational Therapy on the male side is better than that on the female side. There is one big occupation centre which may be used for classes for both sexes, but there is no qualified Occupational Therapist as yet on the female side.

The Hospital Management Committee has two other Hospitals within its jurisdiction, namely Exminster Mental Hospital and the Wonford Hospital. We were told that if another Medical Officer was appointed to this Hospital, his services might have to be shared with



one of the others in the Group. We fail to see, in the light of sickness and leave, how the existing Medical Staff or the proposed increased one can really satisfactorily deal with all the work in this Mental Hospital and its comparatively high turnover.

During the year 1951 there were 34 deaths, 17 of each sex. None calls for any special comment except that two male patients died of tuberculosis. The death rate for this period was 9.6% (10.1% male, 9.2% female). Post-mortem examinations were carried out in nine instances by the Hospital staff. To date this year there has been only one death and that calls for no special mention.

During the period under review the general health of the patients has been extremely satisfactory, and today there are only five (2 male, 3 female) patients suffering from any infectious disease. These are tubercular cases, but only one of each sex is considered to be suffering actively. The arrangements for nursing any form of infectious disease, as has already been stated, cannot be regarded to be satisfactory in a Hospital of this size which has no Isolation Ward. There are, however, verandahs upon which an active tubercular patient can be nursed. There have only been four casualties; all were accidentally sustained and they likewise call for no special comment except that a fractured bone was involved in each case.

Modern forms of treatment at this Hospital consist of prolonged narcosis, electric convulsion treatment, malarial treatment for G.P.I.'s, modified insulin and deep insulin treatment (the latter on the male side only). We were informed that no leucotomies have been carried out on any patient for some considerable time now; we feel that certain patients on both sides of the Hospital should receive further consideration to see whether they are suitable for this type of operation, and whether it would not improve the lives of the patients in question; and if so, it would undoubtedly improve the lives of many other patients in the respective Wards.

Specialist services in all branches except one are available to this Hospital, for instance, chest X-ray for the purposes of determining tuberculosis both in patients and staff, are carried out by Exminster Mental Hospital. A Chest Physician visits this Hospital in a consulting capacity. We understand that no Neuro-Surgeon is available for the operation of leucotomy in this half of the Region. All cases requiring other operative treatment are sent to the Royal Devon & Exeter Hospital.

Pathological specimens are sent to the Royal Devon & Exeter Hospital Laboratory for examination; luckily, this Hospital had been free from any typhoid and dysentery outbreaks for some years. Every patient and member of the staff have had a mass X-ray at this Hospital.

The clothing of both male and female patients appear to us to be



well studied, and there appear to be no shortages of linen or bedding under the existing laundry arrangements. Several patients said how much they appreciate the dietary, and the increased numbers of electrically heated food trolleys have certainly improved the service of the meals considerably. It is only recently that football and cricket have been restarted for the patients and now, in addition to ordinary patients' football, they have an eleven which plays the staff. The patients' social club is increasing in popularity but is probably too small for any further development. This Hospital is very cramped for space and most extensions and improvements have been based on improvising. The situation of the Hospital's canteen shop is to be re-sited, but this again has to be done by absorbing corridor space. The weekly maintenance cost per head, as last ascertained, is between £5. 3. 7. and £5. 8. 9. There are fourteen (5 male, 9 female) Section 4 part-paying patients ; those who occupy a single room pay 28/- and those occupying small dormitory accommodation 14/-.

The indoor games and recreations are well organised and enjoyed by the patients. The number of patients who have parole beyond the estate on the face of it looks small (15 men and 12 women) ; internal parole is returned to us at 21, namely 18 men and 3 women. We gather, however, that there are many men and women who have a form of parole which is not included in these figures, such as limited internal parole and generous short leave. The Hospital is not very suitably situated for external parole.

In conclusion, we would like to thank Dr. Russell, Dr. Scott, Mr. Miller and other Heads of Departments for the assistance given to us during our visit, and also for the arrangements made for us.

(Signed) JOHN C. RAWLINSON,  
R. G. ANDERSON,

*Commissioners of the Board of Control.*

---

*11th February, 1953*

It is eleven months since this Hospital was visited on behalf of my Board and it is satisfactory to record that progress has been achieved in several directions. However, the main problem, that of lack of space and accommodation still exists, and therefore classification in many of the wards still remains nearly impossible.

The names of 383 (183 male, 200 female) patients are upon the books ; all with the exception of one are in residence. This is an increase of 13 male and 9 female patients compared with March of last year. The number of short order cases admitted to this Hospital



also has increased during the previous year. There were 56 (18 male, 38 female) so admitted. During the year 1951 the direct admissions numbered 139 ; during the year 1952 they had mounted to 146. From the above-mentioned figures it can be seen that the turnover of patients at this Hospital tends to increase.

According to figures placed before me there is a deficiency of accommodation by day for 24 men and 43 women, and a deficiency by night for 7 and 2 respectively. The Hospital in fact is definitely full, and in practice the overcrowding by day on the ground floor wards is severer than that portrayed by the figures just quoted.

Unless extra accommodation is provided, poor classification particularly in the Admission Wards on each side of the Hospital, where it is so important, must unfortunately continue or become aggravated.

It was proposed (and still is I understand) by the Hospital Management Committee to provide accommodation within the Hospital curtilage for female senile psychotic patients. In the last entry on behalf of my Board we mentioned it might be advisable to look at post-war buildings which have been erected in this or other Regions. It may be that there are none which have been specifically put up for the purpose of housing senile patients but there are several which have in fact been erected both in Mental Deficiency Hospitals and Mental Hospitals of the pavilion type which we understand prove a success in accommodating their respective types of patients who may not necessarily be old or senile.

Of the progress achieved during the period under review the sanitary accommodation on the female side in some wards has been modernised and increased together with sluices ; on the male side three baths have been replaced, and it is hoped generally to continue by stages the improvement to the sanitary facilities on both sides of the Hospital.

Both the main kitchen and the bakehouse have had a considerable amount of new equipment installed and the laundry is now in the process of being reorganised and re-equipped.

The electrical rewiring of the Hospital is practically complete, which enables the ward kitchens to be better suited for their purpose and also the general lighting throughout the Hospital to be increased.

Throughout my visit I have found the wards well kept and as comfortable as circumstances, such as bad classification and overcrowding, might permit. Two wards, one on each side, have recently had new furniture provided and in the very near future I was told two more wards are similarly to be upgraded. Patients' lockers have been introduced wherever possible, but owing to lack of space generally, and cupboard space in particular, this has proved no easy matter.



Both on the male and female sides, the Admission Wards have to contain a number of senile and infirm bed cases ; some are recent admissions and some are chronic patients. This, in addition to making an Admission Ward at first sight not very acceptable to the newly admitted acute psychotic, puts a great deal of work on the nursing staffs. The situation may, but so far I understand no decision has yet been made about the type of patient involved, be alleviated when the existing sewing room accommodation is turned into female patient accommodation. It is hoped that the new sewing room which is being built will be completed shortly.

Wherever possible advancement has been made, and that usually has depended on two factors, lack of space and financial restrictions but, as an example, it is satisfactory to say that the new Hospital shop situated in a passage has proved a success, as it now can serve without any difficulties patients of both sexes. The original site of the shop, although small, has been turned into a patients' library, another step in the right direction.

The wards, generally, are well decorated and redecoration continues by stages.

During the course of my visit I found the vast majority of patients contented and appreciative of what was being done for them under difficult circumstances. The good relationships existing between patients and staff continue.

Occupational Therapy is more or less at the same stage as what it was at the date of the previous visit, but where possible occupations are carried out within the limited space of the day rooms and a new venture has been started, that of an Art class for female patients which has to occupy the Committee Room for that purpose.

The "rewards" to working patients has recently been reviewed, and I was given to understand that when the next budget has been approved they will be reviewed again. The large number of patients to whom I talked spoke well of the four meals of which they are in daily receipt, but in a number of cases the tea and light late supper are, in practice, eaten with only a small interval owing to the fact that so many patients have for so long gone to bed early, and to a lesser extent some have to be in bed by the time the night nursing shift takes over its duties.

Indoor games and amusements are well organised but out-of-door games, owing to the small size of the Hospital and consequently small number of patients suitable, are limited. There is one cinema performance per week : this was discussed with Dr. Russell, the Medical Superintendent and with Mr. Miller, the Clerk and Steward, with a view to experimenting with a second performance on the same day to see if it was worth while for the more degraded and



more difficult type of patient who hitherto had not been able to attend this type of relaxation and distraction.

There are 14 Section 4 part-paying patients who pay 28/- per week for a single room, and 14/- per week for those who share a small dormitory. The weekly maintenance cost per head for Health Service patients as last ascertained was £5. 15. 7.

The numbers of both male and female nursing staff remain as before quite satisfactory. There are 33 male nurses and 62 female nurses ; 43 of the latter are on a part-time basis. Dr. Russell still has to assist him his Deputy, Dr. Scott, and the establishment happily has been authorised to include another medical officer. So far, unfortunately, the vacancy has not been filled. I hope that success will be met in this direction as in practice the medical staff, at many times, must be very hard pressed. Likewise, the vacancy for a part-time Social Worker has not yet been filled. In view of several circumstances, both the medical and nursing staffs of this Hospital are to be congratulated on the manner in which this Hospital is so smoothly run.

The general health of the patients during the period under review has been extremely satisfactory except that in September and December of last year there were three cases of severe diarrhoea and in September three cases of dysentery. All these cases were on the female side. Early this year one patient was considered to be suffering from severe diarrhoea. At the moment no one is suffering from any form of infectious or contagious disease, except four patients of each sex who are regarded as tubercular. This is fortunate as the Hospital only has four wards on each side, and nowhere to nurse any outbreak or epidemic of infectious disease.

Of the eight tubercular patients just referred to, one male and two females are considered to be actively suffering from that disease. Their segregation and treatment cannot be said to be at all satisfactory as they have to be nursed on the recently improved verandahs of each Admission Ward.

As has been stated before, all forms of specialist services are available to or at this Hospital with the exception of a Neuro-Surgeon for purposes of leucotomy.

Modern forms of treatment in the main consist of prolonged narcosis, E.C.T., malarial treatment for G.P.I.'s and modified and deep insulin.

Surprisingly few people have died during the past eleven months, namely 3 men and 10 women ; none of these deaths call for any comment, except that one female patient died from tuberculosis. There have been no inquests, and there have been surprisingly few casualties. Two women and one man are recorded as having



accidentally sustained injury, none is of any great account but all involved fracture of bone.

It is a matter for congratulation to the Hospital Management Committee, the small medical staff, nursing staff and heads of departments on the manner in which this small Hospital has made progress with its so very limited facilities, and for the spirit of co-operation which seemed to prevail. In conclusion, I would like to offer my thanks for the assistance given me and for the arrangements made during my visit.

(Signed) JOHN C. RAWLINSON,

*Commissioner of the Board of Control.*



# WONFORD HOUSE HOSPITAL

## Medical Staff

*Medical Superintendent :*

B. J. MULLIN, M.C., L.R.C.P. & S. (I.), D.P.H., D.P.M.

*Junior Hospital Medical Officer .*

S. BRADSHAW, M.B., Ch.B.

## Officers

*Matron :* Miss E. A. LENTON, S.R.N., R.M.N., S.C.M.

*Chief Male Nurse :* T. T. HAY, S.R.N., R.M.N.

*Administrative Assistant :* J. K MORRIS, A.H.A.

*Pharmacist :* E. HODGE, M.P.S.

*Chaplain :* REVD. W. A. P. GLENN, A.K.C.



# REPORT OF THE MEDICAL SUPERINTENDENT FOR THE YEAR 1952

---

WONFORD HOUSE HOSPITAL,  
EXETER

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Medical Superintendent's Report for the year ended the 31st December, 1952. The following is a summary of the statistics :—

There were on the Hospital Books on the 1st January the names of 146 patients, 51 male and 95 female. One hundred patients were admitted, 74 were discharged, and 15 died, leaving 157 patients, 53 male and 104 female in the Register on the 31st December.

## Admissions

Admissions according to sex and status :—

	Male	Female	Total
Voluntary	41	43	84
Temporary	—	—	—
Certified	6	10	16
	<hr/> 47	<hr/> 53	<hr/> 100

The Hospital was full throughout the year and a number of applicants had to be admitted to other Hospitals owing to the lack of beds. An additional female ward of six beds was opened, thereby raising the statutory number of female beds to 106 and the total number of Hospital beds to 159. An extra dayroom was opened in L.6 gallery making it a self-contained unit reserved for the treatment of early psychoses and neuroses. There is need for a separate building for the neuroses; no arrangement within a mental hospital can provide a satisfactory substitute.

## Discharges

Discharges according to sex and status :—

	Male	Female	Total
Voluntary	33	32	65
Temporary	—	—	—
Certified	3	6	9
	<hr/> 36	<hr/> 38	<hr/> 74



The total number of patients discharged was 74, of whom 34 were recovered, 29 improved and 11 not improved.

## **Deaths**

Nine male and 6 female patients died. The average age at death was 77 years. All the deaths were from natural causes.

## **General Health**

The health of the patients was satisfactory ; there were no epidemics or cases of contagious disease. The consulting staff were called when required.

## **Treatment**

Physical methods, supplementing psychotherapy, included electrical convulsion treatment, prolonged narcosis and modified insulin treatment. Deep insulin coma was seldom used, and it was decided that patients requiring this treatment should be sent to the Exminster Hospital or Digby Hospital where insulin units are established.

Occupational Therapy continued to play an important part in treatment. The classes in the centre were well attended. An additional room for handicrafts has been opened on the male side.

## **Nursing Staff**

The male staff was up to establishment. There is no improvement in the recruitment of female nurses. No student nurses joined during the year under review for the female side, but one male student nurse joined on the male side. The Hospital depends largely on part-time female nurses and no change can be expected in the near future. Despite this unsatisfactory state the standard of nursing is high, and reflects great credit on the Matron and Chief Male Nurse.

Congratulations are due to the following who have passed the Final Examination of the General Nursing Council during the year :

Douglas Angus, Harry Coldridge, Reginald Whittles, William Hicks ; and to Doreen Smith, Bridget Brady, Reginald Knowles and David Howell who passed the Preliminary Examination.

## **Staff Changes**

Dr. A. C. Austin, Senior Registrar, resigned in June. Dr. S. Bradshaw was appointed Junior Hospital Medical Officer.

Mr. E. Beck, Steward, retired on pension and was succeeded by Mr. J. K. Morris, A.H.A. as Statutory Clerk and Administrative Assistant who took up duty in June. His experience and initiative are making a valuable contribution to the administration of the Hospital. Mr. Beck had 49 years' service and he has our best wishes for a happy future.



Mr. L. E. W. Huish, who had been Clerk to the Treasurers' Department for several years and Mr. G. Wilson, Gardener, with 20 years' service also retired. I thank them all for their good service to the Hospital.

### **Redecorations and Improvements**

The redecoration of the female wards is nearing completion. The whole Hospital is in excellent order. The wards and corridors in bright, attractive colours and supplied with flowers and plants in all seasons, contribute to the cheerful atmosphere which prevails throughout the Hospital.

### **Visits**

The Lord Chancellor's Visitor, the Commissioner of the Board of Control and the representative of the Ministry of Pensions paid their statutory visits.

I wish to thank the Management Committee, the House Committee and the Farm Committee for their advice and encouragement. I also thank the Medical Officer and the heads of all departments for their loyalty and help throughout the year.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

B. J. MULLIN,

*Medical Superintendent.*



# REPORTS OF THE COMMISSIONERS OF THE BOARD OF CONTROL

WONFORD HOUSE HOSPITAL,  
EXETER

*9th September, 1952*

There are in residence today 152 patients, 54 men and 98 ladies. Of these, 29 men and 62 ladies are certified. The remainder are voluntary patients. All patients in residence were seen except 1 man and 2 ladies who were on leave.

During 1951, 6 men and 6 women died, all from natural causes ; 4 casualties are recorded, being fractures due to accidental falls.

The general physical health of all patients is good and the Hospital is free from infectious diseases.

There is one case of pulmonary tuberculosis. This man is adequately isolated and is treated under suitable conditions.

All wards and dormitories are very clean and well furnished. Much redecoration has been done since the last visit and is still continuing. The results are very pleasing. The eight-bedded dormitory has now been opened on the women's side and it is comfortable and well furnished.

The Kitchen is now in excellent condition and the alterations and improvements have been completed.

The grounds are in excellent condition and the general impression of this Hospital is that the standards are high and that everything possible is done for the comfort and welfare of the patients. The relationship between the staff and patients is friendly.

The nursing staff consists of 24 whole-time male nurses and 22 whole-time female nurses with 26 part-time female nurses. Of the nursing staff 24 are certified or registered as mental nurses.

During the visit 5 private interviews were given.

The usual modern forms of physical treatment are available for suitably selected cases. Occupational therapy classes are much appreciated by many of the patients suitable for this form of treatment.

Dr. Mullin has to assist him Dr. S. Bradshaw.

I wish to express my thanks to Dr. Mullin for his assistance during a most interesting visit.

*(Signed)* J. FRASER M. CAMPBELL,

*Commissioner of the Board of Control.*



The names of 159 (53 male, 106 female) patients are on the books ; all with the exception of 25 (11 male, 14 female) Health Service patients pay fees up to 4 guinees weekly within the provisions of Section 4 of the National Health Service Acts. Of the total, 87 (27 male, 60 female) are under certificate ; the remainder are here under Section 1, except one under Section 5 of the M.T.A., (1930).

A large proportion of the patients are old or elderly, but as the direct admission rate tends to increase, *i.e.*, 85 during 1951 compared with 102 in 1952, some younger types of patients are slowly being received. This feature is good and has given scope for more modern and more energetic forms of treatment. This must be a stimulus to the medical and nursing staffs.

Dr. Mullin, the Medical Superintendent, has to assist him as a J.H.M.O. Dr. S. Bradshaw.

The male nursing staff numbers 21 and the female 46 ; twenty-five of the latter are on a part-time basis. In addition there are four of each sex as student nurses. The size of both nursing staffs is adequate, and Dr. Mullin said that he was able to obtain a high standard of nursing. Certainly the relations between patients and staff appeared to be very good and kindly.

In a Hospital of this size and nature classification is most important not only from the aspect of mental diseases and disorders, but that, to some extent they should be able to enjoy their communal recreations and each others' society. In this direction a close liaison is kept with the two other Mental Hospitals in the Group. I understand that every effort is going to be made to increase the number of elderly and suitable patients to be received here from the other two Mental Hospitals or from similar Hospitals within the Region, should there be any such suitable patients desiring and appreciating a transfer here.

The various rooms, dormitories and galleries on both sides of the Hospital were in their usual comfortable and well kept state.

During the period under review there have been 7 (3 male, 4 female) deaths ; all were due to natural causes and occurred in people all over the age of 60. There have been 6 transfers or discharges, but only one patient during the last approximate 13 months was sent on trial.

Occupations and indoor recreations are good ; out of door games and recreations are organised for the limited number of patients who could appreciate them.

Throughout my visit I found the patients who were capable of expressing an opinion very appreciate of the care and treatment of



which they are in receipt. The service of meals is steadily being improved by the introduction of more heated food trolleys.

The general health during the period under review has been good. There has been only one casualty, and that was of no great import—and apparently sustained by a fall.

I have to thank Dr. Mullin for every assistance and for an interesting visit.

(Signed) JOHN C. RAWLINSON,

*Commissioner of the Board of Control.*



## FINANCE STATEMENT FOR THE DEVON MENTAL HOSPITAL MANAGEMENT COMMITTEE

---

Once again it is necessary to record that expenditure for the year has been greater than ever. This is, of course, a reflection of the upward trend of prices which has continued throughout the year, though there is some evidence that the rate of increase is now less rapid. Some co-ordination of buying methods by the Group's Hospitals has made economies possible, and the constant vigilance of the Committees has been directed to attain the utmost economy compatible with the well-being of both patients and staffs.

The total expenditure was some £3,000 less than the allowances made by the exchequer. This underspending was largely due to the continued difficulty of recruiting nursing staffs. Reference was made last year to the difficulty of budgeting for national wage awards and during this year the Ministry of Health has met this difficulty by granting additional funds for this item. This has materially assisted the Committee in making the best use of the available funds.

Where exchequer resources have been inappropriate the Committee has again had the benefit of various voluntary gifts and grants from the Hospitals Endowments fund. By this means it has been possible to provide extras both for patients and staff, and £2,344 has been spent in this way.

A brief summary of the accounts of the Committee for the year to 31st March, 1953, is appended.

R. E. WILMAN,

*Finance Officer.*



# DEVON MENTAL HOSPITAL MANAGEMENT COMMITTEE

## Summary of Accounts—Year to 31st March, 1953

HOSPITAL EXPENDITURE	£	£
Gross salaries and wages (Including National Insurance and Superannuation) ... ..	285,016	
Provisions ... ..	107,542	
Uniforms and Clothing ... ..	14,184	
Drugs, dressings, medical and surgical equipment	6,054	
Fuel, light, power, water and laundry ...	34,376	
Maintenance of buildings, plant and grounds ...	31,617	
Domestic repairs, renewals and replacements ...	20,459	
All other expenses ... ..	63,683	
	<hr/>	562,931
LESS : Direct Credits (Staff board and lodging, Canteens, Farms and Gardens, etc.) ...		72,860
		<hr/>
		490,071
ADD : Group Administration ... ..		1,003
		<hr/>
Total expenditure		<u>£491,074</u>

### INCOME

Accommodation and treatment of patients in single rooms and small wards ... ..	12,914
Rents and other miscellaneous income ...	451
	<hr/>
Total income	<u>£ 13,365</u>

### ENDOWMENT AND OTHER FUNDS

	CAPITAL	REVENUE
RECEIPTS	£	£
From Minister of Health under Section 7 (5)		
National Health Service Act, 1946 ... ..		3,679
From other sources : Donations under Section 59		
National Health Service Act, 1946 ... ..		238
Cash in hand at 1st April, 1952 ... ..		2,669
		<hr/>
		<u>£ 6,586</u>

### PAYMENTS

For purposes relating to hospital services and research ... ..	2,344
Other payments ... ..	2
Cash in hand at 31st March, 1953 ... ..	4,240
	<hr/>
	<u>£ 6,586</u>







---

Printed at the  
HOSPITAL PRINTING PRESS,  
EXMINSTER

---



Printed at the  
University Press, Cambridge  
1914



