

Thirty-seventh annual report for the year 1944 / [Cardiff City Mental Hospital].

Contributors

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Kerrigan T. J.
Hennelly, T. J.
Devas, H. C.
Anderson, R. G.

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CITY OF CARDIFF

The Mental Hospital

THIRTY-SEVENTH
ANNUAL REPORT
FOR THE YEAR
1944

CARDIFF :
Printed by Western Mail & Echo, Ltd:

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VISITING COMMITTEE

Councillor T. J. Kerrigan (*Chairman*)

Councillor A. J. Martin (*Deputy Chairman*)

Alderman W. H. Parker (*Lord Mayor*)

Councillor R. G. Robinson

„ W. H. J. Muston

„ J. P. Collins

„ C. S. Hallinan

„ A. Weston

„ F. Edwards

„ E. J. Cazenave

„ R. G. Shute

„ Helena Evans

„ E. T. R. Jones

„ A. Manley

„ E. Ewart Pearce

„ P. L. Jeans

„ H. Bull

„ Anna Kerrigan

„ Tom Llewellyn

Mrs. G. Powell

OFFICERS

Medical Superintendent	...	T. J. HENNELLY, M.D., B.CH., D.P.M.
Deputy Medical Supt.	...	I. John DAVIES, B.SC., M.D., B.CH., D.P.M. (on Active Service).
1st Asst. Medical Officer (Acting Deputy Med. Supt).	...	W. T. H. WALES, M.R.C.S., L.R.C.P., D.P.M.
2nd Asst. Medical Officer	...	Gaynor N. JONES, B.SC., M.B., B.CH.
Research Biochemist	...	A. H. M. WHEATLEY, B.SC., A.I.C.
Consulting Physician	...	William PHILLIPS, B.SC., M.D., M.R.C.P.
Consulting Surgeon	...	J. O. D. WADE, O.B.E., M.S., F.R.C.S.
Consulting Gynaecologist	...	Prof. G. I. STRACHAN, M.D., F.R.C.P., F.R.C.S.
Consulting Rhinologist	...	Arthur A. PRICHARD, M.A., M.D., B.CH., M.R.C.S.
Consulting Ophthalmic Surgeon	J. W. Tudor THOMAS, M.D., D.SC., M.S., F.R.C.S.	
Cons. Tuberculosis Physician	...	James C. GILCHRIST, M.D., CH.B.
Visiting Dentist	...	J. I. SMITH, L.D.S.
Clerk and Steward	...	S. M. VAGUE, F.H.A., F.C.C.S.
Deputy Clerk and Steward	...	P. W. GRANT, F.H.A., A.R.S.N.I.
Matron	...	Miss E. C. KING, S.R.N., R.F.N., R.M.A., S.C.M.
Pharmacist and Optician	...	Miss A. Dorothea JONES, M.P.S., F.S.M.C.
Social Worker	...	Miss D. M. EVANS-DAVIES, S.R.N., DIP. SOC. SCI., R.M.N., S.C.M., A.R.S.I.
Clerk to Visiting Committee	...	S. Tapper JONES, LL.B. (Town Clerk)
Treasurer to Visiting Committee	E. W. BARKER, F.I.M.T.A., A.S.A.A. (City Treasurer and Controller)	
Auditor and Stocktaker	...	Gilbert D. SHEPHERD, F.C.A.

ANNUAL REPORT
of the
VISITING COMMITTEE
for the year ended 31st December, 1944

Settled at a Meeting of the Committee held at the City Hall on the 21st day of June, 1945, in pursuance of Section 190 of the Lunacy Act, 1890.

DEATH OF CHAIRMAN

The Committee sustained a grievous loss in the death in September, 1944, of Councillor T. J. Mullins, who had been Chairman of the Visiting Committee since 1931. They take this opportunity of placing on record his valued and devoted service to the cause of the mentally afflicted both in Cardiff and, as a member of the Executive Committee of the Mental Hospitals Association, throughout the country generally. He had given unsparingly of his services to the Mental Hospital and lost no opportunity of furthering its interests and of ensuring that every facility was provided to enable it to keep abreast of the many advances in treatment which were a feature of his day.

PUBLICATION OF ANNUAL REPORT

The Committee have decided that the time has again arrived to resume publication and circulation of the Annual Report of the Hospital which has been interrupted since 1940. Since then 800 beds have been handed over to the Emergency Medical Service for the treatment of Service and civilian casualties and sick, and 200 civilian psychiatric beds have been maintained to provide an acute admission centre to serve the needs of the local area. This arrangement still continues; with the termination of the war in Europe, however, the Committee hope that steps will be taken by the appropriate authorities, as soon as possible, to release the hospital from the Emergency Service so that Cardiff patients boarded out at other hospitals can be returned to their own hospital. An account of the medical activities of the hospital for the past five years is contained in the report of the Medical Superintendent.

CARE OF THE PATIENTS and CONDITION OF THE HOSPITAL

The statutory visits paid by members of the Committee enable them to confirm that the comfort and well-being of the patients have continued to be the subject of careful consideration and that the hospital continues to be maintained in a satisfactory state both as regards equipment and fabric.

The Works and Engineering Departments have carried out all necessary additions and repairs in a thoroughly satisfactory manner. The chief items of work are as follows :—

Works Department. The new foundations and all brickwork in connection with the installation of the new economiser were completed by this Department during the year.

An additional silo was erected and a new swill tank installed at Ty Clyd Farm.

Alterations to the Physio-therapy Room and Additions to the drainage in connection with the new Dental Department were carried out.

Alterations to and the provision of light locks in the X-ray Department were carried out, the whole of the Department afterwards being re-decorated.

The re-decoration of Ward F.1a was completed. Wards M.1a and F.3a were re-decorated and work was commenced on M.5a. Numerous bed-rooms, sitting-rooms, side-rooms, ward kitchens and larders were also re-decorated.

External painting to buildings and boundary railings was carried out, but the intended programme was somewhat curtailed owing to failure to obtain extra labour.

The overhead scaffolding in the engine room was dismantled and all sandbags removed.

The usual proportion of roads were tar-sprayed and dressed with granite chippings.

The work of cleaning and liming subways, workshops, coal houses, etc., was continued during wet weather.

The old coal range in the main kitchen was removed and the floor and walls of the recess trued up and tiled in readiness for the new gas cooker.

Repairs were carried out to brickwork of boilers and bakehouse ovens.

The normal maintenance repairs to wards, furniture, etc., received the usual attention.

A good supply of firewood and logs was provided by this Department for the use of the hospital.

Engineering Department. Part of the Physio-therapy Department was converted into a Dental Department and fitted with hot and cold water supplies. A.C. from the Rural District Council supply was diverted into this room; the wiring was completed for the X-ray machine and dental engine. The gas service was also extended to this Department.

The Female General Bathroom was converted into a Plaster Room and steam heating has been installed here. D.C. Power circuits, gas, hot and cold water services were extended, and telephone facilities were fitted in both the Dental and Plaster Rooms.

The annual overhauling of the main battery has been carried out; the positive plates in 12 cells being renewed and 36 cells pumped out.

No. 1 Engine and Generator have received an external overhaul, the engine being completely stripped, renewals being made where found to be necessary, and a new shaft fitted to the armature.

A third hand-fired stoker was fitted to No. 3 boiler and the entire stoking equipment is proving efficient and economical.

The original economiser was completely dismantled and a new Green economiser has been erected, giving every satisfaction.

ACCOMMODATION PROVIDED AND AVAILABLE

During 1944, there were 309 direct admissions, no fewer than 90·6% being Voluntary, and 4·9% Temporary, so that only 4·5% of the total admissions were Certified. It says much for the reputation of the hospital that during 1944, certification had to be resorted to in only 14 cases.

Indeed the Committee are of the opinion that the time has now arrived when certification should be dispensed with altogether, and the law amended so that all non-Voluntary first admissions be received into hospital as are Temporary patients under the Mental Treatment Act, 1930.

The following table shows the allocation of the direct admissions for the year :—

Received direct from Cardiff.

				M.	F.	TOT.	M.	F.	TOT.
Rate-Aided	...	...	V.	80	107	187	93	116	209
			T.	5	6	11			
			C.	8	3	11			
Private	...	...	V.	5	21	26	7	21	28
			T.	1	—	1			
			C.	—	—	—			
Criminal	...	...	C.	1	—	1			
<i>Out-County Cases received Direct.</i>									
Private	...	...	V.	19	48	67	20	52	72
			T.	1	2	3			
			C.	—	2	2			
<i>Total Direct Admissions</i>							120	189	309

V.—Voluntary.
T.—Temporary.
C.—Certified.

		MALES			FEMALES		
		V.	T.	C.	V.	T.	C.
During 1944, there were—							
Transferred from other mental hosp.	...	—	—	—	—	—	—
Received as Out-County Cases	...	19	1	—	48	2	2
(Amongst whom were Private pts.)	...	19	1	—	48	2	2
Received direct from Cardiff	...	85	6	9	128	6	3
(Amongst whom were Private pts.)	...	5	1	—	21	—	—
(Amongst whom were Criminal pts.)	...	—	—	1	—	—	—
Regraded from Certified Class	...	2	—	—	2	—	—
Regraded from Temporary Class	...	3	—	—	—	—	—
Regraded from Voluntary Class	...	—	—	—	—	—	—
Total Received	...	109	7	9	180	8	5

	MALES			FEMALES		
	V.	T.	C.	V.	T.	C.
On the Registers, 1st Jan., 1944	69	3	32	87	1	14
Received during 1944	109	7	9	180	8	5
Total No. dealt with in 1944	178	10	41	267	9	19
There were discharged and removed	94	2	5	173	4	6
Regraded from Certified Class						
(technical discharge)	—	—	2	—	—	2
Temporary Class	—	3	—	—	2	—
Voluntary Class	—	—	—	—	—	—
Deaths numbered	7	2	1	6	3	—
Evacuated under Defence Regulations, 1939	2	—	3	3	—	2
TOTAL	103	7	11	182	9	10
leaving on the Registers on January 1st, 1945, a total of 108 males and 94 females	75	3	30	85	—	9
	108			94		

	MALES	FEMALES
Beds provided	100	100
Nos. in residence at date of Report	107	109
Available bed accommodation	—	—
Day Accommodation (Exclusive of verandahs)	100	100
Available day accommodation	—	—

The charge to the Cardiff Public Assistance Committee was 43/9d. from 1st January, 1945.

FARM AND GARDEN

The Farm Sub-Committee met monthly during the year, and kept in close touch with the activities of the Farm.

The Farm Bailiff's Report is as follows :—

“ The main crops grown were 12 acres of potatoes, 12 acres of wheat, 4 acres of barley, 32 acres of oats, 16 acres of seed hay and 6 acres of meadow hay, together with 3 acres of mangolds.

“ The garden crops included 3 acres of savoys, 2 acres of cabbage, broccoli and sprouts, 2 acres of onions, carrots, parsnips and beetroot, and also peas, beans, lettuce and other salads. An excellent crop of tomatoes was obtained.

"The season throughout was disappointing, owing to the weather conditions which prevailed in this particular part of the country. There was never more than ten days dry weather at one spell and although very good crops were grown, much difficulty was experienced in harvesting and also in cleaning the root and vegetable crops.

"Live stock on the Farm has maintained an excellent standard of health, and with the exception of mastitis in the milking cows, nothing of an infectious character has occurred.

"Pigs have done very well and nearly £2,000 worth of bacon was delivered to the bacon factory.

"The cropping programme for 1945 is very similar to that of 1944, except that potato acreage has been increased to 18½ acres by order of the Glamorgan Agricultural Executive Committee. This will involve more labour."

STAFF

The Committee regret to report the death of Dr. Edwin Goodall, which took place at Hove in November, 1944. Dr. Goodall was appointed the first Medical Superintendent of the Mental Hospital in 1906, and from then until his retirement in 1929, he worked assiduously to promote the interests of psychiatry both in the therapeutic and research fields. A recognised leader of his profession and an advocate for many years of the progressive changes which led to the alteration of the laws dealing with insanity, he established in the Cardiff City Mental Hospital one of the first psychiatric research centres in the country and gained for the hospital an international reputation. The Committee acknowledged his great services by appointing him on retirement Honorary Consulting Psychiatrist and they constantly recorded their pleasure that he continued until the end to keep in active touch with the work and activities of the hospital. It is their ardent hope that the research activities in which he played so prominent a part and which have had to a great extent to be discontinued during the war will again become a feature of their hospital as soon as normality is restored and staffing conditions permit.

Dr. J. Bernant Phillips terminated his appointment as Junior Assistant Medical Officer in March, 1944, and was replaced by Dr. Gaynor N. Jones.

The members of the Committee are conscious of the fact that the work of the hospital has over the past five years been very greatly increased as a result of the conversion of four-fifths of the hospital to an Emergency Hospital and by the new and onerous duties thereby imposed both in the medical and administrative spheres. They are glad to take this opportunity of recording their appreciation of the manner in which the officers and staff have fulfilled these difficult and responsible duties, and maintained the reputation of the hospital both as a general and as a psychiatric institution.

On behalf of the Visiting Committee,

T. J. KERRIGAN,

Chairman.

REPORT OF THE MEDICAL SUPERINTENDENT

for the year 1944

To the Chairman and Members of the Visiting Committee.

I have the honour to present the thirty-seventh Annual Medical Report of your hospital.

For the past five years there has been a gap in the published reports as there was previously during the years 1914 to 1919. Then your hospital, known as the Welsh Metropolitan War Hospital, was wholly a military hospital under the command of the late Lieut.-Col. Goodall. During this war four-fifths of the hospital, comprising 800 beds and known as the Whitchurch Emergency Hospital, Cardiff, became the largest Emergency Medical Services Hospital in Wales. It was favourably situated for the purpose of conversion to a general hospital, for situated near a Medical School, it had the advantage of the services of all the Cardiff consultants. For a long period and up to D-day, it housed the Medical and Surgical Teaching Units transferred from the Cardiff Royal Infirmary, and admitted to these Units of the Infirmary nearly 4,000 civilian patients. Its services, both in-patient and out-patient, have been utilised to the full during these war years. Over 26,000 in-patients were admitted and treated up to May, 1945, and nearly 29,000 Service out-patients were treated during the same period. Comparable figures for the last war were 11,880 in-patients treated. By far the larger number of patients dealt with were long-stay orthopaedic Service cases in the special orthopaedic centre. The Neurosis Centre of 100 beds has all along been working at maximum pressure and for a time during rush periods part of it had to be accommodated at the Hensol Castle Emergency Hospital at Pontyclun.

Throughout the five years the hospital continued to function as an acute civilian psychiatric hospital, providing a complete mental health service for the area. 100 male and 100 female beds were retained for the use of the Cardiff City Mental Hospital and have been fully occupied during these years. The average annual admission and discharge rate over the five years was respectively 296 and 274.

A full psychiatric out-patient service, with ever increasing attendances was maintained, bi-weekly clinics being held at the Cardiff Royal Infirmary. Consultant services were provided at the three main Cardiff hospitals, the Cardiff Royal Infirmary, Llandough and City Lodge Hospitals. The psychiatric work entailed has been enormous, but I am glad to be able to state that there was no break in these services, though I hope that very soon we shall be able to add to our medical staff and thus ease the burden of those who have to maintain these services with a wholly inadequate and disproportionately reduced staff.

THE FUTURE OF THE PSYCHIATRIC SERVICES

The age of planning is upon us. Nowhere is it apparent that the problem of mental disorder is receiving the attention which it merits. True, the White Paper on the Health Services which was published in 1944 deigned to mention the subject in a furtive sort of way and without

any apparent realisation of the necessity for preventive or research activities designed to combat the dead weight of chronicity which has been a feature of psychiatry for generations. Signs are not wanting that the more specialised bodies dealing with the subject are alive to their responsibilities but unless the measures they advocate are translated into the sphere of practical politics, i.e., by extending the psychiatric services into the general hospitals of the country and making them part and parcel of a general medical service under expert psychiatric direction from the top down, then all attempts at prevention will fail. The problem of mental disorder is a vast one; it may briefly be considered under the following headings:

(1) *The Psychoneuroses*, estimated to affect some 2% of the population are numerically the most important group, and constitute one-third of all sick people in the community. These are the people who suffer from what are popularly called "nerves," that is, states of emotional maladjustment which prevent them from facing up to the real issues and demands of life. Just as peace is indivisible so also is mind and body, and however much we like to think of them as separate entities we are so created that friction in one inevitably leads to disharmony in the other. One result of this is that when things go wrong in our lives, when dissatisfactions arise from faulty adaptation to our work, our domestic situations or in our social relations, internal tensions are set up which tend to express themselves as bodily, that is, neurotic symptoms which simulate the symptoms of organic disease. Paradoxically enough, knowledge of how these bodily symptoms arise is generally hidden from the patient, for the emotional causes are below the level of consciousness, so that it will be readily seen that for treatment to be effective, the symptoms must be traced to their hidden source and the emotional skein unravelled before conscious readjustment can be made and psychological health restored. The diseases listed under the heading psychoneuroses include anxiety states, hysteria, various fears and obsessions, sexual maladjustments and abnormalities and feelings of inferiority and inadequacy. It is now statistically accepted that one out of every three persons who seek the services of hospital and doctor for the relief of symptoms of any nature is really suffering from one or other of the neuroses. In addition, very many patients who are suffering from organic disease have associated with it emotional factors which are more distressing than the organic disease itself and there are few doctors who would to-day deny that diseases such as migraine, asthma, gastric and duodenal ulcer, and essential hypertension have each in their own way underlying psychic factors which play an important part in their etiology or maintenance.

(2) *The Psychoses or Insanities*. These are a much lesser problem numerically than the psychoneuroses, but are more widely publicised and recognised. There are approximately 160,000 notified insane persons in mental hospitals in England and Wales, i.e., 3.9 per thousand of the population. There are, in addition, many thousands of psychotic persons who, because their insanity does not lead to abnormal behaviour, are living at home and leading lives of varying degrees of usefulness. The cost of the upkeep of mental hospitals in 1939 was estimated at some 12 million pounds. Some 60 to 70% of the ordinary mental hospital population consists of chronic patients. To assume from these figures that insanity is an irrecoverable condition would be a mistake. Just as there are many different kinds of fever so there are many different forms of insanity and with modern advances in treatment many insanities formerly considered incurable are to-day quickly and easily cured. The reasons for the preponderance of chronic patients in the mental hospital

are that the mental hospital cannot, like the general hospital, get rid of its failures, and a large proportion of its failures are undoubtedly due to the fact that a wholly unwarranted fear of the mental hospital keeps the majority of patients from coming in for treatment until their disease is advanced and incurable. Just as a cancer that is not eradicated early quickly spreads and disseminates throughout the body so that treatment after a few months cannot be other than palliative, so with mental disorder. While the public continue to treat it as something shameful and to be hidden, and until they realise that it can be cured or considerably alleviated by early treatment, many thousands of people who could be cured will be fated to go through life with "incurable" mental disease.

(3) *Mental Defect.* This is a very large problem about which too little is known to the public; in fact mental defect and mental disorder are commonly assumed to mean the same thing. Simply stated, mental defect is a condition of arrested or incomplete development of the mind, occurring before the child is born, during birth from injury to the brain, or shortly following birth in association with brain diseases like meningitis or epilepsy. Whereas the insane patient is born rich with full brain capacity and becomes poor owing to disease in later life, the mental defective has been born poor and his brain never develops normally. The Report of the Mental Deficiency Committee (1929) estimated the total number of mental defectives in England and Wales certifiable under the Mental Deficiency Act of 1913 at more than 300,000. In addition it is calculated that 10% of the total population of school age are educationally defective, i.e., 600,000 children are backward to an extent that would require special arrangements for their education. The number of defectives in institutions was 89,904, i.e., 2.2 per thousand of the population. The social implications are, of course, wider than these figures would indicate for they do not include the inefficient, the shiftless, the unemployable, the delinquents, criminals and prostitutes who do not come under supervision or certificate, and amongst whom mental defect and disorder are very common. Mental defect, like insanity, varies widely in degree, and while there is no difficulty in recognising severe grades of defect, the slighter forms or higher grades of defect shade into normality and can only be recognised by the expert. It is not always an unmitigated evil. It should be remembered that the higher grades of mental defectives do the lowliest and poorest-paid grades of work in the community and are very necessary as the hewers of wood and the drawers of water. As we become more civilised and life becomes more technically complicated we find that we can do without them less.

(4) *Child Psychiatry: Behaviour and Emotional Disorders in Children.* This most important branch of psychiatry still gets only the scantiest of attention in this country. Over fifteen years ago the Child Guidance Council was established with the object of promoting the treatment of difficult and maladjusted children in Great Britain. It is now realised more and more that delinquency, social maladjustments, psychoneuroses and even psychoses have their roots in childhood and unless more is known about their origins, attempts to cure them in adult life are seriously handicapped. Furthermore if there is to be any effective prevention it must be applied as early in life as possible. Nothing would pay psychiatric dividends more in later life than a well run Child Guidance Clinic in an Area for the treatment of psychiatric problems in children up to the age of 14 or 16 years. To have the confidence of the public and of the medical profession, such clinics should be properly staffed by expertly trained psychiatrists, by educational psychologists and by trained psychiatric Social Workers. It is not enough to provide

a service ; it is equally important to provide trained personnel to man it. Many of the problems and difficulties in child psychiatry are due to faulty home environment and bad upbringing, and although the service is called "Child Guidance," it is in reality, in a large proportion of the cases, "Parent Guidance," for the basis of the trouble often lies, not with the child who expresses it, but with the parent who causes it. Hence it is that expert knowledge of adult psychiatry is required as well as knowledge of children's disorders.

(5) *Forensic Psychiatry.* This is an important, though much neglected branch of psychiatry which, apart from the legal aspects, and they are many, concerning the psychoses and mental deficiency has to deal with the treatment of delinquency and crime in general, and with the help to be given to Juvenile and other Courts in the many cases where crime is seen to be the result of faulty adaptation and social maladjustment. Crime is intimately bound up with mental disorder and particularly with mental defect and that this is now recognised can be seen in the clauses of the Criminal Justice Bill which has not yet passed into law.

"Criminal legislation in this country has been too often divorced from the essential findings and recommendations of modern psychiatry and medical jurisprudence. It has been too slow in recognising the existence of a vast number of delinquents who are mentally abnormal and has, in such cases, mistakenly applied traditional punishments which belong to an era when the primary consideration was the creation of punishments strictly proportionate to the gravity of each particular crime, and when the personality of the offender was hardly taken into account at all. The effect has been repeatedly to transform the abnormal offender into a persistent one and to leave Society almost undefended against his continued criminality."

In a survey of prisoners carried out in the United States by the Rockefeller Foundation, 60% of 10,000 prisoners were found to be suffering from abnormal mental states which had a close relationship to their anti-social behaviour. Juvenile crime is on the increase, often as a result of the lack of parental control consequent upon war conditions and shattered homes, but even before the war, in 1936, as many as 26,926 juveniles were found guilty of indictable offences in England and Wales, i.e., 4.9 per thousand of the juvenile population. It is known that at least 50% of all offenders brought before the Courts are in the class of children, juveniles and young adults, and nearly all recidivists and habitual offenders are found to have begun their careers of crime in the years of childhood or adolescence. Hence the importance of having available to Magistrates' Courts, psychiatrists and psychological experts to deal with the problems of crime and deficiency and to advise on the reformation and rehabilitation particularly of the juvenile delinquent. What is required is proper psychiatric assessment of the criminal or delinquent after guilt is proved but before sentence is passed, so that suitable training can be employed in those cases which are likely to respond. This should be followed by an adequate system of after-care, somewhat on the same lines as the Borstal system.

(6) *Industrial Psychiatry.* A large proportion of the inefficiency in industry is due to the monotony of the work under the modern conveyor-belt system and to the lack of selection of employees according to their aptitude for particular types of work. Experience in the Army in this war has shown that if the personality of men is assessed and they are chosen for particular work according to their temperament and suitability

for it, rather than by haphazard direction to it, their work performance and efficiency is considerably enhanced and their happiness and pleasure in performance correspondingly increased. So much was this recognised to be the case that a special Directorate of Personnel was set up by the War Office and all troops on enlistment subjected to careful assessment. This striking advance on previous methods, the putting of round pegs into round holes, ranks high on the list of Army achievements and will never again be abandoned. Much of the chronic absenteeism, neurotic invalidism and difficulties in industry is associated with faulty job analyses and in the modern highly industrialised state it is inevitable that the methods of applied psychology found so useful in the Services will also become an integral feature of the administration in all large-scale industrial undertakings.

It follows from the foregoing that if psychiatry is to be developed to meet the manifest needs, there will have to be a considerable expansion in all branches of the psychiatric services and this will entail new methods of approach to many of the problems here presented. First and foremost must rank the question of prevention. In the best-regulated society and despite the Utopians, disease will always be with us, but as the recent striking advances in treatment in all branches of medicine has shown, diseases which a short time ago were considered incurable are to-day responding to the newer methods. We have no reason to assume that insanity and its allied disorders will not equally respond when energetic measures are put in hand to deal with it on a scale commensurate with the problems involved. Up to this we have been content to deal with mental disorder by providing beds in mental hospitals, many of them magnificently equipped and staffed. Despite the sterling work that is done in these hospitals and regardless of the fact that the proportion of cures in them corresponds closely to the proportion of cures in general hospitals, there remains a superstitious dread of mental disease and mental hospitals, with the result that patients will not come to them early enough for treatment to be effective. The result is chronic disability, huge mental hospital populations and colossal perennial economic wastage in custodial care. There is added to this an almost total lack of teaching of psychological medicine in the medical schools, no provision of beds in general hospitals or in special clinics to which patients will go in the early stages of their illness and whilst millions are complacently spent annually on custodial care, practically nothing is provided to finance research into the cause and cure of the diseases concerned. This is not the place to elaborate these strictures, it is sufficient to state them, but until the Medical Schools are sufficiently educated to face up to their responsibilities for adequate teaching in psychiatry and until general hospitals provide psychiatric beds and local authorities combine with the Schools to provide University Clinics or Psychiatric Institutes for treatment, teaching and research, we can continue to expect mental disorder to remain the problem that it is, a far greater one than either the cancer or tuberculosis problem to which so much public attention has always been directed.

STATISTICS FOR 1944

On the 1st January, 1944, there were resident 206 patients (104 males and 102 females), including 5 males and 25 females of the private class, 7 males of the Service Class, and 1 male of the ex-Service Class.

There were admitted during 1944, 318 patients (125 males and 193 females). Of these, 309 (120 males and 189 females) were direct admissions.

The remainder were made up as follows :—regraded as voluntary patients : from certified class, 2 males and 2 females ; from temporary class, 3 males and 2 females.

The Discharges amounted to 294 (106 males and 188 females), as follows :—

	Certified			Voluntary			Tempor.		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
Relieved	2	1	3	53	82	135	—	—	—
Not Improved	1	—	1	19	25	44	—	—	—
Removed (to other Mental Hospitals) : Relieved ...	—	—	—	—	—	—	—	—	—
Not Improved ...	—	1	1	—	—	—	—	—	—
Recovered	2	4	6	22	66	88	2	4	6
Evacuated under Defence Regulations, 1939 ...	3	2	5	2	3	5	—	—	—
	8	8	16	96	176	272	2	4	6

The above table does not include the regraded patients referred to in the preceding paragraph.

The deaths numbered 19 (10 males and 9 females), or 9·3% and 9·2% respectively of the average number of each sex resident.

On the 1st January, 1945, there were resident 202 patients (160 *Voluntary* (75 males and 85 females, including 9 male and 20 female private patients, 2 Service and 1 ex-Service patients). 3 *Temporary* (3 males including 1 male private patient) and 39 *Certified* (30 males and 9 females including 1 male criminal patient and 6 Service patients).

The recoveries number 100 (26 males and 74 females). Calculated upon 309 (the direct admissions) this gives a recovery rate of 32·3% or 21·6% for males and 39·1% for females. In addition to the 100 recovered, 138 patients were discharged relieved. These two figures together, calculated upon the direct admissions, give a percentage of 77% recovered and relieved.

The following table shows the length of treatment of those who left recovered.

	Not more than 2 months	Not more than 3 months	Not more than 6 months	Not more than 12 months	More than 12 months
Voluntary ...	52	22	9	4	1
Temporary ...	5	—	1	—	—
Certified ...	3	—	2	1	—
	60	22	12	5	1

The table shows that 94% of those discharged recovered were in residence not more than 6 months, and 60% not more than 2 months.

During the year, 95.5% of our direct admissions were admitted under the Mental Treatment Act, 1930. Apart from 7 male and 8 female Temporary patients, (i.e., 4.9%) all these were Voluntary patients. During the past four years over 91% of our admissions have been either on a Voluntary or Temporary basis. 79% of our total population are now Voluntary patients.

OUT-PATIENT CLINIC

The number of patients referred for diagnosis and treatment to the Out-patient Clinic held twice weekly at the Cardiff Royal Infirmary continues to increase year by year. 614 new cases were seen in 1944, the figures for 1943 being 548 and for 1942 being 379. In addition to the 614 new cases, 166 patients were carried over from the previous year. With the staff and time at our disposal we are finding the greatest difficulty in coping with these numbers. 302 of the new cases came from the Cardiff local area, the remaining 312 (51%) being referred from various parts of Glamorganshire and Monmouthshire. Of the new cases 395 were accepted for treatment, while in 219 cases diagnosis and advice as to treatment to their own medical attendants was the course adopted. 2,435 attendances were made by new patients accepted for treatment. During the year 65 clinic patients were admitted to the hospital as Voluntary patients and 13 to the Neurosis Centre of the Whitchurch Emergency Hospital. 25 patients were admitted to various other hospitals. Three medical officers and a psychiatric social worker attend at each out-patient session.

SOCIAL SERVICE AND AFTER-CARE

The following summary of the work done during the year by Miss Evans-Davies indicates how essential a Social Worker is in the proper treatment of the neuroses and psychoses :—

Mental Hospital.

Family and Personal Histories of all Admissions.

Visits to homes, etc.	...	...	...	...	60
Interviews with relatives at hospital	...	...	...	...	260

Discharges.

Visits to home prior to discharge	...	...	...	...	120
Interviews with patients in hospital	...	...	...	...	140
After-care visits	...	...	...	...	140

Out-patient Clinic.

Family and Personal Histories of new cases	...	...	...	...	614
Visits on behalf of Out-patient Clinic patients	...	...	...	...	180

Neurosis Unit.

Whitchurch Emergency Hospital.

Interviews with patients in hospital	59
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Miscellaneous.

Visits on behalf of Service cases	66
After-care of Service casualties	20

RESEARCH WORK

The biochemical research work for which this hospital has been so long noted has had to be very considerably curtailed during the war. Dr. Quastel, Director of Research, resigned his post here in September, 1941, to take up an appointment at the Rothamsted Experimental Station, Harpenden, Hertfordshire. Mr. Wheatley continues as Research Biochemist and in collaboration with Dr. Pryde of the Medical School, and at the request of the Medical Research Council, has been working for some years on the effects of trinitro-toluene and other structurally related compounds on the metabolism of isolated intact tissue. The findings, many of them interesting and original, have not been published. The Committee are resolved that when the hospital reverts to its normal working, scientific research into the manifold problems of mental disorder will again become a prominent feature of their Hospital.

Extract of Report by Headquarters Medical Inspector of the Ministry of Pensions who visited the Service patients on 6th June, 1944 :—

“ This hospital is very largely given over to the E.M.S.

“ The Ministry's patients who have been retained here were to-day all up and about, well dressed, well cared for and contented.

“ They have all the facilities for occupation and amusement which one ordinarily finds in a modern mental hospital, with the amusements, etc., arranged for the E.M.S. sick thrown in.

“ The dietary is exceedingly good. To-day's dinner which I saw consisted of stew, potatoes, and cabbage, followed by rhubarb pudding and custard.

“ Privileged to lunch with the Medical Staff we partook of exactly the same menu and I can testify that it was very good.

“ I express my thanks to the Medical Superintendent, Dr. Hennelly, for the arrangements made for my visit.”

STAFF MATTERS

Throughout these past five years heavy burdens have been imposed on the Staff of the hospital, who have had to surmount many unusual and difficult problems of re-organisation in every sphere of hospital activity. All members of the Staff gave of their best and all deserve high praise.

The work of the Clerk and Steward and Stores Department has been particularly heavy and Mr. Vague deserves the highest credit for the smooth and efficient manner in which this department has functioned, and for the ready and willing help he has accorded to me at all times.

The Matron and Nursing Staff have also had to carry out many extra duties and their services were always cheerfully and willingly given.

Much extra work connected with air raid precautions and structural readjustments devolved on Mr. Rogers, Engineer, and on Mr. Bowden, Foreman of Works, and to each of these gentlemen I desire to express my thanks.

I am grateful to my Medical Officers, particularly Dr. Wales, Dr. Gaynor Jones, Mr. Harris, Resident Surgical Officer, and Miss Kenny,

Resident Medical Officer, for the able manner in which they have carried out their arduous duties, and to Miss Jones, Pharmacist, for her unremitting devotion to duty at all hours.

During the year the hospital suffered a great loss in the death of the Chairman, Councillor Mullins. For many years he had taken the greatest interest in all the activities of the hospital to which he was devoted, and his cheerfulness and imperturbability will be sadly missed both by the patients and the Staff. During the year also Dr. Edwin Goodall, first Medical Superintendent of the hospital died. His fame as a psychiatrist and as a Welsh scholar will live in the Principality for many years to come. I take this opportunity of extending to Mrs. Mullins and Mrs. Goodall the heartfelt sympathy of the hospital in their grievous loss.

In conclusion, Mr. Chairman, Ladies and Gentlemen, I would express to you my warmest thanks for your continued confidence and support.

I have the honour to be,

Your obedient Servant,

T. J. HENNELLY,
Medical Superintendent.

REPORT MADE BY TWO COMMISSIONERS OF THE BOARD OF CONTROL

**On their visit to Cardiff City Mental Hospital, Whitechurch,
Glamorgan, on the 13th March, 1945.**

We have visited this hospital to-day and believe we have seen all the 213 patients in residence, 103 men and 110 women. Nearly all of these cases are recent admissions accommodated in four wards, two for each sex.

During 1944, there were 309 direct admissions consisting of 280 Voluntary, 15 Temporary and only 14 admitted under certificate. The fact that 193 Voluntary patients were admitted from their own homes is a tribute to the reputation in which this hospital is held in the district. During the same period 283 patients departed or were discharged, of whom 100 are reported to have been cured.

One hundred and sixty-two patients are employed, this being 79% of the total number in residence. 37 men and 42 women are engaged in occupational therapy, the men working in the Rehabilitation Centre side by side with the E.M.S. patients. Only 31 patients are employed in the wards, the remainder working in the utility departments or farm and garden.

The wards are in very good order and comfortably furnished. Internal decoration has been completed in F.3a and is now being carried out in M.5a. A new occupational centre has been added in the past year with a gymnasium adjoining it. Other minor improvements are being carried out.

The patients are tidy in dress and have the appearance of being very well cared for in all respects. There was no suggestion of a complaint from any one of them, and a complete absence of noise.

The nursing staff consists of 28 male and 37 female nurses; three of the former and seven of the latter being on duty at night. Eighteen males and twenty-one females are certificated or registered nurses. Four females are employed on the male side with complete success.

The dietary is very satisfactory, being the same as that provided for the E.M.S. patients. A good supper, including soup, is served every evening.

The mortality rate for the year ended 31st December, 1944, was 9.3%. During 1944, nineteen patients have died (ten males and nine females). Post-mortem examinations were held on ten of these cases. The actual causes of death call for no particular comment except that in the case of one male patient death was due to Tuberculosis.

Since the last visit of our colleague in May, 1944, a male patient who had sustained burns in Cardiff Royal Infirmary was the subject of an inquest. A verdict of accidental death was returned.

During the period under review four patients have sustained accidental injuries. Three of these casualties were fractures of bone, and one was a deep cut of the hand.

In the same period the health of the patients has been good. One female patient was attacked by Diphtheria, and at the same time a female patient is under treatment for Tuberculosis. At the time of our visit, six men and twenty women were undergoing treatment in bed, that is 12·2% of those in residence. All of these patients appeared to us to be in receipt of good nursing care and attention at the hands of the medical and nursing staff.

Electric Convulsion Therapy is given to a number of cases. The best results are said to be obtained among those who are suffering from depression. Continuous Narcosis induced by Somnifaine injections is another form of treatment which is being employed here.

Out-patient clinics are held twice weekly at the Cardiff Royal Infirmary. During 1944, the total number of attendances amounted to 2,435 and 614 new cases were seen. The Medical Staff visit the observation wards of the City Lodge Hospital twice a week to advise regarding the disposal and treatment of the patients. A weekly visit is also paid to Llandough Hospital to see patients in whose case the opinion of a Psychiatrist is desired. Former patients may return to the mental hospital as out-patients for advice and treatment. Only three medical officers are available for all the work of the out-patient clinics.

Dr. Hennelly has to assist him Dr. Gaynor Jones.

H. C. DEVAS	} Commissioners of
R. G. ANDERSON	