

Annual report of the Mendip Hospital Management Committee : 1948.

Contributors

Mendip Hospital Management Committee.

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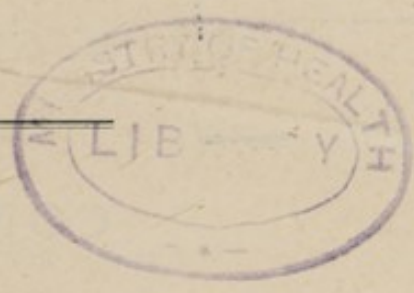


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ANNUAL REPORT

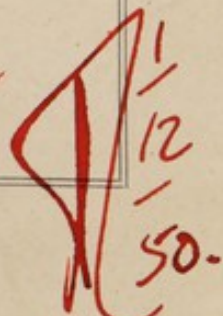
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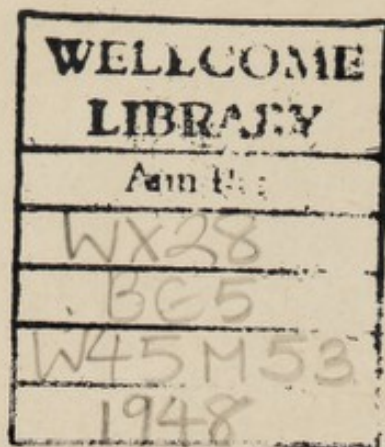
MENDIP HOSPITAL

WELLS, SOMERSET

For Period ended 31st December

1948

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MANAGEMENT COMMITTEE

E. F. REES-MOGG, Esq. (*Chairman*)

H. SEALEY, Esq. (*Vice-Chairman*)

DR. F. BODMAN, M.D., M.R.C.S., L.R.C.P.

MRS. E. M. MILLER-BARSTOW, M.B.E.

MRS. H. PERRY

Miss L. I. WILLIAMS

E. A. AUSTIN, Esq.

GEORGE LEE, Esq.

R. G. MAPSTONE, Esq.

A. F. RIDDICK, Esq.

W. H. ROSSITER, Esq.

P. E. RUSSELL, Esq.

W. J. SAY, Esq.

FRED SWIFT, Esq., M.B.E.

E. P. THURSFIELD, Esq.

OFFICERS

Consultant and Medical Superintendent	...	J. MCGARVEY, M.B., B.CH., B.A.O. D.P.M.
Senior Hospital Medical Officer and Deputy Medical Superintendent		A. DARLINGTON, B.A., M.B., B.CH., B.A.O., D.P.H., D.P.M.
Registrar	A. E. P. SWINSON, M.B., B.CH., B.A.O.
Assistant Medical Officer	...	D. S. SPENCE, B.A., M.B., B.CH., B.A.O.
Chaplain	PREBENDARY J. E. FYFFE, M.A.
Baptist Chaplain	REVD. K. PRESTON
Methodist Chaplain	REVD. J. D. COPE
Roman Catholic Chaplain	...	REVD. C. O'HARA
Secretary, Finance and Supplies Officer	M. L. LOWE, F.H.A.
Deputy Secretary	P. C. FRANCIS
Matron	MISS M. C. L. ABBOTT, S.R.N., S.C.M., R.M.P.A.
Head Male Nurse	A. W. WARE, S.R.M.N., R.M.P.A.
Psychiatric Social Worker	...	Miss K. I. CRAGGS, B.A.
Engineer and Clerk of Works		S. BRYANT
Farm Bailiff	P. HANNAM

VISITING STAFF

Surgeon	F. D. MURPHY, O.B.E., M.B., B.CH., B.A.O., F.R.C.S. (ENG.)
Gynaecologist	A. LEECH-WILKINSON, M.A., B.M., B.CH., F.R.C.S. (ED.)
Dental Surgeon	R. L. ANDERSON, L.D.S. (ED.)
Anaesthetist	P. T. NORTHOVER, M.D., CH.B., D.A.

ANNUAL REPORT
of the
MENDIP HOSPITAL, WELLS, SOMERSET
for the period ended 31st December, 1948.

At the Annual General Public Meeting of the Management Committee, held at the Hospital on 28th July, 1949, the following Reports were presented :—

CHAIRMAN'S ANNUAL REPORT

CARE OF THE PATIENTS AND CONDITION OF THE HOSPITAL

Statutory Visits made by Members of the Management Committee enable them to confirm that the comfort and well-being of the Patients continue 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.

FARM AND GARDEN

The Farm Committee have met monthly during the year, and kept in close touch with the activities of the Farm and Garden Departments.

FARM DEPARTMENT

Wheat, oats and roots have been grown during the year, and 29,110 gallons of milk, 31,390 eggs, 122 poultry and 98 rabbits have been supplied by the Farm for Hospital use. Approximately 90 tons of potatoes were grown and supplied, and in addition pigs have been kept ensuring a regular supply of pork throughout the year.

GARDEN DEPARTMENT

There has been increased production in the Garden Department of the Hospital as compared with the previous year.

A mechanical Rototiller and several other mechanical appliances have been purchased, and in addition extra garden assistance has been engaged to ensure better and quicker production of crops.

A site has been prepared, and the following fruit trees planted :— 95 apple trees, 78 pear trees, 62 plum trees. It is intended that this new orchard will be able to ensure a plentiful supply of fruit for a great part of the year. There has also been a substantial planting of soft fruit—blackcurrants, gooseberries, red currants, raspberries and strawberries. The old fruit orchard had been pruned and sprayed and should show an increase of crops during the next season. Potatoes, peas, cauliflowers, cabbages, lettuces, tomatoes, etc., have been supplied during the year to the patients and resident staff.

NEW BUILDINGS AND ACCOMMODATION

The Management Committee are very concerned with the inadequate accommodation provided for newly admitted patients, and they have submitted to the Regional Board the following requirements :—

- (1) New Admission Hospital.
- (2) Male Nurses Staff Hostel.
- (3) Parole Villa for Male Patients.

In addition, the Committee consider that the Operating Theatre is inadequate for the present needs of the Hospital, and plans are being prepared for the adaptation of another room for the purpose of an Operating Theatre combining an Induction Room and Sterilising Room.

OFFICIAL VISITS

During the year official visits have been made by the following :—

1. Commissioners of the Board of Control.
2. Ex-Service Welfare Society.
3. Official Solicitor's Department.
4. Polish Welfare Department.

In all cases a satisfactory Report was received.

GENERAL

In July, 1948, the Ministry of Health took control of the Hospital, thus bringing to an end over 100 years of Local Government administration of the Hospital. Most of the Members of the now defunct Visiting Committee were appointed to the new Management Committee, and in addition new Members were nominated by the Regional Board to serve on the Management Committee.

On the recommendation of the Regional Hospital Board, the name of the Hospital was changed to Mendip Hospital, thus falling in line with modern practice.

Shortage of Female Nursing Staff continues to be a disturbing factor, and the provision of occupational therapy is handicapped by the lack of suitably trained Occupational Therapists.

STAFF

Mr. J. H. Coates, Secretary, Finance and Supplies Officer, retired in December after over 28 years service.

Mr. M. L. Lowe, Deputy Secretary, was appointed to the vacancy.

Mr. J. W. Hall, Chief Male Nurse, after a period of failing health, retired with over 39 years service. Mr. A. Ware, Deputy Chief Male Nurse, was appointed to the vacancy.

Miss K. Craggs was appointed Psychiatric Social Worker.

Dr. P. Fry was appointed 1st Assistant Medical Officer, and left the service on 24th November, 1948, on appointment as Registrar, Netherne Mental Hospital.

● Dr. A. Swinson was appointed 1st Assistant Medical Officer in his place.

Miss D. M. Mead, joined the Hospital Staff as Occupational Therapist on the 5th January, 1948.

The following Members of the Staff retired on Pension :—

H. J. Hawkins—Blacksmith, 23.8.48	H. G. Hann—Carpenter, 30.4.48
B. Henwood—Charge Nurse, 13.9.48	R. T. Hiscox—Charge Nurse,
P. J. Stacey—Labourer, 30.8.48	23.8.48
H. W. Seal—Storekeeper, 31.3.48	Miss E. Welch—Cook, 17.12.48

In conclusion, the Members of the Committee are glad to take this opportunity of recording their appreciation of the manner in which the Officers and Staff of the Hospital have carried out their difficult, responsible, and in these days also, increased duties, in connection with the efficient administration of the Hospital.

E. F. REES-MOGG,

Chairman.

MEDICAL SUPERINTENDENT'S REPORT●

for the year 1948

LADIES AND GENTLEMEN,

I have the honour to present the report of the Medical Superintendent for the year 1948.

CHANGES IN POPULATION

I have to report that the number of patients in the Hospital on the 1st January was 824 and on the 31st December, 861, showing an increase of 37 during the year. The movement of the population during the year shows that admissions numbered 237, discharges 135 and deaths 56.

ADMISSIONS

An analysis of the admissions shows that 49 men and 45 women were admitted on a voluntary basis and that 18 per cent of the men and 12 per cent of the women admitted were over the age of 70 years.

DISCHARGES

An analysis of the discharges shows that 58 men and 77 women (57 per cent) were discharged. Of this number one-third or approximately 20 per cent were considered to have completely recovered.

DEATHS

An analysis of the deaths shows that 29 men and 27 women (approximately 7 per cent) died during the year. The main causes of death were : Senility (6 men and 12 women) ; Heart Disease (7 men and 9 women) ; Tuberculosis of the Lungs (5 men and 1 woman). The remainder of the deaths were due to a variety of causes.

The death rate is calculated on the average number resident and the discharge rate on the number of the admissions.

GENERAL HEALTH

The general health of the patients and Staff has been good during the year and the Hospital has been free from infectious diseases, apart from Tuberculosis—with regard to which the fear expressed in my last annual report I am glad to say has not been realised. There are no active cases amongst the female patients and amongst the male patients there are four people who are suffering from a chronic form of tuberculosis.

TREATMENT OF PATIENTS

The treatment of the patients has continued to receive the careful and conscientious attention of the Medical and Nursing Staffs. The medical treatment and nursing of the physical illnesses of the patients

have been of the highest order. Twenty major operations were performed and all resulted in recovery from the physical condition necessitating the surgical interference.

It has not been necessary to open the isolation or maternity units during the year.

Specialised forms of treatment for mental conditions have been continued as in the past years. Electrical Convulsant Therapy has been practised with fair results. As many as 70 treatments have been given to one patient: the average number of shocks given to a patient is about 20. Thirty-two patients have been subjected to this form of treatment and of these about 50 per cent could be considered to have made substantial improvement as a consequence and were discharged. To lessen the physical concomitants of Electrical Convulsant Therapy curare, pentothal and atropine have been used. When used in this way the presence of two Medical Officers is necessary.

Electro Narcosis was commenced during the year as a form of treatment but it is difficult to assess its value over the simpler and more expeditious form described above.

Anoxaemia as practised by the Russians was tried but did not prove a success and has been discontinued. It is a form of treatment that requires a large expenditure of time on the part of the Medical Staff and as it showed no benefit to the patients subjected to it, other forms of treatment which occupied less medical hours were adopted.

Insulin coma is in daily practice but owing to the limited accommodation, only five patients can be treated at a time and as the course requires from six to seven weeks to complete, the number so treated is necessarily small. Twenty-two patients were treated in this way and of these, twelve were discharged of whom ten were considered to have made a good recovery. The cases for this form of treatment are carefully selected and only those likely to benefit are subjected to it. It must be considered on the same plane as a major operation with all the dangers attaching to this procedure. A modified form of insulin treatment has recently been introduced: it is too early to comment on its efficaciousness.

Pyrexial treatment by pyrifex has been necessitated only twice. In both cases, the progress of the disease has been apparently arrested, but so much destruction had already been done to the cerebral cortex that the final results cannot be expected to be as good as if the patients had come under treatment at the beginning of the illness. The treatment of the disease which causes the need for pyrexial medication in its later stages is now so efficient, that one seldom sees these cases. They used to be very common in some places but this Hospital has had few at any time.

Surgical Methods: Leucotomy has been used during the year but as this is a very serious operation on the brain with doubtful results, its application is very limited and only advised in cases where more conservative methods have failed. An instrument for the performance of this operation was designed by a member of the Medical Staff and made at the local factory of Messrs. Scophony-Baird Limited.

All the above forms of specialised treatment have their uses, but psychotherapy is still the sheet anchor of the psychiatrist, especially in the form of suggestion, explanation and patient listening, assisted by any form of analysis.

Dental treatment is of very considerable assistance in improving the physical and mental health of the patients. Over 270 patients were treated at the Hospital dental surgery during the year.

Radiography is of much value in locating injuries and foreign bodies and is especially useful for the diagnosis of early tuberculosis, particularly as many of our patients do not exhibit the usual early signs of this condition.

We have taken full advantage of the pathological services established under the Health Act so that our routine pathological work has been reduced and only minor examination of pathological material is done at the Hospital.

OCCUPATIONAL AND RECREATIONAL THERAPY

Occupational and Recreational Therapy is used to complete the recovery of patients who have undergone other forms of therapy, but until new accommodation is available, this valuable adjunct to recovery has unfortunately to be curtailed. There is also a scarcity of Occupational Therapists.

As a further encouragement to regressed patients to take an interest in the world around them, a form of group therapy has been developed. This consists in employing these patients in a party engaged on some simple form of occupation and it is found that the example set by other patients tends to be followed by these seclusive and solitary individuals.

ENTERTAINMENTS

Entertainemnts on the usual lines have continued during the year. In the winter time, weekly dances, cinema shows, concerts and musical entertainments are provided, and a variety of parties and whist drives are held about Christmas time. Organised football as a winter recreation and cricket as a summer recreation have been very successful.

It has not been possible this year to re-organise the summer motor outings and picnics, owing primarily to the shortage of nursing staff, but as more European Voluntary Workers are drafted into the staff, next year should see a large increase in this form of entertainment—which before the War, was very popular.

RELIGIOUS MINISTRATION

The religious ministrations for patients and Staff have been provided as in past years. The Church of England patients and Staff are cared for by the Reverend Prebendary J. E. Fyffe who has been their Chaplain for nearly 30 years—during which long period his enthusiasm has not flagged in any way. The Baptist and Congregationalist patients and staff have the valuable service of the Reverend K. Preston and the Wesleyan and Methodist patients and staff are well looked after by the Reverend J. D. Cope. Reverend Father William Ryan who cared for the Roman Catholic patients and staff had to relinquish his post at Christmas owing to increasing parish duties and I am greatly indebted to the Abbot of Downside who at very short notice, undertook to provide these services.

LIBRARY

The Library continues very successfully. There are about 150 regular "borrowers" every week from the central library and in addition books are sent to the wards and exchanged regularly: there are about 40 books in each ward. It is hoped to extend the library facilities by introducing book trolleys from which those patients confined to bed will be able to make a selection of literature in which they are interested.

One thing noticed is that since the library was started in the new system thirteen years ago, the taste in literature has become of a much higher standard.

We are indebted to the Somerset County Library, the Bath Municipal Library, the British Red Cross and St. John Library for gifts of books, and also to many friends of the Hospital who send magazines regularly.

BUILDINGS

The fabric of the Hospital has been maintained in a satisfactory state of repair and external painting and internal decorating have been carried out in a systematic manner during the year. We find that owing to the age of the Hospital, there is a gradual deterioration of certain exposed parts and these require urgent attention. I refer particularly to roofs and chimneys.

The most notable addition during the year was the completion of the Canteen Clubroom which was opened for use on the 3rd March—100 years to the day from the opening of the Hospital. This Canteen Clubroom is serving a valuable purpose. It provides a shop where patients can buy practically everything they require, including sweets, cigarettes and cosmetics: it also serves as a canteen for the non-resident staff where mid-day meals can be obtained; for visitors where they can obtain light refreshments; and as a clubroom with a licence for the staff and their friends in the evenings. It is used also for recreational purposes for the staff and provides good accommodation for dancing classes, debates, meetings, etc.

To meet the growing needs of the Hospital, several new buildings are required. There is urgent need for a modern Admission Hospital, suitable accommodation for resident Male Staff, an "open door" unit for male patients, buildings for extension of occupational therapy, and accommodation for the Secretary's Finance and Supplies Departments.

NATIONAL HEALTH SERVICE ACT

The coming into operation of the Act on the 5th July has introduced many changes. The dissolution and disappearance of the Visiting Committee is regretted by many; although the majority of its members are still fortunately on the present Management Committee.

It is too early yet to comment in any way on the practical working of this Act, and it will be some considerable time before the machinery is "run in."

OFFICERS AND STAFF

Changes amongst the Officers and Staff have been fewer than in the past and the annual reports give me an opportunity of saying to them a very sincere "thank you" for the efficient, conscientious and pain-taking manner in which they have performed their duties.

There is still a very serious shortage of female nurses and this throws a grave extra strain on this part of the Staff. Nobody regrets more than I do the number of hours of overtime that these girls have to do.

I am most grateful to the Red Cross and St. John's Nursing Associations for valuable help.

CONCLUSION

In concluding this my first Annual Report to you, I beg leave to thank you, Mr. Chairman, and all other members of the Management Committee for your continued support and confidence and for the valuable advice I have so often received from you all.

I have the honour to be,

Your obedient Servant,

J. McGARVEY,

Medical Superintendent.

THE MENTAL HOSPITAL, WELLS, SOMERSET

Copy of a Report made by a Commissioner of the Board of Control who visited the Wells Mental Hospital on the 10th and 11th June, 1948.

11th June, 1948.

Shortage of Staff continues to be the major problem at this Hospital. At the time of the last visit on behalf of my Board some 15 months ago there were 52 male nurses for 293 patients, and 39 women nurses for 605 patients. Now the figures are 46 male nurses for 294 patients and 38 women nurses for 548 patients. The shortage of staff continues to be acute on the female side, but the transfer of 50 women patients to Hampshire last autumn may have relieved the position slightly. The greatest amelioration in this direction has been due to an increase of domestic staff, and to the relief which is given to the nurses by the successful working of the present method of food distribution, which was fully described in the last entry. Ten European Voluntary Workers are expected to join the Domestic Staff at an early date. Among the number of women nurses quoted above are three who are on a part-time basis, and four men and six women do duty each night. Thirty-one male and 14 female nurses are certificated or registered in mental nursing.

Since the last visit an additional Medical Officer has been appointed, with the result that it has been found possible to expand the facilities for special treatment offered by this Hospital.

As has been mentioned in previous entries, there is need for the development of occupation generally. Dr. McGarvey is aware of this but is handicapped by lack of suitable buildings. Part of the Isolation Hospital is used for male handicrafts but only a limited number of patients are employed here. It was gratifying to learn, however, that on the female side an occupation centre has been set up under a qualified Occupation Officer who has recently been appointed. The former dining room at Villa 10 has become the handicrafts room, and here some 26 patients, who for the most part come from other wards, were engaged in work such as basketry, weaving, embroidery and book-binding. A smaller room is now used by the Villa patients as their dining room.

A good many alterations and improvements have been carried out recently, among which may be mentioned the completion of the clubroom and canteen next to the cricket pavilion, where the non-resident staff may have meals, and the patients and their relatives may have tea during visiting hours. The clubroom is also used for staff social events each evening, and the Canteen, which is well stocked and contains a soda fountain, is open to patients daily. Other alterations include the provision of new flooring in the day-room of female villa 9, a new hair-dressing room in female villa 10, and the conversion of the medical officers' billiard room into a larger library for patients. The dental surgery has been moved to a more suitable room at the Hospital Centre, and part of this room is used at other times for out-patient consultations. Next to it there is a small waiting room. Much re-decoration and painting has been carried out both within and without the building,

and as the work proceeds the appearance of many of the wards will undoubtedly be improved considerably. Dr. McGarvey has improved the ward furnishings and he has been able to obtain a supply of easy chairs with a tubular metal framework. Others are on order as well as some settees. I was glad to hear that some of these chairs will be sent to the elderly men's ward where I thought there was need for more comfortable furniture, but Dr. McGarvey would like to provide washable chair covers as many of the patients in this ward are uncleanly in their habits.

Dinner yesterday consisted of boiled ham, boiled potatoes and carrots, followed by rhubarb and custard. It was served really hot as all carving is done in the main kitchen, and the food is sent round to the wards on plates stacked with ring covers in electrically-heated trolleys. This is the method of food distribution to which reference was made in the last entry. It is the intention to provide a lift at the Hospital Centre in order that all of the wards may be brought into the scheme. At present four wards cannot be reached by the trolleys. The villas are not supplied from the main kitchen but have their own ward kitchens.

Making allowances for present-day shortage of clothing, the patients on the whole presented a neat and tidy appearance, and much is done to preserve the life of the male patients' working suits by skilful repairs.

The names of 294 men and 549 women were on the Statutory Books, of whom 16 men and one woman were service or ex-service patients, and other five women are private patients. Nineteen men and 29 women were on a voluntary footing, and all of the remainder, with the exception of one woman—a temporary patient—were certified. One woman was absent on trial so that there were 842 patients in residence.

Direct admissions during 1947 amounted to 193, of whom no less than 142 came from their own homes. Sixty patients came in on a voluntary basis, six as temporary patients, while the remainder were certified. Departures and discharges numbered 123, of whom 30 had recovered.

The weekly maintenance charge is 28/6 for home patients, 47/3 for private patients and 44/11 for out-county patients.

Twenty-four men and 35 women enjoy parole beyond the estate, and a further five women have parole within the grounds only.

Since the last visit seclusion has been employed on the female side owing to the acute shortage of staff. One hundred and fifty-three women have been secluded for a total of 28,169 hours.

There is a deficiency of accommodation for 60 women by day and 36 women by night, while there is an excess of accommodation for 84 men by day and 70 men by night.

I believe I have seen all the patients in residence and I gave three private interviews.

The mortality rate for 1947 was 10.7 per cent (12.2 per cent for men and 9.3 per cent for women). During that year 92 patients died, and post-mortem examinations were carried out in nine of these cases only. Among the causes of death old age accounted for 27 deaths, heart disease for 24 and cerebral thrombosis or hæmorrhage for 16. No other comment is called for except that two male patients died from tuberculosis. Since the last visit no inquests have been held.

In the period under review 11 patients have sustained fractures and there has been one dislocation. Seven of these injuries were due to falls or to other accidental causes, two were due to impulsive acts on the part of fellow patients, while in the remaining three cases the cause of the injury was unknown, although in two of these instances restlessness was thought to be responsible. X-ray examination confirmed the diagnosis in the case of all of the fractures.

Last year four cases of tuberculosis were notified on the male side, and since the beginning of this year there have been three further cases (two males and one female), but at the present time four men remain under treatment. Male patients who have the disease in an active form have to be treated in single rooms as there is no verandah on this division of the Hospital. On the female side there is a verandah in Villa 9 but there are no cases under treatment at present. The chests of suspected cases are X-rayed and the plates are interpreted by Dr. Martin.

Dysentery attacked one man and six women last year, but no one has this disease at the present time. Cases who have had typhoid in the past are in female ward 2—the isolation ward. Here there are 22 women who show positive Widal reactions, and included in this number there are four carriers, two of whom were recently discovered to be excreting the organism—the strains, however, differed in each case. Three of these cases occupy a small dormitory where they have their meals also, and the remaining case is nursed in a single room.

At the time of my visit there were 79 patients (17 males and 62 females) being nursed in bed. A high proportion of them were elderly and infirm. I thought that a good knowledge of individual cases was shown by the Medical Staff. Special forms of treatment include electric convulsions combined in certain cases with curare. Electro-narcosis has been introduced and I was able to see this treatment being given yesterday on the female side.

A small room has been set aside on the male side for insulin shock. Two patients can be treated at one time, but it is proposed to prepare a larger room in M.1 Ward for this purpose. A new anæsthetic apparatus and operating table have recently been purchased.

I was interested to hear that much has been done to improve the condition of the skins of many patients by the use of vitamins, fresh vegetables, and when possible extra milk.

Out-patient clinics are held fortnightly at Weston-super-Mare and weekly in this Hospital. Several patients who have been seen at the last-mentioned clinic attend at other times for electric convulsive treatment, and return to their homes later in the day.

Dr. McGarvey has to assist him Dr. Darlington who is his Deputy, and Dr. Fry and Dr. Spence who are Assistant Medical Officers. Dr. Janet Martin is here as a locum tenens Medical Officer.

Dr. McGarvey kindly interrupted his leave to see me to-day, and discussed many points of interest concerning the Hospital.

Dr. Darlington, who accompanied me round the Wards, gave me every assistance throughout an interesting visit.

Signed. R. G. ANDERSON,
Commissioner of the Board of Control.

CHAPLAIN'S REPORT

for the period ended 31st December, 1948

TO THE CHAIRMAN AND MANAGEMENT COMMITTEE OF MENDIP HOSPITAL.

LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Report for the period ended 31st December, 1948.

No particularly outstanding event has occurred in the ministrations of your Chapel. The Chaplain has been fortunate enough to be able to conduct all the Church of England Services throughout the year. The Revd. Canon Jones of Wells Cathedral was preacher at the Harvest Festival. His preaching was of a high order and much appreciated by a large congregation. The Gardeners in the Bailiff's Department once more earned our gratitude by their fine decorative effect at this and other Festivals. Mr. Dawton gives much satisfaction at the organ, and the Congregation is responsive in the singing.

I tender my thanks, always a pleasant duty, to the Medical Superintendent, his Deputy and all other Officers, Heads of Departments, and Staff, for their help to the Chaplain's Department.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

J. E. FYFFE,

Chaplain.