

## **Annual report of the Mendip Hospital Management Committee : 1949.**

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Mendip Hospital Management Committee.

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SOUTH WESTERN REGIONAL  
HOSPITAL BOARD



# ANNUAL REPORT

OF

MENDIP HOSPITAL,  
WELLS, SOMERSET.

FOR PERIOD ENDED, 31st DECEMBER

1949



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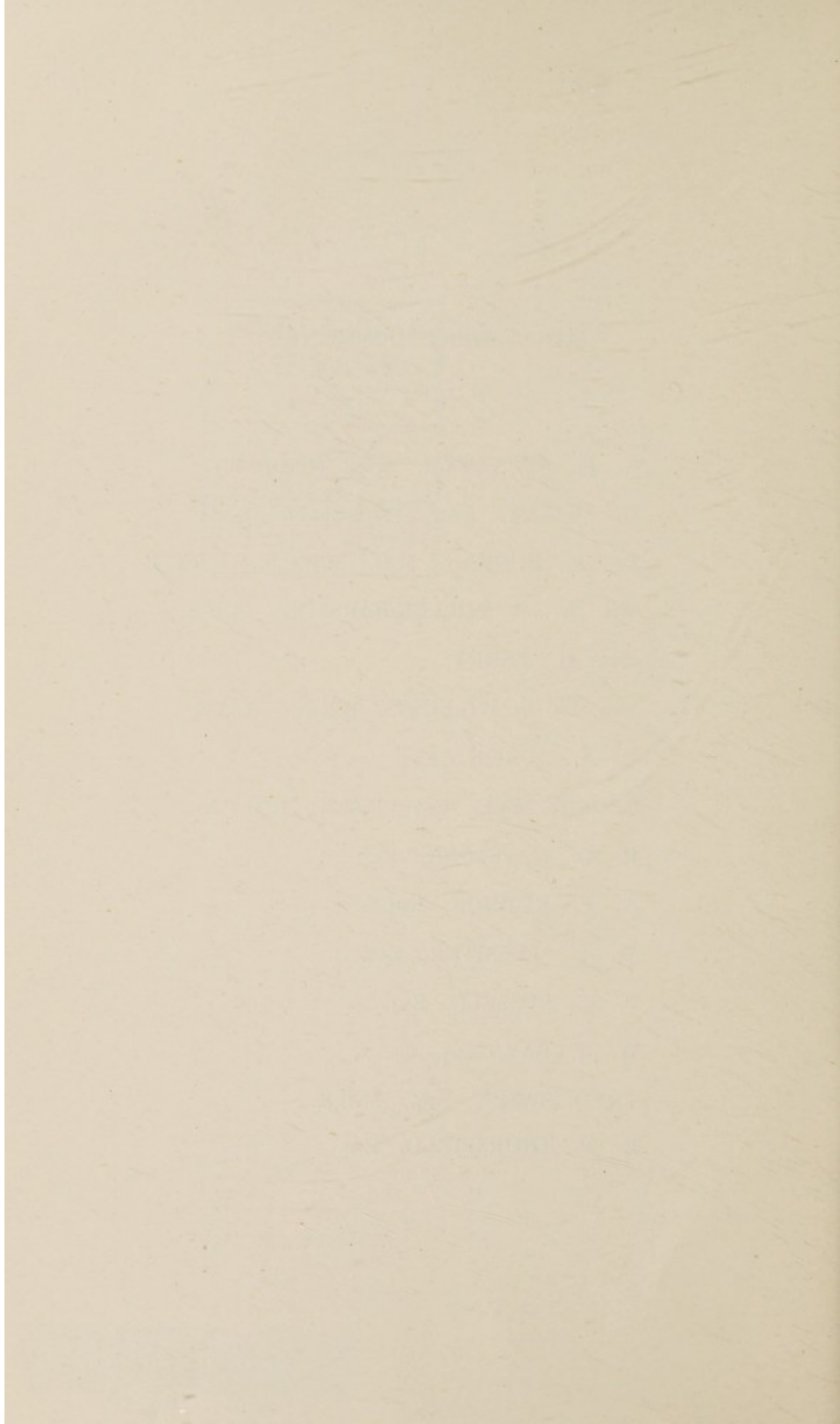
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## VISITING STAFF

<i>Surgeon</i>	... ..	F. D. MURPHY, O.B.E., M.B., B.Ch., B.A.O., F.R.C.S. (Eng.)
<i>Gynaecologist</i>	... ..	A. LEECH-WILKINSON, M.A. B.M. B.Ch., F.R.C.S., (ED.)
<i>Dental Surgeon</i>	... ..	R. L. ANDERSON, L.D.S. (ED.)
<i>Anaesthetist</i>	... ..	P. T. NORTHOVER, M.D., Ch.B., D.A.



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## **SECOND ANNUAL REPORT OF THE MENDIP HOSPITAL MANAGEMENT COMMITTEE**

I have pleasure in submitting the 2nd Annual Report of the Mendip Hospital for the period ended 31st December, 1949.

### **ACCOMMODATION.**

The accommodation at the Hospital continues to be very inadequate for the present needs. There is a statutory accommodation for 876 male and female patients, but accommodation is being found for 890 patients with a tendency to increase on this total.

The Committee have prepared schemes, and in three cases the Regional Board have authorised the preparation of sketch plans :—

1. Admission Hospital. Sketch plans prepared.
2. Tuberculosis Sanatorium. Sketch plans prepared.
3. Six houses. Sketch plans being prepared.
4. Male Nurses' Hostel.
5. Parole Patients' Villa.
6. Occupational Therapy Unit.

All these proposals are considered necessary by the Committee to ensure adequate treatment for patients, and a long felt desire to provide separate accommodation for the resident male nursing staff.

In addition to these capital projects the Committee have carried out a complete survey of the Laundry Department with the help of the Regional Board's Laundry Advisor, and as a result have submitted their recommendations to the Regional Hospital Board.

### **CARE OF PATIENTS.**

The Statutory Visitors have carried out bi-monthly visits, and these visits have been helpful to the Committee, both in their concern with the care of patients and with recommendations regarding the fabric of the building.

Modern forms of treatment in their various catagories are available and have been efficiently maintained.

It is gratifying to report that the general health of both patients and staff has been good, and there has been no serious epidemic during the year.



Out-Patients Clinics have been established at Weston-super-Mare General Hospital, St. Martin's Hospital, Bath, and Weston Lodge Hospital, Bath, in addition to an out-patient clinic at the Mendip Hospital, and the Committee extend their thanks to all medical officers associated with this extremely important branch of the mental health service.

In order to carry out treatment for the patients, an up-to-date equipped Operating Theatre is urgently required and steps have been taken to inform the Regional Hospital Board of our requirements.

### **BUILDING AND REPAIRS DEPARTMENT.**

Details of major works completed :—

Home Farm—Dutch Barn painted throughout.

Vegetable Garden—New shed built and boiler installed in Greenhouse.

Tractor and Implement Shed erected.

Trailer Pump House erected.

Electric Lift, serving four floors, completed, and X-Ray Apparatus removed to top floor.

One Tennis Court completely renovated.

Borehole—6" tubes have been renewed, and two pumps overhauled.

Refrigerators supplied to all Wards.

Plans have been submitted to provide office accommodation and Committee Room.

External and internal painting of the Hospital as and when required.

### **FARM AND GARDEN.**

Steady progress has been maintained in the management of the Garden Department. The new Orchard, planted last year, is progressing well and the soft fruit trees are beginning to give good crops. As in the previous year the old Fruit Orchard has been well pruned and sprayed.

The installation of the 2 Milking Parlours is well on the way to completion, and when in use the "Gasgoine" Plant complete with "Whirlmatic" milk coolers, should provide milk that conforms in every respect to the Clean Milk Regulations. Periodic tests of the attested herd of Shorthorn Dairy Cattle were made by the Ministry of Agriculture and Fisheries, and milk samples have been subject to bacteriological examination at regular intervals.

### **STAFF.**

During the year :—

Mr. E. T. Ware, Head Laundryman, retired on pension after 30 years service.

Mr. W. Snook, Stockman, died on the 5th June, 1949. He completed 44 years service.

Miss S. C. Nicholls, Assistant Occupational Therapist, joined the Staff on 1st September, 1949.

#### **ADMINISTRATION.**

Arrangements have been made for patients to be supplied with Token Books, so that purchases may be made at the Canteen, and arrangements have also been made for the safe custody of all patients' money, and Banking arrangements have been set up for the benefit of patients who wish to deposit or withdraw money for their personal needs.

In continuation of the Committee's policy to have all personnel properly trained, members of the Kitchen Staff are being seconded to the Bath Technical College to undergo training in catering.

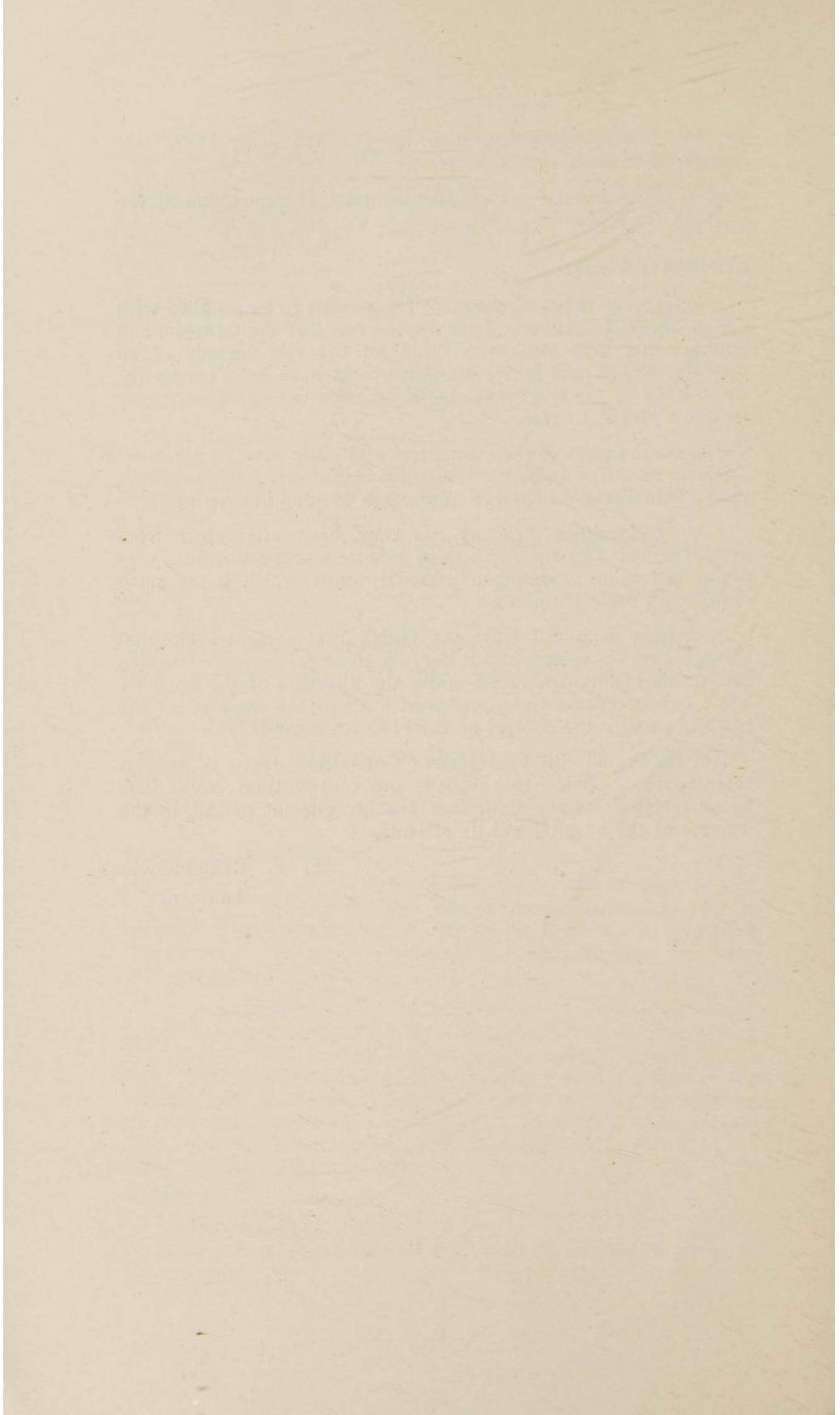
An Endowment Account has now been established from monies provided by the Ministry of Health, and has proved a very useful factor in providing a personal touch which is so much required in these Hospitals.

In answer to a call from the North East Somerset Hospital Management Committee and at the request of the Regional Hospital Board, the Maintenance Staff under the direction of the Engineer and Clerk of Works has undertaken maintenance work at all the Hospitals under the control of the N.E. Somerset H.M.C.

In conclusion, the Management Committee desire to express their appreciation for the efficient and conscientious work done by all members of the staff, over another difficult period, in the interest of the hospital and its patients.

E. F. REES-MOGG.  
Chairman,





## MEDICAL SUPERINTENDENT'S REPORT

### for the year 1949

Ladies and Gentlemen,

I have the honour to present the report of the Medical Superintendent for the year 1949.

**Changes in Population** I have to report that the number of patients in the Hospital on the 1st January, was 860 and on the 31st December, 861, showing an increase of one in the year. The movement of the population during the year shows that admissions numbered 209, discharges 144 and deaths 59.

**Admissions** An analysis of the admissions shows that 28 men and 43 women were admitted on a voluntary basis and that 16 per cent. of the men and 12 per cent of the women admitted were aged 70 or over.

**Discharges** An analysis of the discharges shows that 60 men and 84 women (69 per cent.) were discharged: of this number approximately 43 per cent. were considered to have completely recovered.

**Deaths** An analysis of the deaths shows that 27 men and 32 women (approximately 7 per cent) died during the year. The main causes of death were: Senility (7 men and 11 women) and Heart Disease (7 men and 9 women). 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 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. I am glad to be able to report that there are no active cases of tuberculosis among female patients and only 5 cases among the male patients at the moment. Two male patients died of this disease during the year.

**Treatment of Patients** As in past years the treatment of the patients has received the conscientious and careful attention of the medical and nursing staffs. The medical and nursing care of physical illness has been of a high order. Nine major operations were performed in the hospital during the year and all patients recovered from the condition which necessitated the surgical interference.

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

All specialised forms of treatment for mental illness have been practised. Fifteen patients have had treatment by Deep Insulin and



four female patients by modified Insulin: Electrical Convulsive Therapy has been used in the case of seventy-eight patients (in three cases curare was used): Electro-narcosis was used in the case of three female patients: Narco-analysis with Thiopentone and Ether has been used in nine cases.

With regard to the above specialised treatments Deep Insulin Coma is undoubtedly the most satisfactory form of treatment for cases of Schizophrenia and reasonably good results can be expected if the treatment is commenced during the early stages. Even in the later stages of the diseases, if the mental deterioration is not too severe improvement can be obtained to such a degree that the patient can be discharged from hospital to a sheltered situation or reasonably good home life.

Electro-narcosis is useful in certain cases, but the results are not as good as one had hoped. For patients suffering from depression, electrical convulsive therapy may be considered as almost a specific remedy. The rapid change in the mental outlook of these patients after five or six treatments is surprising. Modified Insulin in patients with schizoid mental reactions has been found to be of considerable value.

It has not been necessary to use pyrexial treatment during the year. As noted in my last report, the disease necessitating this form of treatment is now so well treated in its early stages that one rarely sees any of these cases.

Surgical methods (leucotomy) have not been used during the year. This is primarily due to the fact that no suitable cases presented themselves for treatment by this method, and another consideration is the lack of proper accommodation for surgical procedures.

A number of patients had to be sent to other hospitals for surgical operations: this is very unfortunate as it deprives the nursing staff of the opportunity of practising surgical nursing, pre- and post operative care of patients, and tends to lessen interest in their profession due to lack of variety in their work. As was mentioned by the Chairman in his last annual report, the re-arrangement of the operating theatre has had to be postponed.

The Dental Department has been very busy during the year: two hundred consultations and treatments were carried out affecting nearly a hundred patients.

Radiography is found of very much value for location of foreign bodies, fractures, and diagnosis of early tuberculosis.

We continue to have our pathological work done at Bristol University and this we have found very satisfactory.



**Occupational  
and  
Recreational  
Therapy**

This has been further developed during the year by the appointment of an Assistant Occupational Therapist on the female side. She visits each ward in turn and instructs and supervises the patients in the wards in various crafts. This is in addition to the Central Occupational Therapy Department. Lack of accommodation limits the number of patients to whom this form of therapy can be applied and extension is urgently required.

The appointment of a male ward orderly capable of instructing the regressed patients in physical exercises and gymnastics has been found to be of considerable value. He takes two small classes of male patients daily and the most regressed and apathetic patients are sent to these classes.

Group therapy continues to form part of the occupational and recreational activities.

**Entertainments**

During the year, in the winter months the usual indoor entertainments consisting of weekly dances, cinema shows, concerts, musical evenings have been provided and a variety of parties and whist drives were held round about Christmas. Organised football in winter and cricket in summer have been very successful: teams of patients from this hospital play teams of patients from other hospitals, both at home and away.

The annual Sports for patients and staff was re-started and a very enjoyable day was spent, the weather being most favourable.

Charabanc trips were organised in the summer months, during which the patients visited various beauty spots in the county, leaving the hospital after lunch and returning in the evening; having a picnic tea en route. Next year we hope to have whole-day trips and go further afield.

**Religious  
Ministrations**

The religious ministrations for patients and staff have been provided as in past years. The Church of England patients and staff are very well cared for by the Reverend Prebendary J. E. Fyffe: the Baptist and Congregationalist patients and staff are well looked after by the Revd. K. Preston, and the Wesleyan and Methodist patients and staff by the Revd. J. D. Cope. Services for the Roman Catholic patients are now provided from Downside Abbey.

**Library**

The library continues its useful work amongst the patients. There are about 170 regular borrowers every week from the central library. In addition there are approximately forty books in each ward which are changed at regular intervals. Book trolleys have been introduced and these visit the sick and infirm wards and patients can select



their own books from the trolley. The County Library also visits with its travelling van and we are allowed to select from this van a number of books.

We also borrow from the Red Cross and the County Library any special books asked for by the patients or staff and good use is made of these facilities.

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

### **Buildings**

The fabric of the Hospital has been maintained in a satisfactory state of repair. External painting and internal decorating have been carried out in a systematic manner and the state of repair of the hospital internally is now very good indeed. Externally, a number of repairs will soon be required, primarily owing to the age of the buildings.

As mentioned in my last report, several new buildings are required, the most urgent being an Admission Hospital and houses for resident staff. Good applicants for posts have withdrawn their applications when they were informed that no accommodation was available for them and their families.

### **Canteen and Club**

This Department has been working in a most satisfactory manner during the year: it provides a shop where patients can purchase practically anything they require; where visitors and patients can have tea in the afternoons; where non-resident staff can have midday meals; and provides good accommodation for small dances, debates, meetings, and a licensed club for the staff where they can entertain their friends in the evenings.

### **National Health Service Act**

As the practical part of this Act gradually works into its grooves, one has found that the machinery requires a lot of "running in" (this may be due to the absence of sufficient "oil") and it is regrettable that it has taken so long to smooth out many of its difficulties. The administration appears cumbersome compared with the previous administration, but no doubt with experience it will be modified. In my view more powers should be given to Management Committees and de-centralisation should be made more complete.

**Officers & Staff**      The preparing and presentation of an Annual Report gives me the opportunity of saying to all the Officers "Thank you for your efficient, conscientious and painstaking performance of your duties."

One change has occurred amongst the medical staff. Dr. Fry resigned on appointment to a post in another hospital and he has been replaced by Dr. A. E. P. Swinson, who has proved himself an agreeable and conscientious colleague.

There is still a very serious shortage of female nurses and apart from the upgrading of some ward orderlies, only two female student nurses were recruited and of these one left during the year.

The male nursing staff is practically up to full strength.

We have joined with Weston-super-Mare General Hospital for the purpose of a Preliminary Training School and this arrangement is working very satisfactorily. All our student nurses go to the Preliminary Training School for twelve weeks before entering the wards. We would very much like to have a Preliminary Training School of our own but the number of recruited nurses would not justify the expense.

The British Red Cross Society and the St. John's Ambulance Nursing Association provided valuable help especially on Sundays, and this allowed us to give some extra time off to the female nursing staff, who owing to shortage have to do a considerable number of hours overtime every week.

In conclusion, I beg leave to thank you, Mr. Chairman, and the other members of the Management Committee for your continued support and the valuable advice I have so often received from you; without which active assistance and kindly co-operation the change from one administration to another would have been more difficult than it has been.

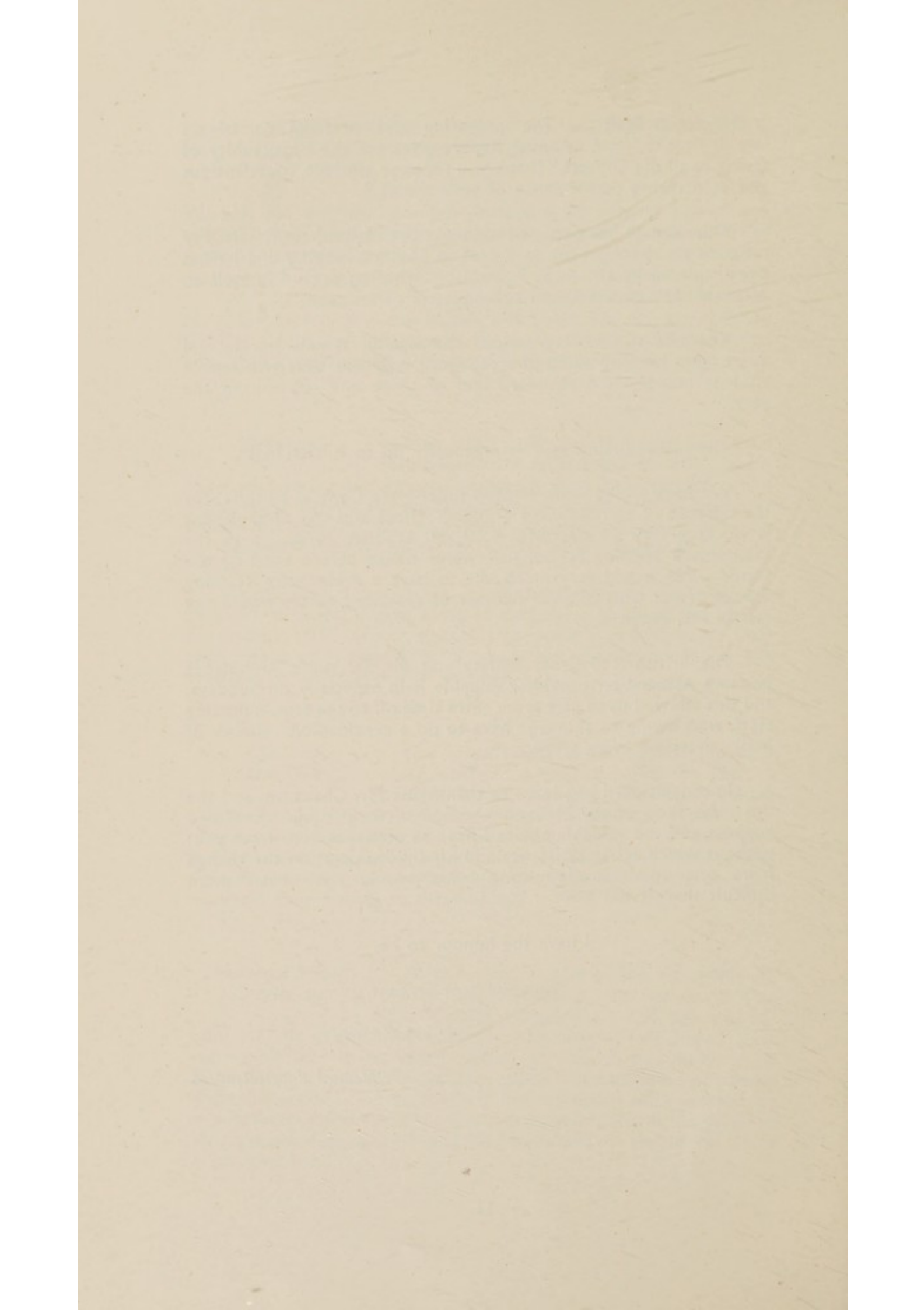
I have the honour to be,

Your obedient Servant,

J. McGARVEY,

*Medical Superintendent.*





## MENDIP HOSPITAL, WELLS, SOMERSET.

Copy of a Report made by a Commissioner of the Board of  
Control who visited Mendip Hospital on the  
20th and 21st December, 1949.

My visit to this Hospital, which began yesterday, has been paid in an atmosphere of preparation for Christmas. Decorations are going up everywhere, and it has been a pleasure to see the interest aroused even in the most introspective patient in these activities, and also to admire the ingenuity and taste displayed in making the gay paper festoons. In the sewing room the fancy dresses were being refurbished in preparation for the patients' fancy dress ball, and in the Kitchen preparation of the special Christmas fare was in progress.

At this Hospital a good deal of attention is paid to the recreational life of the patients. In the winter there are weekly cinema performances as well as a Concert or Dance each week. The Christmas festivities are of course extras and as such are keenly appreciated. Such entertainments have therapeutic value and will, I hope, always be attended by as many of the Medical and Nursing Staffs as possible.

I visited the excellent Canteen. I was glad to see how popular it was with patients, who are able to obtain refreshment and make purchases daily between 2 and 5 p.m.

Since the last visit of my Colleague in June, 1948, many improvements have been carried out at this Hospital. It is recognised however that much remains to be done if modern standards are to be attained. The new Lift from basement to attics is now in operation and is used daily for the dinner trolleys. It gives access to the attic floor which houses the new X-ray room. Each ward kitchen has now its own refrigerator. Much reflooring and retreading of staircases have been completed throughout the buildings. The whole of the Centre Block has been re-decorated and parts of a number of Wards have also been repainted or distempered. This very necessary work is, I was glad to learn, to be pushed forward as fast as possible. Further purchases of furniture have been made but here there is much leeway to be made up. I hope that as the Wards are redecorated the pictures, inartistic relics of a past age, will not be rehung but replaced by more attractive ones. On the male side attention should be given to recovering those billiard tables on which the baize is worn.

The Laundry is in urgent need of modernisation. The equipment is totally inadequate. I was surprised to find that



patients' dresses, which have to be washed, cannot be pressed or ironed, and that all underclothing for both sexes, (except private garments), can only be rough dried. Every effort should be made to end such a state of affairs as quickly as possible. The deficiencies of the Laundry account no doubt in part for the drab appearance of many of the women patients.

The patients' diet appears to be well varied. The trolley system of conveying food to the Wards ready served seems to answer remarkably well and to ensure hot meals. Dinner today consisted of roast lamb, cabbage and potatoes and baked or stewed apples with custard as pudding. I discussed with Dr. McGarvey the importance of the Doctors being present in one or other of their Wards during the serving of the main meal. It must always be remembered that for many of the more chronic patients in particular dinner is a very important matter, and that any failure in the meal is a matter for disappointment and grumbling.

The patients in residence today number 863, 308 men, 555 women). Of the total 55 are Voluntary patients. During 1948 there were 216 direct admissions, of whom 92 came in voluntarily and 3 were temporary patients. In the same period 129 patients, of whom 44 were regarded as recoveries, left or were discharged.

The shortage of nurses continues to be the most serious problem with which this Hospital is faced. As in all Hospitals of the same kind the shortage is very much more serious on the female than on the male side, and also the proportion of female qualified nurses is much lower. The position over the past 3 years is brought home by the following table:—

	Male Side			Female Side		
	Nurses.	No. qualified.	Patients.	Nurses.	No. qualified.	Patients
1947	52	32	293	39	12	605
1948	46	31	294	36	14	548
				(+ 3 part time)		
1949	48	31	308	39	15	555
				(+ 4 part time) (2 pt. time)		

In view of these figures it is most significant that during the 3½ years covered by this and the past two Entries, no male patient has been secluded, but 366 women have had to be secluded for a total of 56, 227 hours. It should be noted, however, that the average monthly amount of seclusion on the female side has dropped somewhat since the last Entry, and this may be due not only to the very slight increase in the nursing staff but to the recruitment of 17 Ward Maids, who, by their mere presence in the Wards, must do something to relieve the strain on the nursing staff. In considering the nursing figures it must be borne in mind that whilst about 63 per cent. of the male nurses are certificated or



registered in mental nursing, 37 per cent. only of the women nurses are so qualified. Amongst the 555 female patients almost half are over 60 years of age, and 119 of these are over 70. Such patients require in many instances not only mental but general nursing care.

Although the male staff are numerically so much stronger they are said to be 10 below the full complement. Recruitment of male staff generally is much handicapped by lack of living quarters. Not only do unmarried male nurses sleep on the Wards but also do a number of the artizan staff. No male occupation officer can be found owing to the Hospital not being in a position to offer accommodation. Dr. McGarvey finds it impossible to start a Preliminary Training School for Nurses because the services of a Sister Tutor are so difficult to obtain, and no Male Tutor will accept the post because there is no house available. I gather that at least a dozen Staff Cottages are urgently required.

Occupation Therapy continues to make progress here, and there are now two whole-time women therapists, one of whom devotes her whole time to classes in the wards, and the other to work in the Centre which is situated in Villa 10.

The mortality rate for 1948 was 7.1 per cent. (9.6 M. 4.9 F). and 56 patients died, (29 M, 27 F). Post Mortem examinations were made in 5 instances only. Since the last visit only one inquest has been held, full particulars of which have already been furnished to my Board.

Seven of the deaths were due to tuberculosis, (5 M, 2 F). Last year 7 cases, (6 M, 1 F), were notified, and since the beginning of 1949 there has been one further case in a male patient. At the present time 4 male patients are suffering from tuberculosis, 3 of them are pulmonary cases. The present lack of facilities for nursing tuberculosis on the male side of the Hospital is well known and gives rise to concern. There are plans before the Regional Board for building a Sanatorium at this Hospital, and making it the centre for the Region. So far this Hospital has not been visited by the Mass X-ray Unit.

There is no patient suffering from either dysentery or enteric at the present time, and there has been no case of either disease during the past 18 months. There are, however, 26 males and 102 females in widely distributed wards who remain on dysentery caution cards, and 3 female typhoid carriers are segregated in the female isolation Ward—Ward 2.

Since the last visit there have been 16 serious but non-fatal casualties involving fractures of bones. In 14 cases the injured were women. Diagnosis was in each case confirmed by X-Ray examination.



The operating theatre is now quite well equipped, but is so tiny as to make its use difficult, and I was glad to hear that plans are afoot for a larger theatre.

All modern forms of treatment including full insulin and electro-narcosis are carried out here.

Out-patients' clinics are now held weekly both at this Hospital and at Weston-super-Mare. Electro-convulsive therapy continues to be given in the Hospitals to Out-Patients.

A new appointment is that of a qualified Psychiatric Social Worker on a part-time basis, (4 days a week).

Dr. McGarvey has as his Deputy Dr. Darlington who ranks as a S.H.M.O. and Dr. Spence as J.H.M.O., and Dr. Swinson as Registrar,

There is a medical vacancy but this cannot at present be filled owing to lack of living quarters.

My thanks must be given to Dr. McGarvey and his staff for their helpful assistance in what has been an interesting visit.

Signed, I. COFFIN DUNCAN,  
Commissioner of the Board of Control.