

PUBLIC HEALTH

THE ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER OF THE MINISTRY OF HEALTH.

We have received from Sir George Newman, K.C.B., M.D., Chief Medical Officer of the Ministry of Health, his Annual Report for the Year 1933, a document which we receive always with a great deal of pleasure, and study carefully. This year, in addition to many other important sections, that on Maternity and Child Welfare is specially notable. We hope to publish a full review of the Report in an early issue.

"The most important hygienist since Moses," was the description given by Lord Riddell of Sir George Newman, at the recent Conference of Voluntary Hospitals, when he introduced the Chief Medical Officer of the Ministry of Health to the Conference as "Sir George Newman, alias Moses," and said of him that his remarkable yearly reports, characterised by great lucidity, great knowledge and literary skill, read more like novels than blue books."

Sir George Newman expressed himself in favour of maintaining the voluntary hospitals, but of combining them with municipal hospitals in one co-operative hospital system—a system of unity rather than uniformity.

Lord Riddell said, as Chairman of the London Voluntary Hospitals Committee, that they were fully convinced the time had come to set up a committee of laymen and doctors to represent the voluntary institutions. They were taking steps to do that.

THE ANNUAL REPORT OF THE BOARD OF CONTROL.

The Annual Report of the Board of Control, signed by the Chairman, Mr. L. G. Brock, C.B., is insistent on the value of an adequately equipped admission unit and treatment centre as an essential part of a complete mental hospital, and says "if voluntary patients can be encouraged to seek treatment at an early stage when they can co-operate with the doctor, the chances of recovery are greatly enhanced. In theory, the advantages of treatment in the early and hopeful stage is not disputed; indeed it is indisputable. But in practice it is not sufficiently recognised that early cases cannot be expected to enter the overcrowded mixed admission and sick wards such as still exist in too many mental hospitals. All new admissions should go to an admission hospital: but after the necessary period of bed treatment for purposes of physical examination and observation is over, many voluntary patients suffering from mental disorders of the milder type may with advantage be transferred to convalescent villas."

Though the application of the Mental Treatment Act during the year has not been as rapid as the Board could have wished there is a slow but steady improvement in the number of voluntary admissions to public mental hospitals, and the total number of out-patient clinics associated with public mental hospitals had grown to 118 by the end of 1933. Except in a few areas where special effort has been made the number of temporary patients in public mental hospitals is, the Board state, disappointingly small.

They estimate that in round figures 2,400 persons were certified in 1933 who might, if advantage had been taken of temporary treatment, have escaped certification altogether. "If only local authorities realised what escaping certification may mean, for example, to a woman compelled to enter a mental hospital by some transitory mental disturbance following childbirth, they would make more effort than they do at present to give non-volitional patients the relief which Parliament intended them to have. At present, except in a few areas, the rich enjoy this relief and the poor do not."

The value of occupation therapy as a valuable form of active treatment for mental patients, applied or varied according to the direction of the medical officer who is treating the case, is warmly advocated. In this connection we read: "The training of all the nurses is vital to the success of these measures. Before the medical superintendent undertakes this, he should recognise quite clearly that it involves in them a complete change of outlook towards the nursing of the mentally disordered. It follows, therefore, that training must be thorough and prolonged, and must entail a very great deal of hard work for those who carry it out. The benefits to the patients are so great that it is worth while facing the difficulties of a transitional period to achieve the results which experience has shown to be possible. It is also essential that every member of the nursing staff should be trained and that during the transition period the medical superintendent should give his full support to his medical officers, occupation therapists, and the other members of the staff who are working to create a new environment in which so many patients will find usefulness, contentment and happiness."

In regard to the qualifications necessary for nurses in Mental Deficiency Institutions the Board of Control state: "Of 21 large institutions, the recent particulars of which are in our hands, the percentage of fully qualified or registered nurses varies from so small a number as 2 to 69. The average is about 30 per cent., and this certainly is not too high. In a large colony or institution the work of the nurse varies from bedside care of low-grade cripples and helpless patients to the interesting and difficult problem of managing and training the high grade and high spirited: General training is needed to enable the proper care of the sick to be carried out. The number of nurses with double qualifications or with training in general nursing only, varies in the large institutions, but there is usually someone recognised in one or other of these ways to nurse the sick, supervise their care, and to deal properly with minor injuries and ailments. In some institutions the standard of nursing and of teaching in this respect is high.

"The question of the qualifications of nurses in smaller institutions and in approved homes is one which has given rise to a good deal of anxious thought. While it cannot be said that the trained nurse is always and inevitably better than the woman who has not had this formal training but has had experience with mentally defective children and has taken pains to learn, yet it is true that to undertake the care of defectives on the strength of a small experience and a fund of self-confidence is a dangerous experiment. Low-grade children, cripples, mongols and others liable to illness, do need skilled nursing on the physical side, and the difference between patients of this type who are in experienced and conscientious care, and those in more or less amateur hands, has only to be seen to be appreciated. The difference is evident not only in the patients themselves but in the whole atmosphere of the institutions and in the standards and stability of the staff.

"On the other hand, a knowledge of general nursing alone is not enough. The manual training of low and medium grade patients is a very skilled business. Without knowledge of and experience in the use of good methods of sense training, handwork, etc., the nurse can achieve very little for her charges, whereas sound methods patiently applied over months or years can produce surprising results.

"Here and there homes exist in which care is kindly, interested, and in many respects satisfactory, but in which there is also a lack of orderliness and method and of the higher ranks of cleanliness, a state of affairs which the discipline of a good nurse trained in institution or hospital could put right, to the benefit of everybody concerned.

"We hope to carry further our enquiries into nursing facilities in institutions for the mentally defective."

[previous page](#)

[next page](#)