

**MENDIP HOSPITAL UNDER ITS PHYSICIANS**  
**SUPERINTENDENT**

by

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# **MENDIP HOSPITAL UNDER ITS PHYSICIANS SUPERINTENDENT**

## **INTRODUCTION**

It is a great pleasure to have this opportunity to talk about the old Mendip Hospital. It served North Somerset well through a period of great social change, which its history reflects. I can only give you a brief outline this evening.

My chief source has been the Physicians Superintendents' annual reports for the years 1848–1978, and so my story is centred on these doctors. Sadly, two of the reports were borrowed and never returned. The hospital's archives are now lodged in the Somerset Record Office. Relevant Quarter Session Rolls and a microfiche showing the names and occupations of the first patients can also be consulted there.

I am also indebted to a short history written in 1958 by Dougal Duncan, who for many years served on the Hospital Management Committee and was a loyal friend to the hospital.

I have vivid personal memories of the later years.

And may I also direct your attention to Mrs. Josie Bosley's fascinating little book of reminiscences, published recently and obtainable from the Tourist Information Office.

During the 1840s the Somerset Justices decided to make use of Wynn's Act of 1808 to found an asylum for the care of the destitute mentally ill. At that time there was no structure of local government as we know it today – that was some 40 years in the future. The work was done by Justices of the Peace who were local gentry. They met in quarterly sessions held at hostelries in different parts of the county. One of the problems they were facing was that Chadwick's Poor Law had caused the destitute mentally ill to go for relief to the Union Houses ("poorhouses") when they could no longer work. There, they were ill-housed, badly fed, received no care and were often cruelly treated.

In 1844 the magistrates meeting at Bridgwater Quarter Sessions decided to buy “Mr. Perkins’ property about a mile from Wells on the Bath Road”. The site was chosen because it abounded in building stone and lime – which would be a great economy to the county. The price paid was £6,776-6s-7d. The money was raised by a county rate.

An architects’ competition was evidently held for the design for the building. One of the rejected designs was discovered a few years before the hospital closed. It showed two separate administrative cores with wards radiating from each: an interesting conception that was ahead of its time.

In 1845 a tender for building was accepted from Mr. Kirk of Lincoln in the sum of £31,750. Even in those days costs exceeded estimates and the final sum paid was £34,686-18s-0d. So the total cost of the land and building was £41,463-4s-7d. The stone was quarried and dressed and the lime burnt on site. I used to think that was why the building always seemed to sit so comfortably in its surroundings. It was called the Somerset County Asylum for Insane Paupers.

The original building was planned to accommodate 350 patients. It opened in 1848 and received its first patients on the 1st of March of that year. There was only the main central block that from the outside looked much the same when the hospital closed. Inside it must have been very different. The floors were of stone, slate or tiles. The walls and windows were bare. The furniture was deal tables, benches, settles, a few armchairs and a wooden cot bed (single bed to us) for each patient. That sounds Spartan but it was probably similar to the furniture that many country working people had in their own homes.

The institution was to be as nearly self-sufficient as possible. It had its own water supply, gasworks, workshops for all necessary trades (including a smithy) and its own sewage arrangements. All the effluent flowed into a single huge tank, which was situated somewhere near the south-west corner of the site. One can only hope this early septic tank functioned efficiently!

No time was lost in bringing the land under cultivation. A capstan with six arms was erected and by means of this liquid manure from the sewage tank was

pumped on to the gardens. It was worked by 24 “idiot boys”. The crops were exuberant – especially the cabbages which grew to a diameter of 5 ft. and weighed up to 40 lb. each! They were fed to the cows whose milk yield was reported prodigious in both quantity and quality.

The site was found to be cramped. Whenever opportunity arose land was purchased or rented until, by 1855, the estate had grown to 100 acres. It complied with the recommendations of the Commissioners in Lunacy that there should be one acre of ground for every 4 patients. This calls in question the commonly held view that the mental asylums were built in the country in order to isolate their inmates from the rest of the population. It was only in the country that such an allowance of land was available. Further acquisitions of land were made over the years until the final size of the estate was 307 acres.

#### **Dr. Boyd: 1848 – 1867: 20 years**

The first Resident Physician and Superintendent was Dr. Boyd. His living quarters were at the front of the main building and must have been very pleasant. In my day they had become doctors’ and administrators’ offices. Dr. Boyd had one Assistant Medical Officer who was also resident. He lived in some small rather dark rooms on the north side of the building.

The Physician Superintendent was responsible for the running of every department of the Asylum. He was in turn responsible for its good conduct to a committee of Visiting Justices who met at the hospital once a month.

The first patients were drawn from three sources: the workhouses; licensed houses (sometimes known as “private Bedlams”); and their own homes. Most had been tradesmen, domestic servants, farm workers or labourers. A few were professional men or their wives. Very few were vagrants. That surprised me until I remembered that in those days the only protection against pauperism, for most people, was the ability to work hard for long hours. The concept of the welfare state had not yet developed, though one can see an early hint of it in the thinking and outlook of the men who planned and built these hospitals.

Dr. Boyd was appalled by the physical and mental condition of his first patients. Most of them were long past any hope of cure and many seemed to have been sent to the asylum to die. Angry complaint against this state of affairs is a recurring theme of his annual reports which make fascinating reading. They give a detailed account of the working of every department of the asylum and he also used them as the occasion for short essays on many aspects of mental illness and its management.

His patients were a mixed group of mentally subnormal and mentally ill people of all ages from 10 years to the late 80s. There was at that time no separate provision for the care of mentally handicapped people.

Dr. Boyd's treatment was based on liberal rations of nourishing food, active physical work in moderation, cleanliness, decent living conditions, kindness and consideration. There was such marked improvement in them on this regime that he formed the view that most mental illness was caused or exacerbated by poor bodily health.

Some of his prescriptions look startling to modern eyes. To prevent bed sores (and there were very few) he used a solution of gun cotton in sulphuric ether painted on the skin (a precursor of collodion?). For epilepsy he tried infusions of digitalis leaf in porter. He was evidently particularly interested in epilepsy. He invented a special cool light hat for epileptic patients. It was made locally of willow, with a brim that was rolled back to form a tube that was then stuffed with horse hair. It was tied on with tapes and was meant to keep their heads cool and to give protection when they fell down in a fit (an early crash helmet!). There is a little drawing of the hat in one of his annual essays – he seems to have been rather pleased with it.

He hardly ever used seclusion or restraint, nor did his successors. In 1852 there were only two padded cells – one on each side of the hospital – but they were rarely needed. In days long before the advent of tranquilliser drugs, that is evidence of good understanding and skill in the management of seriously disturbed patients. He was well in advance of his time.

Of the Visiting Justices four were MPs and one a Privy Councillor. When, in his report of 1850, Dr. Boyd wrote of the evils of confining 'criminal lunatics' in the county asylums, one of the Visitors sent the report to the Home Office. Both Houses of Parliament were petitioned – the Lords by Lord Shaftesbury. A 'memorial' was circulated to other county asylums and a campaign started for legislation to remove criminals and 'those confined for the purposes of justice' from among ordinary patients. The result was the establishment of the Special Hospitals for the Criminally Insane.

One of the duties laid down by the founders was that the Physician Superintendent "shall at all times, and more especially when the asylum is nearly full, promote the exchange of harmless chronic patients for patients whose cases may be recent and supposed to be curable, or who shall be reported as dangerous". It was a shrewd and prophetic provision! But one that Dr. Boyd and all his successors fought a losing battle to carry out.

There was continuous pressure from a rising tide of chronically ill and desperately debilitated people needing admission and there was nowhere for the harmless chronic patients to go. Year after year, Dr. Boyd pressed for admission early in the illness, but to no effect. Nevertheless, his discharge rate was exceeded only by Bethlem and St. Luke's Muswell Hill (the predecessors of the Maudsley and Bethlem Royal Hospitals), who took only 'curable' cases, and by Stafford Asylum, where the 'curable' cases were immediately discharged to a small asylum specially built and equipped for them.

Already, by 1850, overcrowding and the need for extensions was foreseen. Patients from Bath and later from Cardiff (at a more favourable rate!) were boarded out at Wells Asylum until the 'ward for lunatics' at the Bath Workhouse (now St. Martin's Hospital) and at Bridgend Hospital were ready.

A new cottage and dormitory were built at the farmyard for convalescent male patients with one attendant; between them they looked after the farm stock. I was delighted to read about that cottage (which we knew as 'the piggery'), because some 15 – 20 years ago it was again renovated and converted, for use as part of our

developing rehabilitation unit: it became a semi-independent half-way house for four male patients in preparation for their discharge from hospital.

In 1854 patients were quarrying stone from the hospital quarry for the building of the 'new parish church in East Wells' – the Church in which you are now sitting – St. Thomas'. In more recent years the connection between St. Thomas' Church and Mendip Hospital was renewed. The Vicar and his Assistant Curate were Chaplains to the hospital and for some years the Curate lived at South Lodge. Formerly, a full-time Chaplain had been a member of the hospital staff; during an interregnum a member of the Cathedral Chapter stood in!

The original provision of attendants (as the nurses were then called) proved far too small. In 1854 the Commissioners, for the first time, reported unfavourably: to the obvious distress of Dr. Boyd and the anger of the Visitors who replied in trenchant terms.

The male and female sides of the hospital were run separately but an early experiment in 'integration' was made in 1858 when it was arranged that 80 male and 40 female patients should take their meals together in a new dining room constructed from the old kitchen. It was a great success, and led to the building of a new dining and recreation hall in 1860.

1867 saw the building of 'The New Hospital' – a detached villa to the north-east of the main hospital, known later as Mendip View. It housed 30 women patients who were reported to like its homeliness and to have responded well to the move there.

In the same year quarrying started for the new chapel.

Dr. Boyd retired in 1867 after 20 years service. The Visitors wrote in appreciation of his thoughtful care for the patients and of "the improvement and enlargement of the Asylum, whereby the county property has been much increased in value, while the expenditure has been kept much below the average of other asylums". Doubtless, that 'below average expenditure' was a matter of the greatest satisfaction to the County but looking back over the years it seems to me that it was, in some respects, too costly a boast. Mendip Hospital always prided itself on giving

good service at a relatively low financial cost but that relied on the staff's goodwill and their generosity, flexibility and willingness to improvise and make do.

Over the years great changes and good developments did take place, but slowly, so that an Asylum that in its earliest years had been a model of excellence was in some ways overtaken – for reasons not usually its fault – and did not quite retain its early pre-eminence. But Dr. Boyd's starting principles – good nutrition, active physical work in moderation, recreation, cleanliness, decent living conditions, kindness and consideration – began a tradition still evident during its final twenty years.

After his retirement from Wells Dr. Boyd opened a private home for the mentally ill. Seven years later his life ended tragically in a disastrous fire as he tried to save his patients.

#### **Dr. Medicott: 1867 – 1881: 14 years**

Dr. Medicott succeeded Dr. Boyd. He set about making the patients' living conditions more cheerful and comfortable. He was gratified that none of the pictures, statuettes, valances, vases and natural history specimens he placed in the day rooms were damaged – even by the most disturbed patients.

The Committee of Visitors became dissatisfied with his management in 1881 and dismissed him. I don't know why. The missing volumes of the annual reports might have cast some light on this.

It must have been difficult to follow Dr. Boyd. Perhaps Dr. Medicott made himself unpopular by closing down the brew-house and substituting tea and coffee for the daily beer and cider ration. But there must have been weightier reasons. Certainly he made one mistake that was to be felt for 100 years. He brought the roof space into use as dormitories. It was unsuitable for that purpose but, once started, the demand for space and more space was such that it was impossible to end this use of the attics, and they remained in use (not always as dormitories) until they were finally sealed off because blue asbestos had been used as insulating material.

We should, however, on this occasion remember Dr. Medicott kindly because it was during his time that land was bought for the burial ground and its chapel built.

### **Dr. Law Wade: 1881 – 1901: 20 years**

Dr. Medicott was succeeded by Dr. Law Wade who remained for almost 20 years and died in office in 1901. He was responsible for extensive improvements to the property and the estate.

A new detached villa for 90 – 100 patients was built at a cost of £7,951-15-0 and opened in 1882. It stood some distance from the main building, to the north on higher ground and was named Hillside (it was later divided into two wards, Hillside and Tor View).

The long battle against overcrowding saw only a temporary lull with the opening in 1897 of Cotford Asylum (later Tone Vale Hospital). The catchment areas of the two hospitals were allocated according to Union Authorities. Wells asylum was given to Axbridge, Bath, Bedminster, Clutton, Frome, Keynsham, Shepton Mallet, Wells and Wincanton. Those in the south of the county went to Cotford. For the first few years, Cotford was run as a branch of Wells Asylum but then became independent.

Overcrowding was clearly a dreadful problem. Increasing numbers of Wells patients had to be boarded out in other asylums – some far distant – as an expedient for reducing overcrowding and leaving some space into which new patients could be admitted. There were outbreaks of influenza and typhoid fever. A second Assistant Medical Officer was appointed in 1881.

Dr. Law Wade separated the ‘young idiot boys’ from other patients by housing them in the newly built West Wing under the care of a married male attendant and his wife. We read no more of that very good idea. In later years the subnormal children were again mixed with adult mentally ill patients. If, as in Dr. Boyd’s time, there were still 24 of them, or more, caring for them would be an impossible task for one married couple, however dedicated and skilled. Perhaps the good idea failed through unrealism in the provision made for carrying it out: we don’t know. It is sad

that Wells Asylum didn't manage to carry through another important development that it might have instigated.

### **Dr. Laing: 1901 – 1904: 3 years**

Dr. Laing succeeded Dr. Law Wade in 1901 but died in office in 1904. Nevertheless, in that short time two interesting developments took place. A long-needed isolation hospital was built to the north of the main hospital, separated by a considerable distance from other buildings. It later became the modern hospital's first Occupational Therapy Department and is still in use as the present premises of Mendip Vale Workshops (which are a direct continuation of the hospital's Industrial Therapy Unit and now under the management of a charitable trust). Dr. Laing's other major development was the opening of a private asylum for 35 women patients. It fulfilled a need long felt in the district. He used Knapp Hill House which had earlier been acquired with its land.

### **Dr. Pope: 1904 – 1919: 15 years**

Dr. Pope followed Dr. Laing in 1904. He seems to have lost no time in transferring the private patients from Knapp Hill House to The New Hospital. Why is not clear. Knapp Hill House might have been inconveniently far from the main centre. I did not read of its being put to any other use at that time. It was later divided into two residences for married staff.

During Dr. Pope's time much needed improvements in the nurses' living conditions were planned. Most nurses still slept in side rooms on the wards. More land and cottages were bought but his plans were disrupted by the 1914-18 war. Large numbers of patients arrived from other asylums that had been taken over as military hospitals. All hope of solving the problems of overcrowding was shattered.

Staff shortages became desperate as men were called up: not only doctors and male attendants, but tradesmen, stockmen, farm and gardening staff, engineers and maintenance staff, on all of whom the work and welfare of the asylum community depended. Financial inflation first appears in the records as causing serious problems. One can imagine Dr. Pope's frustration and disappointment during those years. He must have been an exhausted man when he retired in 1919.

Dr. Shera had been Senior Assistant and was appointed Physician Superintendent on his return from war service.

**Dr. Shera: 1919 – 1924: 5 years**

With Dr. Shera we see the beginning of more modern ways. A system of parole was started. Some 'trusted' patients were allowed to attend afternoon performances at the cinema in Wells. The early success of that arrangement soon led to its expansion: in 1924 "nurses, artisans and farmhands" began to take patients on whole day excursions to the seaside, to football matches and to flower shows. The New Hospital became an 'open' ward and the patients were allowed to sit up until 9.30 p.m.!

The asylum's first dentist was appointed in 1923. A dental surgery was fitted up – in the kitchen of what had been the Assistant Medical Officer's living quarters – where the main work seems to have been extractions in numbers that indicate the extent of dental neglect in those days. It was recommended that each patient should be provided with a toothbrush! It was not until some 50 years later that a dental hygienist was appointed to work with the hospital's visiting dentist and to give instruction on the wards. A beautician had been appointed some years earlier!!

**Dr. McGarvey: 1924 – 1951: 27 years**

When Dr. Shera died in 1924 after only five years in office Dr. McGarvey, who had been Dr. Shera's senior assistant, was appointed in his place. During his tenure of 27 years the modernisation continued.

Teaching and training of staff became an important part of the work. The medical staff (still only 3: the superintendent and his two assistants) took more part in the teaching of nurses. Some of them obtained the certificate of the Royal Medical Psychological Association (later the Royal College of Psychiatrists). The need for a nurse training school was keenly felt but proved to be a long-thwarted ambition. It was not until 1934 that even a small reference library for nurses was provided and only in 1952/3 that a formal Nurse Training School was established at Mendip Hospital, but Dr. McGarvey did establish a preliminary training school in collaboration with Weston-Super-Mare. From 1924 onwards recognition of the need

for specialized training in the care and treatment of mentally ill people was reflected in the increasing number of nurses who obtained the Mental Nursing Certificate; though it was regretted that relatively few female nurses did so.

Medicine generally was becoming more scientific. A laboratory was set up at the asylum in 1928. A laboratory assistant post was requested but I found no note of an appointment. That probably meant that the medical staff did the clinical pathology themselves.

The new Mental Treatment Act of 1931 was welcomed at Wells Asylum as a wise and far-reaching measure. It stimulated the beginning of out-patient clinics, which were valued greatly by the medical staff as a means of seeing cases early in the illness and of following up discharged patients. In the first year of the Act, 28 'voluntary' patients were admitted and only two of them had to be certified later. At last, Dr. Boyd's cry for early diagnosis and treatment had been heard. But Dr. McGarvey still had only two Assistant Medical Officers though there were nearly 800 in-patients at that time and out-patient work was expanding.

Under Dr. McGarvey the patients' living conditions continued to improve. They began to wear their own clothes. More wards were run on the 'open door' system and one male ward was designated a 'club ward', with more home-like and relaxed conditions .

In 1926 electric light was installed, followed in 1930 by a cinema. In these days of ubiquitous television and almost inescapable noise it is interesting to read of Dr. McGarvey's doubts about the wisdom of introducing talking pictures for the patients. He considered for some time whether it might be wiser to retain only silent films for their entertainment.

The asylum became a centre for the Somerset Rural Libraries. 2,000 volumes were made available for patients and staff. 40 volumes were placed on each ward, and changed once a month. The asylum had its own orchestra to play for regular dances and during dinner. The staff put on an annual pantomime: you can read much more about that in Josie Bosley's book.

1931/2 was a period of innovation. Occupational Therapy was introduced – but only for women patients who could not be usefully employed in domestic work. It was carried out on Hillside Ward, though extended to some other wards the following year after its value had been proved. In 1932 the Mental Deficiency Committee appointed the Asylum's first social worker.

In 1935 an astonishingly overdue decision was taken to build a Nurses Home. It was opened in 1938 (the brick building towards the southern boundary of the site). This freed some ward side-rooms where nurses had been accommodated. Attics on the female side that had been used as dormitories were finally vacated.

From the mid-1930s onwards shortage of suitable accommodation for a new style of treatment was an insistent and recurring complaint. A new admission hospital, a convalescent villa for male patients, new facilities for recreation and occupational therapy were needed. All had been planned in 1938 but the outbreak of war brought only more overcrowding as, yet again, patients from commandeered asylums were received in Wells.

In spite of its rural setting Wells Asylum did not escape enemy action entirely. On the night of January 3rd 1941 250 incendiary bombs were dropped on and around it. Some of them penetrated the roof and ward ceilings. It was fortunate that patients were no longer sleeping in attic dormitories and that a thick layer of sand had been spread over the attic floors. Fire-watching must have been thorough and efficient. Little structural damage was done and the only casualty was a patient who suffered slight burns.

The war years must have been a nightmare for Dr. McGarvey. His two Assistant Medical Officers had been called up, and he had to manage with the help of two part-time local practitioners. Nevertheless, small improvements continued.

With the advent of the National Health Service in 1948 the name of the Asylum was changed to Mendip Hospital – “in accordance with modern practice”.

Plans were submitted to the Regional Hospital Board by the new Management Committee for a new admission hospital, a male nurses' hostel and a

'parole villa' for male patients. Many years later we got all three – but only by adapting existing buildings!

Many physical treatments that were new in their day were being used here by Dr. McGarvey. [Modified E.C.T., electronarcosis, insulin coma, modified insulin, pyrexial treatment, leucotomy]. But he wrote: "I consider psychotherapy to be the sheet-anchor of the psychiatrist, in the form of suggestion, explanation and patient listening, assisted by any form of analysis". His refusal to separate physical from psychodynamic treatments would be characteristic of those experienced psychiatrists who were engaged in the 'front line'. If they were to help their patients they could not afford to be doctrinaire or prejudiced either way. Conditions made them eclectic. Nor did they underestimate the contribution of other professions:– nursing, social work, psychology, occupational therapy, physiotherapy, art and music therapy. Good psychiatric care has always been team work. It is costly and requires the support of good management. The hospital was fortunate in all these respects.

At last, in 1950, in recognition of the hospital's low medical establishment two additional Assistant Medical Officers and a second Consultant Psychiatrist were appointed. Meare Manor was purchased to house elderly female patients.

### **Dr. Bridger: 1951 – 1979: 28 years**

In 1951, after 27 years in office and having seen the hospital through the second world war, Dr. McGarvey retired and was succeeded by Dr. Bridger. He once told me that, on handing over to him, Dr. McGarvey had said "Never forget that this is your hospital. You are finally responsible for everything that is done or not done here. The hospital it becomes will depend on you." That was what it meant to be a Physician Superintendent. It was evident to those who worked under him that Dr. Bridger never did forget.

His time in office was remarkable for the great development that took place. He had the help of a Consultant Psychiatrist colleague and, now, four Assistant Medical Officers. Some years later a third Consultant Psychiatrist was added to the staff and also a Medical Registrar (a training post). That was still a pitifully small staff for a hospital with some 800 – 900 in-patients and all its out-patient and domiciliary work.

In 1952 the Nurse Training School was established and accommodated in the attic, where it remained until 1959 when a purpose-built department was provided; it was extended a few years later. It was an impressive School of Psychiatric Nursing and of high repute. I recall the strictures of the Senior Tutor of my day who, quite rightly, objected to the name Training School being restricted to the teaching department. He contended that the whole hospital was the training school. It was on the wards that the student nurses learned their most important lessons and acquired their skills. While on this subject I would like to emphasize what very highly skilled, demanding work psychiatric nursing is and how crucial the nurse's role is in the treatment and recovery of patients.

In 1952 the nursing establishment was reviewed and increased. A hostel for unmarried male nurses was established in Birdwood. That house had originally been acquired as a residence for Dr. McGarvey when, as Assistant Medical Officer, he had been given permission to marry! With the opening of Birdwood as a male nurses' hostel in 1954, there were, at last, no nurses accommodated in ward side rooms.

The hospital had learned that it was to house the centre for all psychiatric patients in the South West Region who were suffering from tuberculosis. Where could they be accommodated? An impressive detached residence (Westfield) had been built for Dr. McGarvey when the original Superintendent's quarters were needed as consulting rooms and offices. In 1953/54 Westfield was adapted for the care of tuberculosis patients and a new, more modest, house (Mendip House) was built for Dr. Bridger and his family. When the incidence of TB had been so reduced that the special unit was no longer required, Westfield became the long-awaited male admission villa.

The hospital's farms came under threat in 1954 when the Ministry of Health proposed that farming activities be reduced. The next year part of the farm was sold and there followed a gradual winding down until it was finally closed in 1962. A new Industrial Therapy department took its place. That, too, was accommodated in the attics until its new building was put up in 1963 – followed by a further new building in

1966. These were placed near the entrance from the Old Frome Road to give easy access for delivery vehicles.

In 1960 one of the male wards was designated for rehabilitation but it seems that little of significance occurred until, many years later, the Rehabilitation Unit was established. Its headquarters were in Dr. Bridger's old home – Mendip House.

The 1960s were a decade of progress. The O.T. Unit was extended and given a kitchen where female patients could receive some domestic training. A hairdressing salon and beauty parlour were made in out-buildings adjoining Mendip View.

In 1964 the hospital's first satellite group home for 4 female patients was opened. The prime mover in this was the hospital's first psychiatric social worker, Miss Bridget Gardiner. I am told that Mendip Hospital was the first in the country to make this experiment – but I can't substantiate that.

The medical staff was further increased by the addition of another Assistant Medical Officer. During the decade the large dormitories and wards began to be divided into smaller units and this process continued until the hospital closed.

A special unit for the treatment of alcoholism was set up under the direction of Dr. Alex Urquhart. At first it treated only male patients but soon, in new and larger premises, took both men and women. It enjoyed a high reputation and attracted patients from a wide area of the south west.

The psychology department was set up in 1966 with the appointment of a clinical psychologist. Its work extended into the sub-normality hospitals in the area. The interest of the first clinical psychologist was in the fields of neuro-psychology and social psychology. Later, following a general trend, the emphasis moved toward psychotherapy. An art therapy department staffed by two art therapists was opened in close association with the O.T. department, where much interesting work was being done to encourage participation in music, drama, social activities and daily living skills.

The 1970s saw the building of Leslie Cooke Clinic, which provided the headquarters of a new Community Psychiatric Nurse Service and rooms for a simple operating suite, out-patient work and a family planning clinic.

Three more group houses were opened in Wells and one of the lodge houses became a parole hostel for 5 male patients.

Male and female nursing staff became fully integrated and segregation of male and female patients disappeared: all the short-stay admission wards became mixed units for men and women. For a time the 'disturbed' admission wards continued to be used separately for men and women but these also eventually became mixed.

A Day Centre for the treatment of some 50 day-patients was specially built and provided with its own nursing and O.T. staff.

The National Health Service reorganization of 1973-74 brought about great changes in the management structure of the hospital. I remember with admiration the grace with which Dr. Bridger relinquished so much of his authority while continuing to feel himself personally responsible for the standards of the hospital.

Later, when proposals for closure became known in a document that we nicknamed 'The Green Peril' because it was printed on green paper, a shadow fell over his final years in office. The staff were anxious and uncertain about the future. I remember walking side by side with Mrs. Bridger in a march of protest from the hospital to the Town Hall. It was the first time in our lives that either of us had done such a thing. Dr. Bridger considered the hospital irreplaceable and was not sanguine about the future, but he was too clear-sighted a man to waste energy in futile protest. Closure had become inevitable as a matter of public policy. He cooperated with the new management to secure the best possible outcome for mental patients. Inevitably, however, with Dr. Bridger's retirement in February 1979 an era came to an end. In its demise Mendip Hospital once again reflected dramatic changes which had taken place in society and its attitudes.

To read the complete series of the Superintendents' Annual Reports gives the impression of a hospital always struggling hard, with too little space, too few staff

and restricted funds, to modernize while adapting to the pressure of always increasing demand for its services. It was an innovative hospital that strove to do good work. It enjoyed remarkable personal loyalty from its staff, many of whom belonged to families who had served it for several generations. The patients were cared for with kindness. Segregation or restraint were hardly ever used, even in the days when this was accepted practice. The Commissioners in Lunacy commented on its very rare use.

### **Conclusion**

I joined the medical staff as an Assistant Medical Officer in January 1967 and stayed until retirement in April 1988. These were busy and interesting years. It was instructive to have worked for twelve years under the old regime of the Physician Superintendent and then to watch a new system develop. Under a wise and humane man who was a good administrator an asylum could be a centre of excellence, advancing the understanding and treatment of mental illness. Under a tyrant or a weak or lazy man it could have been the opposite. Wells Asylum / Mendip Hospital was fortunate in its Physicians Superintendent and was blessed by three outstanding men – Dr. Boyd, Dr. McGarvey and Dr. Bridger.

I remember the hospital as a courteous place where the authority of the Superintendent was acknowledged and was exercised responsibly in the best interests of the patients, for whom Dr. Bridger always showed true respect. But one often had good reason to remember the Biblical story of the widow's cruse – particularly when one was the duty doctor desperately trying to arrange an urgent admission!

I should love to say more about the beautiful and productive gardens and grounds – a solace and enjoyment to everyone and a therapeutic experience for many patients – but time is running out.

That brings me, in conclusion, to say a word about the danger now confronting the old hospital burial ground. I am not a person who feels any great attachment to graveyards. Nevertheless, I was shocked when Graham Livings came to tell me about the proposed auction for commercial use. It seemed to me that this would be a final act of contempt towards people who had known too much contempt

during their lives. They are now beyond damage but we are not. Contempt always damages the contemptuous. Furthermore, the fragile improvement there has been in the attitude of society towards mentally ill people would be countered by a public message of this sort.

I wish the Friends of Mendip Hospital Burial Ground every success.