

The Centenary of Mapperley Hospital 1880 – 1980

Forward

For a whole generation of British psychiatrists, mention of the name of Mapperley Hospital usually brought to mind immediately the name of its last Physician Superintendent, Dr Duncan Macmillan. The particular brand of "community psychiatry" that he developed is probably best epitomised by his unique additional appointment as Medical Officer of Mental Health to the City of Nottingham. There is no gainsaying the drive and abilities of this particular man and his impact upon Mapperley Hospital and upon Nottingham, but this history of Mapperley Hospital shows that it has always been an institution of interest. It has been characterised by events and features on more than local interest during its long development.

Duncan Macmillan retired in 1966 and died suddenly in 1969, so the great majority of the present staff at the hospital know him only through the memories of others. His name is also commemorated by the conversion of what was the Medical Superintendent's house in the present postgraduate centre and records department.

Mapperley Hospital took on the new role in 1973 with the transfer of clinical headquarters of the Department of psychiatry of the new Nottingham Medical School to a so-called temporary building outside the hospital church. Thus the "ivory towers of academe" have been represented by a prefabricated hut in the grounds of the busy mental hospital, which is perhaps appropriate for a new medical school attempting to teach a realistic brand of clinical practice.

The implications of becoming an undergraduate teaching centre have been considerable but beneficial, particularly since the first requirement for good undergraduate experience is a high standard of postgraduate training and service work. Much effort from both academic and National Health Service senior staff since 1972 has gone into the building of the present postgraduate training scheme, which joins together the junior psychiatric staff of all the psychiatric units in the County (and for the senior registrars, also includes the two hospitals in Derby).

The last 10 years have also seen the birth and death of a unique administrative arrangement, the Trent Vale Hospital Management Committee. This brought together under one Administration all the psychiatric units and services of the County of Nottingham, wherever they were situated. Local feelings about this arrangement were clearly mixed, but the greater integration of psychiatric services that resulted had many advantages. Unfortunately, the Trent Vale Hospital Management Committee was dismantled in the reorganisation of the hospital side of the NHS in 1974, and there is no need to comment here upon the present administrative problems that face us all.

A note on the future is perhaps the best way to finish this introduction to a history. The psychiatric unit in the new University Hospital is now in an advanced state of construction, and could be in operation in between two and three years from now. Whatever this date turns out to be, the operational plans that are currently under discussion for the new unit will ensure that its opening will increase the connection between different sections of the psychiatric services, rather than produce a separation. The new unit will need support from both Mapperley and Saxondale Hospitals for the rehabilitation and long-stay services, and it will not be able to function as a separate unit. Some medical staff from both the present hospitals will transfer a large part but not all of their work to the new unit, and will of necessity retain close personal and working relationships with the larger mental hospitals. Mapperley Hospital will also remain the base for about half the clinical medical students and academic staff. The results of these arrangements could be a closely connected set of psychiatric services covering Nottingham County and City which will be able to make the most of scarce resources. The future of Mapperley Hospital is thus assured, since it will be a larger and central component of this network, and it will provide acute and long-stay facilities of both general and special kinds of large sections of the population of Nottingham.



Nottingham City Asylum CC, season 1908

R. Bentley	T. Alexander	H. Bradley	W. Loach		
		E. Raven	R. Hallam	J. Fletcher	G. Franks
F. A. Powell	Dr Erskine	C. F. S. Marsh			
J. H. Lee	W. F. Lee	C. F. M. Taylor			

The Foundations

- A Foreign Visitor
- An Historic Occasion
- The Disillusion
- The Lady Middleton Fund
- The Building of the New Asylum

The Story of Mapperley Hospital Begins

- A Description of the Hospital
- The Early Years
- A Therapeutic Community
- The Superintendents Journal

The Pioneer Years

- The Expansion of Treatment
- Special Departments
- Education
- The Improvement of the Patient's Environment
- Cooperation of Hospital and Community
- The Hospital in a Comprehensive Mental Health Service
- Nuffield House and Aged Care
- Special Services

The Future

In the introduction to her *Lunacy, Law and Conscience* Professor Kathleen Jones writes: "In the 18th century, madmen were locked up in madhouses; in the 19th century, lunatics were sent to asylums; and in the 20th-century, the mentally ill received treatment in hospitals."



Presentation of Certificates by the Lord Mayor, 1936

The prehistory of Mapperley Hospital starts in the 18th century and its history starts in the 19th century. In the 20th century it exemplifies the truth of the statement.

The General Hospital in Nottingham was founded in 1781. When the mental illness of George III became known to the public in 1788 "the gentleman who generously took upon themselves the general management of the infirmary" saw the need for an asylum and started to collect funds. The County Asylums Act of 1801 authorised counties to unite with voluntary subscribers in financing asylums and after 1809 the asylum fund was given a separate status in the annual report of the General Hospital.

A committee under the presidency of the Duke of Newcastle undertook to superintend the building of the asylum. The foundation stone was laid on 31st of May, 1810 and was opened "for the admission of its unfortunate tenantry" on 12th February, 1812 sharing with Bedford the distinction of being the first built under the Act. The report of the Committee in 1811 indicate something we are only too familiar with today, viz. that the cost of the project was exceeding the original estimate.

The rules of the Nottingham Asylum enjoined that "the assistants and servants shall abstain from unnecessary violence..." and "that they behave with the utmost forbearance, tenderness, patience and humanity towards the unfortunate sufferers committed to their care and protection." The Retreat at York, founded by the Quakers in 1792 because of well-founded suspicions of ill-treatment at the York Asylum, was already famous for its "moral" treatment of kindness, encouragement, occupation and instruction.



Dr John Storer

Dr John Storer, now commemorated by name in the title of the psychiatric outpatient clinic of the General Hospital, became the senior physician of that Hospital in 1785 and was a prime mover in establishing the Asylum. It was he who caused the regime of the Retreat to be put into practice in Nottingham and he had also sought advice from other establishments. His other enduring claim to fame was the presidency of the first subscription library in Nottingham. It still exists at Bromley House on Angel Row and his portrait looks on to the staircase there. He is also commemorated in Storer Street, off Carlton Road, almost opposite where the Asylum once stood.

A Foreign Visitor

In 1842 Dr. C. Crommelinck made his report to the Belgian Minister of the Interior on the mental hospitals (Hospices d'Alienes) of England, France and Germany. In his account of a visit to Nottingham in 1841 he called the Asylum a large establishment for 150 patients. (It had opened with places for 80). He remarked that there were no luxurious rooms like those at Gloucester, the contrast between the quarters occupied by the pauper patients and the private patients being barely distinguishable. He was impressed by a steam machine with five uses and by lavatories with a continuous flow of water. "Thus the wards were free of the horrible smells which we encountered elsewhere." This latter was the invention of Dr Thomas Powell, who was the medical superintendent from 1831 to 1848. He also mentioned that Dr Powell told him that when the windows were covered with wire netting one window was broken every day. When the netting was removed none were broken.

A Historic Occasion

Dr. C. Crommelinck was also present on 5th November, 1841 at the first annual general meeting of the association of asylum superintendents which was held at Nottingham Asylum. This association became the Medico-Psychological Association, then the Royal Medico-Psychological Association and in 1971, the Royal College of Psychiatrists. At the meeting a resolution expressed "approbation of and a vote of thanks to the gentleman now engaged in abolishing the use of restraint."

The Disillusion

When the Asylum was founded its funds were in twelve shares of which seven were from private subscribers, four from the County of Nottingham and one from the Town of Nottingham. There were three classes of patient: those maintained by private fees, those maintained partly by private fees and partly by the hospitals funds, and paupers sent by the Justices of the Peace.

In 1853 there were 250 patients in the Asylum. On 26th March two Lunacy Commissioners met the Committee of Visitors and urge the separation of the interests of subscribers and magistrates. The union was dissolved in 1855 and the County and the Borough bought the property of the subscribers who then proceeded to build their own hospital. The foundation stone was laid on 30th of October, 1857 and the Lunatic Hospital, later named after the adjacent Coppice Farm, was opened on 1st of August 1859.

Patients in the Asylum continued to increase and by 1874 the daily number was nearly 400. It was then resolved to sever the union between the County and the Borough and an agreed value of £43,169. 19s. 7d. was put on the buildings, grounds and contents. The Borough of Nottingham proceeded to plan its own Asylum. The original foundation continued to serve the County until Saxondale Hospital was opened in 1902. Its site can still be seen in King Edward Park on Carlton Road between Daykeyne Street and St Chad's Road. One of the original buildings survived on the west side of Daykeyne Street until recently.

The Lady Middleton Fund

Her Majesty the Queen Dowager Adelaide had instituted the Adelaide Fund to aid patients discharged from the Middlesex Asylum at Hanwell. In October 1841 the desirability of a similar fund was brought to the notice of the subscribers and governors of the Nottingham Asylum. It was put forward by Dr Andrew Blake, physician to the General Hospital and the Asylum. (He presided at the historic occasion mentioned above."



Dr Andrew Blake

The effective founder was the Dowager Lady Middleton of Wollaton Hall who promised an annual subscription of £10 and gave the capital sum of £200 to be invested for the Convalescent Fund. When she gave a further £100 the managing committee change the name to The Lady Middleton Fund and as such it has continued to this day. It was divided in 1869 so that the Coppice could have its own fund and again in 1874 when the County and the Borough decided to part. It was partially reunited in

1956 when the Nottingham No. 3 Hospital Management Committee successfully applied to the Charity Commissioners to amalgamate the Coppice and Mapperley Funds.

The fund still helps to "prove the happy means of preserving from relapse many suffering fellow creatures who, returned into society inadequately clothed and deprived of the opportunity of procuring immediate employment, might otherwise, under the pressure of distress, mentally give way once more...".

Although there are statutory provisions for aid to discharge patients, a small sum of money produced quickly on the recommendation of social worker and doctor, at a time of great need, can tip the balance in favour of successful rehabilitation.

The Building of the New Asylum

An 1875 report on the chosen site and Mapperley doubted (and rightly as the future showed) that accommodation for 200 patients would be enough as 133 patients were already boarded out elsewhere. The Commissioners in Lunacy would not approve the sites of less than 50 acres but agreed to one of 32 ½ acres when they were assured that the Counsel would not use the adjacent 20 acres without the consent of the Asylum Trustees or the Secretary of State.

A competition was held for designs for the new asylum. The prize was won by George Thomas Hine who estimated that it could be built for £24,000. The plans were later amended, as required by the Commissioners, to incorporate an extra 64 beds and an increase in water closets and other conveniences.

The tender of Messrs W and H Harris was accepted for £32,000 and the completion date was to be in July 1878. The bankruptcy petition of the builders and further requirements by the Commissioners delayed completion until 1880.

In July 1880 the Committee of Visitors invited tenders for the supply of beef and mutton, fish, beer, bacon, flour (best seconds), groceries, pea meal and peas.

The Story of Mapperley Hospital Begins

The Nottingham Borough Asylum was opened on 3rd August, 1880 with Dr Evan Powell as its first medical superintendent. He had been a senior assistant medical officer at Barming Heath Hospital and was chosen from six candidates. The hospital, as we shall now call it, was designed for 280 patients, a figure based on a population of 70,000. In the interval between planning and commissioning, the population of the Borough had increased to 180,000 by the extension of the boundaries.

During August 1880, 246 patients were transferred in from Leicester, Macclesfield, Mickleover and Sneinton and with the addition of patients who had been waiting in the workhouse, the Hospital was immediately filled. The Commissioners could hardly wait to pay their first official visit and did so on 2nd November, 1880. In their report they described the hospital building which corresponds to the present day North Side. They commented that the beds and bedding were scrupulously clean, and they received no complaints of ill treatment, the Seclusion Register showed one man secluded seven times for a total of 38 hours and there were no entries of restraint. They also remarked that the female patients on the wards appeared apathetic and listless: none was occupied in reading, knitting or sewing. In the following year, either as a result of their remarks or because there had been sufficient time for organisation, there is a record of varied occupations for these patients.

The Description of the Hospital

These are some of the details given in Volume 4 of *Asylum's of the World* by G. A. Tucker, published in Sydney in 1887. The architecture is named Mixed Gothic! On the ground and first floors there are

day and dining rooms, on the second floor bedrooms only. The day rooms are furnished with small tables, backed forms, windsor chairs, etc., and contain plaster casts, plants, pictures, books, etc. The windows are curtained, the walls are painted in two colours, floors scrubbed and laid with lino, all doors open outwards.

The dining hall is fine with large windows and is also used as an amusement room. It has a grand piano. The walls are painted and stencilled. There are white cloths on the tables. The rooms are heated by guarded fireplaces and steam; or buildings are fireproof.

There is a chapel above the dining hall. (It became the Church Dormitory during the years of overcrowding before 1950. It is now the library).

There are 38 attendants – 19 male, wages £2.10s to £3.6s 8d per month and 19 female, wages £1. 6. 8d to £2 per month. The per capita cost per patient is 10s 4d per week. Recoveries 43 per cent. Deaths 8.9 per cent.

The Early Years

The Medical Superintendent was required to visit all the wards and see all the patients every day. He supervised the Storekeeper, the Housekeeper, the Head Attendants, male and female, and appointed all staff. None could be absent from the premises without his permission.

The attendants were on duty from 6 a.m. (6.30 in winter) to 8 p.m. or, on amusement evenings, until all patients were in bed. Their daily ration was 8 ounces of meat cooked and free of bone, 12 ounces of vegetables, 1 lb. of bread, 1 ½ pints of beer and ¾ pint of milk with weekly additions of 2 oz. tea, 3 oz. coffee, 12 oz sugar, ½ lb. each of butter, bacon and cheese. Night staff had extras of 1 ½ oz. tea and 8 oz. sugar per week.

The patient dietary included meat pie, Irish stew, fish, vegetables, soup, suet and dried fruit pudding. At Sunday dinner they had ½ pint of beer or milk.

TABLE OF THE HOURS TO BE OBSERVED.

6	0	a.m.	First bell, patients to rise.
8	0	„	Bell, patients' breakfast.
8	30	„	Patients go out to work.
12	15	p.m.	Bell, preparation for dinner.
12	30	„	Patients' dinner.
1	0	„	Bell, attendants' first dinner.
1	30	„	Bell, ditto second ditto.
2	0	„	Patients go out to work.
5	30	„	Bell, patients return from work.
6	0	„	Bell, patients' supper.
7	30	„	Patients go to bed.
8	0	„	Bell, day attendants off duty.
10	30	„	Attendants to be in bed, all lights out.

ON SUNDAY.

6	0	a.m.	First bell, patients to rise.
8	0	„	Bell, patients' breakfast.
9	15	„	Bell, service in chapel.
12	15	p.m.	Bell, preparation for dinner.
12	30	„	Bell, patients' dinner.
1	0	„	Bell, attendants' first dinner.
1	30	„	Bell, ditto second ditto.
6	0	„	Bell, patients' supper.
7	30	„	Patients go to bed.
8	0	„	Bell, day attendants off duty.
10	30	„	Attendants to be in bed, all lights out.

“Regulations and Orders,” August 3rd, 1880

Because the hospital filled up immediately it was opened, overcrowding soon menaced the comfort of the patients, and the efficiency of the staff. Despite the urgings of the Commissioners the Town Council was slow to do anything about it and it was not until 1887 that they agreed to convey the 20 acres which have been reserved for extensions.

Plans were prepared by George Thomas Hine and approved by the Commissioners and the Secretary of State. A welcome addition was the building of the wall on the Wells Road ensuring privacy for the patients.

The £34,700 tender of Messrs. Bell and Son was excepted and the new wing (now the South Side) was opened in 1889. It provided six wards, a kitchen, a hall for dining and recreation and a church. Even with this addition the Hospital was overcrowded by 44 patients 12 months later.



The Hospital Church was part of the 1888 extension

A Therapeutic Community

This is a term which gained currency in the 1950s to describe a psychiatric ward or unit in which all concerned – doctors, nurses, ancillary staff and patients – meet, discuss, try to understand and work together in treatment. It is an appropriate description of the old-fashioned mental hospital, which was an asylum for those who could not receive treatment or care in their home surroundings. Nottingham provided at Mapperley the setting for a separate community for the mentally ill. Situated 3 miles from the city centre it was bounded by walls "as the patients while walking about in the grounds were liable to be interfered with by passers-by, which is very undesirable and has an injurious tendency."



Cricket on the old field – considered one of the best in the area

In addition to medical and nursing care and food and shelter the hospital provided work, exercise, entertainment. It had gardens, a farm and a church, but no shops, no pub, no post office, no cemetery and no police station. A large degree of self-sufficiency was aimed at. The farm, its buildings first occupied in 1898, had cows, pigs, poultry, potatoes and vegetables and in supplying food also provided occupation for parties of male patients and their attendants. Haymaking was popular: it meant overtime pay for the staff and extra comforts for the patients. Other patients worked in the gardens and greenhouses. The bakery and the kitchens also employed patients. Tradesmen – the plumbers, carpenters, bricklayers, the pollsters, painters – all had one or two patient assistants and the extra responsibility attracted a very modest addition to the normal wage rate. The tailors shop made staff uniforms and did alterations to patients clothing. Suitable female patients assisted in the sewing room and in the laundry. In addition to repairing boots and shoes the cobbler made all the slippers.

Far from providing cheap labour – a jibe applied by unthinking critics in the recent past – the patients were being kept physically healthy and were helping themselves and their fellows by working together for the common good. Occupation and an ordered life – believed as far as possible of material stresses, were appropriate treatment in those days when psychiatric medicine had not yet developed.

Life in the hospital was not all work. Books and magazines were passed on from the town's libraries and from the Mechanics Institute. There were fortnightly dances for the patients, and certain gentleman would only dance with certain ladies. The music was provided by the staff orchestra. In 1911 the Head Attendant was paid £5 per year for services as Bandmaster. Ability to play a musical instrument or prowess as a cricketer were recommendations for employment as an attendant. The cricket and football matches with teams from other hospitals were a regular entertainment.

In 1924 electricity was installed and by 1926 programs from a central wireless set were being relayed to all wards. In 1927 cinema equipment was purchased. Later, as the Majestic Cinema had been built just outside the hospital, the patients went there every week to a special matinee.

Regular church services were held. The choir was recruited from the staff and the annual choir outing was a popular event.

The other great annual event was the Anniversary Sports Day for the patients, commemorating in early August the opening of the hospital.

The Superintendents Journal

This was a diary in which the medical superintendent had to record matters of importance – admissions, discharges, cause of death patients, engagements and dismissals of staff and any unusual happenings. It was put before the Visiting Committee every month. From it we get glimpses of what was of moment in the hospital and of events in the world outside. There are references to storm damage, to mishaps to farm animals, to the replacement of earthenware chamber pots by pulp ones after a fracas, etc.

There are applications for increases of staff wages and salaries, mentions of acquisitions of equipment, warnings of overcrowding, reports of meetings to plan new sewers or nurses' homes.

In 1900 the maximum wages of the nurses was increased from £28 to £30 per annum.

In 1919 the wage rate of attendance was £60 × £5 to £90 per annum.

The visit of the Public Vaccinator vindicates an outbreak of smallpox in the city. During the 1914-18 War staff went to the services. Dr Powell and his deputy, Dr Smith, attended Tribunals to obtain exemption for key members of staff. The request in 1917 to clear 150 beds for wounded soldiers still to be linked with the Battle of Cambrai.

National events have their echo in the hospital. In June 1893 the patients had a dinner of mutton and fruit pie to celebrate a Royal Wedding. It was that of the Duke of York and Princess Mary of Teck, who became King George V and Queen Mary. In 1902 there was an entertainment for the Coronation of King Edward VII. The roast mutton and fruit pie appeared again for the Coronation of King George V in 1911 and that the Armistice in 1918 and the Peace Celebrations in 1919. At the latter the staff received 5 shillings each and an extra day's leave. For the patients there were in addition oranges for the women, tobacco for the men, jam for tea, and entertainment in the evening followed by coffee and cakes. The men who could appreciate it had half a pint of beer with their dinner.

A more ordinary entry in 1923 says "4 p.m. cocoa much appreciated," and another records the addition of 1 oz. of corned beef at dinner each Monday.

When the Lunacy Act of 1890 was passed the hospital was able to admit private patients at a charge of 15 shillings per week. In 1923 it was decided that service patients (war pensioners) would dine at separate tables with the private patients.

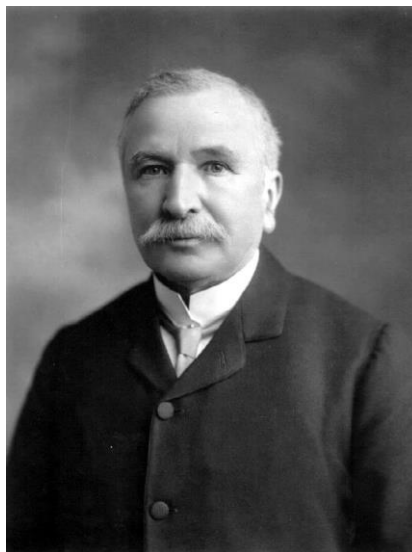
As far back as 1901 there are references to attendants and nurses receiving certificates to mark their passing of examinations in mental nursing.

Rules and Regulations for the staff were strict. Male and female attendants had one whole day off a fortnight in 1901, also one Sunday in five; one evening a week from 6.30 and 10 days annual leave after one years' service.

In 1912 the recommendation was that nurses be allowed one day off a week instead of one in ten and a half day every seventh Sunday instead of the whole Sunday per month.

Even as late as 1944 Rule No. 67 stated that no nurse is allowed to marry without the sanction of the Visiting Committee.

On 1st October, 1921, Dr Evan Powell handed over to Dr G.L. Brunton. He had been superintendent for 41 years and is remembered by some of our pensioners as a small, white-haired kindly man. His successor came from the North Riding Asylum at Clifton, York and had served in the Royal Army Medical Corps, latterly as a neurologist in the 3rd Army.



Dr Evan Powell

There were only three Medical Superintendents from the opening of the hospital until the retirement of Dr Macmillan in 1966

Dr Powell did not enjoy a long retirement. There was a memorial service for him in 1924.

Dr Brunton retired in 1941 and died in 1963 at the age of 83. He is buried at Ashford on the Water in Derbyshire, and his funeral was attended by 21 members of staff.

The third and last superintendent was **Dr Duncan Macmillan**. When he retired in 1966 medical direction of the hospital was assumed by a committee of the senior medical staff, and the Hospital Management Committee received its medical advice to the first Chairman, Dr H. Fisher.

THE PIONEER YEARS

In the second half of the 20th century the history of Mapperley Hospital has been rich and varied. The pace and number of changes are much greater than could have been imagined at the beginning of this period. In order to describe the abundant material adequately it is necessary to do so under four main headings:

- the expansion of psychiatric treatment
- the improvement of the hospital environment
- the cooperation of the hospital and community, and a comprehensive mental health service.

These divisions are only made for convenience of description. They are different aspects of one continuous process. They illustrate the principle that the patient cannot be treated properly without considering the social setting.

The Expansion of Treatment

It was the Mental Treatment Act of 1930 which marked the beginning of the end of the isolation of the mental patient. Among other measures it enabled the hospital to accept voluntary patients. That meant that patients who needed inpatient treatment no longer needed to be certified under the Lunacy Act of 1890 could have themselves admitted on written request and could discharge themselves similarly on three days' notice.

In the first five years 20 per cent of admissions were voluntary. Twenty years later the voluntary patients comprised of 92.5 per cent but the annual admissions had risen from 200 to 1,200.

The other important provision of the 1930 Act was that mental hospitals were authorised to establish outpatient clinics. Mapperley Hospital responded by renting a room at the General Hospital for one weekly session. In 1957 it was reported that there were 43 weekly out-patient sessions and that the five consultants spend more than half their time on extra-mural work.

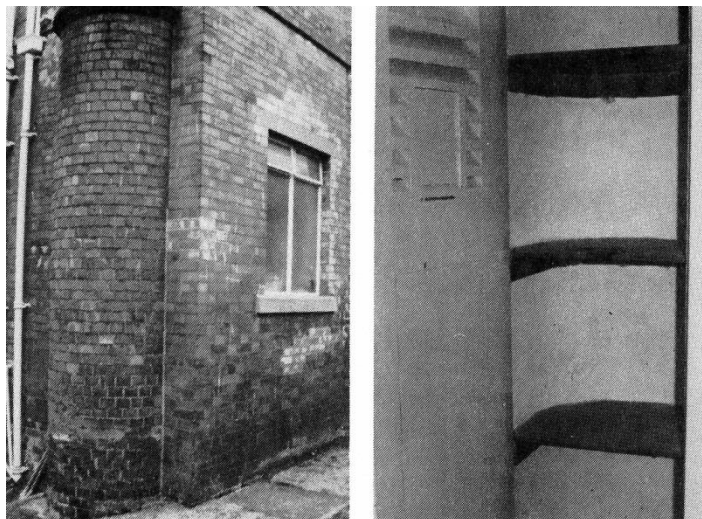
The next step in raising the status of the patient was the introduction of informal admission. The abolition of formality was carried out first at St Ann's and St Francis Hospitals in 1955 and extended to the whole of Mapperley Hospital when the Mental Health Act was implemented in 1960.

Specific treatments for mental illness were slow in appearing in the first half of the century. Malaria treatment of G.P.I. (**General Paralysis of the Insane**) was instituted in 1917 in Vienna and the first patient in Mapperley Hospital was treated in 1925. It was being superseded by penicillin in the 1940s but the last malaria treatment here was given in 1952.

Ultra-violet ray treatment, diathermy, continuous narcosis, carbon dioxide inhalations (revised by Meduna in the 1950s), new intravenous sedatives, hormones and automatic nervous system stimulants

were all the subject of optimistic reports in the medical journals of the 1930s and work, therefore tried out.

The convulsion treatment of schizophrenia with intravenous cardizol was founded on the erroneous assumption that epilepsy and schizophrenia were biologically incompatible. The treatment was found to be more effective for melancholia and was succeeded in 1942 by **electro-convulsive treatment** (E.C.T.). This is still a most useful treatment and is now given in a purpose-built suite away from the wards.



The disused Hydrotherapy Unit situated on Margaret Ward

Schizophrenia has always been a serious problem in psychiatry because of the tendency to chronicity and lifelong disability in the severe case and in the neglected one. With non-specific treatments such as good nursing care, occupation and stimulation there are always good recoveries. Other patients were able to leave hospital with varying degrees of disability and social adjustment.

After the War it became possible to cite a special unit in The Cottage (the original isolation hospital) for **insulin coma treatment**. This flourished under Dr P. Weil until 1952 when the new tranquillising drugs rendered treatment less hazardous and more effective. With newer drugs the treatment of schizophrenia has been revolutionised. Those patients who were not made a complete recovery can be maintained more effectively on periodic injections and enabled to live outside hospital at a higher standard than was possible previously. The numbers involved have made worthwhile the setting up of a special clinic in its own premises adjacent to the E.C.T. suite.

The tranquillisers were the beginning of the pharmaceutical era in psychiatric treatment. They were followed in 1958 by the anti-depressant drugs and both classes were expanded steadily. Other types of medication – antibiotics, diuretics, drugs for cardiovascular and skeletal disease, etc.– have also multiplied. The Pharmacy Department used to occupy what is now the Catering Manager's Office and in 1952 was staffed by one dispenser. It now occupies ten times as much space and has a greatly increased professional staff with the branch at the Outpatient Department. This greater range of drugs has enabled more patients to be treated out of hospital and for shorter periods in hospital. In patient treatment may only be an episode between periods of outpatient treatment.



Industrial Therapy Unit



Occupational Therapy Department

Special Departments

Physical methods and medication are only one part of treatment. In 1950 the hospitals first qualified occupational therapist, Joan Mercer, was appointed. She became head of a Department which since 1956 has occupied its own spacious premises. Occupational Therapy covers much more than craft work. Games, relaxation classes, art therapy, play readings, domestic tuition and a re-socialisation club are only some of its activities. From humble beginnings as a small group salvaging wood and producing firewood the sale, Industrial Therapy grew under the direction of Mr G. A. Chinnery to a Department occupying 120 day patients and fulfilling commercial contracts worth several thousand pounds a year. The opening in 1962 of DUIT (Day Unit for Industrial Therapy) has enabled the rehabilitation and maintenance in the community of many patients who otherwise would have to remain in hospital.

Psychiatric treatment is also assisted by the assessment of personality, intelligence and aptitudes carried out by the clinical psychologist. From 1949 to 1968 this work was carried out single-handed at Mapperley by Dr J.Kay. In 1968 the appointment of Dr David Smail was the first step in the establishment of the Area Department of Psychology which now has responsibilities extending

beyond this hospital. The treatment of new erotic behaviour patterns is now carried out in selected cases by members of this Department.

Psychotherapy, the exploration of the psychological factors in mental illness and maladjustment, is part of every psychiatrist practice and ranges from simple explanation and reassurance to more sophisticated techniques requiring special skills and more time. Group psychotherapy was introduced at Mapperley in 1945 and has continued in varying ways and a variety of locations since then. The appointment of a consultant psychotherapist, Dr Mark Aveline, in 1974, was an important advance and widened the scope of treatments available.

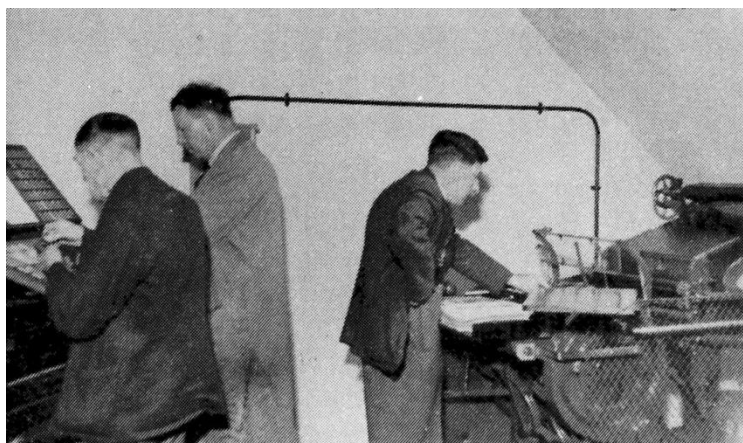
Another special department is the inpatient unit for child psychiatry which opened at St Ann's Hospital in 1948. It caters for 16 patients and a small number of day patients and excerpts referrals from the Sheffield Region. In 1966 treatment facility for adolescents was opened in a house in the City. It transferred to St Ann's Hospital in 1970.

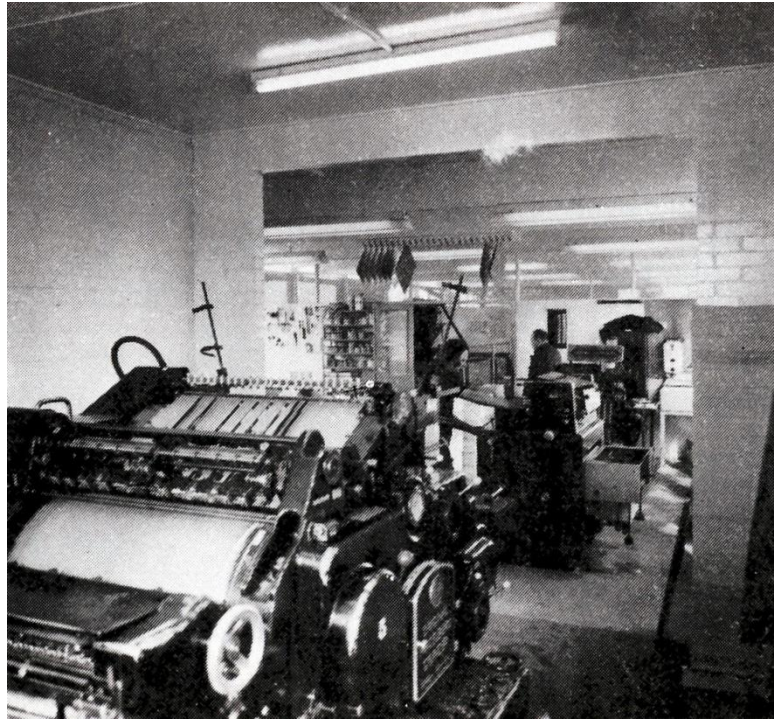
Special arrangements were made in 1978 for the treatment and care of patients suffering from mental illness following childbirth. Mother and Baby suites were equipped in two treatment areas. This ensures that bonding – the establishment of the unique emotional identification between mother and baby – is not endangered by separation. With the help of the nursing staff, the mother cares for her baby as far as her illness allows and progressively assumes responsibility until she's judged recovered.

The Regional Centre for the treatment of Alcoholism and Drug Addiction was established at Mapperley in 1962. Its first Director was Dr A.Minto. It moved to more commodious premises in Porchester House in 1969 and has continued to be a centre treatment and research.



Patients working on the farm – taken in the 1950's





The Hospital Printing Department started in the very small rooms adjacent to the Church in the 1940s now, with modern equipment, the Department is responsible for most of the printing for the North Nottingham District.

Education

Any active treatment centre like Mapperley Hospital must also become a centre of education and through the years covered by this survey education has been a continuous process. Case conferences and demonstrations have been a regular feature and have been attended not only by the medical staff but also by social workers, mental welfare officers and trainees in other disciplines. The Occupational Therapy Department has always had its quota of students and has had the Social Work Department. The medical staff have held seminars and given lunchtime lectures for general practitioners and always took an active part in the Nurse Training School which graduated from cramped quarters at St Ann's Hospital to its own splendid building between Porchester House and DUIT in 1972.



Nurse training, circa 1958

The hospital has played host to the Royal-Medico-Psychological Association on two occasions and to a stream of visitors from home and overseas, especially in the 1950s when pioneering work is being done.

The greatest educational stimulus has been the arrival in 1971 of the Department of Psychiatry of the University of Nottingham Medical School headed by Professor John Cooper. The program of undergraduate and postgraduate training is very full. The Macmillan Postgraduate Centre, formerly the house of the Physician Superintendent, includes a medical library, a reading room, a lecture room and annex. In addition to its stock of books, journals, and reprints, the medical library has links with those of the Postgraduate Medical Education Centre and the Medical School and with the British Library.

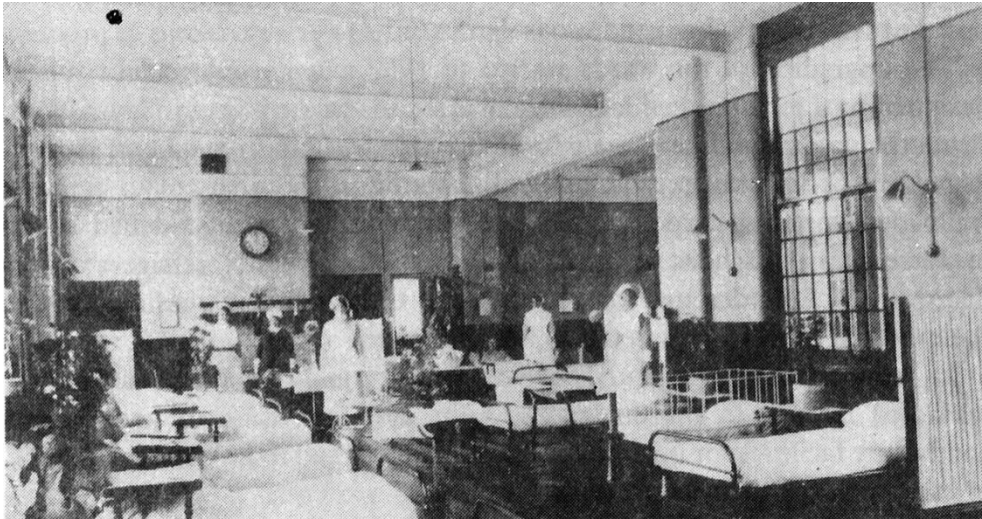
Improvement of the Patient's Environment

Today's patients and their visitors, if they ever think of it, will find it hard to visualise what the Hospital looked like before the modern improvements were made. The high wall and the gates on Porchester Road are gone, giving a clear view of the east front. On the west side lawns and gardens have replaced railings and airing courts. Inside "The Building", as local residents called it, gloomy greens and browns have given away to lighter colours, institutional tiles and bricks have been covered by plastics and panelling's, old flaws have modern coverings, pipework has been boxed in, lifts have been installed. The list could go on much longer.

Patients move freely between wards and recreation areas and the grounds. They resting comfortably lounges, sleep, not in large crowded dormitories, but in smaller rooms with comfortable beds, lockers, wardrobes, the wardrobes, especially in the female long stay wards, contained not one or two items of communal issue clothing, but full outfits of personal clothing chosen and bought by the patients themselves.

As far back as the 1920s one ward on each side of the hospital was open. In 1934 another two wards on the male side were open. In 1935 St Ann's Hospital was opened as a female admissions facility for voluntary patients and had no locked doors. It was handed over to the Emergency Medical Service in 1939 and the patients transferred to the main hospital. That, together with the slowing up of work entailed by shortages of medical and nursing staff, led to severe overcrowding during 1939-45. After the War this problem was tackled vigorously by the Physician Superintendent, Dr Duncan Macmillan, with a programme of reclassification and rehabilitation. It was remarkable how the simple process of reclassification from certified to voluntary status was sufficient to give long stay patients the incentive to work towards discharge and induce their relatives to adopt a more hopeful attitude. When such a patient was discharged the bed was taken down. This encouraged active treatment of admitted patients to avoid chronicity and a long stay. It took 11 years to bring down the numbers of patients in the hospital, to equal the number for which there was adequate space. The reduction to less than half the 1948 figures was continued, resulting in more space, more amenities, greater comfort and better therapeutic opportunities.

At the same time as the reduction in overcrowding the opening of locked wards was begun again. Female 10, happily renamed Hope Ward, was the first to be fully opened. The misgivings of the staff were first allayed by Dr Macmillan's reassurance and explanation and then by their experience that their work had become easier and their relationship with the patients more pleasant. With the loss of the custodial role the nurses could devote all their attention to the more satisfying therapeutic role.



The wards before modernisation and now



By October 1952 old wards in the hospital were unlocked making Mapperley the first fully open mental hospital in England.

Patient showed a response to the new atmosphere in becoming less disturbed and more easily managed. Padded cells were dismantled, by 1956 seclusion (temporary confinement in a locked side room) was a thing of the past and side rooms changed from isolation units to private rooms of privilege.

The upgrading of the wards started in 1952 when a bold colour scheme designed by a lecturer at the College of Art, was carried out in Haven Ward. From then a programme of refurbishing wards was put in hand and Hospital Management Committee and staff collaborated in choosing water colour schemes, wallpaper, curtains, carpets, furniture, new lighting and remodelled layouts in wards. Ward

kitchens were re-equipped with sink units, refrigerators and dishwashers. Launderettes were provided as the patients increasingly bought their own clothing in preference to hospital issue.

In female patients recently very ill the first sign of improvement is a rekindled interest in personal appearance. The provision of hairdressing and beauty facilities for recently admitted patients had to be quickly expanded to cope with the demand from the longer stay patients.



The Hospital Shop, Mr Royce Westerdale was manager

The Hospital shop, well-managed to by Mr Westerdale, expanded from purveying sweets and cigarettes to providing a wide range of articles with the emphasis on clothing of good quality. Alternatively, patients, if they were not fully independent, called, as part of their rehabilitation, be accompanied into town by a nurse and learn or relearn the joys and hazards of shopping. Nurses also accompanied parties of patients on seaside holidays and this arrangement continues every year.

A library for staff and parole patients was opened in 1945. Over the years it expanded in stock and in space until it became too much for part-time librarians to manage and a full-time librarian was appointed. In 1978 it was taken over by the County Library Service. It provides a trolley service to the wards and mounts exhibitions and arranges record recitals. Work in the library is useful in the rehabilitation of selected patients.



*The present Coach can take wheelchairs.
Money for its purchase was raised by volunteers*

Increased freedom for patients is also reflected in the improvement in catering. From 1960 choice of dishes at the main meal has been available to patients in several areas of the hospital.

Inevitably, in spite of raising standards of treatment and care, there have remained patients who are unfit to leave hospital, some of them more by reason of age and physical infirmity than mental illness. To enlarge their interest's outings by hired coach were arranged. As this ruled out those too infirm to board a conventional coach, the hospital in 1977 acquired through the generosity of well-wishers a coach on which could be loaded patients in wheelchairs.

Another amenity which is much appreciated is a Family Visiting Room where patients can be visited by their young children away from the wards. This is a project of the Social Work Department and was a gift of the Boots Company in 1978.



*Viscountess Monckton of Brechley opening the Sun Lounge, 18 September 1958
(on right) Miss M. S. Glen Bott, F R C O G, JP, Chairman, Nottingham Area No.3*

Cooperation of Hospital and Community

In order to ensure the best conditions for its patients the hospital has worked to enlist the sympathy and goodwill of the population which it has served. What were the then revolutionary ideas of open doors and easy access to treatment had to be explained to the public, for without their understanding and acceptance the hospital's aims could not be achieved. To this end Dr Macmillan and his staff went out into the community and in lectures to professional and technical gatherings and talks to local associations, church groups, schools and contacts with councillors, magistrates and others, explained the purpose and the results of the changes being made. Visits from interested parties were welcomed and in the 1950s Open Days and Open Weeks showed hundreds of visitors that the hospital was no longer hidden behind high walls and that the conditions were matters of pride rather than of shame.

The annual show of the Mapperley Horticultural Society was energetically directed by Mr A. E. Spalding, Group Treasurer and later Group Secretary, and attracted many who would otherwise never have visited a mental hospital. The Hospital Pantomime, revised and produced by Mr H. Collins, the Deputy Chief Male Nurse, was another attractive event at that time and in recent years has proved to be so again.



*Patients, staff and their children in the 1954 production of Jack and the Beanstalk
The pantomime was a highlight of the festive season*

In 1948 the Women's Voluntary Service, now the Women's Royal Voluntary Service, started to visit the hospital with comforts and personal and social services for the patients and continue to do so. In 1950 and 1951 they founded Darby and Joan Clubs at St Francis Hospital and at Mapperley for the elderly patients. The name of Mrs S. Consterdine, B.E.M., will always be gratefully remembered in this connection.

The League of Friends of Mapperley Hospital was inaugurated in 1954. Since then the members have worked tirelessly in many ways such as visiting friendless patients, arranging outings, and providing an evening canteen and entertainments. Funds raised by the League of Friends have provided amenities which could not be supplied from official revenue. These include two sun lounges, the shop and patients tea bar, toilet facilities, extra furnishings, recreational equipment, pocket money for patients holidays, and grants for ex-patients in sudden financial difficulties.

The New Appeals Organisation for Nottingham and Notts., the Five Ways Fund Raising Committee and the League of Friends, together with other voluntary workers too numerous to list here have supplemented official Trust Funds in financing large projects such as the Hospital Coach, play

equipment for the children's Villa, a minibus for the Department of Child and Adolescent Psychiatry, and the new Social Centre for patients which is under construction at the time of writing. Thanks to the New Appeals Organisation most wards enjoy colour television.

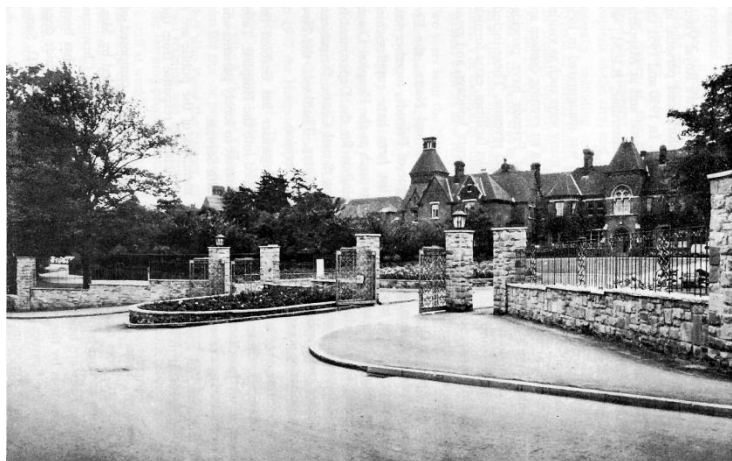
The appointment of a Voluntary Services Organiser has enabled the generous impulses of many others to be channelled into the hospital. Talks to schools resulting schoolchildren taking an interest in lonely patients and in their considering a career in the National Health Service.

The kindness and appreciation shown by members of the public are a great encouragement to the hospital and have elicited a response from the patients.

The Patient Social Activities Coordinating Committee composed of patients and staff, does much more than its name suggests. Aided by Mrs C. W. Jackson and her helpers, coffee mornings, jumble sales and Christmas and Summer Fairs are held. The money raised at these functions has been applied to charities by the patients. A long list of these include guide dogs for the blind, the Spastics Society, Homes for the Homeless, MIND, Samaritans, St John Ambulance Brigade and the Red Cross.



Mapperley Hospital entrance – Before reconstruction



Mapperley Hospital Entrance – After reconstruction

The Hospital in a Comprehensive Mental Health Service

The papers written by Dr Duncan Macmillan who was Physician Superintendent from 1941 until 1966 and who is the subject of a separate memoir, are essential reading for this part of the history. On his advice the Visiting Committee altered its designation in 1945 to Mental Health Committee and in 1946 he was appointed to be Medical Officer of Mental Health to the City of Nottingham

"The duties of this post included the medical superintendency of Mapperley Hospital, supervision of the outpatients clinic at the other hospitals in the city, and responsibility for the mental health of the city generally, including social psychiatry with all measures for the prophylaxis of mental illness and education of the public in such matters. The concept underlying the creation of this new organisation was that it should be responsible for the prevention, care and treatment of mental illness, in the same way as a department of the medical officer of health was at the time responsible for the prevention and treatment of physical illness. The medical establishment of the hospital was expanded to enable it to deal with its new responsibilities."

Two years later the National Health Service Act interrupted development on these lines by splitting community care from hospital treatment. The difficulty was overcome by a joint user arrangement whereby the medical staff at the hospital acted as the medical staff of the Mental Health Department of the local authority and the Medical Officer of Mental Health acted as adviser to the Medical Officer of Health of the City. To these arrangements Nottingham No.3 Hospital Management Committee under the chairmanship of Miss Glenn-Bott and then of Mr G. Darwin, gave enthusiastic support.

In 1947 the hospital appointed its first social worker, later expanding the complement to four. These social workers were stationed at the Mental Health Department. Mr J. Westmoreland, the Mental Health Officer had seven Duly Authorised Officers who also acted as social workers. A request for him for pre- or post-admission social work would be allocated to the social worker who knew the patient, or to the most appropriate worker available. Formal training was by lectures given by the consultant staff at Mapperley but the learning process continued to the advantage of both medical and social work staff at weekly meetings and case conferences, supplemented frequently by telephone consultations. The secondment of nurses to the Mental Health Department and visits of Duly Authorised Officers and social workers to the wards enabled both disciplines to appreciate each other's work. The fruitful cooperation of Hospital and local authority social workers was threatened by the taking over of all social work by the new Social Services Department in 1974. In 1973 Trent Vale Hospital Management Committee, which succeeded Nottingham No.3 Hospital Management Committee in 1970, established the Hospital Social Work Department at Mapperley and when the Department was taken over and expanded by the new local authority the expertise of the specialised social workers was retained for the benefit of psychiatric patients.

Another function of the joint user arrangement was joint domiciliary visitation. (Domiciliary consultations between consultant and general practitioner started in 1954.) The visit by consultant and local authority social workers to the patient's home was made when an old person was referred to the Mental Health Department. It enabled the social and medical factors to be evaluated and assessment of the need – post-treatment, provision of welfare, day centre attendance or hospital admission – made. Joint visitation was also the response to psychiatric emergencies in the community and to problems arising in the after-care of discharged patients if they could not or would not attend a hospital after care clinic.

Nuffield House and Day Care

In 1953 the Nuffield Provisional Hospitals Trust appointed Dr Macmillan and offered to finance a scheme in the mental health field which could not be launched for lack of funds. After discussions it was agreed that the Trust would bear the capital cost of a day centre for the elderly and contribute largely to the running costs in the first three years. The project was accepted by the local authority who were responsible for community care and Nuffield House, administered by the local authority, was opened in 1955. It provided, and continues to provide, a service which prevents psychiatric breakdown in the elderly and release some of the burden of caring relatives, thereby preventing their possible breakdown. The principle of day care patients was extended to younger patients who live in the community if they were supported by nursing supervision and simple occupation.

Park House, opened as a pre-discharge hostel in 1957, was soon also housing a day centre which included a nursery. Other day centres, two for elderly patients and two for others were accommodated in the main hospital in areas freed by the reduction in the number of inpatients.

Not all the patients fit for discharge from hospitals had homes to go to. For these system of hostels in the form of sheltered lodgings was devised. The original lodgings were houses run by former theatrical landladies, whose clientele had disappeared with the demise of the variety theatres. To give the landladies advice and support in looking after the discharge patients, some of whom had been many years in hospital, one of two experienced psychiatric nurses visited regularly. These visiting nurses were the nucleus of the Community Nurse Department, whose members not only continue to visit the lodgings, but also visit other patients in their homes, counselling the relatives and supplying maintenance medication and other nursing care. They report back regularly to the medical staff and arrange outpatient appointments for their charges.

Special Services

A further step in coping with the growing problem of psychogeriatric patients was taken in 1966 when one of the wards at St Francis Hospital was opened as an assessment unit. Here the psychiatrist, the geriatric physician and the local authority social worker could admit problem cases for investigation. When the work of assessment had been completed it was then possible at a joint conference to make the appropriate decision for the patients continued care – discharge to home, day care or local authority home, medical ward or long stay psychogeriatric ward.

In child psychiatry there was also integration of the hospital and local authority services. From 1950 to the consultant in charge of the child psychiatry unit at St Ann's Hospital attended for one session per week at the Child Guidance Clinic. Other consultants provided special clinics for after-care marriage guidance, and delinquency. There was also a clinic for epileptic patients with psychiatric problems which was associated with the E.E.G. Department ably directed by Dr Walter Fabisch. On his retirement in 1972 the E.E.G. Department, which had provided a service to all the hospitals in the Nottingham area, which transferred to the General Hospital. Consultant services were also provided to the wards of the General, City and Women's Hospitals and from 1953 to the Industrial Rehabilitation Unit at Long Eaton. All patients admitted to the General and City Hospitals with a diagnosis of parasuicide (self-injury or self-poisoning) were assessed, with the help of a social worker, by a psychiatrist.

Case records are not only important for the continued treatment of individual patients but from collected record statistics can be extracted which give information on trends in mental illness and the influences of treatment and hospital and community organisation. In 1959 the Ministry of Health agreed to fund a system which recorded all contacts patients in the community with the mental health service. The Nottingham Case Register still provided data which have been used to monitor the effectiveness of the service and on which the Department of Health can base its projections and advice.

When patients needing hostel care had been determined others were discovered who were considered to be fit to live out of hospital supporting one another in a small group. The first of these lived in a flat offered by a local tradesman. They were supervised and advised by the hospital social workers.

In 1975 the Guideposts Trust bought a house near the hospital and a group of patients moved in. They were visited by a voluntary worker who collected the rent, and by a community nurse. The failure of this group showed that careful preparation was necessary. Now, before a group home is established, potential members are assessed carefully and then given domestic and social training as a group in a training flat in the hospital run by the Occupational Therapy Department. At the time of writing MIND have undertaken the management of three homes and the Guideposts Trust two and the University Students Union one. The Rotary Clubs have generously helped furnish these homes.

THE FUTURE

A comprehensive mental health service is not a static organisation. Further developments are planned. These include day hospitals for the outpatient treatment of young and elderly patients, improvement of the accommodation for patients who have grown old and infirm in hospital, modernisation of the medical record system, and a sheltered workshop.

Although psychiatric wards will be opened in the University Hospital and at the City Hospital in the near future no general hospital has a space to provide the full range of services for long-term rehabilitation which have been outlined here. Therefore, it can be expected that map the hospital will go into its second century continuing to play a full part in the care and treatment of the mentally ill.



Duncan Macmillan
1902 - 1969
O.B.E., B.S.C., M.D., F.R.C.S. ED

Obituary, British Medical Journal, 10th January 1970

Duncan Macmillan was born on 20 March 1902, and was educated at the University of Edinburgh, graduating B.Sc with distinction in 1922 and M.B., Ch.B. in 1925. He proceeded M.D. in 1926 and took the M.R.C.P. Ed and the diploma in psychology in 1930. He was elected Fellow of the Royal College of Physicians (Edinburgh) in 1944. From the outset his main interest lay in psychiatry, and having worked for a time in Scotland he was appointed deputy superintendent of Mapperley Hospital in 1930 and later, in 1940, its physician superintendent. Here he remained until his retirement in 1966 and here he fulfilled his life's work. He was appointed O.B.E. in 1960.

The transformation of the traditional mental hospital into a community-centred health-centred, comprehensive psychiatric service, and the extension of the frontiers of psychiatry deep into the life of society, which Duncan Macmillan achieved at Mapperley, are too well-known to require description and have stimulated similar developments throughout the world. Less well-known are his great personal qualities. Those who have had the privilege of working with him have seen his utter and selfless devotion to the tasks he set himself, his unlimited desire to help, his infinite respect for the human personality. Although an outstanding administrator he was never detached from personal relationships. The centre of his thoughts was not just "the hospital," but each individual patient or member of the staff. He never spared himself and was always available when ever his help was sought by anybody – patient, friend, nurse, or colleague.

Personal reflections of Duncan Macmillan
Dr Alfred Minto

In the early 1950s, working in another mental hospital I often heard sceptical reference to what was going on at Mapperley in Nottingham. Duncan Macmillan had opened the doors of his hospital and was claiming that being mentally ill did not mean that patients should be locked up forever. Scathing reference to "revolving door" psychiatry paid little heed to his views that several short admissions are preferable to one long spell in hospital which breaks down all the ties with family and job.

If the community in Nottingham did not care about mental health in 1950 Duncan Macmillan made it care by pushing the problem into the full glare of every kind of publicity he could raise. Opening up the hospital, taking psychiatry into the home, the school, even the Industrial Rehabilitation Unit at Long Eaton – all these initiatives were his.

These were the ideas but what about the man? Clearly, he must have had great personal courage and integrity to tackle the social pressures against the mentally ill as they existed twenty-five years ago. But what about the man – what was he like? Despite his achievements he was not personally well-known and meeting him for the first time in 1959 was a complete surprise. I had a picture in my mind of a driving bustling extrovert leading a revolution in mental hospital practice. In fact, I found him slightly built, dark-suited, bespectacled with a meticulously trimmed moustache – neat, punctilious, precise in every way. His soft Highland accent and his very intent way of looking directly at me when he was speaking gave an impression of a detached, maybe even chilly, personality who could be difficult to get close to. That first impressions stayed with me for a long time and his reserved manner halted any real chance of knowing what lay behind this very polite, self-contained demeanour which virtually precluded any rapport.

To add to this problem colleagues appeared to stand in awe of him so that he was almost forced to remain a single-minded loner because he was so seldom challenged. His natural reserve was made more noticeable by the curious way he was isolated by these responses from other people. He was well aware of this and, when I got to know him better, he would often let slip a typical very dry shaft of humour about it. On one occasion I had to ask him why he had issued a particular order about drug dispensing after being told by nursing staff "Dr Macmillan has said so." He smiled in an almost expansive way and said this was an example of his name being used to support something he had never been asked about. Perhaps the special investment to power given to him by his staff was a help to them in developing lesser powers!

Beneath the reserved lay a very sharp mind, listening, sifting, judging and storing up ideas even when their application might be years away. He had real doggedness of purpose, and ability to bide his time in the working out of a lifelong plan to improve the lives of his patients. And they were "HIS" patients. He had a commitment to the care of mentally ill people that never wavered. If sometimes he seemed reluctant to let go of even small details, I never felt that this was the autocrat ruling with a rod of iron – much more his conviction that it was his duty to see through whatever he had initiated. This strength of purpose after made him curiously remote from his staff perhaps because we were thinking of "today" whereas he was way ahead. His "action now" had been worked out in relation to many actions planned for five or six years ahead and sometimes it was difficult for the rest of us to keep up with the long-term plan.

My own recollection is of an elusive private man who only let us see inside him when we saw his personal vision in action – to restore mentally ill people to rightful place in society. I could always send his steely purpose, occasionally see the flash of dry humour and just now and again be given a fascinating glimpse of his hopes for the future. Not, of course, the easiest people to work with because his own output and application were daunting to lesser mortals, but he was also keen to encourage those around him who wanted to try out new ideas. If these went wrong, he never condemned but tried to sort out what had happened so that anything good in a scheme might be developed and expanded. At these times he was kindness itself and I have good cause to remember him for that.

Not many people leave a living monument to their drive and integrity and fewer still live to see a vision translated into working reality. Duncan Macmillan did all that. Mentally ill people throughout the world who have never even heard of him and his beloved Mapperley have benefited from his foresight and respect for the rights of the mentally ill. The quiet, reserved Scot was a genuine revolutionary who achieved so much, so quietly that I doubt we will see his like again. That is his true

measure – a uniquely gifted psychiatrist who worked out a dream that has improved life immeasurably for mentally ill people and who gave his staff and inspiration that will last all our working lives. It was a great privilege to have known and worked with him.

Personal reflections of Duncan Macmillan
J. D. Smith, Sector Administrator (Psychiatric)

After six years in the Army during the Second World War, I felt the need to settle down in some useful occupation. By pure chance that occupation turned out to be at Mapperley Hospital. I consider myself fortunate in that I was privileged to be involved at Mapperley Hospital during the time that the greatest strides were being made not only in the treatment of mental illness but in the attitude to mental illness.

The one person, of course, who was responsible more than any other for an enlightened approach to mental illness at Mapperley Hospital was Dr Duncan Macmillan who used to ring me up on the 1st January each year and say: "Are the figures ready Mr Smith?" in a dark brown sugar voice followed by a chuckle.

He knew very well that these annual statistics could not possibly ready but it was his way of indicating firstly how much importance he placed on the statistics as a way of proving to the world that his policies were working and secondly emphasising how anxious he was to have them as soon as possible.

In a lecture tour to America in the 1950s he astonished his contemporaries thereby his explanations of 50 per cent reduction in beds, 100 per cent increases in short-term admissions and his development of care in the community. Many came to see for themselves! 20 years ago, he said in an article in the *Lancet* "Evaluation of the benefits offered to the psychiatric patient by Community treatment must wait scientific appraisal, but its advantages are already sufficiently clear to justify a critical attitude towards rigid measures of long-term hospital treatment."

From that point onward everything possible was done to find alternatives to long-term hospital treatment in order to avoid two great dangers, (a) people becoming institutionalised and (b) losing their place in the Community.

Dr Macmillan was a stern man but a man with a sense of humour, a man whose whole life was dedicated to his work; the fair man but a firm man whose mind once made up, seldom changed. But one thing is certain: he made his mark at Mapperley as, 14 years after his retirement, few weeks pass without the name being heard.

Since the days when the hospital was a close-knit community, almost a village with its own farm, laundry, bakery, stores, shoemaker, upholsterer, tailor, plumbers, engineers, etc., there has always been evidence of a family spirit, all working together for the benefit of the patients – in modern terminology, multi-disciplinary management, but self-motivated. This is evident in the production of this history; -no one gave instructions, a body of interested people got together, researched it and produced the booklet. The staff are proud of their hospital and the progress that has been made over the last 100 years. I think it's true to say that the hospital is no longer the subject of local jokes and certainly no longer a place of fear. Many changes are still taking place and phasing out of the old mental hospitals is still under consideration, but let us hope that when those less fortunate than ourselves feel they cannot cope with the increasing pressures of our civilisation and all that can be done, has been done then there will be a secluded place where sympathetic people will understand and treat them as individuals in a place such as Mapperley Hospital.