and over is a reflection of the increased number of people of such age at risk in the general population. The number of in-patients of mental illness hospitals and units, at any one time, per 1,000 of the population has fallen from 3·44 in 1954 to 2·38 in 1969 for England and Wales, but this reduction has not been uniform throughout the country. Marked variations between regions are examined and interesting comparisons between regions with the highest and lowest rates have been made.

THE NOTTINGHAM PSYCHIATRIC CASE REGISTER

A report* published in August 1971 gave the findings of the Nottingham Psychiatric Case Register for the years 1962 to 1969.

The report described the changes in the psychiatric services in the City of Nottingham over the period 1962 to 1969 and in the number of patients who used the services.

In 1958 a psychiatric case Register was set up based on Mapperley Hospital for recording the psychiatric services, both hospital and community, provided for the mentally ill in the City of Nottingham and the surrounding area. This was a very suitable locality for such a Register because the hospital and community services were well co-ordinated and developed as a combined service. Moreover, marked progress was being made in changing from a service based on the traditional pattern of long term hospital care to one based on more frequent hospital admission for short periods and on a wide range of hospital and community services. This changing pattern is one of the features which is described in the report.

The picture which emerged from the study is the use of less hospital beds and the greater use of other services. At the end of 1969 there were almost a quarter less in-patients per 1,000 population than there were at the end of 1962. The number of patients (per 1,000 population) who had been in hospital for less than one year rose by a quarter while the number in hospital for two years or more fell by two fifths. Between the end of 1962 and the end of 1969 the number of admissions in relation to population rose by practically a third; the number of persons attending as outpatients rose by more than two fifths and attending day hospitals by four fifths.

In 1969 almost two fifths more persons (per 1,000 population) came into contact with the psychiatric services than in 1962; particularly marked was the increase for children. Statistics are presented on the number of men and women of different ages in contact with the psychiatric services. One of the findings was that proportionately more single than married persons received psychiatric care.

REGIONAL DEVELOPMENTS

Welsh Hospital Board

Two new units for the mentally handicapped were opened recently. The first is the first phase redevelopment at Ely Hospital, Cardiff and includes three new ward blocks, and industrial therapy unit, central dining facilities and an administrative block. The second is the Bryn-y-Neuadd Hospital, Llanfairfechan, Caernarvonshire, a new 520-bedded hospital for the mentally handicapped.

Newcastle Regional Hospital Board

The first forensic psychiatric centre in England and Wales for young offenders is expected to be completed in 1972. It will accommodate 18 in-patients and also day patients and will include an Industrial Therapy Workshop. The centre will be situated at Winterton Hospital and will cater for male adolescents with inadequate and immature personalities.

The Board also plans to build a combined regional unit for alcoholics and drug addicts in the grounds of St. Nicholas Hospital, Gosforth, which should be completed in 1973. There will be 10 beds for drug addicts, and 18 beds and day patient facilities for alcoholics; the facilities for the two groups of patients will be kept separate. The Board hopes to appoint a consultant with special interest and experience in alcoholism.

North-East Metropolitan Regional Hospital Board

A plan for the hospital care of the mentally handicapped, which suggests that by 1981 the present large catchment areas should be broken into seven smaller ones, and that, in the decade after, the Regions should be further divided into 13 planning areas, corresponding to the local authority and social service departmental boundaries, has been recommended. The aim is to establish a new, active, community-orientated service based on an area concept in which ultimately only those patients are treated in hospital who require hospital care. It is emphasized that the plan is a flexible one and may require modification in the light of changing ideas on the care of the mentally handicapped and the need to obtain the cooperation of the other health authorities.

* The Nottingham Psychiatric Case Register. Findings 1962 to 1969. Statistical Report Series No. 13. Department of Health and Social Security.

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