

Interviewee: Tom Dudgeon (TD)	Interviewer: Margaret Smith (MS)
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MS: I'm here to interview Tom Dudgeon about his experiences of working in the Crichton Royal. So, Tom, if we could maybe just start and just maybe give us a wee brief history of your life up until the time that you went into the Crichton to work.

TD: I was born in Haddington, East Lothian, in 15th March 1925, done all my education in Haddington, at Knox Institute. At the age of fifteen, when ah left the school, wartime, 1940, ah started off as a shop assistant, Mrs Boyd, a grocer's shop. After a year I joined the Post Office, the Head Post Office in Haddington, as sorting clerk and telegraphist. Spent two years there and then in 1943, May '43, I was called up for service during the war, originally I was called up into the Army where I trained as a wireless operator, on finally completing that training, we were told we were being transferred to the Royal Navy, which took place in January 1944, and from then until September 1946 I served in the Royal Navy as a telegraphist. Do you want anything of the naval experiences?

MS: Yes, maybe just give me one to give us a flavour of-.

TD: Well, one of the sort of main recollections that remain with me, of my service in the Royal Navy, came in January 1946 when my ship, HMS Glenearn, left Colombo in Ceylon, now called Sri Lanka. We were the very first unit of the British and Commonwealth Occupation Force into Japan and our base was the former Japanese Naval Base called Kure, and this base was thirteen miles from the city of Hiroshima.

MS: Right.

TD: And ah had the opportunity, as we all did then, to visit that city and that left a lasting impression on me, as I'm sure it did on everyone. It was a city I would reckon would be more or less the size of Edinburgh. They had obviously opened up a rail link into the city but that was all. When you, standing in Hiroshima you could do a complete circle, not a single thing to block your view. I think the, you can look at films of the place, still photographs of the place, and it does not give any indication or description of what it was like to be there. Now this was a large area, once it had been a large city, it was close to the sea, there were no birds, no seabirds, there was no animals of any kind or description, there was no transport, no bicycles, cars, lorries, trams, buses, nothing. But ah think the most telling factor of all was no people.

MS: Right.

**4m 02s.**

TD: Apart from the few elderly Japanese men that manned the railway station. It was like being on the moon in a sense. You were standing there, you were surrounded by debris, they had obviously cut little roadways and pathways with debris piled maybe two or three feet high and that was Hiroshima in January 1946.

MS: Gosh.

TD: It was a very devastating effect on everyone and while many, many people decry the use of that weapon, I would certainly support it in some respects but in another ways, it brought an end to what would have been a very, very nasty, very difficult, and very costly in lives, episode in the world at that time. Given the way the Japanese had defended territory that they had overcome, it doesn't take a genius to work out that the defence of their country would have been far, far more. And the loss of life in, not only in the Allied Forces, the Japanese Forces, but the Japanese civilians, would have been tremendous. I know people often say the loss of life at Hiroshima and Nagasaki was horrendous, and

it was, but when you put them totals together and put it in the context of the death toll throughout the years of the War, it is very, very tiny indeed. You know, and people say 'Well it should never have been used' but, ok, but you know, when you were out there and you life was one of the ones on the line anything that brought an end to the War was to be welcomed in that sense. Sad, though it was, that so many people lost their lives because of it, that sadly is war.

MS: Ok. Thanks for that, Tom.

TD: When I returned to Britain, at the end of June, 1946, I was discharged from the Navy, after ma service, came back here to Dumfries, ma parents had moved down to Dumfries during the War. I hadn't a clue what I was going to be doing until ma father had been talking to two of the employees of Crichton Royal, who were coming down to the, what used to be a coal depot there, in Dumfries, to pick up fuel for the fires and that in the hospital. And one of them had suggested ah should apply to Crichton Royal, which I did. And I was accepted there, after going through a routine investigation, and intelligence what-have-you so I must have been intelligent enough to go there in the first place. Started as a Student Nurse in the 30<sup>th</sup> September, in 1946, and ah completed my training in November 1949.

MS: Three years.

**7m 12s.**

TD: That was successful, became a Registered Mental Nurse then. The training itself was, at first I thought to maself, 'What in the name of heavens have ah let maself in for?' you know. But I can recall yet, to this day, ma first day at that hospital, it was in a ward called Galloway House, and this was a ward for geriatric male patients, long-stay geriatric male patients. And I had to report to that ward at nine o'clock in the morning, which I did, and there was a big long ward with beds down each side and when you came to the top of the ward there was a little passageway with little side rooms off it and I was standing at the bottom of this corridor, beside the main ward, waiting for the Sister, who was with the doctor at the time, to come up and see me. And this elderly chap, man, came up to me and he says to me 'Hello, my son' he says 'I havenae seen ye for years' and ah thought to maself 'What in the name of heavens have I let maself in for here?' However, once I got into the ward Sister and she kinna run through what it was all about, what the kinna patients were, not that it made a lot of difference to me at that time. But one of the things that ah do recall and I still wonder at it yet, what ah had to do that morning, was I followed her around and there was one patient there who was on penicillin injections every four hours for some illness or other that he had and she showed me how to do it, what to do, and at two o'clock that afternoon she says 'Nurse Dudgeon, Mr So-and-So's injection, go and give it' [*laughter*]. Five hours in the place and that's what I had to do. And ah learned that lesson very, very quickly.

**9m 21s.**

MS: And had you not had, had you been in the, was there a training school, or you had no...

TD: Not at that time, at that particular moment because ah didnae start that until January of 1947...

MS: Right.

TD: It would be when we started it first. And in those days your duty hours at the Crichton, ah can't remember how many hours it worked out at, but you started work at seven-fifteen in the morning, and worked till quarter to eight in the evening. It was one day off a week.

MS: Had you?

TD: And you were given two early nights, those early nights, instead of finishing at quarter to eight, you finished at quarter to seven [*laughter*].

**10m 09s.**

Anyway, as I say, that was what we used to do, but also, when you were, started your lectures, your course of lectures in the School of Nursing, which was in Crichton Hall, there was two little rooms there, one on the right of the corridor was your lecture room, the one on the left was your practical room and that was it. You worked until, you went onto the wards in the morning at quarter past seven, as usual, and about quarter to nine left the ward to go to the school for your lectures, you finished there about five o'clock at night and back to the ward to finish the rest of your day. A far cry from what they do today.

MS: Yes, yes [*laughter*].

TD: But, as I say the experience was very, very good in as much as we had two very good tutors. We had, obviously, the visiting doctors that would come in from the various departments in the hospital to give you your lectures and what have you, and late summer, '49, we sat our final examinations and luckily I was successful and passed. And ah went back to that original ward that I was in, Galloway House, for ah think it was about five or six months there, ah think, and then ah was shifted around some of the other wards into the acute admission wards at Crichton Hall and then, in 1951, the Department of Child Psychiatry opened at the Crichton Royal, it was the third one in Britain, and it was based then at what was a ward called Ladyfield, this was a large house, outside the hospital grounds, at the side of the Glencaple Road from the main hospital and that was the original Ladyfield. Well, that had been opened for three month and the Crichton had system then that every three month they would do staff changed around various places. Well, the Staff, the male Staff Nurse at that time decided child psychiatry wasn't quite for him and on this change sheet he had been down to do a night duty for three month and he had said 'No, I want out' so I was down for night duty on the Acute Admission Ward in Crichton Hall, so ah was taken out of there and sent to Ladyfield and ah walked into that ward that night, I knew two members of staff, two people I had worked with, I had twenty children and I hadn't a clue the names of one of them, I hadn't a clue what they were there for, I had no idea what I was supposed to do in the way of looking after them, you know, my only sort of experience of looking after a child, when my eldest son who was about two months old I think at the time, he wasnae even two months, he was two weeks old, ah think. So I had very little experience in that respect, however, after a very, very sticky couple of weeks when the kiddies ran riot and I managed to get some semblance of control over them.

**13m 40s.**

MS: What kinna age range were they, Tom?

TD: Primary school age.

MS: Oh right, right.

TD: Primary school age, these kids. And the reason for the unit was these were children with severe behaviour disorder problems, the sort of things that you can describe it, sometimes poor parenting, you know, some parents didnae bother, some people where mum said one thing dad said the other, and of course the kids didn't know where they were, you know. That was one particular group, another group, who had very much the similar type of problems, but their problems resulting in their behaviour, was something like brain injuries, things like epilepsies, some illnesses that would, you know, meningitis or something along these lines that could affect them. And there's others again in that same group, they displayed very difficult, very dis[?] behaviour but there was no specific reason but it was a physical condition that they had, a condition that we call temporal lobe disturbance.

MS: Right.

TD: You know, there was nothing outwardly to see but it was there and it caused all these difficulties and they were the most difficult kids to sort of put right, you know, there wasnae much in the sense of...the previous group, you know, by teaching them and training them the way that normal parents and good parents would do, very often they came to have no problems you know. And the third group was called the 'autistic child'. Now that autistic child of that day, bears no resemblance to what I see and hear of autism today. I sometimes wonder if they just stick the label 'autism' on conditions of children that they don't know what to call them otherwise.

**15m 41s.**

MS: So, what was your experience?

TD: The experience of these kids, one book I read, in those early days, they called it 'the Schizophrenic Syndrome in Children' but I don't think that was quite accurate but it sufficed at that day, that time, you know. They were children that displayed abnormal behaviour in lots of ways, some of them very bright, speak well, you know, interested in various things. One laddie I remember, r interested very much in astronomy, I mean he would lose me in five seconds flat talking constellations and what have you. Others, maybe a limited speech, some had no speech at all and they were just [?]. Some of them developed new words of their own.

**16m 35s.**

MS: Did they?

TD: [Begall?] was one of them that I remember, I don't know what it was supposed to mean by this young lad but he brought that one up and he had one or two others similar to that, you know. And they all had sort of odd mannerisms and sort of things they would do, for instance, if there was a car sitting outside the front door of the ward, in those days they had the nice shiny chrome hubcaps, ye'd be sitting down there and ye'd be doing this with them, putting his hand and his fingers open and flicking them up and down and you get this light and shadow, that was a fascination for him. They would do all sorts of odd peculiar things and they found it difficult to mix with other children. But surprisingly they soon developed a way of doing so and getting in with the other children, for all their difficulties and all their, you know, nasty little ways that some of them had, they were very good with these children, it was remarkable.

**17m 36s.**

MS: So, were these children just from the Dumfries and Galloway-?

TD: Oh, no, they were from all over. To give you an example, I had one girl came from Inverness and I had two boys, two brothers, who came from Chatham, in Kent.

MS: Oh gosh.

TD: Ah've had them from Wales, various parts of England, we did have quite a few from our local area, which obviously was nice for them because they could get home. One of the difficulties is you were actually working as a substitute parent.

**18m 17s.**

MS: So that was part of your, this was part of your role?

TD: And the way we tried to avoid becoming too involved and too important to the child is that we had a system whereby half the children in the ward went home at a weekend, the other half went home the following weekend. But they got all the school holidays, you know Ladyfield, it had its own

school, the teachers were appointed by the educational authority, they provided the equipment, the hospital provided the facility, the building itself, where they could set up their thingmy.

**18m 58s.**

It was a multi-disciplinary place, you had your Consultant, and you would have, perhaps, a couple of Registrars, you had a Psychologist, you would have maybe one, sometimes two, Social Workers. Originally they were employed by the hospital but when the Social Workers became under the charge of the local authority, they were transferred to them but were seconded back to Ladyfield and they were the ones that were the link between the parent and the Unit. From the nursing point of view, it was very, very difficult to get nurses who could work down there, you had many, many excellent nurses just couldn't take to that at sort of thing, at all. The reason being that you had to learn to accept behaviour from children you would never accept at any other time, you'd be kicked, punched, sworn at, scratched, bitten, you name it, but what you had to realise that what was happening with the child, what they were doing, was a symptom of their problem and you tried to work through it with them. You know, you didn't condone what they were doing but you worked towards trying to alleviate a lot of that difficulty that they had, in so many, many ways. You build up a relationship with the child and when I say a relationship I mean a typical relationship you would have with any, your own children, for instance. And it was very difficult to get nurses who could tolerate that and one of the great difficulties was getting staff to be able to work there and accept that behaviour from children, and who had children of their own, go home at night and switch off and not look for, start looking for little things, you know, in their own children that they would see up there. Very difficult to try and help them that way.

**21m 12s.**

MS: Ok. So what kind of training, did you get special training to be able to...?

TD: You learn on the job initially.

MS: Did you?

TD: Initially you learn on the job.

**21m 22s.**

MS: And was that applicable to everybody, the Consultant, the Psychologist?

TD: Well, as I say, the early year, the first year and a bit, it was very much, I think, a trial and error. The first Consultant there was, had been a Consultant in Adult Psychiatry in the main hospital, and when the Unit opened, he had obviously expressed an interest in this and took it on. I dare say he would visit the various places, the only two places in the, two hospitals in the country at the time, the Maudsley Hospital, in London, and St James' Hospital, in Portsmouth, were the only two.

MS: Gosh.

TD: Now I know the Senior, the Sister and her Deputy, she went down to Portsmouth, for a couple of months or something, to gain some experience, but that was it, you see. So we were sort of floundering in the dark to a great extent and I left Ladyfield in May of 1952, on secondment, to go to Ballochmyle Hospital in Mauchline, in Ayrshire, to train for my general training.

MS: Oh right, right.

TD: And when ah came back, in May of 1954, having successfully completed it, thankfully, and that's when Miss Houlston, the Matron at the time, told me she was sending me back down to specialise, which she did, and I went back to Ladyfield and two or three month later I was made Deputy Charge Nurse, of course that time it was the, new unit had opened of Ladyfield West, now Ladyfield West was originally Hannahfield House which was a large house on the opposite side of the main Glencaple Road from the main gates of the hospital. That's when that opened and I was made Deputy then and I was the Deputy there until about the summer of 1956, when the young female nurse who was Deputy Sister there, who was running it in conjunction with the Sister who then reported to Assistant Matron, the two of them were running it together, this lassie left with her husband to go up to the north of Scotland and ah was promoted to the post of Charge Nurse there.

MS: Were yoyu?

TD: That's where ah stayed for some twenty-nine years. However, somewhere along the line Dr Rogers had arrived at the Crichton, as the Child Psychiatrist, specialist, sometime late 1952, after I had left and when I returned the change in the methods of working and practice were totally unbelievable by comparison to what they had been in the previous year because he had a most remarkable skill of training the staff, you didn't realise you were being trained.

**24m 25s.**

He wouldn't stand in front of a class and say this, this, this or that, he'd come in say 'Well, Dudge' he says 'What's doing today?' and you'd say to him 'Well, we've got this wee problem or that wee problem or whatever it was you wanted to talk about, this wee lad or that lad. 'Aye' he says 'Aye, well just tell me about it, just tell me what your thoughts are. Mm, yes' he says 'Look at it this way' and he'd go and perhaps explain something to you that you probably hadnae thought of. You know, to change your attitudes and change your ways of coping with a specific situation, and he was a most remarkable man and from that day on we all learned as we went along and somewhere round about 1966 or '67, I got a phone call from the Senior Tutor at the, what was then The South West College of Nursing, which was based at Crichton Hall, asking me about the possibility of giving lectures to the nurses, student nurses who would come along. I looked at her and I said 'What!' Anyway I said I would think about it and I spoke to Dr Rogers about it, I rather suspect he might have been the man that put my name forward in the first place. However, I drew up what I thought was what would be the proper thing to teach these nurses and he says 'Yes' he says 'Ideal'. So the very first lecture ah gave to a group of students, I don't think I lectured to them, I just read this sheet of paper, you know, I was scared, I apologised to them, I says 'Look' I says 'you're the guinea pigs, this is the first time I've done this' but gradually, as the years went on and your own knowledge and your own experience was improving and you got a better idea of what it was all about, all I had was a little piece of paper with a series of wee headings, you just talked to the students from that. And it was from that day until the day I retired, in fact actually after I retired, strangely enough. I retired in the March 1985, about a week or so later I got a phone call from the then Senior Tutor asking me if I would come up and lecture to his, a particular class that were, they had nobody to do it, so ah's says 'Aye, ah'll come up' so I went up and I said the them the first thing ah said, 'Well now, what ah'm going to tell you is what happened when I was working here. I'm now retired' ah said 'What may happen from now on in may very well be different'. So I was still lecturing for one lecture after I retired [*laughter*]. But, no, it was a very, very interesting period in ma life with all the various problems and children that we got, it was remarkable, some of them, ah see one lad from Dumfries, he is still going about today, he still gives me a wave every time he sees me.

**27m 55s.**

MS: Does he?

TD: But others, again, sometimes ah'll see them, sadly some of them crop up in the national papers for something they've done wrong or whatever, you know, sadly never made it. There were a lot of interesting things, Dr Rogers in his book writes about one little girl, he got called up to Seafield Hospital, the Sick Kids hospital in Ayr on one occasion, the doctors up there thought she was autistic. He went up and he saw her and obviously examined her and he said 'I don't think that she is autistic, I think what I'll do' he says 'I'll admit her to my Unit and we'll take a look at her' and she was admitted to my ward and it turned out she had encephalitis.

MS: Did she?

TD: So, normally, I think, you'd probably send them to the Infirmary or some such where, but for some reason or another he decided to keep them and it was a very, very rewarding experience, not only for me, but for my staff as well. This little girl, she slipped into a coma, and all you were doing really was feeding her and keeping her alive and keeping her comfortable and doing all the nursing duties that you would have to do to keep them that way. She was very restless and she was under sedation quite a bit then gradually she started coming around and we were getting a wee bit more response from her and gradually she was sitting up and she was able to eat by herself in a little while. Then she progressed even further, that she would get up and her clothes on and she was sitting around and there was one day, one of the most remarkable days, in fact I think he remarks on it in his book, one of my young Cadet Nurses, these were young girls, teenagers, fifteen and seventeen, who were cadets doing a sort of pre-nursing, sort of getting to know it type of thing. They were excellent, these young teenagers, and this young lass was sitting on the bed with this young girl, she was only about five at the time, in fact I don't think she was five, round about the five year old mark, she came fleeing in, she says 'Dudge, Dudge!' she mentions the wee girl's name, she says 'She's speaking, she's speaking!' The enthusiasm that a simple thing like that, you know, brought out in young nurses, like young cadet nurses, was something that still sticks in my mind yet. Well, that young girl, her father was a drugs, pharmaceutical representative, for one of the drug firms and he used to come round the wards, round the hospital, he came to us on an occasion and ah always remember one day he came to when she was really at her lowest, he says 'Mr Dudgeon' he says 'Would it not be better to let her go?' I says 'No' ah says 'she's still there, she's still breathing' and ah says 'We'll do everything we can to keep her that way and to improve on it' and she did, as I say, improve to the point that she was able to be discharged. That young lass, when she grew up, she went on and trained as a teacher.

**31m 23s.**

MS: Did she?

TD: Got married and had two children of her own. And he remarks on that and he puts the, you know, that it was down to the nursing that she got from the staff. Well, ah said to him, for he told me this one day, ah said 'Well, look, it wisnae me' ah said 'I had a damned good staff at the time and they were the ones that carried out most of the hard work. Ah said 'Ok, I may have supervised them and what have you but they were the ones that done the hard work.' And that was one thing that we always remembered at Ladyfield, that wee lassie improving because of us.

MS: That was a-

TD: On the other side of the coin, of course, is the, in the very first year there was a very difficult time with a little girl of about ten and she suffered from epilepsy and she went into what we call 'status epilepticus' where you're coming out of one fit straight into another. Sadly, no matter what we tried we couldnae bring her out of it and she, her heart just gave out and she died. And that was the one and only child that ever died in that Unit in all the time I was in. That was a very sad occasion for us, even worse trying to cope with the feelings of the young students and young cadets that we had at the time, you know.

**32m 46s.**

MS: Now tell me, did you have children with a, what we would call a learning difficulty, back then, or was there a separate unit for these children?

TD: As I said to you earlier they started off with just the one ward, Ladyfield.

MS: Yes.

TD: Now, somewhere round about 1952, when ah was away, they started to bring in children with mental handicap problems, mental deficiencies and this kind of thing, sometimes both physical and mental health. And they brought it into a ward, Hannahfield, which was a ward on the same side, the three wards, Ladyfield East, Hannahfield and Ladyfield West, were all on that same side, this was a long single-story building that, strangely enough, had originally been, away back in World War One, the drill hall for the Army during the First World War, the troops based in that field between Kingham Road and Glencaple Road at that time, and when the Crichton took it over, it became the Recreation Hall for the Crichton Royal, at that time, and then it eventually became a ward for long-stay middle-aged psychotic and dementia patients.

**34m 15s.**

And then, in 1952, they decided they were gonna bring in these, some of these youngsters and they integrated them in slowly in small numbers, and I think the most remarkable thing that came out of that, something that I don't think anybody had ever foreseen or envisaged in any way, was the effect that it had on these elderly female patients. You know, they were patients in those days that maybe didn't do very much, just wandered round the wards, sitting around and what have you and they brought these kiddies in, it was as if somebody had lit up a beacon on them.

MS: Is that right?

TD: You, know, they started nursing them, started caring for them and it was a two-way thing, the benefit these patients got from young children, and the young children got all the love and attention and the care from elderly patients. That was one of the most remarkable things that transpired out of that. And, as I say, well Ladyfield West started about a couple of years later, it was originally known as Hannahfield House.

**35m 09s.**

MS: And that was for-

TD: That, Hannahfield House was originally for sort of private patients who were, who had their own accommodation there, the nursing staff there to look after them. And Ladyfield West, when we took it over in 1954, it became similar to the original Ladyfield, same type of problems, behavioural problems but, on average, the age was slightly younger, Ladyfield East, as it became, which is the original one, had children that were perhaps maybe from nine to twelve year old, where mixed were about from five, six upwards, I still had children who were maybe ten, eleven or twelve year olds, you know, but as the years went on that sort of dissipated in a way that we didn't differentiate between that, Ladyfield East ward and Ladyfield West were all the same.

**36m 22s.**

MS: And what about children that maybe went up to school leaving age, where were they?

TD: Well, the ones up to twelve year old, they came, they were with us.

MS: Right.

TD: After that most of them would go home to their own home are and looked after there. We did have an Adolescent Unit, which came in about, oh, I can't remember when it came in, probably about eight years or so after the original Ladyfield opened and they opened up in Eskdale Ward and put them in the main Crichton Grounds and these were for young adolescents with various difficulties and problems. It's not a Unit I had any contact with at all and that was mainly down to me. I knew my limitations because I could cope with any amount of disturbing, difficult behaviour from the primary school age kids, I knew within myself I could never cope with the problems of an adolescent.

**37m 19s.**

MS: So, did some of your children, did all the children that you cared for over these years return to their own home or did some of them, some go to the Eskdale Ward?

TD: I can't recall ever any of them ever going directly from us to the Eskdale Ward, they may well have come at some other stage but not that I'm aware of. But there was never a sort of policy, 'Well, you've reached twelve year old, your secondary school age, you go up there' you see. That never happened, that unit was a separate unit on its own and I suppose had there been an occasion when somebody needed to go they might well have gone but it never, ever happened to my knowledge that I can recall. As I say, there was many, many kids that, I think went on to lead a very happy and very normal life, sadly there were others who didn't. Those were part and parcel of the Children's Unit at the Crichton. I'm trying to think if there was anything else, as I say the routine sort of thing that they had, we worked very much on school terms, you know, the same as we do in Dumfries High School or Laurieknowe Primary or whatever. We very much worked on that, the children had the school holidays, Christmas, Easter, they had the summer holidays but normally they wouldn't have the full eight weeks away, they might have had three or four, if they were able to cope with that or their parents were able to cope with it, they would at least have a fortnight away in the summertime, you know. And during, when they were away and we were reducing numbers we would bring children in for assessment.

**39m 12s.**

MS: Right.

TD: Now, we would get children from, say, Yorkhill Children's Hospital, in Glasgow, which had a wee Child Psychiatric Unit there, but it was mainly for assessment rather than for treatment. The Edinburgh had the same and our numbers from, patients coming in from other parts of Scotland dried up a wee bit after a while. Stratheden Hospital in Fife opened up a Unit, the Liff Hospital in Dundee opened up one, so consequently we didn't get so many from that particular area, but we did get some from the Highlands and sometimes from the Islands. And it was a, some of the experiences of some of the children in the sort of, I suppose you could call them horrendous things that had happened to them, I recall one little boy, he'd be what, about ten or eleven year old, he came from the Glasgow area, father was unknown, his mother was, for want of a better word, was a prostitute in Glasgow, and he lived with her and his grandmother in Glasgow. Mother disappeared somewhere, down south, and he was left with the granny, well unfortunately granny, as grannies do, died and he was already in care with the Social Work Department up there and he sort of flitted from one children's home to another. If he had one he must have had ten to fifteen different children's homes, you know. He eventually came to us, I fact I'll tell you how difficult it was for the wee lad, one of the placements he had was in Tiree, you know, away from his sort of normal sort of home base or routine or whatever it was. Anyway he came to us and he was a very disturbed and very difficult wee laddie but a very nice wee boy and one of the sort of most unpleasant things that we encountered then, it came to a Christmas, one Christmas, it, one of the few occasions when the school term ended on Christmas Eve, a Friday, a Christmas Eve, and the Social Worker for this wee laddie came down to collect him. Now this Social Worker was an excellent guy and always had a very good rapport with him and he was very good with the wee boy, he says 'Tom, do you think I could phone ma office?' Ah says 'Aye' so ah got onto the exchange and got through, got him through to his office. He said 'Hello, this is whatever is

name was' he said 'I'm down here to pick up...' I think his name was Richard, the wee lad, he says 'Where have ah to take him today?' And ah thought to maself 'What?' He's a wee boy, going up to Glasgow and he'd be taken to a place, they're no expecting him, you know, and he probably doesnae know where it is. I thought to myself 'What in the name of God sort of Christmas is this wee boy going to have tomorrow morning when he wakes up?' However, I had to let him go, obviously, but when I got, the next chance I got with the Consultant, I had a word with him and he looked at me and he said 'Would you say that again?'

**43m 10s.**

Ah told him. so he says 'Right', the beginning of January he made an appointment to see the head of Social Work up in Glasgow, at that time, he went up to Glasgow to see him and he told him, he said 'Look, I want this boy to have a permanent bed, a permanent home, in one particular, it doesn't matter where it is, in one particular children's home so that when he leaves Ladyfield for his weekend, he knows where he's going, he knows the staff he's going to' he says 'If that doesn't happen' he says, 'I cannot treat this boy if he's going here, there and everywhere and he hasn't got a home base.' He says 'Now, if that doesn't happen, [?] though I am, I would discharge him' he says 'There is no point in me or my staff trying to cope with this little boy if he has not got a settled base to go on'. See, the whole basis that we worked on with the nurses was that you were building up an environment that provided the children with stability and consistency, those were the main things. Now, that's easy to say, fine, grand, no problem but to get that, as I said earlier, you needed staff who were able to cope with the pressures and demands of the children and you had to train them in being able to accept all these different things and that is the way we worked from there. Each, as I said earlier, it was a multi-disciplinary type of Unit that we had and while each department had their own department and they ran that department as they saw in conjunction with the Consultant, they didn't interfere with any other department but there was a very happy sort of merging of the two staffs of each of the Units, we all got on together. I mean the Social Workers or the OTs or whatever, could come waltzing into the ward and sit doon and blether to the nurses about the price of bread doon the road or something, you know, it was just that kinna informality and the sort of friendly way we worked, but we didnae sort of invade others particular province, and it worked wonderful.

**45m 35s.**

MS: And that was something that you particularly cultivated?

TD: We did, you had to work it to begin with, we had the odd one that came in, maybe a new person came in and maybe started throwing their weight around saying 'You do this' and I said 'No, we don't do this. You do what you do in your department, you don't tell me what I do in my department' and it was very, very seldom that happened. There was the odd occasion it happened but you made it clear that the responsibility for the supervision and direction of the nurses was mine, it worked very well, we never had any problems, in fact we still meet about twice a year, a group of us, nurses, OTs, teachers, still go down to The Swan and have a lunch, you know.

**46m 18s.**

MS: That worked at Ladyfield?

TD: All worked at Ladyfield, aye, we still go down there yet, a group of us, still go down there for a chat and a blether.

MS: That is a wonderful note to finish on, Tom, thank you ever so much for sharing those memories.

TD: I just hope it's of some benefit to you.

