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Contributors

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BELMONT HOSPITAL

SUTTON, SURREY



Report of

PHYSICIAN-SUPERINTENDENT



5th July, 1953 to 4th July, 1954

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BELMONT HOSPITAL

Report of Physician-Superintendent

5th July, 1953 to 4th July, 1954

MEDICAL STAFF

PSYCHIATRIC

CONSULTANTS—FULL TIME

Louis Minski, M.D., F.R.C.P., D.P.M. — Physician Superintendent.
David Shaw, M.D., M.R.C.P., D.P.M. — Physician Deputy Superintendent.
Maxwell Jones, C.B.E., M.D., M.R.C.P. (Ed). — Physician i/c Social
Rehabilitation Unit.
A. S. Thorley, M.D., D.P.M. — Physician i/c Male Side.
M. N. Pai, M.B., B.S., M.R.C.P., D.C.H., D.P.H., D.T.M., D.P.M.

PART-TIME

W. W. Sargant, M.B., F.R.C.P., D.P.M. — Physician in Psychological
Medicine, St. Thomas' Hospital
D. E. Bunbury, M.B., M.R.C.P., D.P.M.
G. R. Debenham, B.Ch., D.P.M.
F. O'Donnell Finigan, M.B., M.R.C.P. (Ed). D.P.M.

SENIOR HOSPITAL MEDICAL OFFICERS

N. Craske, M.B., Ch.B.
A. Samuel, M.R.C.S., L.R.C.P., D.P.M.
B. Pomryn, M.B., B.S., D.P.M.
David Thomas, B.Sc., M.B., B.Ch., D.P.M.
C. C. Evans, M.A., M.R.C.S., L.R.C.P., D.P.M. — Physician i/c Department
of Electro-Physiology.

SENIOR REGISTRARS

J. N. McCullough, M.B., Ch.B., D.P.M.
G. F. Spaul, M.B., B.S., D.P.M.

REGISTRARS

C. Weaving, M.B., B.Ch., D.P.M.
G. A. Nemeth, M.B., B.S., D.P.M.

P. Glasspole, B.A., M.B., B.Chir.
C. S. Lindsay, M.B., B.S., D.P.M.
R. S. Ferguson, M.B., Ch.B., D.P.M.
One vacancy.

JUNIOR HOSPITAL MEDICAL OFFICER

M. Stewart, M.R.C.S., L.R.C.P.

PART-TIME PSYCHIATRIST

S. Crown, M.R.C.S., L.R.C.P.

GENERAL MEDICAL STAFF

E. M. Foxen, F.R.C.S., D.L.O.	—	Consulting Ear, Nose & Throat Surgeon.
A. Feiling, B.A., M.D., F.R.C.P.	—	Consulting Neurologist.
R. Gilbert, F.R.C.S.	—	Consulting Surgeon.
Wylie McKissock, O.B.E., M.S., F.R.C.S.	—	Consulting Neurosurgeon.
R. Niven, M.A., M.B., B.Ch., M.R.C.P.	—	Consulting Physician.
J. A. W. Robinson, M.B., B.S., D.A.	—	Consulting Anaesthetist.
P. McGregor Moffatt, M.D., F.R.C.S., M.R.C.P., D.O.M.S.		Consulting Ophthalmologist.
Trevor Griffiths, M.B., B.Ch., D.M.R.D.	—	Consulting Radiologist.
E. F. C. Wadge, M.R.C.S., L.R.C.P., Dip. Phys. Med.	—	Consultant in Physical Medicine.
Mrs. Sutcliffe Hey	—	Consulting Dental Surgeon.

GENERAL.

During the year no major structural work has been carried out largely owing to financial stringency, but the usual maintenance and redecoration has been proceeded with.

The number of beds has remained the same viz, 444 of which 224 are female and 220 male.

There have been no changes among the senior psychiatric staff nor among the general consulting staff.

Dr. Baker and Dr. Burkitt who were senior registrars left to take up appointments at Netherne Hospital and Hellesdon Hospital respectively.

They were replaced by Dr. McCullough from the Maudsley Hospital and Dr. G. F. Spaul from Shenley Hospital who both began duty in April, 1954.

Dr. Charles, Registrar, left in June to take up an appointment at the Cassel Hospital and Dr. Lindsay joined as registrar during the year.

Dr. Ferguson joined as registrar on 1.4.54 and will divide his time between the department of electrophysiology and doing clinical work in the wards.

I am glad to report that during the year Dr. Nemeth obtained his D.P.M.

There is still a liaison with mental hospitals in the vicinity by means of which medical staff may be interchanged to widen their experience on both sides.

The consultant staff still visit once a week and in case of emergency.

Mrs. Sutcliffe Hey saw 1392 patients in the dental department during the year and carried out 86 operations for dental extractions during that period.

The following patients were seen by the consulting staff during the twelve months period :—

Mr. Gilbert	...	...	...	...	...	428
Dr. Niven	...	...	...	...	...	227
Mr. Foxen	...	...	...	...	...	186
Mr. Moffatt	...	...	...	...	...	163
Dr. Feiling	...	...	...	...	...	76
Dr. Wadge	...	...	...	...	...	87

Six major and twenty-nine minor operations were carried out during the year, while Mr. McKissock carried out twenty-one prefrontal leucotomies.

Mr. Foxen does most of his operating on patients from this hospital at the Westminster Hospital, while gynæcological operations are carried out at St. Helier Hospital.

1050 X-ray examinations were carried out on 816 patients and these included 105 barium meals and enemata, 8 intravenous pyelograms, 4 cholecystograms and three tomographs.

1973 patients received treatment in the physiotherapy department during the year which included massage, remedial exercises, electrical treatment, radiant heat, ultra-violet light, wax and paraffin baths etc.

During the year 2187 examinations were carried out in the hospital laboratory made up as follows :—

Blood examinations (cell counts, hæmoglobin etc)	...	...	1200
Blood sugar and urea estimations	...	...	539
Bacteriological examinations	...	...	141
Urine examinations (microscopic and bacteriological)	...	...	113
Sputum examinations	...	...	88
Test meals	...	...	49
Fæces examinations	...	...	47
Exudates and other fluids	...	...	9
			2186

In addition one post mortem examination was carried out.

As before Wassermann and Cerebrospinal fluid examinations are carried out at the Central Pathological Laboratory. Two technical assistants carry out routine work, while Dr. Kay visits in a supervisory capacity.

ADMISSIONS, DISCHARGES AND DEATHS

ADMISSIONS

During the year 1340 patients were admitted their categories being as under :—

	Male	Female	Total
Civilian patients	482	635	1117
Social Rehabilitation Unit patients	111	2	113
Ministry of Pensions patients	94	4	98
Service patients	11	1	12
	698	642	1340

This figure is only nine less than in the previous year and it is hoped that on the present number of the beds that the number has become static. At one time the admission rate was in the region of 1500-1600 per annum but it is unfair on the patient to sacrifice treatment in order to have a high admission rate. This number is probably the optimum with the present complement of medical staff and means that there is a turnover on the beds of approximately three times in the year.

The waiting list for both men and women shows considerable variations, at times being from six to eight weeks in duration, whilst at others patients can be admitted almost at once. The average wait is probably from two to three weeks, although whenever possible urgent cases are admitted at once.

In my opinion the demand for treatment in neurosis centres where there are no legal formalities is greater than the supply in spite of the S.W. Metropolitan Regional Board having opened four units on these lines in mental hospitals in the Region.

DISCHARGES

	Male	Female	Total
Civilian patients	469	639	1108
Social Rehabilitation Unit patients	105	2	107
Ministry of Pensions patients ...	108	3	111
Service patients	13	1	14
	695	645	1340

As in previous years the admissions and discharges have kept pace.

DEATHS

Two patients died from natural causes during the year, while one patient committed suicide while in hospital and another while on leave.

OCCUPATIONAL THERAPY ETC.

During the past year the work in the Occupational Therapy department has continued on much the same lines as in the previous year.

Although the majority of patients prefer to work in a group of their own sex a certain number make better progress in a mixed class. Because of this the department is divided into four sections, viz. male, female, mixed and pottery (which is also mixed).

The pottery shop has become increasingly popular, so much so that a second potters wheel has been obtained, and gives scope for the creatively minded. The use of clay is considered of therapeutic value in the working out of fantasies and repressions and patients are given free scope in using this medium.

Other crafts in use are leatherwork, basketry, weaving, rug making, toy and lampshade making, stool seating, marquetry, embroidery, dressmaking, jewellery and pewter work.

The most favoured craft is basketry which calls for careful attention, a certain amount of physical activity and yields quick satisfying results.

With the increase of female patients an additional occupational therapist

was engaged making a total of five on the female side with Mrs. Herbert as head occupational therapist in charge.

Mr. Edmonds, with one assistant, is still in charge of the carpenter's shop where about eighty male patients attend daily. This shop is also open to female patients who wish to do carpentry but the number availing themselves of its use is very small. The printing department is housed in the carpenter's shop and most of the printing for the group is done here in addition to teaching patients the trade.

Last year the total number of patients' attendances in the occupational departments was 70,514.

Owing to financial stringency the services of the art therapist were discontinued but it is hoped in the autumn that the Surrey County Council Education Authorities may provide the services of another.

Mrs. Stonham, Educational Organiser, still supervises lectures, Educational Film Shows, musical recitals, discussion groups, etc.

Mr. Teasdale, Head Remedial Gymnast, together with his assistant, in addition to arranging physical training classes supervises indoor and outdoor games and recreational activities.

SOCIAL REHABILITATION UNIT

Dr. Maxwell Jones, who is in charge of this Unit, was awarded the C.B.E. on the occasion of Her Majesty's birthday and we wish to offer him our congratulations.

During the past year the Unit has continued to study and develop community methods of treatment. There has been an increasing interest in the treatment of families as a whole and Dr. Pomryn has had a group of patients' relatives on the visiting day on Wednesdays, which is also attended by any patients who choose to do so. This meeting affords an opportunity for discussion of family problems and in many cases it becomes clear that the relatives are as much in need of treatment as the patient. Further development of this trend has been the admission, when necessary, of relatives requiring treatment as actual patients to participate in group treatment.

The concept of a therapeutic community has aroused considerable interest and during the past year there have been many visitors to the psychodrama and seminar on Friday mornings. These visitors are drawn mainly from psychiatry and the social sciences, but there have been an increasing number of visitors from the field of criminology. It is encouraging to note that several mental hospitals in the country and abroad have sent staff for periods varying from a few weeks to several months to train in community methods of treatment. In addition Dr. Maxwell Jones, who was granted study leave by the Regional Board, spent the month of February at Louisiana State University, where he was engaged on teaching group methods in the University Clinic and several of the State Hospitals.

Dr. R. N. Rapoport, a Social Anthropologist from Cornell University has been working in the Unit since October on a Medical Research Council Grant. In addition, the Nuffield Foundation have made a three year grant which will make it possible to have a social science team to develop research in the social science field. A suburb of London will be studied by a group of five or six workers, with a view to doing a social analysis of the area to examine

the various factors which might contribute to the development of anti-social character disorders. It is hoped that this study will yield additional information about the best way of undertaking treatment and above all of preventing the development of psychopathy. The Research will be under Dr. Rapoport's direction and for which other research workers have been engaged.

In my last report I mentioned that as a member of the Council of the National Association for Mental Health I raised the matter of altering the existing legislation to deal with the aggressive psychopath.

I am glad to say that the Home Office received a deputation to discuss the matter and also arranged for the matter to be raised with their Advisory council on the Treatment of Offenders.

Evidence is to be given also to the Royal Commission on Mental Illness and Deficiency and it is hoped eventually that the treatment and detention of aggressive psychopaths will be linked with new legislation.

I am glad to report that the Social Club for ex-Belmont patients is still serving a most useful function at St. George's Hospital Neuropsychiatric Department and is attended by many ex-patients where not only recreational facilities are available but where supportive therapy is provided by members of the Belmont medical, nursing and social worker's staff who attend.

TEACHING RESEARCH ETC.

The twice yearly lecture demonstrations to the St. Thomas' Hospital undergraduates have been continued as has the teaching in the out-patient department at St. George's Hospital.

Clinical assistants from the Institute of Psychiatry, Maudsley Hospital, S.E.5. taking the D.P.M. course have again attended for clinical tuition and the usual case conferences, tutorials and clinical discussions have also taken place.

Occupational therapy students from the Dorset House School of Occupational Therapy, Oxford, and Nursing Students and Sisters from St. Helier Hospital, National Hospital etc. have attended for tuition in treating neurotic and early psychotic illnesses.

During the year many doctors from overseas visited the hospital, including : Professor Elliott (S. Africa), Dr. Smet (Holland) and the following spent periods of from two to six months at the hospital, viz. Dr. Hay (New Zealand), Dr. Houge (Norway), Dr. Norris (N. Ireland), and Dr. Askvold (Norway).

In addition the Piercy Committee on Rehabilitation spent a day at the hospital and the Royal Medico-Psychological Association also arranged a study tour here.

RESEARCH UNIT FOR DEAF CHILDREN

This Unit which was opened in March 1953 for one year through the generosity of the Regional Board who paid for it out of Research Funds is continuing for a further year, at least, as the grant from the Board has been renewed.

Although no short cut tests have yet been devised by means of which a

diagnosis between mental defect and deafness can be established research on these lines is continuing.

It has become obvious however that by having these children under observation for some time that a diagnosis can be established in this way and already two children who have been certified as defectives are at schools for deaf children, while another who is still with us and had been certified as a defective is waiting placement in a deaf school.

The difficulty mentioned in my last report of getting these children into suitable schools still exists as within the present educational system there are far too few schools to cater for this type of problem where almost individual tuition is necessary for some time.

Another difficulty is that so many of these children present emotional difficulties that the underlying problem is masked by these and makes a diagnosis almost impossible. It is hoped in the future to open a house for this type of case, out of research funds, where there will be a homelike atmosphere with a foster mother in charge so that the child will live in a normal home atmosphere where the affection and security due to it will be inculcated and thus remove the emotional difficulties. The underlying problem can then be investigated more readily but of necessity these will be long term cases.

The unit at Belmont would still continue to function as a research unit where investigations along psychological, electrophysiological and psychogalvanometric lines would be maintained.

It is felt by all concerned with the research that it must of necessity be slow that no quick results are likely to be obtained.

Other research being continued :—

Dr. Minski, Dr. Thomas, Dr. Desai and Mrs. Ernest	...	...	...	Clinical and Psychological Investigation of the aggressive psychopath—a comparison with neurotics.
Dr. Shaw	...	...	...	An investigation into the breakdowns of nursing staff. A statistical investigation into the admissions over three years to this hospital is still proceeding.
Dr. Thorley and Dr. Wheeler				Observations on Insulin Resistance.
Dr. Desai and Dr. Thorley	...			Rorschach tests done before and after a course of insulin comas.
Dr. Pai	...	...	...	Incidence of Physical Disease among psychiatric patients.
Dr. Pai	...	...	...	On the nature and Treatment of spasmodic torticollis.
Dr. Finigan	...	...	...	Is still investigating the treatment of depression with leptazol.
Dr. Evans	...	...	...	Development of stimulation techniques for evoking abnormality in the E.E.G.
Dr. Evans	...	...	...	The significance of low voltage on "flat" records.

Dr. Thomas	...	...	A clinical study of states of chronic excitement.
Mrs. Dawson	...	...	An investigation into the prognosis of epileptic children with focal abnormalities.
Mrs. M. Dawson and Dr. G. Dawson	...	...	The significance of muscular jerkings in petit mal.

The Research Committee of the Board gave the hospital a grant to make a film of the insulin treatment of schizophrenia. It is hoped that the film which was made under the direction of Dr. Thorley will be ready in the Autumn.

PUBLICATIONS

Dr. Minski and Dr. Desai	...	...	Peptic ulcer and personality—British Journal of Medical Psychology.
Dr. Maxwell Jones	...	...	Treatment of Character Disorder in a therapeutic community—World Mental Health—May, 1954.
Dr. Pai	...	...	The Pendulum swings too far : Some mistaken Diagnoses—Practitioner, June 1954.
Dr. Pai	...	...	Psychiatry and General Practice—The proceedings of Royal Society of Medicine, July 1954.

Papers read :—

Dr. Desai	...	...	1. "Some methodological considerations in test standardization and administration." (To the Surrey Group of Clinical Psychologists).
			2. "Vocational Rehabilitation of Psychiatric cases." (To the Committee of Professional Psychologists. The British Psychological Society).
			3. "Mental Illness." (To the Croydon Natural History and Scientific Society).
Mr. Strauss	...	...	1. "Some observations on the Thematic Apperception Test. (To the Surrey group of Clinical Psychologists).
			2. "Interpretation of Thematic Test Material: A Jungian approach." (At the Annual General Meeting of the British Psychological Society).

OUT-PATIENT WORK

As has been mentioned in previous reports no regular out-patient clinic is held at this hospital. During the year however, 850 patients were seen as out-patients and 1282 attendances made.

The following members of the full time medical staff attend the following out-patient departments :—

Dr. Minski	...	...	St. George's Hospital, Hyde Park Corner, S.W.1.
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Dr. Minski	...	...	Sutton & Cheam General Hospital.
Dr. Minski	...	...	Royal National Throat, Nose & Ear Hospital, Gray's Inn Road, W.C. (as required).
Dr. Shaw	...	...	Dorking County Hospital.
Dr. Shaw	...	...	St. Helier Hospital (Psychosomatic Clinic).
Dr. Thorley	...	...	Wimbledon Hospital, S.W.
Dr. Samuel	...	...	London Hospital, E.1.

Psychotherapeutic sessions are held by the following members of the staff :—

Dr. N. Craske	...	Sutton & Cheam General Hospital.
Dr. P. Glasspole	...	Sutton & Cheam General Hospital.
Dr. M. Stewart	...	St. George's Hospital, S.W.1.
Dr. D. Thomas	...	St. George's Hospital, S.W.1.
Dr. G. F. Spaul	...	St. George's Hospital, S.W.1.
Dr. B. Pomryn	...	Hammersmith and Westminster Hospitals.

DEPARTMENT OF ELECTROPHYSIOLOGY

During the year, Dr. Evans who is in charge of the department, wished to become part time as he had been offered consultant sessions at another hospital. This was agreed to and he now does five sessions per week at this hospital. Another Registrar was appointed, viz Dr. Ferguson, to train in electrophysiology and he divides his time between clinical psychiatry and the department.

Mrs. Dawson is now working solely on research problems and is paid through Research Funds of the Regional Board.

There is still the same technical staff in the department viz, a recordist and technician.

During the year 173 in-patients were tested on whom 240 recordings were carried out, while 858 out-patients were tested on whom 1025 recordings were made. This makes a total of 1265 recordings on a total of 1031 patients. In addition to straight recordings, photic stimulation, leptazol and sleep records are carried out and in a limited number of cases pharyngeal and sphenoidal electrodes are used.

PSYCHOLOGICAL DEPARTMENT

The department continues under the supervision of Dr. Desai.

During the year 906 patients were tested, with Mr. Secker's assistance, in groups or individually, for a preliminary assessment of intelligence and verbal attainments. Retests for these functions and group tests for other functions were given to 102 patients.

In 644 interviews, 315 patients were seen individually for intensive investigations in connection with differential diagnosis, assessment of personality, indications for types of treatment, vocational rehabilitation and assessments of intellectual impairment, etc. Of these, 192 patients were referred principally for differential diagnosis and personality assessment, 30 for appraisals

of intellectual impairment, and 29 for vocational rehabilitation, while 64 patients were seen primarily for research. The numbers referred for vocational rehabilitation have fallen markedly owing to a change in the type of patients admitted to the Social Rehabilitation Unit.

Two wards from the female block were added to the responsibilities of Mr. Strauss who continues his psychological work in the Social Rehabilitation Unit.

The department is grateful to the Regional Board for providing funds for a research psychologist, a post which Mrs. Ernest now fills.

The department helped in the selection of student nurses and continued its participation in the training of nurses and social therapists.

Clinical Psychology students from the Tavistock Clinic spent a month last year in the department for training under the supervision of Dr. Desai. A one-day tutorial was also arranged for students from The Child Guidance Training Centre.

Facilities for research were provided for one Ph.D. Student and for 5 post-doctoral research projects. In this connection the department is indebted to the psychiatrists and to the nursing staff for their generous co-operation.

FOLLOW-UP

As has been mentioned in previous reports all patients discharged from hospital are followed up by letter at the end of three months, six months, one year, eighteen months and two years and the position at the end of two years after discharge from hospital is as follows :—

	Male	Female
Symptom free	21	18
Symptoms present but working ...	47	44
Unable to work	16	9
In Mental Hospitals	1	2
Deaths	5	2
Readmission here	42	38
No replies	59	65
Not followed up	116	129
Gone away	35	27
	342	334

245 patients out of a total of 676 were not followed up for the reasons given in previous reports viz., because they left against medical advice, were hostile to the hospital or did not wish to be reminded of illness. 51.5 per cent of the males who replied and 54.8 per cent of the females were symptom free or working, while 12.3 per cent of the males discharged and 11.4 per cent of the females were readmitted here.

Last year 46 per cent of the males and 56 per cent of the females were symptom free or working two years after discharge, while the readmission figures were 14 per cent males and 9 per cent females.

The figures on the whole are not materially different and appear to

represent the average after patients have been discharged from hospital for two years.

At the end of one year after discharge 53 per cent of the males and 62.7 of the females were symptom free or working.

As has been mentioned in previous reports there does appear to be a slight tendency to relapse with the passage of time.

SOCIAL WORK

Three Social Workers continue to do this work in the main part of the hospital and also divide their duties between the two sides. Miss Bainbridge works solely on the female side, Miss Craggs on the male side, while Miss Wood divides her time between the two.

FEMALE SIDE

All the new patients have been interviewed shortly after admission and where necessary relatives have also been seen. The usual queries concerning housing, convalescence, financial matters and pensions have been dealt with, while home visits have been paid in many cases where these have been considered necessary.

One social worker is available on one of the visiting days to deal with the problems of out-patients and relatives as it has been found in this way that many minor but worrying problems can be disposed of. Lack of suitable housing is still a major problem but it is felt that the situation has eased somewhat in the past year.

Those patients requiring help in finding suitable employment have been interviewed by the D.R.O. who visits weekly and others have been helped in finding work through the agency of the social workers. They keep in touch with the Staff Welfare Officers of firms and in this way many difficulties can be removed, a considerable item in helping in the successful rehabilitation of the patient.

Another important aspect of the social worker's duties is that of placing female patients in suitable care so that they can undergo in-patient treatment without added worries and in some cases placing the children in care for a few weeks when the patient leaves hospital to ease her burden when she first returns to her home environment.

There is still the usual close liaison with Probation Officers and other Social Agencies, while help is also given in research problems requiring social investigation.

MALE SIDE

The majority of the problems on the male side relate to financial matters, while much time is taken up with patients wishing to appeal to the Ministry of Pensions either to obtain a disability pension or to have the existing one increased.

The difficulty of obtaining residences for homeless patients after discharge from hospital is as great as ever. There appears to be less suitable hostel accommodation and in a number of cases it has been necessary to allow

patients to remain in hospital after their treatment had finished in order to try and find suitable accommodation.

The D.R.O. on the male side also visits weekly, while the social workers on their own have also placed patients in employment.

Nearly all the applications for Ministry of Labour training courses have been successful.

As usual we have to thank the Red Cross, Ex-Services Welfare Society, Family Welfare Association, Lest We Forget Association and Regimental Funds for their generous gifts and services. Many patients have been helped with money grants and outings to the seaside, the races, Wimbledon Tennis etc., have all been greatly appreciated.

Home visits have been made where necessary and as on the female side co-operation with the medical staff in research has been maintained.

As in previous years I should again like to express my thanks to the Chairman and Members of the Hospital Management Committee for their help and support and also to the Members and Officers of the Regional Hospital Board.

Lastly I wish to express my grateful thanks to my medical and lay colleagues in the hospital for their loyal co-operation and help throughout the year.

LOUIS MINSKI, M.D., F.R.C.P., D.P.M.,

Physician Superintendent.



