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Contributors

Central Middlesex Hospital (London, England)
Central Middlesex Group Hospital Management Committee.

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CENTRAL MIDDLESEX HOSPITAL.



ANNUAL REPORT.

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CENTRAL MIDDLESEX HOSPITAL,

Acton Lane, Park Royal,
London, N.W.10

Medical Director :

HORACE JOULES, Esq., M.D., F.R.C.P.

Matron :

Miss D. WALLER, D.N (Lond.)

Hospital Secretary :

A. S. COLLINS, Esq., A.H.A.

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MEDICAL DIRECTOR'S REPORT.

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Central Middlesex Hospital Joint Consultative Committee :

Chairman : K. P. BALL, Esq., M.D., M.R.C.P.

MEDICAL DIRECTOR'S REPORT.

The year under review has shown some slowing up of the increase in both in-patient and out-patient turn-over. A special committee of the medical staff, set up to enquire into the out-patient position, agreed that we should avoid any further increase in numbers. Discussions were held with interested bodies through the local health service liaison committees. A meeting was subsequently called of practitioners in the Willesden area and a redistribution of the district served for midwifery cases has been agreed upon. Paddington Hospital has taken over an area which is conveniently sited for patients and this should result in a fall in demand of approximately 350 cases a year. The general practitioners in the area nearest to the centre of London were asked to refer cases to other hospitals except when they were anxious to have an opinion from a consultant at this hospital.

Despite the efforts to reduce the waiting lists the surgical figures still stand at well over 1,000, but we are pleased to report the ready co-operation of a number of other hospitals, particularly South West Middlesex, Paddington and Willesden General, who have taken large numbers of cold cases from the waiting lists. However the winter's fog and subsequent influenza resulted in such a demand for acute admissions that the number waiting for surgery has risen to its previous height. It is known that a number of hospitals in London have practically no waiting lists and it seems possible the time has come for some definite arrangement for transfer of cases for elective surgery between one hospital and another.

The black fog of December 5th to 9th caused a tremendous increase in patients suffering from acute respiratory disease. It affected mainly those previously victims of chronic bronchitis, and the aged. It emphasised dramatically the effect of atmospheric pollution on the health of our local population and we must take a broader interest in preventive health measures if we are not to have our hospitals constantly filled with avoidable disease.

The association between the practitioners and ourselves has been maintained not only by meetings of local health liaison committees but by frequent clinical meetings and intensive fortnightly courses which are popular with staff and practitioners. The opening of the mass x-ray unit, in August, increased the facilities for chest radiology for our local colleagues and will give valuable information about the incidence of pulmonary tuberculosis among unselected hospital admissions. The continuing success of domiciliary and hospital treatment by Dr. Toussaint, together with the opening of more beds for tuberculosis, has ensured priority being given to all newly discovered cases.

The problem of chronic sickness among the aged is being tackled energetically by the management committee and Dr. Abdullah and his staff. Much relief is being obtained for them by domiciliary visiting, while active steps are being taken to supply many more beds. Unfortunately the extent of the problem is unknown and will remain so until extensive surveys have been undertaken in conjunction with practitioner and welfare authorities. Undergraduate students have been visiting these patients in their homes with Dr. Abdullah and are impressed by the problem.

Our association with Middlesex Hospital has been strengthened by an agreement to continue undergraduate teaching here for a further period of ten years and by a scheme for exchange of senior registrars in medicine and surgery, after they have had two years' experience in their appointing hospital.

The medical staff are greatly indebted to their nursing colleagues, and to staff in many other departments, who have striven so hard to ensure efficient treatment for our many patients. I hope this report reflects the real sense of service and research that is a notable feature of this expanding hospital.

H. JOULES,

Medical Director.

CONSULTANT MEDICAL STAFF

Physicians.

HORACE JOULES, Esq., M.D., F.R.C.P. (*Medical Director*)
 F. AVERY JONES, Esq., M.D., F.R.C.P.
 R. A. J. ASHER, Esq., M.D., F.R.C.P.
 R. J. PORTER, Esq., M.B., M.R.C.P.
 K. P. BALL, Esq., M.D., M.R.C.P.

Paediatrician

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Tuberculosis Physician.

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J. S. MacVINE, Esq., M.B., F.R.C.S.E., M.R.C.O.G.
 Miss MARY A. M. BIGBY, M.D., M.R.C.O.G.

Ear, Nose and Throat Surgeon.

P. MAXWELL ELLIS, Esq., M.D., M.S., F.R.C.S.

Dental Surgeon.

W. FRASER MOODIE, Esq., F.D.S.R.C.S. (Eng.), L.R.C.P.,
 L.R.C.S., F.P.S.G.

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 W. PAGEL, Esq., M.D.
 G. DISCOMBE, Esq., M.D., B.Sc.

Radiologist.

F. PYGOTT, Esq., M.B., D.P.H., D.M.R.E. (*Deputy Medical Director*).

Physician i/c Rehabilitation Unit.

J. H. CROSLAND, Esq., M.R.C.S., L.R.C.P., D.Phys.M.

Physician i/c E.E.G. Department.

C. C. EVANS, Esq., M.A., M.R.C.S., L.R.C.P.

Physician i/c Special Department.

P. A. CLEMENTS, Esq., M.B., B.S.

Hon. Associate Physician.

RICHARD DOLL, Esq., M.D., M.R.C.P.

Chief Pharmacist	...	...	Miss M. BARRON BOSHELL, M.P.S.
Chief Almoner	...	...	Miss M. L. TATE, B.Sc., A.I.H.A.
Medical Artist	...	...	Miss D. M. BARBER
Medical Photographer	...	...	A. BOOKER, Esq., A.R.P.S.
Surgical Mechanic	...	...	F. W. DEWAR, Esq.
Medical Records Officer...	...	...	Miss O. P. NICHOLLS, A.M.R.

OUT-PATIENT DEPARTMENT.

Attendances are by appointment only.

Phone: ELGAR 5733.

Clinic	Consultant	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
GENERAL MEDICINE ...	Dr. H. Joules and Dr. K. Ball		1.30				
GENERAL MEDICINE & ANAEMIA. ...	Dr. R. J. Porter ...				1.30		
GENERAL MEDICINE & ANAEMIA. ...	Dr. R. A. J. Asher ...	1.30					
GENERAL SURGERY ...	Mr. T. G. I. James ...			9.30			
GENERAL SURGERY ...	Mr. J. D. Fergusson ...	10.00					
GENERAL SURGERY ...	Mr. F. A. Henley ...			9.30			
ALLERGY (New cases) ...	Dr. D. Harley ...				2.30		
ALLERGY (Old cases) ...	... ..		2.30				
ANTE-NATAL ...	Mr. J. S. MacVine ...	9.30		9.30			
ANTE-NATAL ...	Miss M. A. M. Bigby ...		9.30		9.30		
ANTE-NATAL ...	Mr. MacVine and Miss Bigby ...	1.30					
BIRTH CONTROL... (Medical indications)	Miss M. A. M. Bigby ...			2.00			
CARDIAC ...	Dr. H. Joules and Dr. K. Ball						†9.30
CARDIAC ANTE-NATAL...	Dr. K. Ball & Miss Bigby ...			10.00			
DENTAL ...	Dr. W. Moodie ...	11.00	9.00	9.00	9.00	9.00	
DERMATOLOGICAL ...	Dr. H. T. H. Wilson ...			9.30		*9.30	
DIABETIC ...	Dr. F. Avery Jones ...			1.30			
EAR, NOSE & THROAT ...	Mr. P. Maxwell Ellis ...		2.00		9.30		
ENDOCRINE ...	Dr. R. A. J. Asher ...			9.30			
GASTRO-ENTEROLOGY ...	Dr. F. Avery Jones ...			1.30			
Men only ...	... ..				1.30		
Old cases only ...	... ..	9.30					
GENITO-URINARY ...	Mr. J. D. Fergusson ...				10.00		
GYNAECOLOGY ...	Mr. J. S. MacVine ...		9.30				
GYNAECOLOGY ...	Miss M. A. M. Bigby ...					9.30	
NEUROLOGICAL ...	Dr. R. J. Porter ...		1.30				†9.30
NEUROSURGICAL ...	Mr. T. G. I. James ...					9.30	
OPHTHALMIC ...	Mrs. D. Miller ...	2.00				2.00	
OPHTHALMIC ...	Mr. P. D. Trevor-Roper ...		10.00				
ORTHOPAEDIC & FRACTURE.	Mr. J. G. Bonnin ...		9.30		9.30	1.30	
PAEDIATRIC ...	Dr. J. Sakula ...	1.30		1.30			
POST-NATAL ...	Mr. J. S. MacVine ...					†2.00	
POST-NATAL ...	Miss M. A. M. Bigby ...					†2.00	
PSYCHIATRIC ...	Drs. O. Fitzgerald & B. M. C. Gilsenan.					2.00	
PSYCHIATRIC ...	Drs. S. T. Hayward & D. Bardon				2.00		
SPECIAL DEPARTMENT ...	Dr. P. A. Clements ...		9.30		3.00	2.00	
VARICOSE VEIN ...	Mr. F. A. Henley ...						9.30

* All wart cases seen only on this day.

† Alternate weeks.

OUT-PATIENT STATISTICS.

Department	New Patients			Total Attendances		
	1950	1951	1952	1950	1951	1952
General medicine	2,274	2,677	2,582	6,838	7,889	7,120
General Surgery	4,609	5,052	4,903	13,840	12,860	12,220
Allergy	236	206	190	2,482	2,199	1,469
Ante-Natal	3,351	3,547	2,949	15,277	14,652	15,195
Birth Control	118	107	107	815	760	750
Cardiological	516	513	576	1,653	1,557	1,598
Dental	1,336	1,590	1,199	6,188	8,548	9,134
Dermatological	1,106	1,181	1,458	4,373	4,954	5,790
Gastroenterological & Diabetic	2,339	2,764	2,579	11,511	12,039	11,239
Ear, Nose & Throat	1,686	1,989	3,024	3,041	3,672	6,077
Endocrine	297	354	342	1,005	1,266	1,182
Gynaecology	2,082	2,512	2,589	5,714	6,164	5,933
Neurological	658	656	669	1,957	2,000	1,841
Neurosurgical	305	284	292	1,116	1,070	1,054
Ophthalmic	902	1,184	1,334	3,616	4,598	4,412
Orthopaedic & Fracture	2,380	3,160	4,479	6,783	8,972	15,591
Paediatric	1,009	1,162	1,190	2,997	2,971	3,320
Post-Natal	1,627	1,762	1,225	1,627	1,762	1,737
Psychiatric	671	638	617	2,637	2,797	2,513
Radiotherapy (Diagnostic and Follow-up)	—	—	83	—	—	840
Special Department	879	733	713	13,386	11,249	10,926
Varicose Vein	271	486	296	1,648	1,987	1,369
Miscellaneous	—	—	—	2,196	2,902	3,119
Sick Bay	1,496	1,532	1,509	3,102	2,374	3,116
Totals	30,254	34,089	34,905	114,475	119,242	127,605
Casualty Department	16,898	20,799	18,519	48,838	50,645	46,755
Rehabilitation	2,461	2,463	4,753	39,358	41,604	66,734
X-ray Department	10,199	9,915	10,189	17,545	19,210	19,174
Grand Totals	59,812	67,266	68,366	220,216	230,701	260,268

NOTE.—Genito-urinary figures are included in General Surgery.

CLASSIFICATION OF BEDS.

Department	Total Number of Beds	Discharges and Deaths during the Year
General Medical	180	2,177
General Surgical	112	3,238
Gynaecological	54	1,516
Obstetric	94	2,395
Gastro-enterological	51	755
Paediatric	34	477
Tuberculosis	58	265
E.N.T.	20	580
Mental Observation	16	662
Chronic Sick	174*	184
Traumatic and Orthopaedic	50	919
Dental	2	154
Dermatological	2	33
Ophthalmic	3	92
Private Patients (Section 5)	4	75
Staff beds	8	282
Totals †	862	13,804

IN-PATIENT STATISTICS.

	1950	1951	1952
Beds.			
Complement at end of year	862	862	862*
Maximum No. of beds occupied	846	844	808
Minimum No. of beds occupied	672	686	628
Daily average No. of beds occupied	806	807	742
(Percentage of available beds)	93.5	93.6	93.3
Patients.			
In hospital at beginning of year	751	712	757
Number admitted during the year	12,431	13,771	13,752
Live births during the year	1,961	1,913	2,112
Total	15,143	16,396	16,621
Discharges during the year	13,562	14,645	15,132
Deaths during the year	869	994	814
Total	14,431	15,639	15,946
Patients in hospital at end of year	712	757	675

Average stay in days of patients admitted for—

	1950	1951	1952
1. Confinement	12	11	12
2. Pulmonary tuberculosis	112.8	99.6	75.45
3. Mental observation	12.08	5.07	4.84
4. Chronic sick	182.6	158	288.5
5. Other conditions	17.05	15.85	17

* 68 of these beds have been out of commission for twelve months due to structural alterations which were taking place, but patients and their staff have been accommodated at Neasden Hospital.

† These totals do not include cots, nor infants born in hospital.

GENERAL MEDICAL AND CARDIOLOGICAL DEPARTMENT.

Consultants : H. JOULES, Esq., M.D., F.R.C.P.
K. P. BALL, Esq., M.D., M.R.C.P.

Registrar : B. I. HIRSCHOWITZ, Esq., B.Sc., M.B., B.Ch., M.R.C.P.

House Officers : J. I. E. HOFFMAN, Esq., M.B., B.Ch., M.R.C.P. (till 14.3.52)
Miss M. ROBSON, M.B., B.S., (till 30.4.52)
D. G. JULIAN, Esq., B.A., M.B., B.Ch., M.R.C.P. (22.3.52—21.9.52)
Miss M. M. ASHFORTH, M.B., B.S. (from 1.5.52)
I. M. GLYNN, Esq., M.B., B.Ch. (from 22.9.52)

Chronic bronchitis, cancer of the lung, arteriosclerotic and rheumatic heart diseases continue to provide us with a high proportion of our patients.

Although in the past these diseases have been considered unpreventable and incurable, new hopes for some of them are appearing.

The relationship that has been shown to exist between smoking and lung cancer has stimulated efforts at preventing the mounting number of victims from this disease. Radical surgery is undertaken on a few patients, but too rarely is it possible.

The last weeks of the year brought a great increase of admissions from bronchitis and pneumonia due to the fog. A controlled trial of A.C.T.H. in the treatment of asthma is being carried out, thanks to a supply of the drug from the Medical Research Council.

Another trial is being conducted into the use of quinidine in preventing cardiac irregularities in cardiac infarction.

Mr. Laird has now performed seventeen operations on our patients at Clare Hall for the relief of mitral stenosis, most of them having excellent results.

Out-Patient Clinics	New Patients	Total Attendances
General medical ...	1,053	2,664
Cardiac	347	813
Cardiac (ante-natal) ...	229	785
Total	1,629	4,262

GENERAL MEDICAL, HAEMATOLOGICAL AND ENDOCRINOLOGICAL AND MENTAL OBSERVATION DEPARTMENTS.

Consultant : R. A. J. ASHER, Esq., M.D., F.R.C.P.
Registrar : D. A. BREWERTON, Esq., M.D.(McGill) (until 31.7.52)
 H. J. GOLDSMITH, Esq., M.D., M.R.C.P. (from 15.9.52)
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 L. J. CLEIN, Esq., M.B., B.Ch.(Dublin) (till 31.10.52)
 R. P. MICHAEL, Esq., M.B., B.S. (1.2.52—31.7.52)
 D. W. BEAVEN, Esq., M.B., B.Ch. (from 1.8.52)
 H. P. LAMBERT, Esq., M.A., M.B., B.Chir. (from 1.11.52)

GENERAL MEDICAL.

In the general medical department chronic chest cases provide a large proportion of in-patient work. These cases of emphysema and bronchitis come either with heart failure secondary to the chronic chest illness, or else with an acute superadded infection leading to bronchopneumonia. The serious fogs at the end of the year caused a sudden increase in this kind of bronchitis and bronchopneumonia.

HAEMATOLOGY.

The research on the maintenance therapy of pernicious anaemia with vitamin B.12 has been completed and published. It has been found that B.12 is much cheaper than liver extracts, and is more effective in treatment. At the pernicious anaemia clinic injections are now being reduced to once every two months instead of once monthly, and treatment at even longer intervals may be possible later.

ENDOCRINOLOGY.

Supplies of cortisone and A.C.T.H. are still very small, and it is a problem to treat our own cases properly, and yet supply the large number of other hospitals who ring up and ask for supplies. The discovery of butazolidin has been a great help to the cortisone committee because a proportion of arthritic cases that would otherwise need cortisone or A.C.T.H. can be treated with it instead. Butazolidin supplies are not restricted.

MENTAL OBSERVATION.

There has been no major change in the work of this department, but the volume of work continues to be very heavy.

	1951	1952
Total number of patients admitted	630	652
(under sections 20 and 21)		
Transferred as voluntary patients	77	71
Transferred as temporary patients	86	54
Certified and transferred to mental hospitals ...	325	396
Discharged home or to other hospitals	124	124
Deaths in the ward	18	7
Total	630	652

GENERAL MEDICAL AND NEUROLOGICAL DEPARTMENT.

Consultant : R. J. PORTER, Esq., M.B., M.R.C.P.
Registrar : Miss J. C. WELLS, M.B., B.S., M.R.C.P. (till 4.8.52)
 J. I. E. HOFFMAN, Esq., M.B., B.Ch., M.R.C.P. (from 5.8.52)
House Officers : S. KUPER, Esq., M.B., B.Ch. (till 31.10.52)
 Miss M. A. Le C. HILLS, M.B., B.Ch., D.C.H. (from 1.11.52)

The work of the department continues with very little change. There has been no significant increase in the out-patient numbers as it has become impossible to see more patients in the sessions available, and the number of new appointments has had to be strictly limited. This has often led to a waiting time of up to four weeks except for urgent cases.

The area served by the department was extended early in the year on a request from the Regional Board to provide a consultative neurological service to the Watford Group. This has involved on an average two visits to their hospitals per month, and reference of patients fit to travel to our out-patient clinics. A proportion of these cases had to be transferred to this hospital for more specialised investigation, and this has added to the pressure on our beds. However, from this area we have had some of our most interesting cases.

Out-Patient Clinics	New Patients	Total Attendances
General medical ...	787	2,231
Neurological ...	669	1,841
Total ...	1,456	4,075

ELECTRO-ENCEPHALOGRAPHIC DEPARTMENT.

Consultant : C. C. EVANS, Esq., M.A., M.R.C.S., L.R.C.P., D.P.M.
Technical Assistant : Miss B. E. PATTISON, B.Sc.

The work of the Department is still growing and shows an increase of 20 per cent. in new patients over the previous year. This has occurred in spite of the department being virtually closed for six weeks owing to the loss of trained technical staff, which also temporarily brought to a standstill the construction of the electromyograph and portable E.E.G. amplifier.

It is hoped that the department will shortly be moved into more suitable accommodation in the old physiotherapy wing and this will allow for further extension of the work.

	New Cases		Total No. of examinations	
	1951	1952	1951	1952
In-patients ...	154	169	270	241
Out-patients ...	395	533	477	604

GASTRO-ENTEROLOGICAL DEPARTMENT.

Consultant :	F. AVERY JONES, Esq., M.D., F.R.C.P.	
Hon. Associate Physician :	RICHARD DOLL, Esq., M.D., M.R.C.P.	
Senior Registrar :	T. D. KELLOCK, Esq., M.D., M.R.C.P.	
Registrars :	V. EDMUNDS, Esq., M.D., M.R.C.P. (part-time)	
	P. H. FRIEDLANDER, Esq., M.B., B.Ch., M.R.C.P.	
Research Assistants :	Miss LORNA COOKE, M.B., M.R.C.P.	
(M.R.C.)	Miss BARBARA WHITE, B.Sc.	
House Officers :	M. L. E. ESPIR, Esq., M.A., M.B., B.S.	(31.7.51—31.1.52)
	G. WALKER, Esq., B.Sc., M.B., B.S.	(31.7.51—31.1.52)
	B. M. OGILVIE, Esq., B.M., B.Ch.	(1.2.52—31.7.52)
	J. E. HODGKIN, Esq., B.M., B.Ch.	(1.2.52—31.7.52)
	K. R. ABERDOUR, Esq., M.B., B.S.	(from 1.8.52)
	E. B. D. HAMILTON, Esq., M.B., B.Ch.	(from 1.8.52)
Dieticians :	Miss E. MURLAND	
	Miss J. HEATH	

For the first time the annual figures have shown a slight fall instead of the 20 per cent. annual increase which has occurred in recent years. Admissions for haematemesis and meleana numbered 194 against 210 in the previous year, acute perforations 70 against 80 and new out-patients 2,550 against 2,764. This respite has been very welcome in view of the many practical working difficulties which had resulted from the big increase of patients in recent years.

Thanks to the co-operation of the radiological department many more cases of hiatus hernia are diagnosed than was the case even a few years ago. Many patients whose dyspepsia had been thought to be nervous in origin are now diagnosed as hiatus hernia cases. This condition commonly causes troublesome heart-burn particularly when lying down or when bending or stooping and is especially common among middle-aged women who are overweight. Many improve on a reducing diet and simple postural measures to reduce reflux into the gullet at night. In some cases severe oesophagitis with stricture formation may result ; the more serious cases may need surgery which has been undertaken by Mr. Gummer, who has previously studied the special techniques evolved by Mr. Allison at Leeds.

The policy of close liaison with the surgeons has been well maintained in relation to surgery for peptic ulcer, ulcerative colitis and diabetes. During the year, there were 21 emergency partial gastrectomies for bleeding ulcer, with 2 deaths. Following an extensive analysis of admissions for acute perforations the surgical policy has been revised, and emergency partial gastrectomy is now undertaken in selected cases, particularly perforated chronic gastric ulcers and in patients who have had duodenal ulcer symptoms for more than a year.

The Diabetic Clinic has been re-organised to ensure the continued supervision of the same patient by the same doctor. Dr. Kellock is now mainly responsible for the diabetic out-patient clinic which now has over 600 patients attending. Dr. Avery Jones and Miss Bigby have continued their study of diabetes in pregnancy and have now had 52 fully supervised cases.

The research work of the department has again been supported by the M.R.C. Dr. Doll and Dr. Pygott have continued their studies on the factors influencing the rate of healing of gastric ulcers ; Dr. Friedlander completed a study on the relation of gastric motility to ulcer pain and continued observations on the treatment of duodenal ulcer ; Dr. Kellock has studied the follow-up of partial gastrectomy and colitis patients ; Dr. Edmund has made a special study of hiatus hernia, Miss Cooke of the diagnostic value of the caffeine test meal and Dr. Avery Jones of cancer of the gall bladder and the incidence of gall stones.

PAEDIATRIC DEPARTMENT.

<i>Consultant :</i>	J. SAKULA, Esq., M.D., M.R.C.P., D.C.H.
<i>Registrar :</i>	Miss U. R. ALLEN, M.B., B.Ch., M.R.C.P., D.C.H. (up to 16.5.52) Miss M. C. BUCHANAN, M.B., Ch.B., B.Sc. (from 23.6.52)
<i>House Officer :</i>	R. O. BRETTELL, Esq., M.B., B.S. (till 31.1.52) Miss J. P. ARNOLD, M.B., Ch.B. (1.2.52—31.7.52) Miss J. P. WERREN, M.B., B.S. (from 1.8.52)

There has been little change in the Paediatric Department during 1952, and the demands for admission of sick children still remains low. This is very gratifying, and especially so when consideration is given to the results obtained with the children who are admitted. Fifteen years ago, during the year 1937 before the advent of specific chemotherapy and anti-biotics, at least 10 per cent. of over 600 children admitted to the medical ward died from infections such as bronchopneumonia and gastro-enteritis. During the past year it is pleasing to note that there was only a total of 3 such deaths (0.45 per cent.) among 544 admissions.

In the Maternity Department there has also been a marked improvement in the neo-natal mortality. There were 26 deaths among 172 premature babies born alive, giving an overall mortality of 17.1 per cent. This, however, included 10 children weighing less than two pounds, most of whom were born as abortions in the gynaecological wards. Excluding these, the mortality rate was 11.2 per cent., which compares very favourably with the figures from other hospital units. These good results are largely due to the constant interest and care of the sister in charge of the special prematures' ward.

A follow-up clinic has been established for our premature infants, weighing less than four and a half pounds at birth, and it is becoming apparent that in practically every case thus followed up the children have caught up with the average child by the time they have reached their first birthday.

The mortality among new-born mature babies also fell during the year. There were only 11 deaths compared with 14 in 1951. Infections in the new-born were much less common and much less severe. It was established during the year that, in the infants in our Maternity Department, staphylococci pyogenes are now almost 100 per cent. resistant to penicillin, and this anti-biotic is no longer used in our nurseries. It has been replaced by aureomycin, which has been found to be most effective in all forms of neo-natal sepsis.

Out-Patient Clinics				New Patients	Total Attendances
1951	...	...	...	1,162	2,971
1952	...	...	...	1,190	3,320

TUBERCULOSIS UNIT.

<i>Consultant :</i>	C. H. C. TOUSSAINT, Esq., M.R.C.S., L.R.C.P., D.P.H.
<i>Senior Registrar :</i>	Miss V. U. LUTWYCHE, M.D., M.R.C.P., D.C.H.
<i>Registrar :</i>	H. R. THOMSON, Esq., M.B., B.S. (till 7.9.52) G. B. CARRUTHERS, Esq., M.D., B.S. (from 8.9.52)
<i>House Officer :</i>	Miss M. M. ASHFORTH, M.B., B.S. (till 30.4.52) C. H. WOOD, Esq., M.R.C.S., L.R.C.P. (1.5.52 to 27.9.52) V. E. POLLAK, Esq., M.B., B.Ch. (from 27.9.52)

The Tuberculosis Unit contains 28 male beds and 30 female beds, and the appended tables show the admissions and discharges during the year, together with the number of operative procedures undertaken.

There has been a decline in the use of pneumoperitoneum. This has followed the general use of effective chemotherapy, and, more particularly, the employment of "posture" in the treatment of respiratory tuberculosis. In this method the patient is retained constantly in such a position that the tuberculous cavity is in the most dependent part of the thorax. This is usually gained when excavation is present in the upper zone, by raising the foot of the bed on blocks and by instructing the patient to lie over on the same side as the cavity. In our experience, with the full co-operation of the patient, this is a most efficient means of cavity closure.

Artificial pneumothorax still holds an important place in management, though elsewhere, both in this country and abroad, it has fallen into disrepute. This has been due almost solely to the widespread use of pneumothorax for the attempted closure of cavities without sufficient preliminary rest and preparation of the patient. Cavity closure must first be achieved by postural rest and chemotherapy, and then the subsequent induction of pneumothorax will provide excellent relaxation (not collapse) of the lung, and maintain it at rest during the period of rehabilitation and return to work. If used in this manner pneumothorax undoubtedly reclaims its former position in the management of this disease.

The close interrelation of hospitalisation with domiciliary management has been maintained and has led to the abolition of initial waiting periods in the Willesden and Wembley area.

ADMISSIONS AND DISCHARGES TO THE TUBERCULOSIS UNIT.

			Admissions	Discharges (with period in hospital)				Deaths
				Total	Less than 3 months	3—6 months	Over 6 months	
Males	...	...	137	126	87	29	10	11
Females	...	...	125	118	70	32	16	7

OPERATIONS PERFORMED.

			Phrenic crush*	Pneumo-peritoneum	Artificial pneumothorax	Thoracoscopy*	Bronchoscopy*
Males	...	...	15	10	28	53	92
Females	...	...	5	7	30	42	2

* These operations were undertaken by Mr. Robert Laird, visiting Thoracic Surgeon. Many of the bronchoscopies were done on Chest Clinic patients to assist in the diagnosis of bronchial carcinoma. During 1952 this condition was found in 27 cases—5 being operable.

GERIATRIC UNIT.

Consultant : A. D. ABDULLAH, Esq., M.D., M.R.C.P.

Registrar : Miss M. C. NICOLSON, M.B., Ch.B.

Almoner : Miss G. M. CAPLE, A.M.I.A.

The steady increase in the volume of work handled by the Unit, which was remarked upon in our 1951 report, has again been a feature of the current year's working, and is reflected in the statistics appended to this report.

In some respects, 1952 has been a year of disappointments. It has not yet been possible to open St. Monica's Home, where we hope ultimately to accommodate 30 of our long-term female cases ; and the prospects of attaching a " Half-way House " to the Unit, have, through unforeseen circumstances, receded into the rather distant future. On the other hand, the modernisation of F block is now well under way, and the up-to-date equipment and bright and cheerful decorations have added greatly to the amenities of our Ward there. We have also benefited by the addition of an eight-bedded ward to our available accommodation at Leamington Park Hospital.

There have been some small but interesting developments in our work during the year. One of these has been the setting aside of three of our beds specifically for " short term " or " holiday " admissions. This has allowed us to admit a number of short-term cases for rehabilitation far more speedily than would otherwise have been possible, and has also enabled us to give a number of deserving relatives a short holiday from the strain of nursing their old people. Another innovation has been the recently-introduced practice of taking medical students out in turn on our domiciliary visits. It is felt that the inculcation of the care of the aged sick should be part of the medical curriculum and that no better basic training could be given than to take part in the domiciliary visiting, since this brings the students into direct contact with the medical and social problems involved in geriatric work. A further departure from normal routine occurred in the late summer, when through the kind co-operation of the Management Committee a half-day coach trip to Windsor and district was arranged for all those patients of the Unit who were sufficiently well to undertake the journey. This, needless to say, was a very popular event, which we trust it may be possible to repeat next year.

In addition to the anticipated opening of St. Monica's Home, we are hoping that further accommodation for our long-term female cases will become available at Leamington Park Hospital early next year. We are then planning to turn part of our accommodation on " F " block into two small acute admission wards for male and female cases with a view to doing more intensive remedial work. This extension of our work will necessitate more staff, and in this connection we are pleased to report that Dr. M. C. Nicolson has now been appointed Registrar to our Unit, and the additional appointment of a house physician is to be made in the near future. Tribute must be paid to the efficient secretarial staffing which now obtains in the department. This has not only contributed greatly to the smooth running of the Unit, but has helped to establish an excellent working relationship with the general practitioners in the area which our Unit serves.

The continued increase in the number of cases referred for admission during 1952 indicates that the problem of the care of the aged sick in our area still outstrips our efforts to deal with it, and strengthens our conviction that the geriatric service needs more and more to be extended beyond the Hospital into the homes of the patients, and to be undertaken primarily from a preventive rather than a remedial or palliative angle.

Analysis of Cases referred to the Department.

Year	No. of cases referred	Domiciliary visits made	Requiring immediate admission	Added to waiting list for admission when possible	Unsuitable for admission
1951	614	444	60	213	171
1952	689	548	53	267	228

Analysis of Admissions.

Year	From outside waiting list	From C.M.H. acute wards	From other hospitals	From Old Peoples' Homes
1951	179	109	3	13
1952	209	106	3	23

Analysis of Discharges.

Year	To own or relatives' homes	To Old Peoples' Homes	To other hospitals	To C.M.H. acute wards	Deaths
1951	49	37	6	2	159
1952	81	26	28	11	207

ALLERGY DEPARTMENT.

Consultant : D. HARLEY, Esq., M.D., B.Sc., F.R.I.C.

The work of the Allergy Clinic has shown no major changes or developments during the past year. The great majority of the patients presenting themselves for investigation and treatment are referred direct from outside practitioners. The cases dealt with continue to be predominantly respiratory tract allergy (asthma, allergic rhinitis, and seasonal hay-fever) with smaller numbers of dermatological and other allergic conditions.

Apart from the small percentage of patients who can be adequately treated by "specific avoidance" therapy, the main lines of treatment continue to be immunological—specific and non-specific desensitisation—together with the appropriate palliative and other adjunctive treatments as indicated.

Out-Patient Clinics				New Patients	Total Attendances
1951	...	...	...	206	2,199
1952	...	...	...	190	1,469

PSYCHIATRIC (OUT-PATIENT) DEPARTMENT.

Consultants : O. W. S. FITZGERALD, Esq., M.A., M.D., D.P.M.
 B. M. C. GILSENAN, Esq., M.D., D.P.M.
 S. T. HAYWARD, Esq., M.B., B.S., D.P.M.
 D. T. BARDON, Esq., M.D., B.Ch., B.A.O., D.P.M.

The following figures show the numbers of patients seen at the psychiatric clinic during the year 1952—

New Patients	...	...	...	...	593
Total attendances	...	...	...	...	2,405

Out-patient clinics have been held on Thursdays and Fridays throughout the year.

Two consultants and at least two doctors of one or other of the registrar grades attended each O.P. session. Each doctor interviewed an average of 1.6 new patients and about six old patients per session. As the examination of the average new case takes about 45 minutes this case turnover represents a fair level of psychiatric industry.

Cases are mostly referred by general practitioners for diagnosis and opinion as well as treatment. Many are referred by the staff of the hospital. Other cases are referred by National Service Boards, Magistrates Courts and the Ministry of Pensions.

Mental Welfare Officers, Probation Officers, and other social workers find the clinics a convenient meeting place to discuss with psychiatrists matters relating to after-care, rehabilitation, employment advice, house re-settlement and other such problems of social readjustment and social welfare.

Short-term psychological treatment suffices to meet the public demand, and to effect re-adjustment in the great majority of cases, so that there is no tendency for the clinics to be monopolised by patients needing prolonged psychotherapy.

An agreement to undertake psychiatric services for the Willesden General Hospital has so far placed no appreciable burden on the psychiatrists, and indeed there has been no increase in the overall work of the clinics as compared to previous years.

DERMATOLOGICAL DEPARTMENT.

Consultant : H. T. H. WILSON, Esq., M.D., M.R.C.P., D.T.M.

Registrar : B. SCHWARTZ, Esq., M.D., D.P.H. (till 8.10.52)

There was a considerable increase of new patients during the year, the relative proportions of new and old cases being approximately the same as in previous years. It is proposed to try to keep the figures for new patients at approximately the present level as numbers are as high as can be dealt with efficiently by the present staff.

The appointment of a part-time house physician to the Department towards the end of this year has added considerably to the efficiency of in-patient treatment. Prior to this the responsibility for looking after the skin beds had been shared between two and sometimes three residents. Towards the end of the year, we were without any regular assistance in the Out-patient Department, a situation which it is hoped will be remedied by the appointment of a Senior Registrar next year.

Through the co-operation of the Geriatric Department we have been able to transfer several of our more chronic in-patients to the geriatric wards. This has done a little to improve our limited bed situation. It allowed us, for example, to admit four or five cases of severe and extensive psoriasis for intensive therapy. Most of these patients did extremely well as a result of this treatment.

Out-Patient Clinics				New Patients	Total Attendances
1951	...	...	...	1,181	4,954
1952	...	...	...	1,458	5,790

SPECIAL DEPARTMENT.

Consultant : P. A. CLEMENTS, Esq., M.B., B.S.

Attendance figures show a slight reduction in new cases and total attendances which is probably insignificant.

The infections seen in the department during the past year originated in such diverse localities as Korea, Hong-Kong, Australia, Yugoslavia, Gold Coast, Italy, Spain, Egypt and Eire. This shows that this country is particularly vulnerable to invasion with venereal disease contracted in other countries and therefore suggests that any easing up in the Venereal Disease Campaign would be unwise.

At present there is no evidence of a development of resistance to penicillin by either gonococci or spirochaeta pallida.

	1950	1951	1952
New Out-patients	879	733	713
Total attendances	13,386	11,249	10,926
No. of patients who had previously received treatment for the same infection	46	40	26
Cases of gonorrhoea	58	37	55
Cases of syphilis	89	62	55
Requiring treatment for other conditions	333	274	262
Not requiring treatment	371	320	296

GENERAL SURGICAL AND NEUROSURGICAL DEPARTMENT.

Consultant :	T. G. I. JAMES, Esq., B.Sc., M.Ch., F.R.C.S.(Eng.), F.R.C.S.(Edin.).
Senior Surgical Registrar :	H. HASHEMIAN, Esq., M.B., B.S., F.R.C.S. (Edin).
Senior Neurosurgical Registrar :	J. G. ROBERTS, Esq., M.B., Ch.B.
Registrar :	E. T. MURRAY, Esq., M.B., Ch.B., F.R.C.S.
House Officer :	Miss P. A. GEORGE, M.B., B.S. (till 26.8.52)
	Miss R. D. R. SASIENI, M.B., Ch.B. (from 1.9.52)

The neurosurgical work has shown a remarkable similarity to that of the previous year, but the number of cases of cerebral aneurysm admitted has increased. The tendency is growing for these cases to be referred to a neurosurgical department and an increasing number are being seen at a very early stage. The long term results of surgical treatment have yet to be assessed.

A pleasant feature in the figures is the diminishing number of intracranial infections encountered, but this is counter-balanced by the increasing number of serious head injuries that continue to be admitted.

During the year an increase of fourteen beds was made for general surgical cases and it was hoped that the waiting list of over 500 surgical patients could be tackled with reasonable hope of diminishing the numbers, but even with the help of other hospitals, the surgical waiting list continues to grow and the position at the end of the year showed no improvement; in fact non-urgent cases, such as hernias, may be on the waiting list for over twelve months before they are admitted. It would appear that we are not dealing adequately with the surgery of the area, and an increase in the number of surgical beds is needed.

NEUROLOGICAL SURGERY. In-patients.

Total number of cases treated	...	...	...	375
Total number of cases treated to a conclusion	...	...	...	351
Cases still receiving treatment at 31.12.52	...	...	...	24

Analysis of the 351 cases discharged during 1952.

Spine and spinal cord	...	...	...	65
Skull and brain trauma	...	...	...	79
Brain tumours	...	...	...	79
Cerebral abscess	...	...	...	13
Cerebral aneurysm	...	...	...	24
Prefrontal leucotomy	...	...	...	24
Sympathetic nervous system	...	...	...	25
Nerves—peripheral	...	...	...	16
Miscellaneous	...	...	...	26

GENERAL AND NEUROLOGICAL SURGERY. Out-Patients.

Clinics	New Patients	Total Attendances
General Surgery	1,163	3,046
Neurosurgery	292	1,054

GENERAL SURGICAL AND UROLOGICAL DEPARTMENT.

<i>Consultant :</i>	J. D. FERGUSON, Esq., M.D., F.R.C.S.
<i>Senior Registrar :</i>	J. W. P. GUMMER, Esq., M.S., F.R.C.S.
<i>Registrar :</i>	C. R. M. REDWOOD, Esq., F.R.C.S. (up to 31.8.52) G. N. RANKING, Esq., M.B., B.Ch., F.R.C.S. (from 1.9.52)
<i>House Officers :</i>	M. W. REECE, Esq., M.B., B.S. (till 25.2.52) G. N. RANKING, Esq., M.B., B.Ch., F.R.C.S. (5.2.52—4.8.52) T. P. KISSACK, Esq., M.A., M.B., B.Ch. (1.3.52—31.8.52) J. V. EARLE, Esq., M.B., Ch.B. (from 5.8.52)

The work of the unit has continued to increase and much interest has been taken in new approaches to surgical problems.

As a result of Mr. Ferguson's visit to America some work has been carried out with regard to bilateral adrenalectomy in the treatment of otherwise inoperable carcinoma of the prostate and breast. This work has been made possible as the Medical Research Council have agreed to make available supplies of Cortisone for this purpose.

In co-operation with the Royal Cancer Hospital we have been interested in the possibility of early diagnosis of carcinoma of the prostate by a special smear examination technique. Many such smears have been examined and the results so far have been encouraging.

In association with the Institute of Urology we have carried out some investigations with regard to the use of radio-active isotopes in prostatic surgery.

The unit has also been responsible for its share of the general surgical work of the hospital, and in particular for handling several cases of disease of the oesophagus, a type of work, formerly, not carried out here.

A brief statistical survey of the surgical service provided by the unit during the past year is given below.

Out-patient clinics	
New patients	2,234
Total attendances	6,160
Number of emergency operations performed	371
Number of other operations performed (including cases from other wards)	1,041

GENERAL SURGICAL, RECTAL AND VARICOSE VEIN DEPARTMENT.

Consultant : F. A. HENLEY, Esq., M.B., B.S., F.R.C.S.
Registrar : J. W. JACKSON, Esq., F.R.C.S. (up to 31.1.52)
 P. WEINSTEIN, Esq., M.B., B.S., F.R.C.S. (from 7.5.52)
House Officer : Miss P. M. BACON, M.B., B.S. (till 11.5.52)
 D. SIMPSON, Esq., M.B., B.S. (12.5.52—30.11.52)
 H. J. W. WILLSON, Esq., M.B., B.S. (from 1.12.52)

The General Surgery and the Rectal Clinics take place concomitantly on Wednesday mornings. This limits the number of new patients that can be seen in each clinic. It is hoped that further out-patient facilities will soon be available, and so allow the rectal department to function on a separate half-day.

The waiting lists for admission are still expanding. To curtail this delay on the part of the patients, fifty of them accepted transfer to the South Middlesex Hospital for surgery. The high number of emergency admissions persisted throughout the year.

Seventy-nine patients with peptic ulcer were operated upon during the year. Thirty-four of these patients were referred from the Gastroenterological Unit. From the same unit five patients with ulcerative colitis were operated upon. Two of these underwent a total colectomy with abdomino-perineal resection of the rectum and ileostomy in one stage and both recovered. The stimulus and the guidance received from the Gastroenterological Unit has been much appreciated, and research into techniques of gastric surgery is continuing.

The overcrowding of the Varicose Vein Clinic necessitated an operating delay of eleven months. Six of these operations are performed each Friday afternoon as Out-patients, under local anaesthetic and transport home is provided. To prevent patients being disappointed no new cases were seen for three months, but in spite of this there still remains a six months' waiting list for surgery, which is fast over-running itself once more.

IN-PATIENTS.				
Total number of admissions	...	...	...	973
Total number of operations	...	...	...	712
OUT-PATIENTS.				
<i>General Surgical (including Rectal).</i>				
Total number of new cases	...	...	...	1,506
Total number of attendances	...	...	...	3,014
<i>Varicose Vein.</i>				
Total number of new cases	...	...	...	296
Total number of attendances	...	...	...	1,369
Total number of out-patient operations	...	...	...	288

ORTHOPAEDIC AND TRAUMATIC UNIT AND CASUALTY DEPARTMENT.

Consultant :	J. G. BONNIN, Esq., M.B., B.S., F.R.C.S.
Senior Registrar :	F. MACHANIK, Esq., M.B., B.Ch., M.Ch., Orth.
Registrar :	R. HARRISON, Esq., M.B., B.S. (until 10.4.52)
Casualty Registrar :	P. WEINSTEIN, Esq., M.B., B.S., F.R.C.S. (until 6.4.52)
	G. F. HIRD, Esq., M.R.C.S., L.R.C.P. (from 9.6.52)
House Officer :	G. N. RANKING, Esq., M.B., B.Ch. (till 4.2.52)
	P. E. CONEN, Esq., M.B., B.S. (from 18.2.52—17.8.52)
	J. R. FLURY, Esq., M.B., B.Ch. (from 18.8.52)
Casualty House Officers :	T. P. KISSACK, Esq., M.A., M.B., B.Ch. (till 29.2.52)
	N. KAYE, Esq., M.B., B.S. (till 17.6.52)
	J. R. ROPER, Esq., M.B., B.S. (1.3.52—31.8.52)
	P. E. CONEN, Esq., M.B., B.S. (from 18.8.52)
	N. S. GEGGIE, Esq., M.D.C.M., L.M.C.C. (McGill) (from 1.9.52)
Admissions Officer :	Miss C. J. MULCAHY, M.B., Ch.B.

The severance of this Unit from general surgical work which is now complete, together with the inclusion of the cases seen in the daily fracture clinic in the Casualty Department, now gives a more accurate overall picture of the work done by the Unit. This also accounts in part for the increase in work shown in this year's figures compared with the previous year.

With the active use of the beds in Clayponds the waiting list has been kept within reasonable limits. An important factor in preventing its expansion has been the weekly minor operations list in the Casualty theatre on Friday mornings. The preparation and care of these patients falls on the Sisters in wards B.1 and B.2 for whose assistance we are very grateful.

The average length of time which cases of fracture of the femoral neck and pertrochanteric fractures of the femur spend in this hospital is the same, namely seven and a half weeks. For fracture of the femoral neck this stay is much shorter than the average stay in other hospitals which is approximately twelve weeks. Careful enquiry has shown that in selected cases there are no additional complications produced by early weight bearing and the advantages to the elderly patient in getting out of bed and indulging in active exercise are numerous. These views were embodied in a symposium delivered at the Royal Society of Medicine on November 4th, 1952.

Casualty Department.

In spite of the difficulties faced by this department due to its unsatisfactory arrangements for handling large numbers of cases, there has again been a small increase in the work of the ancillary units using the Department, namely E.N.T., radiotherapy and fracture clinics, though the abstraction of these statistics from the total number of cases seen in the Department and their incorporation in the other particular units make it appear that the total turnover is less.

Out-Patient Clinics		New Patients	Total Attendances
Frac. & Orth.	1951 ...	3,160	8,972
	1952 ...	4,479	15,591
Casualty	1951 ...	20,799	50,645
	1952 ...	18,519	46,755
Admissions	1951 ...	...	13,771
	1952 ...	...	13,752

EAR, NOSE AND THROAT DEPARTMENT.

Consultant : P. MAXWELL ELLIS, Esq., M.D., M.S., F.R.C.S.
Registrar : S. SILBERMANN, Esq., M.B., M.R.C.S., L.R.C.P., D.L.O.

There has been a slight increase in the number of new patients seen in the Department, but the number of serious emergencies has been fewer than in any year since the end of the war. This is probably partly due to the natural attenuation of infectious disease which has been noticeable in the past ten years, and partly to prompt treatment with antibiotics by the general practitioner.

An investigation into the treatment of giddiness is being conducted in the Department, and this involves both audiometry and caloric testing.

The number of recommendations for deaf aids is dwindling, as the number of elderly people still requiring such assistance is now very small, and one is largely dealing with those cases which are arising in the present. The soundproof cubicle for audiometry, which is now within measurable distance of being provided, will be a great boon here and in investigation generally.

Out-Patient Clinics				New Patients	Total Attendances
1951	...	...	...	1,989	3,672
1952	...	...	...	3,024	6,077

OPHTHALMIC DEPARTMENT.

Consultants : Mrs. DOROTHY MILLER, D.O.M.S.
P. D. TREVOR-ROPER, Esq., M.A., F.R.C.S.

There is not anything very particular to report about the Ophthalmic Department during the last year. The numbers of new patients have increased slightly and the work has gone smoothly.

We are very seriously handicapped by the scarcity of beds.

Out-Patient Clinics				New Patients	Total Attendances
1951	...	...	...	1,184	4,598
1952	...	...	...	1,334	4,412

DEPARTMENT OF ANAESTHETICS.

Consultants : A. C. R. RANKIN, Esq., M.B., D.A.
R. D. LEVIS, Esq., M.B., B.Ch., D.A.
Senior Registrar : E. A. FRAYWORTH, Esq., L.M.S.S.A., D.T.M.H., D.A.(I)
Registrar : Miss B. PHILLIPS, M.B., B.Ch.
House Officer : Mrs. C. JOHN, M.B., B.Ch., D.A. (till 5.6.52)
J. W. R. McINTYRE, Esq., M.R.C.S., L.R.C.P. (1.6.52—31.10.52)
M. LAUGHLAN, Esq., M.B., B.S., (from 1.11.52)

The work of the department shows no gross change, but in view of the recent appointment of another surgeon it was agreed by the Hospital Medical Advisory Committee that a third consultant anaesthetist, as recommended by the original Working Party, be appointed to cover the additional operating sessions, and it is hoped that this appointment will be filled in the near future.

LIST OF OPERATIONS PERFORMED ON IN-PATIENTS.

Classified and coded according to the Code issued by the
General Register Office at Somerset House. December, 1950.

NEUROSURGERY	...	...	...	...	232
Brain and cerebral meninges	...	...	...	...	120
Spinal cord and spinal meninges	...	...	...	...	44
Peripheral nerves and sympathetic system	...	...	...	...	68
ENDOCRINE SYSTEM	...	...	...	...	38
Thyroid and parathyroid	...	...	...	...	36
Adrenals	...	...	...	...	1
Other endocrine organs	...	...	...	...	1
OPHTHALMIC	...	...	...	...	74
Orbit and supporting structures of eyeball	...	...	...	...	26
Cornea	...	...	...	...	5
Iris and ciliary body	...	...	...	...	3
Sclera, choroid and retina	...	...	...	...	2
Lens	...	...	...	...	34
Lacrimal apparatus	...	...	...	...	3
Other operations on the eye	...	...	...	...	1
EAR, NOSE AND THROAT	...	...	...	...	79
Otological operations	...	...	...	...	32
Nose and accessory air sinuses	...	...	...	...	43
Larynx and trachea	...	...	...	...	4
BUCCAL CAVITY AND OESOPHAGUS	...	...	...	...	428
Dental operations	...	...	...	...	62
Pharynx, tongue and palate	...	...	...	...	322
Oesophagus	...	...	...	...	29
Salivary glands	...	...	...	...	15
THORACIC	...	...	...	...	109
Heart and pericardium	...	...	...	...	2
Lung, bronchus and mediastinum	...	...	...	...	88
Surgical collapse therapy	...	...	...	...	19
ON BREAST	...	...	...	...	97
GASTRO-INTESTINAL AND ABDOMEN	...	...	...	...	1,499
Abdominal wall (including Laparotomy)	...	...	...	...	402
Stomach	...	...	...	...	136
Appendix	...	...	...	...	587
Intestines (excluding appendix and rectum)	...	...	...	...	130
Rectum and anus	...	...	...	...	154
Liver and bile ducts	...	...	...	...	78
Pancreas	...	...	...	...	5
Spleen	...	...	...	...	7
GENITO-URINARY	...	...	...	...	598
Kidney	...	...	...	...	81
Ureter	...	...	...	...	10
Urinary bladder	...	...	...	...	227
Urethra	...	...	...	...	36
Prostate and seminal vesicles	...	...	...	...	105
Other male genital organs	...	...	...	...	139
GYNÆCOLOGICAL	...	...	...	...	988
Ovary	...	...	...	...	149
Uterus and appendages	...	...	...	...	677
Vagina	...	...	...	...	135
Vulva and perineum	...	...	...	...	27
OBSTETRIC	...	...	...	...	422
ORTHOPAEDIC	...	...	...	...	559
On bone	...	...	...	...	237
Joints, cartilages and bursae	...	...	...	...	214
Muscles, tendons and fascia	...	...	...	...	61
Upper limb amputations and disarticulations	...	...	...	...	13
Lower limb amputations and disarticulations	...	...	...	...	34
PERIPHERAL BLOOD VESSELS & LYMPHATICS	...	...	...	...	85
Arteries	...	...	...	...	13
Veins	...	...	...	...	49
Lymphatic system	...	...	...	...	23
SKIN & SUBCUTANEOUS TISSUES	...	...	...	...	317
OTHER SURGICAL PROCEDURES	...	...	...	...	361

TOTAL NO. OF IN-PATIENT OPERATIONS : ... 5,786

THE DENTAL DEPARTMENT.

Consultant : W. FRASER MOODIE, Esq., F.D.S., R.C.S.(Eng.), L.R.C.P., L.R.C.S., F.P.S.G.
Senior Registrar : J. B. WOODWARD, Esq., L.D.S., R.C.S.(Eng.)
Registrar : Miss M. B. GRANT, L.D.S., V.U.(Manchester) (up to 26.11.52)
 J. G. RUSSELL, Esq., D.B.S. (from 27.11.52)
Oral Hygienist : Miss P. A. MANTELL

The volume of work reaching the Department from very many sources far exceeds the amount which can adequately be handled. Combined efforts must be made to limit the services to cases with true clinical indications for hospital treatment.

In the past twelve months figures of attendances have exceeded by 25 per cent. the returns for the previous year. To achieve this the members of the staff were obliged to work at high pressure for excessively long hours.

During the year there has been no additional accommodation allocated to the Department. The total inadequacy of the existing space has become increasingly embarrassing and the conditions for patients and departmental staff are extremely unsatisfactory.

A number of practitioners have been referred by the Department of Post-Graduate Education of the Dental Board for instruction. Students of the Missionary School of Medicine, medical students from Middlesex Hospital, and medical practitioners proceeding abroad have attended short practical courses in the Department.

The staff continue to engage in the clinical and academic activities of the British Dental Association. The Department was invited to present demonstrations at the Annual Meeting of the Association at Cardiff and several lectures have been given to professional societies in various parts of the country. A meeting of the Hospitals Group was held at Central Middlesex and a symposium on "Oral Cancer" was given in which two members of the staff read papers.

The weekly sessions at Acton Hospital have continued to be operated by a member of the Central Middlesex staff and relief duties have been carried out at Willesden General Hospital.

	1951	1952
IN-PATIENTS :		
New patients ...	448	527
Total attendances ...	2,147	2,358
OUT-PATIENTS		
New Patients ...	1,142	1,012
Total attendances ...	6,401	7,785

OBSTETRIC AND GYNAECOLOGICAL DEPARTMENT.

Consultants :	J. S. MACVINE, Esq., M.B., F.R.C.S.E., M.R.C.O.G. Miss M. A. BIGBY, M.D., M.R.C.O.G.
Senior Registrar :	H. D. FREETH, Esq., M.D., M.R.C.O.G. (up to 30.4.52)
Registrar :	T. R. FARRIMOND, Esq., M.R.C.S., L.R.C.P., D.R.C.O.G. (up to 23.11.52)
House Officers :	Miss M. C. BREMNER, M.D. (Toronto), D.Obst.R.C.O.G. (till 28.1.52) Miss A. P. DRING, M.B., B.S., D.R.C.O.G. (till 11.4.52) Miss N. HUSSAIN, M.B., B.S. (Punjab), D.R.C.O.G. (Eng.), (till 26.7.52) J. R. SAUNDERS, Esq., M.B., B.S. (29.1.52—28.1.53) Miss P. BACON, M.B., B.S., D.R.C.O.G. (from 12.5.52) Miss C. A. BRATT, M.B., B.S. (from 20.8.52)

The figures for 1952 show an increase of admissions to the Maternity Wards and the total number of deliveries was 2,167 (including 36 mothers delivered before admission). This is a record high number for the department and was attained without a maternal death.

The stillbirth rate shows diminution in the total number of 41, despite the increased number of deliveries. The number of Caesarean sections performed was 64 (3 per cent. of deliveries in hospital), and the number of forceps deliveries was 102 (4.7 per cent. of deliveries in hospital).

During the year Kingsbury Maternity Hospital has been separated from this hospital and attached to the Charing Cross Group. Despite this we have had an increasing number of applications for institutional confinements and the department has been working at a pressure which has been much too high. A certain number of cases have of necessity had to be refused, and it may be necessary to diminish the limits of the area from which we derive our cases, in order to avoid further refusals.

The Gynaecological Clinics continue to be extremely busy. The waiting-lists are very long and despite working at top pressure it has been found almost impossible to cut down the number of cases on the waiting-list. Some relief has recently been afforded by Paddington Hospital taking cases from our waiting list.

OBSTETRIC DEPARTMENT.

Expectant mothers examined in Ante-natal clinics	...	2,949
Total attendances in Ante-natal clinics	...	15,195
Total attendances in Post-natal clinics	...	1,797
Mothers delivered	...	2,131
(Caesarean section	...	64)
(Forceps	...	102)
Flying squad calls	...	5
(Admitted after delivery	...	2)
Maternal mortality	...	Nil
Maternal morbidity—pyrexial cases	...	92
Number of babies born in hospital	...	2,153
Number of stillbirths	...	41 (19 per 1,000)
Number of live births who died in hospital	...	37

Analysis	Premature	Mature	Total
In first 24 hours	16	4*	20
From 2-7 days	9	5	14
From 8-28 days	1	2	3
Over 28 days	—	—	—
	26	11	37

* This figure includes one baby who was born before admission.

GYNAECOLOGICAL DEPARTMENT.

	1950	1951	1952
New Out-patients	2,082	2,512	2,589
Total attendances	5,714	6,164	5,933
Operations { major	—	—	478
{ minor	—	—	932

REHABILITATION UNIT.

Consultant :	J. H. CROSLAND, Esq., M.R.C.S., L.R.C.P., D.Phys. Med.
Registrar :	E. H. LEWIS, Esq., M.R.C.S., L.R.C.P.
Head Physiotherapist :	Miss M. E. MING, M.C.S.P.
Head Occupational Therapist :	Miss E. V. PATTERSON, M.A.O.T.
Head Remedial Gymnast :	A. E. ASPLIN, Esq., M.A.R.G.

During 1952 the numbers of new patients and the total attendances have again shown a sharp rise. This has been reflected in all departments, but mainly in physiotherapy with an increase of over 1,500 in the number of new patients. Saturation point has been passed and one of two alternatives will have to be implemented. Either there must be an increase in the number of physiotherapists or steps must be taken to reduce the number of patients attending.

There has been discussion about the advisability of holding evening treatment sessions. These would be undoubtedly a great help to patients at work during the day. To put these evening sessions into practice additional therapists would be needed, but it is felt that this extra cost would be justified by keeping more patients gainfully employed.

No expansion in the type of work done has been possible, but there have been changes in personnel. Miss Ming left at the end of the year and her place as head of the physiotherapy department has been taken by Mr. W. F. Kearton. Miss Patterson has also relinquished her post as head occupational therapist, and gone to Belgium to open a similar unit which is one of the first in that country. Her place has been taken by Mr. E. R. Oliver who is trained in the more advanced crafts such as woodwork, etc., and this will at last bring the department into line with modern practice.

	New Patients		Total attendances		Total treatments	
	1951	1952	1951	1952	1951	1952
<i>In-Patients.</i>						
Physiotherapy ...	3,934	3,389	31,399	27,193	35,143	30,553
Occupational therapy ...	468	526	7,741	9,820	7,741	9,820
Remedial gymnastic ...	332	333	3,470	4,083	3,470	4,083
<i>Out-Patients.</i>						
Physiotherapy ...	2,463	4,753	41,604	75,385	69,206	107,743
Occupational therapy ...	153	219	5,583	4,893	5,583	4,893
Remedial gymnastic ...	869	987	13,069	13,837	13,069	13,837
Totals ...	8,219	10,207	102,866	135,211	134,212	138,296

RADIOLOGICAL DEPARTMENT.

<i>Consultant :</i>	F. PYGOTT, Esq., M.B., Ch.B., D.P.H., D.M.R.E.
<i>Senior Registrar :</i>	M. G. SCOTT, Esq., M.R.C.S., L.R.C.P., D.M.R.D.
<i>Registrars :</i>	D. F. HUTTON, Esq., M.R.C.S., L.R.C.P., D.M.R.D. Miss P. A. CROZIER, M.B.B.S., D.M.R.D.
<i>Superintendent Radiographer :</i>	W. S. TAYLOR, Esq., M.S.R.

This is the first year that the total number of patients examined in the department has shown no increase on the previous one. The proportion of special examinations carried out has however increased by about four per cent.

In the early part of the year a 70 mm. O'Delca Camera Unit was added to the equipment and this proved economical in carrying out routine chest examinations in spite of early teething troubles. Its function was, however, largely taken over when, in August, the Mass Radiography section provided by the North-West Metropolitan Regional Hospital Board was opened. This section of the department was intended primarily to carry out an investigation into the incidence of chest disease in hospital patients for an experimental period. It has also been used extensively by general practitioners in the area, by local maternity services, the Middlesex County Council Education Services and to a less extent in contact examination of relatively small groups of people from factories in the hospital area. A summary of the findings during nearly five months working are shown in a separate statistical table.

An additional registrar, Dr. P. A. Crozier, and one senior and two junior clerks were appointed during the year to deal with work in the Mass Radiography section.

Apart from the addition of the Mass Radiography Unit the department remains structurally unchanged. Record storage and film handling remain the great difficulties from lack of office space. Reporting room accommodation is also quite inadequate for a teaching department.

Two more post-graduate students joined the department, bringing the total to four; the two senior obtained Part I of their radiological diploma and proceed to Part II. Two of the three student radiographers were successful in obtaining their M.S.R. diploma. It is regretted that recent regulations of the Society of Radiographers precludes the department from continuing, for the present at least, as an associate training school (a position it has held for the past seven years).

Members of the department have continued to take an active part in research activities in the department and in association with other departments.

It is a pleasure to acknowledge the loyal assistance of all members of the staff during the year.

DIAGNOSTIC X-RAY SECTION.

	Investigations	Films
In-patients	7,716	17,852
Out-patients	11,779	25,328
From—Casualty Dept.	6,409	10,648
Health Centres and T.B. dispensaries	986	1,420
Total	26,890	55,358

SPECIAL METHODS OF INVESTIGATION.

	Investigations	Films
Barium—Meals	3,202	10,168
Enemas	588	1,313
Swallows	161	462
Cholecystograms	690	835
Intravenous pyelograms	1,149	4,104
Retrograde pyelograms	80	242
Lipiodol—Lungs	73	244
Sinuses	47	115
Spines	47	143
Encephalograms	42	225
Ventriculograms	34	212
Cystograms	25	65
Arteriograms	137	1,081
Miscellaneous	12	38
Total	6,287	19,247

MASS RADIOGRAPHY SECTION.

Total No. of patients radiographed (5.8.52—31.12.52)	9,859
DIAGNOSES :	
Pulmonary Tuberculosis (active or presumed active unsuspected disease)	44
Pulmonary tuberculosis with effusion	6
Pleural effusion	5
Carcinoma of lung	6
Bronchiectasis	50
Emphysema	148
Other important pulmonary pathology	21
Significant disease of heart or aorta	31
TOTAL Number of patients with significant abnormal- ities (Approximately 3 % of the total number radio- graphed)	311

DEPARTMENT OF PATHOLOGY.

Consultants :

- Bacteriology :* J. D. ALLAN GRAY, Esq., T.D., M.B., Ch.B., B.Sc., F.R.C.P.E., D.P.H.
Morbid Anatomy : W. PAGEL, Esq., M.D.
Biochemistry and Haematology : G. DISCOMBE, Esq., M.D., B.Sc.

Senior Registrars :

- Neuropathology :* R. A. GOODBODY, Esq., M.D.
 (Seconded to the National Hospital, Queen Square, W.C.1. 1.10.51 to 30.9.52)
 H. CAPLAN, Esq., M.B., B.S. (acting 1.10.51 to 30.9.52)

Registrars :

- Haematology :* H. B. W. GREIG, Esq., M.B., Ch.B. (till 22.4.52)
 Miss NANCY A. H. MARSTON, M.B., B.S. (from 27.4.52)

Senior House Officers :

- C. S. TREIP, Esq., M.D.
 J. T. WOODALL, Esq., M.B., B.S. (till 29.2.52)
 K. NICKOL, Esq., M.B., B.S. (from 1.3.52)

Chief Technician :

- C. E. INMAN, Esq., F.I.M.L.T.

The work carried out in the Department shows an increase of 14.3 per cent. over the figures for 1951, the total number of examinations being 125,273 compared with 109,537. The bacteriological, chemical and haematological examinations show increases of 9.8 per cent., 20.1 per cent., and 20.1 per cent., respectively, while those for morbid anatomy show a decrease of 5.1 per cent. The work for the General Practitioners rose from 453 to 3,917.

The work for Acton Hospital rose from 5,063 to 5,443 examinations. Since the opening of the laboratory there, in September, 1952 some of the simpler examinations were made in it and the consultant haematologist now spends one session a week there to attend patients referred by local general practitioners.

Detailed analysis of the figures shows that there is only a slight increase in demand for the older types of investigation such as blood urea, blood sugar, serum proteins, E.S.R. and leucocyte counts. The increase is great in certain specialised fields such as the investigations made to study metabolism—fat and nitrogen balances, sodium and potassium estimations on blood, urine and faeces—and those on the clotting of blood. To a lesser extent, estimation of haemoglobin is being used as an objective measure of nutrition in pregnant women. The increase in labour is far greater than 14.3 per cent., for many of these techniques are slow, laborious and delicate.

There is no evidence that the laboratory is being used carelessly ; on the contrary, there is clear evidence that the laboratory services are being put to good use and are aiding the survival of many patients, who only a few years ago would have died.

The year here reviewed is the last in which the work done will be recorded as in the table at the end of the report. A new " standard unit system " has been established by the Ministry of Health to come into operation on the 1st January, 1953 and without adding to the number of

DEPARTMENT OF PATHOLOGY (*continued*)

clerks it would be quite impossible to comply with this decree and at the same time to keep our records in the same form as at present. Comparison between 1952 and 1953 will therefore be difficult.

The present laboratories were built in 1938 and at first served their purpose well. In that year the number of pathological examinations was 16,665. Since then there has been a more than seven-fold increase in their number and a great intensifying of their intricacy and consumption of time. The greater turn-over of acute medical cases has resulted in an improvement in the quality of medical work and the striking therapeutic advances of recent years has entailed many special claims on the pathological services, so that the new discoveries may be used in the interest of the patients. The present laboratories are grossly overcrowded and only the spirit of service and loyalty of the technicians has enabled the vast volume of work to be undertaken. All the indications point to a further increase of work. Men with travelling and research fellowships are beginning to be attracted by the reputation of the hospital and their provision with laboratory facilities and space is only reasonable. The only solution of our problems is more laboratory space.

In April, a meeting was held of some of the senior pathologists of the Region under the aegis of the Deputy Senior Administrative Medical Officer to discuss the possible interchange of medical and technical staff between different pathological laboratories. This arose from the necessity to help the Director of the North London Blood Transfusion Centre with his difficulties in staffing his centre. It is hoped that the interchange of staff for short periods will be for the good of both the Centre and the hospitals concerned.

As before, medical students from the Middlesex Hospital have been attached to the department to give them experience in technical methods and in interpreting the results of laboratory investigations. An Indian bacteriologist, the holder of a World Health Organisation Fellowship, held a supernumerary post for practical experience in the Bacteriological Section for two months in the summer.

BACTERIOLOGY.

Routine bacteriological practice is gradually changing. New techniques for the isolation and identification of organisms are constantly being introduced and the sensitivities of organisms isolated are tested against the various antibiotics available. Assays are made of antibiotics in body fluids. The daily number of sensitivity experiments is commonly now over 60. This consumes a great amount of the time of a skilled technician and will almost certainly increase.

The early diagnosis of pulmonary tuberculosis has for the last few years been facilitated by the use of laryngeal swabs and the cultivation of the tubercle bacilli. During 1952, 4,585 such cultures were made, and of these, 1,033 were of material sent by Ealing Chest Clinic—outside the catchment area of the Central Middlesex Group.

From 25 patients *Salmonellae* were isolated. Of these, 20 were organisms of food-poisonings. This suggests the necessity for greater cleanliness in the handling of food.

DEPARTMENT OF PATHOLOGY (continued)

A woman of 25 years was of considerable interest in having a psoas abscess due to paratyphoid B. bacilli following an attack of that fever eleven years previously. Aberdeen /3 varieties of *Bact. coli* were isolated from eleven babies. These were resistant to the sulphonamides, streptomycin and chloramphenicol but were sensitive to both aureomycin and terramycin.

The year started with an epidemic of Sonne dysentery among the nursing staff. It was traced to an ambulatory carrier in the kitchen of the nurses' home. It cannot be too strongly emphasised that the hygiene of the hospital and nurses' kitchens still leaves much to be desired.

As before, we are indebted to the Virus Reference Laboratory at Colindale for investigating specimens from patients thought to be infected with viruses.

Towards the end of the year an epidemic occurred of a mild influenza and a large number of specimens were sent from both patients and the medical, nursing and technical staff. Apart from this, two sera showed significant titres of complement fixing antibodies for the Psittacosis and Lymphogranuloma Venereum viruses. In only one of these was there a history of contact with birds. Only one patient with a Primary Atypical Pneumonia was found to have agglutinins for M.G. streptococcus. It is unfortunate that in the investigation of Bornholm Disease the increasing number of immunologically distinct strains of the Coxsackie viruses makes it impractical to carry out serological tests.

The bacteriology section has continued to take part in the Medical Research Council's investigation on diabetic mothers and the British Tuberculosis Association's investigation in the use of streptomycin in genital tuberculosis in women.

BIOCHEMISTRY.

The complexity of the work undertaken has increased, determinations of fat and nitrogen balance being routine, and a few sodium and potassium balances being undertaken to assess the effects of ion-exchange resins.

Because of the impossibility of housing the bulky equipment in the main laboratory, an apparatus for filter-paper electrophoresis has been set up in a part of the water tower which has been fitted with benches. The apparatus was designed and built in the hospital and it appears that it may be very useful in the diagnosis of rheumatic and hepatic disease. A flame photometer is housed in the same room, and is now coming into use. It is very undesirable that two such important pieces of equipment should be housed in a room accessible only up a vertical ladder or over the roof.

We are grateful to Dr. A. B. Anderson of the North Middlesex Hospital for many estimations of 17-ketosteroids.

HAEMATOLOGY.

The increase in morphological work has been from 21,599 to 25,687, or 19 per cent. ; in studies on blood clotting, from 2,814 to 4,191, or 49 per cent. This difference is due to the greatly increased use of anticoagulants and the more thorough investigation of every haemorrhagic disorder.

DEPARTMENT OF PATHOLOGY (continued)

A number of blood disorders apparently caused by drugs have been encountered. These were carefully studied and accounts of several have been published or are being prepared for publication.

Studies of a sample of women in the 36th week of pregnancy has revealed a surprisingly high incidence of anaemia. It seems probable that a larger scale investigation of the cause may be desirable.

TRANSFUSIONS.

Although the number of blood grouping tests has risen from 15,093 to 17,559, some 16.5 per cent. in the last year, the volume of blood issued from the laboratory has fallen from 3,774 to 3,271 bottles (13.2 per cent.). This is partly fortuitous, but partly due to the increasing popularity of the plasma volume expander (plasma substitute) *dextran*, which is increasingly used in cases of limited acute haemorrhage and to counteract the shock of many surgical procedures. We use about 550 bottles of *dextran* in a full year, so that our needs for blood and plasma volume expanders seems to be stabilised at about 3,800 bottles a year.

Blood grouping of expectant mothers is still increasing slowly, but the number of mothers who become sensitised seems to be falling; we hope that this may be due to our practice of giving only Rhesus compatible transfusions, the importance of which was shown in 1948. The experience of the department over the last few years has been summarised in a series of papers.

MORBID ANATOMY AND HISTOLOGY.

There were 484 post mortem and 2,891 biopsy examinations. The figures include 17 post mortem and 400 biopsy examinations carried out on patients from other hospitals in the Group. Extensive histological examinations supplemented the post mortem work and included preparations by selective histological, as well as histochemical methods (2,301 examinations).

In the pathology of vascular and so-called collagen disease, special attention has been given to the clinico-pathological relationship between hypertensive and polyarteritis nodosa changes, to collagen changes in dermatomyositis and scleroderma and to the "cystic" media changes in dissecting aneurysm. Polyarteritis nodosa as the cause of rupture of the lung and of the spleen has been investigated.

In the origin of phthisis, further instances of "bridge-foci" between an obsolete primary complex and a fresh infiltrate have been traced.

Histological changes attributable to specific hypersensitivity have been further studied in experimental material in co-operation with Dr. H. Herxheimer of the University College Hospital, and Dr. P. Kallos of Helsingborg (Sweden); and also in nasal polyps provided by the Ear, Nose and Throat Department. The experimental and human pathology of the status asthmaticus has continued to form a subject of studies.

Work on the pathology of tumours and some vascular disorders of the central nervous system is being continued.

DEPARTMENT OF PATHOLOGY (continued)

290 new specimens have been added to the Museum.

ANALYSIS OF PATHOLOGICAL EXAMINATIONS

	Central Mddx.	Acton	Willesden General	Clinics	G.P.s and Misc.	Total
Bacteriology and V.D.	46,513	1,590	52	2,071	1,974	52,200
Chemistry	18,817	1,420	34	15	141	20,427
Haematology	43,358	2,112	22	219	1,735	47,446
Morbid anatomy and Histology	4,800	321	9	3	67	5,200
Totals :	113,488	5,443	117	2,308	3,917	125,273

POST MORTEM ANALYSIS.

	1950	1951	1952
Total Deaths in the Hospital ...	869	994	814
P.M. examinations carried out at the hospital	433	489	467
P.M. examinations carried out by the Coroner's pathologist	180	196	178
Total P.M. percentage of deaths in the hospital	70.6	70.7	79.2
P.M. percentage of deaths in the hospital, excluding coroner's cases	62.8	62.3	73.4
P.M. examinations carried out on patients from other hospitals	—	17	17

THE PHARMACEUTICAL DEPARTMENT.

Chief Pharmacist : Miss M. BARRON BOSHELL, M.P.S.

Reviewing the work of the past year in the department it must be admitted that it has been one of the busiest yet experienced, with a steady upward trend in the number of out-patient prescriptions and sterile products, in spite of staff shortages.

The National Health Service imposition of a shilling prescription levy caused a slight decrease in prescriptions for a negligible period, but the innovation has really worked fairly smoothly and is now more or less taken for granted.

During the year there were published new editions of the National Formulary, the supplement to the B.P.C., and Martindale's Extra Pharmacopoeia. These three important works which are in constant use in the department, have meant additional work owing to the adaptation of formulae and prescriptions which have resulted from their revision.

The department has actively assisted in the various research projects of the hospital, including the use of A.C.T.H. and Cortisone for Rheumatoid Arthritis, Ulcerative Colitis and Asthma, both for this hospital and others, and the use of Quinidine in Coronary Thrombosis.

ST. JOHN AND RED CROSS HOSPITAL LIBRARY SERVICE AT CENTRAL MIDDLESEX HOSPITAL.

Chief Librarian : Mrs. NORAH FARR

Our eighth annual report shows a slight fall in the number of books issued which can be accounted for by the fact that half of F. Block has been closed for the entire year and the Nurses' Home now have their own Red Cross Library which is a separate section.

The comparative figures are as follows :—

Books issued to Patients and Staff	1950	1951	1952
Fiction	29,220	30,114	26,707
Non-Fiction	2,331	2,358	1,816
	31,551	32,472	28,523
Patients served	19,177	18,958	17,771
Books missing	183	202	193
Books supplied from Headquarters on special request :			
For tuberculosis wards	355	372	369
For general wards	142	205	117

At present in our Library we have approximately 4,800 books, 600 of which have been added during the year either as gifts from patients and friends, or purchased by us with money donated. During the next year we hope to add more titles to our stock from Headquarters Library.

We are very grateful to the Inner Wheel who supply us with at least one member each week to assist with ward rounds and to Toc H who continue their valuable help on Saturday afternoons.

ALMONERS' DEPARTMENT.

Chief Almoner : Miss M. L. TATE, B.Sc.(Econ.), A.M.I.A.
Deputy Chief Almoner : Miss M. F. JOSEPH, A.M.I.A.

With the growing appreciation of the value of social medicine, there has been a greater demand for the services of the Almoners' Department, both by the medical staff and the patients themselves. We have been called upon, not only for help in the treatment and after-care of the patient, but for the alleviation of the patient's social difficulties which so often reflect the major social problems which permeate our present society.

Earlier in the year a few families were re-housed, but we still have an overwhelming number of patients living in the most appalling conditions, and there seems no hope of sustained improvement in the building programme. Bad living conditions foster difficult human relationships, and these, and many other social factors contribute to physical and mental illness. Before an estimate can be made of the possibility of any social action being taken, much time has to be spent in listening, investigating and assessing. The increase in unemployment and the curtailment in the Ministry of Labour's training schemes has increased tremendously the difficulties of the disabled person. The urgent necessities of the aged are recorded in detail in the report of the Geriatric Unit.

In April the Kingsbury Maternity Hospital was ceded from this hospital group to Charing Cross Hospital. The two weekly ante-natal clinics in connection with it, which had been held here, were discontinued, and periodic visits by an almoner to Kingsbury Maternity Hospital ceased.

Statutory authorities and voluntary societies have continued to give sympathetic consideration to our many applications for help. Without their co-operation and that of the medical and nursing staff within the hospital, we should have been unable to carry out our work at the present standard. As the numbers of patients increase and the problems become more complex, it is possible that we shall have to be more selective in our work ; and then we shall have to rely increasingly on team work both within and without the hospital.

During the year five students passed through the department for varied periods of training. We again had visits from two Australian Almoners who spent some time in the hospital observing our methods.

	1950	1951	1952
Convalescence arranged	740	797	808
(failed to accept vacancies)	—	65	78
Appliances supplied	2,086	2,383	2,947

SOCIAL MEDICINE RESEARCH UNIT.

<i>Director :</i>	J. N. MORRIS, Esq., M.A., M.R.C.P., D.P.H.
<i>Physician :</i>	E. M. BACKETT, Esq., B.Sc., M.B., B.S., M.R.C.P.
<i>Psychologist :</i>	V. B. KANTER, Esq., M.A.
<i>Psychiatrist :</i>	P. M. TURQUET, Esq., M.A., M.R.C.S., L.R.C.P., D.P.M.
<i>Psychiatric Social Worker :</i>	Miss E. M. GOLDBERG
<i>Statistician :</i>	J. A. HEADY, Esq., M.A.
<i>Assistant Statistician :</i>	C. DALY, Esq., B.Sc.

The Medical Research Council's Unit for research in Social Medicine has enjoyed the hospitality of the Central Middlesex Hospital since the end of 1948. The purpose of this Unit is to conduct inquiries into the influence of social conditions upon health. Thus investigations are being made into the influence of the type of work that men do on the occurrence of heart disease in middle age ; of economics and housing circumstances on infant mortality ; and upon the relation of family life to duodenal ulcer in young men. Various techniques are used ; for example in the inquiry into infant mortality, all the statistics of births and deaths for 1949-50 are being analysed in association with the General Registrar Office. This study is on a sufficient scale to allow consideration of the effects of the main " biological " factors, such as age of the mother and the birth rank of the child, and of how these work together with the various social factors. On the other hand, clinical methods may be used, as in the study of the social background to duodenal ulcer, where patients from the department of gastroenterology are interviewed and given various psychological tests by members of the Unit staff, while at the same time their home conditions and the personality of the mother are reviewed. Similar observations are almost complete on " normal," control families from the district who have no duodenal ulcer and who are co-operating in the enquiry.

One of the main objects of the Unit is to study the operation of the country's health services and to try to find out how far and how effectively the people's needs for health services of all kinds are being met through the present organisation. A local general practice has been studied from the point of view of the services which the doctor gives to his patients, and from the point of view of the family and its health problems. The first has required special records of all contacts between doctor and patient for one year, and the latter a series of visits by a social worker to 100 families drawn from the practice. The results of this enquiry as of other unit work are being published in the medical press as they become available.

The unit is fortunate in having a special prefabricated building erected for its use in the grounds of the hospital. The staff is mostly fulltime personnel engaged in research, and consists of medically qualified workers, social scientists and statisticians, with appropriate secretarial assistance.

SCHOOL OF NURSING.

Matron :

Miss D. R. WALLER, S.R.N., S.C.M., D.N.(Lond.)

<i>Deputy Matron :</i>	Miss A. TAYLOR, S.R.N., S.C.M.
<i>First Assistant Matron :</i>	Miss F. C. M. CLARK, S.R.N., S.C.M.
<i>Second Assistant Matron :</i>	Miss W. M. BUCKENHAM, S.R.N., S.C.M.
<i>Principal Sister Tutor :</i>	Mrs. M. FARMER, S.R.N., S.C.M.
<i>Sister Tutors :</i>	Miss M. M. O'CONNOR, S.R.N., S.C.M.
	Miss A. B. KING, S.R.N., S.C.M.
	Miss R. E. FENN, S.R.N., S.C.M.
<i>Midwifery Superintendent :</i>	Miss N. M. SHIPP, S.R.N., S.C.M., M.T.D.
<i>Principal Midwifery Tutor :</i>	Miss E. TOBIN, S.R.N., S.C.M., M.T.D.
<i>Midwifery Tutor :</i>	Miss E. BRINNAND, S.R.N., S.C.M., M.T.D.

During 1952 one hundred and twenty-five Student Nurses and seventy-five Pupil Midwives were admitted to the Training School. Recruitment of nursing staff continued to be very satisfactory and at the close of the year there were no vacancies for nursing staff.

The British Tuberculosis Association approved the tuberculosis unit, in affiliation with a Sanatorium, for training for the British Tuberculosis Association Certificate.

Student Sister Tutors and Sisters from the King Edward's Hospital Fund for London, Staff College, attended the Hospital to receive practical experience in Ward Management and clinical work. Industrial nursing students from the Royal College of Nursing also attended for experience.

Student Nurses from Willesden General Hospital are now being admitted to the Preliminary Training School here and Student Nurses from Acton Hospital continue to be seconded for practical experience in medicine and gynaecology. For experience in the nursing of communicable diseases, Student Nurses are now being seconded to Neasden Hospital, and some were able to attend the Cassel Hospital for a 2 day course in Psychiatric nursing.

The number of Student Nurses who entered and passed the Preliminary and Final State Examinations of the General Nursing Council was as follows :—

Final State Examination	...	...	...	47
Preliminary State Examination, Part I	...	...	...	77
Preliminary State Examination, Part II	...	...	...	66

On Graduation Day in July, Dr. H. M. C. Macaulay, Senior Administrative Medical Officer of the North-west Metropolitan Regional Hospital Board, presented the Gold Medal, prizes and certificates to the student nurses : the Gold Medal being awarded to Miss Joyce Doreen Lane. This occasion was attended by a large number of relatives, friends and past members of the staff.

SCHOOL OF NURSING (continued)

A number of National Hospital Service Reserve recruits completed the prescribed period of training laid down by the Ministry of Health.

Ward Orderlies are now receiving hygiene lectures.

Sport and social activities continue to be successfully organised by the nursing staff.

Leave was granted for trained and student nursing staff to attend a number of professional meetings and conferences. These included refresher courses at the Royal College of Nursing and the Summer Schools for midwives.

Additional resident and teaching accommodation is now one of the urgent necessities and on this much of the further progress in the School of Nursing depends.

Several post-graduate nurses are now working in the Commonwealth and the United States of America.

The number of pupil midwives who entered the examinations of the Central Midwives Board was as follows :—

Part I	...	...	...	...	...	...	71
Part II	...	...	...	...	...	...	18
Total number of Nursing Staff at 31st Dec., 1952—Full-time							486
Part-time							39
(Excluding 12 full-time and 1 part-time working at Neasden Hospital)							
Nurses admitted to sick bay	...	...	...	...	...	...	242
Nursing days lost of those admitted	...	...	...	...	...	...	1,545
Average number of days lost per sick nurse admitted	6.8
Average number of days lost per nurse on staff	2.08

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- "Teaching Charts for Nurses,"
Medical and Biological Illustrated. (1952) 2 : 4.
- R. A. J. ASHER with
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England."
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- P. MAXWELL ELLIS "Ear, Nose and Throat Diseases,"
in Medical Treatment—Principles and their Application.
Edited by Geoffrey Evans.
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- J. D. FERGUSSON "The Treatment of Acute Retention of Urine (with special reference to Immediate Prostatectomy)."
Postgraduate Medical Journal (1952) 28 : 35.
- "Differential Diagnosis of Dysuria."
The Practitioner. (1952) 169 : 458.
- DEREK FREETH "Hystero-Salpingogram in Female Infertility."
The Lancet. (1952) i : 15.
- P. H. FRIEDLANDER with
E. N. ROWLANDS "Relationship between Motility and Pain in Peptic Ulcer using Hexamethonium."
Clinical Science. (1952) ii : 251.
- D. HARLEY "Allergic Aspects of Iridocyclitis."
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- H. HASHEMIAN "Tumours of the Spermatic Cord."
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- "Medical Research under the National Health Service."
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- "Acute Gastric Ulcer."
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- C. H. C. TOUSSAINT with S. LEFF. "Mass Radiography in Willesden."
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- H. T. H. WILSON . . . "Thorium X in the Treatment of Alopecia Areata."
Archives of the Middlesex Hospital. (1952) ii : 239.
- H. T. H. WILSON with A. C. THACKRAY "Sweat Ducts and the Pompholyx Vesicle."
Brit. Jour. Dermatology (1952) 64 : 402.

HOSPITAL NEWS DURING 1952.

Dr. Asher, in April, was elected to the Fellowship of the Royal College of Physicians of England.

In September, Mr. Fergusson visited the United States to attend the Triennial Congress of the International Society of Urology in New York, and whilst in America he was invited to lecture at the University of Chicago on "The Objective Response of Prostatic Cancer to Oestrogens."

During the year he has continued his activities as Director of Teaching and Research at the Institute of Urology of the University of London, and acted as an assistant examiner in Surgery for the same university.

Dr. Harley was appointed joint Editor-in-Chief of the "International Archives of Allergy and Applied Immunology," and was also made an Honorary Fellow of the "Sociedad Argentina de Alergia."

Mr. Henley was appointed a Hunterian Professor of Surgery at the Royal College of Surgeons and will give his Hunterian Lecture on "Gastrectomy with Jejunal Replacement" during 1953.

During August to October Dr. Avery Jones paid a visit to Australia and India under the auspices of the Nuffield Foundation and, whilst in Australia, received the Honorary Degree of Doctor of Medicine of the University of Melbourne. He visited many hospitals, gave numerous lectures on gastro-enterological subjects and studied the "ulcer" problem in these two countries.

He was also elected an Honorary Member of the Belgian Gastroenterological Society and served as an examiner for the Universities of London and Leeds, and for the Membership Examination of the Royal College of Physicians of England.

In August and September Dr. Joules was fortunate in having the opportunity with two medical colleagues of seeing the emerging health service in China. He was very impressed by their efforts to control the great epidemics which appeared to be on a much wider scale than any carried out by one country previously.

Dr. Joules has also continued to act as an Examiner for the Membership of the Royal College of Physicians of England.

Miss Waller, our Matron, visited America on a Fellowship from the Carnegie Fund of New York, and observed and studied the Nursing Services and Education in the United States.

During the year 2 Senior Registrars were successful in obtaining consultant appointments at other hospitals. Dr. H. D. Freeth became the Obstetrician and Gynaecologist at the Crewe and District Memorial Hospital, and Dr. R. A. Goodbody, the Morbid Anatomist, at the Royal Hants Hospital, Southampton.

Several members of the staff obtained their higher qualifications—G. N. Ranking, the Fellowship of the Royal College of Surgeons, and J. W. P. Gummer, the Master of Surgery degree of the University of London. Dr. Treip obtained the Doctorate in Medicine, University of London, and among those who satisfied the Censors of the Royal College of Physicians and were admitted to the Membership of the College were B. I. Hirschowitz, D. A. Brewerton, D. G. Julian and J. I. E. Hoffman.

The hospital was visited by many visitors from various parts of the world. These included Mr. Dunlop and Dr. Penington from Melbourne, Dr. Marvin Pollard from Ann Arbor, Michigan, Dr. Bartels from Copenhagen, Dr. Vincente from Spain, and Dr. Mettler from Switzerland, who came specially to see the Gastro-Enterological Department.

TEN-YEAR

	1943	1944	1945
Beds (average daily No. occupied)	824	621	650
Total No. of admissions and births	12,397	9,268	11,510
Average daily No. of admissions including births	31	25	32
Total No. Discharges and Deaths	11,475	8,694	10,352
Deaths	1,171	880	979
Confinements	1,370	1,212	1,415
Operations—major and minor	8,980	7,827	9,124
Casualty and Out-patients—New patients (including Ante- and Post-natal)	38,674	27,006	32,094
Casualty and Out-patients—Total attendances (including ante- and post-natal)	118,719	110,350	132,516
Radiological investigations	13,694	13,700	16,741
Pathological investigations	36,689	37,120	48,279
Post-mortem examinations	438	297	362

COMPARATIVE TABLE

1946	1947	1948	1949	1950	1951	1952
722	729	733	769	806	807	742*
12,597	12,785	12,726	13,701	14,302	15,684	15,864
35	35	35	37	39	43	43
12,592	12,802	12,678	13,684	14,431	15,639	15,946
970	909	763	744	869	994	814
1,707	1,840	1,731	1,805	1,983	1,937	2,167
10,661	11,654	11,515	11,195	11,936	11,662	11,882
36,094	40,057	41,872	51,109	59,812	67,266	68,366
155,755	158,713	160,545	190,652	220,216	230,701	260,268
19,423	19,638	21,640	22,621	25,100	26,891	26,890
53,103	69,579	93,517	106,718	105,188	109,537	125,273
432	440	438	440	433	506	484

*N.B.—68 beds in the hospital were out of commission for twelve months due to structural alterations which were taking place.



