

Annual report : 1953 / Central Middlesex Hospital.

Contributors

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

Publication/Creation

[London] : [publisher not identified] 1953

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CENTRAL MIDDLESEX HOSPITAL

ANNUAL REPORT

1953

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CENTRAL MIDDLESEX HOSPITAL,

Acton Lane, Park Royal,

London, N.W.10

Medical Director :

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

Matron :

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

Hospital Secretary :

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

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Chairman : C. H. C. TOUSSAINT, M.R.C.S., L.R.C.P., D.P.H.

Central Middlesex Hospital Medical Advisory Committee :

Chairman : HORACE JOULES, M.D., F.R.C.P.

Central Middlesex Hospital Joint Consultative Staff Committee :

Chairman : HORACE JOULES, M.D., F.R.C.P.

Chairman (Staff Side) : K. P. BALL, M.D., M.R.C.P.

MEDICAL DIRECTOR'S REPORT.

This year has seen a modest increase of work in most departments. This is due to the policy adopted by the Management Committee on the advice of the Medical Advisory Committee of the hospital. As stated in last year's report practically every department had reached the limit of its physical capacity and efforts were made to divert patients living near the centre of London. This policy has been partially successful; pressure on the Maternity Department has eased and the re-opening of the modernised wards in F. Block enables all our maternity patients to be nursed to a conclusion within the hospital grounds. This will prove increasingly economical while the unit itself will be much more compact. The Maternity Unit continues to give an excellent and unremitting service to mothers and children. The yearly figures of low mortality and morbidity give only the barest indication of the continuous effort that is made through every hour of the year. A yearly average of 2,000 births is being maintained, premature infants are being afforded the best chance of survival, while members of the general medical and surgical staff are constantly giving specialist advice and help.

The excellent work of modernising F. Block, devised and carried out by our own maintenance staff, has given an added impetus to the geriatric department. Dr. Abdullah, Miss Caple and all members of this staff are rendering a service to the aged in our area which, while not spectacular, is increasingly appreciated by the whole neighbourhood. It is amongst the aged sick, too, that many nurses retain their highest degree of professional skill and helpfulness.

The Physiotherapy and Rehabilitation Unit has shown the greatest increase in numbers during the year. This is now a compact department where efficiency and kindness serve to restore many to full activity and help others, less fortunate, to regain self respect and some degree of physical and mental agility.

Lack of space and overcrowding of patients and staff is most serious in the Casualty, X-ray, Out-patient and Pathological Departments. An outline scheme for overcoming these defects has been presented through the Management Committee to the Regional Board. It is hoped that this need can be met within a short time for one cannot expect staff to cope continuously with numbers which almost overwhelm them in quarters which are grossly inadequate.

Meanwhile a high standard of service is maintained everywhere in the hospital and we hope a spirit of kindness and sympathy pervades our work, for without this the highest hospital endeavour is bound to fail. We are indebted to many members of the staff for our good relationships with the practitioners and local population, and particularly to the staff of the administrative and general offices and the medical secretaries. The latter have the difficult task of organising each consultant and associated firm, assisting in much research work and keeping practitioners and relatives informed of patients' progress. We are extremely grateful to them.

It is impossible to emphasise the excellent research, both clinical and fundamental, which is a feature of so many departments. Some indication of this activity will be found in the reports.

The nursing staff continues to meet the rising demands made upon it and maintains an educational and professional standard of which we can be proud.

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

CONSULTANT MEDICAL STAFF.

Physicians.

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

Paediatrician.

J. SAKULA, M.D., M.R.C.P., D.C.H.

Tuberculosis Physician.

C. H. C. TOUSSAINT, M.R.C.S., L.R.C.P., D.P.H.

Geriatrician.

A. D. ABDULLAH, M.B., M.R.C.P.

Dermatologist.

H. T. H. WILSON, M.B., M.R.C.P.

Psychiatrists.

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

Allergist.

D. HARLEY, M.D., B.Sc., F.R.I.C.

Surgeons.

T. G. I. JAMES, M.Ch., B.Sc., F.R.C.S., F.R.C.S.E.
 J. D. FERGUSON, M.D., F.R.C.S.
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 F. A. HENLEY, M.B., B.S., F.R.C.S.
 J. W. P. GUMMER, M.S., F.R.C.S.

Obstetricians and Gynaecologist.

J. S. MacVINE, M.B., F.R.C.S.E., M.R.C.O.G.
 (*Deputy Medical Director*)
 Miss M. A. M. BIGBY, M.D., M.R.C.O.G.

Ear, Nose and Throat Surgeon.

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

Dental Surgeon.

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

Ophthalmic Surgeons.

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

Thoracic Surgeon.

R. LAIRD, M.B., Ch.M., F.R.C.S.E.

Anaesthetists.

A. C. R. RANKIN, M.B., D.A.
 R. D. LEVIS, M.B., B.Ch., D.A.

Pathologists.

J. D. A. GRAY, T.D., M.B., Ch.B., B.Sc., F.R.C.P.E., D.P.H.
 W. PAGEL, M.D.
 G. DISCOMBE, M.D., B.Sc.

Radiologist.

F. PYGOTT, M.B., D.P.H., D.M.R.E.

Physician i/c Rehabilitation Unit.

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

Radiotherapist.

P. B. WOODYATT, M.R.C.S., L.R.C.P., D.M.R.T.

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

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

Physician i/c Special Department.

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

Hon. Associate Physician.

RICHARD DOLL, 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.
Catering Officer	...	Miss J. ARONSON
Medical Artist	...	Miss D. M. BARBER
Medical Photographer	...	A. BOOKER, A.R.P.S.
Instrument Curator	...	F. W. DEWAR, L.I.B.S.T.
Administrative Assistant	...	Miss J. WALLAGE
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. P. Ball Dr. K. P. Ball ... Dr. R. J. Porter ...		1.30	10.00	1.30		
GENERAL MEDICINE & ANAEMIA ...	Dr. R. A. J. Asher ...	1.30					
GENERAL SURGERY ...	Mr. T. G. I. James ... Mr. J. D. Fergusson and Mr. J. W. P. Gummer ... Mr. F. A. Henley ...	10.00		9.30 9.30			
ALLERGY (New cases) (Old cases) ...	Dr. D. Harley ...		2.30		2.30		
ANTE-NATAL ...	Mr. J. S. MacVine ... Miss M. A. M. Bigby ... Mr. MacVine and Miss Bigby ...	9.30 1.30	9.30	9.30	9.30		
BIRTH CONTROL (Medical indications)	Miss M. A. M. Bigby ...			2.00			
CARDIAC ...	Dr. H. Joules and Dr. K. Ball						†9.30
DENTAL ...	Dr. W. Fraser-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 and Dr. T. D. Kellock ...			1.30			
EAR, NOSE & THROAT ...	Mr. P. Maxwell Ellis ...		2.00		9.30		
ENDOCRINE ...	Dr. R. A. J. Asher ...			9.30			
GASTRO-ENTEROLOGY... Men only ... Old cases only ...	Dr. F. Avery Jones ... Dr. T. D. Kellock ... Dr. F. Avery Jones and Dr. T. D. Kellock ...	9.30		1.30	1.30		
GENITO-URINARY ...	Mr. J. D. Fergusson and Mr. J. W. P. Gummer ...				10.00		
GYNAECOLOGICAL ...	Mr. J. S. MacVine ... Miss M. A. M. Bigby ...		9.30			9.30	
NEUROLOGICAL ...	Dr. R. J. Porter ...		1.30				†9.30
NEUROSURGICAL ...	Mr. T. G. I. James ...					9.30	
OPHTHALMIC ...	Mrs. D. Miller ... Mr. P. D. Trevor-Roper ...	2.00	10.00			2.00	
ORTHOPAEDIC & FRACTURE ...	Mr. J. G. Bonnin ...		9.30		9.30	1.30	
PAEDIATRIC ...	Dr. J. Sakula ...	1.30		1.30			
PHYSICAL MEDICINE ...	Dr. J. H. Crosland ... Dr. J. Roth ...	9.30 9.30 1.30	9.30 1.30	1.30 9.30 2.00	2.00	9.30 2.00	
POST-NATAL ...	Mr. J. S. MacVine ... Miss M. A. M. Bigby ...					†2.00 †2.00	
PSYCHIATRIC ...	Drs. O. Fitzgerald and B. M. C. Gilsenan ... Drs. S. T. Hayward & D. Bardon				2.00	2.00	
RECTAL ...	Mr. F. A. Henley ...					9.30	
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.

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Department	New Patients			Total Attendances		
	1951	1952	1953	1951	1952	1953
General medicine	2,677	2,582	2,713	7,889	7,120	7,765
General Surgery	5,052	4,903	4,364	12,860	12,220	11,856
Allergy	206	190	190	2,199	1,469	1,672
Ante-Natal	3,547	2,949	2,568	14,652	15,195	13,806
Birth Control	107	107	122	760	750	798
Cardiological	513	576	*327	1,557	1,598	*777
Dental	1,590	1,199	1,156	8,548	9,134	7,629
Dermatological	1,181	1,458	1,272	4,954	5,790	4,764
Gastroenterological and Diabetic ...	2,764	2,579	2,700	12,039	11,239	11,653
Ear, Nose and Throat	1,989	3,024	2,858	3,672	6,077	5,928
Endocrine	354	342	339	1,266	1,182	1,061
Gynaecological	2,512	2,589	2,486	6,164	5,933	5,844
Neurological	656	669	687	2,000	1,841	2,031
Neurosurgical	284	292	306	1,070	1,054	1,242
Ophthalmic	1,184	1,334	1,272	4,598	4,412	4,540
Orthopaedic and Fracture	3,160	4,479	3,530	8,972	15,591	13,989
Paediatric	1,162	1,190	1,210	2,971	3,320	3,639
Post-Natal	1,762	1,225	1,486	1,762	1,797	1,712
Psychiatric	638	617	614	2,797	2,513	3,034
Radiotherapy (Diagnostic and Follow-up)	—	83	125	—	840	1,494
Special Department	733	713	774	11,249	10,926	11,236
Varicose Vein	486	296	252	1,987	1,369	1,037
Miscellaneous	—	—	—	2,902	3,119	1,877
Sick Bay	1,532	1,509	2,280	2,374	3,116	3,906
Totals	34,089	34,905	33,631	119,242	127,605	123,290
Casualty Department	20,799	18,519	17,995	50,645	46,755	47,849
Rehabilitation	2,463	4,753	6,106	41,604	66,734	83,675
X-ray Department	9,915	10,189	10,954	19,210	19,174	19,920
†Speech Therapy	—	—	24	—	—	757
†Chiropody	—	—	30	—	—	1,317
Grand Totals	67,266	68,366	68,740	230,701	260,268	276,808

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

* Drop in Cardiological figures due to Ante-Natal Cardiac Clinic now being included under General Medicine.

† Figures for these clinics are now being shown separately for the first time.

CLASSIFICATION OF BEDS.

Department	Total Number of Beds	Discharges and Deaths during the Year	Average Stay in Days
General Medical	140	2,459	18
General Surgical	164	3,175	17
Gynaecological	54	1,521	11
Obstetric	85	2,257	12
Gastro-enterological	51	788	23
Paediatric	34	507	16
Tuberculosis	58	286	73
Ear, Nose and Throat	20	681	8
Mental Observation	16	653	6
Chronic Sick	46	410	217
Traumatic and Orthopaedic	35	972	14
Dental	2	140	5
Dermatological	4	44	35
Ophthalmic	2	81	12
Private Patients (Section 5)	7	103	11
Staff beds	8	280	7
Totals†	726	14,357	14.5

IN-PATIENT STATISTICS.

	1951	1952	1953
<i>Beds.</i>			
Complement at end of year	862	862*	726
Maximum No. of beds occupied	844	808	833 (18.2.53)
Minimum No. of beds occupied	686	628	500 (24.12.53)
Daily average No. of beds occupied	807	742	653
(Percentage of available beds)	93.6	93.3	91.3
<i>Patients.</i>			
In hospital at beginning of year	712	757	675
Number admitted during the year	13,771	13,752	14,337
Live births during the year	1,913	2,112	1,990
Total	16,396	16,621	17,002
Discharges during the year	14,645	15,132	15,486
Deaths during the year	994	814	889
Total	15,639	15,946	16,375
Patients in hospital at end of year	757	675	627

NOTE.—The 1953 bed complement is very much reduced as 30 beds were lost through the re-construction of F. Block and the 86 beds in Leamington Park Hospital and 20 at Twyford Abbey are no longer included.

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

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

GENERAL MEDICAL AND CARDIOLOGICAL DEPARTMENT.

<i>Consultants :</i>	H. JOULES, M.D., F.R.C.P.
	K. P. BALL, M.D., M.R.C.P.
<i>Senior Registrar :</i>	W. L. B. LEESE, M.B., B.Ch., M.R.C.P.
<i>House Officers :</i>	I. M. GLYNN, M.B., B.Ch. (till 21.3.53)
	Miss M. M. ASHFORTH, M.B., B.S. (till 5.4.53)
	Miss K. BAKER, M.B., B.S. (from 22.3.53)
	D. VEITCH, M.B., B.S. (5.5.53 — 5.11.53)
	K. SOMERS, M.B., B.Ch., D.C.H. (from 6.11.53)

A controlled study of the use of A.C.T.H. in patients with severe chronic asthma has been carried out during the past year. This has shown that the drug is often very effective in the worst cases which have not responded to orthodox treatment. A number of severe asthmatics have been kept relatively free from symptoms by the use of maintenance dosage.

Dr. Hirschowitz and Dr. Hoffman completed a controlled survey on the prophylactic use of quinidine in patients with myocardial infarctions. After studying the results in one hundred patients, they found no significant evidence that the drug was having any beneficial action and the trial was discontinued.

The accumulating evidence of the importance of atmospheric pollution and tobacco as factors in the development of chronic bronchitis and lung cancer increases the belief that these are largely preventable diseases. In association with Dr. J. D. Alan Gray we are taking part in a study of the bacteriology and treatment of relapses in patients with chronic bronchitis.

Out-Patient Clinics	New Patients	Total Attendances
General medical ...	1,309	3,779
Cardiac	327	777

ELECTROCARDIOGRAPHIC DEPARTMENT.

Technical Assistant : Miss J. M. EVANS

The work of the Electrocardiographic Department has rapidly increased in the last year. 2,530 records have been taken compared with 1,920 in the previous twelve months.

GENERAL MEDICAL, HAEMATOLOGICAL, ENDOCRINOLOGICAL AND MENTAL OBSERVATION DEPARTMENTS.

Consultant : R. A. J. ASHER, M.D., F.R.C.P.
Registrar : H. J. GOLDSMITH, M.D., M.R.C.P.
House Officers : D. W. BEAVEN, M.B., B.Ch., M.R.C.P. (till 31.7.53)
 H. P. LAMBERT, M.B., B.Ch., M.R.C.P. (till 31.10.53)
 Miss P. M. MARTIN, M.B., B.S. (from 1.8.53)
 J. FRASER, M.B., B.S. (from 1.11.53)

There has been no major change in the work of these departments. In the general medical department coronary disease and bronchopneumonia continue to provide a large proportion of the work. Dr. Goldsmith has been making a special study of the use of hexamethonium in severe hypertension. Among our interesting patients we had a case of dermatomyositis who made a remarkable improvement with cortisone.

Full use is made of the Photographic Department, particularly in recording the clinical change in endocrine cases. Also photographs have been a great help in the management of bed sores, because healing is so slow that without pictures to show that progress is really being made, the nurses seeing them day after day might be disheartened by the apparent lack of change. One patient (an elderly alcoholic) came in with both legs denuded of skin below the knee, and bed sores exposing both the heel bones. She had long lain neglected in bed, her infected sores wrapped in rags which had been unchanged for many weeks. We now have a series of pictures of this patient from her critical, almost hopeless condition, till she was ambulant with fully healed legs and at home caring for herself.

The amount of cortisone supplied to the hospital has increased. Certain diseases now classed as "obligatory" qualify for full cortisone supplies, issued independently of the main supply, for instance Addison's Disease, and Lupus Erythematosus. The amount of administrative work in arranging supplies of cortisone for other hospitals is considerable; for instance a skin case at Edgware General or a case of Addison's Disease at Willesden General have to get their issue each month through us. It is hoped that supplies will increase soon, but there will then be the problem of accommodation for an out-patient clinic for cortisone treatment as the number of patients is already inconveniently large for the present clinic in the wards.

Out-Patient Clinics	New Patients	Total Attendances
General Medical ...	683	1,910
Endocrine ...	339	1,061

MENTAL OBSERVATION WARDS

The nature of the work has been much the same. The general principle has been to obtain a quick turnover so that most cases with straightforward psychoses can be placed at a mental hospital in one or two days. Unfortunately, Friern Hospital is so full that certified cases sometimes wait more than a week before they can be taken and so other admissions are held up.

Certain cases are detained on a fourteen day order (section 21A) because they are suspected of having a physical illness contributing to their psychosis. The physical causes of mental illness observed in the last twelve years have been studied and lectures on the findings have been given at the Medical Society of London and at St. Mary's Hospital.

	1951	1952	1953
Total number of patients admitted (under sections 20 and 21)	630	652	696
Transferred as voluntary patients	77	71	84
Transferred as temporary patients	86	54	73
Certified and transferred to mental hospitals	325	396	383
Discharged home or to other hospitals	124	124	149
Deaths in the ward	18	7	7
Total	630	652	696

GASTRO-ENTEROLOGICAL DEPARTMENT.

<i>Consultants :</i>	F. AVERY JONES, M.D., F.R.C.P. T. D. KELLOCK, M.D., M.R.C.P.
<i>Hon. Associate Physician :</i>	RICHARD DOLL, M.D., M.R.C.P.
<i>Senior Registrar :</i>	P. H. FRIEDLANDER, M.B., M.R.C.P.
<i>Registrar :</i>	A. KERR GRANT, M.B., M.R.A.C.P. (locum till 30.9.53) J. A. BALINT, M.B., M.R.C.P. (from 1.11.53)
<i>Research Assistants :</i>	Miss LORNA COOKE, M.B., M.R.C.P. (Medical Research Council) V. EDMUNDS, M.D., M.R.C.P. (Central Middlesex Hospital) Miss BARABARA WHITE, B.Sc. (Medical Research Council)
<i>House Officers :</i>	K. R. ABERDOUR, M.B., B.S. (till 31.7.53) E. B. D. HAMILTON, M.B., Ch.B. (till 31.1.53) J. D. H. SLATER, M.B., B.Chir. (from 1.2.53) E. C. V. PRICE, M.B., B.S. (from 1.8.53)
<i>Dietitians :</i>	Miss E. MURLAND Miss J. HEATH (till 4.11.53)

The number of new patients attending out-patients and the total attendances showed a slight increase on the previous year. Admissions for haematemesis and melaena numbered 199 and there were 69 admissions for acute perforation. Of the admissions for haematemesis and melaena 179 were patients with proved or probable peptic ulcer. Fourteen had emergency partial gastrectomies performed (3 deaths) and a further ten had elective partial gastrectomies (no deaths). Two had associated acute perforation and among the remaining 153 patients not operated on there were 12 deaths. It has not proved possible to reduce this mortality in recent years despite a vigorous policy of blood transfusion and emergency surgery in selected cases. The deaths are almost all in the elderly and in patients with severe associated complications.

Dr. Doll has continued his study of in-patients on different forms of treatment on the rate of healing of gastric ulcer, but apart from bed rest, none of the special lines of treatment has so far shown any appreciable difference. In his series 147 patients have had a month's bed rest in hospital. At the end of this time 22% had healed, 35% were more than two-thirds healed, 31% were less than two-thirds healed and 12% unchanged or larger. All these patients have been very carefully followed up and the subsequent prognosis is being related to the rate of healing in hospital. Approximately one-third of these patients have now had partial gastrectomy.

The care of patients undergoing partial gastrectomy for peptic ulcer remains a major part of the work of the department; in particular in the male ward. The number of these operations carried out each year is about 140 and with increasing experience there has been a steady fall in the mortality rate which is now just under 2%. This is regarded as very satisfactory in view of the poor physical state of a number of the patients. The low operative mortality, however, has not led to any relaxing of the criteria for operation, i.e. prolonged symptoms not responding to medical treatment, for the late results of the operation show that as much as one-third of these cases subsequently have symptoms attributable to the operation. In the cases selected for surgery these symptoms are very slight compared with those the patients have experienced previously but the post-gastrectomy syndrome still remains a problem.

Dr. Kellock is now in charge of the diabetic clinic. Here Miss Bigby sees all the patients who are also pregnant and attends them in the diabetic clinic so that they do not have to attend two separate clinics.

The research work of the department has again been supported by the Medical Research Council. In addition to the studies on healing of ulcer, further observations have been made on gastric motility and gastric secretion. Both Dr. Kellock and Dr. Edmunds hold a grant from the hospital research fund and are making a special study of patients with ulcerative colitis and hiatus hernia.

Out-Patient Clinic				New Patients	Total Attendances
1951	...	...	...	2,126	12,039
1952	...	...	...	2,597	11,239
1953	...	...	...	2,700	11,653

GENERAL MEDICAL AND NEUROLOGICAL DEPARTMENT.

<i>Consultant :</i>	R. J. PORTER, M.B., M.R.C.P.
<i>Registrar :</i>	J. I. E. HOFFMAN, M.B., B.Ch., M.R.C.P. (till 22.6.53) Miss M. A. BARBER, M.B., Ch.B., D.R.C.O.G. (from 21.9.53)
<i>House Officer :</i>	Miss M. A. Le C. HILLS, M.B., B.Ch., D.C.H. (till 31.10.53) Mrs. F. C. EDWARDS, B.M., B.Ch. (from 1.11.53)

There has been no notable change in the work of the department during 1953.

The Out-patient figures in the neurological clinics again show an increase in spite of efforts to limit the number of new appointments. This demand has necessitated an overflow of neurological cases to the general medical clinic, which is thus tending to become more specialised.

Out-Patient Clinics	New Patients	Total Attendances
General medical ...	721	2,136
Neurological ...	687	2,031

ELECTRO-ENCEPHALOGRAPHIC DEPARTMENT.

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

There was a further increase of 12% in the total number of examinations made in the past year.

The employment of special techniques necessitating further expansion is still restricted by the limited space in the present department. It is hoped that a new and enlarged department will become available during the coming year.

	New Cases			Total No. of examinations		
	1951	1952	1953	1951	1952	1953
In-patients ...	154	169	162	270	241	238
Out-patients ...	395	533	598	477	604	718

PAEDIATRIC DEPARTMENT.

Consultant : J. SAKULA, M.D., M.R.C.P., D.C.H.
Registrar : Miss M. C. BUCHANAN, B.Sc., M.B., Ch.B., D.C.H.
House Officer : Miss J. P. WERREN, M.B., B.S. (till 31.1.53)
 E. D. FOX, M.B., B.S. (1.2.53 — 31.7.53)
 M. LUING, M.B., B.S. (from 1.8.53)

The general work of the department showed very little change during 1953. The demand for out-patient consultations remained about the same and a survey of the new cases seen showed that 56% came direct from general practitioners, 17% from Welfare Centres, 7% from the Casualty Department or other out-patient clinics of this hospital, and 20% were new cases referred for follow-up from the children's ward.

Attempts to speed up the in-patient turn-over were made by sending many children home earlier, but a check on these was kept by seeing them subsequently as out-patients until they were well enough to be finally discharged back to the care of their own family doctor, and about 50% of the in-patients were thus followed up.

The infants in the Maternity Department have continued to do well. During the year a total of 33 pairs of twins (1 in every 64 deliveries) and 2 sets of triplets were born. Of the latter, one set was stillborn, but the other set survived and was discharged well. These children at birth weighed respectively 3lbs. 7ozs., 3lbs. 9ozs., and 3lbs. 7ozs. Of the twins 59 children lived, 3 were stillborn and 4 children, each weighing less than 3lbs., died.

The total number of premature babies born alive in the hospital during the year was 141 (7% of all live births). Of these there were 22 deaths, giving an overall survival rate of 84.4%. The smallest survivors were a pair of twins who weighed respectively 2lbs. 2ozs., and 2lbs. 9ozs.

Out-Patient Clinics				New Patients	Total Attendances
1951	...	...	...	1,162	2,971
1952	...	...	...	1,190	3,320
1953	...	...	...	1,210	3,639

GERIATRIC UNIT.

<i>Consultant :</i>	A. D. ABDULLAH, M.B., M.R.C.P.
<i>Registrar :</i>	Miss E. O'CLEARY, M.B., B.Ch.
<i>House Officer :</i>	K. SOMERS, M.B., B.Ch., D.C.H. (till 5.11.53) Miss M. A. Le C. HILLS, M.B., B.Ch. (from 6.11.53)
<i>Almoner :</i>	Miss G. M. CAPLE, A.M.I.A.

The year 1953 has seen a very marked increase in the work and scope of the Geriatric Unit. Most of the developments foreshadowed in our 1952 report have now been realised, with the exception of the opening of the "Half-Way House," and it is hoped that this will take place in the coming year.

St. Monica's Hospital was opened in June of this year, and now accommodates thirty-five of our long-term female cases. In the early part of the year the remaining wards at Leamington Park Hospital were also allotted to the Geriatric Unit, bringing our total accommodation there to ninety-six beds. This increase in accommodation for long-term patients enabled us this summer to achieve our long-standing ambition to turn Ward F2 at Central Middlesex Hospital into an acute admission ward and it is now accommodating eighteen male and twenty-eight female cases. The more intensive investigation and treatment rendered possible by this step has led to a startling increase in our rate of turnover, as the statistics appended to this report reveal. Increased work has necessitated extra staff, and we have been glad to add a House Officer and junior clerk to our team.

At the time of our last report it was felt that the education of medical students in social medicine, and the medical care of the aged, would be enhanced by accompanying the Consultant and Almoner on domiciliary visits. The first year of this arrangement has confirmed our expectations, and the students have been enabled to gain an insight into the problems affecting the elderly sick as revealed in their homes, which should be of great value to them in their later professional years.

We have also continued our practice of setting aside two or three beds for short-term admissions during the summer months to enable relatives, who are looking after their old people at home, to take a much-needed holiday. Increased requests for "bookings" and heart-felt letters of appreciation from relatives, show what a need exists for this form of temporary assistance in the care of the aged. Thanks to the co-operation of the Management Committee, a half-day coach trip for all those patients well enough to enjoy it was arranged in the late summer, the venue on this occasion being Box Hill. Earlier in the year a number of our patients also went on a short trip to see the Coronation decorations.

The enthusiasm and energy displayed by our medical staff, and the untiring and selfless devotion of our nurses, have combined in the last year to achieve a high standard of investigation and treatment in the Unit. It is undoubtedly to this increased efficiency, coupled with the extra beds at our disposal, that our greatly increased rate of turnover can be attributed: and we have thus been enabled to meet, at any rate to a limited extent, the ever-increasing claims upon the services of the Geriatric Unit.

Analysis of Cases referred to the Department.

Year	No. of cases referred	Domiciliary visits made
1951	614	444
1952	689	548
1953	745	696

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
1953	420	193	21	15

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
1953	207	22	48	15	306

TUBERCULOSIS UNIT.

Consultant : C. H. C. TOUSSAINT, M.R.C.S., L.R.C.P., D.P.H.

Senior Registrar : Miss V. U. LUTWYCHE, M.D., M.R.C.P., D.C.H.

Registrar : G. B. CARRUTHERS, M.D., B.S. (till 31.3.53)

K. H. NICKOL, M.B., B.S. (from 1.4.53)

House Officer : V. E. POLLAK, M.B., B.Ch. (till 28.3.53)

J. A. RAYMOND, M.B., Ch.B. (29.3.53 — 5.7.53)

G. B. TAYLOR, M.B., B.S. (from 16.9.53)

The work undertaken in the Unit is shown in the accompanying table.

As in previous years treatment in the hospital has been linked with domiciliary management as far as possible. It will be noticed that a majority of patients are in the Unit for less than three months.

During the year continued use has been made of posture as a method of treating patients whilst on bed rest. The patient is placed in such a position that excavation is in the most dependent part of the thorax. Excellent results have been achieved by this method and will be reported elsewhere.

For a short period towards the end of the year there was a decrease in the need for female beds and four males were temporarily admitted to a four-bedded ward in the female block.

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	146	138	103	24	11	8
Females	133	125	82	35	8	6

OPERATIONS PERFORMED.

	Phrenic crush*	Pneumo-peritoneum	Artificial pneumothorax	Thoracoscopy*	Bronchoscopy*
Males	1	3	26	42	85
Females	6	5	29	24	11

* 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 1953 this condition was found in 21 cases—1 being operable.

ALLERGY CLINIC.

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

The work of the Allergy clinic has continued with very little change during the past year. The patients referred for allergic investigation and treatment — mostly direct from outside practitioners — continue on the whole to be well selected. The quiet efficiency of the nursing staff continues to be a major factor in the smooth running of the clinic.

Out-Patient Clinics				New Patients	Total Attendances
1952	...	...	...	190	1,469
1953	...	...	...	190	1,672

DERMATOLOGICAL DEPARTMENT.

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

Registrar : J. HANSELL, M.R.C.S., L.R.C.P.

It was found necessary to reduce the number of new patients attending this Department as the existing staff could not deal adequately with the increasing numbers. This, unfortunately, has meant some lengthening of the waiting list for out-patients, which now varies between two weeks in the winter and four weeks in the summer.

Of the total attendances, about 20% are for patients with varicose eczema or ulcers and the advisability of treating these cases in a separate clinic is becoming increasingly evident.

In February Dr. J. Hansell was appointed as the first Senior Registrar to the Department. Prior to this, the old patients had been seen by a series of locum tenens. The first result of the new appointment was the detection of a case of favus amongst the old out-patients. Examination of eighty contacts at a local day nursery resulted in the finding of a further case. Demonstration of the two cases at a dermatological meeting led to the discovery of five cases of this extremely rare disease in the London area. All could be traced to a single contact.

Out-Patient Clinics				New Patients	Total Attendances
1952	...	...	...	1,458	5,790
1953	...	...	...	1,272	4,764

PSYCHIATRIC (OUT-PATIENT) DEPARTMENT.

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

There have been no changes or any outstanding events in the Psychiatric clinic during 1953 and the four visiting consultants between them conducted 172 sessions during the year.

There was also no significant change in the numbers of new patients or old patients attending the clinic as compared with the previous year.

Out-Patient Clinics	New Patients	Total Attendances
1952	593	2,405
1953	596	2,984

SPECIAL DEPARTMENT.

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

New cases and attendances in 1953 showed a small increase over those for 1952. This increase, judging by the quarterly figures for the country received from the Ministry of Health, appears to be similar to that obtaining throughout the country. It is somewhat alarming to find the extreme youth (ages as low as twelve) of girls attending the department for various reasons arising out of sexual irregularities.

Our social workers inform us that accommodation in Homes for unmarried mothers dealt with by this department is now unequal to the demand. This is in spite of the fact that those pregnant girls who arrive from other countries are not now taken into our Homes for confinement and adoption of their offspring, but instead, are supplied with tickets back to their own country.

If the morals of our young people are deteriorating and, as is probable, the various organisms responsible for the different venereal diseases are developing increasing resistance to anti-biotic remedies, then we must expect an increase in the incidence of these diseases.

	1950	1951	1952	1953
New Out-patients	879	733	713	774
Total attendances	13,386	11,249	10,926	11,241
No. of patients who had previously received treatment for the same infection ...	46	40	26	41
Cases of gonorrhoea	58	37	55	55
Cases of syphilis	89	62	55	49
Requiring treatment for other conditions	333	274	262	286
Not requiring treatment	371	320	296	343

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	...	...	...	...	265
Brain and cerebral meninges	...	...	...	153	
Spinal cord and spinal meninges	...	...	...	45	
Peripheral nerves and sympathetic system	...	...	...	67	
ENDOCRINE SYSTEM	...	...	...	...	51
Thyroid and parathyroid	...	...	...	38	
Adrenals	...	...	...	13	
OPHTHALMIC	...	...	...	...	68
Orbit and supporting structures of eyeball	...	...	...	30	
Cornea	...	...	...	6	
Iris and ciliary body	...	...	...	4	
Sclera, choroid and retina	...	...	...	1	
Lens	...	...	...	26	
Lacrimal apparatus	...	...	...	1	
EAR, NOSE AND THROAT	...	...	...	...	144
Otological operations	...	...	...	43	
Nose and accessory air sinuses	...	...	...	91	
Larynx and trachea	...	...	...	10	
BUCCAL CAVITY AND OESOPHAGUS	...	...	...	...	571
Dental operations	...	...	...	150	
Pharynx, tongue and palate	...	...	...	377	
Oesophagus	...	...	...	25	
Salivary glands	...	...	...	19	
THORACIC	...	...	...	...	92
Lung, bronchus and mediastinum	...	...	...	66	
Surgical collapse therapy	...	...	...	26	
ON BREAST	...	...	...	...	107
GASTRO-INTESTINAL AND ABDOMEN	...	...	...	...	1739
Abdominal wall (including Laparotomy)	...	...	...	525	
Stomach	...	...	...	216	
Appendix	...	...	...	607	
Intestines (excluding appendix and rectum)	...	...	...	147	
Rectum and anus	...	...	...	117	
Liver and bile ducts	...	...	...	119	
Pancreas	...	...	...	3	
Spleen	...	...	...	5	
GENITO-URINARY	...	...	...	...	537
Kidney	...	...	...	64	
Ureter	...	...	...	6	
Urinary bladder	...	...	...	147	
Urethra	...	...	...	45	
Prostate and seminal vesicles	...	...	...	117	
Other male genital organs	...	...	...	158	
GYNAECOLOGICAL	...	...	...	...	916
Ovary	...	...	...	121	
Uterus and appendages	...	...	...	662	
Vagina	...	...	...	107	
Vulva and perineum	...	...	...	26	
OBSTETRIC	...	...	...	...	472
ORTHOPAEDIC	...	...	...	...	575
On bone	...	...	...	251	
Joints, cartilages and bursae	...	...	...	235	
Muscles, tendons and fascia	...	...	...	50	
Upper limb amputations and disarticulations	...	...	...	12	
Lower limb amputations and disarticulations	...	...	...	27	
PERIPHERAL BLOOD VESSELS & LYMPHATICS	...	...	...	...	50
Arteries	...	...	...	5	
Veins	...	...	...	27	
Lymphatic system	...	...	...	18	
SKIN & SUBCUTANEOUS TISSUES	...	...	...	...	241
OTHER SURGICAL PROCEDURES	...	...	...	...	365

TOTAL NO. OF IN-PATIENT OPERATIONS: 6,193

GENERAL SURGICAL AND NEUROSURGICAL DEPARTMENT.

<i>Consultant :</i>	T. G. I. JAMES, B.Sc., M.Ch., F.R.C.S.(Eng.), F.R.C.S.(Edin.)
<i>Senior Assistant :</i>	H. HASHEMIAN, M.B., B.S., F.R.C.S.(Edin.)
<i>Senior Registrar :</i> (Neurosurgical)	J. G. ROBERTS, M.B., Ch.B.
<i>Registrar :</i>	E. T. MURRAY, M.B., Ch.B., F.R.C.S. (till 31.8.53) Miss P. A. GEORGE, F.R.C.S. (from 1.9.53)
<i>House Officer :</i>	Miss R. D. R. SASIENI, M.B., Ch.B. (till 28.2.53) E. P. SIMKIN, M.A., M.B., B.Ch. (1.3.53 — 31.8.53) M. B. WINGATE, M.R.C.S., L.R.C.P., D.R.C.O.G. (from 1.9.53)

This department has 25 beds for adult males and 25 beds for adult females. About half of these beds are used for neurosurgical cases. In addition to these, about 12 beds are used in the gastro-enterological, neurological and paediatric wards in co-operation with the physicians. Two Outpatient sessions are conducted each week, one for general surgery and one for neurosurgery. Every morning sick staff who require surgical attention are seen by the surgeon in charge of the department.

The work performed by the members of the staff of this department includes general surgery and neuro-surgery. The former, in addition to emergency surgery, embraces the greater proportion of the paediatric surgery of the hospital, the surgery of the sympathetic nervous system, the surgery of the thyroid gland, as well as a proportion of the surgery of the gastro-enterological department. With regard to the surgery of the thyroid gland, a close liaison is kept with the Radiotherapeutic Unit of Hammersmith Hospital, which undertakes the investigation and treatment of those cases needing radio-active isotopes and other forms of radio-therapeutic treatment.

The neurosurgical side of the department serves the following hospitals in addition to those in our vicinity :—West Middlesex, Edgware General, Hendon Cottage, Hillingdon, Barnet, Watford, Ashford, Hounslow, Twickenham, Bushey Cottage, Upton, Slough, Canadian War Memorial Hospital Taplow, the Windsor and Maidenhead Hospitals, Heatherwood Hospital Ascot, and Harefield Sanatorium. The services of the neurosurgical department are available at all times, and it has often been found necessary to operate on some cases immediately on admission, both by day and at night. During the past year, some weekends have been particularly heavy owing to the increased incidence of serious head injuries from road accidents at these times. Owing to the unpredictable times of urgent admissions, it has sometimes been difficult to find an available operating theatre, and for this reason some further development of theatre space is desirable. The Unit acts in a consulting capacity to the above hospitals, and visits are made to them when called upon. Occasionally urgent operations have been performed at the parent hospital when the patient's condition has prevented transfer.

Various types of frontal leucotomy are performed by the Neurosurgical Unit for Shenley Hospital. The patients are sent from Shenley to the Mental Observation Ward of this hospital for a short observation period and are sent back to Shenley within a few days of operation. During the last year we have co-operated with the Middlesex Hospital in the formation of an Arterial Bank and the facilities of this Bank are available to us at any time.

ANALYSIS OF OPERATIONS (other than Neurosurgical)

From 1.1.53 to 31.12.53.

From own wards	...	...	...	...	439
From gastro-enterological wards	...	...	...	...	108
From children's wards	...	...	...	...	102
Sick Staff	...	...	...	...	38
From other wards	...	...	...	...	132
From Outpatient Department	...	...	...	...	41
Total	...	...	...	...	860

NEUROLOGICAL SURGERY. In-patients.

Total number of cases treated	...	...	...	...	374
Total number of cases treated to a conclusion	...	...	...	...	343
Cases still receiving treatment on 31.12.53	...	...	...	...	31

Analysis of the 343 cases discharged during 1953.

Spine and spinal cord	...	...	...	...	80
Skull and brain trauma	...	...	...	...	63
Brain tumours	...	...	...	...	91
Cerebral abscess	...	...	...	...	18
Subarachnoid haemorrhage	...	...	...	...	21
Psychosurgery	...	...	...	...	12
Sympathetic nervous system	...	...	...	...	8
Nerves—peripheral	...	...	...	...	20
Miscellaneous	...	...	...	...	30

GENERAL AND NEUROLOGICAL SURGERY. Out-Patients.

Clinics	New Patients	Total Attendances
General Surgery	970	2,750
Neurological Surgery	306	1,242

GENERAL SURGICAL AND UROLOGICAL DEPARTMENT.

<i>Consultants :</i>	J. D. FERGUSSON, M.D., F.R.C.S.
	J. W. P. GUMMER, M.S., F.R.C.S.
<i>Senior Registrar :</i>	P. F. JONES, M.B., B.Chir., F.R.C.S. (from 14.9.53)
<i>Registrar :</i>	G. N. RANKING, M.B., B.Ch., F.R.C.S. (till 31.7.53)
<i>House Officers :</i>	W. N. PARKER, M.B., B.Chir., M.R.C.S., L.R.C.P. (till 28.2.53)
	J. R. FLURY, M.B., B.Chir. (1.3.53 — 31.8.53)
	R. J. SPRAY, M.B., B.Chir. (from 1.9.53)
	J. V. EARLE, M.B., Ch.B. (till 4.2.53)
	D. H. KAY, M.B., B.Chir. (5.2.53 — 4.8.53)
	I. S. LISTER, M.B., B.Chir. (from 5.8.53)

The Unit has continued the work initiated last year on the control of advanced carcinoma of the prostate and breast and this has considerably developed. There are now several patients on whom bilateral adrenalectomy has been performed and who are being maintained on Cortisone. Further research on carcinoma of the prostate is also being carried out within the unit by Mr. E. C. Gibson, F.R.C.S., Research Assistant to the Institute of Urology.

Out-Patient Clinics	New Patients	Total Attendances
General surgical and Genito-urinary ...	2,009	5,712
Stricture Clinic ...	—	408
No. of emergency operations performed ...		324
No. of other operations performed (including cases from other wards) ...		998

GENERAL SURGICAL, RECTAL AND VARICOSE VEIN DEPARTMENT.

Consultant : F. A. HENLEY, M.B., B.S., F.R.C.S.
Registrar : P. WEINSTEIN, M.B., B.S., F.R.C.S.
House Officer: H. J. W. WILLSON, M.B., B.S. (till 31.5.53)
 P. J. JENSEN, M.B., B.S. (1.6.53 to 30.11.53)
 E. BADER, M.B., B.Ch.(Rand) (from 1.12.53)

The general waiting list for admission continues to get longer and is now 175. Reference to the chart below shows that 62% of the beds allocated to this department have been occupied by emergency admissions during the past year, and of these, only 52% required emergency surgery. The chart also shows a monthly analysis of the admissions and operations carried out by the department during the past year as well as out-patient operations for varicose veins.

	No. of In-patients	No. of operations	No. of emergency admissions	No. of emergency operations	No. of O.P. operations for V. Veins
January	73	46	40	23	24
February	58	40	36	24	24
March	77	61	56	30	24
April	80	46	58	19	24
May	90	72	51	37	25
June	94	65	52	26	24
July	74	52	37	18	24
August	90	59	55	30	24
September	76	43	47	18	24
October	87	56	55	25	24
November	96	62	65	35	23
December	87	60	61	34	24
Totals	982	662	613	319	288

The Rectal Clinic is now separate from the General Surgical Out-patient Clinic and is held each Friday morning.

Out-patient clinics	New patients	Total attendances
General Surgery	1,082	2,163
Rectal (since 11.4.53)	303	823
Varicose Veins	252	1,037

ORTHOPAEDIC AND TRAUMATIC UNIT AND CASUALTY DEPARTMENT.

<i>Consultant :</i>	J. G. BONNIN, M.B., B.S., F.R.C.S.
<i>Senior Registrar:</i>	F. MACHANIK, M.B., B.Ch., M.Ch., Orth. (till 17.4.53) H. G. STACK, F.R.C.S. (from 4.6.53)
<i>Casualty Registrar :</i>	G. F. HIRD, F.R.C.S.
<i>House Officer :</i>	J. R. FLURY, M.B., B.Ch. (till 17.2.53) J. EARLE, M.B., B.Ch. (18.2.53 — 15.8.53) N. W. MARSHALL, M.R.C.S., L.R.C.P. (from 16.8.53)
<i>Senior House Officers :</i> (Casualty)	P. E. CONEN, M.B., B.S. (till 17.2.53) N. S. GEGGIE, M.D.C.M., L.M.C.C. (McGill) (till 1.3.53) R. ROBINSON, M.B., B.S. (18.2.53 — 17.8.53) E. BADER, M.B., B.Ch. (Rand))30.3.53 — 25.10.53) E. P. SIMKIN, M.B., B.Chir. (from 1.9.53) A. M. I. STANFORD, M.B., B.Ch. (Rand) (from 26.10.53)
<i>Admissions Officer :</i>	Miss C. J. MULCAHY, M.B., Ch.B. (till 4.6.53) Miss B. POWE, M.D., D.C.H. (from 1.6.53)

Orthopaedic and Traumatic Unit.

The work of the unit has continued smoothly and in the latter part of the year under slightly decreased pressure. The statistics suggest that there has been a total drop of 1,000 in the attendances to the fracture and orthopaedic clinics. This, however, is rather misleading as the figures for 1952 of the number of cases reported as attending the fracture clinic were swollen by almost 1,000 due to the inclusion of other soft tissue injuries. This has now been corrected by the casualty fracture clinic taking its place as an ordinary out-patient clinic and the soft tissue injuries being included in the Casualty figures.

The waiting list for admission has been reduced and retained just below fifty cases. Farnham Park has been used for the rehabilitation of cases of meniscectomy, partly to increase the turnover and partly to facilitate a comparison of the post-operative results with those achieved by other surgeons.

Casualty Department.

Plans have been made for alterations in the Casualty Department to facilitate the direction and dressings of patients attending the hand clinic, and to improve the facilities for consultation. Some alteration in the notes system and filing will also be made in the near future. These changes will, it is hoped, expedite the reception and treatment of all patients, especially those with industrial injuries.

One-third of the Casualty attendances is made up from workers in the vicinity of the hospital which is situated centrally in a large group of varied light industries. The relations of the department with the factories in the vicinity is important both from the preventive aspect and from the loss of time entailed in attending the hospital for treatment. At present the preventive aspect of work is only carried out in factories which have adequate medical supervision and as the majority of the factories are small, in a great many cases simple preventive measures are probably neglected. It seems desirable that a survey of the Factory Medical Services of the area should be made with a view to integrating them more effectively with the service offered by the hospital, and exploratory steps have been taken to obtain funds to carry out this work.

Out-Patient Clinics		New Patients	Total Attendances
Frac. & Orth.	1952 ...	4,479	15,591
	1953 ...	3,530	13,989
Casualty	1952 ...	18,519	46,755
	1953 ...	17,995	47,849
Admissions	1952 ...	...	13,752
	1953 ...	...	14,337

EAR, NOSE AND THROAT DEPARTMENT.

Consultant : P. MAXWELL ELLIS, M.D., M.S., F.R.C.S.

Registrar : S. SILBERMANN, M.B., M.R.C.S, L.R.C.P., D.L.O.

The work of the Department has again increased. The scope is widening slowly and is now including more extensive operations for tumours of the larynx and pharynx. In addition, plastic operations on the nose for the improvement of function and for deformity are also being performed. The shortage of beds is still a matter of some concern, but fortunately it has proved possible to transfer some of the routine work to other hospitals in the group.

It has not yet proved possible to obtain certain specialised equipment such as a high power drill and magnifying binoculars, and a sound-proof cubicle is still not yet available. This has limited to some extent the scope of precision operation on the inner ear.

Out-Patient Clinics		New Patients	Total Attendances
1952 ...	...	3,024	6,077
	...	2,858	5,928

OPHTHALMIC DEPARTMENT.

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

The eye work in a hospital such as the Central Middlesex Hospital differs in some ways from that in a specialist hospital. Some of the more intricate operations such as corneal grafting and acrylic lens implants are more suitably undertaken where there are wards for ophthalmic cases only. Ophthalmic conditions occurring in association with general disease, however, are better dealt with in a general hospital where there is a closer contact between physician and ophthalmic surgeon.

Operations for cataract, glaucoma, lid abnormalities and surgery following accidents, of which many are brought to this hospital which serves an industrial area, can all be satisfactorily dealt with, and it is encouraging to think that with the additional beds recently allotted to us, we shall be able to give even better service to these patients.

Out-Patient Clinics				New Patients	Total Attendances
1951	...	...	...	1,184	4,598
1952	...	...	...	1,334	4,412
1953	...	...	...	1,272	4,540

DEPARTMENT OF ANAESTHETICS.

Consultants : A. C. R. RANKIN, M.B., F.F.A.R.C.S.
R. D. LEVIS, M.B., B.Ch., D.A.

Senior Registrar : A. E. FRAYWORTH, L.M.S.S.A., D.T.M.H., D.A. (till 14.6.53)
J. S. CRAWFORD, M.B., Ch.B., D.A. (from 21.9.53)

Registrar : Miss B. PHILLIPS, M.B., B.Ch. (till 4.12.53)
Mrs. R. FAULL, M.B., Ch.B. (from 7.12.53)

House Officer : M. LAUGHLAN, M.B., B.S. (till 31.10.53)
Miss M. C. D. DANIEL, M.R.C.S., L.R.C.P. (from 1.11.53)

The work of the department has been appreciably increased by the extra operating sessions consequent upon the appointment during the year of a further consultant surgeon. The brunt of this has been most efficiently borne by the junior staff to whom great praise is due.

It is gratifying to report that the appointment of an additional part-time consultant in the department has at last been approved and will be filled in the very near future.

THE DENTAL DEPARTMENT.

<i>Consultant :</i>	W. FRASER-MOODIE, F.D.S.R.C.S.Eng., L.R.C.P., L.R.C.S.
<i>Senior Registrar :</i>	J. B. WOODWARD, L.D.S.R.C.S.Eng. (till 30.6.53) K. DAWSON WATTS, L.D.S.R.C.S.Eng. (from 27.7.53)
<i>Registrar :</i>	J. G. RUSSELL, B.D.S. (till 2.5.53)
<i>Oral Hygienist :</i>	Miss P. A. MANTELL
<i>Senior Technician, Surgical :</i>	B. R. BROWN

The statistics for the current year correspond to those for 1952. It is worthy of comment that for the first time the annual figures do not show 20 to 25% annual increase which has occurred in recent years.

There were several changes in the staff and it was not possible to fill the Registrar vacancy caused by a resignation in May. The alarming shortage of candidates for hospital appointments and the obvious inadequacy and unattractiveness of the department's accommodation appeared to account for our difficulty. We were fortunate, however, in obtaining the services of three locum tenens for short periods to assist in the department.

In the Autumn the new Dental Laboratory was opened and the technician rapidly made a substantial contribution to the services of the department.

The weekly session at Acton Hospital has continued to be operated by members of the Central Middlesex staff and duties at Willesden General Hospital were carried out for the whole year.

	New patients		Total attendances	
	1952	1953	1952	1953
IN-PATIENTS				
Seen on wards ...	340	618	1,009	1,575
Seen in Department ...	187	154	1,349	1,027
OUT-PATIENTS ...	1,012	1,002	7,785	6,602

OBSTETRIC AND GYNAECOLOGICAL DEPARTMENT.

<i>Consultants :</i>	J. S. MacVINE, M.B., F.R.C.S.E., M.R.C.O.G. Miss M. A. M. BIGBY, M.D., M.R.C.O.G.
<i>Senior Registrar :</i>	H. L. DUNCAN, M.B., Ch.B., F.R.C.S.E.
<i>Registrar :</i>	C. H. MITCHELL, M.B., Ch.B., D.R.C.O.G.
<i>House Officers :</i>	Miss M. W. WANTY, M.B., B.Ch.(N.Z.) (29.1.53 — 28.10.53) J. L. HADLEY, M.B., B.Ch. (from 29.10.53) Miss C. A. BRATT, M.B., B.S. (till 20.2.53) R. W. A. NEL, M.B., Ch.B. (from 21.2.53) Miss P. BACON, M.B., B.S., D.R.C.O.G. (till 17.5.53) D. C. S. MILLAR, M.B., B.Ch., B.A.O. (18.5.53 — 17.11.53) J. M. CRAIG, M.B., Ch.B. (from 18.11.53)

The number of deliveries during 1953 was slightly less than in 1952 when there was a record large number of 2,131. It was then found that it was not possible to maintain the efficiency of the department with this large number of patients in the number of beds available. It thus became necessary to attempt to reduce the resultant overcrowding and this was achieved by transferring part of the district to another hospital. This move was foreseen in our report last year, and has now been implemented.

The number of admissions for ante-natal care was 522, of whom 367 were discharged before delivery. 143 cases of toxæmia of pregnancy or hypertension had to be admitted and amongst these were 3 cases of eclampsia.

The Caesarean section rate remained about the same (2.9%), but the forceps rate increased slightly to 5.9% of all the deliveries.

During the year there were three maternal deaths. One was a proved case of air embolism occurring during the manual removal of a morbidly adherent placenta. The other two were due to pulmonary embolism, in each case associated with premortem thrombosis in the calf which had been detected and treated with anti-coagulants without avail.

Close liaison was continued with the Cardiac and Diabetic clinics and 40 cardiac and 7 diabetic mothers were delivered. One of the cardiac patients had a Mitral Valvotomy during her pregnancy at Clare Hall Hospital with great success. The infants of all the diabetic mothers survived. These were cared for in the premature baby nursery and their survival must be largely attributed to the care of the Sister and Nurses of that department.

In order to comply with the new requirements of the Royal College of Obstetricians and Gynaecologists the house officers of the Obstetric Department now have the day-to-day care of all the infants in the department, under the direction and supervision of the Consultant Paediatrician, Dr. Sakula. In consequence of this increase in their work it was found necessary to have an additional house officer.

The Gynaecological Department continues to be extremely busy, but the waiting-lists have been appreciably cut down by the help given by Paddington Hospital, who have again taken a number of cases from our waiting-list. The out-patient attendances remain much the same.

The department is co-operating in an investigation of the treatment of tuberculous endometritis organised by the Royal College of Obstetricians and Gynaecologists and the British Tuberculosis Association.

OBSTETRIC DEPARTMENT.

Expectant mothers examined in Ante-natal clinics	...	...	2,568
Total attendances in Ante-natal clinics	...	...	13,806
Total attendances in Post-natal clinics	...	...	1,712
Mothers delivered	...	...	2,014
(Caesarean section	...	...	60)
(Forceps	...	...	119)
Flying squad calls	...	...	9
(Admitted after delivery	...	...	3)
(Admitted before delivery, i.e. A.P.H.	...	...	2)
Maternal mortality	...	...	3
Maternal morbidity—pyrexial cases	...	...	135
Number of babies born in hospital	...	...	2,049
Number of stillbirths	...	...	53
			(25.8 per 1,000)
Number of live births who died in hospital	...	...	36
			(plus 1 born before admission)

Analysis	Premature	Mature	Total
In first 24 hours	11*	3	14
From 2-7 days	7	6	13
From 8-28 days	3	3	6
Over 28 days	2	2	4
	23	14	37

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

GYNÆCOLOGICAL DEPARTMENT.

	1951	1952	1953
New Out-patients	2,512	2,589	2,486
Total attendances	6,164	5,933	5,844
Total operations			
Major	—	478	367
Minor	—	932	1,020

RADIOLOGICAL DEPARTMENT.

<i>Consultant :</i>	F. PYGOTT, M.B., Ch.B., D.P.H., D.M.R.E.
<i>Senior Registrar :</i>	M. G. SCOTT, M.R.C.S., L.R.C.P., D.M.R.D. (till 1.3.53) C. F. HUTTON, M.R.C.S., L.R.C.P., D.M.R.D. (from 1.3.53)
<i>Registrars :</i>	Miss P. A. CROZIER, M.B., B.S., D.M.R.D. J. BALLENDEN, M.B., B.S., D.M.R.D. (from June 10th)
<i>Superintendent Radiographer :</i>	W. S. Taylor, M.S.R.

The work of the main radiological department has risen during 1953 by about 1,000 cases, mainly resulting from the increased number of patients referred from the Casualty Department; many of the patients so referred were in fact sent to the Casualty or Admissions' Department by practitioners for a second opinion as a matter of urgency. The general character of the examinations remains the same as in 1952, the total number of special examinations done has risen slightly. In spite of every effort a waiting list of two to three weeks or slightly more has been inevitable for non-urgent gastro-intestinal and genito-urinary examinations. The plain truth that the department is too small to carry the load thrust upon it cannot be avoided, not only are more radiographic rooms required but filing and film handling space, preparation accommodation and reasonable accommodation for reporting are urgently required. Every year brings additional limitation of space from the accumulation of the previous year's work and difficulties increase at an ever growing rate.

During the year the Mass Radiography section completed its first year's work and a report was submitted to the North West Metropolitan Regional Hospital Board. The report satisfied the board that the experiment of locating such a unit at the hospital was a success and the pilot experiment has been converted into a permanent feature of the hospital's service. It is sufficient to comment that over 6,600 patients were referred direct to this section for chest radiography by general practitioners, resulting in the pick-up of over 100 cases of active or possibly active pulmonary tuberculosis in the year (a rate of 16.1 per thousand). From the same patients 22 pulmonary neoplasms were also picked up (a rate of 3.3 per thousand).

During the year four of the post graduate students attached to the department were successful in obtaining their diploma in diagnostic radiology.

The medical staff have continued to take an active part in carrying out original work of a radiological nature as well as to collaborate in research schemes of other departments, especially in the gastro-enterology and genito-urinary fields.

It is a pleasure once more to record my appreciation of the hard work of all members of the staff during the year. Sickness has been very prevalent among the radiographic and clerical staff during the year, and this has often imposed added burdens on others already more than fully occupied.

DIAGNOSTIC X-RAY SECTION.

	Investigations	Films
In-patients	8,052	19,651
Out-patients	11,560	27,362
From—Casualty Dept.	7,600	13,568
Health Centres and T.B. dispensaries	760	1,158
Total	27,972	61,739

SPECIAL METHODS OF INVESTIGATION.

	Investigations	Films
Barium —Meals	3,018	11,626
Enemas	714	1,880
Swallows	182	627
Cholecystograms	780	842
Intravenous pyelograms	1,141	4,011
Retrograde pyelograms	53	136
Lipiodol—Lungs	72	261
Sinuses	97	233
Spines	47	152
Encephalograms	37	203
Ventriculograms	51	346
Cystograms	16	64
Arteriograms	158	1,330
Total	6,366	21,713

MASS RADIOGRAPHY SECTION.

Total No. of patients radiographed	29,145
DIAGNOSES:	
Pulmonary Tuberculosis (active or presumed active unsuspected disease)	192
Pleural effusion	18
Carcinoma of lung	28
Bronchiectasis	141
Emphysema	361
Significant disease of heart or aorta	35
TOTAL Number of patients with significant abnormalities	775
Pick-up rate for active or possibly active pulmonary tuberculosis = 6.6 per 1,000	

REHABILITATION UNIT

<i>Consultant :</i>	J. H. CROSLAND, M.R.C.S., L.R.C.P., D.Phys.Med.
<i>Assistant Physician :</i>	Miss JOSEPHINE ROTH, M.B., B.S., D.Phys.Med.
<i>Chief Physiotherapist :</i>	W. F. KEARTON, Esq., M.C.S.P.
<i>Chief Occupational Therapist :</i>	E. R. OLIVER, Esq., M.A.O.T.
<i>Chief Remedial Gymnast :</i>	A. E. ASPLIN, Esq., M.A.R.G.
<i>Speech Therapist :</i>	Miss B. FITCH, L.C.S.T

The Physiotherapy department moved into its new quarters at the beginning of the year and all the departments of the unit are now more-or-less under the same roof. The extra accommodation provided has made working conditions much easier and the comfort of the patients has greatly increased. Moreover, the co-operation between the departments which is so necessary for the efficient working of the unit as a whole, can now be said to be of a high order.

In the occupational therapy department more emphasis is being placed on industrial rehabilitation and in training those suffering from the severer degrees of paralysis to take as full a part as possible in running their homes.

Co-operation between local Chest Clinics and the Unit is excellent and the children's breathing and postural classes held in the remedial gymnastic department remain well attended ; as do those held for adults referred from the same clinics.

	New patients		Total attendances		Total Units of treatment	
	1952	1953	1952	1953	1952	1953
<i>In-patients.</i>						
Physiotherapy	3,389	3,989	27,193	35,295	—	37,161
Occupational Therapy	526	572	9,820	9,214	—	—
Remedial Gymnast	333	195	4,083	1,307	—	1,427
<i>Out-patients.</i>						
Physiotherapy	4,753	4,682	75,385	58,401	—	63,723
Occupational Therapy	219	238	4,893	8,016	—	—
Remedial gymnast	987	1,186	13,837	17,258	—	22,379

DEPARTMENT OF PATHOLOGY.

Consultants :

Bacteriology : J. D. ALLAN GRAY, T.D., M.B., Ch.B., B.Sc., F.R.C.P.E., D.P.H.

Morbid Anatomy : W. PAGEL, M.D.

*Haematology and
Biochemistry :* G. DISCOMBE, M.D., B.Sc.

Senior Registrars :

Neuropathology : H. CAPLAN, M.B., B.S. (acting until 17.1.53)

C. S. TREIP, M.D. (from 1.4.53)

Registrar :

Miss NANCY A. H. MARSTON, M.B., B.S.

Senior House Officers :

C. S. TREIP, M.D. (to 31.3.53)

K. H. NICKOL, M.B., B.S. (to 28.2.53)

S. M. THORNTON, M.B., B.S., B.Sc. (from 1.4.53)

F. E. DISCHE, M.D., M.R.C.P. (from 1.3.53 to 23.9.53)

D. P. WINSTANLEY, B.M., B.Ch., M.R.C.P. (from 1.10.53)

Chief Technician :

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

The new "Standard Unit System" established by the Ministry of Health came into operation on 1st January, 1953. In order to comply with this decree, we had to cease keeping our records in the form in which they have been kept since 1938. A comparison therefore, between the work done by the department in 1953 and that done in previous years is impossible. The impression, however, is that the increase noted over the previous years has continued, though possibly not at the same rate. The units worked by the different sections of the department for the different hospitals and the practitioners of the Group are shown in Table II. They amounted to 206,941. In 1952 the number of specimens examined was 125,273. Assuming that the amount of work did not materially alter between these two years, each examination earned approximately 1.7 units, suggesting, therefore, that it took about 17 minutes to carry out.

The work for Acton Hospital has, like that for Central Middlesex Hospital, been recorded in the Standard Unit system and is therefore not comparable with the figures published for 1952. The laboratory opened at Acton Hospital in September 1952 has continued to prove its usefulness. In addition to a weekly session by the Consultant Haematologist, one of the technical staff attends at least three times weekly in order to undertake some of the simpler examinations.

The facilities open to general practitioners of the district are being taken advantage of to an increasing extent. The number of examinations carried out for them during 1953 was 1,626 compared with 797 in 1952.

DEPARTMENT OF PATHOLOGY *(continued)*

Attention is again drawn to the gross overcrowding of the laboratories. While the figures for the amount of work done were still comparable, the examinations undertaken in the department had increased more than seven fold since the opening of the laboratories in 1938. In addition to the mere increase in numbers, many of the examinations were becoming more laborious and occupying more space and time.

Considerable thought has been given by the Medical Advisory Committee and particularly a sub-committee to what is required. Overcrowding in this department is only part of the general overcrowding in the whole of the Out-patient and Casualty block, and the various departments accommodated in that block are so interlocked that radical improvement seems to be impossible without removing one or more of the departments from the block to another site.

In April 1952 a scheme was agreed to by some of the Senior Pathologists of the Region as to the interchange of medical and technical staff between the laboratories of different hospitals, and since then the Director of the North London Blood Transfusion Centre has seconded two members of his staff to this department to help them to become familiar with technical methods with which they would not become familiar at the Transfusion Centre.

Bacteriology

Every effort is being made to investigate new methods elaborated for the isolation and identification of organisms. If these are found suitable for routine use, we adopt them. An example is in the examination of sputum from patients with acute and chronic bronchitis. By using pancreatin to liquefy these sputa, we have been able to prove the presence of both pneumococci and haemophili which would have been impossible by employing the old methods. This improvement is of great practical importance in enabling the clinician to commence appropriate treatment at the earliest possible moment.

One of the newer investigations which consumes a vast amount of time of a highly skilled technician is the estimation of sensitivities of organisms to different antibiotics. On occasion, as many as 100 of these sensitivity experiments have been made in one day.

The bacteriology section has undertaken the laboratory examinations into the clinical trials of terramycin in the treatment of post-operative prostatectomy urinary infections and recently, a short clinical trial of the new antibiotic erythromycin has been commenced in cases of infections caused by penicillin-resistant staphylococci.

DEPARTMENT OF PATHOLOGY (*continued*)

Alimentary infections continue to require constant supervision within the hospital. Only 5 patients were found to be suffering from *Salmonella* infections and all of these were admitted from outside. Throughout the year there were some 18 cases of Sonne dysentery diagnosed bacteriologically. Some of these were not admitted but only seen in the Casualty department and sent on straight to the Isolation Hospital. Most of these cases of dysentery occurred in the months of May and November. Considerable attention has been given to infantile enteritis and in April, 6 children were found to be infected with Aberdeen β strain of *Bact. coli*, and in December, there started an outbreak of infection with the E.893 strain of *Bact. coli* among 18 children. Only a small number of these children showed clinical manifestations of these infections and extreme care on the part of the medical and nursing staff allowed them to be eradicated.

In October, there was a classical outbreak of staphylococcal food poisoning. A number of patients who were among 19 who had become ill after attending a wedding were seen in the Casualty Department and some of them were admitted. The staphylococci from faeces and a sample of brawn were submitted to Dr. Betty C. Hobbs at the Food Hygiene Laboratory at Colindale and found to be of the same serological type.

During September there was an unusually large number of nursing mothers who developed breast abscesses. These were all due to staphylococci. 5 of these staphylococci were submitted to the Staphylococcal Reference Laboratory at Colindale and found to be of the same phage pattern.

The section's part in the Medical Research Council's investigations of diabetic mothers and the British Tuberculosis Association's investigation into the effect of streptomycin in genital tuberculosis in women has been continued. Towards the end of the year an article in the medical press postulated the possibility of *Cl. welchii* causing dangerous dehydration in patients who had shortly before undergone partial gastrectomy. As this hospital contains a very large gastro-intestinal unit it seemed suitable to see if this suggestion could be substantiated or refuted and work is now in progress to this end.

In one patient a *Streptothrix actinomyces* was found in the lower jaw, and the condition yielded rapidly to a combination of sulphonamides and antibiotics.

As before, the bacteriologist acting as Hygiene Officer for the hospital kept watch on conditions likely to cause infection. It was noted with pleasure that the general hygiene of the kitchens and feeding arrangements has improved markedly since the new catering officer assumed her duties.

DEPARTMENT OF PATHOLOGY (*continued*)

Morbid Anatomy and Histology.

There were 568 post mortem and 2,759 biopsy examinations. Included in these figures are 8 post mortem and 220 biopsy examinations carried out on patients from outside hospitals. Histological examinations supplementing the post mortem work, and including special staining methods numbered 1,718.

Many further specimens have been added to the Museum.

In the pathology of the collagen diseases, studies were carried out on cases of dermatomyositis, scleroderma and acro-necrosis. The late reversion of dermatomyositis into generalised scleroderma has been the particular subject of interest.

Several cases of dissecting aneurysm of the aorta, some of them complicating a clinical Marfan's syndrome, have been studied, with special reference to changes in the elastic tissue.

The pathogenesis of squamous celled carcinoma of the breast and of tumour metastases to the heart have been investigated and work on the latter subject continues.

To help in the early diagnosis of carcinoma of the lung, we have begun to examine the sputum of selected cases for malignant cells, using the Papanicolaï method. It is felt that the method is a useful ancillary to other investigations.

Studies in the pathology of tuberculosis were continued and special attention paid to any changes referable to chemotherapy. Several cases from this and outside hospitals were collected, in which unusual features in the healing of cavities, such as a more common incidence of open cavity healing with epithelialisation of the wall and replacement of caseous tissue by granulation tissue containing giant cells of the foreign body type, were observed. In these cases, chemotherapy seemed to account for definite, though not complete, change towards healing.

We append a graph compiled by Miss D. Taylor showing the increase in the number of deaths attributable to respiratory diseases, which occurred in the first months of 1953. Causes of death included acute and chronic bronchitis, pneumonia, tuberculosis, asthma and carcinoma of the bronchus. These figures may be of interest with reference to the occurrence of "smog" in London during December, 1952, and seem to bear out the direct influence of this on the death rate from diseases of the chest, as has been emphasised on clinical grounds by Dr. Joules on several occasions.

DEPARTMENT OF PATHOLOGY (continued)

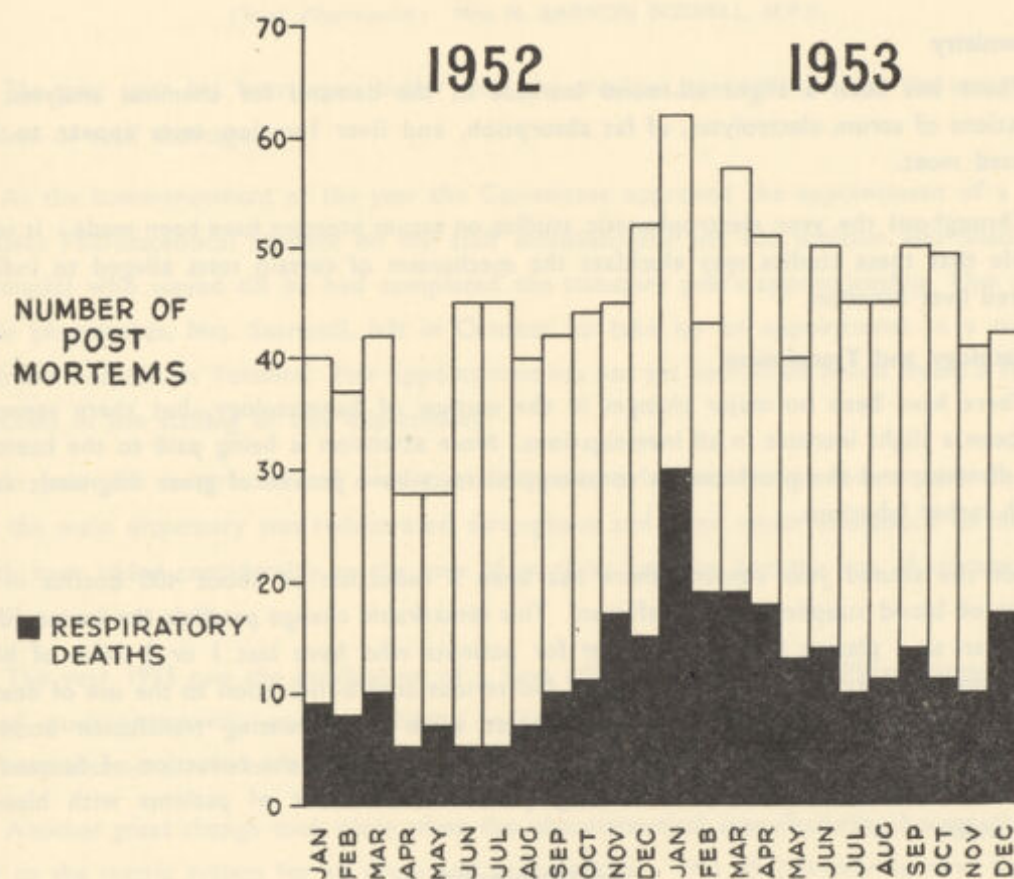


TABLE 1.
POST MORTEM ANALYSIS.

	1950	1951	1952	1953
Total Deaths in the Hospital ...	869	994	814	889
P.M. examinations carried out at the hospital ...	433	489	467	560*
P.M. examinations carried out by the Coroner's pathologist	180	196	178	171
Total P.M. percentage of deaths in the hospital ...	70.6	70.7	79.2	79.2
P.M. percentage of deaths in the hospital, excluding coroner's cases ...	62.8	62.3	73.4	74.2
P.M. examinations carried out on patients from other hospitals ...	—	17	17	8

* Including 27 stillbirths.

DEPARTMENT OF PATHOLOGY (*continued*)**Biochemistry**

There has been a slight all-round increase in the demand for chemical analyses, but estimations of serum electrolytes, of fat absorption, and liver function tests appear to have increased most.

Throughout the year electrophoretic studies on serum proteins have been made; it seems possible that these studies may elucidate the mechanism of certain tests alleged to indicate impaired liver function.

Haematology and Transfusion

There have been no major changes in the section of haematology, but there seems to have been a slight increase in all investigations. More attention is being paid to the haemorrhagic diseases, and the prothrombin consumption tests have proved of great diagnostic value, though rather laborious.

For the second year running there has been a reduction of about 400 bottles in the amount of blood supplied for transfusion. This remarkable change parallels the increased use of dextran as a plasma volume expander for patients who have lost 1 or 2 litres of blood from overt haemorrhage or at operations. No serious contra-indication to the use of dextran has yet been recognised, and it is of the greatest value in preventing transfusion accidents which might have occurred through haste. A further factor in the reduction of demand for blood has been the earlier recourse to surgery in the treatment of patients with bleeding peptic ulcer.

TABLE II.

Work done in 1953 amounted to 206,941 units.

SECTIONS.				SOURCES.			
BACTERIOLOGY	...	...	84,183	CENTRAL MIDDLESEX HOSPITAL			
CHEMISTRY	...	...	30,430	In-patients	...	...	134,682
HAEMATOLOGY	...	...	64,478	Out-patients	...	...	55,152
				OUTSIDE HOSPITALS	...	...	9,153
			179,091	GENERAL PRACTITIONERS	...	...	1,730
MORBID ANATOMY	...	...	12,009	PUBLIC HEALTH LABORATORY			
HISTOLOGY	...	...	15,841	SERVICE	...	...	441
				LOCAL CHEST CLINICS, HEALTH			
			27,850	CENTRES & PRIVATE CASES			5,783
Total Units	...	...	206,941	Total Units	...	...	206,941

THE PHARMACEUTICAL DEPARTMENT.

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

The past year has been even busier than the previous ones, with always the insuperable problem of staff shortage.

At the commencement of the year the Committee approved the appointment of a Post-graduate Pharmaceutical Student on the staff establishment and the position was filled by a pharmacist who stayed till he had completed the statutory year's apprenticeship. One of the senior pharmacists, Mrs. Saarendi, left in October to take up an appointment in a modern children's hospital in Toronto. Her appointment has not yet been filled which means a further reduction in the staffing of this department.

In June the construction of a new sterile products laboratory was commenced. In addition the main dispensary was redecorated throughout and some minor alterations carried out which have added considerably to the ease of working facilities, but the lack of storage space is still a pressing need.

The year 1953 saw the publication of a new edition of the British Pharmacopoeia which caused much controversy over the change to English titles in place of Latin as used hitherto. This necessitated a revision of all the formulae used.

Another great change took place when the pharmaceutical manufacturing houses changed over to the metric system for all drugs and preparations. This change-over is now working quite smoothly and puts us into line Internationally.

SOCIAL MEDICINE RESEARCH UNIT.

<i>Director:</i>	J. N. MORRIS, Esq., M.A., M.R.C.P., D.P.H.
<i>Physician:</i>	R. A. DALE, Esq., M.B., B.S., M.R.C.P.
<i>Psychologist:</i>	V. B. KANTER, Esq., M.A.
<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.

No report issued this year.

ALMONER'S 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.

The past year has shown no striking developments in the department and the pressure of work excludes much opportunity for forward planning. It is a herculean task for each almoner to care for the needs of approximately 180 in-patients and an incalculable number of out-patients and casualties.

The Almoners have had to rely increasingly on the co-operation of the medical and nursing staff in order to spread their services to the best advantage. No longer is it possible to see all in-patients whose illnesses could be described as serious, and patients for interview are selected by discussion at ward meetings. The only out-patients seen are those referred directly to us by the doctors. There is little doubt that a number of patients whose social problems are of a major nature never receive our help, but it is now generally accepted in the profession that thorough casework for the few is more beneficial than slight help for the many.

We have carried out a small but interesting piece of research into the usefulness to our hospital patients of Garston Manor Rehabilitation Centre. The conclusion to which we have come is that the majority of cases have so long to wait before admission there, that they have passed the point at which they will benefit by the treatment. There has been a marked increase in the demand for vacancies at Garston Manor, Farnham Park and Princess Mary's Rehabilitation Hospital, Margate, and it seems likely that this tendency will continue. Unless vacancies are available immediately after hospital treatment is completed, this type of planned convalescence loses its point, and it seems possible that the Ministry of Health may have to give some thought in the near future to the whole problem of convalescence.

A considerable number of patients suffering from various forms of cancer have needed long-term casework and generous financial help has been forthcoming from the National Society for Cancer Relief. Other voluntary and statutory bodies have also given much time and material help at our request to these and other types of cases, e.g. tuberculous patients wishing to take correspondence courses, severely handicapped people needing retraining and resettlement into industry, unmarried mothers needing help to plan a new life with a baby to support, etc.

Personal contact between our department and both statutory and voluntary workers in the locality is a great advantage. With this end in view, the health visitors from Willesden Health Department, in groups of three, have come to the department and there were frank discussions on the work and difficulties on both sides on each occasion. It is hoped to invite health visitors from other adjoining areas in the near future.

During the year five students passed through the department, including a Siamese girl whose course in England was financed by the United Nations Organisation. One Australian almoner spent some time with us to learn English methods and a student from Bristol University reading social science came for a short period.

	1951	1952	1953
Convalescence arranged	797	808	875
(Failed to accept vacancies)... ..	65	78	102
Appliances supplied	2,383	2,947	2,514

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

Chief Librarian: Mrs. NORAH FANN

In presenting our ninth annual report I have pleasure in giving the following account of our activities in 1953.

The comparative figures are as follows:—

Books issued to Patients and Staff	1951	1952	1953
Fiction	30,114	26,707	25,676
Non-Fiction	2,358	1,816	2,281
	32,472	28,523	27,957
Patients served	18,958	17,771	17,497
Books missing	202	193	162
Books supplied from Headquarters on special request:			
For tuberculosis wards	372	369	262
For general wards	205	117	113
From the Bulk Loan Dept.	—	—	50

Approximately 600 new titles have been added to our stock during the past year.

During the year seven librarians have attended at the Central Middlesex Hospital to receive their basic training before going on to take over work in other Red Cross Libraries.

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.

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>Principal Sister Tutor :</i>	Mrs. M. FARMER, S.R.N., S.C.M.
<i>Midwifery Superintendent :</i>	Miss N. M. SHIPP, S.R.N., S.C.M., M.T.D.
<i>Assistant Matrons :</i>	Miss F. C. M. CLARK, S.R.N., S.C.M.
	Miss W. M. BUCKENHAM, 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 W. T. CAPES, S.R.N., S.C.M.
	Miss M. C. DEVONSHIRE, S.R.N., S.C.M.
<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 1953 one hundred and fourteen Student Nurses and eighty-five Pupil Midwives were admitted to the Training School. At the end of the year no vacancies existed for nursing staff as the recruitment had continued to be very satisfactory.

Student Nurses from Willesden General and Acton Hospitals are now being admitted to the Preliminary Training School and Student Nurses from Acton continue to be seconded for practical experience in medicine and gynaecology. Fourteen student nurses at a time are now being seconded to Neasden Hospital from this hospital for experience in the nursing of communicable diseases. Two nurses attended the Cassel Hospital for a 2-day course in psychiatric nursing.

A record number of Student Nurses entered and passed the General Nursing Council examinations :

Final State Examination	...	...	...	...	65
Preliminary State Examination, Part I	...	...	...	...	71
Preliminary State Examination, Part II	...	...	...	...	84
Central Midwives Board Examination, Part I	...	...	...	...	75

We were very fortunate in having the Earl and Countess of Malmesbury with us for our Graduation Day in November when the Gold Medal which was awarded to Miss Ruth Adelaide Lewis was presented by the Countess. A large number of relatives, friends and staff attended on this occasion and we were also very pleased to welcome past members of the staff.

The Student Nurses organised their first Swimming Gala during the year and at Christmas a Nativity Play. Both of these proved a success. Other social activities were also arranged.

A number of nursing staff left to take posts abroad; Canadian hospitals being the most popular. Several nurses took part in the Pageant of Nursing held at the Royal Festival Hall in aid of the Education Fund of the Royal College of Nursing. They also continued to give their support to local and national appeals.

A Student Nurse from this hospital was nominated as the representative on the Nurses Representative Council of the Student Nurses Association of the Royal College of Nursing.

The following members of the staff were successful in gaining post-graduate qualifications:

Miss W. T. Capes, Sister Tutors' Diploma of the University of London.

Miss M. C. Devonshire, Sister Tutors' Diploma of the University of London.

Miss B. M. Darby Griffiths, Midwife Teachers' Diploma.

Coronation celebrations were held during the early part of June and, for the nursing staff, these took the form of dinners and dances. The film "A Queen is Crowned" was also shown to the staff.

Invitations to speakers from professional organisations to address the staff were accepted and special leave was again granted to trained staff to attend conferences and refresher courses.

	1952	1953
Total number of Nursing Staff at 31st Dec., 1953—Full-time	486	477
Part-time	39	25
Nurses admitted to sick bay	242	236
Nursing days lost of those admitted	1,545	1,307
Average number of days lost per sick nurse admitted ...	6.8	5.5
Average number of days lost per nurse on staff	2.08	2.6

MEDICAL STAFF PUBLICATIONS.

- R. A. J. ASHER "Troublesome Tapeworms."
The Lancet. (1953) i: 1019.
- "See How They Come."
Medicine Illustrated. (1953) 7: 249.
- "Painful Tongue."
The Practitioner. (1953) 170: 573.
- J. G. BONNIN "Cysts of the Semilunar Cartilages of the Knee Joint."
Brit. Journal of Surgery. (1953) xl: 164.
- L. CLEIN "Dermatomyositis — Cortisone."
Brit. Medical Journal. (1953) ii: 1357.
- LORNA COOKE, F. AVERY JONES
and MADELINE KEECH "Carcinoma of the Gall Bladder."
Brit. Medical Journal. (1953) ii: 585.
- G. DISCOMBE "The Physiological Approach to Iron Deficiency Anaemia."
Medical Press. (1953) 229: 326-331.
- "Drug Idiosyncrasy and Drug Sensitization."
The Practitioner. (1953) 170: 373-380.
- "Die Bluttransfusion in England, 1939 bis 1952."
Deutsche Medizinische Wochenschrift. (1953) 78: 1557/9
- G. DISCOMBE and C. S. TREIP "Cutaneous Manifestations of Porphyria."
Brit. Medical Journal. (1953) ii: 1134-1136.
- R. DOLL "Bronchial Carcinoma: Incidence and Aetiology."
Brit. Medical Journal. (1953) ii: 521, 585.
- "Mortality from Lung Cancer."
Brit. Journal of Cancer. (1953) vii: 303.
- V. EDMUNDS "Haematemesis."
Medicine Illustrated. (1953) 7: 799-804.
- "Oral Thrombin in the Treatment of Haematemesis."
Brit. Medical Journal. (1953) i: 1371.
- P. MAXWELL ELLIS "Critical Survey: Diseases of the Ear, Nose and Throat."
Section in the Brit. Encyclopaedia of Medical Practice.
Medical Progress Volume. 1953.
- "Rhinoscleroma."
Section in the Brit. Encyclopaedia of Medical Practice.
2nd Edition. London. Butterworth.

MEDICAL STAFF PUBLICATIONS (continued).

- C. C. EVANS "Spontaneous Excitation of the Visual Cortex and Association Areas — Lambda Waves."
Electro Encephalography and Clinical Neurophysiology. (1953) 5 : 69-74.
- J. D. FERGUSSON and L. M. FRANKS "The Response of Prostatic Carcinoma to Oestrogen Treatment."
Brit. Journal of Surgery. (1953) xl : 422.
- J. D. A. GRAY "Difficulties in the Use of Antibiotics."
The Practitioner. (1953) 171 : 558-568.
- "The Diagnosis of Food Poisoning."
Brit. Encyclopaedia of Medical Practice. (1953).
Interim Supplement 134.
- J. W. P. GUMMER "Retroperitoneal Sarcoma with a Report of Four Cases."
Brit. Journal of Surgery (1953) xl : 494.
- J. W. P. GUMMER and G. N. RANKING "Delayed Traumatic Rupture of the Intestine."
Brit. Medical Journal. (1953) ii : 82.
- D. HARLEY "The Present Status of Desensitisation in the Treatment of Allergic Conditions."
The Practitioner. (1953) 170 : 338.
- "The Prick Method of Skin Testing."
Int. Archives of Allergy. (1953) 4 : 455.
- F. A. HENLEY "Gastrectomy with Replacement." (Hunterian Lecture).
Annals R.C.S. (1953) 13 : 141-160.
- B. HIRSCHOWITZ "Urinary Excretion of Pepsinogen in Gastroduodenal Ulceration."
The Lancet. (1953) i : 66.
- C. F. HUTTON "Osteitis Condensans Ilii."
Brit. Journal of Radiology. (1953) xxvi : 490-493.
- F. AVERY JONES "Carcinoma of the Gall Bladder."
Gastroenterologia. (1953) 79 : 6.
- "The Work of a Regional Hospital."
The Lancet. (1953) ii : 556.
- "Management of Complications of Peptic Ulcer."
Medical Journal Australia. (1953). 49.

MEDICAL STAFF PUBLICATIONS (continued).

- F. AVERY JONES "Role of Medical Records in Clinical Research."
Med. Record. (1953) 3 : 125.
- "The Approach to Medical Research."
Brit. Med. Students Journal. (1953) 7 : 5.
- "Peptic Ulcer."
The Almoner. (1953) 6 : 171.
- "On Making the Maximum Use of Hospital Beds."
Hospital Officer. (1953) 5 : 26.
- F. AVERY JONES and W. E. KING "A Study of Acute Gastric Ulcers Causing Bleeding."
Australasian Annals of Medicine. (1953) 2 : 179-180.
- F. AVERY JONES, R. DOLL with
KEENA JONES and
BARBARA WHITE "Treatment and Prognosis of Acute Perforated Peptic Ulcer."
Brit. Med. Journal. (1953) i : 122.
- H. JOULES "Some Common Disorders of the Lungs."
Medical World. Sept. 1953.
- T. D. KELLOCK "The Value of Liver Biopsy."
Brit. Encycl. Med. Prac. Interim Suppl. 1952.
- W. PAGEL, with F. A. H. SIMMONDS
and N. MACDONALD "Pulmonary Tuberculosis, Pathology, Diagnosis and Management."
3rd Edition of Kayne, Pagel and O'Shaughnessy.
Pulmonary Tuberculosis. Oxford University Press, 1953.
- W. PAGEL "The Reaction to Aristotle in Seventeenth Century Biological
Thought."
Science, Medicine and History. Essays in Honour of Charles Singer.
Oxford University Press. (1953) i : 489-509.
- "The Position of Cesalpino and Harvey in the Discovery and Ideology
of Blood Circulation."
Archiv. f. Geschichte d. Medizin. (1953) 37 : 319.
- M. G. SCOTT "Gastro-colic Fistula with Reflux into the Oesophagus."
Brit. Jour. Radiology. (1953) xxvi : 268.
- H. T. H. WILSON and
W. FIELDING "Sézary's Reticulosis with Exfoliative Dermatitis."
Brit. Med. Journal. (1953) i : 1087.

TEACHING IN THE HOSPITAL.

During the past year the usual teaching activities have continued in the Hospital. For a 'non-teaching' hospital the extent and variety of these is large and, therefore, a review in the annual report seems justified.

The hospital has been associated with the Middlesex Hospital for many years for undergraduate teaching. About twenty students attend here for three months at a time for instruction in General Medicine and Surgery. For their ward work they are divided into two medical firms under Dr. Joules and Dr. Asher and two surgical firms under Mr. James and Mr. Fergusson. In addition there are optional daily lectures, clinical demonstrations and ward rounds in gastroenterology, neurology, orthopaedics, paediatrics, pathology and tuberculosis. There is also teaching in geriatrics including domiciliary visiting of the aged.

Two of the surgical students are resident in turn for a period during their appointment to enable them to see emergencies on admission. In addition two Middlesex Hospital students are resident for a month at a time for special training in midwifery.

Dr. Asher also gives occasional ward rounds in the mental observation ward for undergraduate students from St. Mary's Hospital, Paddington.

Post-graduate teaching concerns a number of different groups. Rounds for our local general practitioners are held twice a month and different members of the staff conduct these in turn. In addition a fortnight's course for general practitioners is held at the hospital once a year by arrangement with the British Post-graduate Medical Federation. Nearly all the members of the senior staff take part in this course, which is arranged by Dr. Porter and Dr. Sakula.

A number of individual post-graduate students, often from abroad, who wish to acquire specialised experience or are reading for special diplomas, have been attached to various departments of the hospital, such as those of cardiology, gastro-enterology, paediatrics and radiology. The majority of these students have been sponsored by such organisations as the British Council, or the British Post-graduate Medical Federation.

Special surgical ward rounds and demonstrations have been given by the consultant surgeons for students attending the post-graduate courses of the Royal College of Surgeons.

Lectures and demonstrations have also been given to local Medical Officers of Health and midwives by Miss Bigby, Mr. MacVine and Dr. Sakula.

Instruction has been given in the dental department to special students including some from the Post-graduate Bureau of the Dental Board.

For the medical staff of the hospital there are now weekly clinical rounds and meetings arranged by Dr. Ball, and special rounds and tutorials are regularly held for the junior staff preparing for the M.R.C.P. and F.R.C.S. examinations.

All these activities have been hindered in the past by inadequate accommodation for lecturing, but it is hoped that this may soon be improved through the help of the Middlesex Hospital Medical School.

HOSPITAL AND STAFF NEWS.

There were two new consultant appointments to the hospital during the year. Mr. J. W. P. Gummer became an Assistant Surgeon and Dr. T. D. Kellock an Assistant Physician.

Dr. W. L. B. Leese and Mr. P. F. Jones were appointed during the year as new Senior Registrars. These appointments are now combined with the Middlesex Hospital whereby two years are spent at this hospital and two years at The Middlesex.

At the invitation of the Societe Francaise d'Orthopaedie et Traumatologie Mr. Bonnin lectured at their Annual Meeting in Paris during October on "Cysts of the Menisci." He has also been appointed a joint secretary of the Orthopaedic Section of the British Medical Association.

Dr. Discombe attended the European Congress of Haematology at Amsterdam and read a paper on Cutaneous Porphyria which was subsequently published in a British Journal.

Mr. Ferguson was elected a Member of the Council of the British Association of Urological Surgeons, and also a Member of the Board of Governors of St. Peter's, St. Paul's and St. Phillip's Hospitals.

Mr. Henley, awarded a Travelling Fellowship by the State Department Washington, through the United States Embassy in London, visited during the year the United States and Canada for three months and lectured on gastric surgery in many surgical centres, including the Universities of Illinois, Washington, Loyola, British Columbia, Toronto, and M'Gill University, Montreal. He took part in the Grand Staff Rounds at many hospitals. At the Mayo Clinic he spoke on "The Surgical Correction of the Post-gastrectomy Syndromes," and he also addressed many surgical societies. At some places he was called upon to speak on the National Health Service. During his visit to the States he performed several operations and carried out research on the duodenum in dogs.

In England Mr. Henley also undertook a research project on Duodenal Secretions at the Buxton Browne Research Farm of the Royal College of Surgeons and is now continuing this work in the Clinical Research Laboratories of the Middlesex Hospital Medical School.

The Dental Department was invited to take part in the Annual Meeting of the British Dental Association in Buxton. Dr. Moodie also gave several lectures and demonstrations to professional societies at various Universities and Dental Schools.

Dr. Rankin was elected a Fellow of the Faculty of Anaesthetists of the Royal College of Surgeons.

In April, under the auspices of the British Council, Dr. Toussaint undertook the London arrangements of a two weeks post-graduate course in tuberculosis and this was attended by twelve medical practitioners from Austria, Finland, France, Italy, Portugal and Switzerland. During this time a demonstration was given of the treatment employed in the Unit and Dr. Pagel also took part and lectured on the "Pathogenesis of Tuberculosis."

Dr. Toussaint was also appointed Vice-president of the British Tuberculosis Association for 1953 and at the Annual Meeting of the British Medical Association read a paper on "Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis," to the section of Diseases of the Chest.

Miss Boshell attended the 15th Assembly of the International Federation of Pharmacy which was held in Paris in September and which was attended by 170 hospital pharmacists from twenty different countries. It appeared that the problems and responsibilities of hospital pharmacists throughout the world were identical with those existing in Great Britain.

Dr. P. A. Crozier of the X-ray Department was awarded a Fulbright Scholarship to Mercy Hospital, Pittsburgh, Pennsylvania, U.S.A., commencing in January, 1954.

Dr. E. A. Frayworth obtained the appointment of Consultant Anaesthetist at St. Joseph's Hospital, Heerlen, Holland.

The following members of the staff were successful in obtaining higher degrees and diplomas :

Membership of the Royal College of Physicians—D. W. Beaven, H. P. Lambert.

Fellowship of the Royal College of Surgeons—Miss P. A. George, G. F. Hird, Donald Simpson.

By arrangement with the Post-graduate Medical Federation, visitors from Overseas visited the hospital to watch the work of the Neurosurgical Department.

Dr. Kerr Grant worked in the gastro-enterological department while holding the Traveling Fellowship of the Royal Australian College of Physicians.

Many members of the staff continued to act as Examiners for various Universities and Colleges, and Miss D. M. Barber, our Medical Artist, was appointed an External Examiner for the Certificate of Medical Illustration for the University of Edinburgh.

TEN-YEAR

	1944	1945	1946	1947
Beds (average daily No. occupied)	621	650	722	722
Total No. of admissions and live births	9,268	11,510	12,597	12,700
Average daily No. of admissions including births	25	32	35	35
Total No. Discharges and Deaths	8,694	10,352	12,592	12,800
Deaths	880	979	970	900
Confinements	1,212	1,415	1,707	1,800
Operations—major and minor (I.P. and O.P.)	7,827	9,124	10,661	11,600
Casualty and Out-patients—New patients (including Ante- and Post-natal)	27,006	32,094	36,094	40,000
Casualty and Out-patients—Total attendances (including ante- and post-natal)	110,350	132,516	155,755	158,700
Radiological investigations	13,700	16,741	19,423	19,600
Pathological investigations	37,120	48,279	53,103	69,500
Post-mortem examinations	297	362	432	400

YEAR

COMPARATIVE TABLE

1946	1947	1948	1949	1950	1951	1952	1953
722	729	733	769	806	807	742*	653†
2,597	12,785	12,726	13,701	14,302	15,684	15,864	16,327
35	35	35	37	39	43	43	45
2,592	12,802	12,678	13,684	14,431	15,639	15,946	16,375
970	909	763	744	869	994	814	889
7,707	1,840	1,731	1,805	1,983	1,937	2,167	2,009
11,661	11,654	11,515	11,195	11,936	11,662	11,882	13,751
40,094	40,057	41,872	51,109	59,812	67,266	68,366	68,686
158,755	158,713	160,545	190,652	220,216	230,701	260,268	274,734
19,423	19,638	21,640	22,621	25,100	26,891	26,890	27,972
69,103	69,579	93,517	106,718	105,188	109,537	125,273	Units 206,941
440	440	438	440	433	506	484	568

1952—*N.B.—68 beds in the hospital were out of commission for twelve months due to structural alterations which were taking place.

1953—†N.B.—The 1953 bed occupancy is very much reduced as 30 beds were lost through the reconstruction of F. Block and the 86 beds in Leamington Park Hospital and 20 at Twyford Abbey are no longer included.

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