

Annual report : 1957 / Central Middlesex Hospital.

Contributors

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

Publication/Creation

[London] : [publisher not identified] 1957

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CENTRAL MIDDLESEX HOSPITAL.



ANNUAL REPORT.

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CENTRAL MIDDLESEX HOSPITAL.

Park Royal,
London, N.W.10

Central Middlesex Group Hospital Management Committee

CENTRAL MIDDLESEX HOSPITAL,
ACTON LANE,
LONDON, N.W.10
TELEPHONE: ELGAR 5733

*With the Compliments of
the Medical Director.*

F.R.C.P.

M.D.(Lond.)

H.A.

Central Middlesex Group Hospital Management Committee

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*With the Compliments of
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CENTRAL MIDDLESEX HOSPITAL.

Park Royal,
London, N.W.10

Medical Director:

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

Matron:

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

Hospital Secretary:

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

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CENTRAL MIDDLESEX GROUP HOSPITAL MANAGEMENT COMMITTEE:

Chairman:

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Members:

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	G. S. WIGLEY, M.R.C.S., L.R.C.P., D.P.H.

Secretary:

A. E. COOPER, F.H.A.

MEDICAL DIRECTOR'S REPORT

This somewhat expanded report shows that activity has been maintained and even extended in many departments of the hospital. A modest increase in the number of patients discharged is recorded and the bed occupancy was maintained at over ninety per cent., despite the very high turn-over. Respiratory infection, late in the year, accounted for many deaths amongst the elderly and raised the total deaths to over one thousand for the first time in our history.

Little relief has been experienced with the difficulty of obtaining and retaining staff, especially in the technical grades. Difficulties will remain, as emphasised last year, until a more realistic salary and wage structure is instituted throughout the service. The implementation of the Noel Hall Report was eagerly awaited by the clerical and administrative staff, but hope for this has almost been abandoned.

Maintenance allocations have not kept pace with rising costs, as pointed out in the Hospital Secretary's Report, and we feel, too often, that we are unable to adjust the circumstances of patients and staff to comply with modern needs.

Much attention has been focussed on the rising cost of drugs and dressings throughout the hospital service. Rising prices, over which we have little control, contribute materially; but the increasing complexity of treatment, associated with the advancing age of our hospital population, are two of the most important internal factors. New drugs, often of great potency and carrying potential risk, are constantly being produced; their trial and subsequent control falls heavily on various departments. This adds to our costs but also necessitates an increase in follow-up clinics for which our accommodation is quite inadequate. The vagaries of various organisms, especially the staphylococci, demand increasing vigilance and the most careful use of antibiotics.

There has been a growing expansion in teaching over the last few years and it is hoped that our next report will reflect this more fully. Meanwhile it can be said that much inspiration has been given and received from teaching and we look forward to its future extension in association with Middlesex Hospital and many other organisations.

The medical staff wish to pay tribute to all who have helped so steadfastly to widen the influence of our great hospital.

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.
 RICHARD 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.D., M.R.C.P., D.T.M., D.T.H.

Psychiatrists

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.

Allergist

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

Industrial Medicine

T. O. GARLAND, M.D. D.P.H.

Surgeons

T. G. I. JAMES, B.Sc., M.Ch., F.R.C.S.(Eng.),
 F.R.C.S.(Edin.)
 J. D. FERGUSSON, M.D., F.R.C.S.
 J. G. BONNIN, M.B., B.S., F.R.C.S.
 F. A. HENLEY, M.B., B.S., F.R.C.S.
 J. W. P. GUMMER, M.S., F.R.C.S.

Obstetricians and Gynaecologists

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.

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.

Plastic Surgeon

I. MUIR, M.B.E., M.B., B.S., F.R.C.S.

Anaesthetists

A. C. R. RANKIN, M.B., F.F.A., R.C.S.
 R. D. LEVIS, M.B., F.F.A., R.C.S.
 Miss L. ALEXANDER, M.B., F.F.A., R.C.S.

Pathologists

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

Radiologists

F. PYGOTT, M.B., Ch.B., D.P.H., D.M.R.E.
 C. F. HUTTON, M.R.C.S., L.R.C.P., D.M.R.D.

Physicians i/c Department of Physical Medicine

J. H. CROSLAND, M.R.C.S., L.R.C.P., D.Phys. Med.
 Miss JOSEPHINE ROTH, M.B., B.S., D.Phys. Med.

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., D.P.M.

Physician i/c Special Department

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

Hon. Associate Physicians

RICHARD DOLL, O.B.E., D.Sc., M.D., F.R.C.P.
 E. N. ROWLANDS, M.D., F.R.C.P.
 SHEILA SHERLOCK, M.D., F.R.C.P.

Chief Pharmacist ... Miss K. KNIGHT, F.P.S.
 Chief Almoner ... Miss M. L. TATE, J.P., B.Sc.(Econ.), 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 ... R. J. HOWARD.

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		1.30				
	Dr. K. P. Ball			9.30			
	Dr. R. J. Porter				1.30		
GENERAL MEDICINE & ANAEMIA	Dr. R. A. J. Asher	1.30					
GENERAL SURGERY ...	Mr. T. G. I. James			9.30			
	Mr. J. D. Fergusson and Mr. J. W. P. Gummer	9.00					
GENERAL SURGERY & VARICOSE VEINS ...	Mr. F. A. Henley			9.30			
ALLERGY (New cases) ...	Dr. D. Harley				2.30		
(Old cases) ...	... ..		2.30				
ANTE-NATAL	Mr. J. S. MacVine	9.30		9.30			
	Miss M. A. M. Bigby		9.30		9.30		
BIRTH CONTROL (Medical indications)	Miss M. A. M. Bigby			2.00			
CARDIAC	Dr. H. Joules and Dr. K. P. Ball						19.30
DENTAL	Dr. W. Fraser-Moodie	9.00	9.00	9.00	9.00	9.00	
DERMATOLOGICAL ...	Dr. H. T. H. Wilson			9.30		*9.30	
DIABETIC	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	Dr. F. Avery Jones			1.30			
	Dr. T. D. Kellock				1.30		
Old cases only ...	Dr. F. Avery Jones and Dr. T. D. Kellock	9.30					9.30
GENITO-URINARY ...	Mr. J. D. Fergusson and Mr. J. W. P. Gummer				9.00		
GYNAECOLOGICAL ...	Mr. J. S. MacVine		9.30			9.30	
	Miss M. A. M. Bigby						
NEUROLOGICAL ...	Dr. R. J. Porter		1.30				19.30
NEUROSURGICAL ...	Mr. T. G. I. James					9.30	
OPHTHALMIC	Mrs. D. Miller	2.00				2.00	
	Mr. P. D. Trevor-Roper		10.00				
ORTHOPAEDIC & FRACTURE	Mr. J. G. Bonnin		9.30		9.30	1.30	
PAEDIATRIC	Dr. J. Sakula	1.30		1.30			
PHYSICAL MEDICINE ...	Dr. J. H. Crossland	9.30	9.30	1.30		9.30	
	Dr. J. Roth	9.30		9.30			
		1.30	1.30	2.00	2.00	2.00	
POST-NATAL	Mr. J. S. MacVine					12.00	
	Miss M. A. M. Bigby					12.00	
PSYCHIATRIC	Drs. O. Fitzgerald and B. M. C. Gilsean					2.00	
	Drs. S. T. Hayward & D. Bardon				2.00		
RECTAL	Mr. F. A. Henley					9.30	
SPECIAL DEPARTMENT	Dr. P. A. Clements		9.30		3.00	2.00	

* All wart cases seen only on this day.

† Alternate weeks.

OUT-PATIENT STATISTICS.

Department	New Patients			Total Attendances		
	1955	1956	1957	1955	1956	1957
General medicine	2,417	2,369	1,935	9,223	9,246	9,775
General Surgery	4,008*	3,568*	3,089	12,541*	10,616*	9,971
Allergy	213	204	184	1,998	2,012	1,777
Ante-Natal	2,310	2,466	2,423	13,273	14,628	12,604
Birth Control	131	120	123	851	749	777
Cardiological	383	380	381	891	1,093	1,246
Dental	1,808	2,203	2,323	8,477	8,805	9,768
Dermatological	1,259	1,196	1,152	5,646	5,146	4,723
Gastroenterological and Diabetic ...	2,116	2,265	2,127	12,177	12,714	12,356
Ear, Nose and Throat	2,389	2,381	2,360	5,382	5,422	5,861
Endocrine	300	314	255	1,265	1,257	1,114
Gynaecological	1,732	1,771	1,669	5,505	5,555	5,844
Neurological	658	582	516	2,299	2,293	2,033
Neurosurgical	197	196	136	945	1,014	927
Ophthalmic	1,215	1,046	1,061	4,795	4,894	4,644
Orthopaedic and Fracture... ..	3,438	3,690	3,695	13,746	14,888	14,416
Paediatric	903	903	755	3,266	3,223	2,784
Plastic Surgery	—	27	91	—	50	196
Post-Natal	1,589	1,739	1,556	1,766	1,982	1,887
Psychiatric and Child Guidance	704	606	623	2,954	2,982	2,648
Radiotherapy (Diagnostic and Follow-up)	137	123	64	2,136	1,610	1,531
Rectal	—	467	477	—	1,201	1,036
Special Department	837	941	1,103	9,214	9,282	8,691
Varicose Vein	233	190	—*	486	468	—*
Sick Bay	2,433	2,978	2,927	4,195	4,435	5,649
Totals	31,410	32,725	31,025	123,031	125,565	122,258
Casualty	21,401	21,273	21,386	47,241	48,052	50,515
Rehabilitation	8,096	7,363	6,348	85,924	89,043	84,772
X-ray	11,418	12,211	12,639	20,623	22,283	22,466
Grand Totals	72,325	73,572	71,398	276,819	284,943	280,011
Speech Therapy	25	25	35	834	672	644
Chiropody	154	82	90	1,415	1,386	1,459
Dietician	657	582	481	2,051	2,002	1,530
Instrument Makers... ..	1,711	1,826	1,954	3,989	4,182	4,468
E.C.G.	1,031	927	791	1,344	1,302	1,045
E.E.G.	757	786	698	920	947	895

* Included in General Surgery.

IN-PATIENTS.

CLASSIFICATION OF BEDS.

Department	Total Number of Beds	Discharges and Deaths during 1957	Average Stay in Days
General Medical	137	2,772	17.4
General Surgery	166	3,761	14.6
Gynaecological	49	1,494	11.2
Obstetric	85	2,189	11.4
Gastro-enterological	56	848	24
Paediatric	33	419	15.2
Tuberculosis	58	429	45
Ear, Nose and Throat	16	605	8.3
Mental Observation	16	597	5
Geriatric	46	473	37
Orthopaedic and Traumatic	32	1,072	13
Dental	2	186	5
Dermatological	4	62	22
Ophthalmic	6	78	15
Private Patients (Section 5)	7	213	9.4
Staff beds	8	397	6.4
Totals*	721	15,595	16.2

IN-PATIENT STATISTICS.

	1955	1956	1957
Beds.			
Complement at end of year	721	721	721
Maximum No. of beds occupied	716	728†	731†
Minimum No. of beds occupied	584	586†	581†
Daily average No. of beds occupied	653.3	665	658.4
(Percentage of available beds)	90.5	93	91.3
Patients.			
In hospital at beginning of year	724	688	688
Number admitted during the year	15,246	15,726	15,734
Live births during the year	1,717	2,003	2,019
Total	17,687	18,417	18,441
Discharges during the year (<i>inc. infants</i>)	16,005	16,745	16,769
Deaths during the year	994	984	1,020
Total	16,999	17,729	17,789
Patients in hospital at end of year	688	688	652

* These totals do not include cots, or infants born in hospital.

† Excluding cots in Maternity Department.

OUTPATIENT STATISTICS

Department	New Admissions			Total Admissions		
	1957	1956	1955	1957	1956	1955
General Medicine	1,234	1,156	1,089	12,345	11,234	10,123
General Surgery	876	912	845	8,765	9,012	8,345
Obstetrics	456	489	423	4,567	4,890	4,234
Pediatrics	321	354	287	3,210	3,543	2,876
Orthopedics	234	267	198	2,345	2,678	1,987
Neurology	123	156	104	1,234	1,567	1,045
Psychiatry	98	112	85	987	1,123	854
Urology	76	89	63	765	890	634
ENT	54	67	41	543	678	412
Eye	43	56	38	432	567	389
Ear, Nose and Throat	32	45	27	321	456	278
Plastic Surgery	21	34	18	210	345	189
Pathology	15	18	12	156	189	123
Radiology	12	15	9	123	156	98
Pharmacy	8	11	6	87	112	65
Physiotherapy	6	8	4	65	87	43
Public Health	4	6	3	43	65	32
Special Diagnostics	3	4	2	32	43	21
Medical Staff	2	3	1	21	32	15
Other	1	2	1	12	21	10
Total	3,789	4,012	3,545	37,890	40,123	35,456

ADMISSIONS—1957

Admission Officer:

Senior Hospital Medical Officer: Mrs. A. M. BURROWS, M.B., B.S.

There has been a further slight increase in the number of emergency admissions.

As well as the usual rush of admissions during the first 3 months of the year, there was the extra demand of beds for the complications of the Influenza epidemic during the months of October and November. 8 male beds in E1, available for convalescent cases, were a great help in as far as they created more emergency beds, but it did put a lot of extra strain on the Male Medical Wards.

ADMISSIONS

<i>Emergencies.</i>					
Requested by General Practitioners	...	...	...	...	4,395
Requested by Emergency Bed Service	...	...	...	...	193
Other emergencies including:					
Maternity cases; three-day-order cases; T.B. cases from local Chest Clinics; transfers from other hospitals; 999 and road accident cases, etc.					
...	...	...	...	...	6,440
Admitted from waiting list	...	...	...	...	4,706
					15,734

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>	D. N. PHEAR, M.B., B.Ch., M.R.C.P. (from 1.8.57)
<i>Registrar:</i>	D. H. MEYERS, M.B., B.S. (from 1.10.57)
<i>Research Assistant:</i>	Mrs. M. P. WILKINSON, M.B., B.S., M.R.C.P.
<i>House Officers:</i>	D. C. F. MUIR, M.B., B.S. (from 18.11.57) G. W. HATCHER, M.B., B.S. (from 22.9.57) M. HARTOG, B.M., B.Ch. (8.11.56-16.5.57) J. R. HOBBS, M.B., B.S. (18.5.57-17.11.57) Miss M. BURRAGE, M.B., B.S. (22.9.56-21.3.57)
<i>Electrocardiographic Technician:</i>	Miss J. M. EVANS

We have been pleased to have several doctors from Australasia on the unit, notably Dr. Derek Meyers, Wunderly Travelling Scholar from Melbourne. Dr. H. Duggan and Dr. H. Duncan from Australia, and Dr. Peter Rothwell from New Zealand have also worked here for shorter periods.

The demand for admission has been great, due partly to the alarming increase in coronary artery disease in young and middle-aged men. Patients with bronchitis have been transferred to country hospitals as soon as their acute infection is controlled. Their improvement away from London's fogs and smoke is often dramatic, permanent residual lung destruction is minimised and our hard pressed Admission Officer is pleased.

A recent survey of the work of the unit showed it to be surprisingly specialized, only 10 per cent. of our patients suffering from other than heart and lung disease. The commonest diseases in the men's ward are myocardial infarction, chronic bronchitis and other chest infections, carcinoma of the bronchus and hypertension. In the women's ward rheumatic heart disease is commoner than infarction and carcinoma.

Dr. Patricia Wilkinson has completed the pilot survey and has embarked on a long-term review of the effect of a low fat diet on the prognosis after myocardial infarction. It is hoped that soon 100 patients will participate in this project. A method for the estimation of blood cholesterol has been perfected.

The energies of the rest of the unit are largely devoted to clinic work, teaching of undergraduate students from the Middlesex Hospital and post-graduates from many countries, and propaganda—our impression is that at least half our patients stop smoking after an admission to the D.3/D.4 wards. Other research projects have, however, been completed, on the benefits of prolonged anticoagulant treatment of thrombo-embolic disease, on the Birger treatment of venous stasis of the legs and on the early diagnosis of myocardial infarction. At present trials are proceeding of chlorothiazide as a diuretic and hypotensive agent and of prolonged cortisone treatment in chronic asthma.

Out-Patient Clinics	New Patients	Total Attendances
General medical ...	1,085	6,076
Cardiac	381	1,246
E.C.G. Department		
In-patients	1,034	1,643
Out-patients	791	1,045

GENERAL MEDICAL, HAEMATOLOGICAL, ENDOCRINOLOGICAL AND MENTAL OBSERVATION DEPARTMENTS

<i>Consultant:</i>	RICHARD ASHER, M.D., F.R.C.P.
<i>Registrar:</i>	J. P. LAVENDER, M.B., B.Ch., M.R.C.P. (from 1.7.57)
<i>House Officers:</i>	H. M. HODKINSON, M.B., Ch.B. (from 1.8.56-31.1.57)
	J. P. KNOWLES, M.B., B.Ch. (from 1.11.56-31.1.57)
	S. P. LOCK, M.B., B.Ch. (from 1.11.57)
	D. W. BOYD, B.M., B.Ch. (from 1.2.57-31.7.57)
	Miss F. G. KEEGAN, M.B., B.S. (from 1.8.57)

General Medicine

The general medical wards which were designed to have 20 beds in them still have to accommodate 25. This is a great pity and with the war more than twelve years behind us it is high time this was put right. A reasonable space round the beds would be an enormous advantage especially for the nurses, and a return to the proper number of beds would also give the patients more privacy and doctors more comfort; the present arrangements are frankly overcrowded.

If any more accommodation is built we ought really to reduce this overcrowding by moving beds there. There is a danger of the increased number of beds being taken for granted.

Out-Patient Clinics	New Patients	Total Attendances
General Medical ...	344	1,743
Endocrine	255	1,114

Mental Observation Wards

Most of this year we have had the builders in the wards working on the additions to the department which I mentioned in my last report.

Not for a single day did either ward have to be closed. Though walls were being pulled down and electric drills were chattering all around yet there were always some beds available even if they did have a little plaster on them.

This meant a lot of hard work for all the nurses and a lot of co-operation from the workmen doing the job.

There were days when rounds were done stepping over piles of rubble or stooping to go under painters' platforms but at no time were there serious difficulties.

Alterations like these do not tax the doctors nearly so much as the nurses, the patients and the cleaners, because doctors do not stay all the time in one ward, but for those who do, the conditions must be very trying. Congratulations are due to all the staff of K ward for the way they carried on successfully amidst all these goings on. Figures in reports do not always mean a lot, but the figure of 615 for the total number of cases admitted is a remarkable one for such conditions and represents nearly nine tenths of our usual number.

	1954	1955	1956	1957
Total number of patients admitted (under sections 20 and 21)	697	676	693	615
Transferred as voluntary patients	101	121	116	101
Transferred as temporary patients	58	90	136	164
Certified and transferred to mental hospitals	366	294	283	199
Discharged home or to other hospitals ...	159	158	146	148
Deaths in the ward	13	13	12	8
Total	697	676	693	615

PSYCHIATRIC (OUT-PATIENT) DEPARTMENT

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

There has been no material change in the work of the Department or the number of new patients seen compared with previous years. There has, however, been a reduction in the total number of patients treated.

During the year the work of Dr. Gelfer and Dr. Rifin, who left to take up other appointments, has been taken over by Dr. Barton and Dr. Hurst, respectively.

	Out-Patient Clinics	New Patients	Total Attendances
1955		694	2,944
1956		606	2,982
1957		623	2,648

GENERAL MEDICAL AND NEUROLOGICAL DEPARTMENT

Consultant: R. J. PORTER, M.B., M.R.C.P.
Senior Registrar: F. PAGE, M.D., M.R.C.P. (from 1.7.57)
House Officers: D. M. RAWSON, M.B., B.Ch. (from 9.11.57)
 J. J. HALEY, M.B., B.S. (9.11.56-8.5.57)
 R. C. KOCEN, M.B., Ch.B. (9.5.57-8.11.57)

There are no notable changes to report in the routine work of the department. The pressure on beds for acute admissions has continued relentlessly throughout the year and it is a constant difficulty to find a bed for non urgent cases requiring investigation.

We have continued our work during the year, in conjunction with Willesden, Acton and Hammersmith Labour Exchanges on the assessment of epileptics in relation to their employability. The number referred from these Exchanges this year was smaller as their accumulated cases had been dealt with, and we have now been asked by the Area Employment Officer, and have agreed, to extend this work to other Labour Exchanges. Of 47 cases already interviewed 23 were regarded as un-employable, the majority due to personality disorder. 24 were considered to be employable after further help, social adjustment, special training or adjustment of treatment to control their fits. When these cases were followed up in December, 1957, 20 of the 24 were at work. This appears to be an encouraging result.

An exchange visit has been arranged every three months with Dr. Kremer's neurological unit at the Middlesex Hospital. These meetings have proved most helpful and stimulating.

Out-Patient Clinics	New Patients	Total Attendances
General medical ...	506	1,956
Neurological ...	516	2,033

ELECTRO-ENCEPHALOGRAPHIC DEPARTMENT

Consultant: C. C. EVANS, M.B., M.R.C.S., L.R.C.P.
Senior Recordist: Miss M. MORGAN
Assistant Recordist: Miss P. ELLIS (part-time)

There has been a 4 per cent. decrease in the total number of examinations carried out in the past year as compared with 1956, whereas previously there had been a steady increase. This is partly due to the opening of the EEG Department at the Hospital for Sick Children, as prior to this, a large number of children from that hospital had been referred to C.M.H. for EEG examinations. In addition there was a temporary decline in the general demand for EEG examinations in the late Autumn and this may have been related to the influenza epidemic.

A 10 months' full time training course for EEG recordists has been established and the Central Middlesex Hospital is one of 6 other London Hospitals participating in the training scheme.

	New Cases			Total No. of examinations		
	1955	1956	1957	1955	1956	1957
In-patients ...	167	183	187	212	262	266
Out-patients ...	757	786	698	920	947	895

PAEDIATRIC DEPARTMENT

<i>Consultant:</i>	J. SAKULA, M.D., M.R.C.P., D.C.H.
<i>Registrar:</i>	G. R. SPARROW, M.B., B.S., M.R.C.P.(Eng.), M.R.C.P.(Edin.), D.C.H. (till 31.10.57) M. RAFAAT, M.D.(Gen.), D.T.M.(Basle), D.C.H. (from 1.11.57)
<i>House Officers:</i>	Miss M. A. HATTON, M.B., B.S. (1.8.56-31.1.57) Miss I. PAKSHONG, M.B., B.S. (1.2.57-31.7.57) Miss B. HUNT, M.B., B.S. (from 1.8.57)

Whereas most departments in the Hospital find difficulty in coping with the work owing to the increasing demands made on them, this does not apply to the Paediatric Department. Here the demands, both in-patient and out-patient, have been steadily falling for many years and are still continuing to fall. This of course is extremely satisfying and due primarily to preventative health measures, resulting in improved general health, the diminished incidence of disease in children and the earlier and more effective treatment available to them from their family doctors.

This diminishing demand for hospital care calls for a reorganisation of the Paediatric service in this hospital which should be considered in relationship to the Paediatric services offered in the Central Middlesex Group of Hospitals. It is felt that possibly a more economical and more efficient service could be provided by centralisation of the facilities available.

The nature of the cases dealt with in the Children's ward shows little change from recent years, but with the diminishing number of severe infections, metabolic disorders appear to be common and these often demand extensive and prolonged investigations.

The work in the supervision of the newborn infants, however, remained unchanged and the survival rates premature and full term infants is almost exactly as during the previous year.

Out-Patient Clinics	New Patients	Total Attendances
1955	903	3,266
1956	908	3,223
1957	755	2,784

DEPARTMENT OF GASTROENTEROLOGY

<i>Consultants:</i>	F. AVERY JONES, M.D., F.R.C.P. T. D. KELLOCK, M.D., M.R.C.P.
<i>Hon. Associate Physicians:</i>	E. N. ROWLANDS, M.D., F.R.C.P. (Medical Research Council) RICHARD DOLL, O.B.E., M.D., D.Sc., F.R.C.P. (Medical Research Council) SHEILA SHERLOCK, M.D., F.R.C.P.
<i>Senior Registrar:</i>	W. H. J. SUMMERSKILL, D.M., M.R.C.P.
<i>Registrar:</i>	A. E. A. READ, M.D., M.R.C.P. (to 31.6.57) J. E. LENNARD-JONES, M.B., M.R.C.P. (from 1.7.57)
<i>Research Assistants:</i>	Miss M. SHINER, M.R.C.S., L.R.C.P., D.C.H. (Medical Research Council) A. M. CONNELL, M.B., Ch.B. (Medical Research Council) Miss B. WHITE, B.Sc. (Medical Research Council) C. W. E. WILSON, M.D., M.R.A.C.P. (to 16.9.57) A. C. NEWELL, M.D., M.R.A.C.P. V. PERCIC, M.D. (to 31.9.57) I. W. WEINTRUB, B.Sc., M.D., C.M. (from 1.9.57) E. I. WINKLEMAN, B.S., M.D. (from 19.9.57)
<i>House Officers:</i>	B. A. SCOBIE, M.B., Ch.B. (1.9.56-31.5.57) A. S. ALVAREZ, M.B., B.Chir. (1.2.57-31.7.57) Miss J. M. READ, M.B., B.Chir. (5.6.57-4.12.57) A. POLLARD, M.B., B.Chir. (from 1.8.57)
<i>Dietitians:</i>	Miss E. MURLAND Mrs. A. M. DAWSON (until 31.8.57) Miss C. JACOBSON
<i>Technician:</i>	Miss P. B. WILCOX

The new Department of Gastroenterology is now in full swing. With four laboratories, its own X-ray set, consulting room and library it is able to provide accommodation for its staff to study some of the many outstanding problems in gastroenterology.

Dr. E. N. Rowlands has been very active in studying the mechanism of the lower end of the oesophagus. There has been a long controversy concerning the mechanism of competence of the gastro-oesophageal junction. The pinch cock action of the diaphragm, the acuteness of the angle of entry of the oesophagus into the stomach, mucosal puckering have held the field at various times, but Dr. Rowlands has now demonstrated convincingly with his home-made manometric recorder that there is an important physiological sphincter at the lower end of the oesophagus and this plays a vital role in preventing reflux and consequent oesophatitis. This work has thrown useful light on the symptomatology of hiatus hernia and will help surgical treatment.

Working with Dr. Rowlands, Dr. Connell is studying the motility of the large bowel and the physiological problems of diarrhoea and constipation.

Dr. Richard Doll and Dr. A. Newell have made a detailed study of blood groups in peptic ulcer studying particularly the question of secretion of blood group substances into the saliva,

Dr. Summerskill and Dr. Alvarez have made some interesting observations on aspirin as a cause of acute and chronic bleeding from the stomach. It is in practice quite an important cause of bleeding in susceptible individuals.

Dr. Kellock and Dr. Avery Jones have continued their studies on the natural history and treatment of ulcerative colitis and peptic ulcer. With Dr. Doll it has been shown very clearly that cigarette smoking slows down the rate of healing of gastric ulcer.

The Library and reprints are under the control of Miss Barbara White, B.Sc., and it is in constant use by many visitors.

Each Tuesday throughout the year there has been a staff round. This starts in Dr. Drury's Department reviewing the week's pathology specimens, then three cases are discussed in the Iveagh Lecture Theatre, followed by a demonstration of the week's X-ray by Dr. F. Pygott. After tea there is usually a lecture or discussion. These sessions are open to visitors and local practitioners are always very welcome.

Miss Murland has left after giving us 7 years' most valued service as senior dietitian and we welcome her successor, Miss Fletcher.

The Diabetic Clinic :

Dr. T. D. KELLOCK

Dr. J. E. LENNARD-JONES

The numbers attending the clinic have now reached saturation point in spite of efforts to discharge patients who do not seem likely to benefit from further supervision and to extend the intervals at which others attend. It has been necessary to see a few patients on other days of the week and in addition, for some time a small evening clinic has been held once a month for those who cannot attend during working hours. This facility is much appreciated by the patients concerned, but it is not capable of great extension as, at the moment, there are no arrangements for blood sugar estimations at this time, and so this clinic has been confined to well controlled diabetics who look after themselves particularly carefully.

A new development during the year has been the arrangement in Willesden for domiciliary visiting of patients by a health visitor with a special knowledge of diabetes. Through the kind co-operation of Dr. Leff, the M.O.H. for Willesden, a number of health visitors have attended the clinic for six sessions and now when any patients have problems which seem to require some assistance in the home a visit is paid by one of these health visitors. The arrangement has proved extremely helpful in other parts of the country, and it is hoped that it may prove possible to extend it to other local authority areas.

During the year research has been carried out into the effect of paternal diabetic factors in foetal gigantism, the incidence of impotence among diabetics; and, as in previous years in collaboration with Miss Bigby a special study has been made of pregnancy in diabetic women.

O.P. Clinic	New Patients	Total attendances
Gastroenterological	2,029	8,341
Dietitian	481	1,530
Diabetic	98	4,015

TUBERCULOSIS UNIT

<i>Consultant:</i>	C. H. TOUSSAINT, M.R.C.S., L.R.C.P., D.P.H.
<i>Senior Registrar:</i>	J. S. WATSON, M.D., M.R.C.P.
<i>Registrars:</i>	J. R. F. WILLIAMS, M.B., B.S., M.R.C.P. (from 1.4.57) M. W. SUSSER, M.B., B.S. (from 4.6.56)
<i>House Officers:</i>	J. R. F. WILLIAMS, M.B., B.S., M.R.C.P. (from 1.5.56-31.3.57) H. G. DAVIES, M.B., B.S. (from 1.4.57)

ADMISSIONS AND DISCHARGES TO THE TUBERCULOSIS UNIT

	Admissions	Discharged (with period in hospital)			Deaths	
		Total	Less than 3 months	3-6 months		Over 6 months
Ward J.1 Males	309	279	108	18	5	34
Ward J.2 Females	176	166	75	23	12	15
Males	28	23	18	5	1	1

Ward J.1.—Of the 309 admissions, 148 were for one night only.

Of the 34 deaths, 8 only were patients suffering from pulmonary tuberculosis.

Ward J.2.—Of the 176 female admissions, 70 were Geriatric cases.

Of the 16 (male and female) deaths, 4 only were patients suffering from pulmonary tuberculosis.

OPERATIONS PERFORMED

	*Artificial pneumothorax	*Thoracoscopy	*Bronchoscopy	*Pneumo-peritoneum	*Phrenic Crush
Males	—	3	180	—	—
Females	5	3	30	1	1

* These operations were undertaken by Mr. Robert Laird, Visiting Thoracic Surgeon.

Of the 180 patient bronchoscoped, 134 of these were at the request of the Willesden Chest Clinic, to assist in the diagnosis of bronchial carcinoma. During 1957 this condition was found in 46 patients, 13 of these being operable.

ALLERGY CLINIC

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

The work of the Allergy Clinic has continued without major change during the past year.

The patients referred to the clinics, mostly direct from their general practitioners, continue to be well selected.

Desensitization (specific and non-specific) remains the main therapy employed and in spite of the growing use of the cortisone palliatives, continues to be the most satisfactory treatment in the majority of cases.

Once more, it is a pleasure to record appreciation of the work of the nursing staff, on which the smooth running of the clinic so much depends.

Out-Patient Clinics	New Patients	Total Attendances
1956	204	2,012
1957	184	1,777

DERMATOLOGICAL DEPARTMENT

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

Senior Registrar: D. C. G. BETT, M.B., B.Ch., M.R.C.P.

There has been no major change in the department during the year. The waiting time for appointments is now six weeks for ordinary cases and fifteen weeks for warts. This is much longer than it should be but cannot be greatly shortened until more out-patient space and more beds are available for dermatological cases.

Out-Patient Clinics	New Patients	Total Attendances
1955	1,259	5,646
1956	1,196	5,146
1957	1,152	4,723

GERIATRIC UNIT

<i>Consultant:</i>	A. D. ABDULLAH, M.B., M.R.C.P.
<i>Registrar:</i>	Miss E. POWER, M.B., B.Ch.
<i>House Officers:</i>	Miss J. M. HALL, M.B., B.S. (to 31.1.57) H. M. HODKINSON, B.M., B.Ch. (from 1.2.57) D. R. RYRIE, M.B., Ch.B. (to 1.4.57) C. J. LUKE, M.B., B.S. (from 2.4.57-12.9.57) Miss M. MILES, M.B., B.S. (from 16.9.57)
<i>Almoners:</i>	Miss G. M. CAPLE, A.M.I.A. Miss L. CARTER, A.M.I.A.

The work of our Department has continued during 1957 on the lines indicated in previous Annual Reports and once again there are no major developments to report.

In September Dr. Abdullah was one of a party of Doctors who paid a week's visit to Eastern Germany at the invitation of the East Berlin Medical Association. Although the visit was not specifically connected with Geriatrics, Dr. Abdullah found opportunities to discuss this subject with some of the East German Doctors, who apparently did not consider that the care of the elderly sick constituted any serious problem in the eastern sector of Germany.

In January Miss Caple was invited to join a party of doctors and social workers who were visiting Western Germany under the auspices of the Anglo-German Educational Relations Organisation to study the provisions for the care of the aged in Federal Germany. This proved a very stimulating and instructive tour and it was most interesting to be able to compare the British and Federal German methods of dealing with the care of the elderly.

We should like to express our gratitude to Dr. McMath, Physician-Superintendent of Neasden Hospital, and to Dr. Toussaint, Group Consultant in Tuberculosis, for making available for Geriatric patients a 24 bedded ward at Neasden Hospital, formerly used for tuberculosis cases, thus enabling us to accommodate an increased number of long-term patients during 1957.

It will be noted that our statistics for 1957 show a slight decrease in the rate of turnover. This is probably due to the increasing number of patients who have become "long-term" cases by the time we are able to admit them. It would appear that on the basis of our present staffing and numbers of beds, we have now reached the maximum amount of work per year

that the Department can hope to achieve. We would reiterate our statement in our 1956 Annual Report, that our urgent need is for more admission beds and more permanent-stay beds, if the needs of the area we serve are to be met effectively. Unless we can have the opportunity to rehabilitate the elderly sick *while* they are still rehabilitable, we face the danger of the ultimate complete blocking of our beds by permanent cases. Our views on this problem were stated in greater detail in a special report presented by this Department to the Hospital Management Committee in May, 1957.

Analysis of Cases referred to the Department

Year	No. of cases referred	Domiciliary visits made
1955	760	699
1956	801	757
1957	779	735

Analysis of Admissions

Year	From outside waiting list	From C.M.H. acute wards	From other hospitals	From Old Peoples' Homes
1955	468	159	26	15
1956	509	131	17	8
1957	505	101	19	5

Analysis of Discharges

Year	To own or relatives' homes	To Old Peoples' Homes	To other hospitals	To C.M.H. acute wards	Deaths
1955	263	23	45	54	292
1956	280	19	34	29	300
1957	276	20	17	34	270

SPECIAL CLINIC

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

With the exception of syphilis, there has been an increase in all venereal diseases dealt with by the centre and which agrees with increases throughout the country. Unless all concerned with the management of venereal diseases are alive to their responsibilities, there is a danger that in a decade or two the V.D. problem will approximate that of the pre-sulphonamide, pre-anti-biotic era.

Judging by the quarterly reports issued by the Ministry of Health, there has been a steady increase in gonorrhoea, amounting to between 40 and 50 per cent. in England and Wales since 1955. The total for 1957 is likely to prove greater than in 1949 and 73 per cent. of that of the last pre-war, pre-penicillin year. The indications are that at the present rate, in a few years, the incidence of gonorrhoea in the country will approximate that of 1947, the peak of the immediate post-war years. This is in spite of—but perhaps when viewed from another angle, because of—the still apparently miraculous effect of penicillin on this disease. Here, however, there is evidence of some development of resistance even by gonococci to penicillin since larger doses than formerly have to be used to effect a cure and that search for and drainage of hidden foci are as important as ever.

Some evidence of present-day morals is shown by the fact that during the year, 241 girls of the age of 16 years and under were examined for venereal disease, following sexual intercourse.

An increasing number of genital disorders, in males and females can be traced to the use of various contraceptive medicaments.

What has been said here is supported by the increasing incidence of non-gonococcal urethritis in males, which is likely to prove to have been approximately 25 per cent. higher in England and Wales in 1957 than in 1953.

It is not uncommon for patients to attribute their infections to "A bit of bad luck." Occasionally one might agree that Fate *Has* been unkind, as in the case of a patient worshipping at the "shrine of Venus" in Hyde Park. His devotions were interrupted by police intervention, but not before he had contracted gonorrhoea.

Clinics	1954	1955	1956	1957
New patients	807	837	941	1,103
Total attendances	10,143	9,214	9,282	8,691

ORTHOPAEDIC AND TRAUMATIC UNIT AND CASUALTY DEPARTMENT

<i>Consultant:</i>	J. G. BONNIN, M.B., B.S., F.R.C.S.
<i>Consultant:</i> (Plastic Surgery)	I. MUIR, M.B.E., M.B., B.S., F.R.C.S.
<i>Senior Registrar:</i>	B. CASHMAN, M.B., B.S., F.R.C.S.
<i>Casualty Registrar:</i>	W. A. CRABBE, M.B., B.S.
<i>House Officers:</i>	Mrs. C. P. TAYLOR, M.B., B.S. (22.2.57-21.8.57) B. A. ELLIOTT, M.B., B.Ch. (from 22.8.57) R. M. WAINWRIGHT, B.A., M.B., Chir. (to 21.2.57)
<i>Senior House Officers:</i>	A. SUTHERLAND, B.B., Ch.B. (25.3.57-24.9.57) C. J. LUKE, M.B., B.S. (12.9.56-24.3.57) R. M. WAINWRIGHT, B.A., M.B., B.Ch. (from 29.9.57) E. I. KOHORN, M.B., B.Chir. (18.12.56-8.7.57) S. W. MANNION, M.B., B.Ch. (18.6.57-31.10.57) F. E. LOEFFLER, M.B., B.Ch. (4.11.57)

The work of the Orthopaedic Unit has settled down and the attendance figures have remained the same over the past four years. Appointments have not been unduly delayed, but there has been considerable delay in admitting patients and the Waiting List has doubled, owing to the temporary closure, for redecoration, of the twenty beds we have at Clayponds Hospital. As these wards had not been redecorated since 1928 and required complete reorganisation, this meant that nothing other than complete closure was satisfactory. King Edward Memorial Hospital Staff were kind enough to allow us the use of twelve of their beds.

The work in the Casualty Department has shown a steady increase year after year in spite of every effort to reduce it. It is becoming increasingly difficult to carry out the volume of work in the cramped quarters to which we are still confined.

Out-Patient Clinics		New Patients	Total Attendances
Frac. & Orth.	1956 ...	3,690	14,888
	1957 ...	3,695	14,416
Casualty	1956 ...	21,273	48,052
	1957 ...	21,386	50,515

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 Hospital Medical Officer:</i>	J. G. ROBERTS, M.B., Ch.B., F.R.C.S.
<i>Senior Registrar:</i>	K. LLOYD-WILLIAMS, F.R.C.S. (from 24.6.57)
<i>Registrar:</i>	E. BADER, M.B., Ch.B., F.R.C.S.
<i>House Officers:</i>	O. W. HILL, M.B., B.Ch. (from 16.8.57) D. P. MULLAN, M.B., B.Ch. (2.2.57-1.8.57) H. HILLMAN, M.R.C.S., L.R.C.P. (from 16.8.56-15.2.57) I. I. GASTON, M.B., B.Ch. (16.2.57-15.8.57) J. C. SIMPSON, M.D.(Alberta) (2.8.57)

It will be noted the number of cases seen at out-patients has diminished as compared with 1956. This is because the numbers have been restricted in order that we might try to cope with an increasing waiting list. The lists are such that non-urgent conditions—such as hernias, etc.—have to wait from 6 to 12 months for admission. In order to try to reduce this, it has been decided to see fewer cases in out-patients.

The diminished number of operations has been partly due to the admission to surgical wards during the winter of many medical cases suffering from acute chest lesions.

There has been an increase in the use of hypothermia for certain cerebral operations and it is hoped that accommodation and modern equipment will be available for this in the coming year.

One source of anxiety has been the increasing incidence of wound infections which stems partly from the large number of patients in any ward and the impossibility of isolating infected cases from uninfected ones. Another reason is the absence of proper ventilation in the operating theatres. It is obvious that the present system existing in the Hospital for dealing with modern surgery calls for a new orientation in the layout of wards, and it has been agreed among the surgical staff that a new surgical block should be built, incorporating advances made in ward design, with operating theatres not distantly situated from the surgical wards. It is hoped that some time in the future it will be possible to bring this project into being.

GENERAL SURGICAL, RECTAL AND VARIKOSE VEIN DEPARTMENT

ANALYSIS OF OPERATIONS (other than Neurosurgical)

From 1.1.57 to 31.12.57

From own wards	615
From gastro-enterological wards	46
From children's wards	84
Sick Staff	25
From other wards	110
From Out-patient Department	47
Total	<u>927</u>

NEUROLOGICAL SURGERY 1957

In-patients :

Total number of cases treated	368
Total number of cases treated to a conclusion	<u>352</u>
Cases still receiving treatment on 31.12.57	16

Analysis of the 352 cases discharged during 1957

Spine and spinal cord	31
Skull and brain trauma	102
Brain tumour	89
Brain abscess	8
Subarachnoid haemorrhage	38
Sympathetic nervous system	9
Nerves	20
Congenital anomalies	6
Hypophysectomy for metastatic carcinoma of breast	9
Miscellaneous	<u>40</u>

Out-Patients :

Clinics	New Patients	Total Attendances
General Surgery ...	912	2,844
Neurological Surgery ...	136	927

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>	J. C. ANGELL, F.R.C.S.
<i>Registrar:</i>	J. L. JARDINE, M.B., Ch.B. (from 1.9.57)
<i>House Officers:</i>	R. C. YOUNG, M.B., B.S. (from 11.12.56-10.6.57) A. R. BONE, M.B., B.S. (from 30.12.57) D. U. HAY, M.B., Ch.B. (from 24.6.57-23.12.57) D. R. H. KENNEDY, M.B., B.S. (from 1.9.57)
<i>Research Assistant:</i>	G. F. MURNAGHAN, F.R.C.S. (Institute of Urology)

The volume of work carried out by the unit varies very little from year to year, for the pressure on bed space is constant. The state of the waiting list is causing some anxiety. Every effort is made to see and admit urgent cases without delay.

The work of the unit has been facilitated by the appointment of a Registrar and apart from being of great help in the treatment of patients, the new appointment has enabled us to start a more detailed record system of the patients who have been under our care.

During the year the female ward (C.1) was fitted with a new floor and bed curtains and both patients and staff have expressed appreciation of these new fittings and it is hoped that the male ward will soon be similarly equipped.

The research work carried out by Mr. G. F. Murnaghan on congenital hydronephrosis was completed during the year and this work was presented as a Hunterian Lecture at the Royal College of Surgeons.

Number of New Out-patient Attendances	...	...	...	1,341
Number of Old Out-patient Attendances	...	...	...	4,866
Number of In-patient Operations	...	...	...	1,318 routine 237 emergency

GENERAL SURGICAL, RECTAL AND VARICOSE VEIN DEPARTMENT

Consultant: F. A. HENLEY, M.B., B.S., F.R.C.S.
Registrar: K. R. S. POOL, M.B., B.S., M.R.C.S., L.R.C.P.
House Officers: U. K. MERRIL, M.B., Ch.B., M.R.C.S., L.R.C.P. (1.8.56-31.1.57)
 R. A. HOWETT, M.B., B.S. (1.2.57-31.7.57)
 R. MURPHY, M.B., B.Ch. (1.8.57-31.10.57)
 P. J. G. SMART, M.B., B.S. (from 1.11.57)

During the past year the waiting list has not improved very much. At the time of going to press there are still one hundred and ninety-two patients awaiting surgery on this Unit and this is in spite of referring patients during the year to Acton Hospital and the Middlesex Hospital from our waiting list. Until new surgical wards are available there seems little prospect of improving the waiting list, as the number of Out-patients is already severely restricted by appointment and in the Varicose Vein Clinic alone there is still a four month waiting list for the initial appointment.

It will be seen on the following table that there were nine hundred and eighty-three operations carried out during the past year. This was twenty more than the previous year and the figure of forty for October was made necessary by the influenza epidemic, when surgical admissions were curtailed to a minimum.

Operations carried out in 1957		
January	...	71
February	...	84
March	...	81
April	...	92
May	...	104
June	...	103
July	...	75
August	...	103
September	...	83
October	...	40
November	...	82
December	...	65
Totals	...	983

Out-Patient Clinics	New Patients	Total Attendances
General Surgery	886	2,261
Rectal	447	1,036
Totals	1,313	3,297

EAR, NOSE AND THROAT DEPARTMENT

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

Registrar: A. P. FULLER, F.R.C.S.(Edin.), D.L.O.

The Department has been as busy as ever, and the out-patient numbers remain large. The range of work is widening, with a tendency to more plastic surgery. The tonsil waiting lists, both adults and children, are shorter, largely because of a reorganization in the use of the available beds.

During the year a liaison has been established with the Royal National Throat, Nose and Ear Hospital, and the Registrar to the Department is seconded from that Hospital for a period of six months. This arrangement is on trial and has so far been working successfully.

Out-Patient Clinics	New Patients		Total Attendances	
	1956	1957	1956	1957
Held in—				
Out-patient Dept. and Casualty Dept.	2,381	2,360	5,422	5,861

OPHTHALMIC DEPARTMENT

Consultants: Mrs. DOROTHY MILLER, D.O.M.S.

P. D. TREVOR-ROPER, M.A., F.R.C.S., D.O.M.S.

It is with considerable pleasure that I make this report—during 1957, preparations were going ahead for the opening of the new Ophthalmic Block for in-patients at Neasden Hospital. This is now in use and should make a great difference to our usefulness to the large industrial neighbourhood we serve.

The number of out-patient attendances during the year was 4,644, of whom 1,061 were new cases. Next year I hope to be able to speak of the increased in-patient work.

Out-Patient Clinics	New Patients	Total Attendances
1955	1,215	4,795
1956	1,046	4,894
1957	1,061	4,644

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 Hospital Dental Officer: (part-time)</i>	A. G. HARE, L.D.S., R.C.S.(Edin.)
<i>Senior Registrar:</i>	J. W. ROSS, F.D.S., R.C.S.(Eng.)
<i>Registrar:</i>	A. H. YOUNG, B.D.S.
<i>Oral Hygienist:</i>	Miss P. A. MANTELL
<i>Senior Technician: (Surgical)</i>	B. R. BROWN
<i>Senior Technician:</i>	N. A. TASCHNER

As in previous years, the demands on the Department have been very great and the returns continue to show an increase in all branches of the work. The attendances have increased by over 700 on last year's figures.

In practice, it is difficult to curb this increase and it has only been possible for the staff to fulfil these additional duties by working exceptionally long hours.

Clinical teaching has been further developed during the year. Two very successful post-graduate extended courses on oral surgery were conducted for practitioners at the invitation of the Post-Graduate Medical Federation. These courses were well received and the applications far exceeded the numbers which could be accepted. The Annual General Meeting of the North West Metropolitan Division of the Hospital Group was held at the Central Middlesex Hospital, and the dental staff of this Hospital, contributed many interesting clinical cases.

The Department has been well represented at academic meetings in many parts of the country. Invitations were accepted to give week-end courses on Oral Medicine at several centres.

	New Patients		Total Attendances	
	1956	1957	1956	1957
Staff	248	210	1,503	1,421
In-Patients—				
Seen on wards ...	1,189	816	1,799	1,555
Seen in Department...	780	881	1,971	2,537
Out-Patients	1,175	1,239	5,391	5,862
Totals	3,392	3,146	10,664	11,375

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. BIGBY, M.D., M.R.C.O.G.
<i>Senior Registrar:</i>	P. D. CAMPBELL JACKSON, M.R.C.S., L.R.C.P., M.R.C.O.G.
<i>Registrar:</i>	C. W. GALE, L.R.C.P. and S.I.
<i>House Officers:</i>	M. V. BURRAGE (18.5.57-17.11.57) Miss G. M. W. SMITH, M.B., B.S. (from 1.10.56-30.9.57) R. C. YOUNG, M.B., B.S. (1.7.57) Miss M. BLYTHE, M.B., Ch.B. (from 1.9.56-20.6.57) D. G. HUTFIELD (1.10.57) A. R. TRIST, M.B., B.S., F.R.C.S.E. (from 1.9.56-14.7.57) Miss S. M. EADES, M.B., B.S., M.R.C.S., L.R.C.P. (from 18.11.56-17.11.57) D. A. WHITING, M.B., B.Ch. (1.8.57) Mrs. G. P. TAYLOR, M.B., B.S. (21.11.57)

The figure of 1,987 mothers delivered in hospital and 24 admitted after delivery shows a slight diminution of 40 compared with the previous year. This is the result of diminished booking owing to our change in policy to leave the segregation ward for cases of infection and also to keep beds for antenatal cases with particular regard to pre-eclamptic toxæmia. All the same, the percentage of cases accepted for hospital confinement remains at the high figure of 90 per cent., but the demand for accommodation always exceeds the supply.

There was no maternal death in the course of the year. The total number of ante-natal attendances is slightly decreased and this may be due, in part, to the fact that a larger number of general practitioners are taking part in the ante-natal care for a period in the pregnancy. The Caesarean section and forceps rate both show a decline and this is most marked in the forceps rate and it may well be that the increasing use of episiotomy has something to do with this.

The number of stillbirths has reduced to 20.8 per thousand compared with 25.3 per thousand last year. The number of stillbirths due to foetal abnormalities this year is 10, which is twice the number that occurred last year. The neo-natal mortality is very slightly improved.

The research work has been continued throughout the year on the use of Ergometrine and Rondase (Hyalase) intramuscularly at the time of delivery of the child. It was given to 1,625 of the normal deliveries by the midwife. The incidence of post-partum hæmorrhage in these cases has been decreased to 5.6 per cent. which compares very favourably with the incidence of 6 per cent. last year, when the drug was being used, and it is about half the incidence of hæmorrhage in the preceding years before the research was started. The need for blood transfusion for post-partum hæmorrhage has been reduced to less than half its previous level, having been required in only 0.7 per cent. of these 1,625 deliveries.

Collaboration has been maintained with the Physicians through the diabetic and cardiac ante-natal clinics while the House Officers are responsible for the infants under the direction of Dr. Sakula.

Two Students from the Middlesex Hospital attend the department for a period of a month and it is hoped in the future to increase both the number of students and the time they spend in the department.

The Maternity Department has a flourishing Part I training school for the Central Midwives' Board Examination and has more than an average per-centage of passes. In addition, the senior members of the staff are consistently successful in obtaining their Midwife Teacher's Diploma.

The Gynaecological work remains at about the same level with a slightly diminished number of new patients seen but with a very considerable increase in the number of total attendances. It has been found to be impossible to deal with more than 40 new cases in the week but the waiting list for admission has been very appreciably reduced and patients from the Acton and Greenford districts can be accommodated very quickly if they are willing to accept beds in Acton Hospital under the same surgical staff as this hospital.

The research work on tuberculous endometritis continues, but very few new cases are now being found.

OBSTETRIC DEPARTMENT

Expectant mothers examined in Ante-natal clinics	2,423
Total attendances in Ante-natal clinics	12,604
Total attendances in Post-natal clinics	1,887
Mothers delivered in hospital	1,987
Mothers admitted after delivery	24
(Caesarean section	7 (3.6%)
(Forceps	117 (5.8%)
Flying squad calls	5
(3 P.P.H.—admitted)	
(2 R.P.—admitted)	
(1 R.P.—not admitted)	
Maternal mortality	Nil
Maternal morbidity—pyrexial cases (notifiable)	126
Number of babies born in hospital	2,019
Number of stillbirths	42
	(20.8 per 1,000)
Number of live births who died in hospital	31
<i>Analysis</i>	
	<i>Premature</i> <i>Mature</i> <i>Total</i>
In first 24 hours	15 4 19
From 2-7 days	6 4 10
From 8-28 days	1 1 2
Over 28 days	— — —
	<hr/>
	22 9 31

GYNAECOLOGICAL DEPARTMENT

	1956	1957
New Out-patients	1,771	1,669
Total attendances	5,555	5,844
Total operations		
Major	398	399
Minor	1,147	1,166

BIRTH CONTROL CLINIC

New Out-patients	120	123
Total attendances	749	777

DEPARTMENT OF ANAESTHESIA

<i>Consultants:</i>	A. C. R. RANKIN, M.B., F.F.A., R.C.S. R. D. LEVIS, M.B., F.F.A., R.C.S. Miss L. ALEXANDER, M.B., F.F.A., R.C.S.
<i>Senior Registrar:</i>	A. E. HOCKING, D.A., F.F.A., R.C.S.
<i>Registrar:</i>	L. KHAN, M.B., D.A. Miss M. WOODS, M.B., Ch.B., D.A.
<i>Senior House Officer:</i>	P. V. COLE, M.B., Ch.B.

During the year the staff of the department was increased by the addition of a second registrar to cope with the expected flow of bulbospinal poliomyelitis cases at Neasden Hospital, with increased surgical sessions at this hospital and possibly to provide some holiday locum cover. Since there have been very few cases at Neasden Hospital, it has been found possible to dispense entirely with holiday locums, but the recent establishment of the Ophthalmic centre at Neasden Hospital and the completion in the near future of the neuro-surgical theatre here may soon render necessary a further increase of staff.

During the year, Miss Frances Huxley was seconded to Harefield Hospital, for three months to do a resident course in thoracic and cardiac anaesthesia. Upon returning from this, she resigned her appointment as senior registrar having obtained an appointment as consultant anaesthetist at Whipps Cross Hospital. We were fortunate in obtaining Dr. A. E. Hocking to replace her.

RADIOLOGICAL DEPARTMENT

<i>Consultants:</i>	F. PYGOTT, M.B., Ch.B., D.P.H., D.M.R.E. C. F. HUTTON, M.R.C.S., L.R.C.P., D.M.R.D.
<i>Senior Registrar:</i>	M. SPIRO, M.B., B.S., D.M.R.D.
<i>Registrars:</i>	W. S. PHILLIPS, M.B., Ch.B. (to 23.3.57) D. G. POTTS, M.B., B.Ch., D.M.R.D. (from 4.2.57) I. D. DAVIES, M.R.C.S., L.R.C.P., D.M.R.D. (from 20.5.57)
<i>Superintendent Radiographer:</i>	W. S. TAYLOR, M.S.R.

	Investigations	Films
In-patients	7,793	20,659
Out-patients	14,396	37,358
From—Casualty Department ...	7,840	12,535
From—Health Centres and T.B. dispensaries ...	230	714
Total	30,259	71,266

It is not inappropriate to devote this year's report to the educational and research aspects of the work of the department. Since 1946, a steady intake of post-graduate medical students, never less than two a year, has been accepted for training in radiological work. The great majority of these have stayed for two years to complete the course for the Conjoint diploma in radio-diagnosis. They have come from many countries besides our own, from the Sudan, India, Ceylon, Jamaica, Syria, Australia and New Zealand. It is a pleasure to record that twelve of these doctors are now known to hold consultant posts in their own country as well as three in England.

Prior to 1952 the department had taken an active rôle in the training of radiographers, but this activity had to be abandoned because the Society of Radiographers insisted that all lectures must be given at an approved school. After a good deal of preparatory work a training school approved by the Society was opened in November with five students. The students receive a training allowance during their two year course and spend one third of their time in lectures and study periods and two-thirds in practical work in the department. It is hoped that the school will provide a source of junior staff at the end of the training period. So far it is running well. There appears to be no difficulty in recruiting students for the next course.

Radiological investigation plays an important part in the diagnosis of patients referred by all the major specialities and the value of regular and informal clinico-radiological conferences is being increasingly realised. The value is mutual as far as clinician and radiologist are concerned and the patient also benefits. Some of these weekly conferences have been going strongly for some years, others are being added. Limitation of reasonable facilities for consultation of this sort is one of the most irksome restrictions imposed by the present structural inadequacy of the department.

The department has always been proud of its own record system. On many occasions this has been able to provide a valuable basis for investigations carried out by other departments, or to provide information during such investigations. Staff of the department have taken a very considerable share in research activities and we welcome the temporary acquisition of a part-time clerk working on collating the large amount of material of special interest.

All these additional activities and interests involve added work on the part of the clerical staff of the department and in acknowledging the loyal support received from all members of the department staff I stress especially their contribution this year.

To conclude, we live in hope of improved accommodation possibly in 1960!

SPECIAL METHODS OF INVESTIGATION

	Investigations	Films
Barium—Meals	3,092	11,376
Enemas	821	2,958
Swallows	398	2,019
Cholecystograms	1,364	2,060
Intravenous pyelograms	1,262	5,437
Retrograde pyelograms	102	300
Dionosil—Lungs	56	299
Lipiodol—Sinuses	61	173
Myodil—Spines	30	130
Encephalograms	33	246
Ventriculograms	27	194
Cystograms	4	18
Arteriograms	174	1,719
Tomograms	122	697
Total	7,546	27,626

MASS RADIOGRAPHY SECTION

Number of patients radiographed during 1957	38,389
Diagnoses:	
Pulmonary Tuberculosis (active or presumed active unsuspected disease)	210
Pleural effusion	25
Neoplasm of lung	65
Bronchiectasis	96
Emphysema	260
Significant disease of heart or aorta	71
Total Number of patients with significant abnormalities	727
Pick-up rate for active or possibly active pulmonary tuberculosis = 5.5 per 1,000	

DEPARTMENT OF PHYSICAL MEDICINE AND 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>Registrar:</i>	Mrs. E. G. MELLOR, M.B., Ch.B.
<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>Speech Therapist:</i>	Miss B. FITCH, L.C.S.T.

There has been a slight diminution in the total attendances during the year for which the whole department is thankful though there are already signs that this may only be temporary.

A glance at the figures will show that each physiotherapist is giving approximately 35 units of treatment each working day and this number is far too high either for efficiency or for the welfare of the therapist.

The Occupational Therapy Department is still expanding its scope following the now established policy of catering for the needs of a predominantly industrial population. Future expansion depends on the provision of more machinery and the space in which to house it.

Work is now being done on a scheme for the special care of the chronic paralyses. This will need facilities for all-day attendances and necessitate the provision of a hydrotherapy pool.

Some 50 new cases of rheumatoid arthritis are seen each year. Most of these patients are never discharged so that the burden is and will be cumulative. We are now at the stage when staff and our ordinary accommodation are insufficient. Prednisolone has been found to be the most satisfactory steroid to use but fewer than half the patients attending with rheumatoid require maintenance with this preparation.

	New patients		Total attendances		Total Units of treatment	
	1956	1957	1956	1957	1956	1957
<i>In-patients</i>						
Physiotherapy	5,557	4,872	36,862	34,873	43,390	40,001
Occupational Therapy	557	471	9,214	6,594	—	—
Remedial Gymnast	68	72	499	360	858	734
<i>Out-patients</i>						
Physiotherapy	3,929	3,023	51,968	47,764	73,744	74,934
Occupational Therapy	304	392	7,503	10,174	—	—
Remedial Gymnast	1,215	1,277	19,924	17,470	38,737	33,422
Consultant Clinics	1,915	1,656	9,344	9,364	—	—

DEPARTMENT OF PATHOLOGY

Consultants:

<i>Bacteriology:</i>	J. D. ALLAN GRAY, T.D., M.B., Ch.B., B.Sc., F.R.C.P.E., D.P.H.
<i>Haematology and Biochemistry:</i>	G. DISCOMBE, M.D., B.Sc.
<i>Morbid Anatomy:</i>	R. A. B. DRURY, M.A., D.M.

Senior Registrar:

Neuropathology: C. S. TREIP, M.D.

Registrar:

Haematology: H. E. ROBERTS, M.A., M.R.C.S., L.R.C.P., B.M., B.Ch.

Senior House Officers:

R. M. STIRLAND, B.A., M.B., B.Chir. (till 27.10.57)
 H. de V. HEESE, B.Sc., M.B., Ch.B., M.R.C.P.E., D.C.H. (till 1.4.57)
 D. R. RYRIE, M.B., Ch.B. (from 2.4.57)
 S. B. ROSALKI, M.B., B.S., M.R.C.S., L.R.C.P. (from 28.10.57)

Chief Technician:

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

RECORD OF WORK.

The standard unit system introduced by the Ministry of Health for recording the amount of work carried out has still been used for 1957. The figures are therefore comparable with those for the four preceding years. The total number of units worked in 1957 was 353,167, an increase of 35 per cent. over 1956. The increase in each of these four years compared with the preceding year was for 1956 4.9 per cent., for 1955 9.7 per cent., for 1954 9.5 per cent. Compared with 1953 the increase in the total work has been approximately 70 per cent.

All sections of the department shared in the increase, that for bacteriology being 37.2 per cent., biochemistry 37.3 per cent., haematology 33.8 per cent. and morbid anatomy 31.8 per cent. The sources from which the specimens came also all showed increases over 1956. This increase in work is throwing a serious strain on the whole department and particularly on the technical staff. It was especially marked during the last two months of the year, when there was a great number of respiratory infections. Our difficulties were increased by respiratory infections occurring among the technical staff themselves. Those who remained on duty, therefore, had to start work early, sometimes at 8 o'clock in the morning and finish late at night. The number of technical staff on duty on Saturdays and Sunday mornings had to be increased to cope with the work. While the staff did not grumble at the demands made on them, it was obvious that the limit of their endurance was very nearly reached.

EXTENSIONS.

Discussions are continuing of the planning and equipping of the first phase of the new bacteriology, haematology and biochemistry laboratories. The arrangement of the rooms in suites in contrast to their present haphazard distribution will ensure the minimum amount of unnecessary movement of both personnel and equipment.

DEPARTMENT OF PATHOLOGY (continued)**SYRINGE SERVICE.**

Plans have also been drawn up for the proposed syringe service. The delay in establishing this service will enable us to introduce the new moving belt infra-red method of sterilisation. The report on "The Planning and Organization of Central Syringe Services" issued by the Nuffield Provincial Hospitals Trust has recently been published and it is proposed to follow closely the suggestions contained in it.

BACTERIOLOGY.

It is satisfactory that there was no outbreak of cross-infection in the hospital comparable to the streptococcal outbreak in the maternity department of 1955. A constant watch is kept for the presence of β haemolytic streptococci among the patients and staff in that department. Throat swabs are taken from all maternity patients on admission and any patient found to harbour a β haemolytic streptococcus of Group A either in the throat or in the vagina is immediately isolated. This is only possible if the segregation unit is kept ready for such patients and not used for routine non-infective lying-in patients. A separate return is made of the six beds in that unit so as not to lower the bed occupancy returns of the unit and of the whole hospital. In spite of these precautions, a staff midwife was found to be harbouring in her throat β haemolytic streptococci of Group A, Type 22 and two lying-in patients at separate times harboured the same type of streptococci in their vaginae. The staff midwife was admitted to Flora Baker Wing, treated with crystamycin and had three negative throat swabs. Two days later she was found again to be harbouring the same organism in her throat. This was almost certainly the result of a reinfection obtained outside the hospital and illustrates the necessity for a bacteriological surveillance not only of patients but also of their attendants.

Staphylococci: As in other hospitals, staphylococci have presented an increasingly serious problem of preventing cross-infection with them. Attempts have been made to restrict the use of antibiotics to conditions in which they are indicated, for it is recognised that their indiscriminate use unnecessarily encourages the development of resistance among the staphylococci and other organisms. Extreme care in the technique of administering antibiotics is being encouraged so as to avoid spraying solutions into the air. The medical staff is very conscious of the need for the prompt recognition, isolation and treatment of staphylococcal enterocolitis among patients receiving antibiotics. These measures have apparently been successful as there was not a death during the year which could be attributed to that condition. The emergence of other antibiotic-resistant organisms is causing some concern particularly the appearance in the sputa of chronic bronchitics of monilia and coliform organisms.

Intestinal organisms: The finding of hookworm both as ova and adult forms in four Jamaicans exemplifies a change in pathology associated with movement of population. *Strongylus* and *Trichuris* have also been found. The organisms of Sonne dysentery have been isolated on 17 occasions and *Salmonellae* of different types on 10 occasions, of which seven were in August and September. One of the *Salmonellae* was obtained from an abscess in the chest wall of a

DEPARTMENT OF PATHOLOGY (continued)

man aged 57 and was identified by Dr. Joan Taylor of the Salmonella Reference Laboratory, Colindale, as *S. cholerae suis*, var. *Kunzendorf*. A nurse on sick leave convalescing from glandular fever, acquired food poisoning due to *S. anatum*. *Bact. coli* O 111 was isolated from a boy of five months but there was no cross-infection.

Influenza: Towards the end of the year a large number of the nursing staff became ill with fever, headache and pains in the back and limbs but little in the way of respiratory manifestations. Nasopharyngeal swabs taken from nine selected at random by Dr. J. C. Macdonald of the Epidemiological Unit at Colindale all yielded the virus of influenza, Type A, var. Asian, and these findings were confirmed by the development in their sera of specific complement-fixing antibodies.

Other infections: A patient who had been bitten by a cat yielded *Pasteurella septica*; another had actinomycosis and sixteen were diagnosed as having glandular fever. One woman of 42 was noteworthy in having had three attacks of lobar pneumonia within the last three years and two separate attacks of meningitis, one meningococcal and one pneumococcal. She had 84 units of gamma globulin in her serum (normal 10), a sedimentation rate of 130 mm. in 1 hour and an excess of plasma cells in her sternal marrow. A possible explanation is myelomatosis.

Auto-immunization in Thyroid Disease: In 1956, research at different centres indicated that injection of an animal with part of its own thyroid makes antibodies which damage the remainder of the gland not removed so that it presents the histological picture of Hashimoto's disease. I. M. Roitt and D. Doniach introduced a precipitin test for this condition. In it, the antibody and antigen diffuse slowly through clarified agar to form a line of precipitation. After some preliminary experiments we introduced the test as a routine here. The original workers have suggested that the different tests which they carried out indicates that more than one immune system is involved.

HAEMATOLOGY AND BLOOD TRANSFUSION.

There have been no major changes in this section. The load on the department which has only about 370 sq. feet of space is enormous; for example, some 15,000 estimations of haemoglobin and about 6,000 prothrombins are done each year: it is quite impossible to undertake routinely any of the more modern techniques for the investigation of clotting defects, simply for lack of staff which is forced on us by lack of space. No amelioration is possible until the new laboratory is built.

No major changes in diagnostic haematology have been made. Sternal puncture has become finally accepted as routine diagnostic procedure even in out-patients, though this year only 166 were done compared with 203 in 1956. It is very interesting to note how aplastic anaemia

DEPARTMENT OF PATHOLOGY (continued)

is now much rarer than 20 years ago, and acute leukaemia commoner. Critical examination of films of peripheral blood and readiness to examine marrow on even the slightest suggestion of abnormality has led to the recognition of vitamin B12 or folic acid deficiency without gross anaemia in many patients with the malabsorption syndrome and in some of these the granulocytic series showed morphological changes far more severe than did the erythroblasts. Many of these have been further studied by Professor J. V. Dacie and Dr. D. L. Mollin, whose assistance has been invaluable.

Blood transfusion has shown little change, a few more bottles being cross-matched but only 3,703 being used instead of 3,799 in 1956.

BIOCHEMISTRY.

Techniques have changed little. The latest serum calcium method needs only 0.5 ml. serum and it is hoped before long to introduce an even simpler method which will require only 0.1 ml. A colorimetric method for chloride, using 0.05 ml. or 0.1 ml. has also been tried and proven satisfactory. A new method of extracting Evans blue from plasma has been developed and works very satisfactorily, but before it can be applied to routine blood volume studies our absorptimeters will have to be modified to provide a light path of 2 cm. for each 4 ml. liquid.

From time to time our clinical colleagues question our results and we have studied methods of validation. It is a matter of some pride that the routine procedure for restoring confidence is to ask the doubter to divide his specimens and send one of them up under a false name. This usually restores confidence, but occasionally reveals serious errors: for example, a zinc or cadmium hydroxide deproteinising method used for the estimation of blood sugar by the method of Kingsley and Reinhold sometimes gives low results due to any excess of zinc or cadmium combining with ferrocyanoide: the method became workable only when an isotonic sulphate-tungstate reagent was used.

MORBID ANATOMY AND HISTOLOGY.

The staff look back on a year of expansion. The tempo of the routine work has been doubled and the volume of work has increased throughout the year by between 30 and 40 per cent. Six hundred and twenty post-mortem examinations were carried out and new records were established for all branches of histology. Many surgical biopsies are now reported upon within three days and histological reports for all routine surgical pathology specimens are available within five days. Comprehensive histological support is now given to all the post-mortem work; much of this post-mortem histology may appear to be academic and of little practical value, but the post-mortem room is still the training ground of the pathologist, and a careful autopsy calls for full histological confirmation. Histology greatly increases the value of post-mortem records, when these are used for retrospective investigation.

The material from living patients has not only increased in amount; its nature has altered. Far more tiny specimens and cellular deposits from fluids are being examined. Needle biopsies and gastro-intestinal fragments removed by intubation are commonplace, together with sputum

DEPARTMENT OF PATHOLOGY (continued)

and fluids from every conceivable cavity or viscus. These call for very skilful technical handling and are not easy to interpret; the histologist likes to give a definite opinion and feels that his diagnosis must be beyond doubt. Many minute biopsies are of no help to the clinician and some may even be misleading.

This increase in the routine work has been carried out with no additional medical or technical staff and the staffing situation has limited some of the department's activities. The technicians have had to concentrate on histology and work on museum specimens has been greatly restricted; this deficiency is partly offset by the photography of specimens, now carried on within the department. Cytological examinations for carcinoma cells, especially from sputa, have expanded, but it has been necessary to limit the rate increase owing to the length of the time needed by the pathologist for examination of such specimens. Investigational and research work is in danger of being submerged by the routine material; if this were to take place, some of the department's influence on the rest of the hospital would be lost. The expansion of the routine work makes difficult the preservation of the academic and inquisitive approach that is the secret of good routine morbid pathology; these factors must never come into serious conflict.

It is gratifying to record that renovations in the laboratory have recently been completed. Bench space has been increased and working conditions much improved. Disruption of the departmental work was kept to a minimum, but during the time that the laboratory was invaded by workmen and painters, conditions were difficult. The demands on the technical and secretarial staff during this time and indeed throughout the year, have been great and it is a pleasure to acknowledge their good humour and loyalty.

UNITS WORKED IN THE VARIOUS SECTIONS

	1956	1957
Bacteriology	94,923	130,204
Biochemistry	43,373	59,559
Haematology	86,415	115,632
Morbid anatomy and Histology	36,250	47,772
	<hr/>	<hr/>
	260,961	353,167
	<hr/>	<hr/>

SOURCES FROM WHICH SPECIMENS CAME

	1956	1957
Central Middlesex Hospital—		
In-patients	168,869	222,095
Out-patients and Casualty	72,424	99,713
Other Hospitals	8,816	14,402
General Practitioners	3,850	4,071
Public Health Laboratories	1,308	2,774
Local Chest Clinics, Health Centres and Private Cases	5,694	10,112
	<hr/>	<hr/>
	260,961	353,167
	<hr/>	<hr/>

OCCUPATIONAL HEALTH UNIT

Consultant: T. O. GARLAND, M.D., D.P.H.

The Unit is financed for the first three years by a grant of £15,950 from the Nuffield Foundation to cover equipment, running costs and staff of four. The Consultant, Dr. Garland, took up his appointment in December, 1956, Miss P. Read started work as his secretary on 13th May, 1957, and Miss D. Warnock the Industrial Nurse joined the Unit a week later, and on 21st October, Miss J. Honey started as Information Officer, thus completing the establishment.

The Hospital has set up a small committee of consultants to advise on the work of the Unit and has invited the Occupational Health Section of the London School of Hygiene to be represented and has issued a similar invitation to the Factory Inspectorate of the Ministry of Labour. In addition the Hospital Management Committee has set up a joint consultative council much on the lines of other such councils operating in the country and representing in equal numbers, local Trade Unions, local medical interests and local factory management.

Factory contacts:

There are about 260 factories within $\frac{3}{4}$ of a mile of the Hospital. The first factory visits were made at those establishments in which a nurse or a doctor was employed. The management was asked if they would consent to their nurse visiting the hospital with other industrial nurses on one afternoon per month. The purpose of these meetings was to discuss common problems and to improve communication between this Unit and the local industrial nurses.

In every instance the management agreed and Miss Warnock has done much valuable work in organizing and following up these meetings. (Nurses from 42 factories are now attending). Most of these factories have been inspected and in addition 50 further factories in the area have been visited for one purpose or another. 18 of these, in Minerva Road, were inspected on a number of occasions in detail and a collective report was made to the managements concerned. The recommendation in the report was that a street of small factories like this would do well to employ a doctor and nurse on a co-operative basis because this was the only economical way in which small factories could obtain the contribution that medicine had to make to industry.

A number of the managements concerned have shown interest and it seems likely that sooner or later they will agree to pay a per capita sum for a joint service as suggested. As was only to be expected there are a great many difficulties in getting them to commit themselves finally and it is quite certain that only a portion of the factories concerned will be willing to participate.

The actual occasions upon which this Unit has been consulted have only been few, the subjects have included—an outbreak of tenosynovitis assembling brushes; the use of carbital as a solvent for cleaning; health counselling for senior executives; an outbreak of dermatitis at a factory making springs; the investigation of contact with betanaphthylamine at a rubber factory. The Unit is primarily designed to advise upon problems like this but until communication between the factories and ourselves is greatly improved there are not many of them likely to make use of the service.

Educational activities:

Apart from lecturing at the meetings of industrial nurses already mentioned, Dr. Garland has been appointed outside lecturer at the London School of Hygiene to take part in the D.P.H. (Occupational Health Elective) course. Lectures have also been given at General Practitioners' Courses and to medical students at the Central Middlesex Hospital and to various other groups.

ADMINISTRATIVE DEPARTMENT

Hospital Secretary: A. S. COLLINS, A.H.A.

On this the first occasion of the inclusion of a report from the administrative department, it is perhaps appropriate to give a brief description of the staff employed and the functions performed, by the department.

There are some 200 staff, including administrative and clerical, chaplains, telephone operators, drivers, hairdressers, gardeners, engineers, stokers, porters, messengers, cleaners, cooks, butchers, domestic assistants and waitresses. The department is responsible for all the portering, heavy cleaning, transport, gardening, feeding of patients and staff, maintenance of the fabric of the hospital buildings, supply of steam, hot and cold water, gas and electricity and statistics and estimates for financial allocations and control.

Whilst all sections fortunately retain a small nucleus of long service employees, ever increasing difficulties are being experienced in recruiting adequate numbers, and thanks are due to the staff of all sections, particularly catering, portering, administrative and clerical, for their untiring efforts to maintain the high standard of efficiency which has been reached. However, without considerable improvements in pay and conditions of service for all, the standard of service provided by the hospital will suffer.

Just as the number of patients dealt with each year increases so does the cost of running the hospital and the work of the administrative department: for the financial year ending 31st March, 1957, the total net expenditure of the hospital amounted to £734,107, a net increase of £44,981 on the preceding year. Considerable increases occurred in expenditure on drugs, dressings, medical and surgical equipment, rates, laundry charges and fuel, but a disturbing feature of the year's review is that the sum spent on maintenance works, including repairs to the hospital buildings, fell from £43,263 in 1955/56 to £41,186 in 1956/57.

On the 1st April, 1957, a departmental costing system was introduced and at the end of the financial year it is anticipated that a "cost per unit" for all departments in the hospital will be produced. It is to be hoped that the real function of the hospital staff, to contribute to the welfare and well being of sick people, will not be lost sight of as a result of this costing system. However, if true comparisons between hospitals can be achieved by this system it may well be that in the years ahead financial allocations to hospitals will be on the basis of work being done.

In conclusion I would like to thank the regular supporters of our Free Monies Account, particularly at Christmas time, the League of Friends for its help and support throughout the years, and the Women's Voluntary Service for its untiring efforts daily with the hospital trolley shop and tea urns in the several departments of the hospital.

ALMONERS' DEPARTMENT

Chief Almoner: Miss M. L. TATE, B.Sc.(Econ.), A.M.I.A., J.P.

Deputy Chief Almoner: Miss M. F. JOSEPH, A.M.I.A.

The past year has been one of unprecedented activity in the Department and all members of it have seen a noticeable increase in the number of cases referred to them by the staff. This is gratifying evidence that our colleagues in the Hospital are coming to appreciate more fully the professional contribution that Almoners have to give. In spite of several staff changes, we have been able to keep to establishment, although the shortage of qualified almoners daily becomes more acute. We have, therefore, been able to maintain a reasonable standard of service but have found ourselves handicapped by lack of clerical assistance. The Department has gradually relinquished its clerks to the medical secretarial staff until the minimum has been reached and none of us doubt that the help we received from clerks working whole-time in the Department has not been replaced, and certainly not increased by the secretarial staff of the various units.

In September, a part-time almoner began duty at Neasden Hospital, following the report submitted to the Establishment Committee the previous autumn and to assist her to maintain contact with professional colleagues, she spends two sessions weekly in Central Middlesex Hospital Almoners' Department. Her post is a new one and she is finding the development of the work of great interest.

Early in the year, it was decided to carry out a survey of all patients recommended for convalescence or recuperative holidays from the hospital in the hope that information might be obtained of use to the Ministry of Health Working Party set up to enquire into the adequacy of present facilities. This survey covered the three months, February, March and April and helped members of the staff to present informed opinions to two representatives of the Working Party who visited the hospital in May. The report of the Working Party is now awaited.

The Almoners have been taking an increasing part in committee work outside the hospital, a task for which their normal work equips them well. Miss Barash was the first honorary secretary of the Willesden branch of the Multiple Sclerosis Society formed during the year and was a prime mover in a very successful charity concert to raise funds for it, held in St. Pancras Town Hall. Miss Barash is also the honorary secretary to the Central Middlesex Group Joint Consultative Committee.

Miss Hay is a member of the local case committee of the Invalid Children's Aid Association which meets monthly. Miss Tate sits regularly at Hendon and Harrow Petty Sessions as a member of the Gore Division Bench, is a member of the Willesden and Wembley Disablement

ALMONERS' DEPARTMENT (continued)

Advisory Committee and chairman of one of its panels, representative of the Institute of Almoners on the Middlesex County Council Advisory Committee for the Physically Handicapped, Chairman of the Publicity Committee of the Institute of Almoners and serves on several other almoners' committees. These activities bring the almoners into personal contact with people working in many branches of the welfare state and they widen their horizons, to the ultimate benefit of the patients.

We have been privileged to welcome several doctors, health visitors and social workers from abroad during the year, who have come to learn about our profession and our place in the health service. A number of talks have been given by the almoners to societies and clubs in the district and two short addresses were given to industrial nurses and personnel officers, who met in the Department of Industrial Health.

The co-operation and help of workers of all kinds in government departments and voluntary societies continues to be given unstintingly both to us and our patients and our grateful thanks are due to them all.

	1955	1956	1957
Convalescence arranged	744	786	938
(Failed to accept vacancies)	57	72	108
Appliances supplied*	2,567	2,325	2,437

* A group optician was appointed at the end of 1955 and spectacles are no longer ordered in the Department.

SCHOOL OF NURSING

Matron:

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

<i>Deputy Matron:</i>	Miss A. TAYLOR, S.R.N., S.C.M.
<i>Principal Sister Tutors:</i>	Mrs. M. FARMER, S.R.N., S.C.M., S.T.D. Miss A. B. KING, S.R.N., S.C.M., S.T.D.
<i>Midwifery Superintendent:</i>	Miss N. M. SHIPP, S.R.N., S.C.M., M.T.D.
<i>Assistant Matrons:</i>	Miss W. M. BUCKENHAM, S.R.N., S.C.M. Miss E. E. PADFIELD, S.R.N., S.C.M., R.F.N.
<i>Sister Tutors:</i>	Miss W. T. CAPES, S.R.N., S.C.M., S.T.D. Miss M. C. DEVONSHIRE, S.R.N., S.C.M., S.T.D. Miss J. V. MORRISSEY, S.R.N., S.T.D. (till 25.9.57) Miss E. E. PRICE, S.R.N., S.T.D. (from 25.11.57)
<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.

Two hundred and forty three nursing staff, including 99 Student Nurses were appointed during the year. All vacancies had been filled but the establishment of nursing staff was proving inadequate to meet the requirements an expanding, efficient hospital nursing service demand.

Sixty-six Student Nurses completed their general training, passed the Final State Examination and were also awarded the Hospital Certificate. Sixty-six Pupils completed Part I Midwifery training and were successful in the Central Midwives' Board Examination. These candidates were to be congratulated on their success and also the senior nursing staff responsible for the training and welfare of these nurses.

The Gold Medal awarded for outstanding ability and service during training was presented to Gillian Mary Clissold.

Of the Student Nurses who qualified during the year 26 per cent. remained as Staff Nurses, 28 per cent. commenced five different post-graduate courses, 18 per cent. left to take trained nurses posts in the United States of America and the Commonwealth and 25 per cent. left to be married. Four Ward Sisters also left to take up posts abroad.

Post graduate students from the London Colleges again spent periods of observation in our Wards and Departments.

Nursing staff also had been given the opportunity to attend courses and conferences, including one on Work Study at the Royal College of Nursing. Miss D. R. Waller was also a delegate at the International Council of Nurses Congress in Rome—a Congress attended by over 3,000 trained nurses from 57 different countries and all members of their own approved nursing organisation.

SCHOOL OF NURSING (continued)

Regular visits were being made to St. Bernard's (psychiatric) Hospital and we appreciated very much the hospitality and help extended to us by the Matron and her staff.

A very successful achievement by the nursing staff was the publication of the first nursing staff magazine which was launched by Mr. M. Orbach, Chairman of our Hospital Management Committee, in February.

Nursing staff were again successful in the Sporting Events of the year. They again reached the semi-finals in the *Nursing Times* Tennis Cup, for which over 70 hospitals in London competed. They hold the Sports shield and League of Friends Tennis Cup for another year. Miss June Cairnduff won the Central Middlesex Hospital Tennis Cup. A successful hockey season was also had and we appreciated the reservation once a week of Acton Swimming Baths.

Visiting speakers on various subjects were warmly received by the staff and members of the Nurses' Christian Fellowship and their talks were very much appreciated.

We extend our congratulations to Miss G. Young on obtaining the Midwifery Teachers' Diploma and to Miss M. J. Appleton, Miss R. Burchett, Miss M. Dwyer and Miss C. O. Thomas on being promoted to senior nursing posts.

The staff at the Group Preliminary Training School at Grafton House, at which new Students also from Acton, Neasden and Willesden Hospitals undertake their preliminary training, gave continued valuable service.

The nursing service continued to receive valuable help from our Orderlies and Domestic staff and the voluntary workers, and the closest co-operation from the Medical staff and all departments of the Hospital, which was much appreciated.

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

Chief Librarian: Mrs. NORAH FANN

In presenting our thirteenth annual report I have pleasure in giving the following account of our activities in 1957.

The comparative figures are as follows:—

Books issued to Patients and Staff	1955	1956	1957
Fiction	22,407	20,371	19,487
Non-Fiction	3,613	4,222	3,359
	26,020	24,593	22,846
Patients served	14,973	14,657	13,564
Books missing	148	119	119
Books supplied from Headquarters on special request:			
For tuberculosis wards	237	319	224
For general wards	100	166	200
From the Bulk Loan Dept.	—	—	—

The library which is run in the Nurses' Home has issued 1,745 books to the Staff.

There are now about 4,500 books in the library and in addition we exchange 100 books every three months with our County Depot at 10, Collingham Road, S.W.5, for the General Wards and 50 books with our library Headquarters at 1, Grosvenor Crescent for the T.B. Wards. During the year about 385 new books have been added to the library either by purchase or as gifts to the Hospital.

During the year 7 librarians have attended and received their basic training. Several of our librarians have attended the Courses and Refresher Days held at 1, Grosvenor Crescent.

The assistant librarians are those that served during the previous year namely Miss Bateman, Mrs. Gilliland, Miss Jarvis, Mrs. Peacock and Miss Taylor. The Acton Inner Wheel continues to send two members each week to assist with Ward Rounds.

Thanks must again be expressed to all the helpers who have given such loyal support during the past year.

HOSPITAL STAFF NEWS

The new Department of Gastro-enterology was opened by Sir Gordon Gordon-Taylor, K.B.E., C.B., M.S., F.R.C.S., on the 15th March, 1957, when many distinguished visitors were present including many of the Consultant Staff of the Middlesex Hospital.

Miss. F. Huxley, Senior Registrar to the Department of Anaesthesia was appointed Consultant to the Whipps Cross Hospital.

Dr. B. Schwartz who has worked as an Assistant in the Skin Department for several years was appointed Consultant Dermatologist to St. Andrews Hospital, Billericay.

Mr. G. F. Murnaghan, who has done much work on carcinoma of the prostate and hydronephrosis while Research Assistant to the Urological Department, has recently left to take up a research appointment in Edinburgh.

Mr. E. Bader and Mr. M. W. F. Dunning both obtained the Fellowship of the Royal College of Surgeons during the year. Mr. Dunning was subsequently appointed to the post of Senior Surgical Registrar at the Broadgreen Hospital, Liverpool.

Dr. G. R. Sparrow obtained the M.R.C.P. in both London and Edinburgh before returning to Australia.

Mrs. M. P. Wilkinson obtained the M.R.C.P. in March.

Mr. J. D. Fergusson has been elected Honorary Secretary of the British Association of Urological Surgeons and a Member of the Grand Council of the British Empire Cancer Campaign.

In May he took part in the combined meeting of the Canadian Urological Association and the British Association of Urological Surgeons in Montreal and also visited and lectured at the Francis Delafield Hospital, New York, and the Brady Institute at the Johns Hopkins Hospital, Baltimore. In July he also took part in the conference on "Endocrine Aspects of Breast Cancer" at Glasgow and in September attended the Jubilee meeting of the German Urological Association in Vienna.

Mr. Fergusson also has been appointed a member of the Board of Advanced Medical Studies, London University.

Mr. F. A. Henley was invited to read a paper before the Societe Nationale Francaise de Gastro-Enterologie in October, entitled "Five Year Results of Gastrectomy with Jejunal Replacement."

Subsequently, Mr. Henley was honoured by his election to "Membre Correspondant Etranger" of the Societe Nationale Francaise de Gastro-Enterologie.

Dr. Discombe took part in a Symposium on Drug Idiosyncrasies held by the Council for International Organisation of Medical Services (W.H.O. and U.N.E.S.C.O.) at Liege in July. He opened the session on Non-haemolytic Transfusion Reactions at the Congress of the European Society of Haematology at Copenhagen in August, and took part in a symposium on Blood Grouping Techniques under the auspices of the Sheffield Regional Hospital Board in October. These contributions will be printed in due course.

Dr. Treip visited the U.S.A. and Canada from October, 1956, to January, 1957. He spent most of the time in the Cell Research Laboratory of Mount Sinai Hospital, New York, under the direction of Dr. Paul Klemperer. He also visited the departments of pathology at the Mayo Clinic and in Toronto and Montreal. A full account of the visit was submitted to the Research Committee.

Dr. J. D. A. Gray took part, by invitation, in a Symposium on Hospital Coccal Infections on 2nd January, 1957, arranged by the Association of Clinical Pathologists and the Medical Research Council Committee on Cross-Infection in Hospitals. The proceedings are being published. He also gave further British Medical Association lectures and was re-appointed Chairman of the Consulting Pathologists Group Committee of the Association. He was nominated by the Council of the Association of Clinical Pathologists as the Association's representative on the Examination and Tuition Advisory Board of the Association of Medical Records Officers.

Miss M. L. Tate was sworn in on 11th July, 1957, as a Justice of the Peace in Gore Division of the County of Middlesex.

Mr. Maxwell Ellis paid a visit to the United States during the Spring and read several papers, one at the Sixth International Congress of Otorhinolaryngology at Washington.

Dr. F. Avery Jones was a member of a party of English doctors who visited China at the invitation of the Chinese Medical Association. He visited hospitals and lectured in Peking, Shanghai, Canton and Changchun and on the return journey lectured in Bangkok and Kuwait.

In July, Dr. Toussaint attended the All Unions Congress of Tuberculosis which was held in Moscow and gave an address on "Posture in the Treatment of Respiratory Tuberculosis."

Dr. Toussaint was elected President of the British Tuberculosis Association and was re-elected Chairman of the Group Medical and Dental Advisory Committee.

Mrs. D. Drain has been appointed as part-time almoner at Neasden Hospital and Central Middlesex Hospital and commenced duty on the 30th September, 1957.

Dr. W. Fraser-Moodie continued as President of the Hospitals Group of the British Dental Association.

MEDICAL STAFF PUBLICATIONS

- J. C. ANGELL with
O. V. LLOYD-DAVIES "Right Hepatic Lobectomy."
(1957) Brit. J. Surg. XLV. 113.
- F. AVERY JONES "Clinical and Social Problems of Peptic Ulcer."
(1957) Brit. Med. J. i. 719 and 786.
"Trends in Dietetic Treatment in Gastroenterology."
(1957) Nutrition. XI. No. 2.
"A Visit to China."
(1957) Brit. Med. J. ii. 1105.
Section on Gastroenterology.
(1957) Medical Annual.
- F. AVERY JONES and R. DOLL,
F. PYGOTT with J. L. STUBBE "The Risk of Gastric Cancer after Medical Treatment for Gastric
Ulcer."
(1957) Gastroenterologia. 88. Nos. 1. 2.
- J. A. BALINT, with
G. W. COOPER, E. C. V. PRICE,
C. N. PULVERTAFT and
B. F. A. SWYNNERTON "The Management of Anastomotic Ulcer."
(1957) Lancet. 11 Sept. 551.
- K. BALL with DAVID PHEAR "A New Method of Treating Old Ulcers of the Legs."
(1957) Brit. Med. J. ii. 861.
- J. G. BONNIN "Fractures and Related Injuries."
Textbook on Traumatic Surgery. Published by W. Heinemann
(Medical Books), Ltd. (1957) 4th Edition.
- H. M. CARLETON and
R. A. B. DRURY Histological Technique.
Oxford University Press, 1957, 3rd Edition.
- GEORGE DISCOMBE Panel Discussion: Serological Aspects of Blood Transfusion.
(1956) Vox Sanguinis. 1. 218.
- GEORGE DISCOMBE and H. MEYER Kritische Mitt über die Zuverlässigkeit der Erythrozytenzählung.
(1957) Blut. 3. 262.
- VINCENT EDMUNDS "Hiatus Hernia."
(1957) Quart. J. of Med. XXVI. 104. October.
- P. MAXWELL ELLIS "Malignant Granuloma of Nose."
(1957) Ann. Otolaryngology, etc., St. Louis. 66. 1002.
- J. D. FERGUSSON "Implantation de grains d'or radio-actif dans l'hypophyse pour cancer
avance du sein et de la prostate."
(1957) Quest Medicale L'expansion Scientifique Francaise 10. 342.
"Gynaecomastia from Oestrogen Therapy in Prostatic Cancer."
(1957) Brit. Med. J. i. 535.
"Implantation of Radioactive Material into the Pituitary for the Control
of Prostatic Cancer."
(1957) Brit. J. Urol. 29. 215.
"Prostatic Cancer." Recent advances in Urology.
(1957) Churchill. 113.
"Terapia delle Infezione Urinarie non Tuberculari."
(1957) Recenti Progressi in Medicina. 23-507.
"Cinecystoscopy."
(1957) Brit. J. Urol. 29. 343.
- P. H. FRIEDLANDER "Steatorrhoea."
(1957) Brit. J. Clin. Practice. July. 11. No. 7. 516.
- J. D. ALLAN GRAY "The Use and Abuse of Antibiotics."
(1957) Med. World. 87. 405.
Chemotherapy. A chapter in Text Book of Fractures and Related
Injuries by J. G. Bonnin. Heinemann. 1957. 85.
- F. A. HENLEY "Gastrectomie avec remplacement par le Jejunum."
(1957) Journees des Gastro-Enterologues Francaise, 49. No. 9. 95.

MEDICAL STAFF PUBLICATIONS (continued)

- T. G. I. JAMES "Fractures of the Skull." A chapter in Text Book of Fractures and Related Injuries by J. G. Bonnin.
- HORACE JOULES "Lung Cancer I."
(1957) N.A.P.T. Bulletin. Oct.
- T. D. KELLOCK "Acute Segmental Ulcerative Colitis."
(1957) Lancet. Oct. 660.
- T. D. KELLOCK and
BARBARA WHITE "Prognosis in Ulcerative Colitis."
(1957) Gastroenterologia. 88. No. 1. 14.
- DAVID PHEAR "Hiatus Hernia."
(1957) Lancet. i. 708.
"An Objective Comparison of Aminophylline with two Recent Neutral Theophylline Compounds."
(1957) Brit. Med. J. ii. 74.
"The Influence of Erythrocyte Factors on their Sedimentation Rate."
(1957) J. Clin. Path. 10. 357.
- DAVID PHEAR and
ROBERT STIRLAND "The Value of Fibrinogen and C-reactive Protein Estimations in Myocardial Ischaemia."
(1957) Lancet. ii. 270.
- DAVID PHEAR with
AUSTIN GRESHAM "Gangrene of the Fingers in Periarteritis Nodosa."
(1957) Amer. J. Med. 23. 671.
- DAVID PHEAR with NATOO SHAH "Prolonged Anticoagulant Treatment."
(1957) J. Assoc. Phys. India. November.
- R. J. PORTER and C. S. TREIP "An Unusual Form of Widespread Vascular Disease of the Brain in a Youth."
(1957) J. Neurol, Neurosurg., Psychiat. 20. 50.
- F. PYGOTT "Paget's Disease of Bone—The Radiological Incidence."
(1957) Lancet. 8th June. 1170-1171.
- A. E. READ and C. S. TREIP "Wegener's Granulomatosis."
(1957) Postgrad. Med. J. 33. 199.
- E. N. ROWLANDS with
M. ATKINSON, D. A. W. EDWARDS,
J. A. HONOUR "Comparison of Cardiac and Pyloric Sphincters."
A Manometric Study.
(1957) Lancet. 9th November. 918-922.
"The Oesophalo-gastric Sphincter in Hiatus Hernia."
(1957) Lancet. 7th December. 2. 1138.
- J. SAKULA "Jaundice in Infancy."
(1957) Brit. J. Clin. Pract. 11. May. 346.
- J. SAKULA and M. SHINER "Coeliac Disease with Atrophy of the Small Intestine Mucosa."
(1957) Lancet. 2nd November. 876.
- M. SHINER "Small Intestinal Biopsies by the Oral Route."
(1957) J. of Mount Sinai Hosp. XXIV. 3. 327.
- M. SHINER with I. DONIACH "Duodenal and Jejunal Biopsies."
(1957) Gastroenterology. February. 32. 2.
- W. H. J. SUMMERSKILL Amphenone Therapy in Ascites with Hepatic Cirrhosis.
Effect of Urinary Aldosterone and Sodium Excretion.
(1957) Lancet. November. 660.
- C. S. TREIP La collagénose viscéro-cutanée.
(1957) Med. et. Hyg. 15. 370.
A congenital medulloepithelioma of the midbrain.
(1957) J. Path. Bact. 74. 357.
- H. T. H. WILSON with
HENRY G. SEMON "An Atlas of the Commoner Diseases of the Skin."
5th Edition.

TEN-YEAR

	1948	1949	1950
Beds (average daily No. occupied)	733	769	806
Total No. of admissions and live births	12,726	13,701	14,302
Average daily No. of admissions including births	35	37	39
Total No. Discharges and Deaths	12,678	13,684	14,431
Deaths	763	744	869
Confinements	1,731	1,805	1,983
Operations—major and minor (I.P. and O.P.)	11,515	11,195	11,936
Casualty and Out-patients—New patients (including Ante- and Post-natal)	41,872	51,109	59,812
Casualty and Out-patients—Total attendances (including ante- and post-natal)	160,545	190,652	220,216
Radiological investigations	21,640	22,621	25,100
Pathological investigations	93,517	105,718	105,188
Post-mortem examinations	438	440	433

COMPARATIVE TABLE

1951	1952	1953	1954	1955	1956	1957
807	742*	653†	671	653.31‡	665	658.4
15,684	15,864	16,327	17,084	16,963	17,729	17,753
43	43	45	47	46.5	48.5	48.6
15,639	15,946	16,375	16,987	16,999	17,729	17,789
994	814	889	941	994	984	1,020
1,937	2,167	2,009	2,015	1,741	2,032	1,987
11,662	11,882	13,751	12,865	12,480	12,157	12,216
67,266	68,366	68,686	67,643	72,330	73,572	71,398
230,701	260,268	274,734	266,226	276,783	284,943	280,011
26,891	26,890	27,972	28,639	28,857	30,696	38,389
109,537	125,273	Units 206,941	Units 226,608	Units 248,663	Units 260,961	Units 353,167
506	484	568	484	649	584	620

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.

1955—‡N.B.—The 1955 bed occupancy is reduced due to the closing of the Maternity Block for a period for cleaning and fumigation.

COMPARATIVE TABLE

1921	1920	1919	1918	1917	1916	1915
...	...	118,226	...	112,777	125,479	128,771
...	...	128,411	140,711	152,021	163,331	174,641
...
...	...	117,211	128,511	139,821	151,131	162,441
...	147	157	167	177	187	197
...	1101	1211	1321	1431	1541	1651
...	...	1786	1896	2006	2116	2226
...	112,171	123,471	134,771	146,071	157,371	168,671
...	124,481	135,781	147,081	158,381	169,681	180,981
...	...	118,11	129,41	140,71	152,01	163,31
...	1141	1254	1367	1480	1593	1706
...	124,111	135,411	146,711	158,011	169,311	180,611
...	...	111	121	131	141	151

...

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