

## **Medical Superintendent's report : 1933 / King George's Sanatorium for Sailors.**

### **Contributors**

King George's Sanatorium for Sailors (Liphook, England)  
Seamen's Hospital Society.

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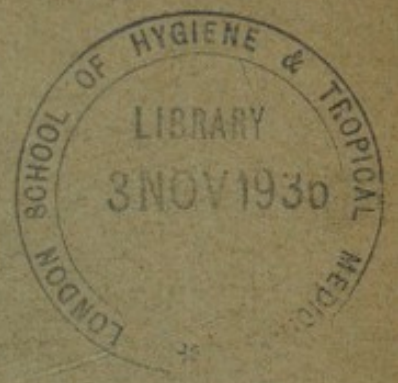
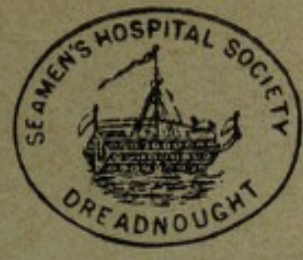
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P.20305

5 JUN 1934

*G. Carmichael Low*



**Seamen's Hospital Society.**

**King George's Sanatorium for Sailors,  
BRAMSHOTT PLACE, LIPHOOK, HANTS.**


**MEDICAL SUPERINTENDENT'S REPORT  
for the Year 1933.**

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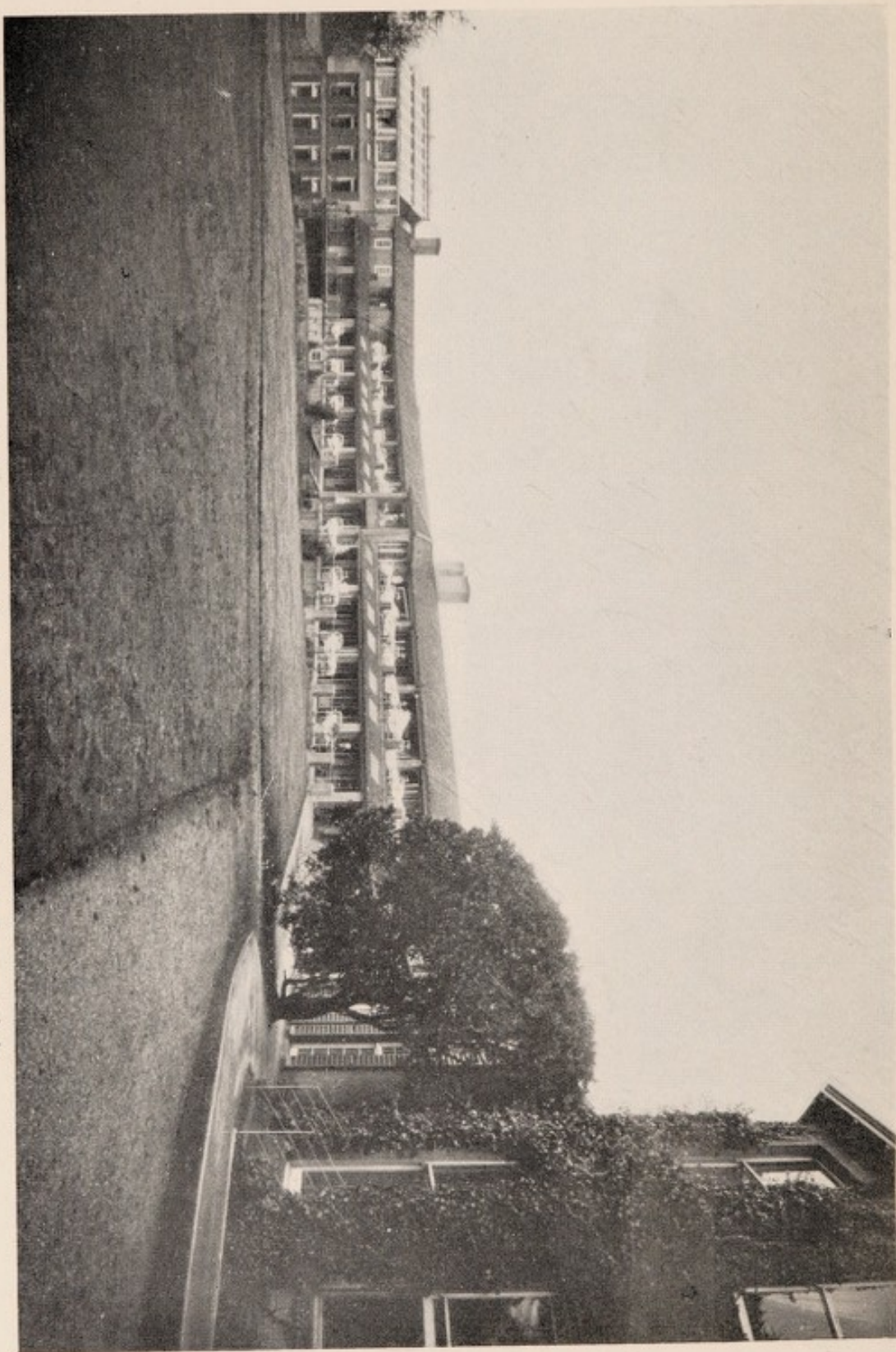


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King George's Sanatorium for Sailors, Liphook. Patients in the open air in  
December.



**Seamen's Hospital Society.**

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**King George's Sanatorium for Sailors,**

**BRAMSHOTT PLACE, LIPHOOK, HANTS.**

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PRINTED BY  
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4, CHURCH STREET, GREENWICH, S. E. 10

# KING GEORGE'S SANATORIUM FOR SAILORS.

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## Physician.

1922. C. E. SUNDELL, Esq., M.D., M.R.C.P.

## Surgeons.

1921. GILBERT SMITH, Esq., M.D., F.R.C.S.

1922. SIR HENRY GAUVAIN, M.D., M.C., F.R.C.S.

## Laryngologist.

1927. F. COURTENAY MASON, Esq., M.S., F.R.C.S.

## Dental Surgeons.

1921. H. W. TAYLOR, Esq., L.D.S.

1923. W. STRICKLAND, Esq., L.D.S.

## Medical Superintendent.

1922. J. E. WOOD, Esq., M.R.C.S., L.R.C.P.

One Assistant Medical Officer.

## Chaplain.

1923. Rev. H. A. BOWLES, M.A.

## Resident Secretary.

1925 Paymaster-Captain HAROLD J. D. SPRIGGS, O.B.E., R.N.

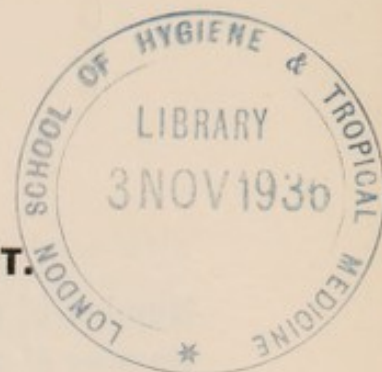
## Matron.

1929 Miss A. M. WOOTTON.

(A)

## MEDICAL SUPERINTENDENT'S REPORT.

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During the past year the average number of occupied beds was 73. This figure has only been exceeded once, viz., in the year 1930, when the number was 73·7. The beds have, therefore, been kept well occupied, and the institution is obviously fulfilling a useful purpose in the anti-tuberculosis scheme.

The type of case admitted has been much the same as in recent years and the same proportion of beds for medical and surgical cases has been found satisfactory.

Patients in an advanced stage of disease admitted directly from their ships do not diminish in number unfortunately; and these cases, together with the large proportion of surgical cases, necessitate a larger nursing staff than is customary in the usual sanatorium.

Landsmen are admitted in addition to sailors when beds are available and when maintained at the expense of their local Authority; and a few private patients, chiefly sent by the Colonial Office. In this way beds are more adequately filled and the maintenance cost reduced. Sailors have always the first claim for admission.

The Patient's Industries scheme has been again successful, a small profit having been made in each section. We are again indebted to Lady Bourdillon and Mrs. Thesiger for their valuable help in teaching the men and for their interest in the work.

The Ladies' Needlework Guild is still very active. This organization has supplied no less than 202 articles of clothing for necessitous patients during the year, and we very much appreciate the help of the members concerned.

My thanks are due to the Matron and Nursing Staff for their co-operation and the high standard of nursing achieved.

Finally, I have much pleasure in thanking the Consulting and Dental Staff for their skilled help during the year.



## REPORT.

Number of patients under treatment on 1st January, 1933	68
Number of patients under treatment on 31st December, 1933	68
Number of patients admitted during the year .. ..	106
Number of patients discharged during the year .. ..	106
Average number of beds occupied daily during the year ..	73.05

The following particulars relate to the 106 cases who were discharged, or who died, during the year, 1933. Of this number 66 had tuberculous disease of the lung, *i.e.*, pulmonary tuberculosis, and 34 had tuberculous disease of the bones, joints, or other organs, *i.e.*, non-pulmonary tuberculosis. The remaining 6 cases proved to be non-tuberculous.

The former type of case is generally infectious and is treated on the lower floor of the sanatorium, the upper floor being reserved for the latter type.

## PULMONARY TUBERCULOSIS.

Number of cases in this section discharged, or who died	66
Average age of these patients on admission .. ..	36
Average duration of treatment in days .. ..	224

## CLASSIFICATION.

Cases are divided on admission into two main classes according to the presence or absence of tubercle bacilli in the sputum. Cases with tubercle bacilli in the sputum are divided again into three groups, according to the extent and constitutional effects of the disease.

The figures obtained by this classification are as follows:—

## CLASS A

Patients without tubercle bacilli in the sputum ..	11
--	----

## CLASS B.

Patients with tubercle bacilli in the sputum .. ..	55
Group I. .. .. .	3
Group II. .. .. .	24
Group III. .. .. .	28
Total .. .. .	<b>66.</b>

Group III. consists of cases of advanced or severe type with marked constitutional deterioration and little prospect of recovery. It includes those patients who, in addition to tuberculous disease of the lungs, have tuberculous disease of bones, joints, larynx or other organs; and those cases with grave non-tuberculous complications. There were 10 cases presenting non-pulmonary lesions in addition to their lung disease, as follows:—

Tuberculous disease of the	Larynx .. .. .	7
„	„ Skin (Lupus) .. .. .	1
„	„ Ischio-rectal fossa .. .. .	1
„	„ Intestine .. .. .	1

There were no cases of combined lung and bone disease in this series.

#### TREATMENT (PULMONARY).

Of the 66 cases of pulmonary tuberculosis discharged in 1933 artificial pneumothorax treatment was attempted in 20 cases, the remainder being considered unsuitable. A satisfactory pneumothorax was obtained in 13 cases only. Of these 6 cases showed definite improvement, the sputum disappearing or becoming free from tubercle bacilli.

These figures at first sight suggest that pneumothorax treatment is of doubtful value. But many of our patients have such extensive disease of both lungs, though possibly of recent origin, that the treatment is contra-indicated; others have old-standing fibrous disease with adhesions preventing the induction of the pneumothorax; while of those in which a satisfactory collapse of the lung was obtained, some were done as a last resort.

There is little doubt that an early collapse of the affected lung in suitable cases is the best treatment. An attempt should always be made to collapse lung cavities by pneumothorax or other surgical measures, as the after-history of cases with uncollapsed cavities is usually so bad.

An outline of modern methods in the surgical treatment of pulmonary tuberculosis was given in last year's report, and these methods appear to have become even more firmly established.

This does not mean that routine sanatorium methods are in any way superceded, but that we have additional help available in suitable cases.

Sanocrysin was used in 20 cases where pneumothorax was impossible or insufficient of itself to control the disease.

Of these, 6 cases had less than 2 grammes for various reasons and are not included in the figures below.

Of the 14 patients who had from 2-5 grammes the following results were obtained :—

Improved, sputum becoming negative	..	..	..	5
Improved, sputum still positive	..	..	..	2
Improved, sputum becoming negative temporarily	..			3
No improvement	..	..	..	4

The method of administration was to give .25 grm. fortnightly, and no complications of note were seen. This dosage, however, is small and takes too long a time, and has therefore since been increased.

Heliotherapy was used in 27% of the pulmonary cases, and artificial light treatment during the winter months in 21% of the pulmonary cases.

#### RESULT OF TREATMENT.

No sailor was refused admission on medical grounds and a large number of advanced cases were sent in (42%), many of whom were beyond hope of recovery.

	<i>Disease quiescent.</i>	<i>Improved.</i>	<i>No material improvement.</i>	<i>Dead.</i>
Class A	8	3	0	0
Class B—				
Group I.	—	2	1	0
Group II.	3	17	3	0
Group III.	2	9	7	11
	—	—	—	—
	13	31	11	11
	—	—	—	—
Total	..	..	..	<b>66.</b>

It will be seen that 44 patients were discharged with their disease quiescent or improved, *i.e.*, 66%.

## NON-PULMONARY TUBERCULOSIS.

Number of cases in this section discharged, or who died	34
Average age of these patients on admission .. ..	28
Average duration of treatment in days .. .. .	404
The following cases were dealt with :—	
Tuberculous disease of Spine .. .. .	18
"    "    "    Hip joint .. .. .	6
"    "    "    Ankle joint .. .. .	1
"    "    "    Wrist joint .. .. .	1
"    "    "    Rib .. .. .	1
"    "    "    Glands of neck .. .. .	2
"    "    "    Genito-urinary system .. .. .	2
"    "    "    Os Calcis .. .. .	2
"    "    "    Pelvis .. .. .	1
	—
Total ..	<b>34</b>
	=

## TREATMENT (NON-PULMONARY).

The sanatorium provides excellent facilities for the sun and air treatment so necessary for non-pulmonary patients, and full advantage of this is taken when weather permits. The vitaglass ward continues to give excellent service and is of especial value for sun treatment in cold weather.

Although there is a tendency among orthopædic surgeons to revert to operative measures in these cases, conservative non-operative treatment is still the basis of treatment at Bramshott. Occasionally, however, operation may be advisable and the patient is then generally transferred to the Seamen's Hospital for the operation and returns to complete his treatment here.

Close attention to detail and unremitting care to avoid infection of sinuses, combined with sanatorium conditions, will secure results impossible in a general hospital.

The 30 beds allotted to non-pulmonary cases have been fully occupied throughout the year.

## RESULTS OF TREATMENT (NON-PULMONARY).

<i>Quiescent.</i>	<i>Improved.</i>	<i>No material improvement.</i>	<i>Died.</i>
17	9	8	0
Total .. .. .		<b>34.</b>	



## OCCUPATIONS OF FOREGOING PATIENTS.

## ROYAL NAVY.

Seamen .. .. .	3
Stokers .. .. .	2
Royal Marines .. .. .	1
Ex-R.N. Ratings now in civil life .. .. .	6
	<hr/>
	<b>12</b>
	<hr/>

## MERCANTILE MARINE.

Officers.			Men.		
Second Officers .. .. .	2	Seamen .. .. .	9		
Third Officers .. .. .	2	Firemen .. .. .	5		
Chief Engineer .. .. .	1	Stewards .. .. .	10		
Second Engineer .. .. .	3	Cook .. .. .	1		
Purser .. .. .	1	Butcher .. .. .	1		
Wireless Operator .. .. .	2	Lighterman .. .. .	2		
		Musician .. .. .	1		
		Dockyard Fitter .. .. .	1		
		Stevedore .. .. .	4		
	<hr/>		<hr/>		
	<b>11</b>		<b>34</b>		
	<hr/>		<hr/>		

Colonial Office Patients .. .. .	2
Private Patients .. .. .	2
Landsmen, including ex-Army Patients admitted by arrangement with various County Councils .. .. .	45
	<hr/>
	<b>49</b>
	<hr/>

Total .. .. . **106.**

The following is a record of special work carried out during the year (not confined to patients discharged during the year) :—

## THEATRE.

Artificial pneumothorax, induction and refills, etc.	..	420
Other operations under local anæsthesia	.. ..	5
Operations under general anæsthesia	.. ..	2
Dental extractions under general anæsthesia	.. ..	12
Dental extraction under local anæsthesia	.. ..	67
Aspiration of tuberculous abscesses	.. ..	32

## PLASTER ROOM.

Plaster Splints	.. ..	18
Plaster Casts	.. ..	3
Celluloid Splints	.. ..	3

## X-RAY DEPARTMENT.

Radiographs	.. ..	317
Screening examinations	.. ..	344

## LABORATORY.

Sputum examinations	.. ..	288
Urine examinations	.. ..	1,089

## LIGHT DEPARTMENT.

Number of pulmonary cases treated	.. ..	25
Number of non-pulmonary cases treated	.. ..	23
Total number of exposures	.. ..	531
Average number of exposures for each patient	.. ..	11

The comparatively small amount of light treatment carried out during the year is due to the very fine summer allowing so much more use to be made of heliotherapy.

J. E. WOOD,  
*Medical Superintendent.*

Statistics for Year to 31st December, 1933, compared with those of the previous year.

I.—IN-PATIENTS.		Nos. in 1933	Numbers in
(A)—Number of Beds and In-Patients.		(Year under review)	previous year
1. BEDS.—(a)	Complement at 31st December .. ..	80	80
	(b) Average daily complement during the year ..	80	80
	(c) Average daily number closed during the year, owing to:		
	(i) Rebuilding or Extension Schemes ..	Nil	Nil
	(ii) Repairs, redecoration, cleaning or infection .. .. .	Nil	Nil
	(iii) Other causes (to be specified) ..	Nil	Nil
	d) Average daily number open during the year ..	80	80
	(e) Average daily number occupied during the year	73·06	71·35
2.	Number of In-Patients in the Hospital at beginning of year	68	66
3.	"    "    "    admitted during year .. ..	106	84
4.	"    "    "    in the Hospital at the end of the year	68	68
5.	Average number of days each Patient was resident .. ..	251·59	318·47
	Ascertained by dividing the yearly total of daily counts (26,669) by the number of Patients treated to a conclusion, i.e., (2) + (3) — (4).		
6.	Number of Patients admitted and discharged during the year who were resident for—		
	(i.) only one day	Nil	Nil
	(ii.) two & three days	Nil	Nil

(B)—ANNUAL EXPENDITURE on In-Patients apart from that on Out-Patients ; Average Cost of each In-Patient per week ; and Average Cost of each In-Patient.

	1932.			Previous year.		
	Expenditure on In-Patients (Pounds only)	*	†	*	†	
		£	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1. Provisions ..	2,817	14 9	26 11 6	16 0	36 7 1	
2. Surgery and Dispensary	378	2 0	3 11 4	2 3	5 3 2	
3. Domestic ..	1,768	9 3	16 13 7	9 2	20 17 10	
4. Salaries and Wages (Maintenance) ..	4,017	1 1 1	37 17 11	1 1 8	49 7 1	
5. Miscellaneous ..	485	2 7	4 11 6	2 11	6 11 2	
6. Administration ..	703	3 8	6 12 7	4 0	9 0 6	
Statistical Cost	10,168	2 13 4	95 18 5	2 16 0	127 6 10	
7. Establishment : Renewals & Repairs	425	2 3	4 0 2	1 4	3 1 11	
8. Finance .. ..	695	3 8	6 11 2	3 11	8 18 9	
<b>TOTAL COST</b>	<b>£11,288</b>	<b>£2 19 3</b>	<b>£106 9 9</b>	<b>£3 1 3</b>	<b>£139 7 6</b>	

\* Average Cost per week found by dividing the amounts of Expenditure shown against each heading and total by the average number of In-Patients resident daily (No. 1(e) in A above) and dividing by the number of weeks in the year (viz., 52½ or 52¾).

† Average Cost per In-Patient found by dividing the amounts of Expenditure shown against each heading and total by the number of In-Patients treated to a conclusion during the year (Nos. 2 + 3 - 4 in A above).



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