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Contributors

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Wigan and Leigh
Hospital Management Committee

FIRST

Annual Report

5th JULY, 1948 to 4th JULY, 1949

(Statistics for year ended 31st December, 1948).


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WIGAN & LEIGH HOSPITAL MANAGEMENT COMMITTEE

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Telephone : Wigan 2841 (6 lines).

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H. P. Goldman, M.B., Ch.B., M.R.C.P.
R. H. Taylor, M.A., M.B., B.Ch., M.R.C.P.

Paediatrician :

Margaret Egan, M.D., D.C.H.

Surgeons :

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R. Thornley, M.B., Ch.B., F.R.C.S.
A. Kirk Wilson, M.B., Ch.B., F.R.C.S. (Edin.).

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John Hegarty, L.D.S.

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Atherleigh Hospital :	J. D. Gallagher, M.B., B.Ch., B.A.O.
Billinge Hospital :	D. M. Mather, M.B., Ch.B.
Firs Maternity Home :	J. H. Young, M.D., D.T.M. & H., D.R.C.O.G.

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Supplies Officer :
W. W. Holloman, A.H.A., M.P.O.A.

Hospitals Engineer :
H. Fisher

Group Pharmacist :
C. H. Blenkiron, M.P.S.

INTRODUCTION.

1. The National Health Service Act, 1946, which came into force on the 5th July, 1948, has brought about only small changes in the external appearance of the work of the hospitals and chest clinics in the Wigan and Leigh Group. During the first few months after the appointed day former owning authorities were responsible for certain administrative duties in several of the hospitals, but since the 31st March, 1949, the whole of the administration of the hospitals and clinics was vested in the Committee.

2. The Committee held its first meeting on the 11th June, 1948, and passed its first resolution as follows :—

"That the Wigan and Leigh Hospital Management Committee records its profound and grateful appreciation of the magnificent service to the citizens of the area of the Management Committee rendered over many years by :—

The Governors, and Management Committees of the Voluntary Municipal and County Hospital Services in the Area ;

The public, by voluntary service and generous support of the Hospital Contributory Schemes and local organisations, the Clergy, Ladies' Linen Leagues, Hospital Visitors, and the Press ;

The Medical, Nursing and Administrative Staffs of all the institutions in the area, and

appeals for the continuation of all the goodwill efforts and individual support in the future, assuring all concerned that contributions in kind or otherwise will be devoted solely to improving surroundings and comforts of patients demanding the benefit of the Hospital Services."

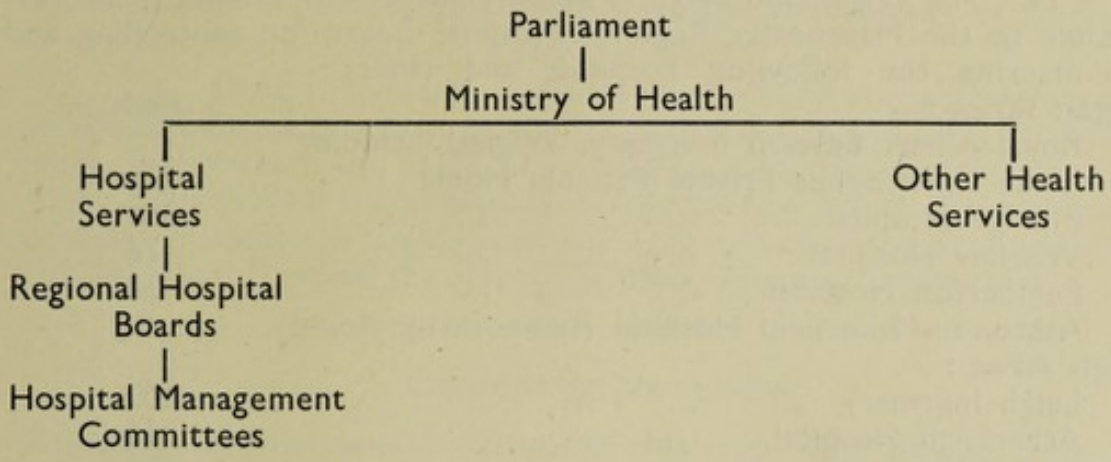
3. A table is shown on page 36 which gives details of patients treated for the year ended 31st December, 1948 ; this period is shown to coincide with Ministry of Health returns. In all the hospitals in the Group, 13,421 in-patients were treated to a conclusion, while 47,388 new patients paid 217,659 visits for consultation and treatment at Out-Patient Departments and Clinics.

4. Immediate arrangements to staff the new organisation were made, and the Committee has appointed its Secretary, Finance Officer, Supplies Officer and Hospitals Engineer as well as the subsidiary staff required. The headquarters were established at Knowsley House, adjacent to Wigan Infirmary, which premises were previously occupied by the staff of the Hospital Contributory Scheme.

5. The administrative machinery for dealing with the group of hospitals which is now amalgamated into one organisation had to be set up in accordance with the Act, although latitude was given to the Committee to make its own arrangements in connection with Committee structure for the administration of the various units.

6. The members of the Committee took an early opportunity of visiting all the hospitals in the group to obtain an overall picture of their responsibilities, and these visits have been of immense value when intricate administrative matters have been considered during the year.

7. The following diagram shows how the Committee fits into the National Health Service.



Administration of the Health Services.

8. As can be seen from the diagram, the ultimate responsibility for the successful administration of the Health Services of England and Wales vests in the Minister of Health, who is responsible to Parliament.

9. His duty is to promote "the establishment of a comprehensive Health Service, designed to secure improvement in the physical and mental health of the people of England and Wales, and the prevention, diagnosis and treatment of illness, and for that purpose to provide or secure the effective provision of services in accordance with the provisions of the National Health Service Act." The services are available without payment, except where the Act "expressly provides for the making and recovery of charges."

10. A central council, known as "The Central Health Services Council," has been set up with the function of advising the Minister on all matters relating to the services provided, and any services provided by Local Health Authorities.

Regional Administration.

11. For purposes of detailed administration and development of the hospital services the country is divided up into regions, of which there are 14, with Boards known as "Regional Hospital Boards," which are responsible to the Minister for the exercise of "functions with respect to the administration of hospital and specialist services in their areas." Each Regional Board Area has to be such as can be associated conveniently with a University having a school of medicine.

12. In its turn each Regional Hospital Board had to appoint a series of committees to be called "Hospital Management Committees" for the purpose of "exercising functions with respect to the management and control of individual hospitals or groups of hospitals, other than teaching hospitals, providing hospital and specialist services in the area of the Board."

13. The Wigan and Leigh Hospital Management Committee is one of such committees, of which there are 32 in the area of the Manchester Regional Hospital Board and 376 in England and Wales.

Local Administration by Hospital Management Committee.

14. The Wigan and Leigh Hospital Management Committee is responsible to the Manchester Regional Hospital Board for controlling and administering the following hospitals and clinics :—

		Beds
Wigan Area :—		
(a)	Royal Albert Edward Infirmary, Wigan, including the Christopher Private Patients Home	225
(b)	Billinge Hospital	386
(c)	Whelley Hospital	76
(d)	Pemberton Hospital	28
(e)	Ashton-in-Makerfield Hospital (temporarily closed)	40
Leigh Area :—		
(a)	Leigh Infirmary	102
(b)	Atherleigh Hospital	218
(c)	Astley Hospital	120
(d)	Firs Maternity Home	20

Chest Clinics :—

(a) Millgate, Wigan.
(b) Mesnes Park Terrace, Wigan.
(c) Church Street, Leigh.

Note.—The Committee also has the use of 71 beds at the Frog Lane Welfare Home, which is controlled by the Wigan County Borough Council.

Changes in Names of Hospitals.

15. Shortly after the "appointed day" consideration was given to the question as to whether any changes were desirable in the names of the different hospitals consequent upon the change of ownership and possible changes in their use.

16. It was decided that several changes should be made and the new names of the hospitals are as set out below :—

Billinge Hospital (formerly Billinge Public Assistance Institution).
Atherleigh Hospital (formerly Atherleigh Public Assistance Institution).
Astley Hospital (formerly Astley Infectious Diseases Sanatorium).

17. It may also be mentioned here that the Lancashire County Council have now adopted the name "Atherleigh Grange" for that portion of Atherleigh Hospital which is occupied by residents under Part III of the National Assistance Act, 1948.

Membership of Hospital Management Committee.

18. The Hospital Management Committee, which renders voluntary service, is a body corporate with perpetual succession and a common seal, and is composed of a chairman and 15 members appointed by the Regional Hospital Board for a term of three years with one-third of their number retiring each year. The Committee meets at monthly intervals. In due course it is expected that a series of standing orders will be compiled which will control the committee procedures, etc., and administrative policy, but the Minister of Health is proposing to issue model standing orders, and the question is deferred until the model orders are published.

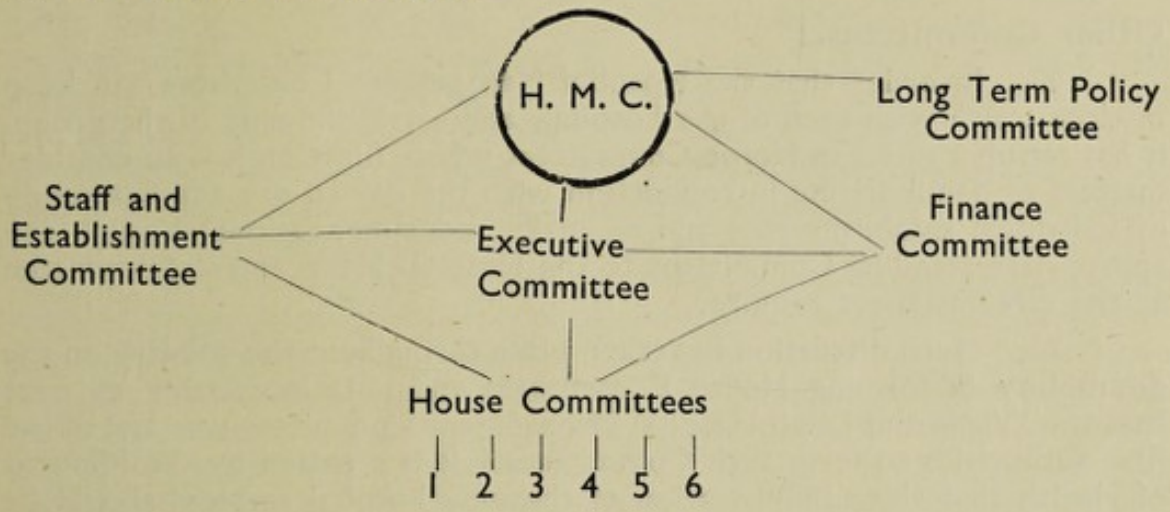
19. The only change in membership of the Hospital Management Committee which has occurred during the past year has been the resignation of Mr. J. Burke Ewing consequent upon his departure to Canada as mentioned elsewhere in this report.

20. To fill the vacancy, Dr. G. J. C. Brittain (Specialist Anaesthetist at Wigan Infirmary) was appointed as a member of the Hospital Management Committee. Dr. Brittain was also appointed to succeed Mr. Ewing as the Committee's representative on the Medical Board of the Southport Hospital Management Committee, and as Secretary of the Wigan Infirmary Medical Board, and of the Group Medical Advisory Committee.

Committee Structure.

Standing Committees of Hospital Management Committee.

21. The following diagram shows the Committee structure which has been set up in this area :—



22. The constitution and functions of the Committees are as follows :—

Committee.	*Composition.*	*Chairman.*
Executive	All Membersof Hospital Management Committee	H. W. Townley, Esq., O.B.E.
Finance 8	Members of Hospital Management Committee.	Alderman R. Lewis, J.P.
Staff and Establishment 8	Members of Hospital Management Committee	Councillor T. Battersby, J.P.
Long Term Policy 8	Members of Hospital Management Committee.	C. E. Marsden, Esq., J.P.

Executive Committee.

23. The function of this Committee is to deal with matters of detail or of urgency which might arise between meetings of the full Committee. There is no fixed time for holding these meetings, and since most matters of detail are dealt with at meetings of the other standing Committees, this Committee is, generally speaking, only called upon to deal with urgent matters.

Finance Committee.

24. This is one of the most important of the standing Committees, since it controls the finances of the whole group of hospitals and clinics. Meetings are held monthly, and, for the time being, this Committee is also charged with the task of controlling all purchases of supplies and equipment required at the various establishments.

Staff and Establishment Committee.

25. All matters concerning the various staffs are referred to this Committee, which also meets monthly.

Long Term Policy Committee.

26. The business of this Committee, which only meets as and when required, mainly concerns the future development of the Hospital Services, etc. in the area, and its function is to give detailed consideration to development projects which arise from time to time and to advise the Hospital Management Committee in these matters.

Other Committees.

27. In order that the Hospital Management Committee can keep in close touch with each of the hospitals and establishments in the group, it has set up a series of House Committees whose function it is to consider matters of detail arising in connection with the day to day administration of individual establishments and to make recommendations through the appropriate standing Committees to the Hospital Management Committee as the circumstances require.

28. Much discussion has taken place throughout the country on the desirability of forming House Committees and it is interesting to note that the Wigan and Leigh Hospital Management Committee was one of the first authorities to form such Committees. It is stressed by the Minister of Health that the administration of the new hospital services should be through Regional Boards and Management Committees but there is a definite place for House Committees to carry out the following functions :—

(1) Visiting and supervising the welfare of patients and staff and making recommendations to the Management Committee on the running of the hospital and recommending development or new policy.

(2) To act as a link between the local community and the hospital.

29. In the Wigan and Leigh area there are six such House Committees with a membership of 8 persons including 3 co-opted members from among local ladies and gentlemen interested in the hospital services of the area. Hospitals and Clinics are conveniently grouped for House Committee purposes as follows :—

	Hospital and Clinic.
House Committee No. 1	...Royal Albert Edward Infirmary, Wigan.
House Committee No. 2.	...Billinge Hospital and Frog Lane Welfare Home.
House Committee No. 3	...Leigh Infirmary and Firs Maternity Home, Leigh. Chest Clinic, Church Street, Leigh.

	Hospital and Clinic.
House Committee No. 4	...Whelley and Pemberton Hospitals, Ashton-in-Makerfield Hospital, and Millgate and Mesnes Park Terrace Chest Clinics.
House Committee No. 5	...Astley Hospital.
House Committee No. 6	...Atherleigh Hospital.

30. These Committees were set up for a period of six months in the first instance and have since been extended for further terms of six months.

Advisory Committees.

31. Advisory Committees have been appointed to advise the Hospital Management Committee on matters relating to the Medical and Nursing Services. The Medical Advisory Committee embraces the medical personnel of all the hospitals and clinics in the group, whilst separate Medical Boards are also established in respect of Wigan Infirmary and Leigh Infirmary. These latter medical boards are composed of senior medical staff at those hospitals, and their existence is more or less a continuation of the practice which was in operation prior to the appointed day, i.e., 5th July, 1948. Nursing services are dealt with by a Matrons' Committee which is composed of all the Matrons at Hospitals in the group. The function of these Advisory Committees is to give personnel engaged in the respective branches of the hospital services an opportunity to meet together and discuss their various problems and to bring to notice any matters requiring the attention of the Hospital Management Committee together with their recommendations for appropriate action. In the same way, any matters dealing with these specialist branches of the service needing consideration, are referred to the appropriate Advisory Committee for observations and recommendations. The proceedings of all the Advisory Committees are submitted to the meetings of the Hospital Management Committee.

Early Tasks of the Hospital Management Committee.

32. One of the first tasks facing the Committee was the preparation of a budget to cover the financial needs of the services for which it was responsible. All Hospital Management Committees were required to submit, early in September, 1948, a comprehensive estimate of expenditure anticipated by them during the year commencing 1st April, 1949, and these estimates were, therefore, to be completed little more than two months after the hospitals had been taken over.

33. This was no small task since, generally speaking, only the former Local Authority hospitals had followed the practice of preparing annual budgets, and although the figures prepared for Wigan and Leigh, at such short notice and with so little time for detailed consideration, were not, perhaps, so accurate as would normally be expected, they have in most instances proved adequate for the needs of the hospitals so far. The Local Authorities who had previously administered the Astley and Atherleigh Hospitals and the Billinge, Whelley and Pemberton Hospitals, co-operated very fully in this work and their assistance was greatly appreciated.

Survey of Hospitals

34. As soon as these financial questions had been disposed of, the Committee transferred its attention to conditions in the various hospitals under its management and made tours of inspection referred to in the introduction. The impressions made on members during these visits were varied. In some instances they were pleasantly surprised and unstinting in their praise of what they saw, and it was not difficult to picture the possibilities of development under the new service. In others they were keenly disappointed, yet appreciative of the efforts of those whose duty it was to administer the establishments and were impressed with a determination that conditions for the patients in such establishments should be improved as speedily as possible.

35. It was also clearly apparent during these visits that any barriers which may have existed between the former voluntary and municipal hospitals would very quickly disappear.

Assessment of Hospital Provision and Services.

36. This survey placed the Committee in the position of being able to assess the adequacy or otherwise of the various services provided, and it proceeded to examine in a preliminary way the gaps which would require to be filled before the needs of the populations of the Wigan and Leigh area could be satisfied. Certain factors were apparent from the outset. Out of the total of 1,286 hospital beds at the various hospitals, 198 were set apart for Infectious Diseases and there were 40 more such beds at the former Ashton Infectious Diseases Hospital (at present closed). It seemed clear that the proportion of Infectious Diseases beds was disproportionate to the normal needs of the area, taking into account the average occupation of these beds over recent years. Other obvious deficiencies were :—

(1) Shortage of general hospital beds. (On 31st December, 1948 there were 1,952 patients on the hospital waiting lists).

(2) Need for improvement in accommodation and amenities generally, together with additional beds for Tuberculous patients.

(3) Unsatisfactory nature of arrangements for accommodating chronic sick patients and need for active treatment of these patients.

(4) Need for the establishment of improved services for mental patients.

(5) Inadequate Out-Patient Departments and need for extending diagnostic and treatment facilities.

37. Possible immediate developments which would ensure the best use of available bed-space and improve conditions generally led to the following proposals :—

(a) Ashton Hospital to be converted into a hospital for chronic sick patients by using the existing buildings supplemented by two hutments (known to be available at that time) which, when re-erected in the Ashton Hospital grounds, would provide alternative accommodation for the 71 patients now housed at the Welfare Home.

AERIAL VIEW OF THE ROYAL ALBERT EDWARD INFIRMARY, WIGAN, INCLUDING CHRISTOPHER HOME

Scott & Foley

BILLINGE HOSPITAL, BILLINGE, near WIGAN

(b) Utilisation of certain wards at Astley Infectious Diseases Hospital as children's wards, thereby releasing beds allocated to children at other hospitals and making them available for adult patients. (These schemes did not materialise, as is subsequently noted in paras. 43 and 44).

38. In addition to these proposals, there was an obvious need for early attention to the structures and state of decoration of some of the hospital buildings where maintenance work, deferred during the war, had brought conditions down to the very minimum standards. Very soon after the appointment of a Group Hospitals Engineer a Maintenance Works Department was set up, at first based at Wigan, but later extended to the Leigh side, and a sub-depot with its own staff is now established there. This Maintenance Department has been very fully occupied since its inception, but it is likely to be some little time yet before all arrears of work can be dealt with. Several of the hospitals have maintenance men on their staff, and at these the work of restoration is proceeding.

Hospital and Clinic Services.

In-Patient Accommodation.

39. It was readily recognised that unless schemes were already in progress when the hospitals were transferred, there was little, if any, prospect of early sanction to new building schemes and, even if sanctioned, it would take some considerable time before work on such schemes could be put in hand. There was a chance that if a scheme was largely one of adaptation, involving little in the way of materials and labour, such a scheme, if viewed favourably by higher authority, might develop quickly and be achieved in a comparatively short space of time. The only course open to the Committee, therefore, was to make the best possible use of existing beds with whatever further benefits could be derived by re-arrangements and possible adaptations of a minor character and to consider larger schemes as part of its long-term programme of developments.

40. In giving effect to this policy, the Committee decided to use accommodation in the Christopher Home for the treatment of Tonsils and Adenoids among children who had previously been treated as Out-Patients, and arrangements were made for the children to be retained in the Home for one or two nights. Since this arrangement started in September, 1948, over 600 children have been treated.

41. It should, perhaps, be explained here that all schemes of hospital development are really the responsibility of the Manchester Regional Hospital Board, with Ministerial approval, but in practice most development schemes will be initiated at Hospital Management Committee level, unless planned on a regional basis, and will be viewed by the Board in relation to the needs of the locality concerned.

42. The allocation of beds at the 5th July, 1948, was as follows :—

Acute General	408
Chronic Sick	360
Maternity	56
Mental	196
Infectious Diseases	238
Tuberculosis	28
	1,286

43. As mentioned previously, the Hospital Management Committee considered that certain wards at the Astley Hospital could be conveniently allocated for use as children's wards. The Board could not agree to this proposal and for a time the position remained dormant but after further approaches, the Board have very recently agreed to a ward at Astley Hospital being allotted for surgical cases and a proposal to use a further ward for Tuberculous patients is undergoing examination. There is a first-class fully-equipped operating theatre at the Astley Hospital.

44. The Committee also placed before the Board their proposal to use the Ashton-in-Makerfield Hospital for chronic sick patients, but this scheme was also rejected by the Board. Further consideration resulted in an alternative scheme for utilising the hospital as a continuation hospital for maternity patients from Billinge, where patients are frequently discharged within a short period after confinement. It is pleasing to report that the Board are favourable towards this revised scheme and it is hoped that before very long these new arrangements will be in operation. The two developments just mentioned are strictly outside the period of this report, but are referred to here to show that some progress has been made in this direction. Certain other proposals affecting the bed states at Wigan and Leigh Hospitals have received the Committee's attention during the year, and are referred to in the following paragraphs.

45. A scheme for extending the operating theatre suite at Wigan Infirmary (initiated by the late Board of Management but now modified to meet changed conditions) has been approved by the Regional Board in its first stage. The scheme involves the demolition of the Crawford and Lancaster Ward block, the outer shell of which is badly fractured, but incorporates a new ward block of 34 beds. The work will be carried out in four stages, the first of which is the erection of a covered way between the existing Red Cross Ward and the Christopher Home, at an estimated cost of £11,000. Stage 2 provides the new ward block, and Stage 3 the demolition of Crawford and Lancaster Wards and the provision of an additional operating theatre. The fourth stage of the scheme will be the erection of a permanent building for re-housing the Orthopaedic Department and Re-habilitation centre. It is estimated that the complete scheme will cost £150,000.

46. A scheme is being prepared for the erection of a maternity unit of 100 beds adjacent to Billinge Hospital. In its present form it is anticipated that this new hospital unit will be separately administered except for general services such as heating, lighting, catering, laundry, etc., which could be provided very conveniently by the main hospital. This scheme is being examined by the Regional Hospital Board. A number

of beds at this hospital has been allocated to general surgery and are in use by patients from the Wigan Infirmary waiting list. A certain number of beds have also been allocated for general medical cases under specialist supervision. This arrangement is proving very successful, and has enabled many patients to receive earlier treatment.

47. It is also appropriate to mention here the Committee's plan for extending the services provided at Firs Maternity Home, Leigh, which mainly serves the districts of Leigh, Tyldesley and Atherton. The Home has until now functioned as a lying-in hospital only, those pateints suffering from abnormal conditions being transferred to hospitals in and around Manchester. A complete obstetrical service is about to commence at this hospital, and the Committee is seeking to establish with the Board the need for a 50-bedded maternity hospital to serve the requirements of the Leigh area. If this need is established, it will proceed with a scheme for enlarging the existing hospital buildings.

48. Pemberton hospital is not scheduled for major development, as the site and buildings are so unsatisfactory. A scheme for making the verandah and the ward proof against inclement weather which will enable eight additional patients to be accommodated all the year round has been prepared by the Committee and placed before the Board for inclusion as part of the scheme of works to be carried out during the next financial year, and it is hoped that the scheme will receive the Board's approval in view of the acute shortage of hospital beds for tuberculous patients.

49. As has been previously mentioned, a proposal to make beds at Astley Hospital available for tuberculous patients is now under consideration.

50. One of the wards at Whelley Hospital is now being used for treating patients suffering from pneumonia and similar conditions. This arrangement has the effect of relieving the pressure on emergency beds at Wigan Infirmary and will thus help in reducing the waiting lists of medical cases. In the event of an epidemic of any infectious diseases of the notifiable kind, the full number of beds could be made available for such patients at very short notice.

Mental Patients.

51. Patients suffering from mental conditions are accommodated at two of the Group's hospitals, namely, Atherleigh and Billinge. At neither of these hospitals are there facilities for curative treatment of mental conditions, the services provided being more or less a continuance of those for which the former Poor Law Authorities were lately responsible. The existence of such accommodation is made necessary by the nation-wide shortage of beds for mental patients and it is somewhat disappointing to note from the Annual Report published by the Board of Control that overcrowding in mental hospitals has increased during the period January, 1948 to January, 1949 from 11.7% to 12.2%, and according to the report there seems little prospect of great strides forward with any building programmes. Only 105 new beds were added during that year, bringing the total accommodation for this class of patient to 144,725. The Committee is anxious, however, to do what it can to make life more interesting for these unfortunate patients and has appointed a trained

officer who will develop occupational therapy among these patients—a service already commenced in a small way by the nurses. It is also expected that the services of a Psychiatrist will soon be available in this area.

Private Patient Accommodation.

52. The only hospital accommodation which has been set aside in this area for the treatment of fully private patients is that at the Christopher Home, Wigan, approved by the Minister for the accommodation of 20 patients desiring provision of accommodation under Section 5 of the National Health Service Act. Such patients are required to pay the full hospital charges for their accommodation, together with the medical fees of the consultants affording them treatment and any additional services, e.g., X-Ray, etc., with which they are provided. In addition to the fully private beds (commonly referred to as Section 5 beds) there are also what are known as Section 4 beds, i.e., beds in single rooms or small wards which, if not for the time being needed by patients on medical grounds, may be approved by the Minister for use by patients who undertake to pay for the accommodation such charges, designed to cover part of the cost thereof, as may be determined in the prescribed manner. The Minister has determined that the accommodation provided in single rooms under this arrangement shall be charged for at the rate of 6/- per day, and that in small wards 3/- per day. Six Section 4 beds have been allocated at the Christopher Home (all in single rooms) and six beds in small wards at Leigh Infirmary have been similarly scheduled. No charges, other than those just mentioned, are payable by patients using these beds for any other hospital services provided in connection with their treatment. Any patient requiring privacy on medical grounds may be provided with it free of charge.

Semi-Convalescent Treatment.

53. Much thought has been given by the Committee to the use of the Sunnyside Annexe at Southport since the appointed day. In 1944, the Board of Management of the Royal Albert Edward Infirmary, Wigan, purchased Sunnyside Mansions Hotel, to be used :—

(a) As a Convalescent Home ;

(b) For post-operative cases to assist in relieving the large waiting list for admission to Wigan Infirmary ;

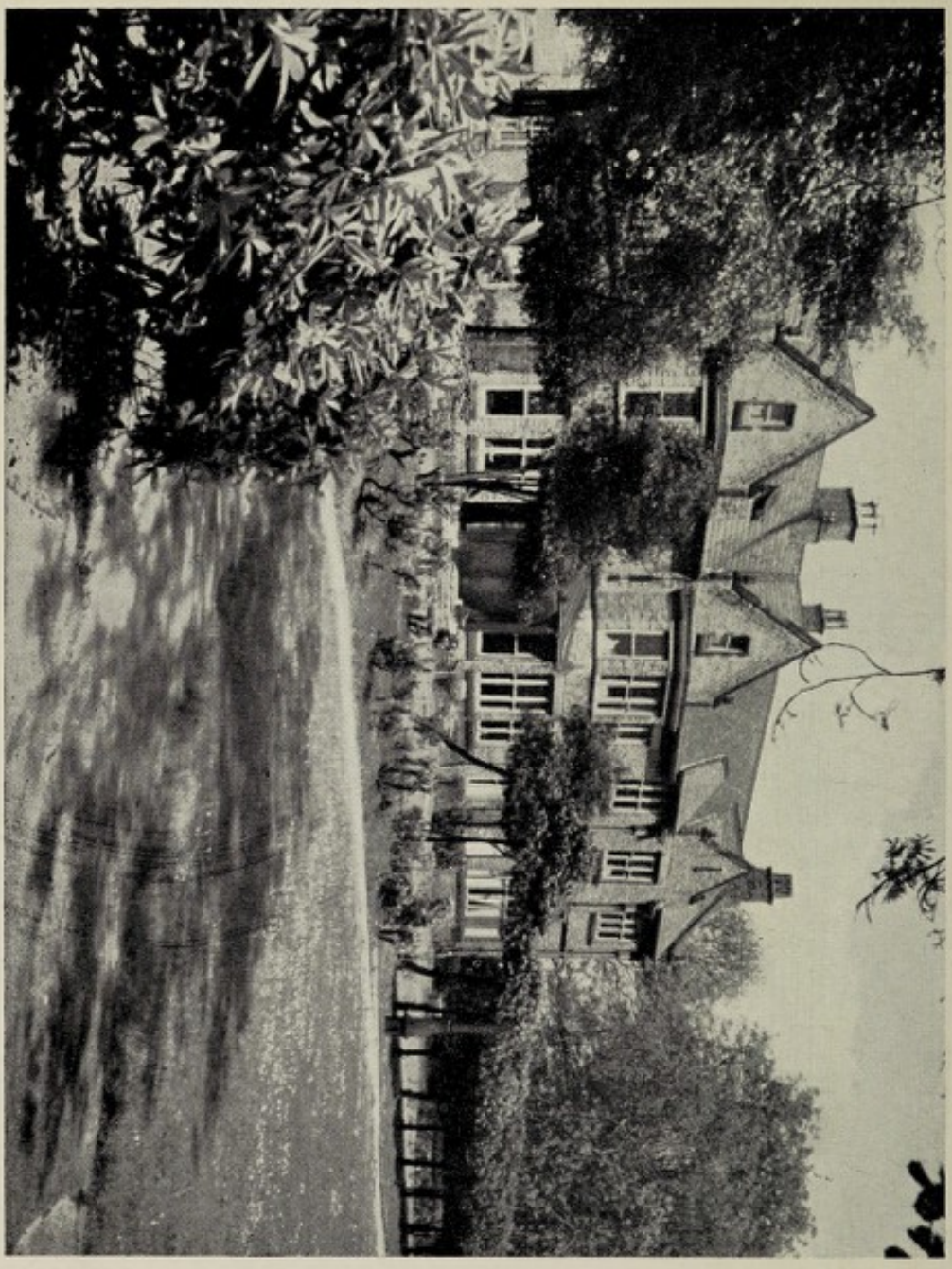
(c) As a Preliminary Training School for Nurses.

It was realised that the possession of the premises could not be obtained before the termination of the war.

The Preliminary Training School for Nurses was established on the 1st April, 1947, and patients from Wigan Infirmary were first sent to the Annexe on 18th July, 1947. An increasing number of patients has been sent, and the average occupation for the year ended 31st December, 1948 was 40. During this period 832 patients were treated at the Annexe. All the 62 beds available would have been used had staff been available.

55. Under the National Health Service Act, the Sunnyside Annexe now comes in the Liverpool Regional Hospital Board's area and the administration of the Annexe is in the hands of the Southport and District Hospital Management Committee. Strong representations were made to the

AN EASTERLY VIEW OF THE LEIGH INFIRMARY, LEIGH



FIRS MATERNITY HOME, LEIGH

Manchester Regional Hospital Board for the Annexe to be placed under the control of the Wigan and Leigh Hospital Management Committee, as the Annexe had been acquired and equipped by Wigan Infirmary Board of Management at a cost of £45,000 for the use of patients in the Wigan area but, unfortunately, the Manchester Regional Board were unable to bring about any change in the position, although it was pointed out to them that the Minister of Health had stated, on the 4th June, 1946, in the House of Commons :

> " It is our conception that the word " area " includes the power for a Regional Board not possessing a particular institution to reach over and embrace such other hospitals as may be necessary to complete the whole of its service. That is our intention and if the language (of the Bill) does not fit, it will be changed."

56. After long negotiations with the Manchester Regional Board and in view of the fact that the Ministry themselves were unwilling to receive a deputation from the Wigan and Leigh Hospital Management Committee, the Board suggested that the Committee should accept the position and endeavour to work in full harmony with the Southport and District Hospital Management Committee, who had the statutory right and duty to administer the Annexe.

57. The Committee was not prepared to accept this position and communicated further with the Regional Board who have now given an assurance that nothing will be done to disturb the present arrangements (under which the Committee has the full use of the beds at the Sunnyside Annexe) without adequate notice sufficient to enable the Manchester Regional Hospital Board to make suitable alternative arrangements. The Committee felt that with this assurance no further action should be taken whilst the exclusive use of the Annexe is maintained for the benefit of patients from the Committee's hospitals but should there be any alteration in these arrangements, the Committee will make the strongest possible representations to ensure that Sunnyside can be retained for the benefit of Wigan and Leigh patients who so badly need an outlet on the coast.

58. Two members of the Hospital Management Committee have been appointed members of the House Committee which is responsible for the day to day administration of Sunnyside.

Out-Patients.

59. Out-patient facilities at hospitals in this Group are, generally speaking, unsatisfactory. Apart from the Chest Clinics, catering for tuberculous patients, general out-patient departments exist at the Wigan and Leigh Infirmaries.

60. The department at Leigh Infirmary has no separate building but is housed under difficulties in small rooms and corridors adjacent to the main entrance. In order to improve conditions, certain modifications have been carried out by the Committee's Works Staff. Plans for a new Out-patient Department had been prepared by the former Leigh Infirmary Board some years ago, and these are now being re-modelled by the Committee's architect in collaboration with the Regional Hospital Board's architect, and every effort is being made to proceed with this scheme quickly.

61. The Wigan Out-patient Department, a separate building with corridor connections to the main hospital, has for some time now been inadequate for the work it is called upon to do, especially as the number of attendances has continued to grow and has increased to 123,737, compared with 118,055 for the previous year. It has been necessary to establish additional Out-patient sessions for Medical, General Surgical, Orthopaedic and Dermatological cases, and requests are being considered for the establishment of a Diabetic Clinic and an additional session for Gynaecological cases and a Fracture Clinic.

62. Conditions in the Orthopaedic section, which is housed in the basement where the Orthopaedic Surgeons and Physiotherapists have to work together are unsatisfactory. To remedy this an attempt is being made to remove Orthopaedic patients from the main building by providing alternative accommodation at ground floor level. The building contemplated may be a temporary structure, consisting of a number of ex-Army hutments sited on spare land between the Hospital and the Christopher Home. The Regional architect now has this matter under active consideration in consultation with the newly-appointed Orthopaedic Surgeon.

63. The X-Ray Department is another section which has found limitations of space retarding its work, but this section is in a somewhat happier position in that an adaptation scheme has reached its final approval stage, and work will soon go ahead on these adaptations and on the installation of a 400 M/A X-Ray set, which will facilitate the Department's work. This new X-Ray apparatus is already on site.

64. There is one other scheme designed to improve facilities for Out-patients, namely a proposal to amalgamate the two Wigan Chest Clinics, now housed at Millgate and Mesnes Park Terrace. The work of these two Clinics, it is expected, will be concentrated in the very near future at the Millgate premises where a new X-Ray set is to be installed and with two Chest consultants in attendance, this should lead to an improved service in the treatment of patients. The accommodation at Mesnes Park Terrace is likely to be used as a central office for Tuberculosis Services in the Wigan and Leigh areas.

Medical Services.

65. The medical services available at hospitals in the Group have improved steadily during the year and it is hoped they will soon be fully staffed in accordance with standards recently agreed upon by the Regional Board, although during the year difficulty has been experienced in filling junior medical posts.

66. Besides increased work done by consultants in the various specialties, the establishment of full-time Registrars and House Officer appointments has been increased to ten Registrars and eight House Officers. With the increase in time given by consultants and the new appointments of Aural Registrar, Obstetrical Registrar, Medical Registrar and Anaesthetic Registrar, a better service will be given to patients. The medical staff is now interchangeable between hospitals and during the year consultants visited hospitals which were not previously served by such staff.

67. The policy is for the medical staffs to work as far as possible in "teams" for the different specialties. Each "team" will consist of a specialist, one or more registrars and house officers as may be necessary and will serve all the hospitals in the Management Committee area. The changes in staff which have recently taken place and which are referred to below have largely taken place owing to the operation of this policy.

68. Hospital services are closely allied with the health services which are provided by the Local Authorities, and to ensure the closest co-operation and harmonious working, meetings are held from time to time between the medical staff and officers of the Management Committee and the Medical Officers of the Local Authorities.

69. A further link between the two services is provided by a representative of the Hospital Management Committee serving on the Wigan County Borough Health Committee and on two of the Divisional Health Committees of the Lancashire County Council.

70. The following changes in the medical staff have taken place during the year :—

(1) Mr. A. Kirk Wilson appointed as Senior General Surgeon to the Wigan and Leigh Group of Hospitals

(2) Mr. W. Weatherston Wilson appointed as Assistant General Surgeon to the Surgical Unit.

(3) Dr. R. H. Taylor, Consultant Physician at Wigan Infirmary, placed in charge (temporarily) of medical arrangements at Whelley Hospital and the Hospital Block at Frog Lane Welfare Home.

(4) Mr. E. H. L. Cook appointed Ophthalmic Surgeon in succession to Mr. J. A. McCann.

(5) Mr. C. H. Cullen, already Orthopaedic Surgeon at Leigh Infirmary, has been appointed Orthopaedic Surgeon in succession to Mr. F. C. Dwyer.

(6) Mr. R. L. Hartley appointed as Gynaecologist in succession to Miss M. H. Mayeur.

(7) Dr. W. Edge, Medical Superintendent of Ladywell Sanatorium, appointed temporarily as Acting Medical Superintendent of Astley Hospital.

(8) Dr. J. H. Young appointed Medical Officer at Firs Maternity Home.

71. The following additional resident medical appointments have been made :—

(a) A Resident Obstetrical Officer at Billinge Hospital to assist Mr. R. L. Hartley.

(b) A Resident Medical Officer at Whelley Hospital who, besides being available for patients at the hospital, also visits Frog Lane Welfare Home and attends Out-patients sessions at Wigan Infirmary.

72. During the period under review the Wigan hospitals have suffered losses of valuable services with the departure of several consultants who had long associations with Wigan Infirmary. Mr. J. Burke Ewing left in consequence of his appointment as Professor of Clinical Surgery at Ottawa University. The following consultants have left chiefly in view of their increasing commitments in Liverpool, and expressions of

appreciation have been conveyed to them by the Committee for the valuable work they have rendered in the past to the people of Wigan and District :—Mr. F. C. Dwyer, Orthopaedic Surgeon ; Mr. J. A. McCann, Ophthalmic Surgeon, and Miss M. H. Mayeur, Gynaecologist. It is the sincere hope of the Committee that these consultants will continue to meet with success in their new spheres of work.

Nursing Services.

73. The nursing services at hospitals in the Group have been maintained during the year, due to the unflagging interest of the nurses in their work. The shortage of nursing staff has been most acute at Leigh Infirmary, despite repeated efforts to recruit both trained staff and students by means of advertisement and other publicity. The position has improved slightly at the time of writing this report and to help forward this upward trend it is proposed to hold a recruitment campaign in the Leigh area during the autumn. It has been the practice of most hospitals when hindered by shortages in nursing staffs to engage private nurses through the medium of Nurses Employment Agencies but, with the introduction of new National Salary Scales for Nurses in general hospitals, the Minister of Health has intimated that the practice must now cease, and has instructed all hospital authorities to terminate contracts of this nature. Nurses now employed by these agencies are to be offered direct employment by Hospital Management Committees.

74. That the standards of nursing in our hospitals are of high quality is vouched for by the many letters of appreciation which are received from time to time from patients and their relatives. The Committee expresses sincere thanks to all Nursing Staffs for a good and worthwhile job done under difficulties. It is particularly grateful for the encouragement afforded by the Matrons and other administrative nursing staffs on whom rests the responsibility of a successful nursing service.

Retirement of Nursing Staff.

75. In September, 1948, Miss S. J. Storey retired from her post of Matron at the Firs Maternity Home after 21 years' service. The Committee has placed on record its sincere thanks to Miss Storey for the long and faithful service she has given. Miss B. Murphy, formerly Maternity Sister at Billinge Hospital, was appointed to succeed Miss Storey as Matron of the Home.

76. Appreciation is also recorded of the services rendered by Miss A. Webb to Leigh Infirmary, prior to her retirement on the 31st August, 1948. Miss Webb was in the service of Leigh Infirmary for over twenty-two years, holding various nursing appointments, and was Assistant Matron of the Hospital at the time of her retirement. For a number of years during the war she was acting Matron in the absence on military service of the Matron.

Training.

77. The training of student nurses has continued to meet with success, although increasing demands upon the time of medical personnel has restricted the frequency of lectures. No doubt this position will return to normal when the full medical staffing standards are attained. When the Nurses' Bill, now before Parliament, passes to the Statute Book,

drastic changes will take place in the training of student nurses, and this factor is bound to overshadow any discussions on future training policy. The new regulations from the General Nursing Council in connection with training which come into operation in 1951 are being studied, and the possibility of forming a Group Training School is being considered.

78. Successful students at examinations of the General Nursing Council, held during the year were :—

15 Nurses passed the Final State Examination ;
19 Nurses passed Part I Preliminary State Examination ;
28 Nurses passed Part II Preliminary State Examination.

Catering Services.

79. Since the take-over of hospitals most of the larger establishments have been visited by dietetic advisors to the Ministry of Health, and following their visits reports have been received instancing possible administrative and service improvements in the catering arrangements at these hospitals.

80. Large scale improvements in accordance with these recommendations have not been possible because of the need for strictest economy, but financial provision is being made to enable them to be implemented next year. The work includes various items of central kitchen and ward kitchen equipment, refrigerators, gas cookers and the like.

81. During the year a Catering Officer has been appointed at Wigan Infirmary. It is the Committee's intention in due course to appoint a Group Catering Officer, whose duty will be to supervise the catering arrangements at all hospitals in the Wigan and Leigh Group.

82. At Whelley Hospital, where the central kitchen arrangements have proved inadequate, a scheme was included in this year's financial programme for re-arranging the kitchen and introducing up-to-date cooking equipment. This scheme has been approved by the Board, and the work, which will cost £750, is now almost complete.

Laundry Services.

83. At several of the hospitals in the Group, the laundries are out of date, inadequate in size and the machinery is almost worn out. These circumstances led the Committee to give consideration to the future policy to be adopted in regard to laundry services and it was felt that definite benefits could be derived from centralising the work at one or more laundries in the area.

84. Expert advice was sought from the Institute of British Launderers and after their representative had inspected the laundries concerned they submitted a full report on the matter. The report stated that the only laundries which came within modern standards were those at Astley, Billinge and Atherleigh Hospitals, and suggested that in order to provide a more efficient service, economically run, the laundry services of the Group be concentrated in these units.

85. The Committee has approved this report in principle, and the new arrangements will be put into operation on a small scale, in the first instance and gradually developed as circumstances permit.

Pharmaceutical Services.

86. A survey was made of the pharmaceutical requirements of the various hospitals in the Group. This suggested that co-ordination of the pharmaceutical services could be inaugurated, and Mr. C. H. Blenkiron, Pharmacist at Wigan Infirmary, was appointed to be in charge of the pharmaceutical services of the area. A full-time Pharmacist was appointed to the Leigh group of hospitals and is responsible for their pharmaceutical supplies. Billinge Hospital, Whelley and Pemberton Hospitals, Frog Lane Welfare Home and the Wigan Chest Clinics are based on the Royal Albert Edward Infirmary, Wigan, for their supplies.

The Hospital Eye Service.

87. It is the policy of the Minister to establish a complete Hospital Eye Service in each of those areas of Hospital Management Committees providing general medical services. No complete service is yet available at hospitals in this Group but consultant staffs hold clinics at Wigan Infirmary, where patients may be advised as to their optical requirements and prescriptions issued where necessary for dispensing by local opticians. When this service is fully developed in accordance with the Minister's policy, optical appliances will be available directly through the hospital service and all prescriptions will be dispensed there. The newly-appointed Ophthalmic Surgeon is investigating the possibility of commencing clinics at Leigh Infirmary. Consideration is being given to the establishment of an Orthoptic Clinic to deal with the treatment of squints in children.

Blood Transfusion.

88. An extremely important section of hospital work is the Blood Transfusion Service. Blood Transfusions are being used more and more frequently and demands upon the service are ever increasing, with the result that difficulty is being experienced in meeting the need. Additional donors are, therefore, urgently required. The service is now organised by the Manchester Regional Hospital Board with Headquarters at the Manchester Royal Infirmary, where the blood is stored and issued to hospitals as required. The collection from donors is arranged by local committees both in Wigan and in Leigh, working in co-operation with the Regional Board, and is carried out from time to time at suitable centres in the area. In many cases a patient's life is saved only by a Blood Transfusion, and it is essential that such a service be maintained. This cannot be done, however, unless members of the public volunteer as blood donors, and anyone who is willing to serve in this capacity is asked to communicate with the Blood Transfusion Officer, Manchester Royal Infirmary, Manchester, 13. Full particulars can also be obtained on application at any hospital.

Services of Almoner.

89. A large problem which has not yet been satisfactorily solved is the need for integrating the services provided by the Hospitals and Clinics with the After-Care services, which are the responsibility of local Health Authorities, Government Departments and various Voluntary Organisations. It has not yet been possible to introduce the services of trained Almoners at the various Hospitals in the Group, but the Com-

mittee still has this question under review. Among the functions of an Almoner, the following can be mentioned :—to ensure as far as possible that all patients shall benefit to the full by the treatment prescribed ; to act as a link between the Hospital Services and outside agencies ; and to assist patients by seeking to remove any worries which may have a detrimental or retarding effect upon the medical and nursing attention received.

Welfare of Patients.

90. The Committee constantly has in mind the welfare of patients, and has introduced an appointments system for patients attending the Out-patients Departments at Wigan and Leigh Infirmaries. These arrangements, which commenced in Wigan on 1st January, 1949, whilst reducing the waiting time of patients before they receive attention, will not succeed in eliminating waiting altogether, and this has never been expected. Their introduction has, however, resulted in the virtual disappearance of the congestion prevalent under the old system but inevitably with the increasing demands upon the specialist services available at these departments it has become necessary to book appointments in many cases for some time ahead. It is not yet possible to assess the value of this service at Leigh, since the arrangements were only introduced on 1st July, 1949.

91. Coupled with the appointments system, the "unit" system of medical records was introduced. The chief advantage of this method is the comprehensive recording in one document of medical data relating to each patient attending the Department irrespective of the Department which provides the treatment. By this means the complete medical history of the patient (in-patient or out-patient) is available so that the specialist consulted has full information of previous treatments the patient may have received and is able to correlate factors arising in earlier history which may have some bearing on the patient's present condition. This may assist diagnosis and the speedier location and remedy of the trouble. In due time these records will provide statistical data, the study of which will assist very greatly the selection of those services where development should be the most rapid and will supply the Committee with much useful information.

92. All welfare arrangements for patients which existed at the respective hospitals before the change are being continued, e.g., library facilities, free newspapers in some hospitals, and issues of comforts to certain long-stay patients. Further facilities are being provided so far as can be permitted whilst exercising the strictest economy during this period of financial stringency, but no doubt much more will be possible in this direction during the coming year.

93. The system of house visitors which has operated for many years at Wigan Infirmary and also at Leigh Infirmary is being continued so that any matters affecting the welfare of in-patients at these hospitals can be brought to notice without undue delay.

Work of Special Departments.

X-Ray.

94. The demand for X-Ray examinations of all kinds has increased during recent years. This factor, together with the increase in the

number of patients, has meant that the X-Ray Departments have, during the year ended 31st December, 1948, been called upon to do a vast amount of work, as the following figures show :—

	Number of X-Ray Examinations.
Wigan Infirmary	16,097
Leigh Infirmary	8,598

95. In the case of the Department at the Wigan Infirmary, the volume of work has increased to such an extent that the need for additional apparatus became most urgent, and, as previously mentioned, a new Set has been delivered and is about to be installed. The cost of this set and the adaptations in the Department, amounting to £5,000, have been approved by the Regional Board.

96. At the present time the Department at Leigh Infirmary is able to cope with the work there, but when the new Out-patient Department is established, increased accommodation will be required. For this reason the plans for the new Out-patient Department (already referred to) include the provision of X-Ray facilities.

97. X-Ray apparatus is also installed at the Chest Clinics, where improvements are also being brought about as has already been mentioned.

98. As yet there is no X-Ray Department at Billinge Hospital, and patients who are in need of X-Ray examinations have to be conveyed to the Wigan Infirmary. In order to avoid this, and also due to the development of the work at Billinge Hospital, a scheme is being prepared to establish an X-Ray Department at that hospital and it is hoped that in the near future, the new department will be in use.

Laboratory.

99. The Laboratory Service is one which is of the utmost importance, and the work is constantly increasing. The main laboratory for the area is at Wigan Infirmary, with subsidiary laboratories at Leigh Infirmary and Astley Hospital. Dr. J. L. Dales is Pathologist-in-Charge, and an Assistant Pathologist is shortly to be appointed.

100. Over the past year there has been a general increase in the amount of work handled by the laboratories and especially by that at Wigan Infirmary. Taking over the work of the three Chest Clinics in the area has resulted in a great increase in the numbers of Tuberculosis investigations, and as the laboratory has also had an increase in the amount of work sent from Wrightington and Billinge Hospitals the general increase in the number of bacteriological and haematological investigations is very marked.

101. The accommodation at Wigan Infirmary is much too small for the work which has to be done, and a scheme has been prepared to provide an entirely new laboratory as part of the extension scheme already referred to in this report. As this project will take some time before it can be carried out, permission has been obtained to adapt the old decontamination block in the hospital grounds for laboratory purposes, at an estimated cost of £1,000. The work, which has been undertaken by the Committee's Works Staff, is almost completed, and this additional accommodation will ease the position temporarily.

102. The facilities for keeping guinea pigs which are essential for certain laboratory tests are urgently in need of improvement in order to comply with Home Office requirements, and a scheme to provide new accommodation has been submitted to the Regional Board.

103. The Laboratory work at Leigh Infirmary was carried out in a room in the Out-patient Department. Arrangements have been made, however, to provide a laboratory in another part of the hospital, and the new accommodation was brought into use during the early part of 1949. This re-arrangement has enabled the laboratory work to be carried out in better conditions, and additional space has also been made available for Out-patients.

104. At the Astley Hospital the laboratory facilities have not been used to the full as the hospital has had only a few patients, but when additional accommodation there is brought into use for general surgical and tuberculosis patients, more laboratory work will be undertaken.

105. Figures showing the number of examinations carried out during the year ended 31st December, 1948, which includes work done for Astley Hospital, the Lancashire Executive Council, and Public Health Authorities, are as follows :—

Wigan Infirmary, Laboratory ...	19,333
Leigh Infirmary, Laboratory ...	3,924
	23,257

Domiciliary Specialist Service.

106. Under the National Health Service Act a bureau for Domiciliary Specialists' visits has been established at Wigan Infirmary, where calls are received from General Practitioners when specialists are required to see patients who are unfit to attend at hospitals. During the year ended 5th July, 1949, 324 calls were dealt with through this bureau.

Purchase of Supplies and Equipment.

107. A Supplies Department has been set up at the Committee's Headquarters, to deal with the purchase, maintenance and distribution of supplies and equipment.

108. The whole question of efficient buying has been carefully investigated and contracts have been entered into on an area basis for the supply of foodstuffs, fuel and other commodities. As a result of these contracts, a substantial saving in expenditure has already been achieved. Further contracts, and standardisation of certain supplies and equipment are under review, but, as the Ministry of Health have intimated that eventually most items of hospital supplies and equipment will be purchased under contracts arranged by the Ministry, such contracts under review will be subject to this future policy. Already central contracts have been arranged by the Ministry for X-Ray films.

109. In conjunction with the Finance Department a system of Stores accounting has been introduced into the hospitals of the Group which gives a complete record of the receipt, issue and balance in store of all commodities.

Finance.

110. The financial arrangements connected with Hospital Management Committees are governed by regulations issued by the Ministry of Health at the commencement of activities under the National Health Service Act. These regulations, styled the National Health Service (Hospital Accounts and Financial Provisions) Regulations, 1948, prescribe the form of accounts to be kept, and provide for separate accounts in respect of each hospital of capital expenditure and maintenance expenditure and income respectively, and for the administrative expenditure of the Committee controlling each group. Cost and Store accounts are also required to be kept, in order that full financial control may be maintained over the expenditure of public money, and to enable comparisons to be made as between hospitals of the same size and providing the same services.

111. Probably more important than the control effected by the above provisions is the requirement that estimates of all expenditure and income have to be submitted for approval to the Regional Boards and finally to the Minister of Health and to Parliament long before the period to which the estimates relate, with provision for applications for supplementary estimates from time to time, to cover unforeseen items. In order that regard may be had to the actual rate of expenditure, provision is made for the revision of the original estimates during the course of the financial year concerned. The estimates referred to are prepared in very great detail in respect of each hospital and aggregated for the Committee as a whole for Regional Board purposes.

112. As an indication of the amounts involved, the revised estimated expenditure of the Committee for the period 5th July, 1948 to 31st March, 1949, was £288,817.

113. This expenditure is met by monthly advances from the Regional Hospital Board who, in turn, are financed by monies obtained from the Treasury. These advances are made to a large extent from National Taxation and also in a smaller degree from contributions of insured persons under the National Insurance Act.

114. In addition to the official monies mentioned above, expenditure may also be made out of the Hospital Management Committee's Endowment Fund. This Fund is built up from donations for Patients' Comforts, etc., and from legacies to individual hospitals, together with the Committee's share of the income from Endowment Investments taken over from the ex-voluntary hospitals on the 5th July, 1948, by the Minister of Health. These are generally termed "free monies," and the amount received by this Committee to the 31st March, 1949, was as follows :—

	£
Wigan Infirmary	710
Leigh Infirmary	1,526
Pemberton Hospital	1
Committee's share of Ministry of Health Central Endowment Fund	364
	£2,601

115. It will be seen therefore, that voluntary contributions can still be accepted, and any donor can specify the particular hospital and purpose on which the contribution should be expended (e.g., Patients' Comforts, Medical Research, Nurses' Comforts, etc.).

Christmas-Time in Hospital.

116. It has always been the custom for hospital staffs to do all in their power to ensure that the right atmosphere is created for those patients who are unfortunate enough to be in hospital at Christmas-time, and members of the public have from year to year assisted the staff in their efforts by generous contributions of money and gifts in kind.

117. Although the Government did allow Christmas fare to be provided out of Exchequer Funds it was realised that there was much that could be done by voluntary effort to make the patients' lot a happier one during the season's festivities, and in November, 1948, the Mayors of Wigan and Leigh very kindly undertook to issue a Christmas Appeal. The response was most generous indeed, £813 9s. 10d. was raised, and helped to give the patients a happy time at Christmas. It is realised that a public appeal of this nature involves a considerable amount of work, and to the Mayors of Wigan and Leigh, and to all those who so kindly responded to the Appeal, the Committee extends sincere thanks and gratitude.

118. On Christmas morning, the Mayor of Wigan and civic representatives, together with the Chairman and members of the Hospital Management Committee, toured the hospitals in the Wigan area and conveyed the Season's Greetings to all patients.

119. In the Leigh area, the Mayor of Leigh and the Chairmen of the Atherton and Tyldesley District Councils visited the hospitals in their areas, along with members of the Hospital Management Committee, and extended Christmas Greetings to the patients. Later in the day, the Chairman of the Management Committee also visited the patients in the hospitals in the Leigh area.

120. To the Mayors and the Chairmen of the Councils, the Committee extends sincere thanks for their kind interest in the welfare of the patients.

121. The Nursing Staffs in the different hospitals, and also certain voluntary organisations kindly organised suitable entertainment for the patients in hospital at Christmas. This entertainment did much to brighten the patients, and the Committee is greatly appreciative of the efforts of all concerned.

Naming of Bed.

122. At one of the early meetings of the Hospital Management Committee, it was reported that during the year ended 31st March, 1948, Mr. E. Crook, of 55, Manley Street, Ince, had raised the sum of £280 14s. 5d. in aid of the Wigan Infirmary by organising dances and whist drives. Mr. Crook, and his father before him, have raised considerable sums yearly for the Infirmary, and the total has now reached £3,710 7s. 7d.

123. The Committee felt that these efforts were worthy of a special recognition, and in order to provide a record for all times, it was agreed that a bed in the Wigan Infirmary be named as a tribute to the work of Mr. Crook and his father.

124. The naming ceremony was held on 3rd. February, 1949, when Mr. F. W. Boggis, former Chairman of the Board of Management, unveiled a suitably worded plate which had been fixed to the bed. Mr. Crook, his father, and many of his friends who had assisted in his work, were present at the ceremony, along with representatives of the Hospital Management Committee. The Reverend A. M. Whitehead kindly dedicated the bed.

125. The Committee wishes to take this further opportunity of expressing to Mr. Crook and his father its grateful thanks for all they have done for the Wigan Infirmary.

Obituary.

126. The Committee records with regret the death on 30th April, 1949, of Dr. Joseph Jones, of Leigh, who was for very many years closely associated with the work of Leigh Infirmary as a member of the Honorary Medical Staff. He was also a Vice-President and Trustee of the Hospital, and he will long be remembered for the valuable and devoted service he rendered to the hospital and to the public of Leigh and district.

Thanks.

127. In spite of being financed by State Funds the Committee is pleased to record that the voluntary assistance given to the hospitals has been maintained in connection with the Linen League, the Library Service, House Visiting, Film Shows to patients, etc. It would be difficult to set out a comprehensive list of all who have assisted, but the Committee wish to express thanks to all who have in any way helped in the work of the hospitals by gift of money or by service. The Committee hopes that this assistance will continue, so that the best traditions of the old system may be maintained. In this connection, the Committee hopes it may be possible to organise a League of Friends in this hospital area in order to mobilise, encourage and maintain the interest of the public in the hospital services. (The Secretary of the Committee would be pleased to give further information to anyone who may be interested in the formation of a League of Friends).

CONCLUSION.

128. The first year under the National Health Service Act, 1946, has brought many changes in the internal affairs of the hospitals and clinics of this Group, and though no great developments have taken place, certain foundations have been laid which will, it is hoped, improve the services rendered to patients in the future. As far as the Wigan area is concerned, it is likely that Billinge Hospital will be extended and made the primary hospital centre, whilst Wigan Infirmary, whose buildings are not equal to the demands made upon them, will be expanded and its Out-patient and Treatment Departments improved.

129. The accommodation for sick patients at the Frog Lane Welfare Home is considered to be most unsatisfactory, and every effort will be made to remove the patients from these buildings as soon as alternative arrangements can be made.

130. In the Leigh area, it is hoped that the accommodation at Leigh Infirmary for In-patients will be increased. When alternative accommodation is found for the non-sick residents under the National Assistance Act, who at present use accommodation at Atherleigh Hospital, a scheme for extending the premises and modernising the services to provide adequate facilities for chronic and mental patients will be prepared. In the meantime, Astley Hospital will be used to a greater extent to relieve the pressure of work.

131. With the co-operation of the Manchester Regional Hospital Board and the public of the area, the Hospital Management Committee is determined to create a hospital service for this district which will meet efficiently the demands made upon it.

132. In conclusion, grateful thanks are accorded to all those who have helped the Committee in their work, help which is sincerely appreciated. Thanks are especially due to the Medical Staffs for their loyal co-operation and services ; to the Nursing Staffs for their continued devotion to duty, and to the Administrative Staffs for the readiness with which they have shouldered additional work and responsibilities during the year.

H. W. TOWNLEY, *Chairman*
T. W. HURST, *Secretary*

On behalf of the WIGAN and LEIGH HOSPITAL MANAGEMENT COMMITTEE.

In accordance with the unanimous desire of the Hospital Management Committee, I append to this Report our appreciaiton of the special service rendered by Mr. T. W. Hurst, Secretary, in the great task of initiating and effecting smoothly the transfer of responsibility from former Authorities to the Hospital Management Committee under the National Health Service Act, of the Hospital Service in the Wigan and Leigh area. A difficult and onerous duty has been efficiently and tactfully discharged by Mr. Hurst.

H. W. TOWNLEY, *Chairman*

Wigan and Leigh Hospital Management Committee.

19th September, 1949.

STATISTICS RELATING TO PATIENTS TREATED DURING YEAR ENDED 31st DECEMBER, 1948.

	HOSPITALS										CHEST CLINICS			
	Wigan Inf'y	Leigh Inf'y	Bil-linge	Ather-leigh	Welfare Home, Wigan	Ashton	Astley	Whelley	Pem-berton	Firs Mat'y Home	Leigh	Wigan Mill-gate	Wigan M.P.T.	TOTALS
BEDS (at 31-12-48)	x													
Bed complement	225	102	386	216	71	42	120	76	28	20				1,286
No. temporarily un-available		23				42			2					67
Daily occupation :														
(a) Average over year	194	68	315	153	65		54	44	26	14				933
(b) Highest in year ...	234	95	350	164	71		81	65	31	22				
(c) Lowest in year	162	42	280	146	48		24	20	21	6				
IN-PATIENTS														
No. in Hospital, 31-12-48	166	44	326	153	71		56	37	26	13				802
No. of Patients treated ... to conclusion	5,013	2,192	3,084	610	216		1,035	786	59	426				13,421
Average length of stay (days)	14.1	11.4	37.4	91.0	76.0	—CLOSED—	22.0	20.3	104.0	11.1				
No. of Births during year:														
(a) Live	83	1	965							412				
(b) Still	1		37							4				
OUT-PATIENTS														
No. of new patients during year	32,313	12,237	624						32	150	727	765	540	47,388
TOTAL attendances.....	123,737	74,387	2,688						1,518	797	4,092	5,866	4,574	217,659

x Including Christopher Private Patients' Home.

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