

Report of the Homes for Inebriates Association together with the Annual report of the Dalrymple House at Rickmansworth : 42nd (1925/26)

Contributors

Homes for Inebriates Association (Great Britain)
Dalrymple House (Rickmansworth, England)

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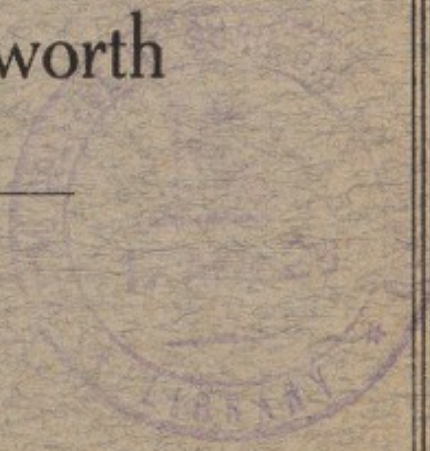
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REPORT
OF THE
Homes for
Inebriates Association
TOGETHER WITH THE
Forty-second Annual Report
OF THE
Dalrymple House
at Rickmansworth

1925-26



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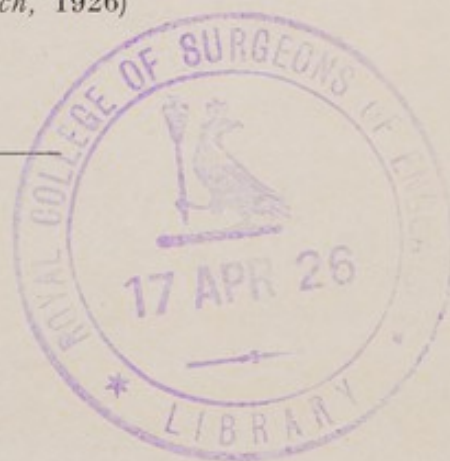


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REPORT
OF THE
Association
TOGETHER WITH THE
Forty-second Annual Report
OF THE
Dalrymple House
at Rickmansworth

(Adopted and ordered to be printed at the Annual General Meeting of the Association, held at 179 Marylebone Road, N.W.1, on Monday, 1st March, 1926)

1925-26



President :

Vice-Presidents :

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THE BISHOP OF LONDON	RT. HON. SIR C. DALRYMPLE,
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		F. A. STRIKE
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Resident Medical Superintendent :

DR. F. S. D. HOGG

THE CEDARS, RICKMANSWORTH

TELEPHONE : - 16 RICKMANSWORTH

Honorary Solicitor :

J. SWINFORD FRANCIS

Audit Committee :

T. M. V. VAUGHAN RODERICK

F. A. STRIKE

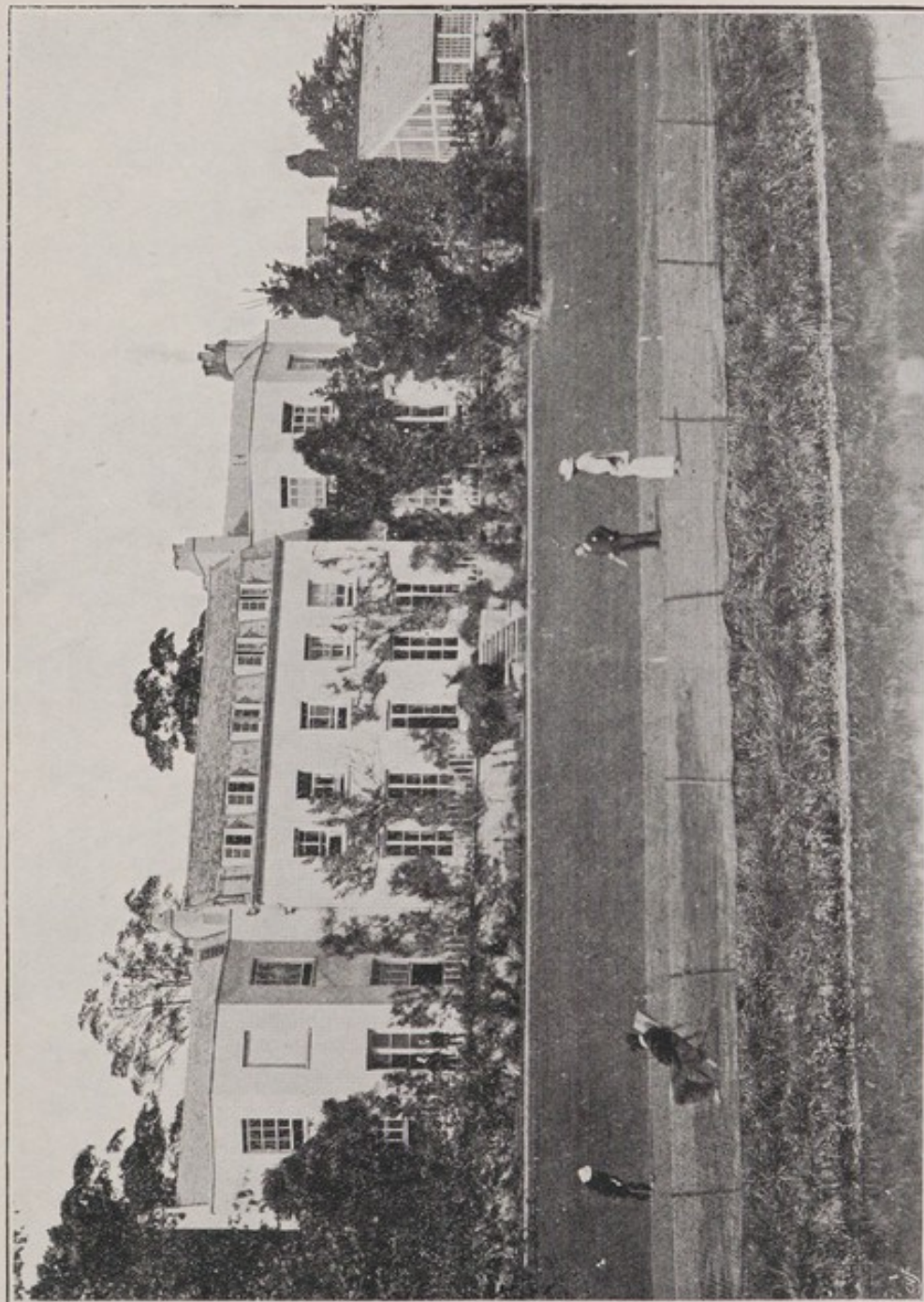
Auditors :

R. BARLOW TYLER, F.C.A.

F. A. STRIKE

Secretary :

J. SWINFORD FRANCIS, 173 MARYLEBONE ROAD, N.W.1



DALRYMPLE HOUSE, RICKMANSWORTH, HERTFORDSHIRE.

THE HOMES FOR INEBRIATES ASSOCIATION.

BALANCE SHEET AT 31st JANUARY, 1926.

LIABILITIES.			ASSETS.		
£	s.	d.	£	s.	d.
To Donations and Subscriptions :—			By Dalrymple House :—		
Balance at 1st February, 1925	3873	19 11	Cost of Freehold and Alterations	4722	19 4
Add Received during year ...	1	5 0	Improvements—Balance at 1st February, 1925	£467	2 0
			Less Depreciation at 5% per annum	£23	7 1
Patients' Fees received in advance	3875	4 11			
Sundry Creditors ...	204	1 3	„ Furniture and Utensils :—	443	14 11
Reserve for House Repairs ...	646	1 8	Balance at 1st February, 1925	1264	7 7
Dalrymple House Account :—	250	0 0	Additions during year ...	9	10 6
Balance at 1st February, 1925	2799	7 1			
Add Surplus for year ending 31st January, 1926 ...	259	13 11	Less Depreciation at 10% p.a.	1273	18 1
			Sundry Debtors :—	127	7 10
			Patients' Fees ...	70	13 6
			Expenses paid in advance ...	39	12 3
			Stock in Hand at 31st Jan., 1926 :—		
			General Stock ...	56	8 6
			Poultry ...	30	0 0
			Cash :—		
			Deposit A/c Rickmansworth ...	1000	0 0
			Current „ „	441	11 0
			In Hand „ „	43	1 2
			Current A/c, London ...	32	4 0
			In Hand „ „	7	13 11
				1524	10 1
				<u>£8034</u>	<u>8 10</u>

I have audited the Books and Accounts of The Homes for Inebriates Association for the year ending 31st January, 1926, and certify same to be correct. In my opinion the above Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of the Association's affairs according to the best of my information and the explanations given me and as shown by the Books.

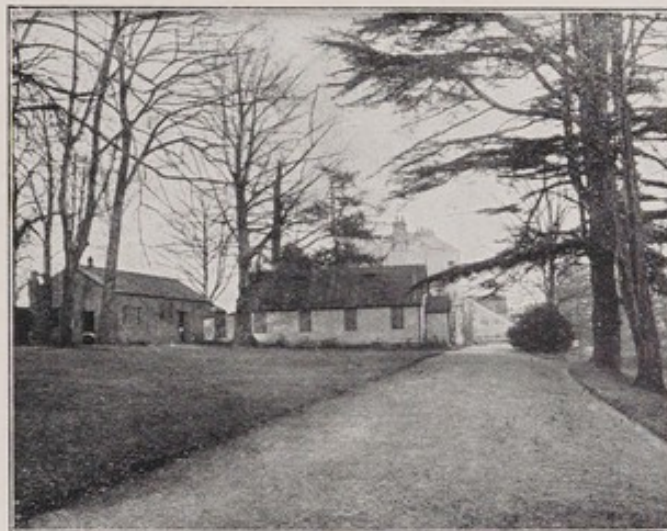
(Signed) R. BARLOW TYLER, *Chartered Accountant*, 1 Queen Victoria St., London, E.C.4

Dalrymple House, Rickmansworth.

Report of the Medical Superintendent
for the Year ending 31st January, 1926.

GENTLEMEN,

During the past year 76 patients have been admitted into the Dalrymple House. Of these 15 entered under the Inebriates Act for varying periods, and 61 as private patients.



CONCERT ROOM.

While all admissions are voluntary ones, and those who enter under the Act are so placed at their own request, there is doubtless in some cases pressure applied by relatives, friends or employers to ensure that the period of treatment shall not depend on the decision of one who frequently is not a fit judge as to the period necessary for the rehabilitation of his self control and for his permanent benefit. Others, recognising that such a question is best left for the decision of those who have made a study of the subject, wisely decide to deprive themselves for a time of a right to change their minds. They are all the more ready to take this step when assured that should urgent private affairs necessitate their absence from the Institution a leave of absence or a discharge can and will be obtained.

There have been four cases who agreed to enter the Institution in lieu of a sentence of imprisonment for misbehaviour while under the influence of alcohol. Two of these were convicted of being

drunk while driving cars; one who vehemently protested his sobriety when at the police-station, being allowed out on bail, discounted his protestation by being again arrested on the following day for being drunk and incapable in a public thoroughfare. That day was a blank in his memory, and he continues to consider himself a hardly-treated individual because his driving-licence was, very properly, suspended for a period of three years.

He is a borderline case; quite a small quantity of liquor renders him distinctly insane.

Among those admitted, seven, including the case to whom I have just referred, were for a time mentally abnormal, and two being almost certifiable were unsuitable for treatment.

In addition there were five suffering from Delirium Tremens, and one who, while not in that condition, had delusions due to chronic alcoholism.

These persons recovered, but I regret to report the death of one patient.

This is the twelfth death that has occurred in the Institution during the past 43 years, during which period over 2,000 cases have been admitted. Some alcohol cases have, of course, arrived in a very bad condition, but such persons almost invariably very quickly recover under treatment accompanied by rapid withdrawal of alcohol. Apart from any serious condition on admission I very rarely have to deal with any severe illness, and during the past year, with the exception of one case the health among the patients has been extremely good.

There were only two drug cases, the remainder were admitted for alcoholism.

I pointed out in my last Report the decline in drug addiction applications for entry during recent years, which is, I believe, due to the beneficial results of the Dangerous Drugs Act, 1920.

Doubtless there are loopholes in the Act, and those acquainted with pharmaceutical preparations can still obtain for themselves, or supply to others, habit-forming drugs without much, or any, risk of prosecution; but so far as I can judge the number of drug addicts has been greatly reduced. With few exceptions those who apply to me for treatment are those who are accustomed to handling drugs: i.e., Doctors, Dentists, and Chemists.

Among those admitted there were eleven whose inebriety was due to war service or war injury. Those who were injured had suffered from head injuries which tend to make persons peculiarly susceptible to the effect of alcohol, while the war strain led them to indulge freely in liquor and established a habit from which they had been previously free.

The histories of injury and shock were varied. One ex-officer had been "over the top" 33 times, and had been buried twice,

One had been imprisoned in Russia for a long period. His nervous system had been upset by the constant fear that his turn for execution would come next, as his fellow prisoners were being gradually removed. He escaped from prison and experienced much privation before he left the country.

Another had an aeroplane crash into the sea, with a resultant head-injury that caused his detention in a Government institution for several months.

Still another had a depression in his skull, caused by the bursting of a shell—and so on.

There were three persons addicted to the drinking of methylated spirit. I have pointed out elsewhere that methylated spirit can be rendered quite unattractive by the addition of tartar emetic. No sane person would twice sample such a mixture. Though the present preparation seems to be particularly objectionable as a beverage, to some it is acceptable when nothing better can be obtained.

There have been 71 cases discharged—13 Act patients and 58 private. The average length of residence of patients under the Act was about three-and-a-half months, but of the whole number the average is reduced to about half that period, for there have been a number of men, who, for one reason or another, have been unable to remain under treatment more than a week or two at a time.

These have been mostly professional or business men who have considered it imperative to return to their various vocations at the earliest possible moment. They have been unable to give themselves a fair chance of recovery, and as a consequence some have been readmitted more than once during the year.

Among those under the Act, two were discharged before the completion of their time on account of urgent private affairs, one was transferred to another institution, while four completed the remainder of their periods living away at their homes or elsewhere on leave of absence under the Act.

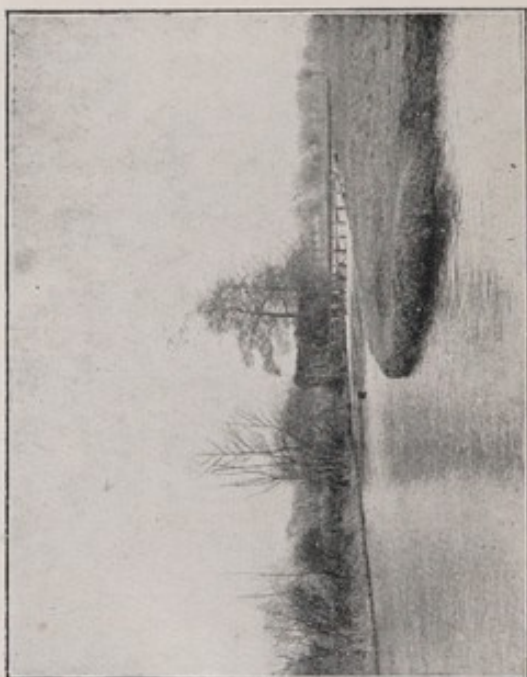
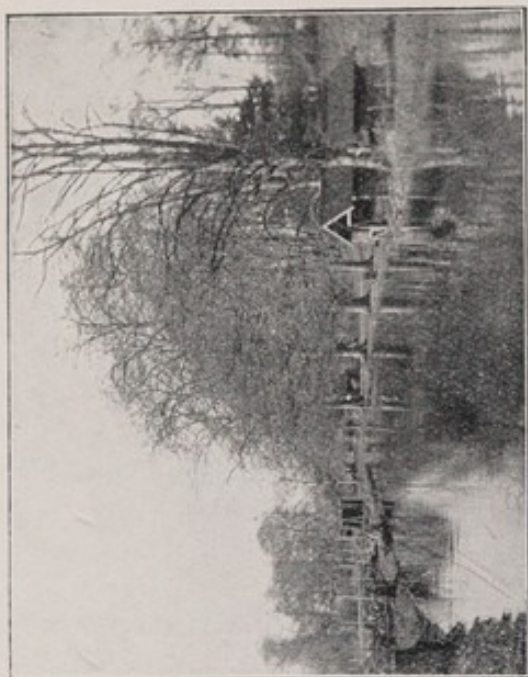
There is one patient away on leave, and unless any relapse occurs he will not be returning here.

I regret to report the death, while he was under treatment in London, of Mr. Stanley Rowe, who held the post of the Medical Officer's Secretary here for 7 years. By his death the Institution has suffered the loss of a very valuable assistant and a conscientious and indefatigable worker, whose whole life while here was spent in the interests of the patients and place. The gap he has left is one that cannot be readily filled.

I am, gentlemen,

Your obedient servant,

F. S. D. HOGG,



VIEWS IN GROUNDS.



VIEW OF THE HOUSE FROM ISLAND

APPENDIX.

Some particulars concerning a group of patients consecutively discharged.

Number of Patients :—

Under the Act ...	629
Private ...	1016
	<hr/> 1645

Term of Residence :—

12 months and longer...	209
9 " " ...	72
8 " " ...	32
7 " " ...	4
6 " " ...	263
5 " " ...	54
4 " " ...	82
3 " " ...	528
2 " " ...	99
1½ " " ...	53
1 month or less ...	249
	<hr/> 1645

Age :— Between 17 and 20 years	1
" 20 and 30 "	216
" 30 and 40 "	636
" 40 and 50 "	524
" 50 and 60 "	217
" 60 and 70 "	47
" 70 and 80 "	4
	<hr/> 1645

Average age of all Patients 37·8

Previous Residence of Patients :—

Africa (East) ...	3
Africa (South) ...	32
Africa (West) ...	1
America (Central) ...	2
America (South) ...	25
Australia ...	13
Borneo ...	1
Canada ...	20
Channel Isles ...	9
China ...	1
Egypt ...	4
England—London ...	493
Provincial ...	739
France ...	19
India, Ceylon, Burmah	30
Italy ...	1
Ireland ...	93
Japan ...	4
Madagascar ...	1
New Zealand ...	8
Persia ...	1

Previous Residence**of Patients (Continued) :—**

Russia ...	3
Scotland ...	83
Straits Settlements ...	6
Switzerland ...	3
United States ...	11
Wales ...	38
West Indies ...	1
	<hr/> 1645

Education :—

College ...	416
Good ...	1166
Elementary ...	63
	<hr/> 1645

Marriage :—

Married ...	856
Single ...	679
Widowed ...	110
	<hr/> 1645

Occupation :—

Accountants ...	19
Agents ...	8
Artists and Theatrical... 22	
Architects ...	10
Auctioneers ...	4
Bankers ...	12
Barristers-at-Law ...	24
Builder ...	1
Cable Official ...	1
Caterer ...	1
Chemists ...	17
Civil Servants ...	35
Clerks ...	88
Clerks in Holy Orders... 35	
Commercial Travellers	19
Company Directors ...	4
Confectioners ...	7
Contractor ...	1
Corn Broker ...	1
Dentists... ...	7
Distillers, Brewers, &c. 36	
Drapers ...	12
Engineers ...	63
Engravers ...	2
Farmers (Market	
Gardeners, &c.)	79
Garage Proprietor ...	1
Grocer ...	1
Horse Trainer ...	1
Hotel Proprietors ...	12

Occupation (Continued) :—

House Decorators ...	3
Jewellers ...	3
Journalists ...	21
Land & Commission Agents	7
Librarians ...	2
Manufacturers ...	82
Marine Merchant Service	14
Medical Practitioners ...	130
Merchants ...	178
Military Officers ...	91
Naturalists ...	2
Naval Officers ...	14
No occupation ...	380
Planters... ...	14
Photographer ...	1
Professors of Music ...	9
Publishers ...	5
Railway Official ...	1
Rancher ...	1
Secretaries ...	3
Schoolmasters, Tutors, &c.	29
Ship Owners ...	5
Shopfitter ...	1
Solicitors ...	63
Stockbrokers ...	22
Students of Medicine ...	14
Students in Law ...	3
Surveyors ...	4
Tailors ...	8
Tea Traders ...	4
Tobacconists ...	2
Veterinary Surgeons ...	3
Underwriters ...	3

1645

Family History :—

Insanity or Inebriety and Inebriety
in about 11 per cent. Inebriety
in about 50 per cent.

Temperament :—

Nervous... ...	993
Nervo-Sanguine ...	250
Passionate ...	33
Phlegmatic ...	113
Sanguine ...	256

1645

Associate Habits :—

Bromidia ...	2
Cannabis Indica ...	3
Chloral ...	16
Chloroform ...	1
Chlorobrom ...	1
Cocaine ...	26
Heroin ...	6
Morphia... ...	82
Morphia and Cocaine ...	21
Opium or Chlorodyne...	27

Associate Habits (Continued) :—

Paraldehyde ...	7
Sulphonal ...	6
Tobacco... ...	1518
Trional ...	4
Veronal ...	13

Drinking Habits :—

Regular ...	1104
Periodical ...	495

Frequency of Periods :—

Every week ...	8
" 2 weeks ...	12
" 3 " ...	20
" 4 " ...	47
" 6 " ...	10
" 2 months ...	39
" 3 " ...	16
" 4 " ...	3
" 12 " ...	3
Very irregular ...	338
	496

Delirium Tremens :—

Patients who have had 1 attack	258
" " 2 attacks	119
" " 3 " "	26
" " 4 " "	6
" " 5 " "	2
" " 6 " "	5
" " 7 " "	1
" " 13 " "	12
	429

Ordinary Habits :—

Described as Social ...	1570
" Solitary ...	75
	1645

Kind of Inebriant used :—

Absinthe ...	2
All Spirits ...	264
Beer ...	44
Beer and Spirits ...	290
Brandy ...	56
Drugs without Alcohol	47
Gin ...	16
Whisky ...	611
Wine ...	40
Wine and Spirits ...	109
Various ...	166
	1645

Average of time addicted in all
cases : 9 years,

**Previous Residence in other
Similar Institutions :—**

Once	267
Twice	123
Three times	35
Four times	12
Five times	7
Six times	7
Insane Asylum	14

Exciting Cause :—

Ill-health	187
Influence of occupation—	
Commercial travelling	14
Wine & Beer Merchants	33
Cattle Salesmen	2
Stock Exchange	2
Colonial Life	29
Army Life	19
Retail Corn Business	1
Rubber Works	1
Jobmaster	1
Journalists	9
Theatrical	2
Injury	31
Nervous Shock—	
War Service	34
Domestic trouble	133
Business worry	112
Fight with Madman	1
Financial loss	15
No occupation	52
Not assigned	80
Overwork	77
Rum Ration in Navy	1
Sexual excess	6
Sociability	802
Air Raids	1

1645

Complicating Diseases :—

Adenoids	1
Abductor (Laryngeal)	
Paralysis	1
Abscess of Antrum	3
Alcoholic Convulsions	17
Alcoholic Neuritis	77
Amblyopia	13
Amnesia	2
Anal Fistula	7
Ant. Poliomyelitis	3
Appendicitis	3
Asthma	23
Bronchitis (acute)	2
Bronchitis (chronic)	17
Cataract	1
Caries of Rib	1
Cellulitis	1
Cirrhosis of Liver	14
Colitis, Ulcerative	2
Congenital Tremors	2

Complicating Diseases (Cont.) :—

Constipation chronic	57
Cystitis	1
Delirium Tremens	7
Delusional Insanity	14
Dercum's Disease	1
Diabetes	11
Duodenal Ulcer	1
Dysentery (chronic)	2
Dyspepsia (chronic)	13
Eczema	8
Exophthalmic Goitre	2
Epilepsy	6
Floating Kidney	3
Fracture of Bones	4
Gall Bladder (Suppurating)	1
Gangrene	1
General Debility	56
General Paralysis	1
Glycosuria (Intermittent)	6
Gonorrhœa	13
Gout	21
Hæmorrhoids	16
Hemiplegia	5
Hernia	3
Hyperidrosis	1
Hypochondriasis	3
Hypothyroidism	3
Hysteria	6
Keratitis	1
Menière's Disease	5
Migraine	7
Morbus Cordis	47
Nasal Polypus	3
Œsophageal Stricture	1
Ozæna	1
Perforating Ulcer	1
Phlebitis	3
Phthisis	12
Pneumonia	4
Progressive Muscular Atrophy	1
Prostatitis (acute)	2
Pseudo Ataxy	2
Psoriasis	13
Pulmonary Thrombus	1
Pyelitis	1
Rectal Abscess	1
Remittent Fever	9
Renal Colic	1
Renal Disease	48
Rheumatism (chronic)	27
Retinal Hæmorrhage	2
Rhinitis (chronic)	10
Sciatica	2
Syphilis	32
Trigeminal Neuralgia	2
Urethral Stricture	9
Varicocele	1
Vesical Tuberculosis	1
Xeroderma Pigmentosa	1

Discharged :—

Efflux of time ...	1419
Further treatment	
unnecessary ...	31
Illness ...	36
Unsuitable for treatment	68
Urgent private affairs	91
	<hr/>
	1645

Average length of period under treatment of all patients discharged, about $20\frac{1}{2}$ weeks.

Re-admitted 182

After-History :—

	per cent.
Doing well ...	about 40
Improved ...	" 6
Not improved ...	" 22
Insane ...	" 2
No news obtainable	
or dead ...	22
Discharged unsuitable	
for treatment or trans-	
ferred elsewhere ..	6

ADMISSIONS AND DISCHARGES OF PATIENTS DURING YEAR ENDING 31st JANUARY, 1926.

Undischarged Jan. 31st, 1925, under Inebriates Act	7	Discharged under Inebriates Act	13
" Private Patients ...	9	Discharged, Private Patients	58
Admitted under the Act ...	15	Undischarged Jan. 31st, 1926, under Act	9
" as Private Patients ...	61	Undischarged, Private Patients	12
	<hr/>		<hr/>
Total	92		92

DALRYMPLE HOUSE, RICKMANSWORTH, HERTS.

Telegrams : "CEDARS, Rickmansworth." Telephone : 16 Rickmansworth.

LICENSED UNDER THE INEBRIATES ACTS, 1879-99.

Train Service from London : L.N.E. Ry. (Marylebone), half-an-hour ; Met. Ry. (Baker St.), and L.M.S. Ry., via Watford.

Dalrymple House is in the Uxbridge Road, and is 10 minutes walk from the joint Great Central and Metropolitan Railway Station, where Cabs are obtainable, and 15 minutes walk from the London and North Western Railway Station, where Cabs can sometimes be obtained.

By road, 20 miles from London, 4 miles from Watford, and $7\frac{1}{2}$ miles from Uxbridge.

Established in 1883 for the treatment of gentlemen suffering from alcoholism or a drug habit who are desirous of a cure ; and conducted by a Committee elected by an Association of prominent Churchmen, Medical men, Members of Parliament, and others interested in the Temperance question ; no member of the Committee or of the Association deriving any pecuniary benefit from the undertaking. Profits, when any, are spent on improvements for the benefit of patients.

The house is surrounded by about six acres of charming grounds, beautifully situated on a finely wooded terrace on the bank of the river Colne. There are twenty bedrooms for patients (each patient having a room to himself), a Reading room well supplied with newspapers and large Library, Writing room, Billiard room with full sized table, Dining room, and Dark rooms for photography. In the grounds there are a Tennis court (asphalt), full-sized Croquet lawn, large Workshop, Concert room (organ and piano), and facilities for Quoits. Gravel soil. Hunting, Golf (Moor Park, Sandy Lodge, etc.) Cricket and Fishing can be obtained in the neighbourhood.

Patients received PRIVATELY as well as UNDER THE ACT. The insane or those suffering from phthisis or infectious diseases cannot be received.

TREATMENT.—Alcohol Cases.—Alcohol is given at first to those who require it ; after the first two or three days it is rarely demanded.

In Drug Cases.—The almost invariable rule is gradual reduction.

Further treatment, which varies according to the case, condition, cause, complicating complaints, etc., is carried out ; the aim of treatment being to restore a man to health as rapidly as is consistent with a minimum of discomfort, to help him to exercise self-control and to cultivate his power of resistance, and to make him realise that part of his cure lies in his own hands and that total abstinence from alcohol and drugs is an absolute necessity.

The period of treatment varies according to the case, duration of trouble, state of mental and physical health, and amount of existing will power ; it is generally impossible to determine this point until the case has been studied. Patients range from those of a strong constitution with a quite recently contracted habit, who require merely three or four weeks to set them up again, to others who have been drink sodden for years, periodically or continuously, for whom a year or more is necessary before it can be hoped that self-control can be established.

Generally speaking a three months' treatment is essential, while the longer periods are for the more severe conditions.

Occupations and games, preferably outdoor, are encouraged, and it is almost invariably found that he who busies himself and occupies his time, increases his chance of success, and incidentally adds to his enjoyment of life.

With regard to liberty to leave the grounds, patients are treated individually. In the case of some, a considerable amount of freedom may be safely given a few days after admission, and the large majority can be given parole after two to four weeks' residence.

PRIVATE PATIENTS and those UNDER THE ACT.—There is no distinction made as regards Rules, Terms, Accommodation, Diet, etc., between these classes.

Those who place themselves under the Act must remain in residence until the expiration of the period signed for, unless previously discharged or permitted to go away on leave of absence under the Act.

Private patients can leave when they wish.

METHOD OF ADMISSION UNDER THE ACT.—The patient must sign a request for admission, for any period not exceeding two years, in the presence of a Stipendiary Magistrate, or, better still, and without any publicity, before any Justice of the Peace, at his private house or elsewhere. Two persons (of either sex—relatives are quite eligible) must sign a Statutory Declaration, and this can be done before any Justice of the Peace or any Commissioner for Oaths. There is no necessity for the three signatures to be made at the same time or place, one or all can be signed at Rickmansworth if preferred.

There is, of course, a very natural objection on the part of most persons to the signing away of liberty of action for an indefinite or a fixed period, but there are many who are far too optimistic in their judgment of their own cases, in too much of a hurry to get well quickly, whose impulses and very natural desire to return to their ordinary life and vocation outweigh the caution that should be adopted in dealing with an issue where health, fortune and life are at stake. These persons are not fit judges as to the period when rehabilitation of self-control is sufficiently established, and the

settlement of such a question should be placed beyond their decision, while, of course, their arguments, views and their special circumstances should receive due consideration.

It is frequently preferable that the signature under the Act should be for a period in excess of that considered in all probability sufficient. A discharge can at any time be applied for and obtained, if such a course is advisable, or when urgent private affairs necessitate a premature termination of treatment; or a leave of absence can be granted, under which the patient is permitted to live elsewhere on the condition that he abstains from alcohol; should he not keep this condition his leave of absence will be cancelled. This leave is most useful in certain circumstances and is a valuable after treatment method of practically discharging a patient, and yet keeping in touch with him.

Hours for Meals:—Breakfast, 9; Luncheon, 1.30; Tea, 4; Dinner, 7.

TERMS:—£81. 18. 0 per quarter of 13 weeks (£6. 6. 0 a week). For any period less than a quarter the following Sliding Scale is adopted:—

1st week	...	...	8	18	6
2nd "	...	...	7	17	6
3rd "	...	...	6	16	6
4th "	...	...	6	16	6
5th to 9th "	...	...	6	6	0
10th to 13th "	...	...	5	5	0

Total payments amount to ... £82 19 0

After the first quarter a flat weekly rate of £6. 6. 0 is charged. All fees are payable quarterly, monthly or weekly in advance.

If on arrival, or subsequently, the applicant is found to be ineligible for admission, or unsuitable for treatment, the payment in advance, or a proportionate part thereof, in accordance with the above sliding scale, will be refunded. The Committee reserves to itself the right to refuse admission to any applicant. One week's notice required before termination of residence.

EXTRAS.—Special nursing attendance (rarely required), fires or meals in bedroom, personal laundry, medicine and treatment other than that employed for the cure of the alcohol or drug habit, postages, necessities and personal comforts required by the patient.

PERSONAL EXPENSES.—A sum (say £5) should be deposited for laundry, tobacco, postage, etc.

CLOTHING.—No dress clothes necessary. All linen should be plainly marked.

TRAVELLING.—If required a male nurse can be obtained to accompany the patient, his usual charges being one guinea a day and travelling expenses.

VISITORS (duly authorised relations and friends) can call between the hours of 10 a.m. and 6 p.m.

DIVINE SERVICE.—There are within a few minutes' walk places of worship of various denominations, including a Catholic Church.

"Statutory Declaration," "Request for Reception" forms, and any other particulars may be obtained from the Resident Medical Superintendent.

