

THE ROWLEY BRISTOW GROUP
HOSPITAL MANAGEMENT COMMITTEE
(South-West Metropolitan Region—Group No. 16)

THE ROWLEY BRISTOW
ORTHOPÆDIC HOSPITAL
PYRFORD, NR. WOKING, SURREY

THIRD ANNUAL REPORT

Year
April 1st, 1952 — March 31st, 1953

THE ROWLEY BRISTOW ORTHOPÆDIC
HOSPITAL

FOREWORD BY CHAIRMAN

Below you will find a general outline of the year's working in the hospital. It has been a year of increasing activity in all departments.

Our great difficulty at this moment is dealing with the growing number of out-patients. As I said last year, this matter was to be put to the Regional Board. This has been done and has been most sympathetically received, but owing to the financial stringency hope of any new construction seems some way off. There seems no doubt that our Regional Board had such a legacy of dilapidations that they have only been able to tackle urgent construction work. I sometimes think that the Regional Board feel as acutely their helplessness in these matters as we do the deficiencies.

The team spirit in the hospital continues to be very good.

V. GODSALVE WARD,
Chairman.

HOSPITAL MANAGEMENT COMMITTEE
(as at 30th September, 1953)

Chairman:
†Dr. V. GODSALVE WARD, M.D.(LOND.), M.R.C.S., L.R.C.P.

Vice-Chairman:
C. A. GIBSON MCLADAN, Esq.

Chairman of Finance Committee:
G. H. H. COCKRAM, Esq., M.A.

Chairman of Medical Advisory Committee:
R. J. FURLONG, Esq., F.R.C.S.

†Mrs. A. L. M. BARRACLOUGH
E. P. BROCKMAN, Esq., M.Ch.R., F.R.C.S.
H. S. CLARKE, Esq., J.P.
A. H. CLARKE, Esq.
Mrs. E. LEACH, M.B.E., J.P.
Mrs. M. MITCHELL
*PROFESSOR G. PERKINS
†Mrs. F. ROWLEY BRISTOW
†W. R. VAUGHAN, Esq., O.B.E.
† Signifies Governor of Hospital Special School.
" Member of Medical Advisory Committee.

Secretary and Finance Officer:
A. R. NEWTON, F.R.A.

(also Secretary-Supt. of Hospital)

Consultant and Senior Medical and Surgical Staff:

PROFESSOR G. PERKINS, M.C., M.A.(OXON), M.Ch., F.R.C.S. (HONORARY).
R. J. FURLONG, M.B., B.S., F.R.C.S.
F. A. SIMMONS, B.A.(OXFORD), M.B., B.Ch., F.R.C.S.
A. G. APLEY, M.B., B.S., F.R.C.S.

Consultant Anaesthetists:

J. GORDON, M.A., M.R.C.S., L.R.C.P., D.A.
E. McC. GIBSON, M.B., B.Ch., B.A.O., D.A.

Senior Registrar:
D. R. URQUHART, M.B., B.S., F.R.C.S.

Registrar:

R. A. DENHAM, F.R.C.S.

Senior House Officers:

Two Resident.

Medical Officer:

T. T. HARDY, B.A. (OXON), B.M., B.Ch.R.

Dental Surgeon:

O. P. O. CROSS, L.D.S., R.C.S.(ENG.)

Matron:

Miss E. M. GUY, S.R.N.

Chaplain:

Rev. R. M. WILSON, M.A., T.C.F.

THIRD ANNUAL REPORT

1st APRIL, 1952 — 31st MARCH, 1953

Patients

The average daily number of in-patients showed a substantial increase over 1951/52 which year, however, was greatly affected by the ward re-decorations and repairs carried out. 1952/53, too, had comparable handicaps in that it was not until October that the nursing staff numbers were up to establishment and the operating theatre also was out of use for work on the central heating when it was re-decorated in part.

The full medical statistics which are given as previously in the pages following, again illustrate the activities carried on with clarity and detail but it may be said generally that the following trends are noticeable: (a) the gratifying decline in the number of children admitted with crippling defects has continued; (b) there has also been a decline in the number of adults admitted suffering from bone disease, T.B. joints and bones and the period of treatment of such patients is usually much shorter than in the past; (c) a sharp increase in the number of admissions of very elderly patients with fractures. These last named cases invariably mean increased physio-therapy and nursing duties and, additionally, very great difficulty is often experienced in arranging their discharge after treatment is completed. This is a growing problem and may become acute.

It should also be mentioned that several of the injured from the Farnborough Air Display accident were admitted here when, by a previous arrangement, the hospital had undertaken to reserve a number of beds for such an emergency.

Out-Patients

The numbers at each clinic have had to be kept down to what was hoped was within the capacity of the department, but in spite of this "ceiling" which is worked in conjunction with an appointments system, over-crowding is constant and conditions remain most difficult. Urgent representations have been made to the Regional Board from whom it has been learned that all "capital" projects are affected by the reduced amount of money available to the

Board and that a wait of two to three years is inevitable. In the circumstances the possibility of internal adaptations is under consideration to endeavour to alleviate the problem in some way.

Committee Membership

Since the last report the following members completed their term of office or resigned:—

B. H. Burns, Esq., F.R.C.S.
Miss D. H. Carver.
Hon. Mrs. D. A. Kershaw.
Mrs. D. A. Thomas.

Appointments to two of the vacancies have been made by the Regional Board subsequent to the period covered by this report.

Senior Medical Staff

Changes have again been few. Dr. John Gordon, D.A., and Dr. E. M. Gibson, D.A., were appointed by the Regional Board as consultant anaesthetists for part-time duties here to fill the vacancy caused by the resignation of Dr. A. Potter in January, 1951.

A new appointment of Senior Registrar for duties here and at St. Peter's Hospital, Chertsey, was authorised by the Regional Board and Mr. D. R. Urquhart, F.R.C.S., who had been registrar here, was appointed to the vacancy. The post of registrar was then filled by Mr. R. A. Denham, F.R.C.S., who had been here, as a House Officer, some years previously.

Nursing Staff

There was a shortage of student nurses in the first 6 months of the year and all the time the position of staff nurses appointments has remained the most difficult. During the year agreement was reached for a combined training scheme between St. George's Hospital and this hospital to the requirements of the General Nursing Council.

Examination results during the year were:—

Preliminary State Examination	23 entered	18 passed
Orthopaedic Nursing Certificate	10 entered	7 passed

Miss L. G. Brunt, who had been Home Sister at St. Martin's for some years and whose employment here as a ward sister commenced in 1931, became ill and very regretfully the illness brought about her retirement.

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and girls when it would otherwise have been cut off in the last stages. This last aim was achieved for a boy and girl, both aged 17, who each passed the General Certificate of Education in four subjects while in hospital.

Chapel

The following is extracted from a report from the Chaplain:—
"The Chapel continues to play an invaluable part in the spiritual life of the hospital and its services are, on the whole, well attended. Patients from Rudolf and Sloop Wards are able to be wheeled in their beds to Chapel and it is a matter for much regret that only walking patients from other wards are able to come. Services on Sunday evenings at 8.30 p.m. are broadcast to the headphones of all patients throughout the hospital and there is evidence that very many listen. A great effort has been made during the year to provide hymn books for each bed in the hospital. A Bring and Buy sale at Sunnybarn was immensely successful and raised over £15 for this cause. The Chapel owes much to those who have acted as Sacristans throughout the year, and we are specially grateful to the clergy and choirs of St. John's Church, West Byfleet, and of Albury Parish Church who have visited us on several occasions and are always most welcome. Our thanks are also due to other clergy who have conducted services and a great debt of gratitude is owed to our organist who has for many years maintained the musical standard of our services and who is always more than ready to help us."

Father Sullivan has continued to attend to the spiritual needs of the Roman Catholic patients.

Finance, Costs, etc.

As it is now permissible to publish items of this nature, the following have been extracted from the Annual Accounts with the previous year's figures given, in italics, for comparison.

The total net cost of running the hospital, including surgeons' salaries paid by the Regional Board was £108,423 (£102,904).

This was equivalent to £13 14s. 0d. per patient week after adjustment to allow for the cost of out-patients (£15 3s. 1d.) The average cost of each in-patient treated was £83 17s. 9d. (£98 15s. 10d.)

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Much useful help was, as always, available from the local British Red Cross and St. John Ambulance Branches whose members helped in several emergencies.

Among the other staff honourable mention may be made of Mr. F. Smith, formerly a painter, who continued working until the illness which caused his death at age 81.

Joint Consultative Committee for Staff

This has met infrequently and as occasion demanded, but the Staff side has been most active in the promotion of entertainments for the patients. In particular, they co-operated with a local voluntary effort which ran a most successful Sports Day. From the proceeds of this and other activities a tape recording machine was purchased, which is a great feature in the internal radio programmes. The H.M.C. allotted the committee a sum of £25 for entertainment expenditure.

Physiotherapy

This department has been extremely busy. The increased number of in-patients requiring time-consuming treatments has made it impossible to supply a full out-patient service. The number of out-patient treatments has therefore dropped.

Occupational Therapy

Activity was less in the department and much increased on the wards. Additional small looms were obtained for the benefit of the bed-patients. These provide a most useful diversional occupation especially for the long-stay patients. The re-union party for ex-patients at Christmas was well attended, many travelling long distances. They included patients who were discharged as long ago as 1944.

Special School

The numbers on the roll at the end of the year were about the average of the past, although they did drop considerably during the summer. The school continues to aim at: (1) Providing the very young children aged 2 to 5 with a substitute for what they would normally be acquiring in their homes; (2) for those children of normal school age continuing each child's particular type of education; and (3) rounding off the education of the still older boys

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Principal elements of the expenditure were:—

	£	£
Salaries and wages	69,123	64,230
Provisions	17,280	16,016
(N.B.—The average weekly cost for feeding was £1 4s. 4d. per head £1 5s. 1d.)		
Drugs, dressings, etc.	6,824	6,126
Fuel and light	7,373	7,149
Maintenance of buildings, etc. (normal)	5,428	7,175
Domestic repairs, renewals and upkeep, including laundry ...	6,694	4,901
Extraordinary expenditure (mostly buildings maintenance) ...	3,499	3,083
Amount recovered (mostly from the staff) for board and lodging	12,276	10,414

It may be noted that although expenditure was generally higher than in 1951/52 the cost per patient week was less. This was because of the greater number of patients maintained. These figures do not include any Capital Expenditure, little or none of which was available to us in the years 1951/52 and 1952/53.

Re-decorations, etc.

The re-decorations of the wards having been completed in 1951/52, or just about, a start was made on the ancillary departments in the present year. Good progress was made and by the end of the year the only major departments still to be done were the staff hostels (Thorley, Oldways and the former Chaplain's House), parts of the operating theatre, the Chapel and some of the offices. In the operating theatre some preliminary work was carried out under the direction of the Regional Architect and the Regional Engineer in connection with improving the heating and ventilating, and preparatory to the installation of an air-conditioned heating system when the money is available. While the theatre was thus out of action the redecoration of the theatre proper was done.

Other major items of repairs were carried out to the roofs of Sloop and Rudolf Wards, the swimming baths were renovated and the cracks filled in. At St. Martin's work was carried out and completed on the hot water and heating services so that this is now

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provided by two boilers only from a central point instead of by 9 small boilers in the various wards and departments.

Equipment

Generally speaking economy has had to be the watchword throughout the year but among some worth-while purchases the gas-heated sterilisers on the wards were all replaced with electrically heated types; three extra long beds were ordered so that tall patients will be more comfortable; a number of the war-time wooden self-propelling chairs were replaced by the present Ministry of Pensions type, and a further batch of sponge rubber mattresses were obtained towards the ideal of one being available for each patient able to use one. (They are not suitable for spinal cases, for instance).

Car Parking

An additional bay was provided for short waits in the drive and adjacent to the courtyard, but more space for this purpose is still required.

Gifts, Donations, etc.

The hospital received numerous gifts and donations from both individuals and communities, including a television set for the children in Beatrix Ward from the "Muffin Club," and a set was also provided for the infants in Leila Ward from the Vickers Fund.

Other Amenities

The Canteen Trolley and the Hospital Library continued the regular service to the patients thanks to the efforts of the devoted band of voluntary helpers, of whom most have been helping in this way for many years.

Thanks are also due to those voluntary helpers who ran the buffet at St. Nicholas providing light refreshments for out-patients and the patients' visitors.

MEDICAL STATISTICS

(1951/52 figures in italics)

IN-PATIENTS	1952/53	1951/52
No. of patients admitted to the hospital for the period	1,287	984
No. of discharges	1,238	995
No. of deaths	10	7
Average daily bed occupancy	146	125
Average length of stay for each patient	43 days	45.6
OUT-PATIENTS		
Attendances (including 899 new patients) totalled	3,775	3,684
	812	
X-RAYS		
Total No. of in-patients X-rayed	1,380	1,260
" " " out-patients X-rayed	1,668	1,451
	3,048	2,711
PHYSIOTHERAPY DEPT.		
Total No. of in-patient treatments	38,370	31,460
" " " out-patient treatments	3,870	5,128
	42,240	36,588
APPLIANCES		
Surgical appliances made in Splint Shop for in-patients	422	380
" " " " " out-patients	408	463
" " " for patients made by outside agencies	172	140
Number of plaster boots made	48	62

OPERATIONS FROM 1/4/52 — 31/3/53

Amputations		
Fingers	6	
Toes	6	13
Trimming of stump	1	



Arthrodesis		
Shoulder	3	
Wrist	1	
Fingers	1	
Spine:		
For spondylolisthesis	2	
For tuberculosis	3	
Revision of graft for T.B.	1	
For low backache	6	
For scoliosis	1	
Hip:		
For tuberculosis	2	
For osteoarthritis	4	
Knee:		
For tuberculosis	2	
For arthritis	1	
For rheumatoid arthritis	1	
For Charcot's disease	1	68
Subastragaloid-mid tarsal:		
For arthritis	2	
For spasmodic pes planus	1	
For muscular atrophy	1	
For old A.P.M.	1	
For congenital T.E.V.	2	
For hallux flexus	1	
Toes:		
For hammer toes	29	
Removal of screw	2	
Arthroplasty		
Jaw:		
For ankylosing spondylitis	2	
Hip:		
Acrylic head	2	
Cup	8	
Judet	5	51
Revision of hip arthroplasty	1	
Toes:		
For hallux valgus	28	
For hallux rigidus	5	
Aspiration		
Knee	10	
Hip	4	15
Haematoma	1	
Biopsy	9	9
Capsulectomy		
For stiff finger	1	1

Operations for Congenital Deformities		
Wrench and plaster for T.E.V.	1	
C.D.H.—reduction and plaster	1	2
Costovertebral resection for T.B. spine	1	1
Debridement	11	11
Dental extractions	5	5
Excision		
Slough	1	
Ganglia, bursae, etc.	14	
Scar and fibrous tissue	3	
Neoplasm	11	
Nail bed	5	38
Neuroma	2	
Ulcer	1	
Verruca	1	
Excision of bone		
Patella	2	
Coccyx	1	
Exostosis	8	40
Spokeshave (metatarsal)	28	
Cervical rib	1	
Exploration of joint		
Elbow:		
For loose bodies	5	
For tennis elbow	1	
Knee:		
For I.D.K.	3	
For tear of I.S.C.	49	
For cyst of I.S.C.	1	81
For tear of E.S.C.	11	
For cyst of E.S.C.	3	
For loose bodies	7	
Hip:		
Inspection of arthroplasty	1	
Synovectomy		
Knee:		
For villo-nodular synovitis	1	1
Exploration of sinus	2	2
Removal of Steinmann pin	5	5
Removal of wires, clamps, etc.	7	7
Exploration of leg		
For foreign body	1	1

<i>Laminectomy</i>	For prolapsed disc	12	12
<i>Manipulations</i>			
Shoulder:	For painful shoulder	5	
	For dislocation	1	
Spine:	For disc	2	
	For various reasons	9	
Hip:	For osteoarthritis	5	
	For various reasons	6	
			119
Knee:	For various reasons	46	
	For reduction of displaced cartilage	6	
	For disability and stiffness following injury	8	
	For fixed flexion deformity	5	
	For osteoarthritis	2	
Elbow	...	1	
Ankle	...	16	
Feet:	For adduction deformity of forefoot	2	
	For various reasons	5	
<i>Operations on nerves</i>			
	Exploration of ulnar nerve	1	
	Exploration of median nerve	1	
	Resection and suture of ulnar nerve	1	5
	Suture of median nerve	1	
	Excision of part of popliteal nerve	1	
<i>Open operations on fractures</i>			
Finger:	Open reduction	2	
Acromio-clavicular joint	...	1	
Olecranon:	Screwing	1	
Radius:	Open reduction	1	
	Plating	1	
Radius and ulna:			
	Plating	1	
	Open reduction	1	
Metacarpal:	Open reduction	1	
Femur (neck):	Smith Petersen pin	33	84
	Reinsertion of S.P. pin	2	
	Capener blade plate	21	
	Removal of pin	1	
	Removal of plate	1	

<i>Femur (shaft):</i>	Open reduction	1	
	Finning by Kunschner nail	1	
<i>Tibia and fibula:</i>	Open reduction	3	
<i>Tibia:</i>	Graft	1	
<i>Ankle:</i>	Open reduction	6	
	Removal of screw	4	
<i>Spine:</i>	Open reduction and plating	1	
<i>Closed operations on fractures</i>			
	Humerus	7	
	Radius	15	
	Ulna	2	
	Radius and ulna	14	87
	Colles	21	
	Scaphoid	1	
	Metacarpals and phalanges	5	
	Tibia and fibula	11	
	Ankle—Potts	10	
	Nose	1	
<i>Changes of plaster under anaesthetic</i>		72	72
<i>Insertion of Steinmann pin</i>		7	7
<i>Closed reduction for dislocation</i>			
	Shoulder	1	
	Elbow	2	4
	Hip	1	
<i>Removal of sutures U.A.</i>		15	15
<i>Osteotomy</i>			
	Femur	7	
	Humerus	1	
	Hallux	1	10
	Fibula	1	
<i>Sequestrectomy</i>			
	Tibia	1	
	Femur	1	2
<i>Skin grafts</i>		5	5
<i>Operations on Tendons</i>			
	Exploration	7	
	Tendon sutures	10	
	Tendon graft	3	45
	Incision of tendon sheath	12	
	Tendon transplants	13	

<i>Tenotomy</i>	Tendon—Achilles	2	
	Toes	6	10
	Hip adductor	2	
<i>Fasciotomy for Dupuytren's contracture</i>		7	7
<i>Incision of abscess</i>		25	25
<i>Incision of compound palmar ganglion</i>		2	2
<i>Trendelenburg's operation for varicose veins</i>		1	1
<i>Suture of wounds, U.A.</i>		8	8
<i>Mastectomy</i>		1	1
<i>Suprapubic cystotomy</i>		1	1
<i>Antero-lateral decompression</i>		1	1
<i>Appendicectomy</i>		1	1
<i>For intestinal obstruction</i>		1	1
<i>Unclassified</i>		11	11