

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

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

SECOND ANNUAL REPORT

Year

April 1st, 1951 — March 31st, 1952

HERITAGE WALKS ARCHIVE DOCUMENT

HOSPITAL MANAGEMENT COMMITTEE
(members at date of publication)

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(also Secretary-Supt. of Hospital).
* Signifies member of Medical Advisory Committee.
† „ Governor of Hospital Special School.

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Senior House Officers:
Two Resident.

Medical Officer:
DR. T. T. HARDY, B.A.(OXON), B.M., B.CH.R.

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

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

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

THE ROWLEY BRISTOW ORTHOPÆDIC
HOSPITAL

FOREWORD BY THE CHAIRMAN

Below you will find a report on the administration and professional work in the hospital during the past year.

Thanks to the practical sympathy of the Regional Board and energy of the Management Committee, the hospital is now in the process of complete redecoration and already looks something to be proud of. This is no "window dressing," as the decorations and renewals have gone right through the hospital, in staff quarters, etc., as well as in the wards, and I hope we shall soon get back to normal maintenance expenditure.

The formation of a Staff Consultative Committee has enabled the Executive Committee to keep in touch more intimately with the ancillary and other staff, and I feel they much appreciate their assistance.

I think we are well served by our administrative and ancillary departments.

The out-patient question is becoming crucial, and concrete proposals will soon be put to the Regional Board.

V. GODSALVE WARD,

Chairman.

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Mention was made in the last report of some difficulties likely to be encountered when the new regulations of the General Nursing Council regarding the training of student nurses was fully effective. The position has not altered but meanwhile negotiations have proceeded towards agreements for affiliated schemes for combined training with both St. George's and the Westminster Hospitals.

Examination results are as follows:—

PRELIMINARY STATE EXAMINATION.

October, 1951.—6 entries, all passed.

February, 1952.—2 entries, both passed.

ORTHOPÆDIC NURSING CERTIFICATE.

May, 1951.—11 entries, 10 passed, one with honours.

November, 1951.—10 entries, 9 passed.

Physiotherapy

This has continued to be a most important feature of the hospital's activities, with the number of treatments given to out-patients and in-patients continually increasing. Many will know already that in orthopedic hospitals this department has a major role in the treatment, with drugs, etc., being naturally rather secondary. To illustrate this the dispensary here is staffed by one dispenser whose duties are restricted to mornings only. On the other hand, there are eight qualified physiotherapists and, additionally, students in training at St. Thomas's Hospital are sent here regularly for part of their training.

Occupational Therapy

The department continues its specific and diversional work. Increased use is being made of small rooms which are successfully operated by patients confined to bed. The department is affectionately remembered by ex-patients when a re-union party is held each year at Christmas time.

Splint Shop

All appliances for both in-patients and out-patients, with but a few minor exceptions, are made in these shops. There is no doubt that the fact that all these appliances are hand made and that all the minor adjustments and fittings are done on the spot is a tremendous aid to the patients. The cost of this service in 1951/52

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SECOND ANNUAL REPORT

YEAR APRIL 1st, 1951 — MARCH 31st, 1952

The year has been marked chiefly by an increase in the tempo of the redecorations and adaptations in the wards and departments, towards which a start had been made in 1950/51. By March 31st, 1952, work in Stoop Ward, the last to be started, was just about complete. All the experience gained previously was embodied in the work and detail and was reflected in the result, which was most successful.

The adaptations have included central heating installation for the remaining three open-air wards, closing in half of Stoop Ward, carrying out to completion the provision of ceilings in these wards by spanning the open roofs with insulation boarding, the erection of glazed verandahs attached to the open sections of the wards and the replacement of the weather blinds in these sections with a greatly improved self-acting type. A good deal of similar redecoration remains to be carried out in other departments, but the completion of the wards may be regarded as a major step.

Another useful adaptation has been in the provision of a small postmortem room. Previously there were no facilities here at all for such examinations.

Staff changes among the seniors are very few. An important exception, however, was the retirement of Dr. Alexander Potter, consultant anaesthetist, who had been on the staff since 1939. On Dr. Potter's departure the Regional Board suggested that the duties should be carried out by two part-time consultant anaesthetists and this was arranged but the appointments are later than the period covered by this report.

As to nursing staff, the shortage of staff nurses continues, and at one stage in the year there was a shortage of student nurses. In consequence it was necessary to close Stoop Ward in September and it remained closed for eight months. For the greater part of this time, however, the redecorations and adaptations were in progress thus reducing the wastage substantially.

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was £3,694 (£2,806 wages, £888 materials). Most orthopedic hospitals have similar workshops, and it is worthy of note that whereas in such the costs are included in the annual accounts, the hospitals which have no workshops order these appliances from the manufacturers holding Ministry contracts and the charges are paid directly by the Ministry, thus they do not appear in the costs of those hospitals.

Chapel

In the days when the hospital was under the auspices of the Church of England Children's Society a very beautiful chapel was erected and a full-time chaplain was employed. Now, for a hospital of this size, only a part-time appointment is allowed. The Rev. Callender Wake, Rector of Byfleet, carried out these duties until his illness, at which time we were very fortunate to secure the services of the Rev. R. M. Wilson, who was previously Tait Diocesan Missioner in the Diocese of Canterbury, and is now retired and living at Ripley. Regular services are held each Friday and Sunday and these are well attended.

Father Sullivan is a regular and welcome visitor to attend to the spiritual needs of the Roman Catholic patients.

Joint Consultative Committee for Staff

One of these councils providing for joint consultation between the Hospital Management Committee and the staff was set up under the Chairmanship of Mr. Clarke. It has had several meetings and an important outcome has been the formation from the staff members of a Patients' Entertainment Committee, which is doing good work in arranging items for the patients' interest, foremost among which is a regular request programme of gramophone records over the hospital wireless system.

Leasing of Kitchen Garden Land

This land had been fallow for several years, since it became uneconomical to cultivate by hand labour even if it had been possible to obtain the necessary workers. Consequently, it had been a problem always to keep reasonably tidy and permission was granted by the Ministry by way of the Regional Board to lease the land. In itself this was not a very attractive proposition, but by including in the lease outbuildings and the paddock at Thorley and offering the whole for a moderate rent it was more acceptable, and an agreement was reached with a neighbouring farmer. Since taking over possession he has done a good deal of cultivating and the area looks much more tidy and presentable.

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HERITAGE WALKS ARCHIVE DOCUMENT

Patients

Patients, their nursing and treatment, are, of course, the sole reason for the existence of any hospital and if, so far in this report, they have not been mentioned this is not because that elementary principle is forgotten here but because there follows a very complete statistical report. Two points, however, may be made here. Firstly, the number of out-patients has again increased, giving emphasis to the remarks on this subject made by the Chairman in his foreword to the 1950/51 report. Secondly, the decline in the number of children patients. This was originally a children's hospital. Now, only two wards are required and some consideration was given to using even more of the beds for adults. The decline is really most satisfactory, as it means that the crippling diseases are much less prevalent or are more speedily and effectively treated.

Special School

Our children patients continue to receive education whilst here under the Special School arrangements which, since the transfer, has been controlled directly by Surrey County Council Education Department with some members of the Management Committee being on the governing body. Good results are achieved in spite of the difficulties and last year there were several external examination successes.

Voluntary Help, Gifts, Donations, etc.

Library.—Thanks and appreciation are again due to Mrs. Bristow, Miss Davis and Miss Rouse for conducting a most efficient library service. This team also receives help from Col. Trench, who specialises in the repair and re-binding of the books.

Canteen Trolley.—This service which permits the patients to purchase for themselves every-day toilet requisites, stamps, stationery, cigarettes, etc., continues under the direction of Mrs. Barraclough assisted by a team of regular helpers. It has now been functioning since 1944 and is a very great boon to the patients.

Gifts.—As a special hospital receiving patients from a very wide area the relationship is not the same as with a local hospital. Nevertheless, numerous gifts are received from both local and other kind persons. The children patients in particular are specially favoured.

MEDICAL STATISTICS

IN-PATIENTS

No. of patients admitted to the hospital for the period	...	984
No. of discharges	...	995
No. of deaths	...	7
Average daily bed occupancy	...	125
Average length of stay for each patient	...	45.6 days

OUT-PATIENTS

Attendances (including 812 new patients) totalled	...	3,684
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X-RAYS

Total number of in-patients X-rayed	...	1,260	} 2,711
" " " out-patients X-rayed	...	1,451	

PHYSIOTHERAPY DEPT.

Total number of in-patient treatments	...	31,460	} 36,588
" " " out-patient treatments	...	5,128	

APPLIANCES

Surgical appliances made in Splint Shop for in-patients	...	380
" " " " " " " out-patients	...	463
" " " " " " " for patients made by outside agencies	...	140
Number of plaster boats made	...	62

OPERATIONS FROM 1/4/51 — 31/3/52

<i>Amputations</i>			
Fingers	...	8	
Leg (above knee)	...	2	24
Leg (below knee)	...	2	
Toes	...	12	
Secondary sutures of stump	...	4	4



<i>Arthrodesis</i>			
Wrist	...	2	
Fingers	...	1	
Spine:			
For spondylolisthesis	...	1	
For tuberculosis	...	10	
For fracture	...	1	
For low backache	...	3	
For scoliosis	...	4	
Hip:			
For tuberculosis	...	4	
For osteoarthritis	...	1	
Knee:			
For tuberculosis	...	2	
For arthritis	...	2	
For osteoarthritis	...	1	
For rheumatoid arthritis	...	2	62
For Charcot's	...	1	
For fracture and paraplegia	...	1	
For genu valgum	...	1	
Sub-astragaloid mid-tarsal:			
For spasmodic pes planus	...	1	
For pes cavus	...	1	
For muscular atrophy	...	4	
For old A.P.M.	...	3	
For congenital T.E.V.	...	3	
Ankle:			
For old Potts' fracture	...	1	
Toes:			
For hallux flexus	...	2	
For hammer toes	...	9	
For osteoarthritis	...	1	
Removal of screw	...	2	2
<i>Arthroplasty</i>			
Hip:			
Cup	...	6	
Judet	...	13	
Revision of arthroplasty	...	3	45
Toes:			
For hallux valgus	...	22	
For hallux rigidus	...	1	
<i>Aspiration</i>			
Shoulder	...	1	
Knee	...	10	11
<i>Biopsy</i>			
Wrist	...	2	
Ribs	...	1	6
Femur	...	3	

<i>Capsulectomy</i>			
For osteo-arthritis hip	...	3	3
<i>Operations for Congenital Deformities</i>			
Open correction for T.E.V.	...	6	
Wrench and plaster for T.E.V.	...	1	7
<i>Costotransversectomy</i>			
For tuberculous spine	...	1	1
<i>Operation for Coxa Vara</i>			
Adolescent—S.P. pin	...	1	1
<i>Debridement</i>			
	...	17	17
<i>Dental Extractions</i>			
	...	18	18
<i>Operations on Epiphyses</i>			
	...	1	1
<i>Excision</i>			
Ganglion, bursa, etc.	...	9	
Scar and fibrous tissue	...	1	
Neoplasm	...	2	
Nail bed	...	4	21
Neuroma	...	4	
Ulcer	...	1	
<i>Excision of Bone</i>			
Acromion	...	1	
Ulna	...	1	
Patella	...	3	63
Coccyx	...	3	
Exostosis	...	17	
Spokeshave (metatarsal)	...	38	
<i>Exploration of Joint</i>			
Jaw:	Temporo-mandibular cartilage	...	2
Elbow:	For loose bodies	...	6
Knee:	For I.D.K.	...	2
	For tear of I.S.C.	...	28
	For tear of E.S.C.	...	7
	For cyst of E.S.C.	...	3
	For loose bodies	...	4
	For osteochondritis	...	6
<i>Synovectomy</i>			
Elbow	...	1	1
<i>Examinations under Anaesthetic</i>			
Knee	...	5	
Ankle	...	1	7
Shoulder	...	1	

<i>Exploration of Muscles</i>			
Buttock	...	1	1
<i>Exploration of Leg</i>			
For foreign body	...	2	2
<i>Laminectomy</i>			
For fractured spine	...	1	
For prolapsed disc	...	10	11
<i>Manipulations</i>			
Shoulder:			
For painful shoulder	...	1	
For dislocation	...	2	
For old injury	...	2	
Wrist:			
For stiffness and other reasons	...	10	
Hand	...	1	
Spine:			
For disc	...	1	
For various reasons	...	3	
Hip:			
For osteoarthritis	...	1	
For various reasons	...	25	79
Knee:			
For various reasons	...	2	
For reduction of displaced cartilage	...	6	
For disability and stiffness following injury	...	1	
For fixed flexion deformity	...	2	
For osteoarthritis	...	2	
For spastic hemiplegia	...	4	
Elbow	...	1	
Ankle	...	5	
Feet:			
For adduction deformity of forefoot	...	1	
For spasmodic pes planus	...	2	
For Morton's metatarsalgia	...	1	
For stiffness following fracture	...	3	
Various	...	2	
Neck	...	1	
<i>Operations on Nerves</i>			
Exploration of ulnar nerve	...	1	
Exploration of median nerve	...	4	
Resection and suture of ulnar nerve	...	1	

<i>Open Operations on Fractures</i>			
Humerus:			
Open reduction	...	1	
Internal			
epicondyle:			
Open reduction	...	1	
Olecranon:			
Screwing	...	3	
Radius			
Open reduction	...	1	
Plating	...	2	
Radius & ulna:			
Plating	...	1	
Open reduction	...	1	
Metacarpal:			
Open reduction	...	1	
Femur			
S.P. pin	...	15	
(neck)			
Capener blade plate	...	10	
Removal of pin	...	2	
Femur:			
Open reduction	...	1	62
(shaft)			
Flaming by Künschner nail	...	2	
Removal of Künschner nail	...	1	
Tibia & fibula:			
Open reduction	...	3	
Removal of plate	...	3	
Tibia:			
Plating	...	3	
Graft	...	1	
Removal of Künschner nail	...	1	
Reduction of fracture into knee joint	...	1	
Ankle:			
Open reduction	...	5	
Removal of screw	...	2	
Os calcis:			
Open reduction	...	1	
<i>Closed Operations on Fractures</i>			
Humerus	...	20	
Radius	...	7	
Radius & ulna	...	13	
Colles	...	28	101
Metacarpals	...	2	
Femur—shaft	...	4	
Tibia and fibula	...	15	
Os calcis	...	1	
Ankle—Potts'	...	11	
Changes of Plaster under Anaesthesia	...	54	54
<i>Closed Reduction for Dislocation</i>			
Shoulder	...	2	
Elbow	...	3	7
Fingers	...	1	
Hip	...	1	

HERITAGE WALKS ARCHIVE DOCUMENT

<i>Osteotomy</i>			
Femur:			
For infantile coxa vara	...	1	
For A.P.M.	...	2	
For old slipped epiphysis	...	1	8
Spine:			
For ankylosing spondylitis	...	1	
Hallux:			
For hallux valgus	...	3	
<i>Operations for Recurrent Dislocation</i>			
Shoulder	...	1	1
<i>Sequestrectomy</i>			
Femur	...	1	
Heel	...	1	2
Secondary Suture of Wounds	...	2	2
Skin Grafts	...	6	6
<i>Operations on Tendons</i>			
Exploration	...	3	
Tendon sutures	...	10	
Tendon graft	...	2	32
Incision of tendon sheath	...	17	
Quadricepsplasty	...	1	1
Tenotomy			
Tendo-achilles	...	4	
Toes	...	3	
For torticollis	...	2	12
For Dupuytren's	...	2	
Steindler's operation for pes cavus	...	1	
Incision of Abscess	...	6	6
Incision of Compound Palmar Ganglion	...	1	1
Incision of Boils	...	6	6
Incision of Septic Fingers	...	2	2
Trendelenburg's Operation for Varicose Veins	...	2	2
Unclassified	...	2	2
Non-Anaesthetic Cases	...	2,920	