

City Hospital Annual Report for 1944

Dr. C. L. Crawford Crowe, the Medical Superintendent reports as follows.

Medical Staff.

<i>Resident</i>	<ol style="list-style-type: none"> 1. Medical Superintendent. 1. Deputy Medical Superintendent. 1. Assistant Pathologist. 1. Senior Obstetrical Officer. 3. Junior Obstetrical Officers. 2. Senior House Surgeons. 3. Junior House Surgeons. 2. Junior House Physicians.
<i>Visiting</i>	<ol style="list-style-type: none"> 1. Uro-genital Surgeon. 2. General Surgeons. 3. Orthopaedic Surgeons. 1. Ear Nose and Throat Surgeons. 1. Dental Surgeon. 2. Physicians. 1. Physician for Venereal Disease. 1. Physician for Tuberculosis. 1. Obstetrician. 1. Thoracic Surgeon. 1. Radiologist. 1. Anaesthetist.

Beds (war time accommodation)

Beds allotted to men, women and children are as follows

Specialised Beds (Tuberculosis, Venereal Disease, Isolation Maternity and Gynaecology)	..	..	..	..	.320
Male Medical	..	..	..	..	.103
Female Medical..	..	..	..	..	.77
Male Surgical	..	..	..	..	.411.
Female Surgical.	..	..	..	..	.79.
Children Medical	..	..	..	..	.66.
Children Surgical	..	..	..	..	.60
TOTAL					1,116

Average for the year

Beds – Average daily number occupied	723
Admissions – Average daily number	28.24
Duration of stay of patients	
Under 4 weeks	7,926
4 weeks and under 13	1,982
13 weeks or more	503
Total	10,411
Maximum number of beds occupied	
Civilian Feb. 3.	648
War Emergency.. ..	399
Minimum number of beds occupied	
Civilian Aug 13.	349
War Emergency June 9	69

Statistical Table for the Year ended December 31st 1944

Remaining in Hospital, January 1 st	735
Admitted	9,188
Born in Hospital	1,148
	----- 11,071
Discharged	9,838
Deaths	573

Patients treated to a conclusion	10,411
Remaining in Hospital, December 31 st 1944	660

Comparative Table for Three Years

	1942	1943	1944
Admissions	7,907	8,119	9,188
Births	1,195	1,070	1,148
Deaths	851	791	573
Admissions average daily	24.94	25.17	28.24
Operations performed	2,660	2,598	3,713

MESSAGE DEPARTMENT

	Civilians	Military
Number of treatments given	15,796	21,562
Total	37,358	

XRAY DEPARTMENT

Civilian In patients	2,787
Tuberculosis Clinic and Sanatoria	269
Outside Institutions	164
Gynaecological Out patients	91
Military In Patients	3,088
Military Out Patients	1,116
Total	7,542

Analysis of Investigation of In-patients

Chests	1,385
Gastro-Intestinal	230
Urinary tract	106
Gynaecological	216
Biliary tract.	44
Bones and Joints	849
Total	2,830

DENTAL DEPARTMENT

Patients treated: -

Local Anaesthetic	1,647
General.. ..	1,030
Fillings	10
Cleaned	54
Total number of extractions	2,677
Dentures supplied	10
Dentures repaired	17
Fractured jaw wired	6

THEATRE DEPARTMENT

Civilian patients – Number of operations..	..	1,769
Military .. .. .	..	1,944
		—————
Total		3,713

PHARMACEUTICAL DEPARTMENT

The large quantities of Penicillin that have been used for both E.M.S. (Emergency Medical Service) and Civilian cases at the City Hospital during the latter half of 1944 have considerably increased the work of the Pharmaceutical Laboratory, and the manufacture of sterile solutions of Normal Saline and of Dextrose in Normal saline as a vehicle for the Penicillin has been the principle output of this Department. Small amounts of Penicillin have recently become available for Civilian cases and it is anticipated that this manufacture of this invaluable substance is developed further in this Country

During the six months ending December 31st 1944 77.34 million Oxford units of Penicillin were used at the City Hospital in the treatment of 302 cases. An average treatment per patient requires about 300,000 Oxford units.

These were:-	Civilian	14
	E.M.S.	237
	German P.O.W.	51

Of the total amount of Penicillin used in the six months period, 3% only has been available for the needs of Civilian cases. These 14 cases were: -

Pneumonectomy	4
Pneumonia	3 (1 fatal)
General Septicaemia	1
Cellulitis with Staphylococcal Meningitis	1 (fatal)
Compound fracture	2
Osteomyelitis	2
T.B. Pyopneumothorax	1

The quality of sterile preparations manufactured in the Pharmaceutical Laboratory during 1944 is as follows:

Half strength Saline solution	540 ccs	1,840
Normal Saline	540 ccs	4,800
2.5 Dextrose in Saline solution	540 ccs	2,280
5.0%	540 ccs	840
10%	540 ccs	120

Distilled water	540 ccs	680
Sodium Sulphate Solution 4%	540 ccs	80
2% Procaine Solution	60 ccs	720
2% Procaine Solution	30 ccs	800
Procaine and Adrenalin 1%	30 ccs	90
Procaine and Ephedrine Solution ..	10 ccs	420
Adrenalin Solution 1-1000	50 ccs	310
Distilled water	15 ccs	2,020

E.M.S. AREA LABORATORY – CITY HOSPITAL

The Laboratory at the City Hospital continues to function as an E.M.S. department under the auspices of the Ministry of Health. During the war years the Service has been greatly expanded and improved to provide Laboratory facilities over a wide area within the County of Nottinghamshire, for which the department is also a Penicillin Control Centre.

During 1944, 14,748 specimens were examined of which: -

70% came from this Hospital and of this 36.7% was contributed by our Maternity and Anti-Natal department.

8% from Basford E.M.S. Hospital

7% from St. Ann's Hospital.

It is noteworthy that certain local voluntary hospitals, namely: the Nottingham Hospital for Women and the Nottingham general Hospital as well as Health Department sections, namely Mass Radiography Centre, the City Isolation Hospital and Newstead Sanatorium have lately sent specimens for tests not conducted elsewhere in Nottingham.

Other contributing hospitals are: -

Newark County Hospital
Worksop County Hospital
Ransom Sanatorium, etc, etc.

Four Army Depots and Four R.A.F. Stations are also served.

In addition a supervised Side-room Laboratory has been instituted at Harlow Wood orthopaedic Hospital, with a technician in charge.

Thus much has been done to fill an obvious want in this area and with increased efficiency and introduction of newer methods and tests, a firm foundation is laid for a Post-war service in Clinical Pathology when doubtless the County Hospitals will still depend on us for such amenities.

It is evident that with a slightly increased floor area (which is available and already reserved for this purpose) and additional qualified assistance, the Service should be adequate to meet all expected demands.

THORACIC SURGERY UNIT

This unit was initiated in 1938 and from then until the outbreak of war the late Mr. Laurence O'Shaughnessy, F.R.C.S., performed the operations at the City Hospital.

In these early days most of the operations undertaken were with an idea of attempting to cure those stricken with pulmonary tuberculosis, or failing a cure, to alleviate at least their symptoms and so prolonging life.

The untimely death at Dunkirk in 1940 of so young and brilliant a surgeon as Mr. O'Shaughnessy was a bitter blow to the more enlightened of us who realised the potentialities of this field of surgery and the endeavour and hope of establishing a first rate unit in the East Midlands with Nottingham as its centre would appear to have received a serious set back. However, we were most fortunate indeed in securing the services of Mr. George A. Mason F.R.C.S. of Newcastle, who with anaesthetist, Dr. Millar, visits the City Hospital every 3 weeks for operative work and consultations.

Mr. F. C. Hunt, F.R.C.S. holds the appointment of assistant Thoracic Surgeon.

The character of the unit's work has changed somewhat in recent years resultant upon the co-operative scheme between the City and County requiring operative treatment for pulmonary tuberculosis could have this effected in the County. City and County patients suffering from non-tuberculosis conditions of the chest requiring surgical treatment have done this at the City Hospital.

The scheme has been most effective and has been mutually beneficial to both local authorities.

It is pleasing to report that the surgeon has now come to the assistance of the chest physician and that in recent years thoracic surgery has made tremendous strides making it now possible to remove a portion or even the whole of the lung which is the seat of a suppurative condition or even cancer and have the patients relieved or completely freed from their symptoms and in no way deformed or incapacitated from performing their normal occupations.

The thoracic diseases amenable to surgical intervention and which have been under treatment since January 1943 include Empyemata, Lung Abscesses, Bronchiectasis, Cysts, Haemangiomas, Congenital Cystic disease with Bronchiectasis, Solitary Cysts, Haemangiomas Cysts, Innocent Tumours and Carcinoma of Bronchus.

The following operations were performed during the year: -

Pneumonectomy	14	6 for Cancer 5 for Bronchiectasis 2 for Innocent Tumours 1 for Haemangiomas Cyst.
Lobectomy		7 for Bronchiectasis
Exploratory Laparotomy		7 for Cancer cases found to be inoperable.
Drainage of Lung Abscess	5	
Deroofing of Chronic empyemata	3	
Intercostal drainage	6	
Thoracoplasty for chronic Empyema	2	

Thoracoscopy	1
Bronchoscopy	67 – 34 of these were revealed cancer
Bronchogram	45

It will be noted that there are a large number of cases of bronchial cancer. It was, however, unfortunate after bronchoscopy and exploratory laparotomy to find that a large percentage of these were inoperable. Many of these were referred for deep Xray therapy where in some cases the symptoms were ameliorated with prolongation of life, but on the whole it was agreed that such treatment is only a poor second best and in many instances is of no value to the patient at all.

It will be obvious from what has been said that the investigations of a chest case is an elaborate and exacting process before a final and accurate diagnosis is established. A whole series of investigations, bacteriological, radiological and in many cases minor operative procedures have to be undertaken before a final decision is made and before major surgical interference is entertained.

Such a surgical unit must be well equipped if any measure of success is to be realised. Nurses specially trained in this branch of surgery are essential. Xray equipment including Tomography and Kimography should be available. The resident and consulting personnel must have a specialised knowledge of chest medicine and chest surgery. A good physiotherapy department is a valuable asset. In all the forgoing the City Hospital is particularly well equipped.

There are, however, certain things lacking in the completion of the units armamentarium; these are as follows.

- (a) Special wards for thoracic surgery patients both male and female. These would have small recovery rooms for immediate post-operative cases. These wards to have a balcony to enable the convalescent cases to get the air and sunshine so vital for their complete recovery.
- (b) Special thoracic surgery theatre with the requisite and appropriate equipment.
- (c) Accommodation for a follow-up Clinic.

This would enable the unit to assess the final result of any particular operation and also advise on further operative or conservative treatment if necessary.

It is advisable to have the wards, theatre and follow-up Clinic as near the Xray department as possible to avoid unnecessary movement of the patient after the operation.

The Hospital Committee always alert to their responsibilities in relation to the health of the citizens of Nottingham have envisaged the necessity of encouraging so progressive and successful a unit and already plans have been passed in order that it may be satisfactorily and logically completed.

With the advent of Mass Radiography diseases of the lung will be detected in the earlier stages and so, it is hoped, referred to this unit at once for investigation and adequate treatment.

One would wish to pay particular tribute to the efficiency and work of Dr. Beynon, Medical Director of the Mass Radiography Unit, for here it is most likely that early and symptomless cancers are to be detected. Many such cases have already been referred to us.

A truly great unit has been built up at the City Hospital and I would ask medical men and the public alike to avail themselves of its excellent facilities.

City Hospital Maternity Department.

During the past year, this Department has been obliged to continue work at full pressure.

As far as possible, patients booked for confinement were: -

- (1) Those whom some obstetric abnormality existed and who's labour was likely to be complicated.
- (2) Primigravide.
- (3) A small number of cases whose domiciliary circumstances rendered them social emergencies

Many more applications were received at the Anti-natal Clinics of the Department, held at Edwards Lane, than was possible to cope with in all the beds at our disposal but these cases were sorted out as far as possible and the normal complement deviated to the domiciliary midwifery service of the Health Department.

The accompanying figure appended below will give an idea of the scope of the work undertaken for 1944. Several aspects of the work done by this Department have not apparently been sufficiently publicised, so that certain facilities available to all cases of pregnancy and labour within the City are not fully appreciated.

This Department has promoted an emergency blood transfusion scheme so that emergency blood transfusions or similar therapy for resuscitation in shock, etc., is available on request by any Doctor or midwife for any case under their care whose condition requires it. This service has been available for the last five years and the results have been so gratifying that its maintenance is now regarded by the Department as one of vital importance. Obstetric aid cases of grave emergency in the patient's own home is also available and again results have been so encouraging that every effort has been taken to maintain this service during the difficult years of the war.

Much further investigation into the Rhesus factor and its complications in the mother and infant has also been done in the past year and much investigation, both routine and original, has been undertaken in conjunction with Dr. E. F. Aubert of the Regional Transfusion Service and his staff.

Much attention has also been paid to the care of the premature infant and an attempt has been made to admit cases in premature labour so that the birth of the infant may be conducted in hospital and the infant is under skilled care from the moment of birth onwards. The rate of survival in premature infants, who have to be transported to hospital after birth, has been so low that serious misgivings regarding the advisability of moving these small babies immediately after delivery have been entertained. The results obtained since this alteration in policy have been vastly superior to those from the previous unregulated system, and a strong plea is made for the admission of women in premature labour so that the premature infant can have continued nursing care from the outset. The success of this scheme was illustrated during the past year by the

survival of an infant that weighed 1lb.14ozs. at birth, this being the smallest infant on record to have survived in this Department.

As usual, a large number of cases were admitted for ante-natal care and, as all pregnant women irrespective of their disease, are admitted to the ante-natal section of the Department a very comprehensive selection of medical and surgical conditions are seen and treated, with the help of the members of the staff of the general side of the hospital. Out-patient ante-natal investigation and the treatment is available in most cases of leucorrhoea, dental caries, etc., and every attempt is made to clear up incidental sepsis, so that puerperal morbidity can be reduced to the lowest possible figure. A puerperal block is run in conjunction with this department and caters for all cases within the city boundary. Every attempt is made to admit the mother with her infant in cases of puerperal pyrexia and this has been found to give rise to a much more contented frame of mind in the patient and relieves her of much anxiety as to the welfare of the tiny infant from whom she would otherwise be separated.

The incidence of venereal disease in pregnant women has regrettably risen tremendously in the past year, and much of the disease has been of the early variety. Treatment both in the ante-natal and lying-in periods is conducted in a special section of the Department, and the treatment of these cases is conducted in conjunction with Dr. Marinkovitch, Director of V.D. Services.

A full and comprehensive survey of the year's work has been drawn up and is available for perusal on request.

Live births in hospital	1,148
Still births in hospital	70
Babies born before Admission	7
Babies born before Admission (still-births)	2
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Total	1,227
Total Admissions to Anti-natal Ward for	
Treatment	863
Puerperal morbidity rate	879%
Maternal Deaths	3

(Rate – 24%) None of these cases were booked and all were emergency admissions with major complications.