

NAPT
HANDBOOK

15th Edition



NAPT

**HANDBOOK OF
TUBERCULOSIS ACTIVITIES**

15th Edition
1957

A Complete Directory of
Hospitals, Sanatoria and Clinics,
Regional Hospital Boards,
Hospital Management Committees and Local Health
Authorities, in the United Kingdom, the Irish Republic,
and the British Commonwealth

EDITED BY HARLEY WILLIAMS, MD

and

ELIZABETH HARRISON

NATIONAL ASSOCIATION

for the *PREVENTION of TUBERCULOSIS*
and *DISEASES of the CHEST and HEART*

Tavistock House North, Tavistock Square, London, W.C.1, England

PRINCIPAL ABBREVIATIONS

admin.	—	administrative
alt.	—	alternate
anaesth.	—	anaesthetist
AP	—	artificial pneumothorax
assoc.	—	association
asst.	—	assistant
aux.	—	auxiliary
BCG	—	Bacillus Calmette Guérin
BRCS	—	British Red Cross Society
BTA	—	approved as a training school by the British Tuberculosis Association
CB	—	County Borough
ch.	—	children
CC	—	County Council
CMO	—	Chief Medical Officer
CMOH	—	County Medical Officer of Health
cons.	—	consultant, consultation
conv.	—	convalescent
DDMS	—	Deputy Director of Medical Services
dept.	—	department
dermatol.	—	dermatologist
disp.	—	dispensary
div.	—	divisional
DMHS	—	Director of Medical and Health Services
DMOH	—	Deputy Medical Officer of Health
DMS	—	Director of Medical Services
DSAMO	—	Deputy Senior Administrative Medical Officer
DVO	—	Divisional Veterinary Officer
ENT	—	Ear, Nose and Throat
ext.	—	extension
F	—	female
gen.	—	general
GNC	—	approved as a training school by the General Nursing Council
GP	—	General Practitioner
GU	—	Genito-Urinary
gynaec.	—	gynaecologist
HMC	—	Hospital Management Committee
hon.	—	honorary
hosp.	—	hospital
hth.	—	health
ID	—	Infectious Diseases
INAH	—	Iso-nicotinic acid hydrazine
inst.	—	institution
inf.	—	infirmary
Is.	—	Isolation
lab.	—	laboratory
JTC	—	Joint Tuberculosis Council
laryngol.	—	laryngologist
LEA	—	Local Education Authority
M	—	male

med.	—	medical
Mem.	—	Memorial
Met.	—	Metropolitan
MMR	—	Mass Miniature Radiography
MO	—	Medical Officer
MOH	—	Medical Officer of Health
MRU	—	Mass Radiography Unit
MS	—	Medical Superintendent
mun.	—	municipal
nat.	—	national
NAPT	—	National Association for the Prevention of Tuberculosis
obstet.	—	obstetric, obstetrician
occ.	—	occupational
Op.	—	operating
OP	—	Out Patient
ophth.	—	ophthalmic
org.	—	organisation
orth.	—	orthopaedic
PAS	—	para-aminosalicylic acid
path.	—	pathology, pathological
pathol.	—	pathologist
phys.	—	physician
PMO	—	Principal Medical Officer
PP	—	Pneumoperitoneum
PS	—	Physician Superintendent
Psychiat.	—	psychiatrist
pul.	—	pulmonary
radiol.	—	radiologist
RD	—	Rural District
reg.	—	region, regional
res.	—	resident
RHB	—	Regional Hospital Board
RMS	—	Resident Medical Superintendent
SAMO	—	Senior Administrative Medical Officer
san.	—	sanatorium
Sec.	—	Secretary
sen.	—	senior
SHMO	—	Senior Hospital Medical Officer
SMO	—	Senior Medical Officer
Sr.	—	Sister
supt.	—	superintendent
surg.	—	surgeon, surgery, surgical
SVO	—	Senior Veterinary Officer
thor.	—	thoracic
tub.	—	tuberculosis
UD	—	Urban District
UN	—	United Nations
UNICEF	—	United Nations International Children's Emergency Fund
UVL	—	ultra violet light
vis.	—	visiting
voc.	—	vocational
vol.	—	voluntary
WHO	—	World Health Organisation

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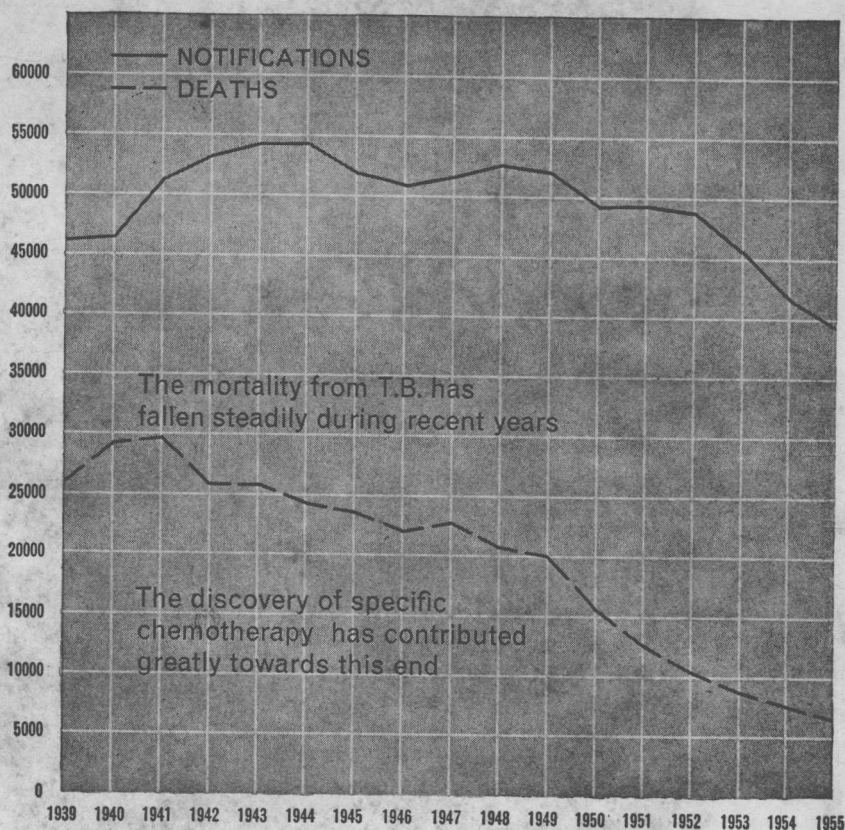
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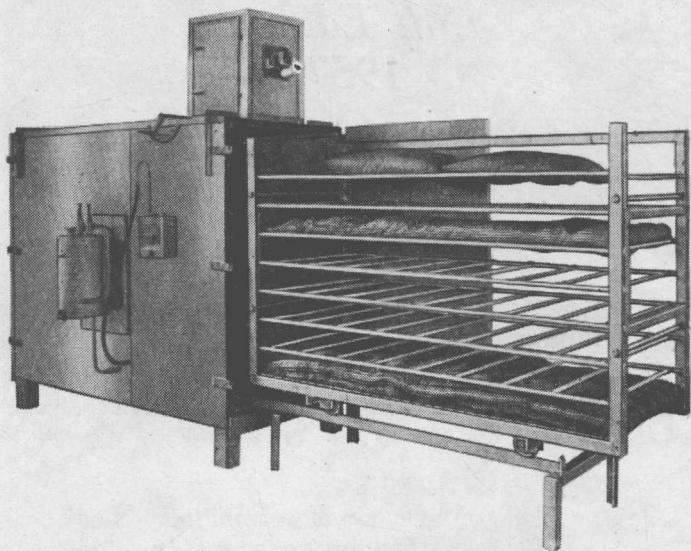
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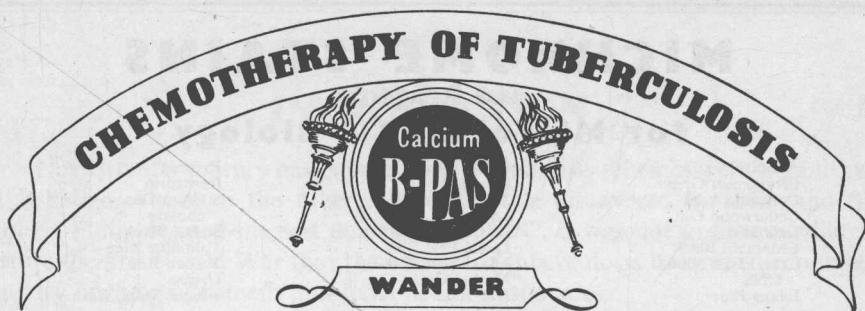
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INTRODUCTION

Nearly half a century has passed since tuberculosis schemes were established in Britain. Although the tubercle bacillus was discovered in 1882, and Sir Robert Philip opened his first dispensary in 1887, it was not until immediately before the first World War that the control of tuberculosis became a recognised activity of the government and local health authorities.

The Astor Report (1912-1915) established tuberculosis dispensaries 'on the Philip model' throughout the country. The National Health Insurance Act (1911) made sanatorium treatment available to every insured person. The Tuberculosis Act (1921) made provision for treatment all over Britain, and established provision for after-care. The Local Government Act (1929) unified hospital administration, and translated the Poor Law into Public Assistance. Finally, the National Health Service Act, 1946, merged the tuberculosis services in the general structure of the National Health Service.

This, the fifteenth edition of our *NAPT HANDBOOK OF TUBERCULOSIS ACTIVITIES*, expresses the present day position. The tuberculous patient is cared for by general practitioners and chest specialists. His social welfare is provided by the local health authority through almoners, health visitors and social workers. The Medical Officer of Health supervises the home environment and remedies defects here, while the Ministry of Labour is largely responsible for rehabilitation.

The programme is complex, and is not entirely free from the criticism that it functions better on paper than in practice. On the whole, however, it can be said that the tuberculous patient and his family receive the full range of modern medical and social care. There is a large and effective organisation of voluntary care committees throughout the country, which handle many aspects of after-care.

The main sections of this *HANDBOOK* are devoted to the curative services—chest clinics, hospitals and sanatoria—provided by nineteen regional hospital boards. We should have liked to avoid putting the environmental services provided by the local health authorities in a separate section. But the separation has proved inevitable, since boundaries between regional and local health areas overlap considerably. A section of this edition is devoted to the tuberculosis services of the Irish Republic.

Such, in outline, is the administrative structure through which the will of Parliament is translated into the welfare of the tuberculous patient and his family. The welcome decline in the tuberculosis death rate, which has taken place in recent years, has not so far been accompanied by a similar fall in morbidity rates.

Tuberculosis is by no means vanquished: it is still the major infectious disease met with in England and Wales. Chest Clinics may, however, to an increasing extent become responsible for the diagnosis and treatment of non-tuberculous diseases of the chest and heart. This tendency will be accelerated in the next few years. It is expressed in the change which took place in 1956 in the Constitution of the *NAPT*, enabling the Association to include chest and heart disease in its scope.

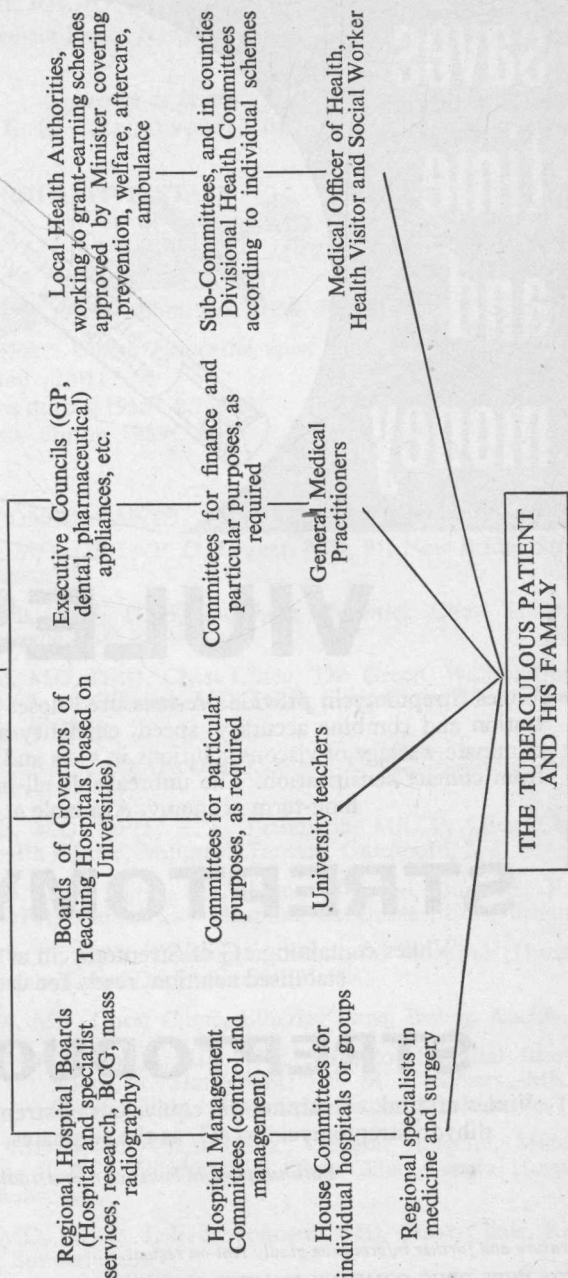
The dominions of the British Commonwealth run their own tuberculosis schemes in different ways. Speaking generally, though, it can be said that both federal and state governments are represented in these activities, while non-official bodies (for instance, the Canadian Tuberculosis Association, and the National Association for the Prevention of Tuberculosis in Australia) play an important part.

Acknowledgments and Thanks

The Editor is grateful to all those who have supplied information to make this fifteenth edition of the HANDBOOK fully representative. Our thanks are especially due to Medical Officers of Health, Senior Administrative Medical Officers of Regional Hospital Boards, secretaries of Hospital Management Committees and officials of various government departments who have taken much trouble in arranging items in the required framework. The Department of Health for the Republic of Ireland has kindly provided details of tuberculosis services in that country. The Directors of Medical Services of the Dominions and Colonies have been good enough to search through their records and cast their information in the form that is most convenient for the present purposes.

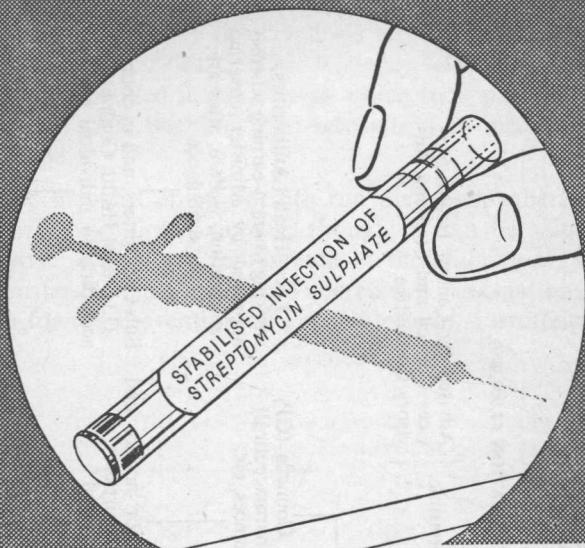
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NEWCASTLE REGION—I

NEWCASTLE UPON TYNE REGIONAL HOSPITAL BOARD,

Walkergate Hospital, Benfield Road, Newcastle upon Tyne, 6. (Newcastle 59141)

Chairman of Board :

E. F. COLLINGWOOD, CBE.

HEADQUARTERS ADMINISTRATIVE STAFF

SAMO	R. H. M. Stewart, MD.
Deputy SAMO	R. Glyn Thomas, MRCS, DPH.
Asst. SAMO	J. A. McKeon, MD.
Secretary	R. Dobbin, BA, DPA, FHA.

Teaching hospitals within region : United Newcastle upon Tyne Hospitals

Total population of region : 2,911,922

Tuberculosis notifications during 1955 : 2,765

Deaths from tuberculosis during 1955 : 532

AREA TUBERCULOSIS CONSULTANTS

Newcastle (East) : C. Verity, MD, DPH ; P. O. Leggat, MD, 91, New Bridge Street, Newcastle.

Newcastle (West) : G. Hurrell, MD, DPH, Northern Counties Chest Hospital, Newcastle.

Northumberland : J. R. Beal, MD, DPH, Chest Clinic, The Green, Wallsend upon Tyne ; J. M. Gilmore, MD, DPH, Chest Clinic, 78, Middleton Street, Blyth.

South Shields : O. W. Marienfeld, MD (Rostock), Chest Clinic, Stanhope Road, South Shields.

Gateshead : S. D. Rowlands, MD, DPH ; E. L. Feinmann, MRCP, Chest Clinic, Greenesfield Health Centre, Mulgrave Terrace, Gateshead, 8.

Durham : C. A. O'Neill, MB, Chest Clinic, Earls House Hospital, Durham ; F. O. Potter, MB, DPH, Maiden Law Hospital, Lanchester, Co. Durham.

Darlington : G. Walker, MRCP, DPH, Darlington Memorial Hospital (Hundens Unit), Hundens Lane, Darlington.

Bishop Auckland : J. S. Law, MD, Chest Clinic, Etherley Lane, Bishop Auckland.

Stockton and Hartlepoons : J. B. Robinson, MD, MRCP, Brierton Hospital, Brierton Lane, W. Hartlepool ; K. M. Chalmers, MRCP, Chest Clinic, Bowesfield Lane, Stockton-on-Tees.

Middlesbrough : B. Coutts, MD, DPH, Chest Clinic, General Hospital, Middlesbrough ; R. B. N. Wilsdon, MD, Chest Clinic, General Hospital, Middlesbrough.

Sunderland : A. B. White, MD, DPH ; J. F. E. Johnson, MB, Chest Clinic, Royal Infirmary, Sunderland.

Special Area (Carlisle and East Cumberland) : W. H. Morton, MRCP, DPH, City General Hospital, Carlisle. (West Cumberland) : R. Hambridge, MRCS, Workington Infirmary, Workington.

NEWCASTLE REGION

CENTRES FOR THORACIC SURGERY

Shotley Bridge General Hospital, Shotley Bridge, Co. Durham.
Surgeon: G. A. Mason, FRCS.

Poole Hospital, Nunthorpe, Middlesbrough.

Seaham Hall Hospital, Seaham Harbour, Co. Durham.
Surgeon: S. G. Griffin, FRCS.

Hollywood Hall Hospital, Wolsingham, Bishop Auckland, Co. Durham.
Surgeon: W. C. Barnsley, MB.

CENTRES FOR ORTHOPAEDIC SURGERY

W. J. Sanderson Orthopaedic Hospital, Gosforth, Newcastle, and Newcastle General Hospital. Surgeon: J. V. Todd, MCh, FRCS.

Sheriff Hill Hospital, Gateshead. Surgeon: A. E. Bremner, FRCS.

Hexham General Hospital, Hexham. Surgeon: J. B. Kyle, FRCS.

Orthopaedic and Accident Hospital, Sunderland. Surgeon: D. G. W. Brown, FRCS.

North Ormsby Hospital, Middlesbrough; Stockton and Thornaby Hospital, Yarm Road, Stockton; General Hospital, Middlesbrough; and Friarage Hospital, Northallerton.
Surgeons: G. Parker, FRCS; B. Isserlin, FRCS; E. P. Waters, FRCS.

Sedgefield General Hospital, Sedgefield, Co. Durham. Surgeon: A. Webb-Jones, FRCS.

Dryburn Hospital, Durham. Surgeon: J. J. Williams, FRCS.

Darlington Memorial Hospital, Darlington. Surgeon: E. P. Waters, FRCS.

Cumberland Infirmary, Carlisle. Surgeon: W. McKechnie, FRCS.

MASS RADIOGRAPHY UNITS

A. (Newcastle). Director: G. Hurrell, MD, DPH General Hospital, Newcastle. (Newcastle 35075)

B. (Northumberland). Director: J. R. Beal, MD, DPH, Preston Hospital, North Shields. (North Shields 2490)

C. (Durham). Director: A. B. White, MD, DPH, Chest Clinic, Royal Infirmary, Sunderland. (Sunderland 56739)

D. (Middlesbrough). Director: B. Coutts, MD, DPH, General Hospital, Middlesbrough. (Middlesbrough 87603)

E. (Special Area). Director: W. H. Morton, MRCP, DPH, City General Hospital, Carlisle. (Carlisle 25395)

HOSPITALS WITH TUBERCULOSIS BEDS NOT SHOWN UNDER HMC

NEWCASTLE GENERAL HOSPITAL, Westgate Road, Newcastle upon Tyne, 4 (58); HEBBURN CHEST HOSPITAL, Hebburn on Tyne (22); PRIMROSE HILL HOSPITAL, Jarrow on Tyne (23); MARSHALL MEADOWS HOSPITAL, Berwick upon Tweed (10); SUNDERLAND GENERAL HOSPITAL, Chester Road, Sunderland (34); SUNDERLAND ROYAL INFIRMARY, Sunderland (5); WEST LANE HOSPITAL, West Lane, Middlesbrough (14); HEMLINGTON HOSPITAL, Hemlington, Nr. Middlesbrough (13); SEDGEFIELD GENERAL HOSPITAL, Sedgefield, Co. Durham (4); SEDGEFIELD ISOLATION HOSPITAL, Sedgefield, Co. Durham (28); HOMELANDS HOSPITAL, Helmington Row, Crook, Co. Durham (14); DRYBURN HOSPITAL, Durham (19); FRIARAGE HOSPITAL, Northallerton (10); CUMBERLAND INFIRMARY, Carlisle, Cumberland (10); CITY GENERAL HOSPITAL, Carlisle, Cumberland (19); GALEMIRE ISOLATION HOSPITAL, Cleator Moor, Cumberland (15).

NEWCASTLE UPON TYNE HMC (1)

Chairman: C. E. N. Crofton

Secretary: K. C. Booker, FHA, Newcastle General Hospital, 418, Westgate Road, Newcastle upon Tyne, 4. (Newcastle 35211)

WALKER GATE HOSPITAL, Walker Gate, Newcastle upon Tyne, 6. (Newcastle 65-5131)

Beds: Total 324. Tub. M62 F43. Med. Staff: 6. Nursing Staff: 147. Matron: Miss E. L. S. Strachan. Facilities: X-ray, path. lab., thor. surgery at Shotley Bridge Hospital.

Newcastle East Chest Clinic: 91, New Bridge Street, Newcastle upon Tyne, 1. (Newcastle 28911)

Chest Phys.: C. Verity, MD, DPH; P. O. Leggat, MD, MRCP; L. W. Carstairs, MD, MRCP. Welfare: Miss N. Robson. Rehabilitation: 2 M and 2 F classes per week, also home handwork scheme. Newcastle Voluntary Care and After-Care Council (Secretary: D. MacPherson) deals with County Borough patients. Northumberland After-Care Committee deals with patients outside the Newcastle boundary. Clinics: AP daily at Walker Gate Hospital. Mon. a.m. and evening and Thurs. a.m. at Walker Gate Hospital. Others: Mon. to Fri. 8.30-5.0. Sat. 8.30-12.0. Alt. Weds. 5.30-8.30.

Newcastle West Chest Clinic: 167, Elswick Road, Newcastle upon Tyne, 4. (Newcastle 36206)

Chest Phys.: G. Hurrell, MD, DPH; H. R. Thomson, MD, MRCP; E. A. Spriggs, DM, MRCP. Welfare: Miss E. J. Woll. Clinics: Mon. to Fri. 9.0-5.0. Sat. 9-12.0. Tues. 5.30-7.0.

GATESHEAD AND DISTRICT HMC (2)

Chairman: Alderman P. S. Hancock, OBE, "Thorsgrif," 78, Kells Lane, Low Fell, Gateshead, 9.

Secretary: H. Clark, The Lodge, Sheriff Hill ID Hospital, Gateshead, 9. (Gateshead 75093)

WHINNEY HOUSE HOSPITAL, Durham Road, Gateshead, 9, Co. Durham. (Low Fell 76638)

Beds: M23 F29. Med. Staff: 1. Nursing Staff: 12. MS: S. D. Rowlands, MD, DPH. Matron: Miss F. M. Hall. Facilities: X-ray; pneumothorax and pneumoperitoneum treatment.

SHERIFF HILL INFECTIOUS DISEASES HOSPITAL, Sheriff Hill, Gateshead, 9, Co. Durham. (Low Fell 75284 and 76787)

Beds: Total 125. Tub. 30. Med. Staff: 3. Nursing Staff: 62. MS: J. Grant, MD, DPH. Matron: Miss L. White. Facilities: X-ray; path. lab. at Queen Elizabeth Hospital.

NORMANS RIDING HOSPITAL, Winlaton, Co. Durham. (Blaydon 51)

Beds: Total 76. Tub. F48. Med. Staff: 2. Nursing Staff: 16. Matron: Miss E. Morgan. Facilities: screening; pneumothorax.

Gateshead Chest Clinic: Greenesfield House, Mulgrave Terrace, Gateshead. (Gateshead 71187)

Chest Phys.: S. D. Rowlands, MD, DPH. Clinics: AP and PP Tues. 2.0 at Whinney House Hospital. Others: Mon. to Fri. 9.0-12.0. X-ray Sat. 9.0 at Whinney House Hospital.