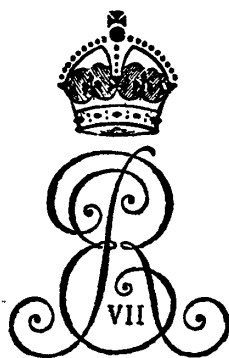


KING EDWARD'S HOSPITAL FUND
FOR LONDON

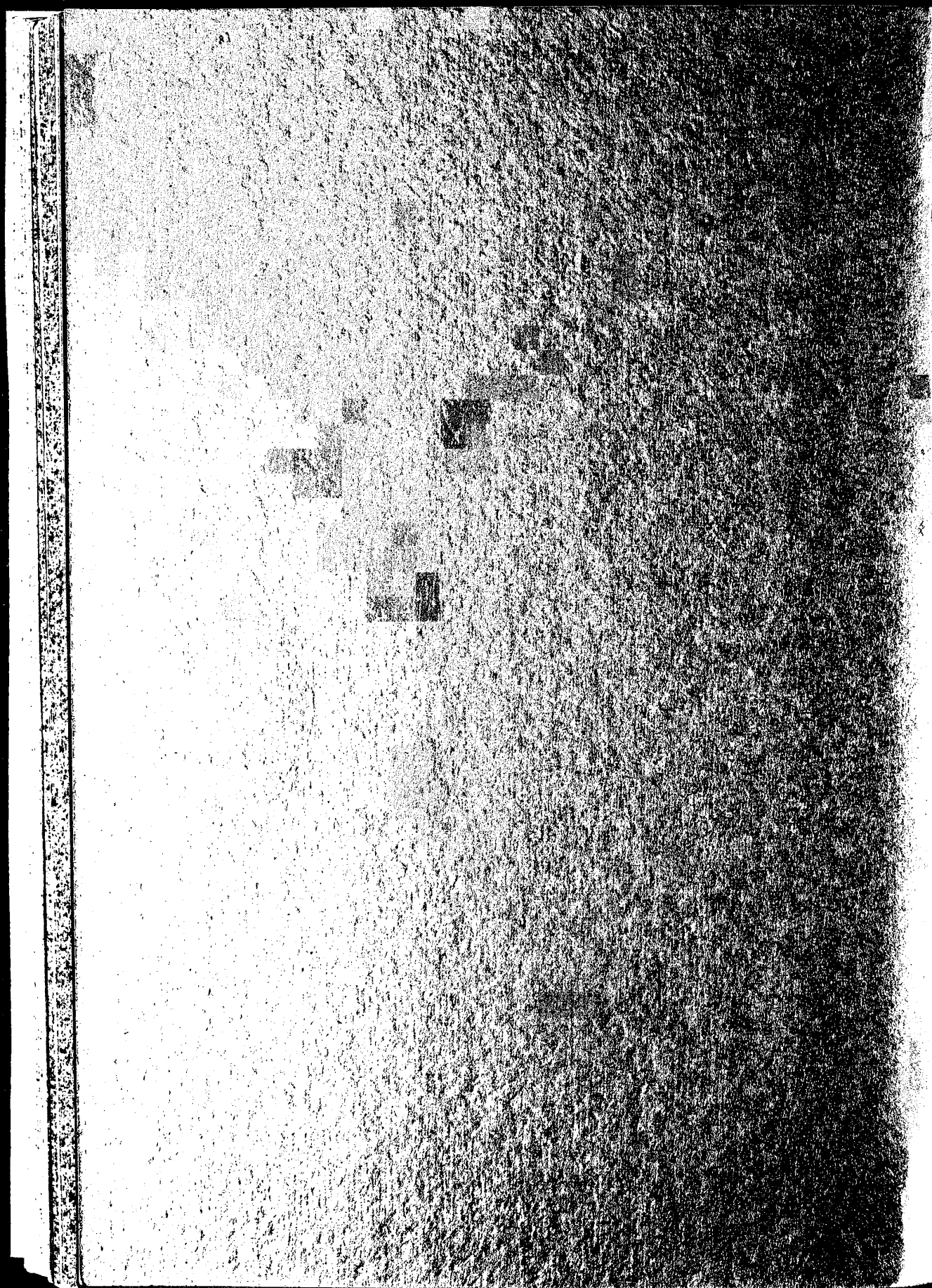


FIFTY-FOURTH
ANNUAL REPORT

1950

10 OLD JEWRY

LONDON, E.C.2



KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON :
HIS MAJESTY THE KING

PRESIDENT :
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

TREASURER :
SIR EDWARD PEACOCK, G.C.V.O.

CHAIRMAN OF THE MANAGEMENT COMMITTEE :
SIR ERNEST POOLEY, K.C.V.O.

SECRETARY :
MR. A. G. L. IVES, M.V.O.

The Fund was founded in 1897 by His Majesty King Edward VII (when Prince of Wales) for the "support, benefit or extension of the hospitals of London."

It was incorporated by Act of Parliament in 1907, and is not directly affected by the provisions of the National Health Service Act of 1946.

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FIFTY-FOURTH ANNUAL REPORT

THE THIRD YEAR OF THE NATIONAL HEALTH SERVICE

THE new hospital service is now three years old. A large measure of success has been achieved in welding the old voluntary and local authority services together, and in improving the organisation of the service as a whole. Many searching questions are being asked; never before have fundamental principles been so actively and seriously debated. What is the goal of the hospital service? How best can it be integrated with the work of the general practitioner? Should the administration be predominantly medical or predominantly lay, and where does the nursing side come in? Can the old tradition of a tripartite organisation with emphasis upon the Medical Committee and on the Matron be adapted to meet the new circumstances? Are there lessons to be learned from industry, or are the parallels sometimes drawn more misleading than helpful? One of the chief dangers to-day is that public opinion on such important topics may be formed by casual conversation and loose discussion at public meetings and brief conferences. The hospital service is too large and important, and the questions at issue far too complicated for this cavalier treatment. In terms of money small changes in practice—as for instance in the levels of bed occupancy—may have to be reckoned in several millions one way or the other on the national budget, whilst in terms of human welfare right or wrong decisions—as for instance in settling the relationship between the medical, nursing and lay elements in a hospital—will set the course for a generation.

THE FUND TO-DAY

The sense of responsibility has been acutely felt by those associated with the Fund. By reason of its past influence and the attention that has for many years been paid to its recommendations the Fund has an obligation to try to ensure that the right course is not lost to sight under pressure to meet this or that immediate need. The most recent step taken to this end is the establishment of a Hospital Administrative Staff College, an account of which appears on pages 21-23. The term administrative is meant, in a wide sense, to cover the whole field. The work at this College will be complementary to that of the staff college for nurses at Cromwell Road where a great deal has been done in the last two years to preserve the best traditions of work in the wards which are threatened by the multiple pressures of the modern hospital (see pages 29-32). Whilst the work of these two staff colleges will be a great asset, and although the Fund can give help in allied fields—as for instance the training of medical records officers and of catering staff (see pages 26 and 36)—much more remains to be done before the pattern settles down.

ENQUIRY INTO SCOPE FOR VOLUNTARY SERVICE

As a further contribution towards the search for the right solutions the Fund has collaborated with the National Council of Social Service in an enquiry into the scope for voluntary service in the hospitals to-day. Modern legislation in its desire to secure essential co-ordination is apt to squeeze out the element of independent initiative upon which in a democratic country so many values depend. The recent legislation in regard to hospitals needs to be studied, and early in 1950 steps were taken by the National Council of Social Service to set up a small Committee under the Chairmanship of Lady Norman, with Mr. John Trevelyan as Director. Good progress has been made and the report of the enquiry is expected to be published in the autumn of 1951.

THE FUND TO-DAY

What can the Fund itself do? How can it best act as a kind of well-informed watchdog for the public interest?

Happily it stands in a unique position, and the circumstances of its foundation in 1897 were such that it has always enjoyed a very

THE FUND TO-DAY

wide discretion as to the use that it may make of its resources. It was from the first intended that it should:

- (a) be a permanent Fund as distinct from a mere agency for the distribution of monies received;
- (b) concern itself with "efficiency" as well as with the need of hospitals for monetary assistance.

The Fund's Act of 1907 was accordingly drafted in wide terms, the key words being "for the support, benefit or extension of the hospitals of London." "Hospitals of London" is in turn defined in broad terms covering practically any institution for the sick serving the metropolitan area. The governing body under the Act consists of the President and General Council. The work of the Fund is carried out in part by standing committees (Management Committee, Finance Committee, Distribution Committee, etc.) with powers delegated by the General Council, and in part by means of a divisional organisation controlled through the Management Committee.

EVIDENCE GIVEN TO THE COMMITTEE ON THE LAW OF CHARITABLE TRUSTS

In evidence given by Sir Ernest Pooley to the Committee on Charitable Trusts, now sitting, emphasis was laid on the importance in the hospital field of an organisation independent of the government and of the official machinery and yet working happily with it. As Lord Beveridge pointed out in his book "Voluntary Action," the Fund—although by virtue of its Royal foundation and considerable resources unique—falls into the general category of "new model" charities, i.e. those which leave a large power of discretion to a body of living trustees, and thereby possess great elasticity of action over a wide field.

The Fund is generally in agreement with the view that some modification is desirable in the law relating to charitable trusts. It believes that means should be devised whereby the objects and scope of a charitable trust can—subject to proper safeguards—be varied more readily than is the case to-day, without the need to wait for the technical failure of the original trust. But any legislation should be restricted to the minimum necessary to secure the ends in view, since it would be easy to damage the charitable impulse beyond

GRANTS TO HOSPITALS—POLICY OF THE FUND

repair if the confidence of the testator or other benefactor were undermined. With the spread of the activities of the state into many more departments of the life of the community the importance of the independent "charity" is vastly increased.

FINANCE

The Fund's income is mainly derived from the capital funds, now amounting to between six and seven million pounds, built up by the firm policy of its founder King Edward VII, who refused to allow large receipts to be frittered away in meeting transitory difficulties. The Fund is still enjoying the confidence of testators, and attracting legacies on a substantial scale. Receipts from numerous legacies in the year 1950 amounted to £77,800: in addition, an interim payment of £200,000 was received from the Executors of the late Viscount Wakefield of Hythe and, in accordance with the terms of his will, added to the capital funds. Lord Wakefield was formerly for some years a member of the Council of the Fund and took a deep interest in its work. On his death the Fund became entitled to a one-third share in his residuary estate of about a million pounds, subject to a life interest to Lady Wakefield who died early in 1950. A further substantial payment from the Executors is expected during 1951. This important bequest is a most welcome addition to the Fund's resources.

Subscriptions and donations included £1,000 from H.M. The King, and generous subscriptions from other members of the Royal Family.

The Fund is also still receiving a reversion from Lord Nuffield's Trust for the Special Areas from which the Trustees have made allocations from time to time under the terms of the Trust Deed. The instalments up to 1950 amounted to £1,250,000 and this sum, with a further £100,000 in January, 1951, brings the total so far received from this source to £1,350,000.

GRANTS TO HOSPITALS—POLICY OF THE FUND

The great majority of the hospitals of London are now within the state service. But—as is now better understood than it was in 1948—the assumption of responsibility by the state does not mean that all needs are automatically met, and many very desirable things have

GRANTS TO HOSPITALS—POLICY OF THE FUND

to wait their turn before there can be any prospect of the cost being met out of the funds available. The Fund's resources available for direct grants to hospitals are dwarfed by the scale of hospital expenditure under the new conditions, but it has taken the view that something of great value would be lost if it were to discontinue altogether its old practice of making grants from time to time to hospitals. Such grants have been largely devoted to helping, with the provision of "amenities," and a number of grants in this category were again made in 1950. Reference to these is made below. But a number of items which would be of great value to the hospitals but which would involve assistance on a larger scale have from time to time come to light, and towards the end of the year the Council of the Fund approved a policy which would permit of a more elastic attitude in dealing with such applications. Grants made under this heading will, however, fall to be described in the Report for the year 1951. It seems clear that with the fresh restrictions on hospital expenditure imposed by the budget of April, 1951, hospitals may increasingly find that the relatively small sums that the Fund can make available are—if the metaphor can be permitted—worth their weight in gold.

Whilst much hard work and goodwill has been poured into the hospitals, and whilst the average ward is probably better and more comfortable than it has ever been, there is no room for complacency. Many hospitals in London, particularly those built at the public expense in the nineteenth century, have never yet, despite changes of administrative regime, enjoyed funds sufficient to bring them up to date. In many cases nurses' quarters and sanitary annexes to the wards fall far short of modern standards. The Boards of Governors and the Hospital Management Committees have each their programme of capital items which have to be worked off one by one over the years in accordance with schedule, and many deserving items are pushed aside.

DIRECT GRANTS: (a) TO HOSPITALS WITHIN THE NATIONAL SCHEME

Fourteen grants totalling nearly £10,500 were made to Hospital Management Committees for the provision of amenities to patients and staff in hospitals within the National Health Service. These

GRANTS TO HOSPITALS—POLICY OF THE FUND

included various types of wireless equipment, cinematograph projectors, tennis courts and pictures. In making these grants the Fund followed the policy adopted in the previous year of helping those hospitals that do not possess adequate endowment funds from which to provide necessary amenities for their patients and staff. A complete list of these, and all other grants made by the Distribution Committee will be found on page 59.

DIRECT GRANTS: (b) TO INDEPENDENT HOSPITALS AND INSTITUTIONS

The list of grants to hospitals outside the official service includes several on a more generous scale than the Fund could normally make. These are felt to be justified by the need to help the hospitals in question over a difficult period of adjustment. Owing to sharply rising costs a number of "disclaimed" hospitals find themselves confronted by the prospect of a large annual deficit, and the circumstances clearly call for a thorough review of the policies of these hospitals with a view to balancing their budgets. It appears to the Fund to be most desirable that the finances of hospitals remaining outside the National Health Service and in part dependent on assistance from voluntary sources should be prudently conducted, and with this end in view the Fund is reissuing a circular asking that budgets showing how it is proposed to balance income and expenditure should be submitted annually by all hospitals and homes on the Fund's list in respect of the following year. Two of the grants made by the Distribution Committee during 1950 in accordance with this policy were special maintenance grants of £10,000 and £5,000 to the Royal Hospital and Home for Incurables, Putney, and King Edward VII Hospital for Officers (Sister Agnes), respectively, to assist them in meeting heavy deficits in their current budgets. It is satisfactory to record that the suggestions which the Fund were able to give both hospitals for increasing income and reducing expenditure have been acted on most promptly, and have already shown good results.

Including these two special grants, during 1950 the Fund distributed £25,550 in maintenance grants and £55,000 in capital

GRANTS TO HOSPITALS—POLICY OF THE FUND

grants to hospitals outside the state service and similar institutions on its list. The capital grants fell into six categories:—(i) Extensions and alterations, (ii) Purchase of properties, (iii) Improvements to kitchens, (iv) X-ray departments, (v) Equipment, and (vi) District Nursing.

In the first category, grants of £5,000 were made to St. Teresa's Maternity Hospital, Wimbledon, and to St. Vincent's Orthopaedic Hospital, Pinner. In the former case the grant assisted the hospital to increase the number of beds from 23 to 40, and in the latter it paid for the enlargement of an overcrowded out-patient department. Other grants in this group were £2,000 to St. Andrew's Hospital, Dollis Hill, towards the cost of building a new wing that will add 26 beds to the hospital. This grant followed a grant of £3,000 for the same purpose given in 1949. The Homes of St. Giles for British Lepers, the only institution of its kind in the British Isles, also received £2,000 towards the cost of a new bungalow, and £1,500 went to the Hostels for Crippled and Invalid Women Workers in Camberwell to help them build a new hostel for disabled girls, in replacement of a home badly blasted during the War.

Apart from the £250,000 that the Fund set aside in 1949 for the purchase and equipment of homes for the aged sick, described in the following section of this report, substantial help was given during 1950 to other homes of this type outside the Fund's scheme. The Essex County Association for the Blind received £14,000 for the purchase and adaptation of two adjacent properties at Wallwood Road, Leytonstone, to be run as a home for the aged sick blind. Similarly, £9,000 was allotted to the Hammersmith, West London and St. Mark's Teaching Hospital Group for the purchase and adaptation of a house at Cricklewood to be used as a home for some twenty-five aged sick. The Brook Lane Medical Mission received £1,000 towards the debt they had incurred in establishing an aged sick home, "Greenhill," at Bickley.

The help which the Fund was able to give during 1950 to the improvement of catering in hospitals was not confined to the activities that are described in the catering section of this report. The Epileptic Colony at Lingfield received £7,000 towards the

GRANTS TO HOSPITALS—POLICY OF THE FUND

extension and re-equipping of the central patients' kitchen. £1,000 was given to Cripplecraft for improvements to their kitchen, and £2,000 to the Invalid Kitchens of London to help them improve their meals service to those who are required to follow special diets.

Two grants were made towards X-ray departments: £5,000 to the Holy Cross Sanatorium at Haslemere, and £2,000 to the Italian Hospital. In both cases the existing department had proved too cramped for the amount of work required to be done, while new X-ray plant was also needed.

A number of grants were made towards the purchase of new equipment. The British Hospital and Home for Incurables, Streatham, received £1,000 for new baths and lavatories, St. Joseph's Hospital for Incurables, Chiswick, £525 towards new boilers and ward improvements, and the Bermondsey Medical Mission £1,000 for equipment for their home at Bickley. The Italian Hospital, which has had to meet heavy capital expenditure on re-opening after the War, was given £750 for ward and theatre equipment, and £2,500 was given to King Edward VII Hospital for Officers for similar items. Like the Italian Hospital this hospital had also had to bear heavy expenses in equipping new premises after the War. Finally the Le Court Nursing Home, since renamed the Cheshire Foundation for the Sick, which is a home for incurables at Liss, received £1,500 towards the cost of various items of household equipment.

District Nursing in London has received the Fund's support for many years. In 1950 this help took three forms. First, a grant of £3,500 was made towards the running expenses of the Central Council; secondly, £1,500 was given to the Central Council for distribution among the twenty-seven District Nursing Associations in the County of London to assist them in meeting their maintenance costs; thirdly, on the recommendation of the Central Council, £600 was given to the Paddington and St. Marylebone District Nursing Association towards the cost of converting a house that had recently been acquired as a key training centre for district nurses wishing to obtain the qualification of a Queen's Nurse.

HOMES FOR THE AGED SICK

The following is an analysis of direct grants made to hospitals and other institutions during the year 1950:—

	£	
11	Grants to Hospitals outside the State Service ..	21,325
5	„ to Homes for Incurables	13,725
2	„ to Homes for Cripples	2,653
5	„ to Homes* for the Aged Sick outside the £250,000 Scheme (see pages 9 and 14)	25,050
4	„ to Miscellaneous Institutions—T.B. Sana- torium, Epileptic Colony, Maternity Hospital, Leper Colony	19,000
3	„ to District Nursing, Invalid Kitchens and Pictures in Hospitals	7,800
13	„ to Hospitals in the National Health Service for the provision of amenities	10,447
—		—
43		£100,000
—		—

* including one home belonging to a Hospital within the National Health Service.

HOMES FOR THE AGED SICK

“ The question is,” said Alice, “ whether you can make words mean different things.”

“ The question is,” said Humpty Dumpty, “ which is to be master—that’s all.”

The distinction between sickness and infirmity in the aged is a question of degree and definition. Individuals can reach the same physical condition either through partial recovery from an acute illness or from gradual failure of their physical powers unaccompanied by any definite illness. Yet those recovering from illness are called aged sick and are cared for by the Hospital Service; and the others, by far the greater number, are called infirm and cared for by the Local Authority.

The increased interest in the treatment of aged patients in hospital has drawn attention to the need for increased facilities for that treatment, both during the severe phase of the illness and afterwards. In a hospital ward, doctors can get their patients to a certain stage of recovery, but then something nearer a normal life is needed, where

HOMES FOR THE AGED SICK

there is an inducement to put into real use the restored movement that has been achieved in the hospital, but where, should anything go awry, the doctor can take immediate action and forestall disaster. At present doctors have an additional inducement to get patients out of hospital as quickly as possible. Waiting lists are long and many of the patients on those lists are urgently in need of treatment in the hospital.

It is the desire to give their patients the best possible service that has prompted the doctor to look for specially equipped homes to which aged patients can go to complete their recovery, and yet where they will still be under his care. Ordinary convalescent homes would not be able to care for patients who were quite so frail or needed quite so much attention for so long a time and, more important, the doctor would be unable to keep in close touch with his patients. When, in 1949, the King's Fund announced that £250,000 had been allocated to the provision of homes for the aged sick the response was warm and enthusiastic. It was proposed to open twelve homes. The Regional Boards, on the recommendation of the Ministry of Health, agreed to accept responsibility for cost of maintenance. The location of the homes was then considered and discussed with the four Metropolitan Regional Hospital Boards and the Hospital Management Committees of London. The homes were to be located not where the waiting list was longest or the number of beds blocked the greatest, but where there was an active geriatric unit in the hospital group.

Solid progress was made during 1950, though many practical difficulties were encountered in obtaining properties and in organising their equipment and adaptation. The situation was perhaps complicated by the Fund's intention to work through various local voluntary bodies rather than handle the matter centrally. Since the voluntary bodies were to be responsible for the management of the home when set up, they were closely concerned in its adaptation and equipment, and it was necessary also to arrange co-operation with the Hospital Management Committee and the doctor from the Hospital Management Group who would be in charge of the home.

Two of the Fund's own homes are open. Three other homes have received substantial grants from the Fund and are also open. In

HOMES FOR AGED SICK

addition to the two homes already opened, the Fund has six properties in process of adaptation.

Whittington was the first of the Fund's homes to open. It is in Broadlands Road, Highgate, and is run by Hill Homes for patients coming from the Archway Group of Hospitals. Hill Homes already run five homes for old people in Highgate, and the Fund appreciates the advantage of co-operation with an organisation of such standing and experience. When Whittington opened, the Archway Group had not yet opened its special unit for the rehabilitation of old people. Difficulty was at first experienced in the selection of suitable patients to be admitted to the home. There were too many bed-ridden patients who might or might not be rehabilitated but for whom there was no rehabilitation service at the hospital. There were very obvious difficulties in dealing with a large proportion of these patients in a home designed for about thirty more or less ambulant cases. In spite of these initial troubles, within the two months that it has been open, the home has shown clearly its value both to the hospital from which the patients come, and to the patients themselves in providing them with an incentive to improve their health.

Westmoor is the second of the homes to open. It is in Roehampton Lane and is linked with the Battersea and Putney Group of Hospitals. The home is run by managers appointed by the Fund, and has the advantage of the close co-operation of the geriatric unit at St. John's Hospital, Battersea. The experiment of administration by managers has been justified. Any lack of experience is compensated fully by greater flexibility and fresh interest in the welfare of patients in the home. Westmoor has certainly fulfilled one of the objects of the Fund's scheme by achieving the closest possible co-operation with a geriatric unit. In a recent report to the Fund the geriatrician says:—

“ The first cases to be admitted were all long-stay patients from St. John's Hospital. One man, for example, had been in hospital for ten years, and bed-ridden for eighteen months during that time. Another had been in hospital for ten years with arthritis, but had been ambulant. Other patients had remained between two and five years in hospitals; one of these having been bed-

HOMES FOR AGED SICK

ridden at home for six years in addition. Since then a number of other patients have been admitted, so that twenty-one have now entered the Home. Three of these were formerly out-patients at St. John's and were deteriorating while living in unsatisfactory conditions in their homes. Two patients have been discharged back to their own homes after a short stay. One of these had been bed-ridden for three years before coming for two years' treatment at St. John's Hospital. She found the life of the Home extremely valuable in teaching her to get accustomed to picking up her feet, adjusting her walk for carpets, different types of chairs and walking up uneven surfaces again. The other, who had had a slight stroke, also wanted some adjustment to life outside hospital wards. At the present moment two more are due to be discharged."

Field Lane Institution was the first organisation to make a successful application to the Fund for assistance in opening a home for the aged sick. The Institution was founded in 1841 when its first evening school was opened in Clerkenwell, since then its work has expanded in many directions and includes homes for old people. The Institution found a particularly suitable property in the Holly Hill Nursing Home at Banstead. The Fund shares satisfaction at the success of this home with the National Corporation for the Care of Old People who also gave a substantial grant. It is near enough to St. Helier Hospital to enable the Physician Superintendent of that hospital to provide the medical services. Although the admissions to the home are not officially in his hands, he has shown successfully the advantage of complete medical supervision of the home. By his willingness to take into hospital patients who became unsuitable for the home or needed intensive treatment, he has become the unofficial medical superintendent of Holly Hill which has developed into an excellent "halfway house." Patients move from the hospital, through the home, and on to ordinary homes for the aged or alternatively to a chronic sick hospital or back to an acute hospital should their condition deteriorate.

The Bermondsey Medical Mission has many years' experience of the care of the aged. The Fund welcomed their application for assistance in the purchase of Homefield, near Bickley Station, which

EMERGENCY BED SERVICE

they wished to convert to a home for the aged sick linked with the Bermondsey and Southwark Group. Homefield had been an hotel and had plenty of ground floor rooms making it particularly suitable for this purpose. Patients in the home are under the care of the Mission doctor who is on the staff of the Group and is in close touch with the other units in the Group caring for the aged sick. There is a continual flow of suitable patients to the home and, where possible, out to normal life again. The setting of the home is perhaps less luxurious than Holly Hill, but the patients are, none the less, equally happy and appreciative of their good fortune.

University College Hospital was the first of the teaching hospitals to take advantage of the Fund's offer of assistance toward setting up homes such as these. Their Thomas Barlow Home for the St. Pancras Geriatric Unit is now open. The Fund is glad to have been able to make some contribution to its success. It is, however, particularly suited to the needs of a teaching hospital and can hardly be regarded as a prototype for homes attached to Hospital Management Committees.

The immediate success of these homes is gratifying. But their continued progress must, to some extent, depend on the co-operation not only of the Hospital Service but also of the Welfare Service into whose care the patients should pass when owing to their improved health they can no longer be considered hospital patients. Patients who are too well are just as out of place in these homes as are the patients who are too ill.

It is hoped that, besides the benefit they bring to the patients, the Fund's homes may suggest a way in which suitable care and attention can be provided for those who are too frail to be called well by welfare standards and yet too well to be in need of hospital care.

EMERGENCY BED SERVICE

Once again a heavy increase in the amount of work carried out has to be reported. The number of applications during the year ending March 31st, 1951, was 71,213, an increase of 14.83 per cent. over the previous year. There have been two significant events during the year, the first of which was the crisis caused by the influenza epidemic which is dealt with later, and the second the

EMERGENCY BED SERVICE

tendency for the steady increase in the use of the Service to level off. There has been a regular annual increase of work of the order of 20 per cent. since 1949 when it first became possible to compare one month's working under the National Health Service with that of the previous year, and the cumulative effect is now very large. Considerable anxiety was felt as to how long this would go on, since the theoretical limit to the increase could only be the total number of urgent cases admitted to hospital by doctors and there are no figures available to show how many of these cases there are. However, in November, 1950, for the first time, this increase stopped, and it was hoped that this might prove to be a permanent change of trend. The influenza crisis at the end of the year then intervened and threw out all calculations, but when that was over the figures fell back to normal for the time of year and again showed no increase over the previous year. It is reasonable, therefore, to continue to hope that the rise in the work of the Service may be coming to an end. It has always been the intention that the Service should be an auxiliary method of admission and should not replace the direct contact between the hospital and the doctor which, in the interest of the patient, is the best method of obtaining admission. It ought not to become the ordinary procedure.

THE INFLUENZA EPIDEMIC

The influenza epidemic struck London early in December. The first effect on the Service was felt in the second week of that month when applications began to increase, at a time when they should normally be falling rapidly prior to Christmas. A great falling off of the work at Christmas time is a regular phenomenon, so much so that on Christmas day it has always been possible to run the Service on half staff. However, Christmas, 1950, proved a complete exception and the work continued at high pressure throughout December. Immediately after Christmas there was an unprecedented increase in the work reaching a peak between January 5th and 11th, when something like 350 applications were being received each day. Thereafter the number of applications fell steadily and rapidly so that by the end of the month the Service was working at its normal January pressure.

During the crisis period the Service was failing to admit about 100 acute applications every day. This sounds a very alarming

EMERGENCY BED SERVICE

number, and indeed it represents a great hardship to many people. However, it must be borne in mind that the Service is dealing with about 200 hospitals so that if each hospital had been able to take in an extra patient every other day, the crisis would have been surmounted.

ARRANGEMENTS FOR THE FUTURE

Proposals were put forward to the Regional Boards and the Ministry of Health, and to the Teaching Hospitals, for the arrangement of a regular scheme of alarms to be given in the future whenever such a crisis should strike London again. This scheme is designed so that the Boards can warn the hospitals in time to take steps to keep their beds free of non-urgent cases so that patients acutely ill should not be left at home.

The warnings will be given automatically when the Service's ability to admit patients falls to a predetermined point. They will be cancelled as the Service's capacity recovers correspondingly. In ordinary years it is not anticipated that such a system will come fully into use, but should the country again be visited by a widespread influenza or other epidemic, the warning system will be available to enable the Regional Boards and the Teaching Hospitals to take the necessary steps in good time.

With the continued increase in the work a corresponding increase in the staff has been necessary. However, now that the organisation has been running on an enlarged scale for three years, there is a certain hard core of experienced staff which was not previously available, and by their help, the general technical efficiency of the work has gradually been so raised, that it is hoped that the present staff will be sufficient to meet the foreseeable increase in the work for some time to come. In view of the difficult financial position of the country in general, and the health service in particular, it is hardly necessary to refer to the need for economy in the administration of the Service.

RECONSTITUTION OF THE COMMITTEE

In July, 1948, Sir Harold Wernher resigned the chairmanship of the Committee, and the members of the Committee thereafter functioned as an Advisory Panel. After two years it was decided

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that it would be better to revert to a regular committee with power to administer the Service, and the Committee was reconstituted with Dr. Geoffrey Evans, who has worked with the Service since its foundation in 1938, as Chairman.

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When in 1946 the Fund assessed the needs of the convalescent homes serving the population of London it was calculated that it would be a four years' task to modernise those that had fallen below present-day standards and to make good dilapidations that had accumulated in the homes during the war years. The year 1950 has seen, if not the completion of this task, at least the back of it broken.

Many major schemes of improvement inspired during the earlier visiting programmes came to fruition and £80,000 was allocated amongst some 65 homes in 1950, of which 13 were grants of £1,000 or more for capital purposes. Details may be found on page 62. The amounts distributed therefore during the campaign—for such it may fairly be called—have been £20,000 in 1947, £30,000 in 1948, £100,000 in 1949, and £80,000 in 1950. It is expected that substantially less will be required in 1951.

These are the cold facts of the Committee's activities. Behind them lies much hard but rewarding work. Apart from the programme of annual visits in the course of which members of the Committee personally inspected some 98 homes—both voluntary and state—there have been numerous other special visits and meetings arising out of applications for grants.

SURVEY OF CONVALESCENCE

A brief reference was made in last year's Report to a projected Survey. This was carried out in the first half of 1950 and the data collected have now been correlated and are in process of being prepared for publication. Its purpose has been, by the collection both of statistics and of opinions based on experience, to arrive at a true picture of the convalescent situation in the four Metropolitan Hospital Regions, taking into consideration the demands of the hospitals on the one hand and the accommodation supplied by

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state and voluntary homes on the other. To this end a sample of London hospitals was asked to keep accurate records over a period of six months of all cases referred by the medical staff for convalescence. The record sheets included not only details of the diagnosis and medical requirements but also of the length of time the patient waited for a vacancy in a home after being declared ready to go. This information clearly is of the utmost significance. If the patient stays in hospital valuable bed space is being wasted: if he returns home for an interval the whole point of convalescence may be lost, particularly in the case of a housewife who will inevitably be drawn into the domestic round before she is fit. Furthermore, the length of time waited is a fair indication of the availability of convalescent care for that category of case. One of the most striking revelations of the Survey is the fact that two-thirds of the in-patients referred for convalescence from hospitals included in the sample waited twelve days or more for a vacancy—a disturbingly long delay.

In considering its policy for development of homes in this or that direction the Committee has frequently been handicapped by the absence of reliable data and has had to depend on expressions of opinion which may be coloured by particular experiences. The Survey now provides some useful guidance, not only for the Committee but for other bodies concerned with the planning or organisation of convalescent services.

CONVALESCENCE IN AMERICA

Following the Fund's principle that though its activities are confined mainly to London its experience should be drawn from all quarters a member of the Committee, Mr. B. Sangster Simmonds, M.S., F.R.C.S., accompanied by Mr. R. E. Peers, visited convalescent institutions in Canada and the United States in the late summer of 1950. The comparison between the provision for convalescence in England and America was by no means unfavourable to this country, though some of the individual homes were luxurious beyond anything attainable under present conditions here. It was interesting to see that the general trend was towards the "recovery" home, i.e., very early convalescence as soon as the patient is out of the "acute" stage, whether after operation or illness. With the present

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shortage of hospital beds and the high cost of maintaining patients in them this policy may well merit careful consideration in Great Britain.

MAINTENANCE PROBLEMS OF VOLUNTARY HOMES

It has been the policy of the Committee to insist that all homes in receipt of capital grants should so adjust their fees and maintain their occupancy as to cover ordinary running costs without loss. There is no doubt that many homes are finding it increasingly difficult to do this. Not only have running expenses climbed steeply with the cost of living index but the reduced budgets of public authorities have acted as a brake upon the number of patients being sent for convalescence at public expense. The present strain on the finances of the National Health Service has meant that some homes have lost their contracts with Regional Boards altogether, others are receiving fewer patients than before. Homes that depend upon the support of local health authorities are in the same predicament. This fact, together with the long-standing difficulty of persuading patients—and the medical profession—that convalescence is no less necessary in the winter than in summer, is giving rise to considerable anxiety amongst voluntary homes, many of which have such slender resources that even a small loss on maintenance is a financial disaster. Many homes will have to be prepared to adopt a less selective policy in regard to the categories of patient they accept. Boys over eleven, for example, are barred by most homes, but if properly handled they need not create the chaos that is feared. Similarly patients over 70 are not necessarily incipient chronics, as many homes believe. In fact no patient whose maintenance can be paid for should be refused if by any means he can be accommodated.

CONFERENCE OF CONVALESCENT HOME MATRONS

The fostering of a "corporate spirit" amongst matrons and others concerned in the administration of convalescent homes has been a subsidiary but important objective of the Committee's work, and reference was made in last year's Report to the associations of Matrons formed in the Thanet and Brighton areas. As an extension of this movement a Convalescent Homes Conference was held in London under the auspices of the Fund in the spring of 1951 to

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which representatives of all homes on the Fund's list were invited. The Conference lasted two days and was attended by 126 people, mainly Matrons of homes. In view of the impossibility of covering all aspects of convalescence the emphasis at the first of what may prove to be a series of Annual Conferences was on nutrition and catering. The opportunity that the Conference provided for a general airing of problems and the enthusiasm displayed by the participants amply justified the experiment, and many tributes have since been received from those who attended.

DIRECTORY OF CONVALESCENT HOMES

The Fund's "Directory of Convalescent Homes serving Greater London" has continued to be much in demand amongst medical officers, hospital almoners and social workers as the standard work of reference. The current edition contains full details of 188 State and voluntary homes—mostly in the south of England—which provide convalescence or recuperative holidays for patients from the London area.

HOSPITAL ADMINISTRATION

As foreshadowed in last year's Annual Report, and announced by H.R.H. the President at the Council Meeting in June, 1950, the Fund has established at Nos. 2 and 14 Palace Court, Bayswater, a Staff College where the whole subject of hospital administration in its widest sense may receive the systematic attention which its importance warrants. By the end of 1950 a considerable programme of alterations and adaptations at No. 2 Palace Court was nearing completion, and it was possible to name a date—April, 1951—when the first course could be assembled and the work of the College begun in earnest.

PREPARATIONS MADE DURING 1950 FOR OPENING OF A STAFF COLLEGE

Much thought was given to the preparatory stages both by the Committee of the Staff College and by its Advisory Panel and it was agreed that in the first instance a short refresher course should be organised for a small group of senior hospital administrators, to be followed as soon as might be by a longer course for younger men. Mr. Constable, House Governor of St. George's Hospital, who is by arrangement with the Hospital acting as Principal of the Staff

College, visited the United States and Canada in May and compared notes with a dozen or so attempts being made in America to devise courses of training in hospital administration. During the summer and autumn tutorial staff were appointed to the College. Mr. R. A. Mickelwright, F.H.A., formerly Secretary of South-West Middlesex Hospital Management Committee, and Mr. A. C. Stuart-Clark, M.A., formerly Headmaster of Brighton College, were appointed Senior Tutor and Director of Studies, and Senior Tutor and Registrar, respectively. Following an announcement of the first course a large number of applications were received for places and a dozen or so vacancies were allotted in each of the first two refresher courses in the summer of 1951. Whilst the College is intended primarily for hospitals in the metropolitan area it was felt that it would be in the general interest if a proportion of places were allotted to men coming from other areas, and this policy has been followed in the allocation of vacancies.

THE FIRST "REFRESHER" COURSES

The first course held at No. 2 Palace Court from the 2nd to 28th April, 1951, was most warmly appreciated. It was at once apparent from the tenor of the discussions that first principles and primary objectives were in some danger of becoming submerged in a mass of detail. The participants in the courses being secretaries of some of the larger H.M.C.'s were responsible for budgets in the region of a million pounds a year each, many of the items requiring specific approval by the appropriate Committee and adjustment with the policies of the Ministries and the regional boards concerned. This network of administrative procedure can easily stifle the primary objects towards which the Committee itself and its principal officers should be looking. A deliberate attempt was made in organising the course both to set the work of the hospital in its proper perspective as part of the health service as a whole, and to recall the fundamental principles governing the relationship of the professional staff, medical and nursing, to the administration of a hospital. The college is to include in its survey the relationship that should exist between the three principal parties to any hospital service—the medical, the nursing and the more narrowly "administrative" sides. It is intended to bring together many of those

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carrying responsibility in these matters for serious and close discussion. Some of the principal officers of the Ministry of Health and of the Regional Hospital Boards are taking part in the discussions and as the programme develops all parties will thus have an opportunity of hearing at first hand and in intimate friendly circumstances the views of those charged with other aspects of the administration of the service. There is therefore good ground for believing that the level of discussion at the college will be worthy of the large issues at stake and that the considerable expense falling upon the Fund (in the neighbourhood of £20,000 per annum) will pay a high dividend in terms of efficiency of the hospitals.

ARRANGEMENTS FOR LONGER COURSES FOR YOUNGER MEN

Arrangements are at the time of writing well ahead for a programme of longer courses; these courses will be based upon the residential accommodation at No. 14 Palace Court. The Advisory Panel was invited to discuss whether the courses should be restricted to those already engaged in hospital administration who could be seconded for the course by their hospitals, or whether some of the vacancies should be filled by men drawn in from the outside world, as in the case of the bursaries awarded by the Fund since the war to enable suitable candidates to take up hospital administration as a career. It was felt that there would be many of the younger men already in the service who would welcome the opportunity of training, and that provided they were able to satisfy the Selection Committee that they were of the calibre required such applicants should be given precedence.

The longer courses will necessarily be experimental, but it is hoped and expected that the experience gained in the refresher courses and the work done by the staff college in other directions will prove an invaluable asset in organising them.

As already indicated, it is the intention of the Fund that the arrangements made for affording some training in hospital administration by way of the award of bursaries should be merged into the new College, and no further bursaries in hospital administration are being awarded in 1951. Pending the inauguration of the College six such bursaries were awarded in 1950, and the training given on apprenticeship lines followed the pattern laid down in previous years.

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PRINCIPLES OF HOSPITAL ADMINISTRATION

Recommendations on the internal administration of hospitals were submitted by the Fund to a Committee established by the Central Health Services Council of the Ministry of Health. This Committee asked comprehensive questions and in reply thereto an attempt was made to summarise the main principles of hospital administration traditional in this country, which took definite shape during the Nightingale era. The new conception of the place of the nurse in the hospital was then grafted onto the already well defined partnership between the governing body and the medical staff.

These principles may be summarised as follows:—

- (i) the medical care of the patients was entrusted to the visiting physicians and surgeons and their assistants;
- (ii) these visiting physicians and surgeons jointly comprised the medical staff, which acted in an advisory capacity to the governing body of the hospital;
- (iii) the governing body of the hospital was primarily concerned with the enlightened pursuit of economy "so far as it is consistent with the requirements of the sick";
- (iv) its function was largely delegated by the governing body to a Chairman, House Governor or other officers acting in conjunction with a weekly or fortnightly Executive or House Committee;
- (v) the matron has, since Miss Nightingale's day, been admitted as a third party to the partnership between the governing body and the medical staff. The nursing care of the patients as well as the control of the training school is entrusted to her care;
- (vi) the hospital is therefore to be regarded as a tripartite organisation, governing body exercising a wise economy in consultation with the Medical Committee and with the matron as representing the nursing staff.

The King's Fund sees no reason to doubt that the principles are fundamentally sound and that they have contributed very largely to the advances which have taken place in our hospitals since the eighties of the last century.

They were taken for granted in the great majority of the London voluntary hospitals though, of course, they were variously interpreted. The function of the matron has changed with the years, and with the increase in scale of some of the departments of the hospital it is no longer practicable or desirable to insist that she should be "the head of all the women employed in the hospital."

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The Hospital Management Committee organisation as it is found to-day involves a number of departures from the older principles. The more important divergences are:—

(a) The Hospital Management Committee as the administrative authority in direct touch with the "professional advisers" has been given only a limited control of expenditure and little incentive to economy. For example, much of the medical staffing does not form part of the budget of the Hospital Management Committee, and is not therefore weighed in the balance with other items in the hospital budget. There seems to be some danger that the Hospital Management Committee may progressively lose sight of its main function, and may concern itself with matters of detail which might better be handled by its executive officers.

(b) The traditional close relationship between the administrative authority and the medical committee is in some danger of being broken up. The medical committee is an important feature in the organisation of the hospital; its authority has been lessened by the transfer to the Regional Board of the primary responsibility for consultant appointments. There are sometimes doubts as to whether all the medical members on the Hospital Management Committee are voicing the opinion of the medical committee. It appears to be of fundamental importance that the medical men appointed to the Hospital Management Committee should sit there as the representatives of the medical committee and that the fact that they do so should be widely understood in the medical profession. (This is not intended to exclude representation of general practitioners or of Medical Officers of Health which may well be desirable.)

(c) The position of the matron, or matrons, often falls far short of the part assigned to her in the Nightingale pattern. This is no doubt unintentional, being the mechanical result of a grouping of a number of hospitals.

It seems important that the principles to which attention is here directed should not be forgotten and that they should be brought again to the fore and used as the norm against which the new creation, the Hospital Management Committee, should be judged. Too many of those concerned with working the new machinery have little conception of the historic importance of these principles in the development of our hospital system to the point at which it stands to-day.

The Fund's recommendations also covered such questions as the extent to which administrative duties should be undertaken by the medical and nursing staffs, and the advantages of central buying or central contracting. The Fund subsequently submitted further evidence on the organisation required to effect the best methods of admission and bed utilisation.

TRAINING OF MEDICAL RECORDS OFFICERS

Earlier reports have contained an account of the Fund's study group on Admissions and Records which in 1948 suggested measures that have since received wide acceptance in the hospital world. Most radical of these was that "a senior administrative officer should be in charge of the appointments for out-patients, registration, records, and medical secretaries, and should be responsible for the lay staff dealing with waiting lists, admissions and discharges" The King's Fund training courses for potential medical records officers came as a direct result of this recommendation, and the first pilot scheme was launched at the Middlesex Hospital in the autumn of 1948 with three bursars. The two full courses of twelve which started in March and October of 1949 were provided with an intensive six month's programme of training.

Already before the end of 1949 it had become clear that practical experience in a variety of hospitals was in every way as necessary as the more theoretical training and arrangements were made in 1950 to remodel the course on a twelve-month basis. About the same time the full impact of the government's economy measures made itself felt. In many hospital groups there was no establishment for a records officer and, however desirable such an appointment might be, the necessary authority was often withheld, particularly when the claim of other much needed reforms was given priority in the group budget.

Nevertheless the extent of the need for these records officers is sufficiently evident from the fact that despite all financial stringencies advertisements of senior records posts have appeared at the rate of one or two a month during the year under review. Ten bursars have found posts with Hospital Management Committees mostly as group records officers, and seven with teaching hospitals. Of the remainder one is at a Regional Hospital Board, two are assistant records officers at teaching hospitals, two took up semi-administrative appointments whilst two women bursars resigned after marriage.

It is clear that the old notion of the records officer as primarily a medical secretary acting—almost as a sideline—as caretaker of the hospital records, is fast becoming outmoded as a result on the one

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hand of more enlightened administration and on the other of public expectation of better organisation in out-patient departments. The medical records officer is now widely regarded as the administrative officer responsible—in addition to medical records as such—for a whole range of duties connected with the reception and smooth passage of the patient through the intricate organisation of a modern hospital. The contribution an officer of appropriate training and status can make to the efficiency of the hospital and the welfare of the patients is almost unlimited.

These appointments are a reflection of the increasing attention that is being given to reducing to a minimum the element of mental and physical ordeal too often attaching to hospital treatment; as evidenced—to quote but a few examples—by the introduction of appointment systems in out-patient clinics, the substitution of comfortable chairs for the traditional hard wooden benches in the waiting-rooms and the provision of canteens or tea trolleys.

Towards the end of the year, encouraged by the Ministry of Health, the Fund embarked upon arrangements for a third records course, to be held under the auspices of the Hospital Administrative Staff College. It will have the further advantage of the services of the early ex-bursars who have now been sufficiently long in the saddle to give valuable support to the broader scheme of training envisaged. There are good grounds for confidence in the future of the scheme.

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COSTING INVESTIGATION FOR THE MINISTRY OF HEALTH

In May, 1950, the King's Fund accepted, jointly with the Nuffield Provincial Hospitals Trust, the invitation of the Minister of Health to undertake a costing investigation in a number of selected hospitals. Those selected include two teaching hospitals (King's College and St. George's) and four hospital management committee groups—one in each of the Metropolitan Regions (the groups being Colchester, St. Helier, Tunbridge Wells and West Herts) making in all a total of 59 hospitals.

Although some initial delay took place owing to difficulties involved in recruiting the right type of personnel, the work is now

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well in hand. In summary form the problem is being tackled in four stages: (1) a detailed survey of existing methods and routines; (2) development of new routines, retaining wherever possible existing methods proved efficient; (3) installation of an experimental system and (4) continuous review of the experimental system for a period to ensure its satisfactory working. The investigation necessarily covers all transactions which have an effect on finance, e.g., stores and stores organisation; purchase of supplies; wages systems; invoices systems; staff and allocation of duties; manual and mechanised recording and accounting, and time and motion studies, the latter a much neglected feature of hospital organisation and management which, however, has a marked influence on hospital costs.

REFERENCE LIBRARY

Over 100 books were added to the Library during the year and it now contains over 800 volumes, etc., covering every aspect of the administrative work of hospitals. Useful additions were also made to the plans section, which includes a full set of the publications of the United States Public Health Service on Planning, Construction and Equipment. A supplementary catalogue is in course of preparation.

INCREASE IN NUMBER OF ENQUIRIES

Owing to lack of adequate accommodation and the increased calls upon the Division for information and advice no new activities were undertaken during the year. The work was concerned, more particularly, with the re-arrangement and cross indexing of information already in hand with a view to the preparation of a comprehensive Index of Classification, and dealing with the increased requests. Many of these were received from hospitals and organisations which had not previously made use of the facilities of the Division. It is significant to record that more and more enquiries are made by personal calls, some involving prolonged discussions.

FINANCIAL ADVISORY SERVICE

Much of the work of this service during the year was integrated with the Costing Investigation for the Ministry of Health and

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advising hospitals on finance and accounting matters connected with the National Health Service (Financial and Accounting Provisions) Regulations. Investigations were carried out at three hospitals outside the National Health Service, and for the first time a Statistical Summary was prepared of the beds, income, expenditure and costs of convalescent homes in London and the Home Counties.

OVERSEAS CO-OPERATION

The Division continues to enjoy the active co-operation of hospital organisations and authorities abroad, and the information received from them (much of which is not generally available in Britain) is proving extremely useful. During the year thirty-two visitors from overseas were received. In addition to information they were given personal introductions to selected hospitals in Britain and, through the International Hospital Federation, to those in other countries. That this two-way service is much appreciated is evident from the many letters received by the Fund.

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THE STAFF COLLEGE

It was admittedly as an experiment that early in 1949 the King's Fund set up a Staff College for trained nurses and offered residential courses in preparation for ward sisters' duties. In the second year the courses have passed beyond the experimental stage and have become firmly established in the hospital world. At the same time they have retained flexibility and variety. Each course is planned afresh in the light of the experience already gained and with full consideration of the suggestions contributed by the students themselves at the close of each term at the Staff College.

One interesting development, not foreseen at first, has been the demand for and the great appreciation of the shorter courses for experienced ward sisters. The success of these suggests that the College may be called upon to help senior members of the nursing staff in various ways. Already a number of matrons have expressed a wish to share in the facilities offered by the Staff College.

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At the same time the College is building up reserves of information and is becoming a place to which may be referred many questions of ward planning, management and equipment, nursing method and the like. The "manuals for ward sisters" prepared by small groups during the preparatory courses throw a flood of light on the many-sidedness of the ward sister's responsibilities and on the way in which the students learn to sift their various experiences during the course and to draw up directives for their future work.

In order to meet the demand for both preparatory and senior courses as fully as possible without sacrifice of standard, the preparatory courses have been shortened from fourteen weeks to twelve, so that three of these, as well as two of the four-week senior courses, can be given in the year.

In the first two years 139 students have completed the preparatory course and 58 sisters the senior course. Thus, the "old students" of the Staff College are already a numerous body, working in some 85 different hospitals. Re-unions are held from time to time and it is clear that the sisters are eager to keep in touch with the College and with one another. Here, too, is fertile ground for progress and the spread of information on the best current practice from one hospital to another.

Every course makes it more clear that what is most needed by the sisters and staff nurses who come to the College is leisure to think, to widen their experience and to exchange views with their colleagues in other hospitals. The very nature of nursing makes it impracticable to realise this leisure while carrying the responsibilities of a ward, and a break from routine such as that offered at the Staff College may prove—indeed has already proved—to have lasting effects on the outlook and methods of those who take either course.

At the same time there is a firmly-knit syllabus with talks, discussions and investigation grouped around the three main themes of ward teaching, personal relations and ward management. The College has been very fortunate in the speakers it has obtained during the year and in the co-operation given readily by many hospitals, which has resulted in unrivalled opportunities for the students to visit, to observe and to obtain practical experience in hospitals other than their own. Again and again it has been found that the

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hospitals spare neither time, effort, nor careful planning to show the students whatever may be of most use to them. The College has also been privileged to use the classrooms at the London Hospital throughout the year for demonstrations in ward practice and teaching.

Perhaps the comments of the students themselves give the clearest picture of the influence of the Staff College. The following are representative of many received:—

“ I have learnt that administration is the art of getting the best out of people.”

“ I am working on a ward not quite like the ideal ward we planned, but it can be improved. I have become a strict economist, an administrator, teacher, and have already had three teaching sessions quite up to the standard of the College demonstrations.”

“ I am most grateful for the tremendous amount of knowledge that I gained, not only in nursing, but in other spheres. I have certainly cultivated a far more enquiring turn of mind.”

“ I shall never be able to measure how much I learnt in three short months at the College. I would not have believed that so much ground could be covered. I only hope that I can put all I have learnt into practice.”

“ In these days of preconceived ideas it is refreshing to find in the heart of London this small place where initiative is welcomed, original ideas are encouraged, and personality is helped to develop.”

The Principal was invited to speak at a week-end conference for industrial nurses at Nottingham, and at the Ward Sisters' Course organised by the Sheffield Regional Hospital Board. She has been appointed external Examiner to the Nursing School of the Royal Free Hospital, and the Royal Salop Infirmary, and Examiner in Ward Administration for the Diploma in Nursing, University of London. She is also a member of the National Council of Nurses Sub-Committee on Hospital Planning and Design. In May, 1950, Miss G. A. Ramsden, R.R.C., was appointed Assistant to the Principal.

A new prospectus with photographs of the College has been prepared and various references to the work of the College have appeared in the press.

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Structural alterations in the basement, which were impracticable when the College was opened, were carried out during the summer and autumn. The re-modelled and re-equipped kitchens are now more adequate for the standard of catering which the College has always achieved, no matter what the difficulties in the early days.

The problem of sparing trained staff from posts of responsibility to take the course is still a very real one. Yet in the third year the hospitals are still as ready as ever to second their sisters and staff nurses to the Staff College. One student came from as far afield as the Groote Schuur Hospital, South Africa, and another from the Geelong Hospital, Victoria, Australia. These facts suggest not only that the courses have proved their worth but also that there is now a wider recognition of the true value of the ward sister's work as one of the most skilled and the most responsible of all branches of nursing. In both these directions the Staff College Committee feel that the College is fulfilling the aims with which it was inaugurated by the King's Fund.

The resignation of the Chairman, Sir Hugh Lett, Bt., was a great loss. He has been succeeded by Sir Wilson Jameson.

THE NURSING RECRUITMENT SERVICE

Nine years before the inception of the Staff College the Fund had established the Nursing Recruitment Service, which has given individual advice to over 53,000 candidates for training, some thousands of whom are now qualified nurses. A number of the "old candidates" of the Recruitment Service have entered the Staff College as ward sisters or staff nurses; at least one has been appointed matron of a large hospital, and many others hold posts of responsibility at home and overseas.

In the late thirties the need had become acute for some central agency to supplement the efforts of the individual hospitals in recruiting nurses. Only too often good candidates were discouraged or lost altogether because the well-known hospitals to which they applied had no vacancies for them, and reference to other hospitals was spasmodic and ineffective. Many others were discouraged by their relatives or teachers because of the poor reputation which

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nursing had as compared with certain other careers for girls. The hopes with which the service was launched have been fully realised.

The outlook for nursing to-day is more promising than it has been for many years. The virtual cessation of the "bad press" from which nursing conditions have suffered until recently is no accident.

Further progress can be confidently expected. In the autumn of last year a new General Nursing Council was elected in accordance with the Nurses' Act, 1949. This Act can be warmly commended. The Minister showed much strength of mind in resisting a widespread but ill-founded clamour for a shortened course and for other compulsory changes in the system of training, and proceeded instead to an overhaul of the machinery which will place nursing education for the first time on a satisfactory footing. Funds are to be made available to the training schools independently of the hospital budget, and nursing education is ceasing to be the Cinderella that it has been for so many years. What was a serious omission in the legislation of 1919 when State Registration was introduced is now being corrected. The discussions attendant upon the Act sounded a note new in the discussion of nursing matters in this country, and reached a level that showed plainly how great an advance has occurred in our understanding of our duty towards the nurse.

The picture as a whole is distinctly encouraging. Many English schools have a strong tradition of sending a good proportion of their best girls into hospital nursing, and these traditions are well understood. This country can take considerable pride in the fact that its nurse training schools are continuing to attract, in large numbers, girls whose quality leaves nothing to be desired, and that the foundation established by Florence Nightingale and greatly mellowed in the past generation still provides in many hospitals a training for nursing unsurpassed in any other country in the world.

The work of the Nursing Recruitment Service during the year 1950 reflected the general improvement in the situation. New candidates advised by the Service numbered 5,322, an increase of nearly 1,000 over the number in 1949. Candidates accepted as student nurses or pupil assistant nurses numbered 1,668, the highest since the demobilisation rush in 1945-46. About two-thirds of

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these went to non-teaching hospitals. In addition 220 applicants were guided to part-time or other non-training work. Over 3,000 individual interviews were given at the Recruitment Centre, and over 14,000 personal letters sent out. Enquiries about nursing but not relating to particular candidates have numbered about 600. Many requests for advice were received from hospitals on such matters as the selection of a matron, standards of accommodation in the nurses' home, the amount of nursing staff required and the methods by which the proportion of nurses to beds should be assessed, the preparation of a prospectus, questions of superannuation, and so on.

Talks have been given in 123 schools, to four Red Cross groups, at two meetings of parents' associations, and at three nurses' certificate-givings. Of the schools about one-third were being visited for the first time, and the remaining two-thirds were schools to which the Service had already sent a speaker at least once or twice before. The great majority visited were grammar schools. The remainder were boarding schools such as Battle Abbey and St. Swithin's, Winchester, secondary modern and technical schools. An address on hospital nursing was also given to a large audience consisting mainly of schoolgirls and nursery nurses at the Mothercraft Exhibition. Schools continue to be very appreciative both of the actual talks and of the help given to individual girls in connection with their plans for training. Several have expressed gratitude to the Fund for providing such a service. The stress laid on the importance of continued general education meets with great approval in schools of all types. The "gap" continues to be a problem, particularly for the girl leaving the modern school at 15. In some districts one modern school offers an excellent pre-nursing course for girls from 15-17 to which girls from other schools may transfer. In other districts transfer at 15 to a pre-nursing course at a technical school is encouraged.

Many requests for information and advice have been received from the Youth Employment Officers appointed under the Ministry of Education's new scheme for the interviewing of boys and girls before they leave school, and several talks have been given at their request. The Secretary of the Service has been asked to serve on a panel of

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advisers representative of the major industries and professions, set up by the Middlesex Education Committee to act as consultants to Youth Employment staff, to advise individuals and to give talks to groups of senior children.

The Service arranged and staffed a stall at the Schoolgirls' Exhibition for ten days in May, 1950. Many of the children attending the exhibition were too young to be taken seriously as actual candidates for the nursing profession, but interviews were given to a number of the older girls and the Service is keeping in touch with them until they are old enough to become student nurses. Enquiries from teachers and others led in some cases to arrangements for talks on nursing.

SUPERVISION OF NURSES' HEALTH

The Memorandum on the Supervision of Nurses' Health has been in constant demand ever since the Fund published it in 1943, and the accompanying health record forms sell at the rate of many thousands a year. It is gratifying to note that whereas the Fund's recommendations were regarded as very progressive and likely to lead to a great step forward when they were first published, the best hospital practice has now caught up and indeed passed many of them by. The memorandum had, therefore, become out of date, and it was decided early in 1949 to appoint a Committee to revise it. It proved necessary to re-write the greater part, and in particular to draw up a new code of precautions against tuberculosis, on which the Committee was fortunate in having the advice of experts. The agreement of the Standing Advisory Committees on Tuberculosis and on Nursing was obtained at every stage. The Ministry of Health and the Secretary of State for Scotland have circulated over 12,000 copies of the Memorandum to Regional Boards, Hospital Management Committees and Boards of Governors, with a covering letter commending the recommendations to the attention not only of hospital authorities and their secretaries, but also of matrons, chairmen of medical committees and physicians in charge of nurses' health. The Fund is making additional copies available to hospitals on demand.

HOSPITAL CATERING

BURSARIES FOR DOMESTIC SUPERVISORS

The Ministry of Health asked the Fund's support for the courses for domestic supervisors in hospitals arranged at Morley College. It was decided to award eight bursaries of £75 each to assist people with suitable experience outside the hospital service to train for hospital domestic supervision, and representatives of the Division assisted in the selection of the candidates. It is hoped that these bursaries will be the means of bringing good recruits into an important branch of the hospital service.

HOSPITAL CATERING

In a recent report Signor de Gasperi was quoted as saying that whilst Italian miners in this country were well satisfied with their reception and conditions, their one complaint was of British cooking. The proverbial shortcomings of our cooking have of course been accentuated by the limited nature and quantity of food supplies, for it needs a skilled cook indeed to produce a succession of meals to-day that are nourishing, appetising and properly balanced.

A SCHOOL OF HOSPITAL CATERING

When financial complications outside the Fund's control made it necessary to abandon the scheme reported last year to build a large catering training school at St. Pancras Hospital, priority was given to a scheme to build a smaller school on the same site. Mr. J. Chadwick Brooks was appointed Chairman of a small committee with responsibility, under the Catering and Diet Committee, for building and equipping the School, and thanks largely to the enthusiastic co-operation of the authorities of University College Hospital, rapid progress was made in converting a disused laundry building into the new School to be known as the King's Fund School of Hospital Catering. It cost £15,000 to construct and equip, and has been designed as a self-contained unit with lecture room, demonstration kitchen, dining room and other accommodation. Its maximum capacity will be 28 students who will be drawn from all grades of hospital catering staffs, and will receive instruction both in the

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School kitchen and lecture room as well as in the new central kitchen of St. Pancras Hospital, which is adjacent. The cost of adapting and equipping the building which the central kitchen occupies was largely met by a grant of £11,000 from the Fund in 1950.

The School opened in May 1951. Initially there will be refresher courses for catering officers, chefs and kitchen superintendents, and a basic cookery course for untrained kitchen staff. There will be a small whole time staff of instructors acting under the Principal (Mr. C. C. A. Gibbs), and in addition the Fund's Nutritional and Dietetic Adviser and members of the Hospital Catering Advisory Service will give assistance on a part-time basis at the school.

To ensure that the new School shall be right up to date, Mr. Chadwick Brooks and Mr. Gibbs visited commercial training schools and leading hospitals in Toronto, Boston and New York in December 1950. In an intensive fortnight's tour they were able to satisfy themselves that after making due allowance for the different standards of living prevailing on the opposite shores of the Atlantic, there was no call to make any major change in the plans for the Fund's School.

HOSPITAL CATERING ADVISORY SERVICE

The reports now coming through from the Catering Advisory Service strike a new note. They include plans showing the old kitchens and changes needed to modernise their layout. The old kitchens are in many cases spacious or capable of some moderate extension at reasonable cost: but they need to be re-designed and equipment repositioned before there can be any approach to the stream-lined kitchen of the modern hospital. Lack of knowledgeable staff in control, lack of funds, patch-work additions, and absence of the element of competition have combined to create conditions in the kitchens and stores which render efficient catering well nigh impossible, and impose undue burdens on the staff who struggle to keep things going.

Scale drawings of suggested improvements and extensions to kitchens are now attached to every report, and in addition the

HOSPITAL CATERING

system of purchasing fresh foods and the costing of meals is also examined. Recommendations are divided into those which need to be carried out at once, and those which may be introduced gradually, as well as into those which do not involve extra expenditure and those which do. The Hospital Management Committee is thus afforded some help in cutting its coat to suit its cloth.

Hospitals cannot put this advice successfully into practice without the help of an efficiently administered and adequately staffed catering department under the undivided control of a competent catering officer. The Fund's surveys have revealed that in all too many instances establishments have not been laid down for catering departments, or where there is an establishment, it is inadequate for the needs of the hospital concerned. Even if a hospital makes good this deficiency by fixing a proper establishment for the catering department, the difficulty of recruiting and retaining the staff required still has to be overcome, and here at once hospitals come up against the disparity between the salaries paid in commercial catering establishments and those at present paid in hospitals. If hospitals are to have good catering departments they must employ well qualified staff, and to obtain and keep such staff they must be able to pay salaries that bear comparison with those paid in commerce. This applies to all grades, from Catering Officers to Assistant Cooks.

CATERING SURVEYS, COSTING AND KITCHEN PLANNING, COMPLETED IN 1950.

(N.E. Met. Region)

Aug. 1950	Bow	St. Andrew's	Replanning Kitchen & Dining-rooms
Sept. 1950	ENFIELD	St. Michael's	Replanning Kitchens, Dining-rooms

HOSPITAL CATERING

July 1950	FOREST	Chingford Connaught Forest Hart's Thorpe Coombe Woodford Jubilee Wanstead	} Full Catering Survey
Sept. 1950	HACKNEY	Eastern German Hackney Mothers' S.A.	} Costing Survey on Purchase of Fruit & Vegetables from Market
Nov. 1950	SOUTH-EAST ESSEX	Langdon Hills Orsett Tilbury Thurrock St. Andrew's	} Full Catering Survey
Nov. 1950	SOUTH OCKENDON	Great West Hatch	Replanning of Kitchen
June/July 1950	WEST HAM	Plaistow Hospital	Replanning Kitchen Advice on equipment

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(N.W. Met. Region)

Dec. 1950 PADDINGTON St. Charles Costing Survey

Mar. 1950 SHENLEY AND Napsbury Full Catering Survey
NAPSBUY

(S.W. Met. Region)

Jan. 1950 LAMBETH Lambeth Replanning Kitchen

Teaching Hospitals

Dec. 1950 LONDON Linden Hall Plans for Servery and Kitchen

TRAINING GRANTS FOR ALMONERS

The recent publication of the Cope Committee Report on Medical Auxiliaries gives a topical interest to the Fund's bursary scheme for Almoners which is now in its third year. This is not the place for a general discussion on the conclusions reached by the Committee but the suggestion contained in the following extract (para. 146) from the Report calls for some comment. The work, it is said,

" . . . often evokes a strong sense of vocation. This may not arise until a man or woman has reached maturity and has had considerable experience in some other profession or occupation. Financial provision may be necessary to enable those who have such a vocation and are otherwise suitable to train for this work; usually such persons have no other means of subsistence than their normal earnings. This appears to be a field in which valuable help could be given by such organisations as King Edward's Hospital Fund for London and other similar charities."

The Fund has always recognised the advantages which age and experience give to the older woman entering upon social work. But to aid recruitment of this group in any substantial degree would involve expenditure on a scale that could scarcely be justified; it costs about £1,000 to train one Almoner if a reasonable rate of subsistence is provided during the three year course—two of these at a University and one under the Institute of Almoners. It is thus a little disappointing that the Report does not suggest any form of concession in the way of a shortened training for older women that would ease the way of entry for them. In this situation the Fund has confined itself to assisting a small group of graduate entrants with good honours degrees who it is hoped will in due course fill those positions in the profession where academic qualifications are of particular value—research, teaching and the like. Seven awards were made in 1950 bringing the total of bursary holders up to sixteen. Four of the original 1948 course of six have now obtained the certificate of the Institute and are practising as almoners.

It has been decided that the bursaries in 1951 shall provide for the year of professional training only, and not cover, as at present, the year of Social Science which honours graduates are required to undertake as a preliminary. This decision is in accordance with the Fund's view that it is outside its scope to help finance that part of a professional training which is common to a number of careers in social work not concerned with hospital patients.

PERSONAL

PERSONAL

Dr. H. Morley Fletcher died in the autumn of 1950 at the age of 86. He had been closely associated with the Fund for more than 30 years, having first served as a visitor in 1917. He joined the Distribution Committee in 1925, and it is not too much to say that whatever reputation that Committee may have had for impartiality and wisdom was due at least as much to him as to any other member. When the war came and others had to give up he was always available whenever he was wanted, and his judgment remained unimpaired to the end. Through his work with the Distribution Committee he came to be connected with the Fund's work for nursing, and he succeeded the late Lord Luke as Chairman of the Nursing Recruitment Committee of the Fund and a member of the Committee which has recently been responsible for the new nursing staff college. He will long be remembered for his wise leadership and for his unflagging interest in the well-being of nurses no less than that of hospitals.

In the course of 1950 Sir Wilson Jameson retired from the office of Chief Medical Officer to the Ministry of Health and accepted an invitation to join the staff of the King's Fund in a part-time capacity. He took up this appointment on June 1st and has since devoted a considerable part of his time to the development of the various training schemes for ward sisters, administrators, and others on which the Fund is now engaged. Sir Wilson's transfer from the work of the Ministry of Health to that of the King's Fund is witness, if any were needed, to the happy relationship existing between the Ministry and the Fund. It lends point to his own oft-repeated observation that one of the real needs in the hospital world is for sturdy voluntary organisations—independent of official control, but working gladly with governmental agencies, supplementing their work, and above all, fostering investigation and experiment.

CONSTITUTION, COUNCIL AND COMMITTEES

The Governing Body under the Act (7 Edw. 7, Ch. lxx) consists of the President and General Council. The work of the Fund is carried on under the General Council and by the standing Committees and Staff as set out in the following pages.

The Fund is empowered to obtain from public benevolence by means of subscription, donation, bequest or otherwise "a continuance of the Fund," and to apply the capital and income of the funds and property of the Corporation or any part thereof "in or towards the support, benefit or extension of the hospitals of London or some or any of them (whether for the general or any special purposes of such hospitals) and to do all such things as may be incidental or conducive to the attainment of the foregoing objects."

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LORD AMULREE, M.D., F.R.C.P.

DR. H. M. C. MACAULAY, M.D., B.S.,

MR. O. N. CHADWYCK-HEALEY

M.R.C.S., L.R.C.P., D.P.H.

MR. C. M. POWER, O.B.E., M.C.

Secretary

MR. R. E. PEERS

Assistant Secretary

CMDR. J. R. E. LANGWORTHY, R.N. (Retd.)

Admissions Officers

MR. W. L. GRAHAM

MISS B. S. MITCHELL

Training Officer

MISS W. M. COX

Accountant

MR. N. F. MOLLE

Offices

MONarch 3000

EALing 6671

LEYtonstone 6461

WOOLwich 3471

WIMbledon 6581

As agent or the four Metropolitan Regional Hospital Boards, the Emergency Bed Service is available to doctors for the admission of acute and urgent patients throughout Greater London at all times.

FINANCIAL STATEMENTS
AND
LISTS OF GRANTS

The Fund is fortunate in possessing substantial capital resources amounting to between six and seven million pounds. This great asset it owes largely to the firm determination of King Edward VII fifty years ago to build up a permanent fund, and his refusal to allow the large gifts which he was able to attract to be frittered away in meeting transitory difficulties. Many large estates have been left to the Fund as residuary legatee and trustee on behalf of the hospitals of London, in confidence that the income would be wisely administered and used in those directions in which it would be of the utmost benefit to the hospitals. Its finances are managed by the Treasurer and Finance Committee, which has always included the Governor of the Bank of England and others well-known in the banking world.

The subscription list is headed by His Majesty The King, with an annual subscription of £1,000, followed by many other members of the Royal Family. It includes, too, many of the City Companies, Banks and commercial houses, besides personal subscriptions. The Fund has always endeavoured to avoid competing with the claims of the individual hospitals on their supporters.

KING EDWARD'S HOSPITALS

BALANCE SHEET

	£	s.	d.	£	s.	d.	£	s.	d.
FUND ACCOUNTS :									
FUNDS TO BE RETAINED AS CAPITAL :									
As at 31st December 1949				1,858,022	3	5			
Add: Receipts during 1950	775	2	4						
Legacies for Capital (per Page 57)	200,336	13	3						
				201,111	15	7			
				2,059,133	19	0			
GENERAL FUND :									
As at 31st December 1949	3,672,260	17	11						
Add: Lapsed and Reduced Grants	10,142	19	3						
Amount transferred from Income and Expenditure Account...	103,366	0	5						
				3,785,769	17	7			
SPECIAL FUNDS :									
per Schedule on Page 56				414,128	19	5			
SPECIAL APPROPRIATION FUND :									
Sum earmarked by General Council out of 1949 Income for the Provision of Additional Accommodation for Aged Sick	250,000	0	0						
Less: Amount expended £ s. d.									
during 1949 26,088 5 5									
„ 1950 76,159 2 11									
	102,247	8	4						
				147,752	11	8			
LIABILITIES :									
Grants made to Hospitals and Convalescent Homes, awaiting appropriate time for payment, viz. :							6,406,785	7	8
Ordinary distribution	107,265	1	0						
Special distribution	13,000	0	0						
Radiotherapy Fund distribution	6,250	0	0						
				126,515	1	0			
Calls on Investments (since paid)				2,986	4	0			
Cost of Properties and alterations thereto, and of Furniture and Equipment				20,379	11	6			
Administration and other expenses				19,745	15	7			
							169,626	12	1
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES) :									
Amount received for dilapidations				540	0	0			
Sinking Fund appropriations				1,772	0	0			
							2,312	0	0
							£6,578,723	19	9

REPORT OF THE AUDITORS TO KING EDWARD'S HOSPITALS

We have obtained all the information and explanations which to the best of our knowledge and belief proper books of account have been kept by the Fund so far as appears from the annexed Income and Expenditure Account which are in agreement with the books and explanations given us the Balance Sheet gives a true and fair view of the state of the Account gives a true and fair view of the surplus for the year ended on that date.

5, London Wall Buildings,
London, E.C.2.
21st June, 1951.

HOSPITAL FUND FOR LONDON

Till 31st DECEMBER, 1950

	£	s.	d.	£	s.	d.
SECURITIES AND INVESTMENTS :						
STOCKS AND SHARES, MORTGAGES, etc., held for:—						
General Account	5,363,083	8	4			
Special Accounts	328,429	17	11			
				5,691,513	6	3
INVESTED GIFT of His late Majesty, King George V, to be retained as capital						
				20,000	0	0
				5,711,513	6	3
The market value at 29th December, 1950, of the quoted securities (i.e., 95.5 per cent. of the total) was £6,359,208.						
FREEHOLD AND LEASEHOLD PROPERTIES, AND GROUND RENTS						
	734,781	15	9			
REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of						
				1	0	0
				6,446,296	2	0
Assets received or acquired before 21st July, 1908, are taken at or under values adjusted as at that date, in accordance with the terms of King Edward's Hospital Fund for London Act, 1907. Assets received or acquired since that date are included at or under the market value at the date of gift or purchase.						

CURRENT ASSETS :						
Balances at Banks and Cash in hand	36,745	8	1			
Debtors	95,682	9	8			
				132,427	17	9

- NOTES—
- The King's Fund also owns (i) a Stock of Radium which is lent by the Fund to certain hospitals in London ; (ii) a motor-car at the disposal of the Radium Pool and Panel at the Middlesex Hospital.
 - The cost of properties for Staff Colleges and Homes for Aged Sick (amounting to £168,673), and furniture and equipment owned by the Fund has been written off as and when acquired, to Income and Expenditure Account, or to Special Appropriation Fund.
 - In some cases, legacies are subject to indemnities given to refund the sum, if any, required to meet the liabilities of Executors.
 - Claims under Part II of the War Damage Act, 1943, have been agreed at £416 8s. 4d. but payment is deferred.
 - The King's Fund holds as collateral security in respect of a Lessee's covenant to re-instate dilapidations:
 - £2,000 which is held in a separate banking account in the Fund's name.
 - A lien on certain securities held by a bank.
 - There is a contingent liability in respect of certain partly paid shares held by the Fund amounting to £2,000.

E. R. PEACOCK, Treasurer

£6,578,723 19 9

KING EDWARD'S HOSPITAL FUND FOR LONDON.
 In our opinion and belief were necessary for the purposes of our Audit. In our opinion
 from examination of those books. We have examined the above Balance Sheet and the
 e book account. In our opinion and to the best of our information and according to the
 tate of the fund's affairs as at the 31st December, 1950, and the Income and Expenditure
 date.

DELOITTE, PLENDER, GRIFFITHS & CO.,
 Chartered Accountants,
 AUDITORS

INCOME AND EXPENDITURE ACCOUNT

	£	s.	d.	£	s.	d.
GRANTS :						
DISTRIBUTION COMMITTEE :						
Hospitals and Branches—Grants per Report	100,000	0	0			
CONVALESCENT HOMES COMMITTEE :						
Convalescent Homes not attached to Hospitals—Grants per Report	80,000	0				
MANAGEMENT COMMITTEE :						
Special Grants per Report	17,100	0	0			
				197,100	0	0
EXPENDITURE ON SETTING UP AND ADMINISTERING SPECIAL SERVICES, ETC :						
Division of Hospital Facilities				8,449	5	3
Division of Nursing :						
Nursing Recruitment Service	5,747	0	7			
Staff College for Ward Sisters	12,049	8	2			
Administration Expenses (general)	1,934	11	3			
				19,731	0	0
Hospital Catering and Diet Committee :						
Catering Advisory Service	5,970	16	6			
School of Hospital Catering	4,471	7	2			
Administration Expenses (general)	3,679	12	8			
				14,121	16	4
Hospital Administrative Staff College :						
Cost of Premises and Capital Equipment	34,181	11	4			
Administration Expenses	4,705	4	5			
				38,886	15	
Busaries, etc., for :						
Hospital Administrators	7,758	2	0			
Almoners	3,061	1	3			
Medical Records Officers	6,340	11	0			
Administration Expenses (general)	17,159	14	3			
				1,201	8	2
				18,361	2	5
Medical Records School :						
Administration Expenses				1,537	16	1
Travel Grants				1,004	7	9
Convalescent Homes Directory	733	5	1			
Less : Included in Grants to Convalescent Homes	522	0	0			
				211	5	1
EMERGENCY BED SERVICE :						
Proportion of Cost to be defrayed by the Fund, as agreed with the Metropolitan Regional Hospital Boards				102,303	8	8
PUBLICATIONS, MAPS, ETC :						
Cost of printing, etc., less sales				2,065	4	7
ADMINISTRATION EXPENSES :						
Salaries, Pensions, Allowances, and Superannuation Contributions	16,545	18	11			
Establishment, including Rent, Rates, Heating, and Lighting, Cleaning, Insurance, etc.	5,318	3	0			
Printing and Stationery	1,640	17	9			
Sundry Miscellaneous Expenses	3,309	8	8			
				26,814	8	
OTHER EXPENSES :						
Office Furniture and Equipment	1,429	3	1			
Legal and other Professional Fees	859	2	8			
				2,288	5	9
APPROPRIATION to Leasehold Sinking Fund				725	0	0
TRANSFER TO GENERAL FUND :						
Legacies received during 1950	77,800	2	10			
Excess of other income over expenditure	25,565	17	7			
				103,366	0	5
				<u>£441,162</u>	<u>7</u>	<u>9</u>

IN THE YEAR ENDED 31st DECEMBER, 1950

s. d.		£	s. d.	£	s. d.
	INCOME from :				
	Securities and Investments	216,233	14 1		
	Freehold and Leasehold Properties let	35,966	5 3		
				252,199	19 4
	SUBSCRIPTIONS :				
	Annual	3,549	11 7		
	Under Deeds of Covenant for a stated number of years	3,944	19 6		
		7,494	11 1		
	DONATIONS :				
	Annual and other	3,667	14 6		
				11,162	5 7
	TOTAL ORDINARY INCOME			263,362	4 11
	SPECIAL RECEIPTS :				
	Reversion from the Nuffield Trust for the Special Areas			100,000	0 0
	LEGACIES :				
	General Legacies received during 1950 (per Page 57)			77,800	2 10

£441,162 7 9

SPECIAL FUNDS 31st DECEMBER, 1950

	£	s.	d.	£	s.	d.
SPECIAL ANONYMOUS TRUST (1930)	20,000	0	0			
MRS. L. L. LAYBORN TRUST (1943)	5,000	0	0			
				25,000	0	0

SPECIAL ANONYMOUS TRUST (1930) (INCOME ACCOUNT):

Balance as at 31st December 1949	1,017	9	0			
Add: Receipts during 1950... ..	678	6	0			
				1,695	15	0

MRS. L. L. LAYBORN TRUST (1943) (INCOME ACCOUNT):

Receipts during 1950	150	0	0			
Less: Amount paid to Hostel of St. Luke	150	0	0			
				-	-	-

J. R. CATLIN, DECEASED, TRUST:

Balance as at 31st December 1949				78	0	7
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RADIOTHERAPY FUND:

	£	s.	d.			
Balance as at 31st December 1949	17,788	14	6			
Add: Receipts during 1950	239	0	0			
Grants lapsed... ..	6,400	0	0			
Proceeds of sale of Radium (subject to final adjustment) 59,329	5	3				
	65,968	5	3			
	83,756	19	9			
Less: Expenditure during 1950	54	13	6			
Grant made 1950	5,000	0	0			
	5,054	13	6			
				78,702	6	3

THE ARTHUR AND ALEXANDER LEVY SURGICAL HOME FOUNDATION ACCOUNT (1947):

TRUST FUND:

Balance as at 31st December, 1949	298,709	4	9			
Add: Income received during 1950	9,943	12	10			
				308,652	17	7
				£414,128	19	5

Represented by:—

Investments				328,429	17	11
Debtors (Tax recoverable)	1,995	17	2			
„ (Proceeds of sale of Radium)	59,329	5	3			
				61,325	2	5
Cash at Bank				24,373	19	1
				£414,128	19	5

RECEIPTS FROM LEGACIES IN 1950

	£	s.	d.
GENERAL :			
Frederick Bach*...	10	0	0
Desmond Russell Bevan*	6	17	4
Cmdr. Francis William Chaine	1,200	0	0
Miss Ellen Connolly	902	18	6
Miss Edith Ellen Cossons	929	8	5
Mrs. Martha Coyle	50	17	11
Mrs. Julia Dale	488	2	5
Lady Harriet Sarah Dalziel	3,490	15	10
Miss Emma Frances Mary Tennyson d'Eyncourt	50	0	0
Frederick William Ellis...	5,000	0	0
Mrs. Lizzie Sarah Fisher	5,000	0	0
William Joseph Gay	—	1	0
Lt.-Col. Allan Gilmore	100	0	0
Mrs. Laura Griffiths	500	0	0
David Marcus Gubbay	450	0	0
Robert James Belcham Hoare	5,222	7	1
Eardley Wilmott Blomefield Holt	2	1	11
Miss Elise Darling Helena Hosack	3,177	9	6
Mrs. Ada Frances Jennings	286	11	6
Leonard William Jennings	4	3	4
Henry Wood Johnson	1,000	0	0
Percy Johnson	16,751	9	5
Mrs. Mary Anne Charlett Laffan	—	10	3
Mrs Elizabeth Charlotte Lavers	500	0	0
Henry Vincent Leigh	4,530	13	8
Alexander Michael Levy	8,433	1	8
Frank Charles Lindo	50	0	0
William Matthew	911	3	10
William Thomas Mullett	1	5	0
Miss Matilda Charlotte Osborne	1,500	0	0
Pearce-Jones Settlement	6	17	11
William Arthur Posnett	4,001	3	10
Capt. Edward William Pritchard	1,820	9	1
Arthur Ragdale	1,448	9	4
Harry Reeves	500	0	0
Mrs. Mabel Louisa Fanny Rogers	8,935	10	7
James Raymond Solly	99	14	4
Colonel Donald Stanley Van den Bergh, D.L., J.P....	250	18	4
James Breedon Varrall	6	18	9
Horace Reginald Walton	43	8	7
Miss Marian Ward	100	0	0
Alderman Walter Morgan Willcocks, J.P.	36	13	6
	77,800	2	10

CAPITAL :

Thomas Fell Dalglish	—	4	6
Sir Adolph Tuck	286	8	9
Rt. Hon. Charles Cheers Viscount Wakefield of Hythe	200,000	0	0
Henry Herbert Wills	50	0	0
	200,336	13	3
	278,136	16	1

* Given by Executors in exercise of discretionary powers.

GRANTS MADE BY MANAGEMENT COMMITTEE, 1950.

<i>Name of Organisation.</i>	<i>Amount.</i>	
	£	
University College Hospital	11,000	to repairing and re-equipping infirmary kitchen at St. Pancras Hospital.
National Council of Social Service.	4,000	being proportion of cost for 1950 of enquiry into the scope for voluntary service in the hospitals.
National Association, for Mental Health.	2,000	towards alterations and furnishing of house, in recognition of the benefit of the work done by the Association for the hospitals of London.
Royal College of Obstetricians and Gynaecologists.	100	towards cost of printing Report on Planning of a Maternity Unit.

£17,100

GRANTS TO HOSPITALS AND INSTITUTIONS, 1950

<i>Name of Home</i>	<i>Maintenance Grant</i> £	<i>Grants to Schemes of Capital Expenditure</i>
Archway Group H.M.C.	—	£82 to purchase of equipment at New End Hospital.
Bermondsey and Southwark Group H.M.C.	—	£1,500 towards installation of wireless in all wards of St. Olave's Hospital.
Bermondsey Medical Mission.	—	£1,000 towards expense of equipping first floor of "Homefield," a home for aged sick.
British Hospital and Home for Incurables, Streatham.	—	£1,000 towards cost of replacing damaged enamel ware and modernising bathrooms and lavatories.
Brook Lane Medical Mission.	—	£1,000 towards repayment of mortgages on "Greenhill," a home for aged sick.
Cane Hill Group (Mental) H.M.C.	—	£1,300 towards replacement of cinematograph equipment at Cane Hill Hospital.
Catholic Nursing Institute	—	£275 to cost of new operating table.
Central Group H.M.C. ...	—	£400 to cost of nurses' tennis court at St. Leonard's Hospital, N.I.
Cripplecrafft, Ltd. ...	5,000	£1,000 towards improvements to kitchens and equipment. To Central Council for District Nursing in London.
District Nursing Associations.	—	£600 to Paddington & St. Marylebone District Nursing Association, towards converting and furnishing 90, Sutherland Avenue as a Key Training Centre for Nurses.
Epping Group H.M.C. ...	—	£450 to modern wireless installation in St. Margaret's Hospital, Epping.
Essex County Association for the Blind.	—	£14,000 to cost of purchasing two properties for adaptation as homes for aged sick.
Florence Nightingale Hospital	250	—

<i>Name of Home</i>	<i>Maintenance Grant</i> £	<i>Grants to Schemes of Capital Expenditure</i>
French Hospital	400	—
Godalming Milford and Liphook Group H.M.C.	—	£565 to printing equipment for occupational therapy department.
Hammersmith, W. London and St. Mark's Teaching Hospital Group.	—	{ £6,000 towards purchase of property for use as home for aged sick. £3,000 towards adaptation of said property.
Hendon Group H.M.C....	—	
		£450 towards installation of two-way wireless system in wards of medical block of Edgware General Hospital
Hill Homes, Ltd.	50	—
Holy Cross Sanatorium...	—	£5,000 to new X-ray department.
Home of Compassion, Thames Ditton	500	—
Homes of St. Giles for British Lepers	—	£2,000 towards completion of new bungalow and extensive repairs.
Hospital of St. John and St. Elizabeth	1,000	—
Hostel of God	200	£250 to improved facilities in wards and decoration, etc.
Hostel of St. Luke	400	—
Hostels for Crippled and Invalid Women Workers	—	{ £1,500 to new Hostel. £153 to new refrigerator.
Invalid Kitchens of London	—	
		£2,000 to improvements carried out on advice of Fund's dietetic adviser.
Italian Hospital	300	{ £2,000 to improvements to out-patient and X-ray departments. £750 towards equipment and conversion of two rooms to pay wards.
King Edward VII's Hospital for Officers	5,000	£2,500 to cost of equipment.
Le Court Nursing Home, Liss	1,500	—
Lingfield Epileptic Colony	—	£7,000 to cost of expanding and equipping patients' kitchens.

<i>Name of Home</i>	<i>Maintenance Grant</i> £	<i>Grants of Schemes to Capital Expenditure</i>
Paddington Group H.M.C.	—	£350 additional grant to cover increased cost of wireless installation.
Pictures in Hospitals ...	—	£200 set aside to meet applications from M.H.Cs. for grants towards provision of pictures for long stay patients.
Royal Hospital and Home for Incurables, Putney.	10,000	—
St. Andrew's Hospital, Dollis Hill	750	£2,000 towards construction of new wing.
St. Joseph's Hospital for Incurables, Chiswick	200	£525 towards improvements to wards and two bulk water boilers.
St. Lawrence's Group (Mental) H.M.C.	—	£350 towards hard tennis court for nurses and patients at St. Lawrence's Hospital.
St. Saviour's Hospital ...	—	£250 to improvements to staff quarters.
St. Teresa's Maternity Hospital	—	£5,000 towards extension of present building.
St. Vincent's Orthopædic Hospital	—	£5,000 towards enlargement of out-patient department.
South Ockenden Group H.M.C.	—	£1,200 towards two hard tennis courts.
Springfield Group (Mental) H.M.C.	—	£1,500 towards wireless headphones for two wards and new cinema projectors.
Tottenham Group H.M.C.	—	£1,200 towards wireless receiver sets for patients in St. Ann's Hospital and Prince of Wales's Hospital.
Uxbridge Group H.M.C.	—	£1,100 towards wireless facilities at Hillingdon Hospital.

£25,550	£74,450
<hr/> <u>£100,000</u>	

GRANTS TO CONVALESCENT HOMES, 1950

<i>Name of Home</i>	<i>Maintenance Grant</i> £	<i>Grants to Schemes of Capital Expenditure</i>
Armitage House Recuperative and Holiday Home, Worthing.	100	—
Barton House Hotel, Barton-on-Sea	50	—
Beau Site Convalescent Home, Hastings	50	—
British Legion Churchill Court Convalescent Home, Sevenoaks	50	—
British Red Cross Society: Brooklyn Babies' Home, Christchurch	50	£162 for various items.
Junior Red Cross Convalescent Home for Children, Broadstairs	200	—
Edith Priday Home, S.E.3	50	} £200 for electrical wiring. £500 for redecorations. £125 for new mattresses.
Brook Lane Rest House, Brighton	—	
Burt Memorial, Bognor...	100	£225 for central heating.
Catherine House for Gentlewomen, St. Leonards	100	£227 for interior decoration.
Catisfield House Convalescent Home, Hove	50	£136 for alterations to 2 bedrooms.
Caxton Convalescent Home, Limpsfield	50	—
Children's Home, East Grinstead	100	{ £1,000 for redecorations and improvements. £3,300 supplementary grant. £14,750 for rebuilding scheme.
Dedisham Convalescent Nursery School, Slinfold	—	
Dominican Convent, Kelvedon	50	£290 for decorations and equipment.
Edith Cavell Home of Rest for Nurses, Haselmere	50	—
Essex Convalescent Home, Clacton	50	—
Fairby Grange, Dartford	300	—
Handcross Park Convalescent Home, Handcross	75	—
Hart's Leap, Sandhurst...	250	£2,800 for scheme of modernisation.

<i>Name of Home</i>	<i>Maintenance Grant £</i>	<i>Grants to Schemes of Capital Expenditure</i>
Henry Radcliffe Con- valescent Home for Merchant Seamen, Limpsfield Chart	50	—
Hertfordshire Seaside Con- valescent Home, St. Leonards	100	£5,000 for reconstruction scheme.
Home for Invalid Chil- dren, Hove	—	£400 for additional sanitary accommodation.
Invalid Childrens' Aid Association:	—	£2,000 towards items at various homes.
Andrew Duncan Home, Shiplake-on-Thames	100	—
John Horniman Home, Worthing	—	£1,700 for structural alterations and equipment.
St. Gabriel's Con- valescent Home, Bournemouth	—	£1,000 for equipment and altera- tions.
St. Michael's Home, Southbourne	100	£300 for various items.
Kingsleigh Convalescent Home, Seaford	50	—
Le Court Nursing Home, Liss	500	£125 towards payment of rates.
Limpsfield Convalescent Home for Women and Girls, Limpsfield	50	£130 for interior and exterior decorations.
London and Ascot Priory Convalescent Home, Ascot	150	—
Maitland House, Frinton- on-Sea	—	£245 for various items.
Merebank, Musicians' Rest Home, Holmwood	50	£150 for refrigerator.
Metropolitan Convales- cent Homes, Bexhill	—	£3,000 for furniture and equip- ment.
Milton Abbey Convales- cent Home, Blandford	—	£150 for new kitchen sinks.
Moor House School, Oxted	—	£7,500 for extensions to the home.
National Association for Mental Health:		
Convalescent Home for Epileptics, Fairwarp	150	£82 for various items.

<i>Name of Home</i>	<i>Maintenance Grant</i> £	<i>Grants to Schemes of Capital Expenditure</i>
Convalescent Home for Mental Defectives, Walmer	100	{ £100 for linoleum. £75 for additional sanitary accommodation. £200 towards equipment.
Convalescent Home for Old Ladies, The Old Vicarage, Bognor	—	
Kelsale Court Convalescent Home for Epileptics, Saxmundham	—	£644 towards various items.
National Sunday School Union:		
“Broadlands,” Broadstairs	100	£115 for mixing machine.
The House Beautiful, Bournemouth	100	{ £245 for fire precautions. £100 for alterations.
Ogilvie School of Recovery, Clacton	—	
Pawling Home-Hospital, Barnet	—	£200 for stretcher beds.
Rosemary Home, Herne Bay	250	£50 for washing machine and ventilating fan.
Sailors' & Soldiers' Convalescent Home, Eastbourne	50	—
St. Bernard's Convalescent Home for Gentlewomen, Hove	25	£100 for household linen.
St. Catherine's Home, Ventnor	—	£2,000 for building a new kitchen.
St. Cecilia's Home, Westgate	50	—
St. Dominic's Open Air School for Boys, Godalming	—	{ £500 for tables and film projector. £500 for repairs to roof.
St. Helen's Toddlers' Convalescent Home, Letchworth	50	
St. John's Open Air School, Woodford Bridge	—	£120 for concrete playground.
St. Joseph's Convalescent Home, Bournemouth	—	£2,500 for rebuilding scheme.
		£4,200 for rebuilding scheme.

<i>Name of Home</i>	<i>Maintenance Grant</i> £	<i>Grants to Schemes of Capital Expenditure</i>
St. Mary's Home for Children, Broadstairs	—	£5,202 for scheme of modernisation.
St. Michael's Convalescent Home, Westgate	100	£400 for central heating.
St. Peter's Convent, Woking	300	£450 for hot trolleys and food boxes.
Samuel Lewis Seaside Convalescent Home, Walton-on-Naze	100	—
Shaftesbury Society:		
Arthur's Home, Bognor	150	—
Batesholme, Herne Bay	150	—
Children's Convalescent Home, Beaconsfield	150	—
Shoreditch Holiday and Rest Home, Copthorne	—	£450 for various items.
Southern Convalescent Homes, Inc. (Bell Memorial & Sunbeam), Lancing	100	£1,175 for central heating and sanitary accommodation.
Spelthorne St. Mary, Thorpe	250	{ £500 for furniture for new wing. £330 for kitchen equipment. £300 for furniture and decorations.
Surrey Convalescent Home for Men, Seaford	50	
Tyrwhitt House, Leatherhead	50	
Woodclyffe Convalescent Home, Wargrave	50	£250 for scheme of modernisation.
Wyndham House, Aldeburgh	100	£475 for building laundry.

TOTALS	...£5,300	£66,678
	£71,978	

Convalescent Homes
Directory and Menu
Book allocation ...
Provisionally allocated,
but not confirmed at
end of year ...

£522

£7,500

£80,000

PRINCIPAL PUBLICATIONS OF THE FUND

ACCOUNTS AND STATISTICS.

Statistical Summary, containing detailed comparative tables of Income, Expenditure, Work and Costs of the London Hospitals. This, the last issue of the Summary, contains classified figures for the year 1947. The Summary has been published every year from 1904 to 1948. 1s. net, 1s. 6d. post free.

Revised Uniform System of Hospital Accounts. Fourth Edition, extended and revised, January, 1926 (with Appendices on Methods of Internal Control of Expenditure and other matters), and Supplements Fiii 1/29 and Fiii 1/31. 5s. net, 5s. 4d. post free.

Index of Classification of Items of Expenditure (for use with Revised Uniform System of Hospital Accounts). New Edition, 1926. 1s. net, 1s. 2d. post free.

Memorandum on Quantity Statistics. 6d. net, 7d. post free.

Accounts for Small Hospitals, based on the Revised Uniform System of Hospital Accounts, 1928. 2s. net, 2s. 2d. post free.

DIET AND CATERING.

Memorandum on Hospital Diet, 1943. A critical review of modern developments in hospital catering and dietary with recommendations on the planning and equipment of an efficient catering department; contains analytical survey of the nutritive value of meals served to patients and staff in typical general hospitals. 6d. post free.

Second Memorandum on Hospital Diet, 1945. Following up in greater detail questions of organisation and practice raised in the First Memorandum and containing much information designed to be of practical guidance to those responsible for hospital catering, e.g. suggested Menus and Recipes, Table of Food Values, Specimen Stock Sheets, etc. 9d. post free.

Menu Planning and Food Tables. Two sections and selected Appendices to the Second Memorandum on Hospital Diet reprinted as a separate booklet. 6d. post free.

DIET AND CATERING—*continued.*

Catering in Convalescent Homes, 1948. Designed to aid those responsible for catering in small institutions, particularly convalescent homes. The basic principles of nutrition are explained with observations on staffing, equipment, cooking and service. The Appendices contain suggestions on menu-planning, a selection of recipes applicable to present-day conditions, and details of the priorities allowed for adult and children's Convalescent Homes. 6d. *post free*.

Menu Book for Convalescent Homes and Similar Institutions. Contains 52 blank sheets—one for each week of the year—conveniently ruled so as to facilitate the planning and recording of daily menus. 5s. *post free*.

Food Bulletins and Catering Circulars. From time to time the Catering Advisory Service of the Fund (now at 24-26 London Bridge Street, S.E.1.) issues notes on diet and catering matters of current interest.

The following are available on application:—

Food Bulletins:

- Notes on Dried Milk and Puddings without Fat (May, 1946)
- Feeding of Children, with recipes. (Nov. 1946).
- Allowances for Expectant and Nursing Mothers (Aug. 1946).
- Light Diets—Menus and Recipes (Dec. 1948).

Catering Circulars:

- No. 1—Christmas Catering (Nov. 1950).
- No. 2—Use of the Meat Ration (Jan. 1951).
- No. 3—Care of Catering Equipment (Feb. 1951).
- No. 4—Cost of Provisions (Mar. 1951).
- No. 5—Hygiene in Catering (Apr. 1951).
- No. 6—Lay-out and Design (May 1951).
- No. 7—Sources of Waste in Catering (June 1951).

NURSING.

Memorandum on the Supervision of Nurses' Health, Second Edition, 1950. Recommendations for the establishment of a minimum standard of health care for nursing staff, including such matters as regular medical examination, health records, living conditions, care of sick nurses, and the prevention of tuberculosis and other infections. 3d. post free.

Health Record Forms for Nursing Staff. Designed to fulfil the requirements of the above Memorandum. They provide an easily handled system of ensuring that methodical note is kept of every nurse's health and sickness record.

			s.	d.	
Record Forms	9	6	per 100 post free.
Continuation Sheets	..		4	9	„ „ „ „
Manilla Folders	12	0	„ „ „ „

Above prices include Purchase Tax.

Nursing Staff. Considerations on Standards of Staffing, 1945. A review of the factors involved in determining an optimum ratio of staff to patients, with recommendations as to hours of duty, off-duty times, and an appendix containing samples of charts for use in arranging duty rotas. 6d. post free.

Recruitment and Training of Nurses—Comments on the Report of the Working Party, 1947. The Working Party Report was closely studied by the Fund in the light of its wide experience of nursing problems, and its comments submitted to the Minister of Health. Free.

Domestic Staff in Hospitals, 1946. A survey of the considerations affecting the recruitment, employment and supervision of domestic staff (including ward-orderlies) in hospitals. 9d. post free.

Staff College. 1. *Prospectus*—Outline of the preparatory and senior courses for ward sisters and of the conditions for entry, together with a list of those who have taken the courses. Free.

2. *Notes for Ward Sisters taking students for practical work.* Free.

MISCELLANEOUS.

Directory of Convalescent Homes, 1951. A directory containing details of nearly 200 Convalescent Homes—both State and independent—catering for patients from the four Metropolitan Hospital Regions. The information is all that is normally required and includes categories of patient accepted and excluded, treatment and diets, length of stay, charges, and daily routine. There is an easy-reference index. Published annually each Spring. 7s. 6d. *post free*.

Some Observations on Hospital Admissions and Records, 1948. A report incorporating the conclusions and recommendations resulting from a course on Admissions and Records arranged by the Fund for hospital administrators. The organisation of various London hospitals was studied and discussed in detail and the experience of administrators pooled in an effort to lay down some fundamental rules governing such matters as Appointments, Casualty, Out-patients, Waiting Lists, Emergency Beds, In-patient Registration, Medical Records. 1s. *post free*.

Fire Precautions at Voluntary Hospitals, 1946. Memorandum for the guidance of hospitals, produced in consultation with the Chief Regional Fire Officer for the London Region of the National Fire Service. 6d. *post free*.

Travel Report No. 1, 1947. The report submitted by a delegation of five members from Charing Cross Hospital who visited modern hospitals in Switzerland, France and Sweden to collect ideas and information on hospital design, for consideration in the planning of the proposed new Charing Cross Hospital. The merits and demerits of continental trends and practice are discussed in the light of contemporary English experience. 1s. *post free*.

Travel Report No. 2, 1948. The report of Captain J. E. Stone, Director of the King's Fund Division of Hospital Facilities, on his visit to hospitals and allied organisations in the United States and Canada. Captain Stone describes in detail many American practices in the sphere of hospital administration. 1s. *post free*.

Travel Report No. 3, 1950. Visit of Charing Cross Hospital delegation to American hospitals. Following up their visit to European hospitals, the same delegation visited America. The Report deals with the organisation of hospitals; planning, structure and equipment; and contains a section on medical education. With plans and diagrams. 1s. *post free*.

MISCELLANEOUS—*continued.*

Hospital Visitors' Manual, 1950. A guide to current hospital practice designed primarily for members of Boards and Committees. Arranged in the form of questions appropriate to an informal visit to a general hospital. Among the subject headings are: Casualty Department, Out-patients, Wards, Chronic Sick, Almoner's Department, Medical Records, Catering, etc. 6d. *post free.*

Time-table of Out-patient Clinics at Hospitals in the Greater London Area, November, 1950. *Free.*

The Dawson Report, 1920. Recent developments in the regional planning of hospital services have revived interest in the Dawson Report of 1920 on the Future Provision of Medical and Allied Services, and since it has long been virtually unobtainable the Fund has reprinted a limited number of copies with the permission of H.M. Stationery Office. *Free.*

Map of Hospitals in the Metropolitan Police District. With booklet giving details of each hospital. 15s. *post free.*

Map of Hospitals in N.E. and N.W. Metropolitan Hospital Regions— Showing teaching and Regional Board hospitals, sanatoria, convalescent homes, etc., also disclaimed hospitals and voluntary convalescent homes. With descriptive booklet. *Available shortly.*

Map (in two parts) of hospitals in S.E. and S.W. Metropolitan Hospital Regions. As above. *Available shortly.*

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Cheques and Postal Orders should be made payable to " KING
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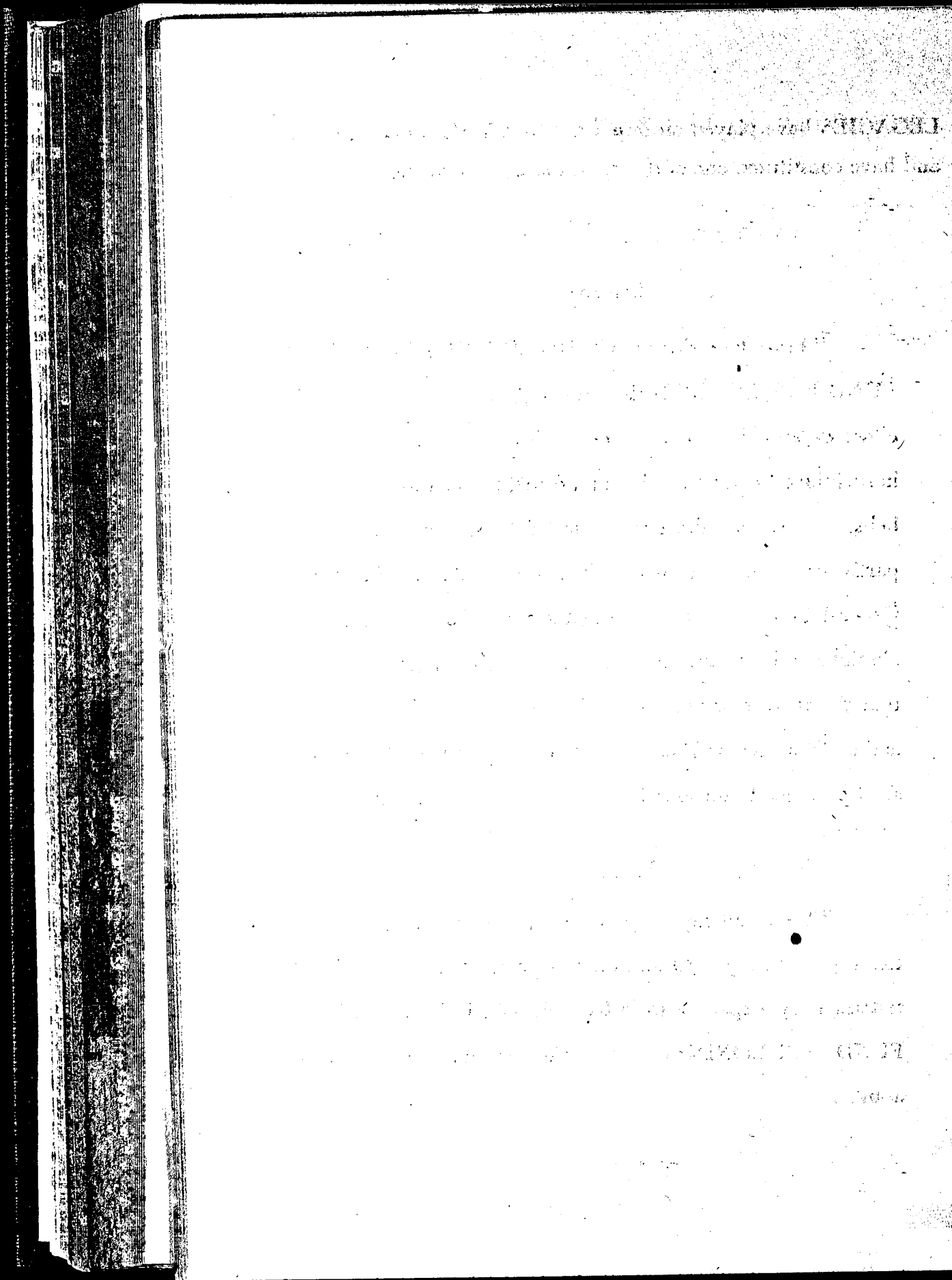
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and Branch)

Please pay on theday of.....19..... to
the BANK OF ENGLAND, LONDON, E.C.2 for the credit of
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the sum of.....and continue to
pay the same amount on the.....in each future
year until further notice.

£	s.	d.
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I,
of
HEREBY COVENANT with KING EDWARD'S HOSPITAL FUND FOR LONDON
that for a period of seven years from the date hereof or during my life whichever period
shall be shorter I will pay annually to the said Fund such a sum as will after deduction
of income tax leave in the hands of the Fund the net sum of £..... (.....
.....
words) the first of such annual payments to be made on the (a) day of
..... 19..... and the six subsequent annual payments to be made on the
same day in each of such subsequent years all such sums to be paid from my general fund
of taxed income so that I shall receive no personal or private benefit in either of the said
periods from the said sums or any part thereof.

IN WITNESS whereof I have hereunto set my hand and seal this (b) day
of 19.....

SIGNED, SEALED AND DELIVERED by the
above-named in the presence of

Signature.....

Address L.S.

(Signature)

Occupation.....

(a) The date must be later than the date of signing (b).

NOTES AS TO COMPLETION OF AGREEMENT

- (1) The term of seven years commences from the date of signature.
- (2) The directions for filling in the dates at (a) and (b) should be carefully observed.
- (3) If the seven annual payments are to be made under Bankers' Order the date at (a) should be furnished to the Bank.
- (4) The agreement duly completed as above should be forwarded to the King's Fund as soon as signed, in order that it may be stamped within the allotted time.

CONFIDENTIAL

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

For example, a company that is a member of the American Medical Association (AMA) is not a member of the American Dental Association (ADA). The AMA is a professional association for physicians, while the ADA is a professional association for dentists. The two associations are not affiliated with each other.

CONFIDENTIAL

... ..
... ..

1. The first part of the document is a letter from the President of the United States to the Secretary of the Navy, dated 18th March 1899. The letter is addressed to the Secretary of the Navy, and is signed by the President. The letter is a copy of a letter that was sent to the Secretary of the Navy by the President. The letter is a copy of a letter that was sent to the Secretary of the Navy by the President. The letter is a copy of a letter that was sent to the Secretary of the Navy by the President.

1. The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, regarding the land owned by the United States in the State of Nevada:

[illegible]

DATE: 07-01-2016 TIME: 11:00:00 AM PAGE: 1

the 1990s, the number of people in the United States who are 65 years of age or older is projected to increase from 20 million to 35 million, and the number of people 75 years of age or older is projected to increase from 10 million to 15 million (U.S. Census Bureau, 1996). The number of people 85 years of age or older is projected to increase from 2 million to 4 million (U.S. Census Bureau, 1996). The number of people 90 years of age or older is projected to increase from 500,000 to 1 million (U.S. Census Bureau, 1996). The number of people 95 years of age or older is projected to increase from 100,000 to 200,000 (U.S. Census Bureau, 1996). The number of people 100 years of age or older is projected to increase from 10,000 to 20,000 (U.S. Census Bureau, 1996).

1. *Chlorophyll a* (Chl *a*) is the primary photosynthetic pigment in most plants and algae. It is a green pigment that absorbs light energy in the blue and red regions of the visible spectrum. Chl *a* is essential for the light-dependent reactions of photosynthesis, where it converts light energy into chemical energy in the form of ATP and NADPH.

the same time, the *Journal of the American Medical Association* (JAMA) published a letter from the American Medical Association (AMA) to the Surgeon General, expressing the AMA's opposition to the proposed regulation. The letter stated that the AMA believed that the proposed regulation would be "a serious and unnecessary interference with the medical profession's freedom of practice."

4. The Commission has been informed that the Government of the Republic of Armenia has agreed to provide the necessary information and documents to the Commission.

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

1. The first group of people who are interested in the results of the study are the researchers themselves. They want to know if the study was successful in achieving its objectives and if the results are consistent with their expectations.

SECRET

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

[illegible]



McCORQUODALE
LONDON, S.E.