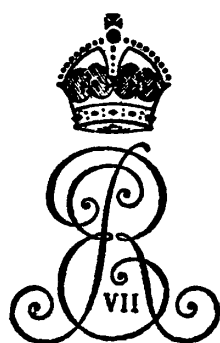


KING EDWARD'S HOSPITAL FUND  
FOR LONDON

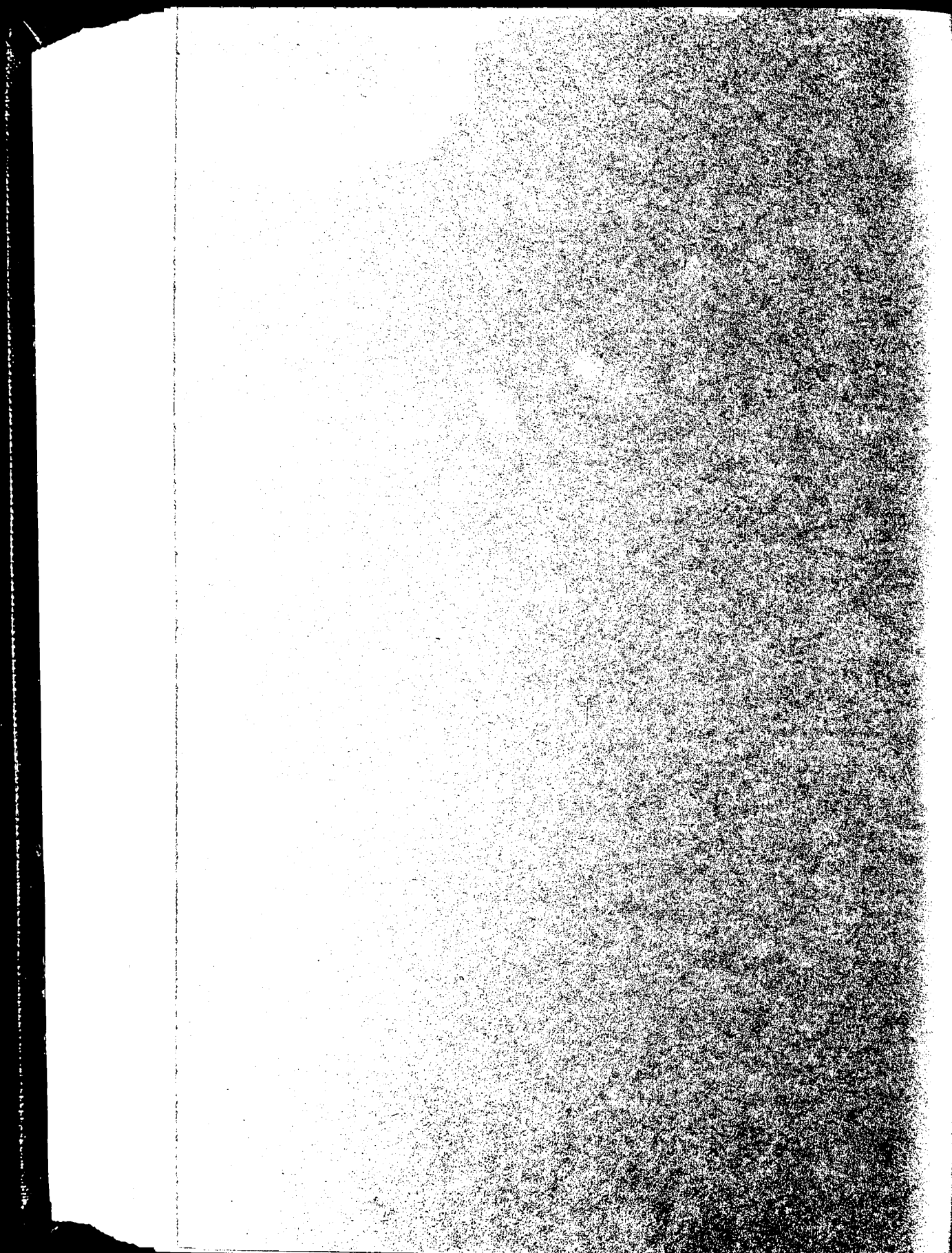


SIXTY-EIGHTH  
ANNUAL REPORT

1964

34 KING STREET

LONDON, E.C.2



KING EDWARD'S HOSPITAL FUND  
FOR LONDON

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HER MAJESTY THE QUEEN

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HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

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CHAIRMAN OF THE MANAGEMENT COMMITTEE:  
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SECRETARY:  
R. E. PEERS

*The Fund was founded in 1897 by His Majesty King Edward VII (when Prince of Wales). It 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."*

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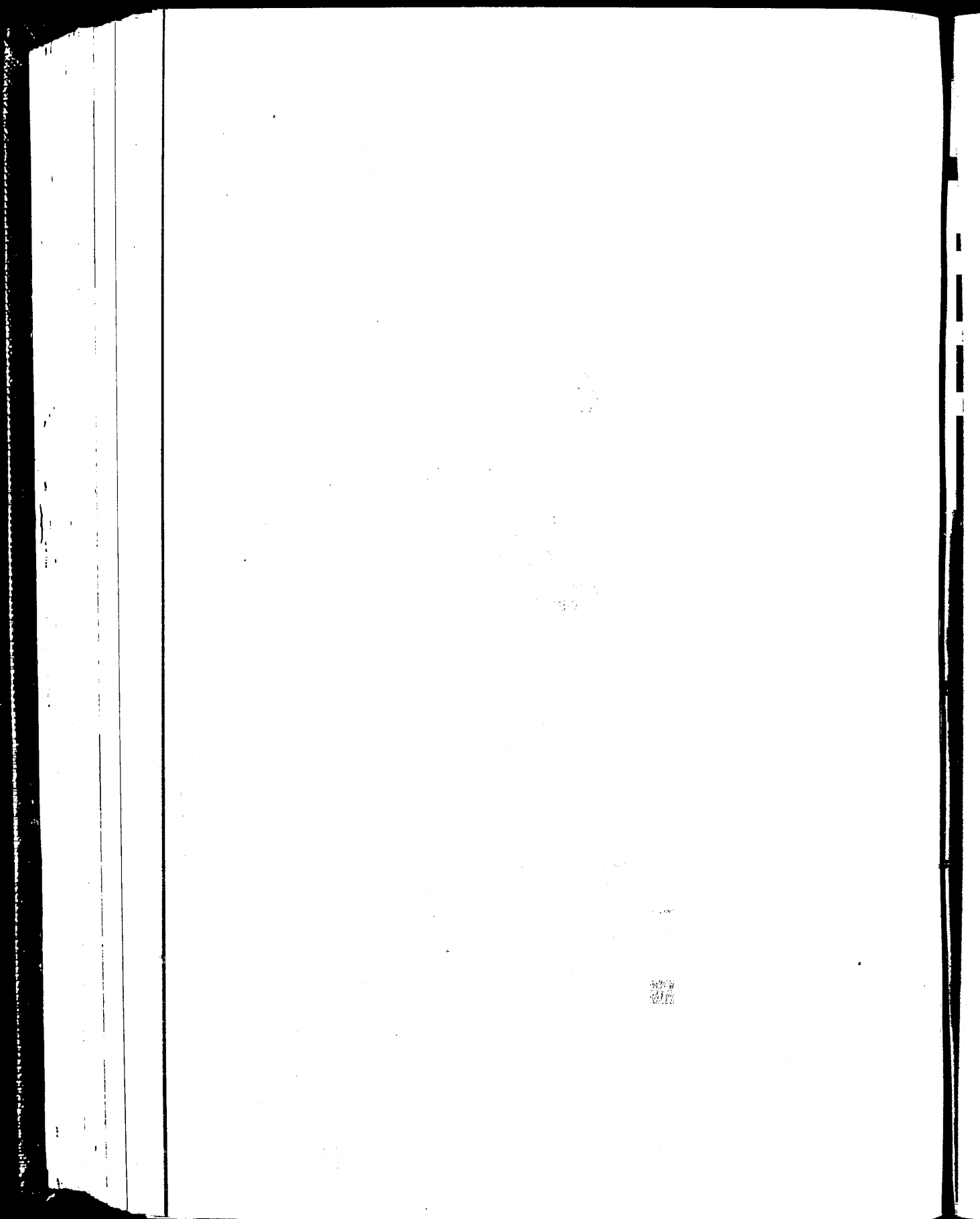
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## *Annual Report for the Year 1964*

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### INTRODUCTION

THE rate of change grows faster and faster. This applies to the hospital service no less than to any other aspect of life. The King's Fund tries, therefore, to stay abreast, perhaps ahead, of each new trend while it continues to benefit from its traditions established in the serenity of Edwardian days. The swiftly changing picture is reflected in all the Fund's activities: in the making of grants, in education, in exchange of ideas and information, in research, and in the special services to hospitals. In each sphere the fullest contribution must be made to help hospitals keep fresh and vigorous by making use of new ideas and improved techniques.

The work of The Hospital Centre, the Fund's most recent development, is directed entirely towards this purpose. The Centre completed its first full year of work in 1964. In that time it changed from an experimental organization to an accepted and valued part of the hospital service. The colleges, while they may have been established longer, do not live in an academic backwater. They are responding to different demands and plan their programmes in conformity with changing needs. Particularly they are concerned with studying methods of management and providing courses for this purpose. Considerable re-alignment of their activities will result. And change has had its effect on the work of the grants committees. These committees are well aware of the need to use their money to the best advantage when aiding hospitals and homes to experiment and innovate.

## INTRODUCTION

The Second Western European Conference, held in April, 1964, was arranged jointly by the International Hospital Federation and the King's Fund. The conference was asked to consider what were the most important problems of today in the changing context of hospital administration; how these problems were being dealt with and what specific items of research were in progress in Western Europe. The resultant papers and discussions demonstrated vividly that regardless of different patterns of hospital service many of the problems were common to all. In particular most of the countries represented at the conference were seeking to determine real hospital need as distinct from demand and most were experimenting with various means to improve efficiency.

Altogether 1964 was a lively and active year, a year in which the policy of the Fund was directed as always to meeting the demands of a changing service.

## GRANTS TO HOSPITALS

Under the National Health Service Act 1946, it is the duty of the Minister of Health 'to promote the establishment in England and Wales of a comprehensive health service'. In theory, therefore, there is no call for grants to hospitals from a charity. In practice, however, there will always be projects involving capital expenditure which hospitals would like to fulfil but which inevitably come low in priority with Regional Boards and the Ministry. With increasing demands made on limited budgets these authorities have no choice but to select and arrange their priorities. This situation makes the work of the Hospital Grants Committee peculiarly difficult. It could on the one hand refuse to make any grants since the whole service should be provided out of State monies or on the other hand it could meet all applications on receipt until there was no money left.

A balance must be struck somewhere and it is with this in mind that the committee distributes its money. It



#### GRANTS TO HOSPITALS

endeavours to make grants where some element of experiment or fresh thought is present but on occasion it makes grants to hasten essential improvements. Such was the case when a grant of £10,000 was made for improvements to nurses' bedrooms at St. Giles' Hospital, Camberwell. The bedrooms lacked wash basins, radiators, and adequate lighting. Owing to the need to use State money for even more urgent matters the nurses were living in unsatisfactory conditions. The Fund's grant was made because it would afford immediate help to the nurses. This is perhaps an extreme case of meeting a State responsibility and from there the Fund's grants range to projects outside the State's control. For example, a grant of £6,500 was made to produce a film for the Queen's Institute of District Nursing.

Between these extremes lie a number of worthwhile projects. Large grants were made for staff social centres at Redhill Hospital and Leavesden Hospital, Abbots Langley. Another grant provided flatlets for children's parents at Queen Mary's Hospital for Children at Carshalton. A grant was made to St. George's Hospital to provide temporary accommodation for theological students taking a course designed to show them the scope and work of a hospital chaplain. And so the list goes on (see page 40) showing how widely the Fund's money has been applied.

The work of the Hospital Grants Committee is not easy, for it involves much careful balancing between the varying claims. The Fund is grateful to the members of the committee for their diligence in so hard a task.

#### AUXILIARY HOSPITALS COMMITTEE

While the Hospital Grants Committee deals with applications from large State hospitals, the Auxiliary Hospitals Committee deals mainly with applications from smaller independent establishments: hospitals, convalescent homes, homes for the dying and many specialised institutions. The scope of this committee has developed over the years.

#### AUXILIARY HOSPITALS COMMITTEE

It was started just after the war as the Convalescent Homes Committee under the chairmanship of Sir Henry Tidy. Sir Henry visited numbers of homes himself and found that, amongst other things, they worked in isolation knowing nothing about each other. There was no authoritative list of homes to which almoners could refer when trying to find places most suited to particular patients. The committee, therefore, decided to issue an annual directory of Convalescent Homes and it is now in its eighteenth year. At the same time the idea of a Convalescent Homes Conference was suggested and the first was held in 1951. It has been held every year since then and is always well attended. It gives matrons and chairmen of convalescent homes an opportunity to meet and talk, and in this way much has been done to counteract the earlier state of isolation.

The committee's main grant-giving activities began as a salvage operation to restore convalescent homes which had deteriorated or been closed during the war. For some years substantial sums were made available to upgrade and modernise them, for example, in 1949 and 1950 £180,000 was spent on such work. As a result the homes were restored to good shape and were able once more to provide a needed service effectively.

During the early days of the committee Sir Henry Tidy started the tradition, now well established, that its members should make visits to the homes. The committee gained detailed knowledge of each home and its management. While this has meant a considerable demand on the members' time and energy it has ensured that whenever a home is under discussion one or several of the members present have known it personally. The friendly, almost fatherly, attitude of the committee has led to its being consulted by the homes about a variety of problems whether or not a grant is involved.

The changing needs of convalescents have affected the homes. New treatments and more rapid progress after serious illnesses have led to hospitals asking the homes to receive patients at an earlier stage of recovery. Consequently,

#### AUXILIARY HOSPITALS COMMITTEE

increased medical and nursing supervision has become necessary, together with practical improvements such as more ground floor bedrooms and lifts for patients' use. The demand for convalescent homes for children has declined dramatically because of the vast improvement in child health. Many of them have closed but some have been adapted to a different use with the advice and help of the King's Fund.

By 1959 the convalescent homes were well established so the committee was able to extend its activities to other institutions. Although the National Health Service had been in operation for eleven years it was apparent that a number of small independent institutions were providing services invaluable to the State. It was felt such services were probably best provided by these institutions on a contract basis as their spirit of personal service was of the greatest help to patients. The grant-giving committees were reorganised, therefore, and grants to these small institutions and to the convalescent homes were made by the Auxiliary Hospitals Committee which replaced the Convalescent Homes Committee.

This committee made many grants in 1964 (see page 40). Some are typical of grants made to convalescent homes: a grant of £1,688 to the Hertfordshire Seaside Convalescent Home, St. Leonard's-on-Sea, towards the cost of renovating and refitting its kitchen; £1,100 to St. Michael's Convalescent Home, Westgate, towards the cost of repairing its roof. Other grants show the expanding and changing nature of the committee's work, such as, £2,000 to the Perseverance Trust to help install a lift at Howard House, Gerrards Cross, a home for aged nurses; £2,000 to the Haven's Guild towards the capital expenditure involved in setting up its first home in Finchley for those suffering from such conditions as multiple sclerosis or arthritis; £1,405 to the Winged Fellowship Trust of the Women's Voluntary Service for special beds needed at Crabhill House, Redhill, a home where the severely physically handicapped can go for holidays; £3,500 to Saint Teresa's Maternity Hospital,

#### AUXILIARY HOSPITALS COMMITTEE

Wimbledon, towards the cost of extensions to the hospital. These and many more speak for the wisdom and understanding of the committee.

#### THE STAFF COLLEGES

The Fund's interest in providing training for hospital staffs dates from the start of the National Health Service. At a time when income previously used to support the voluntary hospitals' running costs could be used for other purposes, many and various training needs became apparent for those wishing to enter hospital service as well as those already in it. During the early years of the service establishments were set up to meet both immediate and long-term needs.

At that time, for example, the office of Group Secretary was newly created so courses of one month were started to give these officers an opportunity to consider and analyse their duties and responsibilities. As this particular need was met so other courses different in content and length were provided for junior and senior hospital administrators.

Again, in that early period there was a lack of competent cooks in the hospital service. The School of Hospital Catering was established to give training in cooking. The increase in places at technical colleges for cooks and caterers has meant that this form of training is no longer necessary at the school. It is now able to concentrate on training for catering management and supervision.

In answering the training needs of hospitals the Fund has been entirely flexible. The need now in the hospital service is for systematic training in management as, indeed, it is in commerce and industry. The cry for training in this art is universal as it is no longer accepted that people learn management as they grow up.

Institutions for management training are opening all over the country sponsored both by government and by industry.

#### THE STAFF COLLEGES

Training in management for hospital staffs was recommended by the Lycett Green Committee, and the Ministry of Health is in strong support of this policy.

The Fund has responded readily to this need. The Hospital Administrative Staff College is conducting experimental courses in the principles of management. They will help to establish not only the correct content of such courses, but also the optimum length. It is not forgotten that valuable people attend these courses who should not be away from their hospitals one moment longer than is necessary.

The Fund recognises that all senior workers in hospital should possess skill in management: administrators, doctors, nurses, engineers and all those responsible for any hospital resource. It is hoped to bring many hospital executives together in the courses. Among other benefits this may lead to a reduction in those elements which too often operate against harmony and unity within a hospital.

The Fund is, of course, not the only organisation working in this field. The Universities of Leeds and Manchester (the former supported by the Nuffield Provincial Hospitals Trust) are engaged in active experiment in training for hospital management. Each is approaching the problem from a different angle. It is good that these present trials are in progress so that the best method of training can be found for the management of a service so recently unified.

Following the recommendations of the Lycett Green Committee, the Ministry set up the National Staff Committee during the year. It will deal, *inter alia*, with the training of hospital staffs. Its opinion on the development of training courses and procedures will be of great importance. Mr. F. R. Reeves, Principal of the Hospital Administrative Staff College is a member of this committee.

#### THE HOSPITAL ADMINISTRATIVE STAFF COLLEGE

It has been the busiest year so far in the history of the college. Altogether, thirty-three courses were held. There were 451 members of whom 355 were attending for the

#### THE STAFF COLLEGES

first time. The programme showed an increase in the variety of courses. At the end of the year the college could claim the organisation of 42 different types of course since its foundation in 1951.

A revised syllabus was introduced for the 9th National Training Course which started in September. There has been also a revision of the remaining part of the syllabus for the 8th National Training Course. Inevitably, there will be a drawing together of the present methods 'A' and 'B' training which reflect the old national and regional schemes. In all probability the Hospital Administrative Staff College will be the appropriate institution to do this, perhaps on an experimental basis.

A course concerned with the planning, building and commissioning of hospitals, was run six times at the college in 1964. The demand for this course is by no means satisfied and is likely to increase in view of the sustained and broadening concern of the service with the building of new hospitals.

Two three-day conferences for chairmen of hospital authorities were held. Those attending found benefit from problems shared and comparisons made between the various patterns of management in different groups of hospitals. It is planned to hold more of these conferences.

A four-day conference was organised mainly for medical consultants. It was attended by eighteen consultants from most of the regions and from several teaching hospitals together with a small number of senior matrons and administrators. The conference was designed to consider ways of assessing the efficiency and effectiveness of a hospital in relation to its limited resources.

Four courses were held under the general heading of Efficiency in Management, each lasting three weeks. They were attended by nurses and administrators, and on one medical staff were included. The courses fulfilled a two-fold policy: to test the form such courses in management should take and to arrange as many courses as possible to

#### THE STAFF COLLEGES

include a mixture of specialists in different aspects of hospital management.

##### STAFF COLLEGE FOR MATRONS

There have been eleven one-year preparatory courses held at the college since it started in 1953, attended by a total of 127 students. Of these 59 have become matrons. The course continues to attract many more candidates than it can accommodate. The number of applications from nurses in younger age groups has increased over the years. Clearly more and more nurses feel the need for formal preparation before accepting posts of administrative responsibility.

In helping the good nurse to become a good administrator the college aims at developing greater insight and understanding in each student so that she may relate her future work to the hospital as a whole and to the community as a whole, and relate it with realism. This aim is helped considerably by a number of matrons, many of whom are former college students, who receive students for their hospital field work. But study of good current practice in hospitals is not enough, it is complemented by industrial field work so that students have the opportunity of observing first-class methods of management in other spheres. The large organisation—factory, retail firm or public utility—which has an enlightened management policy has much to teach the future matron.

Refresher courses held last year for senior nursing staff from all types of hospitals again gave members a chance to look afresh at their work and to derive strength from mutual exchange of experience and ideas. The college held its first course in administration for health visitors. Its success means that such courses will continue to be held. The closer linking of hospital and community care is an aspect of the course which exactly reflects the Fund's policy in this matter.

Two new types of refresher course are planned for the coming year. One is for former college students now in matrons' posts. Its value will be to help senior nurses

#### THE STAFF COLLEGES

assess their present responsibilities, also to consider future developments in staff structure. The second new course will be attended by matrons from both general and psychiatric hospitals. Bringing these two groups together is particularly timely when more psychiatric units are planned for inclusion in general hospitals.

#### STAFF COLLEGE FOR WARD SISTERS

The college moved into new and delightful premises in September. It was honoured later in the year by a visit from H.R.H. the Duchess of Gloucester.

The building gives pleasure to all who live and work in it. Set in the green calm of Holland Park it has a tranquillity which helps busy ward sisters to relax and study. However, the new building has practical as well as aesthetic value. Its design, fittings, furnishings and decoration were selected to give guidance to hospital matrons, secretaries and architects when planning nurses' homes.

The college now has accommodation for 30 resident students. It is able to hold two courses concurrently giving ward sisters and charge nurses from different specialities the chance to mix freely. In so doing they gain better understanding of each other's work.

The preparatory and refresher courses remain much in demand. They will, of course, be held for as long as ward sisters need this type of support in their exacting job. Meanwhile, additional accommodation has allowed the introduction of experimental courses. The first of these was held in November. It was a two-week course for senior ward sisters preparing to become Examiners to the General Nursing Council. An experimental course for ward sisters who wish to become clinical instructors has been planned for 1965. It will last three months. The length and content of the course differ from those of other courses provided elsewhere for clinical instructors. Its introduction into the college programme has resulted from an increasing demand for such a course from many matrons and tutors. The experiment should provide useful information for the future.



#### THE STAFF COLLEGES

The increased work of the college has led to an increase in tutorial staff. The first in a series of two-year appointments has been made. People coming directly from hospital to these appointments will bring considerable benefit to the college by reason of their recent practical experience. Similarly, on return to hospital they will have more to offer having gained from the college a wider knowledge of the health service and various methods of teaching.

#### SCHOOL OF HOSPITAL CATERING

Rapid changes in practical work and in management are happening in catering departments as in all other hospital departments. The school is conscious of the need for senior catering staff to receive training geared to these changes. Refresher courses have been valuable but should eventually be replaced by more progressive courses. However, rate of development varies from hospital to hospital and it is not possible yet to dispense with the recapitulation element of former courses. Revision of administrative courses has been hampered by delays in transferring the school from St. Pancras Hospital but the move to Palace Court in April 1965 will allow the programme to go forward more quickly. The Fund is greatly indebted to University College Hospital for housing the School of Hospital Catering at St. Pancras Hospital since the school opened in 1951.

With the cessation of courses in practical cookery the school has been able to concentrate on the training needs of supervisory staff. A new course in kitchen organisation was introduced in 1964 and the syllabus of the course for dining room supervisors was revised. Again, the demand for places on these courses was greatly in excess of the number available. It is salutary to consider that supervisors do not always obtain maximum benefit from attending these courses as too often on return to hospital they have to spend the greater part of their time in practical work, unable to exercise their proper function either because of staffing difficulties or unrealistic establishments.

The Fund's seven-month course for trainee catering officers continues to attract good entrants. In August the

#### THE STAFF COLLEGES

first Regional Board trainee catering officers started their one-year's training in hospitals throughout the country. These trainees spent the first of their two periods of one month in the school in November. They return in May 1965 for the second month. In order to give some sense of continuity to these widely separated periods, the school, as an experiment, is sending homework to each trainee in the form of revision papers, and research or planning projects. This work will form the basis of the programme in the second period. It places a heavy burden on the staff but in achieving its intention will give reward enough. When this scheme is fully operative there will be three courses a year each with six separate one-month sessions at the school. These will be in addition to the Fund's own training course of seven months. It seems likely, therefore, that basic training for prospective catering officers will be the major work of the school for some years to come.

Short courses in nutrition for catering officers and in teaching methods for dietitians are well attended. Sessions for members of courses at the Hospital Administrative Staff College and the Staff College for Matrons have been held during the year. In Palace Court it will be possible to extend these joint activities. The programme for 1965 includes a study week for Regional Catering Officers. It is hoped later to extend this type of course to other catering officers.

#### THE HOSPITAL CENTRE

The Hospital Centre was opened officially in June 1963. The question arose in many minds: would it be a nine days' wonder or would it be of real value? This was a fair question for it was an entirely new concept and it might have proved to be wrong. The Centre has succeeded beyond expectation.

One of the main reasons for the Centre's success is that it is neutral ground where people meet for discussion and talk freely as individuals rather than as representatives of official bodies. Whether the discussion be about air-

#### THE HOSPITAL CENTRE

conditioning, sterilization techniques, occupational health of hospital staff, or care of the aged, people come to conferences at the Centre from all over the country and give their views frankly on the subject. The main meeting room in the Centre holds about 90 people and applications outnumber seats on every occasion.

While the conferences have fostered discussion, the Centre's package library system has provided information, a service which is much used and appreciated. It is especially helpful for people too far from the Centre to visit it for study. The research activities of the Centre cover numerous and vastly different subjects. Some of them are described later in the report (see page 18) under the heading, 'Experiment and Enquiry'.

#### CATERING ADVISORY SERVICE

Hospital catering is the subject of frequent criticism. Although criticisms are sometimes directed accurately it seems hard that the many catering officers who are good at their job should get so little recognition of their efforts. The Catering Advisory Service is exploring a wide range of new methods of preparing and serving meals so that it may give real assistance to these officers.

A trial of central crockery washing has been carried out at New Cross Hospital. It has shown the way to a more hygienic method, coupled with reduction in man hours. The Ganymede system installed at Bethnal Green Hospital has been under close surveillance during the year. It has, without doubt, improved the quality of meals served to patients. As changes in catering methods resulting from the system are complex it has been decided not to report on the trial until it has been running for a year. The Catering Advisory Service has been considering, among a number of investigations, the use of frozen foods and the possible advantages of peripheral finishing kitchens. A trial in the use of plastic sinks proved them to be unsatisfactory.

Catering in hospital is not easy, nor is it ever likely to be. It is a challenging area of hospital management.

## EXPERIMENT AND ENQUIRY

### CENTRAL VACUUM CLEANING SYSTEMS

With the planning of new hospitals well to the fore, the question arises whether to install central vacuum cleaning systems or whether to use individual vacuum cleaners. The problem can be stated in simple terms but its investigation is less simple. An assessment must be made of such things as capital costs, running costs, convenience, cross infection, and noise. At the suggestion of the Ministry of Health the Fund has set up a working party to report on the subject. Its chairman is the Hon. John Scarlett, House Governor of the London Hospital, who entered the hospital service after the war under the Fund's Bursary scheme. It was a scheme whereby outstanding young officers were sponsored by the Fund for two years while learning about hospital management.

### COMPUTERS

The value of computers is widely accepted in industry and commerce but it has yet to be demonstrated in the service of hospitals. The application of computers to hospitals is in urgent need of study. This is being fostered by the Fund in two ways. Together with the Teaching Hospitals Association, the Fund is supporting a group of experienced finance officers which was formed to study the application of computers to hospital accounting. Initially, the group is concerned with the problem of hospital payrolls. Great strides are being made in the fascinating but difficult task of translating complicated terms of pay into 'computer language'. The Medical Automation Experimental Unit at University College Hospital which was helped by a grant from the King's Fund is studying the use of computers for medical research. Already there is promising evidence of the value of computers to medicine. This is a new field of study both in hospital accounting and in medicine but there can be little doubt of the benefit it will bring to the hospital service in the future.

### DISPOSABLE ITEMS

The major trial in the use of disposable items for hospital

#### EXPERIMENT AND ENQUIRY

wards and departments has been completed. It was undertaken by The Hospital Centre at Acton Hospital at a cost of £13,000. A final report will be available in 1965. The trial has shown both the advantages and problems resulting from the use of disposable goods for a wide range of purposes. Over 100 different products have been tested, including uniform and clothing, medical and surgical supplies, hardware and crockery, bedding and linen, and patients' personal items. Detailed information has been collected not only on consumption and cost figures but also on storage, distribution, and disposal. During the trial at Acton there was no evidence of any infection connected with the use of disposables. While no extravagant claim can be made it seems reasonable to assume that reduction of infection follows when disposables are used with care and caution. The use of certain items such as syringes, catheters, bedpans, gloves, oxygen masks, and drainage bags, undoubtedly saved nurses' time. However, savings in time are not always easy to convert to savings in money. In any case, saved nursing time means that nurses can use their skill to better purpose. A conscious act of management is needed to gain full benefit whether it be financial saving or better deployment of staff.

#### PROGRAMMED LEARNING

A working party of principal tutors selected by the General Nursing Council for England and Wales and sponsored by the King's Fund has (after tuition at the Brighton College of Technology) written two programmes suitable for nurse training. The programmes have been tested in nine schools of nursing and the findings evaluated with the help of the University of Leeds. They are now being prepared for publication in book form and for use in teaching machines. They will be demonstrated at The Hospital Centre in 1965. The art of practical programme writing has attracted the attention of nurse tutors throughout the country. The Centre continues to be the principal forum for exchange of information and advice on the subject.

## EXPERIMENT AND ENQUIRY

### REGIONAL ENQUIRIES AND INFORMATION

Experience gained by the Fund in providing an information and advisory service has pointed for some time to the need for a closer co-ordination of effort in hospital studies. This was confirmed by representatives of the Ministry of Health and Regional Hospital Boards attending a conference, 'Investigation and Research in the Health Service', held at The Hospital Centre in October 1963. The Centre looks to hospitals as a main source of information but much of what they do is not made known. It seems that a good deal would be gained from having someone on the staff of each Regional Board who could draw together any studies taking place within that region and act as a link with other hospital authorities, voluntary bodies, universities and government committees. The Fund has sponsored such an appointment in association with the North East Metropolitan Regional Hospital Board for a trial period of two years, starting early in 1965.

### SHOP FOR STAFF UNIFORMS

In many hospitals nurses get their uniform in a manner similar to soldiers being given army issue, a situation out of touch with the ideas of the present day nurse. The Whittington Hospital, sure that there is a better way, has sought advice from some of the big stores retailing women's clothes. Now with a grant from the Fund the hospital is to set up a shop for staff uniforms. Here a nurse getting her first uniform, or replacements later on, will be treated like any customer buying clothes in a shop. Eventually the scope of the shop will be extended to supply all hospital uniforms. The issue of uniform in large hospitals is on a big enough scale to warrant the running of such a shop.

### WARD HOUSEKEEPERS

In the autumn of 1962 The Hospital Centre started an experiment in the use of ward housekeepers at the Whittington Hospital. The experiment was designed to show whether the introduction of ward housekeepers could lessen the

#### EXPERIMENT AND ENQUIRY

sisters' burden; improve the care of patients; concentrate the available nursing skill for the seriously sick patients; and whether all this could be done without an increase in ward running costs. The first three considerations have been proved successfully. The final consideration has yet to be proved conclusively. At the end of the two-year experiment the housekeepers in the two wards chosen for the purpose were established as an integral part of the ward organisation. A similar experiment was sponsored by the Fund at the Miller General Wing of the Greenwich District Hospital early in 1964. It is a pilot scheme to find out whether this type of service will be feasible and of practical advantage when considering staffing patterns for the new district hospital, the first stage of which is due for completion in 1968. Both experiments have aroused widespread interest.

#### NUTRITION AND DIETETICS

The proportion of elderly people in the population of this country has increased markedly during the past fifty years, a trend which is likely to continue. By the end of the century nearly one in every six persons will be of pensionable age or over. At present the exact nutritional needs of old people are unknown. What causes some people to fail early while others remain healthy and active at eighty and over? Is diet a factor in prolonging life and maintaining well-being into old age? These are vital questions which not only affect individuals but the community as well in planning homes and hospitals for the aged. They cannot be answered until a great deal more is known about the relationship between diet, health and the process of ageing. To help gather information on the problem the King's Fund, in collaboration with Dr. A. N. Exton Smith, has carried out a survey into the dietary of elderly women. Included in the survey was an investigation into the value of 'meals-on-wheels' and club meals to these people. A report on the survey is to be published in 1965.

## LANDSCAPE ARCHITECTURE

The services of a landscape architect, provided experimentally by the Fund for hospitals under construction, have revealed the need for this type of help. The Fund's landscape architect has been in great demand and at the end of the year it was suggested to the Ministry of Health that it might finance the appointment of other landscape architects. The Ministry agreed readily to this suggestion.

The work of these architects is to advise hospital planners and builders how to make use of the natural resources of their sites. In this way it is possible to make good use of the available ground for gardens and recreation when building is complete. Not only do patients and staff gain pleasure from the result of attention paid to the layout of grounds at planning stage but unnecessary expense which could run into thousands of pounds can be avoided by such precautions as ensuring that top soil is preserved. Loss of top soil due to poor organisation of site works could leave an area entirely barren.

Experience gained of landscape architecture as applied to hospitals will enable the King's Fund to publish a document in 1965 for the guidance of hospital planners.

## NURSING RECRUITMENT SERVICE

Appreciative comments were received last year from a number of hospitals on the suitability of the nursing candidates referred to them by the Service. Success in giving advice to a candidate as to the most suitable form of training is due in no small measure to the fact that the NRS is able to administer the entrance test of the General Nursing Council. A 'borderline' candidate who might be better suited to train for the Roll can take the test and be advised straight away as to which course to pursue. In this way disappointment and frustration are avoided.

Among NRS candidates, acceptances for training for all parts of the Register, the Roll and for Midwifery rose in



#### NURSING RECRUITMENT SERVICE

1964 from 1,555 to 1,849, an increase of 294. The number of people guided into pre-nursing courses, cadet schemes, pre-training work in hospitals, nursery training, and employment as nursing auxiliaries or nursing assistants, rose from 315 to 351, an increase of 36. In addition, 53 of the people advised by the Service began training as radiographers, physiotherapists, and laboratory technicians. The number of new applicants fell by 726 from 5,923 to 5,197. This was partly due to a decrease in the population of eighteen-year-olds and partly due to the fact that the practice of not registering anybody under the age of fifteen years as a definite candidate was more strictly observed.

The work of the Service in maintaining effective contact with schools has increased. It has been interesting to see that when talks are given to schools they have often asked that these should not be restricted to nursing alone but that mention should be made of the services ancillary to medicine. The Service has been able to emphasise how many different workers collaborate in the prevention, alleviation or cure of sickness. For the first time last year it was not necessary to make direct approach to the schools as sufficient spontaneous invitations were received to fill the time available for this work. Invitations came not only from schools previously visited but from a number hitherto unknown to the Service. Contact with these was established as a result of advertisements regarding the work of the NRS, also from the willing co-operation of the Youth Employment Service.

The Service sought to make itself and the nursing profession more widely known by taking a stand in the careers section of the Schoolboys and Girls Exhibition at Olympia in the Christmas holidays. About 125 new candidates resulted and at least ten new schools have been added to the list of those to be visited in the future.

Opportunities in careers for the young increase and change, a factor which is affecting the work of the Nursing Recruitment Service. Certainly, trends in population and early marriage rate are bound to have a serious effect on the supply

#### NURSING RECRUITMENT SERVICE

of nurses. Fewer people will be available for training at eighteen and the loss of trained staff will increase. The remedy is not to lower the age of entry for training (and the Service was pleased to be given the opportunity to submit a memorandum on the subject to the General Nursing Council) but to do everything possible to enable married women to enter or return to nursing as home commitments allow. A decrease in the number of potential candidates will mean that the work of the Service is needed more, not less. Good and steady public relations work on behalf of nursing will be more necessary than ever as will the extreme care taken in matching each candidate to the right hospital where he or she is likely to train happily and successfully. The future outlook is a challenge to the Nursing Recruitment Service.

#### EMERGENCY BED SERVICE

##### MILLIONTH CASE

On 29 December, 1964, the millionth consecutive case sheet was used by the Service. Case sheet No. 1 was completed in 1938, and the first patient admitted to the Metropolitan Hospital. Since then the Service has had a varied career. Starting in the uneasy peace of 1938 it closed in September 1939 to provide staff for 12 E.M.S. Sector Bed Bureaux, and reopened again in November to help civil patients who had difficulty in finding beds owing to the hospitals being reserved for war casualties.

The Service spent the nights in an air raid shelter during the war and emerged unharmed at the end of the war to find itself in ever increasing demand. In 1948 it became the agent of the Metropolitan Regional Hospital Boards and its work increased rapidly by some 400%. The Service is the brain child of Mr. A. J. Gardham, who served on the Committee until his retirement at the end of 1964, when his original idea had become an established organisation handling some 60 to 70,000 cases a year.

## EMERGENCY BED SERVICE

### GENERAL REVIEW OF THE YEAR

The winter of 1964/5 was the second in succession to contain no major epidemic. Before Christmas applications for the admission of general acute cases were about 1,100 a week. There was the usual sharp rise following the holiday and during the first week of January weekly requests for general beds were between 1,500 and 1,600, thereafter falling to about 1,200 a week. March was much busier than in 1964. Although the sudden increase was unusual, requests for beds did not reach a high level; in the second half of the month weekly figures were about 1,400. The excessive use of the Medical Referee procedure to obtain admission was disturbing.

The total number of cases dealt with during the year was 60,131 compared with 60,927 during the year ended 31 March, 1964.

### INFECTIOUS CASES

No serious difficulty was experienced until the end of January when an outbreak of Sonne Dysentery in a residential children's home in North-West London overtaxed the local fever hospitals. On January 28, despite the use of the Medical Referee procedure, beds could not be found for two children. Neither of them was seriously ill but admission was desirable for public health reasons, and both were admitted next day. On February 4 great difficulty arose in placing eight more children, some of whom had to be sent as far as Croydon and Epsom.

These small incidents underline the warning expressed in previous reports; the number of beds for these patients is now so small that a comparatively minor epidemic may cause serious trouble.

### MATERNITY CASES

The new catchment area scheme for dealing with the very difficult maternity situation became fully effective on October 1, 1964, and since that time—and indeed for several months

#### EMERGENCY BED SERVICE

before that date—the number of cases handled by the Service has decreased greatly.

There is no doubt that the scheme is working well. Patients who need a hospital confinement on medical or social grounds are mostly booked in advance and the Service is seldom asked to arrange admission at the last moment when the patient is already in labour. With few exceptions E.B.S. cases are now genuine obstetric emergencies or women who have failed to seek any advice during pregnancy. It should be noted, however, that the peak period for maternity admissions is usually between March and May so that some difficulties may yet arise.

There have been a few instances, mostly in the early months of the scheme, when it appeared that hospitals were interpreting the scheme somewhat rigidly in so far as emergency admissions were concerned. If this tendency becomes general, difficulty and delay in finding beds will be increased.

#### FINANCE

Such success as the King's Fund has attained in the hospital world has been due at least in part to its financial capacity for sustained effort. There have been no large fluctuations, but indeed a steady increase, in the volume of assistance given either directly through grants or indirectly through the maintenance of the three Staff Colleges and the Catering School, of which full advantage is being taken by the hospitals.

Since the Fund was founded in 1897, it has been gradually expanded by further subscriptions, a steady flow of legacies, and a consistent policy regarding its finances to a point where its capital resources total over £10,500,000 with an income of around £575,000 per annum. During this period the Fund's total expenditure in the aid and support of the hospitals has amounted to about £19,000,000, of which some £16,500,000 has taken the form of grants and the remainder, largely in the

#### FINANCE

last ten years, used for the maintenance of its staff colleges and other activities.

Her Majesty the Queen, Patron of the Fund, and other members of the Royal Family, continue to give it their consistent and generous support, as do many distinguished individuals and institutions.

There is still a strong tradition in this country that hospitals are among the most deserving of destinations for a legacy, and many have felt, with the advent of the Health Service, that the King's Fund makes a very strong appeal in this respect. Legacies to the Fund are usually treated as accretions to capital and can therefore be regarded as an enduring benefit to hospital patients in years to come.

From the Accounts at the end of this Report it will be seen that, for the year 1964, income amounted to £582,843 together with legacies at £24,312, while expenditure amounted to £751,377.

## PERSONAL

### RETIREMENT OF TREASURER AND CHAIRMAN

At the end of 1964 both Lord Ashburton and Lord McCorquodale retired from active work in the Fund. Fortunately both remain on the General Council.

Lord Ashburton joined the Finance Committee in 1947 and succeeded Sir Edward Peacock as Treasurer in 1955. During his tenure of office the income of the Fund has risen steadily. He leaves the Fund with an income some £245,000 more than it had when he took office.

Lord McCorquodale has served the Fund in a number of capacities since 1945 when he was chairman of the committee enquiring into the problem of domestic staff in the voluntary hospitals. He was chairman of the committee which set up the Hospital Administrative Staff College and he watched over the welfare of that college throughout its growing years. He succeeded Sir Ernest Pooley as chairman of the Management Committee in January 1957. During the eight years in which he guided the Fund major changes occurred, the most notable being the establishment of The Hospital Centre.

H.R.H. The President appointed Mr. A. H. Carnwath and the Hon. G. C. H. Chubb Treasurer and Chairman respectively on 1 January, 1965.

## LIST OF STUDIES

### *Bedstead Design*

To evolve patterns of bedstead suitable for the majority of patients in general wards.

### *\*Brochures for Schools of Nursing*

To study the content, design and extent of use of these brochures.

### *Central Sterilization*

Central sterilization of ward prepared packs.

### *Central Vacuum Cleaning Systems*

To study the advantages and disadvantages of these systems compared with those of other methods (see page 18).

### *Changing Accommodation*

The design and equipment of changing accommodation for non-resident hospital staff.

### *Computers*

The application of electronic computers to hospital practice (see page 18).

### *Crockery Washing*

\*1. A comparative analysis of the efficiency of centralized and ward crockery washing.

\*2. An assessment of the usefulness of detergents, dispensers, additives and injectors, and a report on crockery washing in general.

### *\*Disposable Items*

To assess the merits and demerits of disposable items for ward use (see page 19).

### *\*General Practitioners and Hospitals*

Communications between hospitals and general practitioners.

### *\*Studies completed during 1964*

LIST OF STUDIES

*Hospital Chaplains*

An enquiry into the role of the hospital chaplain.

*Hospital Equipment*

An enquiry into the selection and design of equipment for a new hospital.

*Information Service for the Disabled*

To assemble, classify and make available welfare information of value in hospitals and elsewhere.

*Internal Communications in Hospitals*

To help hospitals to solve their problems of internal communication.

*Laundry Bags*

To test soiled-laundry bags of various materials.

*Linen*

An investigation into distributing and storing of ward linen stocks by means of an 'exchange-trolley' system.

*Milk Kitchens*

To collate information on planning and equipment.

*Nurse Training*

To investigate the possible advantages of a shortened course of nurse training.

*Outpatients*

Outpatient department at Guy's Hospital; analysis of attendances and of the needs of the local community.

*Performance of a Hospital*

Techniques for assessing the quality of patient care in relation to its cost.

*\*Plastic Covers for Mattresses*

Comparative tests of different kinds.

*\*Studies completed during 1964*



#### LIST OF STUDIES

##### *Programmed Learning*

Programmed learning and teaching machines; their possible use in schools of nursing (see page 20).

##### *Regional Inquiries and Information*

To collate information and co-ordinate services for a particular Region (see page 20).

##### *Service of Meals*

1. Heated tray service of meals to patients.
2. Food trolleys for distribution and service of meals to patients.

##### *Shop for Staff Uniforms*

To encourage greater attention to individual needs in the provision of uniforms (see page 20).

##### *Standards of Staffing*

To identify the facts to be taken into consideration in determining nursing staff establishments.

##### *Wall Finishes*

A test and comparison of different types of wall finish in a Central Sterile Supply Department.

##### *Ward Housekeepers*

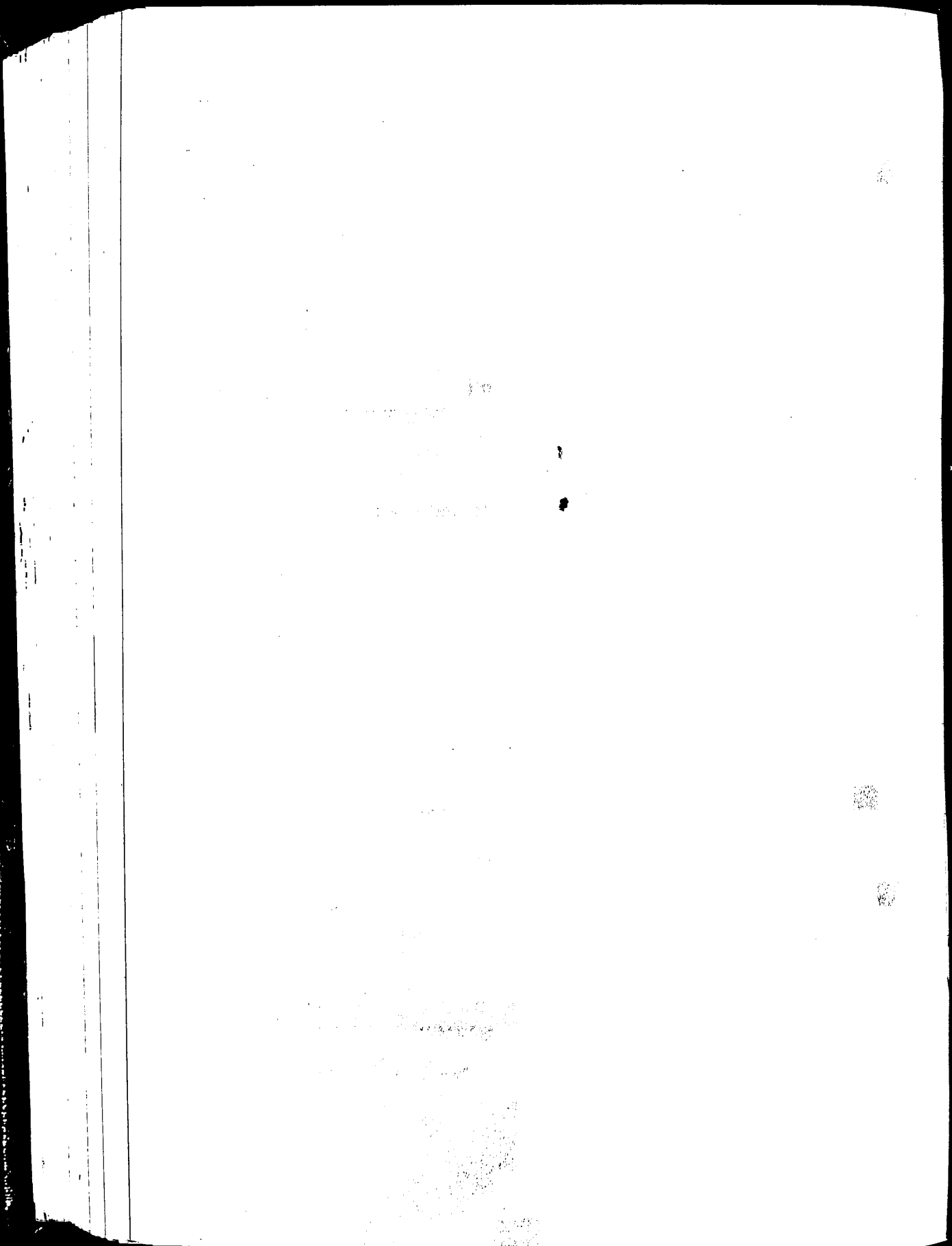
A study of the use of ward housekeepers to relieve the ward sisters of housekeeping duties (see page 21).

##### *\*Wards—Heating of Open Balconies*

An investigation and comparison of different methods of providing overhead heating by gas or electricity.

##### *\* Studies completed during 1964*

(A list of current publications and reprints from technical journals appears on pages 52-55.)



ACCOUNTS, LEGACIES  
AND  
LIST OF GRANTS

## KING EDWARD'S HOSPITAL

BALANCE SHEET as at 31st

	£	£	£
<b>FUND ACCOUNTS:</b>			
<b>FUNDS TO BE RETAINED AS CAPITAL:</b>			
As at 31st December, 1963 ... ..	2,237,403		
Add: Receipts during 1964 ... ..	20		
		2,237,423	
<b>GENERAL FUNDS:</b>			
As at 31st December, 1963 ... ..	4,936,705		
Add: Sale of Radium ... ..	3,950		
	4,940,655		
Add: Amount transferred from Income and Expenditure Account ... ..	3,580		
		4,944,235	
<b>SPECIAL FUNDS:</b>			
per Schedule ... ..		23,269	
			7,204,927
<b>GRANTS RETAINED (awaiting appropriate time for payment):</b>			
Hospitals and Convalescent Homes ... ..		329,804	
Development Committee projects ... ..		49,550	
Amount appropriated from Nuffield Trust for the Special Areas ... ..		90,000	
<b>LEGACIES RECEIVED FOR SPECIAL PURPOSES:</b>			
Homes for Aged Sick ... ..	131		
Emergency Bed Service ... ..	2,465	2,596	
			471,950
<b>LIABILITIES:</b>			
Administration and Other Expenses ... ..			40,488
<b>SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES):</b>			
Amount received for dilapidations ... ..		540	
Sinking Fund Appropriations ... ..		12,757	
			13,297
			<u>£7,730,662</u>

## REPORT OF THE AUDITORS TO KING

We have obtained all the information and explanations which to the best of our knowledge proper books of account have been kept by the Fund so far as appears from our annexed Income and Expenditure Account which are in agreement with the books of 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 excess of income over expenditure for the year

128, Queen Victoria Street,  
London, E.C.4.

21st June, 1965

# TAL FUND FOR LONDON

31st DECEMBER, 1964

	£	£	£
<b>SECURITIES AND INVESTMENTS:</b>			
<b>STOCKS AND SHARES, etc., held for:—</b>			
Capital Accounts ... ..	2,807,316		
Less: Realised net profits ... ..	615,497		
		2,191,819	
General Accounts ... ..	4,243,562		
Add: Realised net losses ... ..	157,552		
		4,401,114	
		6,592,933	
Invested Gift of his late Majesty, King George V, to be retained as Capital ... ..		20,000	
		6,612,933	
Special Account ... ..		23,158	
		6,636,091	
<b>Valuation of Investments</b>			
Quoted Investments at Market Value	8,757,491		
Unquoted, at Treasurer's Valuation	217,956		
	<u>£8,975,447</u>		
<b>FREEHOLD AND LEASEHOLD PROPERTIES, GROUND</b>			
RENTS AND MORTGAGES ... ..	1,609,400		
Less: Realised profits ... ..	775,928	833,472	
<b>REVERSIONARY INTERESTS, taken for book-keeping</b>			
purposes at a nominal value of ... ..		1	
		7,469,564	
<i>Assets received or acquired before 31st 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.</i>			
<b>CURRENT ASSETS (including £111 for Special Accounts):</b>			
Balances at Banks and Cash in hand ... ..		53,232	
Short Term Deposits ... ..		45,200	
Debtors (including interest-free unsecured loans to Homes for Aged Sick, amounting to £6,400) ... ..		162,666	
		261,098	

## NOTE:—

The total cost of Properties for Staff Colleges and Homes for Aged Sick is £784,337. The cost of the furniture and equipment owned by the Fund and £778,987 of the above amount have been written off as and when such expenditure has been incurred.

A. H. CARNWATH, Treasurer

£7,730,662

## EDWARD'S HOSPITAL FUND FOR LONDON.

knowledge and belief were necessary for the purposes of our audit. In our opinion examination of those books. We have examined the above Balance Sheet and the account. In our opinion and to the best of our information and according to the Fund's affairs as at the 31st December, 1964, and the Income and Expenditure ended on that date.

DELOITTE, PLENDER, GRIFFITHS & Co.,  
Chartered Accountants

# INCOME AND EXPENDITURE ACCOUNT FOR

	£	£	£
GRANTS made 1964 ... ..		304,163	
Less: Grants lapsed during 1964 ... ..		5,240	298,923
<b>EXPENDITURE ON SPECIAL SERVICES, ETC.:</b>			
The Hospital Centre ... ..	65,317		
Rent ... ..	47,721		
Capital Expenditure ... ..	3,559	116,597	
Nursing Recruitment Service ... ..		13,563	
Staff College for Ward Sisters ... ..	15,584		
Capital Expenditure ... ..	85,316	100,900	
Staff College for Matrons ... ..	10,500		
Capital Expenditure ... ..	239	10,739	
School of Hospital Catering ... ..	12,446		
Capital Expenditure ... ..	29,095	41,541	
Hospital Administrative Staff College ... ..	67,180		
Capital Expenditure ... ..	48,819	115,999	399,339
<b>EMERGENCY BED SERVICE:</b>			
Proportion of Cost to be defrayed by the Fund, as agreed with the Metropolitan Regional Hospital Boards ... ..			6,500
<b>ADMINISTRATION EXPENSES:</b>			
Salaries, Pensions, and Superannuation Contributions ... ..		29,780	
Establishment, including Rent, Rates, Heating and Lighting, Cleaning, Insurance, etc. ... ..		3,162	
Printing and Stationery, Telephone and Postage ... ..		2,061	
Sundry Miscellaneous Expenses ... ..		3,340	38,343
<b>OTHER EXPENSES:</b>			
Office Furniture and Equipment ... ..		62	
Legal and Other Professional Fees ... ..		6,881	
Visiting Expenses ... ..		426	
Publications: Cost less Sales ... ..		255	
		7,624	
Less: Sales of furniture ... ..		127	7,497
APPROPRIATION to Leasehold Sinking Fund ... ..			775
			751,377
<b>TRANSFER to GENERAL FUND:</b>			
Excess of Income over Expenditure ... ..			3,580

£754,957

THE YEAR ENDED 31st DECEMBER, 1964

	£	£
INCOME from:		
Securities and Investments ... ..	460,686	
Freehold and Leasehold Properties ... ..	<u>113,953</u>	574,639
SUBSCRIPTIONS:		
Annual ... ..	3,344	
Under Deeds of Covenant for a stated number of years ... ..	<u>2,460</u>	
	5,804	
DONATIONS:		
Annual and other ... ..	<u>2,400</u>	8,204
		<u>582,843</u>
SPECIAL RECEIPTS (Legacies per Schedule) ... ..		24,312
BALANCE OF SPECIAL RESERVE set aside in 1962 towards cost of acquiring and equipping properties ... ..		85,000
NET PROCEEDS OF SALE of 147 Cromwell Road and 2 Collingham Road, S.W.7. ... ..	67,979	
Less: Cost of Freehold written off ... ..	<u>5,177</u>	62,802

£754,957

# SPECIAL FUNDS 31st DECEMBER, 1964

	£	£
<b>SPECIAL ANONYMOUS TRUST (1930):</b>		
CAPITAL ACCOUNT: ... ..	19,068	
INCOME ACCOUNT:		
Balance at 31st December, 1963 ... ..	1	
Add: Income 1964 ... ..	1,161	
	<u>1,162</u>	
Less: Payments made o/a building ... ..	1,155	
	<u>7</u>	
		19,075
<b>MRS. L. L. LAYBORN TRUST (1943):</b>		
CAPITAL ACCOUNT: ... ..	4,090	
INCOME ACCOUNT:		
Balance at 31st December, 1963 ... ..	1	
Receipts during 1964 ... ..	184	
	<u>185</u>	
Less: Paid to St. Luke's Nursing Home for the Clergy ... ..	113	
	<u>72</u>	
		4,162
<b>J. R. CATLIN, DECEASED, TRUST:</b>		
Balance at 31st December, 1963 ... ..	31	
Receipts during 1964 ... ..	1	
	<u>32</u>	
		<u>£23,269</u>
<b>NOTE:</b>		
The Special Funds are represented by assets maintained in separate designated accounts made up as follows:		
Investments ... ..	23,158	
Balances at Banks ... ..	111	
	<u>£23,269</u>	



# SPECIAL RECEIPTS — LEGACIES RECEIVED IN 1964

						£
GENERAL:						
Alfred Charles Coshier Bates	...	...	...	...	...	6,354
Arthur Edmund Bendixson	...	...	...	...	...	200
William Benfield	...	...	...	...	...	2,000
Miss Emily Sarah Bisdee	...	...	...	...	...	1,834
Mrs. Alice Ann Bishop	...	...	...	...	...	22
Mrs. Leah Primrose Blackwell*	...	...	...	...	...	1,000
Alfred James Burchill	...	...	...	...	...	441
Mrs. Ethel Kate Burnege	...	...	...	...	...	10
Mrs. Emily Burrows	...	...	...	...	...	688
Charles Hubert Cooper	...	...	...	...	...	109
John Ford Darling	...	...	...	...	...	325
Miss Rosina Davey	...	...	...	...	...	1
Robert Cooper Drury	...	...	...	...	...	48
Mrs. Annie Elizabeth Emerson	...	...	...	...	...	277
Joseph Fletcher	...	...	...	...	...	175
Miss Jean Forbes	...	...	...	...	...	522
Mrs. Louisa Goode	...	...	...	...	...	5
Godfrey George Halsted	...	...	...	...	...	50
George Hunt Heigham	...	...	...	...	...	694
Robert James Belcham Hoare	...	...	...	...	...	252
Isaac Horton	...	...	...	...	...	357
Dr. Edwin Charles Jee	...	...	...	...	...	100
John Leighton	...	...	...	...	...	640
Percy Morris	...	...	...	...	...	1,110
Ernest Tom Neathercoat	...	...	...	...	...	136
Robert Palgrave Page	...	...	...	...	...	428
George Edward Pearson	...	...	...	...	...	6,059
Edward William Pritchard	...	...	...	...	...	266
Justin Strauss	...	...	...	...	...	197
Alexander Benedictus van Raalte...	...	...	...	...	...	12
						<u>£24,312</u>

\* Discretionary

## CAPITAL:

Lord Wakefield	...	...	...	...	...	20
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# GRANTS MADE IN 1964

✓	Banstead H.M.C.	£
	Banstead Hospital—Staff social centre and sports club ..	1,500
<i>Overleaf</i>	Botleys Park H.M.C.	
	Botleys Park Hospital—Bowling green .. .. .	2,600
	British Home & Hospital for Incurables, Streatham—Staff cafeteria .. .. .	2,000
	British Library of Tape Recordings for Hospital Patients ..	10,000
	Camberwell H.M.C.	
	St. Giles' Hospital—Improvements to bedrooms in Nurses' Home .. .. .	10,000
	Cell Barnes and Harperbury H.M.C.	
	Cell Barnes Hospital—Staff call system	
	Harperbury Hospital—Staff call system .. .. .	2,500
	Central Council for District Nursing .. .. .	5,000
	Central Group H.M.C.	
	St. Matthew's Hospital—Elderly people's club .. ..	1,750
	Central Middlesex H.M.C.	
	Central Middlesex Hospital—Medical centre .. ..	6,000
	Willesden General Hospital—Shop .. .. .	1,000
	Claybury H.M.C.	
	Claybury Hospital—Extension of staff sports club and social centre .. .. .	1,000
	Convalescent Hospital for Officers, Brighton	
	Fire Precautions .. .. .	650
	Council for Music in Hospitals .. .. .	250
	Croydon and Warlingham Park H.M.C.	
	Mayday Hospital—Medical staff common room and library .. .. .	3,000
	Norwood Hospital—Enclosure of balconies .. ..	750
✓	Epsom H.M.C.	
	Cuddington Hospital—Enrolled nurse training school ..	6,000
	Dartford H.M.C.	
	Joyce Green Hospital—Service counter and call order unit	2,850
✓	Delves House Trust	
	Redecorations .. .. .	1,500
	Edith Friday Home, Blackheath	
	Redecoration and renovation of men's sitting room and of dining room .. .. .	636
	Elderly Invalids Fund .. .. .	3,500

# GRANTS MADE IN 1964

Enfield H.M.C.	£
Chase Farm Hospital—Layout of gardens round new Nurses' Home .. .. .	1,000
Fallowfield Halfway House, Chislehurst	
Additional lavatories.. .. .	225
Florence Nightingale Hospital, N.W.1.	
Anaesthetic apparatus .. .. .	350
Forest Group H.M.C.	
Whipps Cross Hospital—Medical Centre .. .. .	5,000
Fountain and Carshalton H.M.C.	
Queen Mary's Hospital—Flatlets for children's parents	4,500
French Hospital, W.C.1.—Kitchen renovations .. .. .	3,500
Harlow H.M.C.	
St. Margaret's Hospital—Serving equipment .. .. .	3,000
Havens Guild, N.3.—Towards capital expenditure in setting up Home .. .. .	2,000
Hendon H.M.C.	
Colindale Hospital—Kitchen equipment .. .. .	1,200
Hertfordshire Seaside Convalescent Home, St. Leonard's-on-Sea—Renovating kitchen .. .. .	1,688
Industrial Therapy Organisation (Thames) Ltd.—Additional grant for factory .. .. .	500
Invalid Children's Aid Association	
Equipment at John Horniman, Pilgrims and Meath Schools	350
John Howard Convalescent Home, Brighton	
Kitchen renovations .. .. .	750
King Edward VII Hospital for Officers, W.1.	
Building extension appeal .. .. .	5,000
Leavesden H.M.C.	
Leavesden Hospital—Social club .. .. .	15,000
Lewisham Group H.M.C.	
Lewisham Hospital—Medical Centre .. .. .	8,500
Leybourne Grange Group H.M.C.	
Leybourne Grange Hospital—New therapy and other medical auxiliary departments .. .. .	10,000
Limpsfield Convalescent Home for Women	
Improvements to kitchen .. .. .	462
London and Ascot Priory, Ascot	
Refrigerator, plate trolley and new mattresses .. .. .	160
Television set .. .. .	86

# GRANTS MADE IN 1964

Maitland House, Frinton	£	
Equipment and fittings for kitchens .. .. .	36	
Manor H.M.C.		
Manor Hospital—Hospital ward improvements .. ..	4,000	
Marie Carlile House, Croydon		
Installation of lift .. .. .	500	
Middlesex Hospital, W.1.		
Essex Wynter Trust—Washing machine and refrigerators for cottages for elderly retired nurses .. .. .	500	
Moorfields Eye Hospital		
Signposting City Road and High Holborn branches ..	825	
National Association for Mental Health		
Convalescent Service—Index of information .. ..	2,000	
National Association of Leagues of Hospital Friends .. ..	600	
New Southgate H.M.C.		
Friern Hospital—Occupational therapy hut .. ..	2,800	
North East Metropolitan Regional Hospital Board		
Staff Training Centre .. .. .	20,000	
Research Officer .. .. .	600	
North London Group H.M.C.		
Whittington Hospital—Admissions and Doctors' Inquiry Service .. .. .	3,455	
Shop for staff uniforms .. .. .	9,380	
Orpington and Sevenoaks H.M.C.		
Orpington Hospital—Day Room .. .. .	2,500	
Paddington Group H.M.C.		
St. Charles' Hospital—Medical Centre .. .. .	4,000	
Perseverance Trust		
Lift at Howard House, Gerrards Cross .. .. .	2,000	
Queen's Institute of District Nursing		
Film, 'District Nurse' .. .. .	6,500	
Ranyard Memorial Nursing Home, Lewisham		
Special maintenance grant .. .. .	2,000	
Redhill and Netherne H.M.C.		
Redhill General Hospital—Staff Recreation Centre ..	10,000	
Romford Group H.M.C.		
Oldchurch Hospital—Medical Centre .. .. .	6,500	
Rush Green Hospital—Greenhouse .. .. .	300	
Roseland, Banstead		
Improvement of central heating system .. .. .	1,050	

# GRANTS MADE IN 1964

Royal College of Nursing	£
Special project to assist nurses in adversity .. ..	3,000
St. Andrew's Hospital, Dollis Hill	
Renovation of kitchen .. ..	3,000
St. George's Hospital	
Accommodation for theological students attending training courses .. ..	1,000
St. Lawrence's H.M.C.	
St. Lawrence's Hospital—Industrial Training Centre ..	3,000
St. Luke's Nursing Home for the Clergy, W.1.	
Kitchen equipment .. ..	1,050
St. Michael's Convalescent Home, Westgate	
Repairs to roof .. ..	1,100
St. Teresa's Maternity Hospital, Wimbledon	
Extension to hospital .. ..	3,500
St. Thomas' Hospital	
Post Graduate Nurses' Course .. ..	9,000
Servite House, Ealing	
Prefabricated workshop and garage buildings .. ..	1,375
South West Middlesex H.M.C.	
Teddington Memorial Hospital—Physiotherapy wing ..	2,000
Springfield H.M.C.	
Springfield Hospital—Occupational therapy department extension .. ..	10,000
Tavistock Institute—Adolescent unit .. ..	7,000
Thames H.M.C.	
East Ham Memorial Hospital—Dining room improvements .. ..	350
Plaistow Maternity Hospital—Layout of garden site ..	300
Thomas Banting Memorial Home, Worthing	
Installation of central heating .. ..	397
Fire precautions .. ..	225
United Sheffield Hospitals	
Nurse training scheme for graduates .. ..	1,500
University College Hospital	
Telephone link for group discussion, Psychiatrist/General Practitioners .. ..	300
Whittington Halfway House	
Kitchen improvements .. ..	470
Fire precautions for oil storage tank room .. ..	197

# GRANTS MADE IN 1964

✓ Winged Fellowship Trust	£
Crabhill House, Redhill—Beds for Home.. ..	1,405
Expenses of Convalescent Homes Conference .. ..	280
Experiments and Enquiries:	
Central Council for the Disabled—Information service ..	2,500
Central Vacuum Cleaning Systems .. ..	1,500
Chaplain's Enquiry .. ..	2,000
Selection and Design of Hospital Equipment .. ..	7,500
Film Strip on Hospital Cleaning .. ..	300
Guy's Hospital Outpatients Analysis .. ..	597
The Hospital Centre Library .. ..	4,225
Landscape Gardening .. ..	3,000
Measuring the Performance of a Hospital.. ..	8,000
Milk Kitchens .. ..	300
National Institute for Housecraft .. ..	150
Heating of Open Balconies in Wards .. ..	6,000
Plastic Covers for Mattresses .. ..	100
Plastic Urine Drainage Bags .. ..	100
Prototype Kitchen .. ..	5,566
Ward Housekeepers .. ..	4,000
Token Grants to Hospitals and Convalescent Homes .. ..	2,572
	<u>£304,162</u>



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At the Council Meeting in July, 1963, H.R.H. the President said:

"You are aware that there is no age limit for membership of any of the Fund's committees: indeed, we have benefited greatly from the long experience of our senior members. Nowadays, however, changes in the hospital world are succeeding each other with increasing rapidity and I have been wondering whether the time for introducing an age limit for the membership of what one might call the "operational" committees has not arrived. It is normal nowadays for the retiring age to be between 60 and 65 and it occurs to me that after ten years in retirement most people will tend to lose touch with the current problems connected with their former work."

Members of committees over the age of 75 will not, therefore, be re-appointed.

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## PUBLICATIONS

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*Brochures for Schools of Nursing* (1965)

Report of an enquiry by The Hospital Centre. 1s. 6d. post free.

*Care of Catering Equipment (Second Edition, 1963)*

A guide to the maintenance required by various types of kitchen equipment. 2s. post free.

*Directory of Convalescent Homes* (1965)

A directory containing details of 129 convalescent homes, both National Health Service and Independent, accepting patients from the four metropolitan hospital regions. The information is comprehensive and there are classified indices. 7s. 6d. post free.

*Domestic Administrators* (1963)

A report of a Working Party on the duties and training of domestic administrators. 1s. 6d. post free.

*Films for Hospitals* (1961)

An enquiry into the provision of film shows for the entertainment of patients and for the instruction of staff. 1s. post free.

*Head Porters* (1963)

A report of a Working Party on the duties and training of head porters. 1s. 6d. post free.

*Hospital Bed Occupancy* (1954)

Report of a study group at the Hospital Administrative Staff College on bed occupancy problems. Obtainable from the Hospital Administrative Staff College. 2s. post free.

*Information Booklets for Guidance of Patients* (1962)

A report on methods of providing information for patients before admission to hospital. 1s. post free.

*Manual for Hospital Visitors* (1960) 2s. post free.

*Memorandum on Light Diets* (1960) 1s. post free.

*Memorandum on the Supervision of Nurses' Health* (1963)  
Recommendations for the establishment of a minimum  
standard of health care for nursing staff. 1s. post free.

*Menu Book for Convalescent Homes and Similar Institutions*  
(Revised Edition, 1959) 2s. 6d. post free.

*Noise Control in Hospitals* (1958)

An enquiry into noise in hospital wards and suggestions for  
its control. 1s. post free.

*Noise Control in Hospitals* (1960)

A follow-up enquiry. 1s. post free.

*Report on the Cleaning and Sterilisation of Hospital Blankets*  
(1959)

This report presents available information and an assess-  
ment of the problem of cleaning and sterilising hospital  
blankets of various materials. 2s. post free.

*Report on Communications and Relationships between General  
Practitioners and Hospital Medical Staff* (1963) 1s. 6d. post  
free.

*Shortage of Dietitians*

A report by a Sub-Committee set up in 1957, together with  
a joint report by the Ministry of Health and the King's  
Fund on the work of therapeutic dietitians, 1960. 2s. post  
free.

*Time-Table of Out-Patient Clinics at Hospitals in the Greater  
London Area* (1965) 1s. post free. (Free to general prac-  
titioners.)

The following which at present are out of print are being  
revised:

*Crockery Washing*

*General Hospital Diets*

*Memorandum on Special Diets*

*Third Memorandum on Hospital Diet*

*Notes on Diets for Old People in Homes and Similar Insti-  
tutions*



## REPRINTS FROM TECHNICAL JOURNALS

(The reprints listed below are issued free on request)

### *Accommodation for the Aged*

Report of conference at The Hospital Centre. "British Hospital Journal", 1 January, 1965.

### *Disposable Goods for Hospitals*

Report of conference at The Hospital Centre. "British Hospital Journal", 24 July, 1964.

### *Floor Seals in Hospital Wards*

A study of the use of floor seals on wood block floors in hospital wards. "The Hospital", February, 1961.

### *Further Communications*

Report of conference at The Hospital Centre. "The Hospital", December, 1964.

### *Hospital Internal Communications*

Report of conference at The Hospital Centre. "British Hospital Journal", 4 December, 1964.

### *Hospital Planning and Industrialised Building Techniques*

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### *Hospital Planning Procedures*

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*Casualty, Accident and Emergency Departments*

12 June, 1964.

*Children's Wards* 17 July, 1964.

*Geriatric Units* 6 November, 1964.

*Isolation Units* 30 October, 1964.

*Maternity Units* 5 February, 1965.

*Ward Design* 10 April, 1964.

General: 'Nurse Planners Meet'

24 April, 14 August, 4 December, 1964.

8 January, 5 February, 1965.

*Forms for use in connection with legacy,  
annual subscription or donation,  
bankers' order and seven-year  
covenant.*

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LEGACIES have played an important part in the Fund's finances and have constituted one of the main sources of revenue.

### LEGACY

"I give free of duty to KING EDWARD'S HOSPITAL FUND FOR LONDON the sum of £.....to be either expended in such manner or invested from time to time in such investments (whether authorised by the law for the time being in force for the investment of Trust Funds or not) or partly expended and partly invested as the President and General Council for the time being of the Fund shall in their absolute and uncontrolled discretion think fit. And I direct that the receipt or receipts of the Treasurer or Treasurers or acting Treasurer or Treasurers for the time being of the Fund shall be a good and sufficient discharge to my Executors."

### Residue

"I give all my property not otherwise disposed of by this my Will subject to and after payment of my funeral and testamentary expenses to KING EDWARD'S HOSPITAL FUND FOR LONDON, to be either expended, etc., etc. (as above)."

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FORM FOR ANNUAL SUBSCRIPTION OR DONATION

Date.....19.....

To the Secretary,

KING EDWARD'S HOSPITAL FUND FOR LONDON

34, KING STREET, LONDON, E.C.2.

I enclose cheque for the sum of £.....:.....:

as an Annual Subscription/Donation to the Fund.

Kindly acknowledge receipt to the following address:—

Name .....

Address .....

.....

.....

Cheques and Postal Orders should be made payable to  
"KING EDWARD'S HOSPITAL FUND FOR LONDON"  
and crossed "Bank of England."

## STANDING ORDER FOR BANKERS

Date.....19.....

To (Name of Bank.....  
and Branch).....

Please pay on the.....day of.....19.....to  
the BANK OF ENGLAND, LONDON, E.C.2 for the credit of  
"KING EDWARD'S HOSPITAL FUND FOR LONDON,"  
the sum of.....and continue to  
pay the same amount on the.....in each future  
year until further notice.

£	s.	d.

Signature .....

Name .....  
(for postal purposes)

Address .....

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## INCOME TAX ON ANNUAL SUBSCRIPTIONS

Annual subscribers, by filling up the following form of agreement for seven years, enable the Fund to recover income tax on their subscriptions.

For example, if a contributor who now subscribes £30 per annum, enters into an agreement in the form below, filling in the figure £30, the result will be

- (i) the subscriber sends a cheque for £30, with a certificate that he has paid income tax on the amount which, after deducting income tax, leaves £30 (i.e., with income tax at 8s. 3d. in the £51 1s. 3d.); the Fund can supply forms of certificate if desired;
- (ii) the King's Fund recovers income tax from the Inland Revenue;
- (iii) the contributor appears as a subscriber of £51 1s. 3d.

The Fund would be pleased to give further information if desired. It is sometimes possible to furnish alternative forms of agreement to meet special circumstances.

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.

