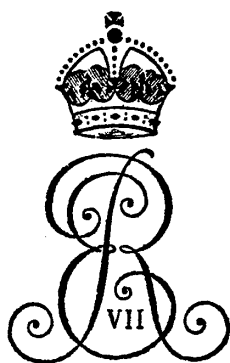


KING EDWARD'S HOSPITAL FUND
FOR LONDON



FIFTY-FIFTH
ANNUAL REPORT

1951

10 OLD JEWRY

LONDON, E.C.2



KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON :
HER MAJESTY THE QUEEN

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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His Majesty King George VI, Patron of the Fund, died on February 6th, 1952. At their meeting a few days later the Management Committee passed the following resolutions:—

“ The Management Committee of King Edward’s Hospital Fund for London, in the name of the General Council, respectfully tender to Her Majesty The Queen Mother their deepest sympathy in the immeasurable loss which she has sustained in the death of His Majesty King George VI.

“ The Committee feel that the success achieved by the King’s Fund in helping the Hospitals can in no small measure be directly attributed to His late Majesty’s unfailing encouragement as President and as Patron: the memory of which they will ever most gratefully preserve.”

“ On behalf of the General Council and all connected with King Edward’s Hospital Fund for London, the Management Committee record their profound sorrow at the death of His Majesty King George VI, and their deep sense of the loss which the King’s Fund has thereby sustained.

“ On becoming its President early in 1936 he at once made clear his intention to identify himself with the Fund as a public expression of the interest of the Royal Family in the welfare of the sick, and gave the work of the Fund his close personal attention.

“ On his accession to the throne he became Patron of the Fund, and continued to take a deep interest in its welfare and progress.

“ The Council mourn the loss of a beloved Sovereign. They respectfully tender an expression of their deepest sympathy to Her Majesty Queen Elizabeth II and offer her the humble assurance of their loyalty and devotion.”

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THE King's Fund has never wavered in its belief that there would always be a real need for an element of voluntary service in the hospitals provided at the public expense. It was not, at first, clear how the new arrangements would work out—could the voluntary spirit be maintained in view of the arbitrary demands made in the name of the State? When, therefore, some two years ago the National Council of Social Service proposed that an independent survey be made to see whether voluntary service did in fact look like being squeezed out as the new hospital service settled down, the Fund welcomed the suggestion and undertook to meet the cost. A brief reference was made a year ago to the appointment of Mr. John Trevelyan to undertake this survey and the report has since been published under the title "Voluntary Service and the State."*

VOLUNTARY SERVICE TO-DAY

With the help of a small staff Mr. Trevelyan interviewed personally a large number of people participating in the hospital service in various capacities and endeavoured to arrive at an objective estimate of the way things were going, always keeping in mind the principal object of the enquiry—the scope for voluntary service in the hospitals. The deeper he probed the clearer it became that despite much adverse and typically British criticism of this and that, there

* Obtainable from Geo. Barber & Son, Ltd., Fumival Street, E.C.4, price 2s. 6d., post free.

VOLUNTARY SERVICE TO-DAY

emerged features which have long been characteristic of the way in which our hospitals have been managed hitherto, and that so far from having disappeared the voluntary spirit was taking on a new lease of life. If, on the one hand, the sense of accountability traditionally associated with local government in Britain has brought a new outlook to bear in matters where the independent ways of the voluntary hospitals were most marked, so also there has been a leavening of the whole system by the spirit of voluntary service. To explain how this can be, or in what particular the arrangements might be improved, would be to rehearse much of the argument of the report, and the reader who desires to pursue the points must be referred to the report itself.

The report studies in some detail the administration of the new service as an interesting and novel experiment in public administration. It is shown that this partnership of the State and voluntary service in hospital administration has no direct parallel with local government, since the service is almost wholly financed from exchequer funds and is administered in the field by voluntary boards and committees whose members are not elected but are appointed in each case by higher authority. The experience of the last three years has, it is argued, amply justified the continuance of the experiment, and there are encouraging signs of progress:—

“ The partnership of the State and voluntary service in the administration of hospitals is, in our view, a courageous and imaginative experiment. We believe that it will succeed if the voluntary partners, the Regional Hospital Boards and Hospital Management Committees, and the Boards of Governors of the teaching hospitals, are given a full share of administrative responsibility and authority and are trusted to exercise ‘enlightened economy’ and if the boards and committees will themselves delegate real responsibility and authority so that the hospitals themselves are not excluded from the administration which affects them so vitally but take their part in it. Above all we believe that voluntary service has something vital to give to the administration of the hospital service, something that administration by the professional, however efficient, can never give.”

Evidence is accumulating that the need to delegate financial control to the regional hospital board and in turn to the hospital management committee is increasingly appreciated, and the Fund is glad to be able to record its impression that the year now under

VOLUNTARY SERVICE TO-DAY

review witnessed marked progress towards a better understanding between the various authorities in this matter.

Although the hospital service has been nationalised there are indications that the amount of voluntary service given to-day is greater than ever before. The report emphasises, however, that there is much more to be done, and that there is a great need for more voluntary workers—people who can spare only a small amount of time each week, as well as full-time workers. It is believed that there are many people who, if asked to do so, would be willing to give a few hours of their free time each week for voluntary service to the sick and infirm. There is undoubtedly a need for extending to all hospitals the services which have for many years been given to the voluntary hospitals, and there may be great opportunities for new development in the field of mental health and in work for the chronic sick, both young and old. If this voluntary service is to be effective the official administration must give it the chance of developing in its own way even if this creates administrative problems.

The report ends by dwelling on the need for a partnership in which the State provides and yet calls upon its citizens to play their part to the full, and expresses the belief that in this way freedom can be preserved within an ordered structure under central direction.

“The new conditions to which voluntary service has had to adapt itself are mainly the result of one fundamental change, the assumption of new and direct responsibilities by the State, including financial responsibilities. Most of the voluntary hospitals of the past, which were ‘supported by voluntary contributions’ not only in money but also in service, are now hospitals in a State service financed from public funds and administered by bodies which, though voluntary, are part of a national system of administration. It may seem that freedom has been lost, but this is largely illusory . . . It survives not for sentimental reasons but for a very practical reason, because it is needed and will continue to be needed. It is now both a partner of the State and an agent of the State in a new national service, and this presents both a challenge and an opportunity. We have found that the leaders of voluntary societies have tacitly accepted their new role and have accepted the challenge also. We have seen little sign of looking backward to the days before the Act and many signs of looking forward.”

THE FUND TO-DAY

THE FUND TO-DAY

Such an outlook is, it need hardly be said, fully in keeping with the attitude which has guided the Fund through the upheavals in the hospital service of recent years.

Happily the circumstances of the Fund's foundation in 1897 were such that it has always enjoyed a very 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.

Moreover, it was in the minds of those associated with the foundation of the Fund that it should exercise a co-ordinating influence over hospital affairs in London, and enlist the help of all in the search for solutions to the problems of the metropolitan hospitals. In the wording of those days the problem was summed up as the better organisation of medical relief as a whole through the co-operation of hospitals, dispensaries, private practitioners and the poor law. It cannot be said that the fundamental problems have yet all been solved: they have but changed their form, and still call for the united efforts of all who can make a contribution towards their solution.

The Fund's Act was fortunately 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.

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

FINANCE

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 1951 amounted to £131,000; and a further sum of £80,000 (additional to the interim payment of £200,000 reported last year) was received from the Executors of the late Viscount Wakefield of Hythe which, in accordance with the terms of his will, was added to the capital funds. 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. The Fund is indeed glad to be able to record such an important addition to its resources as is shown in the list of legacies for 1951.

Speaking at the Council Meeting in June 1951, the Treasurer, Sir Edward Peacock, said that Lord Wakefield's important bequest recalled other large bequests and donations of leading men of business in the Edwardian period—Lord MountStephen, Lord Strathcona, Sir Ernest Cassel, Sir Julius Wernher—and recalled the immense debt owed by the Fund to these men, who would no doubt have regarded the present developments of the Fund's work in an educational direction with warm approval. At the end of the list stood Lord Nuffield, overshadowing them all in the size of his contributions which have now reached £1,400,000. "Where," Sir Edward asked, "is the Fund to look in future? The days of the very large bequests may be drawing to a close, but the idea that money should be left to hospitals will not quickly die away, and it may be that many who in the past would have left bequests to individual hospitals will feel that their purpose would be best achieved by making the Fund their legatee."

Subscriptions and donations included £1,000 from His late Majesty King George VI, and generous subscriptions from other members of the Royal Family.

It is encouraging to record that a number of staunch supporters have, despite the new circumstances created by the National Health Service Act, maintained their subscriptions to the King's Fund. They include the Bank of England and a number of leading banks who have been at some pains to inform themselves fully as to the work being done by the Fund.

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 to wait their turn before there can be any prospect of the cost being met out of the funds available. The resources at the disposal of the Fund 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 the hospitals although they have passed into the ownership of the State. Such grants have been largely devoted to helping with the provision of “amenities” and a few grants in this category were again made in 1951. But, as was stated in last year’s report, some items came to light which though of value to the hospitals did not always fall into the category of “amenities”: in 1951 a number of such applications were considered by the Management Committee and grants allocated. In the great majority of cases these grants were made on recommendations arising out of visits by representatives of the Fund. The procedure for dealing with these grants, first adopted in 1951, was at the end of the year continued by the Council for another year pending a review of policy in the light of further experience of the needs of the hospitals. It seems clear that with the continuance of straitened circumstances hospitals will increasingly find that the relatively small sums that can be made available by the Fund are nevertheless often the means of achieving ends disproportionate to their size.

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

GRANTS TO HOSPITALS

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.

GRANTS TO HOSPITALS WITHIN THE NATIONAL HEALTH SERVICE FOR PURPOSES OTHER THAN AMENITIES

As stated above, the year 1951 witnessed the adoption of a new procedure for dealing with applications from hospital management committees for grants for purposes other than amenities. The General Council set aside a sum of £50,000 for this purpose and grants amounting in all to £37,960 were made to general hospitals and several mental hospitals. These grants can be classified under the following headings: wards, nurses, kitchens, domestic and miscellaneous.

In the first category, a grant of £2,000 was made to the Woolwich Hospital Management Committee towards enclosing the ward balconies at the Memorial Hospital in order to enable the full complement of beds to be used at the hospital throughout the year, and to avoid the necessity of having extra beds in the middle of the wards. Archway Hospital Management Committee received £800 for improvements to the sanitary facilities in the wards of Highgate Wing. A grant of £910 was given to Sidcup and Swanley Hospital Management Committee towards enclosing and heating the verandas in the two chronic sick wards at Queen Mary's Hospital. These improvements enabled sitting room accommodation to be provided and the patients no longer have to sit in a row down the middle of the ward looking at the back of the next patient's chair. Netherne Hospital Management Committee were given £1,500 for the purpose of improving the comfort of the patients in the wards and dining room by the provision of tables and armchairs. West Park Hospital Management Committee received £1,350 to buy refrigerators for eight of the wards and the medical officers' quarters which previously had none.

Facilities for nursing staff figured largely in the applications and a number of grants were made towards the provision of recreation rooms and tennis courts. Paddington Hospital Management Committee received £5,000 for a recreation room: at the moment

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the nurses have to use the dining room or the nurses' sitting room for their various recreations, and as this leads to a great deal of disorganisation and inconvenience they are restricted in their activities. Stepney Hospital Management Committee were given £3,000 for the same purpose, and here again it was equally inconvenient for upwards of 300 nurses to arrange social events owing to lack of a suitable room. Romford Hospital Management Committee also received £1,000 for a recreation room for nurses at Victoria Hospital. Bow Hospital Management Committee were given a grant of £2,300 towards the provision of furniture and the redecoration of the nurses' home which had apparently escaped attention for many years and was far behind the general standard. Epping Hospital Management Committee had £700 towards the provision of two tennis courts for the nursing staff at St. Margaret's Hospital, and the Northern Hospital Management Committee had a grant of £1,500 to enable the washing facilities and sanitary arrangements in the nurses' home to be brought more up to date.

The Hospital Catering and Diet Committee recommended two grants for kitchen equipment. Enfield Hospital Management Committee received £2,750 towards alterations to the central kitchen and new equipment for St. Michael's Hospital; and Bow Hospital Management Committee received a grant of £3,000 towards a scheme for improving the central kitchen and dining rooms at St. Andrew's Hospital. Fulham and Kensington Hospital Management Committee applied to the Fund for a grant towards establishing a small training school for domestics, and a provisional allocation of £3,250 was made towards the capital expenditure and equipment. Windsor Hospital Management Committee received a grant of £300 for the purchase of medical literature for research purposes for the library at the Canadian Red Cross Memorial Hospital at Taplow. Runwell Hospital Management Committee were given a grant of £1,000 towards the purchase of a refrigerated centrifuge, a piece of apparatus which is part of the standard equipment of nearly all biochemical research laboratories. One grant was given to a tuberculosis sanatorium: the Milford Chest Hospital under the Godalming, Milford and Liphook Hospital Management Committee received £1,600 towards

GRANTS TO HOSPITALS

providing a cinema projection room in order that the present hall where the cinematograph equipment is installed could be converted into a staff dining hall. A special grant of £3,000 was also made to the Slough Industrial Health Service towards the provision of a warm therapeutic pool at Farnham Park Rehabilitation Home. This pool will meet an urgent need as it will ensure the efficient rehabilitation of a large proportion of the cases at the home. Although the Slough Service is an independent organisation, the great majority of the patients are sent by regional hospital boards, and the grant is for this reason included in this category.

An application was received from the South East Metropolitan Regional Hospital Board for a grant towards an experimental scheme for dealing with applications for the admission of old people to hospital. The Board pointed out that the facilities provided by the hospital service would not in themselves solve the problem of accommodation unless alternatives to hospital and hostel accommodations were readily available. They had, therefore, developed a system intended to link hospitals with the various statutory bodies and voluntary organisations which provide not only residential accommodation but help at home—nursing, domestic help, meals on wheels, nursing requisites, laundry, shopping, social visits, sitters-up and so on. In the London area of the Region this was being done by means of a "focal point" situated at the Brook Hospital, Shooters Hill, and linking the hospital groups in that area with these organisations. The "focal point" worked closely with each of the group geriatricians and obtained any help which might be necessary to enable patients to be kept at home or to be discharged from hospital. This area covered eight hospital groups having a total of 1,250 geriatric beds. Approximately 250 of these were occupied by elderly people who no longer required hospital care, while 662 patients awaited admission. The investigation of the majority of geriatric cases often involved much time and patience—homes had to be visited, relatives talked to, help obtained and subsequent checks made to ensure that circumstances were not such as would make admission or readmission to hospital inevitable, and it was therefore of the utmost importance that suitable staff should be provided. A grant of £3,000 was accordingly made towards this scheme for a trial period of one year.

GRANTS TO HOSPITALS

GRANTS TO HOSPITALS WITHIN THE NATIONAL HEALTH SERVICE FOR THE PURCHASE OF AMENITIES

Sixteen grants totalling £13,288 were made to hospital management committees towards the cost of amenities for patients and staff in hospitals not possessing adequate endowment funds. These included grants for wireless installations, tennis courts for nurses, film projectors, divan beds and mattresses, furnishing and equipping a "Darby and Joan" club for the elderly patients at Tooting Bec Hospital and heating and lighting a hut for the use of the Boy Scout Troop at Queen Mary's Hospital for Children.

GRANTS TO INDEPENDENT HOSPITALS AND INSTITUTIONS

During the year the Fund distributed £11,950 in maintenance grants and £74,762 in capital grants to hospitals and similar institutions outside the State service. The capital grants fell into the following groups: (i) extensions and alterations, (ii) repairs and renewals, and (iii) district nursing.

Among the grants given for extensions and alterations, the Hostel of God, Clapham Common, a well known home for the dying, received £5,000 towards the cost of building a new wing to add 25 beds to the home. Every bed in this home is always occupied, and the admission of many patients has to be deferred owing to lack of room. £5,000 was also given to the Holy Cross Tuberculosis Sanatorium, Haslemere, towards a new X-ray department and central heating plant. It may be recalled that in 1950 a similar grant was given towards this scheme, which it is now estimated will cost appreciably more than originally expected. St. Andrew's Hospital, Dollis Hill, received £5,000 towards the extension and modernisation of their nurses' home. There can be no doubt as to the necessity for improving the cramped quarters of the nursing staff, nor of the need for more beds for the additional nurses who will be required to staff the new wards soon to be opened in the Griffin Wing, towards the construction of which the Fund gave a grant of £2,000 in November, 1950.

St. Elizabeth's Home for Incurables have for some time contemplated moving from their home at Finchley to larger and more convenient premises. An excellent property has been found at Seaford, only eight miles distant from another of the Community's

GRANTS TO HOSPITALS

homes at Eastbourne, and early in 1950 the decision was taken to move the home. A grant of £5,000 was therefore made in June, 1951, towards the cost of this move, which was put into operation in April, 1952.

£3,000 has been given to the Hostels for Crippled and Invalid Women Workers towards the cost of a new hostel to add about 30 beds to the present accommodation. During recent years, owing to the grave increase in cases of poliomyelitis, the need for such homes for the training of severely crippled girls and women in fine needlework and other crafts, becomes ever more acute. £2,500 has also been given to King Edward VII's Hospital for Officers, who have during the past year been carrying out three schemes of conversion; and, lastly, £2,000 was given to Hamilton Lodge, Great Bromley, towards the cost of converting the stables into flats for the resident married staff.

Several requests for increases in grants already given were received during the year owing to rapidly rising costs. An increase of £1,250 was authorised in a grant of £2,000 made in 1949 towards the sheltered workshops scheme at the School of Stitchery and Lace, Bookham, a home for the training of girls who have previously been unable to earn their own living owing to some disablement; and £2,000 was given to St. Teresa's Maternity Hospital towards the increased cost of their extension scheme to raise the number of beds from 23 to 40.

Grants towards much needed repairs and renewals included £2,000 to the Cheshire Foundation Home for the Sick, formerly known as Le Court Nursing Home, towards interior and exterior decorations, blankets and bed linen. This home for incurables at Liss was founded by Group-Captain G. L. Cheshire, V.C., who has devoted himself to providing a home for sick people for whose special needs the National Health Service could not provide and who had nowhere else to go. It is a home in the sense of a family, and all there, staff and patients, live a community life helping each other to the best of their ability. The electrical re-wiring at the French Hospital has for some time been greatly in need of renewal, and this year the Fund were able to assist by giving a grant of £1,500 towards this purpose.

GRANTS TO HOSPITALS

£2,000 was given to the Florence Nightingale Hospital towards much needed improvements to the matron's quarters, a new operating table and ward sterilising plants. The Home and Hospital for Jewish Incurables received £2,000 towards repairs, redecorations and equipment for their physiotherapy department. In 1950 the Epileptic Colony at Lingfield received £7,000 towards the extension and re-equipping of the central patients' kitchen, and this year, in view of increased costs, a further £3,000 was given for this purpose. £1,000 was given to St. Joseph's Hospital for Incurables towards a gas water boiler, ward lighting and bedding; and St. Saviour's Hospital, a general hospital of 21 beds, run by the sisters of the Anglican Community of the Presentation, and intended for ladies of limited means, received £1,500 towards the installation of a new central heating and domestic hot water system. Stagsden Home at Bournemouth opened in May, 1951, as a home for tuberculous cases sent by the South West Metropolitan Regional Hospital Board, received two grants totalling £5,125 towards equipping the home. In addition to the help given to the aged sick under the £350,000 Scheme, towards the end of the year a grant of £1,000 was given to the Distressed Gentlefolk's Aid Association to assist in the equipment of a home to be set up at Tunbridge Wells to care for elderly people coming from their own homes or on the Association's pension list who were no longer able to care for themselves.

Three grants were given to district nursing associations. Even in the best conditions the nursing of the elderly in their own homes is often distressing, and when the barest necessities of a sick room are absent it is almost impossible for the nurses to overcome a sense of discouragement and even helplessness. Thus the associations provide not only the nurses but often such necessities as sheets, night wear and towelling for the patients. The Central Council for District Nursing received £2,600 towards the purchase of bed linen for loan by district nursing associations to elderly patients. The accommodation for the nurses themselves is often very cramped, and grants have been given to improve these conditions. The Kensington District Association received £2,000 towards the purchase of furniture for the new nurses' home at 14, Holland Park, and the Metropolitan District Nursing

HOMES FOR THE AGED SICK

Association £3,000 towards the cost of adapting new premises for use as a nurses' home. In addition, a special maintenance grant was made—£3,500 towards the running expenses of the Central Council and £1,500 for distribution by the Central Council among the twenty-seven district nursing associations in the County of London to assist them in meeting their maintenance costs.

A list of the grants given by the Distribution Committee during 1951 will be found on page 71, and a reference to the Fund's home for elderly nurses, towards which the Distribution Committee set aside the sum of £15,787 out of the distribution for 1951, will be found on page 45.

HOMES FOR THE AGED SICK

This scheme is an experiment which has been watched with increasing interest during the past two years. Now, when seven of the homes are open, its success is widely known.

The Fund's aim has been to provide the right type of living conditions for hospital patients when they reach a certain stage in their recovery from illness or accident. The development in hospitals of special units for the medical care and treatment of the elderly has shown that old people get well slowly even with all the facilities of a modern hospital to help them, and that they need time to learn not only to walk again, but to walk freely and to live independent lives. A hospital ward cannot provide this independence and practice in ordinary living. The homes sponsored by the King's Fund are intended to provide both. Patients can stay there still under the watchful eye of a nurse and visited by the doctor who cared for them in hospital. They can enjoy more freedom than is possible in a hospital ward, moving about the house, from sitting-room to dining-room and into the garden, and if they wish doing such odd jobs of dusting or gardening as their strength allows.

This is the true object of the Fund's scheme. It is not just a case of emptying a few hospital beds, or of taking from hospital a few bedridden patients whom no further treatment would benefit, but who still need some nursing care. Nursing care of that sort is a hospital matter; it cannot be provided either efficiently or economic-

HOMES FOR THE AGED SICK

ally in a home where it is the deliberate object to keep out, as far as possible, all reminders of hospital life.

The link with special hospital units is essential. Patients come from them to the homes, and if their condition requires it, they can go back to the unit or to any other part of the hospital. There are several possible reasons for their return—it may be for further treatment, or because their health deteriorates, or because they are not quite as strong as they appeared in the hospital, and needed more treatment before coming to the home. When they are well enough they move on, out of the home, back to their own homes.

The homes are run by voluntary bodies, and it is not easy to run a community happily with an ever changing population. The Fund is fully aware of the magnitude of the task undertaken by the various voluntary bodies and is grateful to them for the success which has crowned their efforts. The Metropolitan Regional Hospital Boards have proved willing helpers in the scheme both in choosing the most suitable of their hospital management groups with which the homes might be linked, and in accepting financial responsibility for all patients in the home.

THE HOMES ALREADY OPEN

Suitable houses for the homes were hard to find. They had to be within reasonable reach of the hospitals to which the homes were to be linked and with easy transport facilities for visitors. The houses had to be big—large enough to hold a minimum of 25 patients and staff; there had to be plenty of ground floor rooms or, a most rare alternative, a lift. A good deal of building work had to be done. The houses themselves were often in a neglected state, and many alterations or improvements had to be undertaken.

By now six homes can show records of their work over reasonably long periods. Three of these are homes provided by the Fund itself and three are homes owned and run by other organisations doing the same sort of work, to which the Fund has given substantial help. The table (page 19) shows that although they vary there are certain points common to all. Two or three months seems the usual length of stay. There may well be cause for anxiety where a large number of patients have stayed for long periods.

HOMES FOR THE AGED SICK

Whittington was declared open in April, 1951, by Sir Russell Brain, President of the Royal College of Physicians; it is run by Hill Homes and is linked with Archway Hospital Management Committee. Westmoor was declared open by Lord Horder in June last year; it is run by a Committee of Managers and is linked with Battersea and Putney Hospital Management Committee. For four of its twelve months' running it was still in the hands of the builder with only half its beds open. The third home provided by the Fund, Fallowfield, is managed by the North West Kent Housing Society linked with the Orpington and Sevenoaks Hospital Management Committee. It was declared open in September last year by Major C. E. Pym, the Chairman of the Kent County Council. The Holly Hill Nursing Home at Banstead is run by the Field Lane Institution and has a close link with St. Helier Hospital Management Committee. The Thomas Barlow Home is owned by University College Hospital, so far the only home attached to a teaching hospital. Homefield is run by the Bermondsey Medical Mission, in conjunction with both their hospital and the other hospitals under the Bermondsey and Southwark Hospital Management Committee.

A study of the patients admitted to the homes has been interesting. Besides those ready to leave hospital but still needing a little more medical care and treatment before they go home, there are patients who are normally cared for in their own homes but whose families need a holiday. There are also those who waver for long periods between sickness and health, and who may, therefore, stay longer than the others. The fact that from all the homes a few patients have returned to hospital proves in practice the importance of close liaison with the hospital. The reason for their return was, in all cases, physical or mental relapse.

Now that the homes have been running for a year or more it is possible to say something about their running costs. The general rise in prices has had a very noticeable effect upon them, which the regional boards have readily appreciated. Even so the costs range from about £5 12s. od. down to £4 15s. od. for each patient per week. This compares favourably with the costs of most chronic hospitals, and provides more facilities for the patients than would be available for them in hospital.

HOMES FOR THE AGED SICK

WORK OF THE HOMES

| Name of Home | HOMES OPENED BY KING'S FUND | | | | | | HOMES ASSISTED BY KING'S FUND | | | | | |
|--|-----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|-------------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|
| | Whittington | Westmoor | | Fallowfield | | | Holly Hill | Thomas Barlow | | Homefield | | |
| No. of Beds | 30 | 24 | | 34 | | | 35 | 32 | | 34 | | |
| No. months open | 16 | 12 | | 7 | | | 20 | 15 | | 14 | | |
| Length of stay months | No. of patients discharged | No. of patients still in home | No. of patients discharged | No. of patients still in home | No. of patients discharged | No. of patients still in home | No. of patients discharged | No. of patients still in home | No. of patients discharged | No. of patients still in home | No. of patients discharged | No. of patients still in home |
| 0-1 | 27 | 8 | 14 | 2 | 2 | 2 | 138 | 10 | 26 | 3 | 44 | 2 |
| 1-3 | 51 | 10 | 8 | 11 | 3 | 1 | 107 | 12 | 22 | 3 | 20 | 2 |
| 3-6 | 19 | 6 | 14 | 3 | 4 | 18 | 16 | 6 | 7 | 2 | 5 | 4 |
| 6-9 | 8 | 1 | 1 | 2 | — | 12 | 6 | 2 | 8 | 4 | 1 | 9 |
| 9-12 | 3 | 1 | 3 | 4 | — | — | 3 | 2 | 3 | 2 | — | 6 |
| 12-15 | 4 | — | 1 | 2 | — | — | 3 | — | 15 | 11 | 2 | 11 |
| 15-18 | 1 | 2 | — | — | — | — | — | 2 | — | — | — | — |
| Total | 113 | 28 | 41 | 24 | 9 | 33 | 273 | 34 | 81 | 25 | 72 | 34 |
| included in total but not sent to hospital | 36 | — | 16 | — | 7 | — | 69 | — | 23 | — | 7 | — |

At the beginning of the year there was some fear that it would be difficult to find staff for all the homes. It has certainly not been easy but it has been done and at no time has a home had to keep beds empty on account of shortage of staff. Where possible, of course, patients are themselves invited to join in such light domestic work as they could manage, even though when it comes to washing up the result may sometimes be an unduly high bill for breakages. The gardens are a great source of interest to many of the old folk especially where it is possible for them to take some part in the work.

FOUR NEW HOMES

The first patients were admitted to four more of the Fund's homes early in 1952.

The Gables—linked with the Woolwich Hospital Management Committee—is perhaps the most attractive looking of the Fund's homes. It is the largest, holding 47 patients. The home consists of two houses joined together and, rather than wait until both houses were complete, the London branch of the British Red Cross Society decided to use one of the houses while the builders finished work on the other.

Beechgrove—linked with the Camberwell Hospital Management Committee—is an entirely different pattern, being of five stories, but having the great advantage of a lift already installed. The house

HOMES FOR THE AGED SICK

was in a very dilapidated state when the Fund bought it, and has been transformed into an elegant home of 35 beds. It opened in January when the building work was almost complete. The London branch of the British Red Cross Society are responsible for this home as well as the Gables and are to be congratulated on their work in both.

Greenfield—linked with the South West Middlesex Hospital Management Committee—has 35 beds. The Middlesex Branch of the British Red Cross Society have been most ingenious in their adaptation of an old-fashioned and somewhat rambling house. It opened in February when the building work was finished.

Holmhurst—linked with the Lambeth Hospital Management Committee—is a small house on the Dulwich College Estate. Fortunately, permission was obtained for an extension which will accommodate 10 beds thereby making the home an economic unit of 30 beds. It opened in April, 1952, when the main part of the house was finished, though the new building will not be completed until a month or two later. It is already a credit to the Committee.

Another teaching hospital, the Hammersmith and West London, has applied to the Fund for assistance in setting up a home. Throughout the year they have been busy supervising alterations to St. Helena's, Thorveton Road, Cricklewood, which will open shortly and will be attached to Hammersmith Hospital.

TOTAL ALLOCATION INCREASED TO £350,000

By the end of 1951 it was evident that rising costs and particularly the cost of building would render the early estimates obsolete, and that the cost of the provision of twelve such homes would substantially exceed the sum of £250,000 quoted in 1949.

The Fund took the view that notwithstanding this greatly increased cost the experiment was already amply justified by the success of the homes already opened, and that the importance of this practical contribution to one of the major problems of our generation would justify a further allocation of £100,000. The total allocation for the homes vested in the Fund thus reaches £350,000, apart from a series of substantial grants made by the Distribution Committee to other hospitals and organisations undertaking similar work.

EMERGENCY BED SERVICE

EMERGENCY BED SERVICE

In August the Service suffered a severe loss by the death of the Chairman, Dr. Geoffrey Evans. As one of the original members of the Committee Dr. Evans had been keenly interested in the Service since its inception in 1938, and in the short time he was Chairman, from May, 1950, he spared no effort to get to know the staff and their work. At the request of the Management Committee of the Fund, Dr. G. F. Abercrombie became Chairman.

APPLICATIONS FOR ADMISSION

At long last the Service seems to have reached the peak in its daily work of admitting urgent cases to hospital. April and May, 1951, were the last two months to show the continued rise in general acute applications which had been evident ever since the appointed day. In June this trend was reversed, and every subsequent month, up to and including February, 1952, has shown a decline from the corresponding month of the previous year. This decline has been generally small, except in January, which compares with the abnormal January of 1951. For the year as a whole the fall was 3.9 per cent.

Further analysis shows that the decline is almost entirely of respiratory disease whose incidence is, of course, liable to large annual fluctuations. The past winter, with little influenza and a low incidence of those infectious diseases liable to lead to respiratory complications, was unusually favourable.

Figure 1 taken from an article by Dr. G. F. Abercrombie published in the *Lancet* shows how much of the winter peak of applications in 1950-51 was attributable to respiratory disease; other types of illness show little winter increase. Figure 2 shows the much lower demand for the admission of respiratory disease in 1951-52.

The decrease in applications for infectious cases has been great; from June the figures have been much below those for the corresponding month of any previous year since the Service took over the admission of fever cases in July, 1948.

Fig. 1
1950-1951

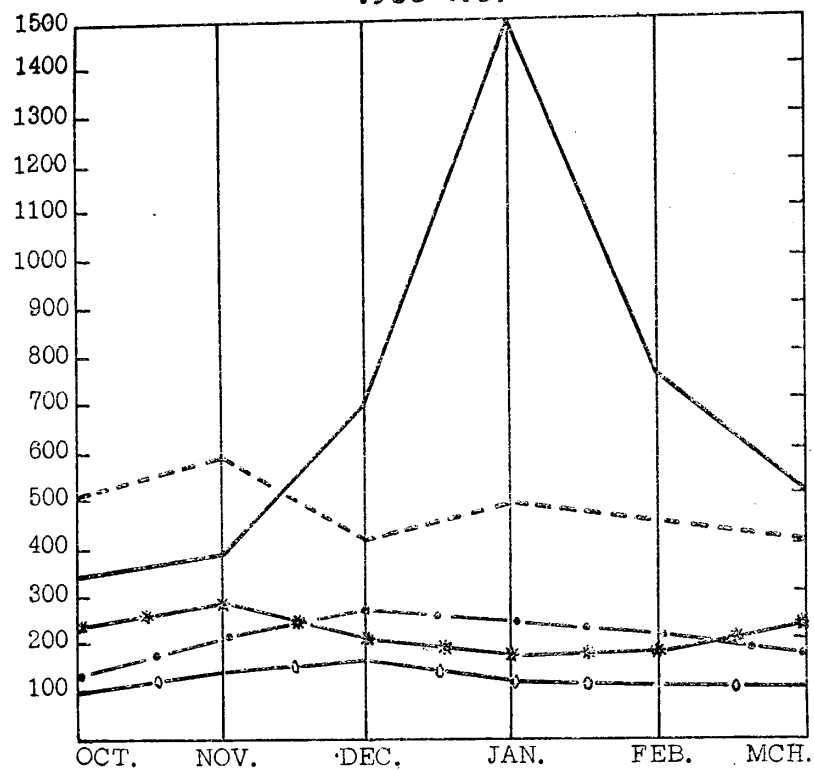
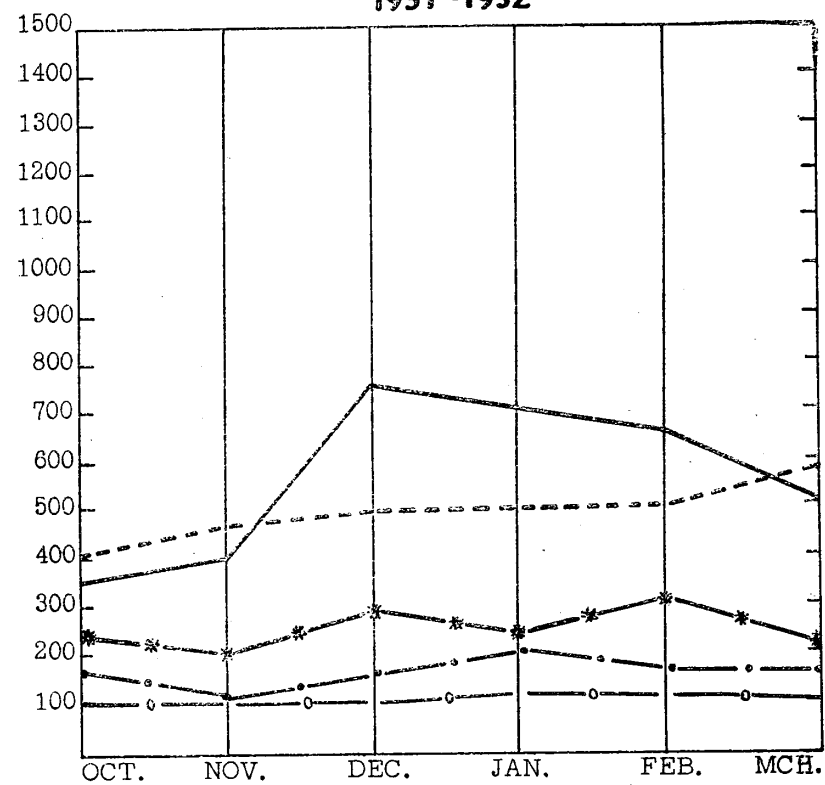


Fig. 2
1951-1952



— Respiratory diseases

- - - Acute surgical

- * - - * - Acute medical unclassified

- o - - - o - Heart disease

- o - - - o - Cerebral haemorrhage

EMERGENCY BED SERVICE

There has been a small decline in applications for acute surgical cases which may indicate that practitioners are finding it somewhat less difficult to arrange admission of such cases direct in the easier conditions prevailing during most of the year. Whether this is a permanent improvement or merely the result of a fortunate year is uncertain and time alone can tell.

Although it is probable that applications will increase again in 1952, it is now reasonable to suppose that the constant increase in the work of the Service has stopped and that the annual number of applications has become stabilised between 60,000 and 70,000.

The year has been marked by a higher admission rate for general acute cases (88.6 per cent. of all applications) than has been achieved in any year since the start of the National Health Service. The most conspicuous improvement has been in the winter admission rate for the older patients, which is nearly 20 per cent. higher than last year. The smaller number of applications in this category during the year (47,653) as compared with 1950-51 (49,573) is partly responsible for this result, but the rate is also higher than in 1949-50 when applications totalled 42,732. There are more beds now than during the last few years, and it seems likely that the publicity in the medical and lay press given to the institution of the warning system together with the Ministry's circular RHB (51) 115 of 2nd November, 1951, have had a beneficial effect.

THE WARNING SYSTEM

The system is based on the wartime air raid alert system; of the three warnings, "white" is purely preliminary, but "yellow" and "red" call for action to be taken by hospitals, such as slowing down waiting list admissions, putting up extra beds and so on. Since, however, the extra patients to be admitted may well be only 50 a day between 200 hospitals the action does not need to be drastic.

Details of the system, preliminary information of which was given in the last annual report, were worked out during the summer. The actual stage at which the warnings were to be sent out remained unsettled, and after discussion with those concerned, it was decided that when the percentage of admissions to applications fell to 82½ per cent. a "white" warning should be issued. The other warnings

EMERGENCY BED SERVICE

would follow at 80 per cent. for a "yellow" warning, and 75 per cent. for a "red" warning. It was also decided that each day when a "yellow" or "red" warning was in force, a map should be prepared to show the postal district of each failure to admit during the previous day.

The Metropolitan Regional Hospital Boards made arrangements whereby, on receipt of a "yellow" or "red" warning, the hospitals would take pre-arranged steps to make more beds available. The teaching hospitals were informed of the scheme and asked to try to admit a few more emergency cases during periods when warnings were in force. They promised to co-operate as far as possible, though with some reservations owing to teaching commitments.

The scheme thus entails the daily computation of the admission rate for the previous seven days, and the telephoning, by 11 a.m., of any warning to the authorities concerned in the scheme. Confirmatory postcards are sent by the midday post, and copies of the map sent by express letter to the Ministry of Health, and the Metropolitan Regional Hospital Boards so as to arrive by 1 p.m.

The test of the winter months was awaited with some anxiety, but pressure on the Service was never so great as to put the system fully into operation, and the admission rate never fell below 81.3 per cent. A "white" warning was in force from 18th-21st January and again from 4th-11th February. From last year's experience it was anticipated that the admission rate would fall sharply and revert equally sharply, but in practice the rate remained so close to 82½ per cent. that almost daily changes from "warning" to "no warning" and back again would have been necessary. To avoid this a slight modification was made in the system, whereby a warning, once issued, would remain in force for at least three days and until the admission rate had risen 1 per cent. above the level at which it was imposed.

FINANCE

As forecast in the last report, the estimates for 1952-53 showed virtually no increase over those for 1951-52. Furthermore, the actual expenditure for 1951 has proved to be substantially less than the estimates, and there is reason to hope that this may be repeated in 1952.

CONVALESCENT HOMES

The period 1947-50 was one in which the Convalescent Homes Committee made substantial grants to convalescent homes, so that the much needed modernisation and re-equipment could be carried out which it had not been possible to undertake during the 1939-45 war. The task it set out to undertake has been largely completed and in 1951 a much reduced scale of grants was sufficient to meet the capital needs of the convalescent homes serving London. The sums at the disposal of the Convalescent Homes Committee during the last five years were as follows : £20,000 in 1947, £30,000 in 1948, £100,000 in 1949, £80,000 in 1950 and £30,000 in 1951. A sum of £30,000 has again been allotted in 1952 and it is estimated this will be sufficient for grants towards equipment, renovations and improvements which are a recurring feature of the Committee's work, and also provide for maintenance grants on a rather increased scale to those in previous years.

Many homes are experiencing difficulties with maintenance costs in the face of the rising cost of living. The increased fees, when approved by public bodies, often lag behind the actual maintenance costs and are usually not retrospective. This has involved annual deficits at a number of homes, and until prices are more stable this problem must be expected to continue. The Committee anticipates that until the general economic position improves it may be necessary to devote a larger proportion of the funds to maintenance grants.

The Committee deals with 143 homes within the metropolitan hospital regions containing 6,915 beds. Of these the more particular concern of the Committee has so far been directed to the voluntary homes, of which there are 96, with 4,313 beds. The remaining 47 homes with 2,602 beds were transferred to the hospital service: these are gradually being visited. In order that the Committee may be satisfied that the various schemes for which grants are made are carried out in accordance with its wishes and the best professional advice that can be obtained, it has been arranged that members of the Committee should keep in close touch with the homes by means of annual visits. Experience shows that these visits

CONVALESCENT HOMES

are welcomed and are of great benefit not only to those in charge of homes but also to the Committee. During 1951 a total of 81 visits were made by members of the Committee. This personal contact is in accordance with the tradition of the King's Fund, and it is certain that by effecting so considerable an improvement in the standards and efficiency of convalescent homes the Fund has not only contributed greatly to the comfort of the patients but has assisted the quicker turnover of beds in hospitals. As a result of these visits the Committee has found that homes increasingly look to the King's Fund for advice and guidance. The problems about which the Committee is consulted are often common to many homes and thus affect the convalescent service as a whole.

SURVEY OF CONVALESCENCE

A report on Convalescence and Recuperative Holidays was published in July, 1951, and has been warmly commended in many quarters. Information concerning 6,000 people requiring convalescence was obtained from 19 London hospitals and 104 convalescent homes as well as from a number of voluntary and statutory bodies. The emphasis of the enquiry was on the needs of convalescent patients and to see how far they were met.

The findings of the Survey throw light on fields hitherto unexplored some of which are of importance outside the strictly convalescent field. For instance, striking evidence of the blockage of convalescent beds was shown:—

“Of a total of 4,436 in-patients recommended for admission to convalescent homes, 196 or 4.4 per cent. failed to gain admission; 1,450 or 34.2 per cent. of the successful admissions experienced no delay and went direct from the hospital ward to a convalescent home. The other 2,790 or 65.8 per cent. of admissions had to wait, either in hospital or at home, and sometimes part of the wait was spent at each place. In all instances it was ascertained that application was made in ample time, and no wait was due to a late application for convalescence. Applications were usually initiated 10 to 14 days before the patient was expected to be ready to leave the ward. Nevertheless, the average wait after that date experienced by these 2,790 patients was $12\frac{1}{2}$ days.

CONVALESCENT HOMES

The waiting periods in hospital, home or at both places, were divided as follows:—

838 patients waited in hospital, and then went to a convalescent home.

420 patients waited first in hospital, and then at their own homes before obtaining admission to a convalescent home.

1,532 patients were sent straight from hospital to their own homes to await admission to a convalescent home.

The first two groups occupied 1,258 hospital beds that could have been released if convalescent beds had been available.

The average wait in hospital of these 1,258 patients was 8 days, which represents a loss of 11,140 hospital-bed-days, spread over 19 London hospitals during a six months' period. Had these patients been sent to convalescent homes without delay, their total cost to the health service would have been less by the difference between the cost of their maintenance in a convalescent home and in hospital for the period they were delayed. The number of patient-days thus wasted would accommodate 620 patients from the waiting list if it can be assumed that the pre-war average stay in hospital of 18 days still holds good. Although this experience may not necessarily be typical of all London hospitals, the total wastage of beds in the metropolitan regions for this reason must be considerable."

The small proportion of patients requiring serious dressings who were admitted to convalescent homes during the period of the Survey suggested that if a number of selected homes could be staffed and equipped to provide nursing care, more of these patients could be discharged earlier from hospital and so release urgently needed hospital beds.

In spite of this unsatisfied demand for convalescent beds, there were a number of unoccupied beds in all types of homes except for those taking children for long periods. Whilst this was to be expected in the winter it was not expected in the summer. The evidence given by both almoners and homes suggested that this apparent inability to fill empty beds was partly due to the very complex systems of admission that prevail. Nine different procedures for admission were cited, and this without counting the minor differences arising out of the great variety of application forms.

CONVALESCENT HOMES

In their summary the Committee say :—

“ We have noted the great variety of method which applies to the admission of patients to homes and which occupies a good deal of time and energy on the part of almoners' departments, regional board officers, and the matron or admitting officer of homes. We feel convinced that a simpler method could be devised through consultation between the parties concerned which would speed up admissions without impairing the free choice of home.”

From its day-to-day knowledge of the homes the Fund is aware of increasing financial difficulties.

“ It is evident,” to quote the Survey, “ that the needs of a considerable number of patients cannot be met unless these voluntary homes continue to function. We therefore regard the matter of the finance of these homes, in the face of rising costs, as one of the most urgent of the questions arising from the Survey, deserving prompt study and action.”

Since the Survey was made higher costs have caused the Boards to cut the amount of money they allocated to paying for beds in voluntary homes, and there is now a real danger that the result may be the closing of homes providing cheap beds which will cause the patients to remain longer in the more expensive hospital beds. This is a serious threat which the Fund is watching and will combat as best it may.

CATERING AT CONVALESCENT HOMES

As a result of the knowledge obtained from the annual visits it was felt that there was scope for improving the standard of cooking and feeding in homes. In addition to the advisory service, which has been in existence since the Committee started work, a trained cook has been engaged who has been visiting homes since September, 1951. These visits are of two or four weeks' duration and have proved most successful. It has thus been possible to impart new ideas about catering and cooking and to advise how the homes' own kitchen appliances may be used to the best advantage. Visits have been made to both voluntary and State homes, and the cook's services are booked for many months ahead.

CONVALESCENT HOMES

CONFERENCE OF MATRONS OF CONVALESCENT HOMES

Following the successful conference in 1951, a similar two-day meeting was held at Bedford College, Regent's Park, in April, 1952. The lectures were followed by discussions which gave an opportunity for an exchange of views between the matrons of convalescent homes and representatives of the Ministry of Health, Regional Hospital Boards, London County Council and other public bodies, who were also present. Among the most serious problems that came to light in these discussions were the difficulty of keeping the fees down to a level which will attract patients, and the low occupancy of children's homes during the winter and spring. The conference was attended by about 160 persons.

ANNUAL PUBLICATIONS

The Directory of Convalescent Homes serving Greater London is re-edited and published annually in January. At present it contains the names of 143 homes which are situated in the metropolitan hospital board regions as well as 43 homes available to London patients but outside these regions.

The Statistical Summary of income, expenditure and costs of the independent convalescent homes on the Fund's list is also published annually. Many homes report they have found it useful as a means of analysing their expenditure and for comparing with others.

Both the Directory and Statistical Summary are felt to be fulfilling a need and it is intended to continue their annual publication.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

His Royal Highness the President visited the Staff College in July, 1951, when a refresher course was in progress. This visit was deeply appreciated by all associated with the College.

The Hospital Administrative Staff College completed its first year's work on 1st April, 1952. By the time of writing one hundred and twelve senior hospital officers and members of the staffs of the Ministry of Health and Regional Hospital Boards had completed one-month refresher courses. The very willing participation in the work of the College on the part of many eminent men and women has helped materially to set a high standard of tutorial work. This, no doubt, is one of the reasons for the increasing number of enquiries about the work that are being received from organisations and individuals both from this country and abroad. Practically all vacancies on courses arranged for 1952 are filled and bookings have started for 1953.

The purpose of the College is, in the widest sense, to improve the administration of our hospitals, and two chief methods have been chosen; first, to conduct short refresher courses for senior administrators (secretaries and their deputies); and, second, to provide a full training course for those now in the Services who are thought to be capable of reaching the higher posts in hospital administration.

THE FIRST FULL TRAINING COURSE

The first two-year training course started on 3rd March, 1952, with men selected from a large number of applicants already employed in the hospital service. Of the two-year period ten months will be spent in the Staff College and the remainder of the time on attachment to hospitals, etc., for purposes of practical work, experience and study.

ONE-MONTH REFRESHER COURSES

Already six one-month refresher courses for secretaries of Hospital Management Committees and three courses for hospital secretaries have been held, twelve members in each, with several officials of the Ministry of Health and Regional Boards attending to the great advantage of all concerned. The object, even in so short a time as a month, is to give the members a broader vision of their

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

responsibilities, of the part the hospital can play in the community, and the helping hand it can give to the other branches of health work, as well as to study in each other's company the techniques and mechanisms of hospital practice. Each course starts with a review of the historical background of the whole health service, and guest speakers deal in turn with the fields of general medical practice and of preventive medicine as integral parts with the hospital in caring for the public health. No part of the course has been more appreciated than this, and members return to it again and again in the subsequent discussions. The lectures are informal, members having studied beforehand a synopsis and agreed upon the salient points needing elaboration and discussion. Each course divides into two syndicates, the work being presented at the end of the course before all the members, with specially invited and critically minded guests, and the tutorial staff. Nothing has been of greater benefit than this form of sharing experience and opinion and trying to reach a conclusion.

Both the refresher courses and the two-year training course deal with all branches of hospital administration and emphasis is placed upon the relationship of the hospital service to the National Health Service as a whole. Other subjects include control and management; organisation of services (catering, supplies, engineering, etc.); mental health service; finance; budgets and costing; working with the medical staff; and the nursing service. Planned visits to hospitals and elsewhere are an important part of all courses at the College.

In the light of experience so far gained the refresher courses for hospital administrative officers will undoubtedly be continued. Consideration will be given to training courses of a shorter duration than the present one of two years and, in consultation with the Institute of Hospital Administrators, to the question of recruitment and the training of new entrants to the hospital service.

MAKING THE BEST USE OF AVAILABLE BEDS

The Staff College will not limit itself to these activities. It will sponsor or conduct research into hospital administrative practice and hospital problems, and it will co-operate with any other organisation or public body similarly engaged. These studies will enjoy the great advantage of having their conclusions checked by reference

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

to the succeeding groups of experienced administrators taking the courses and the lecturers and leaders of discussion. A first study group, concerned with making the best use of available beds, has been formed and a promising start has been made under the chairmanship of the Hon. Mrs. R. M. T. Campbell-Preston, who, as the Hon. Mrs. G. A. Murray, was during the war years closely associated with the work of the Fund.

The extensive nature of the subject means that final conclusions and report will not be ready for some time. This is an important subject for study because hospital beds in many instances are not kept as fully occupied as they could be: in fact, there are many who believe it might be unnecessary to provide additional beds to meet the demand if all existing available beds were used to the best advantage.

As the courses succeed each other it is expected that there will gradually be built up a manual of hospital practice, for which there is a real need. The College is already becoming a meeting ground not only for practising hospital administrators, officials and members of governing bodies, but also for men and women outside the hospital field who have experience and interest in the social life of the community and some interest in hospital affairs. One of the most gratifying features of the whole project has been the ready response of everyone whose help has been sought, and the goodwill that has attended these efforts to build up the College as a centre for the study of hospital administration.

MEDICAL RECORDS AND ALLIED MATTERS

Since 1949 medical records bursary courses have been held by the Fund providing a comprehensive training in a wide range of administrative practices. In March, 1951, the third bursary course was transferred to the Administrative Staff College, and both the syllabus of theoretical and technical training and the programme of medical lectures were more comprehensive than in the two earlier courses. Much assistance has also been given to hospitals by advice, and by the provision of information, particularly on form design and the survey, at the request of the hospital authorities, of departmental organisation and method. In many hospitals during recent years there has been a rapid and progressive change in the organisation

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

and management of medical records. Much still remains to be done. There are still some hospitals where there has been a failure to recognise the progressive movement or where financial stringency has resulted in postponed development.

It may be noted that the functions of medical records officers vary greatly in practice from hospital to hospital. In some hospitals their responsibility has been widened to include the machinery of admission and discharge of patients, the organisation of patients' appointments systems, medical secretarial service, care of waiting lists, etc., in fact for all those lay services which operate from the time a patient is put on the waiting list or comes to the out-patient department to the time he is discharged from the hospital. This is undoubtedly satisfactory in the larger hospital where it is recognised that the medical records officer is undertaking an important part of the administration of the hospital. In the smaller hospital it may well be that this part should be undertaken direct by the hospital secretary with the assistance, where necessary, of an officer skilled in the narrower sphere of medical records. Thus there would seem to be a need for two classes of officers, the one bearing a different title which would give emphasis to his wider administrative functions. These considerations must colour Staff College teaching and particularly refresher courses for hospital secretaries and medical records officers.

No further medical records bursaries will be awarded by the Fund at present, but it may well be practicable to hold refresher courses for existing records officers and possibly courses in medical records in the wider sense for the hospital secretary of the smaller unit.

HOSPITAL ADMINISTRATION TO-DAY

Thus the general object of the Staff College is to promote good hospital administration. A definition has been attempted by Mr. P. H. Constable in the following words contributed to the *Medical Press*, which will convey better than any account of particular activities the spirit in which the College is being conducted:—

“The object of good hospital administration is to create a congenial and sympathetic environment in which the many skilled services and facilities for investigating and treating illness and accident may be brought

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

to bear upon the patients' needs, quickly, efficiently, and with economy consistent with those needs; to give facilities for training, for keeping records, and for research; and to ensure that the hospital plays its full part in contributing to the public health.

"The patient is human—those who serve him are a family, a large and mixed family; some with long years of rigorous training, discipline, and high traditions; others newly developing as a result of the ever-increasing complexity of investigating and treating disease and its social consequences; others again who render services common to hospital, factory, or home. All can be united and held together by one consideration: the patient. Those of us who work in hospitals know that, particularly in times of emergency, the patient really does come first and that all the staff will respond.

"Within the tri-partite organisation in which doctor, nurse and administrator make their contribution, the administrator is the Committee's agent and executive officer, their adviser on all matters concerning the hospital save those of a truly professional kind—medical and nursing and their auxiliary services—but even in these he should be knowledgeable and understanding. He must be given authority to match his responsibility, acting in the way that his governing body wish him to act in a great many matters without having to await a Committee meeting. There are, no doubt, hospital committees not yet served by an administrator capable of acting in this way, but there are also examples of failure by Committees to understand the true function of the administrator and make the right use of him.

"The administrator is surrounded by claims upon his time; some demands are inevitable and urgent, not easy of delegation, and after all he is the man who is expected to get things done. The risk is that he will be so constantly in action that he will not have time to think objectively about the institution—yet, because he is in the best position to see the whole enterprise, that should be one of his first and constant duties. Some of the remedies lie in his own hands: he can delegate more, improve his office organisation, and keep his own paper contributions to a minimum in number and text. But there are two things for which he must rely upon the wisdom of the governing body: one is that the committee system should be as simple as possible consistent with maintaining informed control and direction of purpose, and the other that he should have sufficient help from men—or women—of sufficient calibre.

"The inspiration, the vision of the hospital's true purpose, and the prime influence that makes for a happy hospital may come from one source or from several sources. It may be from the matron, or a member of the medical staff, and it may be and very often is from the administrator. But from wherever it springs, he is in the best position to nourish it: he sees and hears more of all the people who work in the hospital and

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their problems and confidences than anyone else. He it is who takes in the flow of irritation, frustration, and complaint; composes differences, smooths out troubles and ruffled feelings that will arise between and within departments and people.

"Freedom and personal responsibility are fundamental to the practice of medicine; the doctor is the servant of his patient before he is the servant of a committee, and the administrator must recognise this principle and sustain the medical staff in it. The doctor is under a Contract of Service, and there are rules and regulations, but there is no limit set on the service the doctor gives to his patient, and there must be no direction upon it. This is all the more important at a time when many doctors are having to adapt themselves to a changed system, and when the tendency seems to be to make governing bodies answerable for all acts of the medical staff, however senior. Without a sense of partnership, of true collaboration and confidence between the governing body, the administrator, and the medical staff, the service to the patient will suffer greatly.

"The administrator who learns early in his career that the medical staff will always respond to an appeal for their help and resist what seems to be an instruction, will save himself a lot of trouble and go a long way towards a happy relationship. He will find great satisfaction in sharing achievements with the medical staff, in overcoming financial difficulties and reluctant Regional Boards or Ministries, in the cause of the hospital's development. If the relationship between the medical staff and the administrator is not good, if it lacks confidence, then the whole hospital suffers. The onus is on the administrator to bring this good relationship about, and maintain it through all kinds of awkward situations which are bound to arise.

"We believe in the committee system in this country, in moderation; we do not take kindly to the idea of a 'boss' in a hospital, whether medical or lay; and what the administrator most looks forward to is becoming the trusted agent of his Committee; to manage on their behalf and under their direction in the general interests of all members of the hospital family. He no more regards himself as limited in his services by strict prescription of duties than does the doctor. The ideal situation exists when governing body and staff alike are caught up in the warm human atmosphere of the hospital, determined to give their full measure of service, and make the expression 'the patient comes first' a reality."

This is the spirit which the Staff College hopes to foster in those who take advantage of the facilities it offers.

DIVISION OF HOSPITAL FACILITIES

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FINANCIAL ADVISORY SERVICE

(a) Costing Investigation

The activities of this section of the Division were principally concerned with the Costing Investigation undertaken at the invitation of the Ministry of Health. Considerable progress has been made. As previously reported this work is being carried out in four stages: (1) a detailed survey of existing methods and routines; (2) development of new routines, retaining wherever possible existing methods which have proved efficient; (3) installation of experimental systems; and (4) a continuous review of these systems for a period to test their value.

The first three stages were completed satisfactorily and the final stage is now in operation. At the outset it was agreed with the Ministry and the hospitals that no alterations should be made to existing systems, and this has involved the maintenance in three of the seven groups of hospitals of two independent systems of accounts, one financial and the other costing and the reconciliation periodically of the two systems. No difficulty has been experienced in this connection, but the duplication has necessarily meant unavoidable delay in the carrying out of certain routine procedures owing to primary documents having to be used by two sets of officers. In the hospitals where it has been possible to graft a costing system on to the existing financial accounts the combined system has proved satisfactory.

By reason of its long and intimate knowledge of hospital finance and accounting, extending over a period of 50 years, the King's Fund has kept an open mind as to the type of accounting system best suited to the peculiar requirements of hospitals. It is trying out several experiments with this end in view. One hears much these days about various types of costing systems—unit, departmental, standard, functional, etc.—and it would appear from the claims put forward by advocates of these systems that the adoption of any one of them will automatically solve all the financial problems of the hospitals. Such is far from being the case. Costing, whatever system is installed, is not the end; it is but the means to an end, a factor which the King's Fund has kept prominently in mind throughout its investigation. It does not necessarily involve cuts in expenditure nor the use of the "big stick" where expenditure is high. Cost is relative

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to the work performed and costing will indicate those services or activities where the work performed is not commensurate with the expenditure incurred—quite a different matter. The imposition on hospitals of an elaborate system, buttressed by voluminous records and statements merely to satisfy the critics of hospital finance, would be a retrograde step and one which would retard the promotion of an effective system for many years. The National Health Service cannot afford to carry the burden of any such system and, fortunately, it is not necessary for it to do so.

The treasurers of the Metropolitan Regional Boards and the secretaries and finance officers of the seven co-operating groups of hospitals were invited to meet the Fund to discuss matters arising out of the investigations and the experimental systems proposed to be installed.

(b) Other Financial Activities

Information and advice have been given on the usual matters connected with hospital accounting, e.g., stores records and inventories, wages systems, budgets, mechanisation of routines, etc. The possibility of the introduction of cost accounting into the health service has had a marked influence on the nature of these inquiries.

For the year 1950 the Division prepared for the first time a Statistical Summary of the beds, income, expenditure and costs of convalescent homes in London and the Home Counties. This was continued for the year 1951 and in addition a new Summary on similar lines was prepared for hospitals in the same areas which are outside the National Health Service.

GENERAL INFORMATION BUREAU AND LIBRARY SERVICE

The additional accommodation available in the new quarters of the Division has proved of inestimable value, both to the staff, who are continuously engaged on the collection, classifying, indexing and filing of an increasing volume of material, and to callers who are now able to study information, plans, journals, etc., and discuss matters with the staff under much improved conditions.

Hospital officers in the post-war world are required to deal with a multitude of problems, and the ever-widening range of responsibility placed upon them has brought about a tendency not only to increase the demand for assistance but also to widen the scope of enquiries. Whereas, hitherto, these were generally in the nature of requests for

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factual information, they now include requests more particularly in connection with methods, procedures and problems of organisation, a change which necessitates many more interviews.

Although little in the way of complete new hospital buildings is going on, the help of the Division has been sought for two such projects and the architects of these schemes have spent many hours in the library examining plans and constructional data. The authorities of another complete scheme were supplied with relative points for a survey programme and subsequently visited the library to examine plans and discuss detailed procedures. Various schemes for extensions and adaptations were dealt with, two involving examination of plans, visits to the hospitals concerned, and the drawing up of reports and schedules of equipment.

It should be stated that the purpose of this section of the Division is not necessarily to offer complete solutions to problems but rather to provide hospital authorities, architects and others with a background of information and advice which will help them in the solution of their own problems. To go further, except in special cases, would mean limiting assistance to the few against the many who require it.

The allocation of additional space to the library has enabled a complete re-organisation to be carried out with considerable improvements, more particularly in the facility with which books may now be referred to. Improvements have also been made in the plans section but until pressure is relaxed little progress will be possible in the work of integrating these with all other sources of information. This is one of the tasks assigned to Mr. W. E. Hall, F.C.I.S., F.H.A., who was appointed Assistant to the Director in December, 1951.

The library contains over 1,000 publications covering practically every phase of hospital organisation and management, and planning and construction. It is not confined to hospital literature but includes publications on integral subjects such as general administration, administrative research, personnel management, public relations, purchasing, job and motion studies, commercial law, statistics, economics, etc. While it is essential that hospital officers should be well read in the literature of their specialities, it is equally essential that they should maintain a broad interest in related subjects so that they may avoid the dangers of narrow specialisation. The library and the information bureau are well equipped to cater for all those who desire to acquire this broader interest.

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The library is for reference only. Requests for its extension for the loan of publications continue to be made from hospitals outside London, but it is not possible to comply with them. With a few exceptions only one copy of each publication is available and these cannot be lent as they must be available for callers on any day.

The Division is indebted to Sir Allen Daley for his gift of the only remaining copy of the report, and massive supplementary documents, of the sub-committee appointed by the London County Council on Hospital Standardisation.

VISITORS FROM OVERSEAS

Callers from overseas are making increasing use of the Division. During the year under review over forty were received and assisted. These included official representatives of governments, members of health and hospital organisations and hospital officers. Following the usual practice, personal introductions were given to them to visit hospitals and allied institutions in Britain. Without exception the officers written to willingly gave of their time to enable these visitors to obtain the maximum benefit from their visits. As with information this is a two-way service, and any British hospital officer going abroad with letters of introduction from the Division is assured of a warm welcome and every possible assistance.

APPRECIATION

The Division is happy to record its appreciation of the assistance it has received from various hospital and other authorities and their officers, both at home and abroad, who have continued to give whole-hearted support on all occasions. From time to time, and often in a hurry, it has been necessary to seek information from them in order to complete answers to enquiries, and this information has always been promptly forthcoming. In connection with requests for information from abroad, the Division works in close contact with the International Hospital Federation. An English architect sought information about certain hospitals in Sweden which was not available in the Division; it was obtained for him through the International Hospital Federation within three days, and has since been passed on to others in reply to requests to the Division for similar information. Another wanted information about a hospital with a "snow-flake" design. This was "discovered" at Brescia in Italy, and copies of the plans have been promised for the Division.

DIVISION OF NURSING

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RECRUITMENT OF NURSING STAFF

A year ago it was suggested that the outlook for nursing was more promising than it had been for many years. That optimism was justified, if the work of the Nursing Recruitment Service may be taken as an indication. The number of candidates actually accepted by hospital training schools was, at 1,751, the highest since 1943, the peak year of war-time recruitment (which led incidentally to the peak of "wastage," as many so recruited were girls who had no genuine interest in nursing but chose it in preference to other forms of national service and gave it up later). Two hundred of those accepted were candidates from other countries coming to work in our hospitals, whose arrangements often involve detailed care over a considerable period. In addition, 250 applicants who did not wish or were not able to take full training were guided to part-time or other non-training work, bringing the total acceptances to 2,000. The Fund has always placed its faith in individual advisory work undertaken by experienced nurses. During the year, 2,370 interviews were given to candidates at the Centre and over 13,000 personal letters sent out. Some of the younger candidates are of course on hand for five or six years and many letters pass before they finally enter hospital as student nurses, but the value of this regular follow-up work has been proved.

The new candidates registered and advised at the Recruitment Centre numbered 4,670, many of these, as always, being too young to go directly into hospitals. It is, however, accepted as the responsibility of the Service to advise these young girls on their educational preparation for nursing and on the best means of "bridging the gap" if they have to leave school before entering hospital, and to keep in touch with them until they are happily launched on their nursing careers.

The growth of "cadet schemes," which provide for the entry to hospital of girls of 16 or less, has been watched with considerable reserve, more particularly as there is definite evidence that the existence of these schemes leads to girls leaving school at 15 or 16, in cases where it is quite practicable for them to remain for an additional year or two and where their parents are willing for them to do so. The cadet schemes are often defended on the ground that if girls take

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up some other occupation on leaving school they will not return to nursing when they are old enough to begin training. In order to test this theory, a study has been made at the Recruitment Centre of the previous occupation of candidates accepted as student nurses during a three-month period. Taking all whose previous occupation is known, the percentages are as follows:—

| | |
|--|--------------|
| Coming from other work | 34.8% |
| Coming from nursery training or work | 10.5% |
| Coming from school (including pre-nursing courses) | 33.4% |
| Coming from convalescent homes, pre-training hospitals and cadet schemes | 21.3% |
| | <hr/> 100.0% |

It will be seen that the largest number come from other work and if nursery nursing were included this category would amount to nearly half of the total.

As regards the general situation, it is not always realised how noteworthy has been the increase in the last few years in the total number of nurses and midwives employed in hospitals. The following table shows the numbers in all hospitals in Great Britain at the 30th September each year:—

| Year | <i>Nursing and Midwifery Staff employed in Hospitals</i> | | |
|--------|--|------------------|--------------------|
| | <i>Whole-time</i> | <i>Part-time</i> | <i>Total Staff</i> |
| 1947 — | 129,507 | 14,433 | 143,940 |
| 1948 — | 138,009 | 22,566 | 160,575 |
| 1949 — | 145,853 | 26,107 | 171,960 |
| 1950 — | 154,330 | 28,917 | 183,247 |
| 1951 — | 158,822 | 29,737 | 188,559 |

If the numbers of student nurses are separated out from these totals, the same upward trend is seen:—

| <i>Total Number of Student Nurses</i> | |
|---------------------------------------|--------|
| 1947 — | 46,655 |
| 1948 — | 49,160 |
| 1949 — | 54,516 |
| 1950 — | 57,360 |
| 1951 — | 58,270 |

In earlier years, most of the increased numbers recruited were absorbed by the hospitals to make possible a long overdue reduction of hours and allowance of time for study, both of which necessitated

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a higher ratio of staff to beds. It should not be overlooked, however, that in the two years 1950 and 1951 there was an increase of no fewer than 21,839 in the total of staffed beds available in Great Britain.

The increases in nursing staff need to be seen against the background of the whole manpower situation before and since the war if the full significance of the increased recruitment to nursing is to be realised. There are 100,000 fewer girls reaching the age of 18 each year than there were in 1939. At the same time, so great is the demand for labour that there are 1,075,000 more women employed than there were before the war. Against the fierce competition from all the occupations open to women, and from a greatly diminished field of recruitment, the nursing profession has increased its active membership by 50 per cent. since the pre-war years.

Just as thought is being given to the possibility that the best use of the existing hospital beds may now be much more in the public interest than a constant effort to increase the number of beds without regard to changing needs, so the question arises whether problems of nursing demand and supply will not now have to be thought of in terms of the maintenance and best use of the existing numbers, rather than of a constant increase in recruitment.

A total of over 58,000 student nurses is probably much the highest in the world, in relation to population. In the United States, which may well come next, with a population about three times the size of ours to draw upon, there were in 1951 only about 102,500 student nurses, or fewer than twice as many as ours, and since 1939 the increase in student nurses has been of the order of 14 per cent. whereas ours has been 33 per cent. The above figures show that the curve of increase levelled off considerably in 1951, and there were strong indications by the end of the year that the peak had been passed. It may well be that the present numbers are about as large as we can hope to have. If so, systematic recruitment work to complement the efforts of the individual hospitals will be needed no less, both to maintain the present numbers in the face of competition and a diminishing age-group from which to draw, and also to ensure a good standard of selection. The claims and rewards of nursing must be kept before the public so that we may have a constant supply of candidates suitable educationally and vocationally, whether they come directly from schools, from universities, or from other occupations.

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With this goes the necessity, now frequently reiterated but by no means generally observed, of augmenting the nursing staff by less highly trained workers. There are signs that recent economy measures have in some cases meant that nurses are again being engaged in semi-domestic and other non-nursing work, whilst the numbers of orderlies, ward secretaries, etc., are being reduced. To deprecate such a step is not to imply that the nurse in training should be a student and nothing else, with no service responsibilities to the hospital. She may still be an apprentice nurse learning the art of nursing in a well-balanced course, without being also an apprentice orderly, a domestic, or a messenger between departments.

To suggest that we may be in sight of what should be regarded as a practicable goal in recruitment is not to overlook the grave shortages which exist in some departments and in some branches of nursing. The nursing of mental illness and mental deficiency still presents unsolved problems, and other fields such as the care of the chronic sick and of the tuberculous suffer from the inequalities of distribution. That a better distribution of staff would solve many problems (provided it is kept on entirely voluntary lines) is shown by the great help brought to sanatoria by the secondment of nursing staff from general hospitals. Largely by this means it has been found possible to make 3,723 more sanatorium beds available in the last two years. In view of the urgent need to recruit for mental deficiency nursing, the Recruitment Service co-operated with the National Association for Mental Health to produce a leaflet for this purpose, 25,000 copies of which have been printed.

Since the Fund first sponsored recruitment work in 1940 there has been a very great change in the attitude of headmistresses and careers advisers to nursing as a career. Formerly, it was looked upon as a resort for the girl who showed no special ability, and was a poor examination subject, though even so there was much apprehension about overwork, exploitation and poor conditions. Now it is realised that girls of outstanding ability can find full scope, and opportunities for the good life, in nursing. With this, the knowledge that there is an advisory centre to which headmistresses can refer for individual guidance each of their girls who expresses an interest in nursing, undoubtedly weights the scales in favour of nursing, now that careers guidance is taken so much more seriously

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in the schools. Among the many activities of the Nursing Recruitment Service in this direction, about 150 talks on nursing were given in various parts of the country, most of these being in grammar schools, while some were to groups of parents. Recruitment literature was supplied to many other speakers and for exhibitions, and articles on nursing were contributed to several periodicals. Much advisory work in connection with the arrangement of pre-nursing courses and the further education of prospective nurses was undertaken during the year. A party of Belgian educationists who came to study pre-nursing courses were among the many visitors welcomed at the Recruitment Centre.

Sixty-five visits to hospitals were made by the staff of the Division in 1951, many but not all of these being in connection with recruitment work. It is almost impossible to draw a line between recruitment and the other activities of the Division of Nursing, since all the Fund's support for nursing projects aims at helping the hospitals directly or indirectly to recruit and maintain nursing staff. Requests for information and advice on nursing subjects, but not on behalf of candidates for training, amounted to well over 500.

IMPROVED CARE OF NURSES' HEALTH

The relaxing of the prejudice against nursing as a career has no doubt been helped a great deal by the far greater attention now given to the health care of staff by the hospitals. When the Fund first took up the subject in 1943, apprehension on this score was often expressed by headmistresses and parents, too often with instances of breakdown or apparent lack of care experienced by nurses known to them. Much leeway has been made up since that time. Progress in instituting codes of health supervision was so rapid that the recommendations first published in 1943 became out of date as well as out of print. Since the issue of the revised edition of the Memorandum on the Supervision of Nurses' Health towards the end of 1950, about 17,500 copies have been circulated. Some 72,000 copies of the health record forms for nursing staff were purchased by hospitals last year. It seems safe to assume, therefore, that much thought is given to raising the standard of health care in hospitals, and that a good deal of progress has been made.

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HOME FOR ELDERLY AND INFIRM NURSES

In the course of their hospital visiting, the staff of the Division often come upon old nurses and sisters of the London hospitals who are now permanent patients in chronic wards because no more suitable accommodation can be found for them. Many of these old ladies have given long years of service to the hospitals and now have inadequate pensions, no homes, and no near relatives to look after them. The need, therefore, for suitable accommodation where some nursing care is available is real and urgent. A brief investigation made early in 1951 revealed that the need is also far more extensive than had been realised, and that provision to meet it would also serve to free hospital beds for other patients. The Fund accordingly agreed to provide capital for a home to which nurse-patients might be transferred. A Queen Anne house in pleasant grounds was found at Hayes Common, Kent, and was purchased by the Distribution Committee. The home will be managed by the London Hospital. The adaptations are expected to take some months, but the home will be open eventually to patients transferred from hospitals in any of the four metropolitan regions.

DOMESTIC MANAGEMENT IN HOSPITALS

Progress in the organisation of domestic work in hospitals has been real since the Fund first brought out recommendations on the subject in 1946. It has thrown into relief, however, the need for more people of suitable personality and experience for this difficult branch of work.

Eight bursaries amounting to £600 were given by the Fund last year to enable candidates who had had appropriate experience or training outside hospital to take the courses in hospital domestic administration arranged by the Ministry of Health in conjunction with Morley College, and the Fund's bursary-holders were felt to be a great asset to the courses. It was considered that for the future the main need is for short courses on simpler lines for domestic supervisors, and also for actual training schemes for domestics.

NURSING AND HOSPITAL ADMINISTRATION

Members of the staff of the Division of Nursing have assisted in the arrangements for the sessions on nursing at the Hospital

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Administrative Staff College. Much thought has been given to the place of the nursing service and of its leader, the matron, within the whole administrative pattern of the hospital. The principles set out by the Division may be summarised briefly in the following extracts from evidence submitted by the Fund to the Committee on the Internal Administration of Hospitals:—

“The matron usually acts in a dual capacity. First, she exercises a professional function. It is her responsibility to provide and maintain the nursing service of the hospital. On the English pattern this frequently includes also responsibility for a training school for nurses, of which the matron is head. It is generally overlooked, however, that her authority derives primarily from the responsibility laid upon her by the governing body as purveyor of nursing care for all whom the hospital serves. In respect of this she is in a true sense a professional head answerable to the governing body (and for certain aspects of her work to the medical staff) and not a departmental head.

“In addition to her professional function, however, the matron may quite often act in an administrative capacity. The very fact that she is frequently chief resident executive officer (leaving the resident medical officer out of consideration on the ground that his responsibilities are more closely defined) means that she often has to make decisions or take action outside her purely professional capacity. Very frequently she carries responsibility for the supervision of many employees of the hospital other than nurses and for the upkeep and oversight of a good deal of the hospital's equipment and property. In short, she is well placed for a great deal of ‘on-the-spot superintendence.’ The more that responsibilities such as these are pruned away from the matrons, the less likely is it that the position will appeal to women of outstanding ability, apt for leadership.

“In these non-professional functions the matron should recognise that she is no longer professional head but is responsible to the chief executive officer. Perhaps the nearest analogy would be to suggest that she should be regarded as third partner in a firm combining administrative, medical and nursing interests, and that in matters of policy outside her own speciality she would, of course, recognise the authority of the other heads of the firm.”

It is hoped that as confusion about these two aspects of the matron's responsibility is cleared up, administrators and matrons will find it easier to work together as colleagues.

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STAFF COLLEGE

THE WORK OF THE WARD SISTER

A visit by Her Royal Highness the Duchess of Gloucester to the Staff College in November, 1951, and the interest which Her Royal Highness showed in the students' work, were a source of great happiness and encouragement to staff and students.

The Staff College has now completed its third year of active work. Not only is the demand for both the preparatory and the senior courses for ward sisters well maintained, but there seems to be ever-growing recognition of their value. Letters from the students themselves after they have returned to their hospitals and are at work, often with heavy new responsibilities, refer constantly to the confidence they have gained during the course—a typical phrase is: "Already I have found many opportunities of using information acquired at the College, and the most noticeable thing of all so far is that I feel generally more able to cope with anything that comes along—a most comfortable feeling!" Others refer to the boon of having had time to think, and of being able to learn how problems are tackled in other hospitals. Many are evidently putting into practice the lessons they have learnt, particularly in ward teaching, and in the maintenance of happy relations with staff and with other departments in the hospitals. A number of matrons have referred to the obvious gain in outlook and achievement on the part of their sisters who have taken the course. One sister in a mental hospital handicapped by old buildings and lack of equipment had decided to give up mental nursing, but after taking the course she wrote that her whole outlook had changed; she realised how much the work had to offer, and how much she could do in it; she looked forward to settling in and had given up all thought of leaving mental nursing.

The aim always was for the curriculum to be quite flexible so that the courses could revolve round the three main themes of ward teaching, human relations, and ward management. Experience over the three years has amply confirmed that these are the matters upon which help is most needed by the young ward sister; and, moreover, it has shown that help can be given by the methods employed at the Staff College.

Though it is recognised in nearly all hospitals that a student nurse ought to receive much of her teaching in the ward and from the ward sister, in practice this is rarely satisfactory. The difficulties created

by lack of time and staff are real, but the work of the College has shown beyond doubt that such teaching can be developed, even under difficult conditions, if the ward sister is given encouragement and the right preparation for it. Formal classes in the wards may be difficult if not impossible to fit in, and should not be insisted on too much as sisters lose heart if they cannot carry out their programme. The continuous stimulation of the student nurses to learn, and the unflagging interest and encouragement which ward sisters can give their students together with the "teaching-all-the-time" attitude in all members of staff, junior and senior, are the great hope in the present conditions. In many hospitals there is still room for much more co-operation between ward and teaching department. Nominally the relationship is good, but it is not always fully effective in practice and student nurses often feel that they are taught different methods in the classroom from those used in the wards. In an attempt to ensure the closest possible co-operation the Staff College makes a point of inviting sister tutors to an evening discussion in every course; this provides opportunities for constructive discussion between the tutors and the prospective ward sisters.

Poor personal relationships between individuals in hospital are due usually to lack of understanding, lack of thought and to the anxiety that accompanies uncertainty and inexperience. Thus, nurses are often ignorant of the nature of the other departments of the hospital. Why, for example, are requests for this or that refused, or only met after what seems like unnecessary delay? Much of this fretful criticism and the discontent that it produces could certainly be dispelled if deliberate action were taken to explain the problems of the other departments and the limitations within which their work is done. The educated girl of to-day appreciates a proper opportunity to learn about the work of the hospital as a whole and department by department. Once it is recognised that systematic provision for this kind of introduction to the various branches of the work of the hospital should form part of the training of the nurse, it should not be difficult to remedy the defect. At the Staff College a good deal can be done to put this right at the ward sister level, and it is found that the outlook of the ward sister can often be rapidly and dramatically widened, with the result that she not only loses her critical attitude towards other departments, but becomes actively sympathetic towards their difficulties. This is important, for she is

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often in a position—for example by the timing or the manner of her requests to other departments—to help rather than to hinder an atmosphere of good human relations among the hospital staff.

In teaching ward management, perhaps most help can be given by encouraging interest in the elementary principles of administration. Each sister has to work out her own methods in relation to amount of staff, conditions and tradition. The attitude that there is no administration in the ward (stated complacently by a sister of some experience—and indeed there was none in her ward) or that existing methods cannot be improved, is often responsible for poor management with its harmful effect on patients and staff. Nurses, who are perhaps too much accustomed to routine, often find it difficult to distinguish between what is important and what is not—these courses give them an opportunity to look at their work from outside, and to re-adjust their scale of values.

There seems an increasing willingness among students to think for themselves. Group discussions are appreciated as much as, if not more than, lectures and there is an unexpected and growing demand for “guided” reading. This tendency seems well worth encouraging, since it is not an attitude found always among nurses, and in active hospital work the opportunities for leisured thought and for reading are very limited. The opportunities given to the students to make their own observations and to draw their own conclusions are valued more than anything. They form judgments and gain experience which often far exceed expectation. It is a continual source of surprise and delight to the staff to find them so interested and so appreciative.

During the year seventy-one students attended the three preparatory courses, each of twelve weeks, and thirty students attended the two four-week senior courses. Forty-eight hospitals seconded sisters or staff nurses for the courses, twenty-five of these being hospitals which had not previously had students at the College. Eleven of the students came from mental hospitals, and they are felt to widen the outlook of each group while gaining encouragement for their own special problems.

The “old students” welcome in quite unexpected numbers opportunities to return to the College, and during the year three reunions of junior students were held, which were attended by 35,

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52 and 56 students respectively, while three reunions of senior students averaged well over thirty at each. Many other visitors from home and overseas were welcomed at the Staff College during the year.

HOSPITAL CATERING

ADVISORY SERVICE

Another year's investigations into the problems of hospital catering in the four metropolitan regions—within which the Fund's Catering Advisory Service operates—has served to underline the main difficulties already encountered rather than to bring to light any fresh major complications. These main difficulties are:—

- (i) recruitment, retention and training of efficient catering staff;
- (ii) provision of a nutritive and appetising diet at a reasonable cost;
- (iii) satisfactory service of meals in wards and staff dining rooms;
- (iv) elimination of waste;
- (v) adaptation of old-fashioned or over-crowded kitchens;
- (vi) replacement of obsolete and inefficient equipment.

Staff problems have been placed at the head of this list, because their satisfactory solution can do more than anything else to raise the standard of feeding in a hospital. Experienced and enthusiastic staff can make a good showing despite a cramped kitchen or poor equipment, and some of the best feeding seen during the year was in hospitals where conditions were far from favourable. Inevitably salaries are an important factor, but as they are negotiated by the Whitley Council the only useful if obvious observation that can be offered here is that efficient staff expect and deserve adequate remuneration. If hospitals are unable to pay reasonable salaries, their catering staff will look for other employers who can.

Salaries are not, however, the only factors that count; conditions of work, including well equipped, properly ventilated and adequately staffed kitchens, general amenities, and above all the enthusiasm and administrative ability of the catering officer, all contribute to a contented staff.

The question of the cost of feeding is perennial and never has it been more to the fore in hospitals than to-day. Even after allowing for the different methods still used in computing the weekly cost per head, the variations between hospitals of a similar type are

HOSPITAL CATERING

often surprising, while in the case of those of different types these variations are sometimes astonishing. It is these differences that have led the Fund's Advisory Service to embark on their most ambitious and complex investigation to date, which is intended to produce a separate cost of feeding figure for seven typical dietaries: tuberculosis, maternity, geriatric, light and general diet. These typical dietaries will be incorporated in sample menus, one complete week's menu for each month of the year, and will be costed on the basis of approved recipes. If this experiment is successful it should then be possible to estimate what, under normal conditions, the approximate cost of feeding in any hospital should be.

Food that is wisely bought and well cooked is often rendered unappetising on its way to the consumer—whether that consumer be a patient or a member of the hospital staff. Transportation difficulties have to be overcome in most hospitals, and inevitably the larger the hospital the greater the difficulty. The use of the right type of heated container, combined with a carefully arranged time-table for loading and serving will go a long way towards solving the difficulties, as far as service to wards is concerned. Similarly the provision of properly sited service points and the organisation of an efficient waitress or cafeteria service, as the case may be, will produce satisfactory results in the staff dining-rooms.

Every hospital administrator is continually on the warpath against waste, and nowhere is vigilance more necessary than in the catering department. Inept buying, bad storage, poor cooking, unappetising menus, slapdash service and incorrect portioning all contribute to the contents of the swill bin, which in ordinary conditions should not contain more than 8 oz. of waste per head per day.

Since the kitchen is the hub of the feeding service it is generally the first to be considered when any funds are available for improvements in the catering department. This is both natural and logical, but unfortunately structural alterations and new kitchen equipment are expensive, and many a scheme prepared on the initiative of an enthusiastic catering officer has had to be shelved for lack of money. The Catering Advisory Service is well awake to this danger and prepares its plans on the basis of the minimum expenditure required to achieve satisfactory conditions. It is indeed surprising how often minor structural alterations combined with the re-siting of

HOSPITAL CATERING

equipment and the replacement of a few obsolete items can transform an overcrowded, difficult kitchen into a reasonably efficient unit.

Tasks undertaken by the Advisory Service in the metropolitan regions during 1951 included:—

- (a) Full surveys of the catering departments in the twelve hospitals of the Colchester group; in the seven hospitals of the Isle of Wight group; at Severalls Hospital, Colchester; and at Royal Hampshire County Hospital, Winchester.
- (b) Advice on establishing diet kitchens at Whittington Hospital; Harold Wood Hospital; and Plaistow Hospital.
- (c) Advice on re-organising, replanning and re-equipping kitchens at St. Andrew's Hospital, Bow; Bromley Hospital; St. Giles's Hospital, Camberwell; Central Middlesex Hospital; St. Stephen's Hospital, Chelsea; St. Michael's Hospital, Enfield; Florence Nightingale Hospital; Highlands Hospital; Redhill County Hospital; St. Ann's Hospital, Tottenham; Plaistow Hospital; Forest Gate Maternity Hospital; the Brentwood Annexe of the London Hospital; and the Moorfields and Westminster branches of the Moorfields Westminster and Central Eye Hospital.
- (d) General advice on catering arrangements at Holy Cross Sanatorium, Haslemere; Holloway Sanatorium; King Edward VII's Hospital for Officers; Langthorne Hospital; St. James's Hospital, Balham; Napsbury Hospital; Odstock Hospital; and the five hospitals in the South East Essex group.

THE SCHOOL OF HOSPITAL CATERING

Last year's report described the establishment of the Fund's School of Hospital Catering in a building at St. Pancras Hospital, kindly loaned by the Board of Governors of University College Hospital. The School opened its doors in September, 1951, and by the end of the year 89 catering officers, head chefs, kitchen superintendents and cooks had participated in a series of refresher courses varying in length from 10 days for the catering officers to a month for the cooks. These courses included demonstrations, practical instruction and lectures both by visitors and members of the School

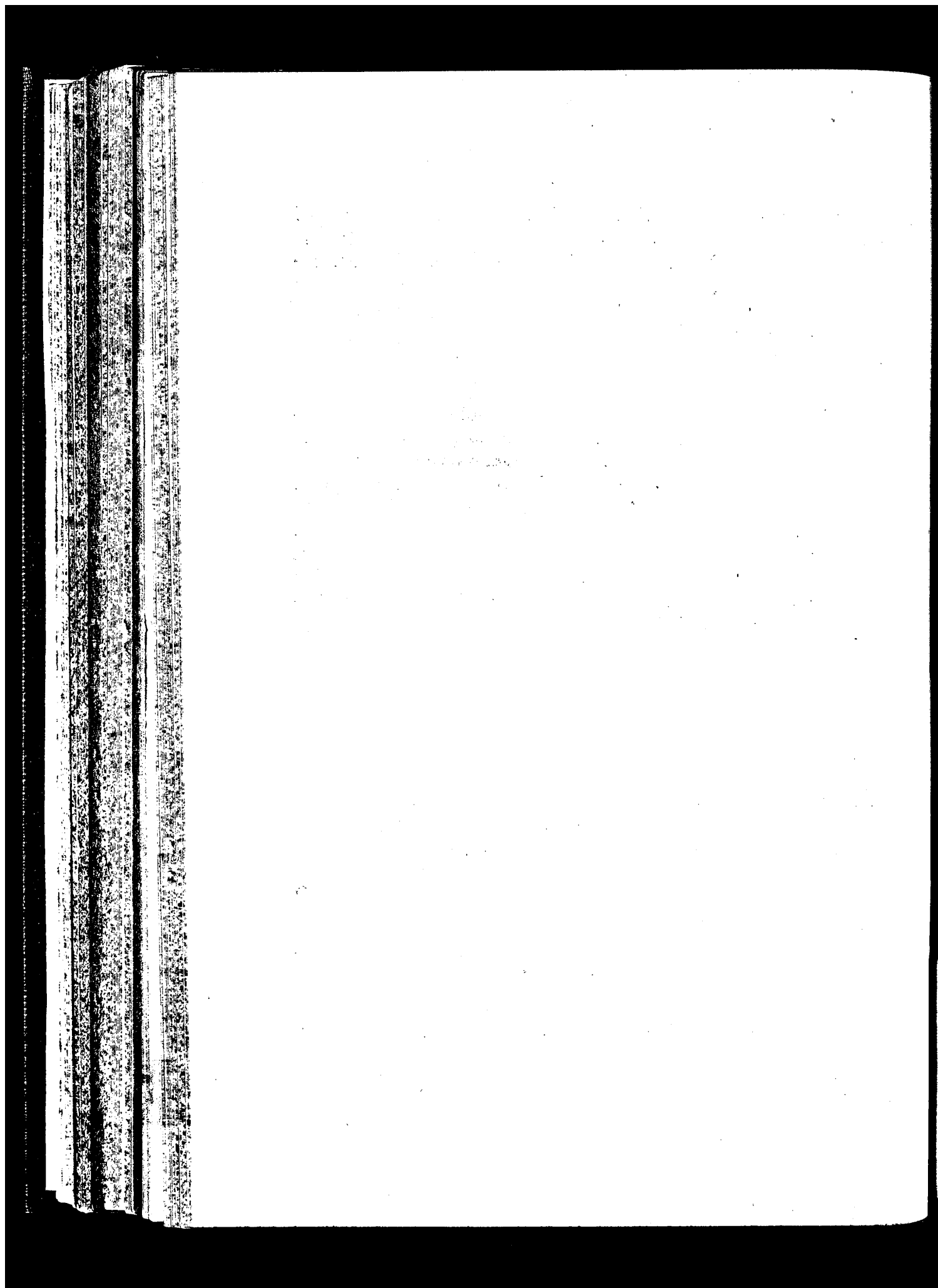
HOSPITAL CATERING

staff and of the Catering Advisory Service. Visits were also arranged to the catering departments of several London hospitals, the National College of Food Technology, Billingsgate Market, the Express Dairy at Cricklewood and the Tea Bureau in Lower Regent Street. The courses have been adjusted in the light of experience and students' comments and are being repeated during the first half of 1952, when a further 123 students are expected to pass through the School.

Helpful though these refresher courses undoubtedly are, they do not bring new recruits into hospital catering, and in an attempt to achieve this the Fund has sanctioned a bursary scheme to provide a year's training, partly in the School and partly in selected hospitals in the London area, for candidates between the ages of 25 and 35 who wish to qualify for employment as hospital catering officers. It is hoped that the first of these basic courses will begin in September, 1952; details regarding terms, conditions and method of application may be obtained from the Principal of the School of Hospital Catering at St. Pancras Hospital, N.W.1.

Activities apparently so diverse as those described above are nevertheless knitted closely together, for they spring from the recognition that some common agency for the great group of hospitals of Metropolitan London is desirable and necessary. From this have come the Nursing Recruitment Service, the Emergency Bed Service, the various advisory services, and most recently of all the provision of staff colleges for both nurses and hospital administrators.

"Men will not give great sums of money to an object," Sir Henry Burdett used to say, "unless they believe its principles can only radiate rapidly from a position so strengthened." It was, and is, the confidence of such donors of yesterday and to-day that has placed the Fund in a position where, by the considered use of its resources, it can make a unique contribution to the welfare of the hospitals and of their patients.



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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MR. S. R. SPELLER, LL.B.

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10, Old Jewry, E.C.2 Telephone : MONarch 2394

Nursing Recruitment Centre :

21, Cavendish Square, W.1 Telephone : LANgham 4362

Staff College (Division of Nursing) :

147, Cromwell Road, S.W.7 Telephone : FRObisher 1093

Hospital Administrative Staff College :

2, Palace Court, W.2. Telephone : BAYswater 2789

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| MR. P. W. BURTON | ... | ... | ... | ... | ... | ... | ... | Chief Clerk |

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| MR. E. H. KEYTE, A.S.A.A. | ... | ... | ... | ... | ... | ... | ... | Assistant Accountant |
| MR. C. H. BARNEY, A.S.A.A. | ... | ... | ... | ... | ... | ... | ... | Accountant-Statistician |
| MISS E. H. HARRISON | ... | ... | ... | ... | ... | ... | ... | Secretary |
| MR. F. H. HINGE | ... | ... | ... | ... | ... | ... | ... | Information Officer |

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| <i>Nursing Recruitment Service</i> | | | | | | | | |
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| MISS I. G. WARREN | ... | ... | ... | ... | ... | ... | ... | Travelling Secretary |
| MISS M. B. ADAMS | ... | ... | ... | ... | ... | ... | ... | Assistant Secretary |
| <i>Staff College</i> | | | | | | | | |
| MISS C. H. S. DOBIE | ... | ... | ... | ... | ... | ... | ... | Principal |
| MISS G. A. RAMSDEN, R.R.C. | ... | ... | ... | ... | ... | ... | ... | Assistant to the Principal |
| MISS M. I. M. SEIVEWRIGHT | ... | ... | ... | ... | ... | ... | ... | Warden |
| MISS E. WEST | ... | ... | ... | ... | ... | ... | ... | Tutor |

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| MR. R. A. MICKELWRIGHT | ... | ... | ... | ... | ... | ... | ... | Vice-Principal |
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| MR. M. HAY | ... | ... | ... | ... | ... | ... | ... | Medical Records |

HOSPITAL CATERING

Hospital Catering Advisory Service:—

| | | | | |
|------------------------------------|-----|-----|-----|--------------------------------|
| 24/26 London Bridge Street, S.E.1. | ... | ... | ... | Telephone: HOP 4255 |
| MR. G. J. STORMONT | ... | ... | ... | Catering Adviser |
| MISS B. R. STANTON-JONES | ... | ... | ... | Nutritional Adviser |
| MR. D. G. EWBANK | ... | ... | ... | Designer-Draughtsman |
| MR. S. G. WAKELING | ... | ... | ... | Equipment-Specialist |
| MR. G. F. WILLIAMS | ... | ... | ... | Buying and Catering Specialist |
| MR. V. H. DIXON | ... | ... | ... | Travelling Catering Instructor |

School of Hospital Catering:—

| | | |
|---|-----|-----------------------|
| St. Pancras Hospital, 4 St. Pancras Way, N.W.1. | ... | Telephone: EUSon 4696 |
| MR. C. C. A. GIBBS | ... | Principal |
| MISS J. M. DANDO | ... | Chief Instructor |

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As agent for 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.

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Assistant Secretary

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

Training Officer

MISS W. M. COX

Accountant

MR. N. F. MOLLE

Offices

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EALing 6671

LEYtonstone 6461

WOOLwich 3471

WIMbledon 6581

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 late Majesty King George VI, 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 HOSPITAL

BALANCE SHEET as at 31st December 1951

| | £ | s. | d. | £ | s. | d. | £ | s. | d. |
|---|-----------|----|----|-----------|----|----|------------|----|----|
| FUND ACCOUNTS: | | | | | | | | | |
| FUNDS TO BE RETAINED AS CAPITAL: | | | | | | | | | |
| As at 31st December 1950 | | | | 2,059,133 | 19 | 0 | | | |
| Add: Receipts during 1951 | 1,022 | 10 | 9 | | | | | | |
| Legacies for Capital | 80,146 | 10 | 8 | | | | | | |
| | | | | 81,169 | 1 | 5 | | | |
| | | | | 2,140,303 | 0 | 5 | | | |
| GENERAL FUNDS: | | | | | | | | | |
| As at 31st December 1950 | 3,785,769 | 17 | 7 | | | | | | |
| Add: Lapsed Grants, etc. | 1,199 | 0 | 0 | | | | | | |
| Amount transferred from Income and Expenditure Account | 177,301 | 2 | 11 | | | | | | |
| | | | | 3,964,270 | 0 | 6 | | | |
| SPECIAL FUNDS: | | | | | | | | | |
| per Schedule, page 68 | | | | 424,806 | 6 | 9 | | | |
| 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 prior to 1951 ... | 102,247 | 8 | 4 | | | | | | |
| | 147,752 | 11 | 8 | | | | | | |
| Amount expended during 1951 ... | 69,511 | 7 | 10 | | | | | | |
| | | | | 78,241 | 3 | 10 | | | |
| | | | | | | | 6,607,620 | 11 | 6 |
| LIABILITIES: | | | | | | | | | |
| Grants made to Hospitals and Convalescent Homes awaiting appropriate time for payment, viz.: | | | | | | | | | |
| Ordinary Distribution | 72,315 | 19 | 11 | | | | | | |
| Special Distribution | 31,400 | 0 | 0 | | | | | | |
| Radiotherapy Fund Distribution ... | 5,250 | 0 | 0 | | | | | | |
| | | | | 108,965 | 19 | 11 | | | |
| Calls on Investments (since paid) ... | | | | 6,637 | 10 | 0 | | | |
| Administration and Other Expenses ... | | | | 15,766 | 7 | 1 | | | |
| | | | | | | | 131,369 | 17 | 0 |
| SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES): | | | | | | | | | |
| Amount received for dilapidations ... | | | | 540 | 0 | 0 | | | |
| Sinking Fund Appropriations | | | | 2,682 | 0 | 0 | | | |
| | | | | | | | 3,222 | 0 | 0 |
| | | | | | | | £6,742,212 | 8 | 6 |

REPORT OF THE AUDITORS TO THE BOARD OF MANAGEMENT

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 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 Fund. 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.

11th June, 1952.

FUND FOR LONDON

DECEMBER, 1951

| | £ | s. | d. | £ | s. | d. | £ | s. | d. |
|--|-----------|----|----|-----------|----|----|---|----|----|
| SECURITIES AND INVESTMENTS: | | | | | | | | | |
| STOCKS AND SHARES, etc., held for:— | | | | | | | | | |
| General Account | 5,245,882 | 7 | 5 | | | | | | |
| Special Accounts | 337,235 | 0 | 1 | | | | | | |
| | | | | 5,583,117 | 7 | 6 | | | |
| INVESTED GIFT of His late Majesty, King George V, to be retained as Capital | | | | | | | | | |
| | | | | 20,000 | 0 | 0 | | | |
| | | | | 5,603,117 | 7 | 6 | | | |

The market value at 31st December, 1951, of the quoted securities (i.e., 97.5 per cent. of the total) was £5,815,888.

| | | | | | | | | | |
|--|--|--|--|---------|---|---|-----------|---|---|
| FREEHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS and MORTGAGES | | | | | | | | | |
| | | | | 962,737 | 2 | 0 | | | |
| REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of | | | | | | | | | |
| | | | | 1 | 0 | 0 | 6,565,855 | 9 | 6 |

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 | | | | 119,406 | 0 | 7 | | | |
| Debtors | | | | 56,950 | 18 | 5 | | | |
| | | | | | | | 176,356 | 19 | 0 |

NOTES—

- 1) The King's Fund also owns (i) a Stock of Radium which is lent by the Fund to a hospital in London and (ii) a motor-car at the disposal of the Radium Pool and Panel at the Middlesex Hospital.
- 2) The cost of properties for Staff Colleges and Homes for Aged Sick (amounting to £249,108), 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.
- 3) In some cases, legacies are subject to indemnities given to refund the sum, if any, required to meet the liabilities of Executors.
- 4) Claims under Part II of the War Damage Act, 1943, have been agreed at £416 8s. 4d. but payment is deferred.
- 5) The King's Fund holds as collateral security in respect of a Lessee's covenant to re-instate dilapidations:
 - (a) £2,000 which is held in a separate banking account in the Fund's name.
 - (b) A lien on certain securities held by a bank.

E. R. PEACOCK,
Treasurer.

£6,742,212 8 6

RD'S HOSPITAL FUND FOR LONDON.

Age and belief were necessary for the purposes of our Audit. In our opinion of those books. We have examined the above Balance Sheet and the In our opinion and to the best of our information and according to the affairs as at the 31st December, 1951, and the Income and Expenditure

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

INCOME AND EXPENDITURE ACCOUNT

| | £ | s. | d. | £ | 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 | | | | 30,000 | 0 | 0 | | | |
| MANAGEMENT COMMITTEE: | | | | | | | | | |
| Special Grants—per Report | 37,960 | 0 | 0 | | | | | | |
| Other Grants | 2,500 | 0 | 0 | | | | | | |
| | | | | <u>40,460</u> | 0 | 0 | | | |
| | | | | | | | 170,460 | 0 | 0 |
| EXPENDITURE ON SETTING UP AND ADMINISTERING SPECIAL SERVICES, ETC.: | | | | | | | | | |
| Division of Hospital Facilities: | | | | | | | | | |
| Alterations to Premises, etc. | 2,729 | 5 | 2 | | | | | | |
| Costing Investigation | 6,791 | 17 | 1 | | | | | | |
| General Administration Expenses | 10,215 | 11 | 2 | | | | | | |
| | | | | <u>19,736</u> | 13 | 5 | | | |
| Division of Nursing: | | | | | | | | | |
| Nursing Recruitment Service | 5,868 | 12 | 5 | | | | | | |
| General Administration Expenses | 3,043 | 7 | 0 | | | | | | |
| Staff College for Ward Sisters: | | | | | | | | | |
| Alterations to Premises, etc. | 1,863 | 13 | 10 | | | | | | |
| General Administration Expenses | 9,297 | 14 | 6 | | | | | | |
| | | | | <u>11,161</u> | 8 | 4 | | | |
| | | | | | | | 20,073 | 7 | 9 |
| Hospital Catering and Diet Committee: | | | | | | | | | |
| Catering Advisory Service | 9,122 | 9 | 11 | | | | | | |
| General Administration Expenses | 1,738 | 18 | 1 | | | | | | |
| School of Hospital Catering: | | | | | | | | | |
| Alterations to Premises, etc. | 15,338 | 9 | 5 | | | | | | |
| General Administration Expenses | 5,955 | 1 | 0 | | | | | | |
| | | | | <u>21,293</u> | 10 | 5 | | | |
| | | | | | | | 32,154 | 18 | 5 |
| Hospital Administrative Staff College: | | | | | | | | | |
| Alterations to Premises, etc. | 27,543 | 2 | 9 | | | | | | |
| General Administration Expenses | 18,477 | 18 | 3 | | | | | | |
| | | | | <u>46,021</u> | 1 | 0 | | | |
| Bursaries in Hospital Administration | 1,914 | 18 | 10 | | | | | | |
| Bursaries in Medical Records | 5,087 | 2 | 3 | | | | | | |
| Medical Records School Expenses | 148 | 18 | 10 | | | | | | |
| Medical Records Administration Expenses | 1,208 | 6 | 9 | | | | | | |
| | | | | | | | 54,380 | 7 | 8 |
| Bursaries for Almoners | | | | | | | 3,369 | 13 | 7 |
| Convalescent Homes Committee: | | | | | | | | | |
| General Administration Expenses | | | | | | | 2,650 | 3 | 4 |
| | | | | | | | | | 132,360 |
| EMERGENCY BED SERVICE: | | | | | | | | | |
| Proportion of cost to be defrayed by the Fund, as agreed with the Metropolitan Regional Hospital Boards | | | | | | | 6,500 | 0 | 0 |
| PUBLICATIONS, MAPS, ETC. | | | | | | | | | |
| Cost of printing, etc., less Sales | | | | | | | 3,248 | 13 | 6 |
| ADMINISTRATION EXPENSES: | | | | | | | | | |
| Salaries, Pensions, Allowances and Superannuation Contributions... .. | | | | 15,410 | 7 | 9 | | | |
| Establishment, including Rent, Rates, Heating and Lighting, Cleaning, Insurance, etc. | | | | 5,249 | 18 | 7 | | | |
| Printing and Stationery | | | | 1,204 | 3 | 2 | | | |
| Sundry Miscellaneous Expenses | | | | 4,979 | 1 | 0 | | | |
| | | | | | | | <u>26,903</u> | 10 | 0 |
| OTHER EXPENSES: | | | | | | | | | |
| Office Furniture and Equipment | | | | 1,308 | 19 | 9 | | | |
| Legal and Other Professional Fees | | | | 852 | 16 | 8 | | | |
| | | | | | | | <u>2,161</u> | 16 | 0 |
| | | | | | | | 910 | 0 | 0 |
| APPROPRIATION to Leasehold Sinking Fund | | | | | | | | | 342,549 |
| | | | | | | | | | 4 |
| TRANSFER TO GENERAL FUND: | | | | | | | | | |
| Legacies received during 1951 | | | | 131,020 | 5 | 3 | | | |
| Excess of other income over expenditure | | | | 46,280 | 17 | 8 | | | |
| | | | | | | | <u>177,301</u> | 2 | 1 |
| | | | | | | | | | <u>£519,850</u> |

YEAR ENDED 31st DECEMBER, 1951

| | £ | s. | d. | £ | s. | d. |
|--|---------|----|----|---------|----|----|
| COME from: | | | | | | |
| Securities and Investments | 231,568 | 17 | 1 | | | |
| Freehold and Leasehold Properties let | 47,210 | 9 | 10 | | | |
| | | | | 278,779 | 6 | 11 |
| SCRIPTIONS: | | | | | | |
| Annual | 3,044 | 13 | 1 | | | |
| Under Deeds of Covenant for a stated number of years | 2,973 | 12 | 2 | | | |
| | 6,018 | 5 | 3 | | | |
| NATIONS: | | | | | | |
| Annual and other | 4,032 | 10 | 1 | | | |
| | | | | 10,050 | 15 | 4 |
| TOTAL ORDINARY INCOME | | | | 288,830 | 2 | 3 |
| IAL RECEIPTS: | | | | | | |
| Reversion from the Nuffield Trust for the Special Areas | | | | 100,000 | 0 | 0 |
| ACIES: | | | | | | |
| General Legacies received during 1951 | | | | 131,020 | 5 | 3 |

£519,850 7 6

SPECIAL FUNDS 31st DECEMBER, 1951

| | £ | s. | d. | £ | s. | d. |
|--|----------|----|----|--------|----|----|
| SPECIAL ANONYMOUS TRUST (1930) : | | | | | | |
| CAPITAL ACCOUNT | 20,000 | 0 | 0 | | | |
| INCOME ACCOUNT: | | | | | | |
| Balance as at 31st December 1950 | 1,695 | 15 | 0 | | | |
| Add: Receipts during 1951 | 678 | 6 | 0 | | | |
| | 2,374 | 1 | 0 | | | |
| | | | | 22,374 | 1 | 0 |
| MRS. L. L. LAYBORN TRUST (1943): | | | | | | |
| CAPITAL ACCOUNT | 5,000 | 0 | 0 | | | |
| INCOME ACCOUNT: | | | | | | |
| Receipts during 1951 | 150 | 0 | 0 | | | |
| Less: Paid to Hostel of St. Luke... | 150 | 0 | 0 | | | |
| | | | | | | |
| | | | | 5,000 | 0 | 0 |
| J. R. CATLIN, DECEASED, TRUST: | | | | | | |
| Balance as at 31st December 1950 | | | | 78 | 0 | 0 |
| RADIOTHERAPY FUND: | | | | | | |
| Balance as at 31st December 1950 | 78,702 | 6 | 3 | | | |
| Add: Receipts during 1951 | 404 | 12 | 4 | | | |
| | 79,106 | 18 | 7 | | | |
| Less: Reduction in amount receivable from Sale of Radium | 110 | 14 | 0 | | | |
| | | | | 78,996 | 4 | 7 |
| THE ARTHUR AND ALEXANDER LEVY SURGICAL HOME | | | | | | |
| FOUNDATION ACCOUNT (1947): | | | | | | |
| Balance as at 31st December 1950 | 308,652 | 17 | 7 | | | |
| Add: Income received during 1951 | 9,705 | 3 | 0 | | | |
| | 318,358 | 0 | 7 | | | |
| | £424,806 | 6 | 9 | | | |
| Represented by:— | | | | | | |
| Investments | 337,235 | 0 | 1 | | | |
| Debtors (Tax Recoverable) | 1,449 | 6 | 5 | | | |
| Cash at Bank | 86,122 | 0 | 3 | | | |
| | £424,806 | 6 | 9 | | | |

RECEIPTS FROM LEGACIES IN 1951

| | £ | s. | d. |
|---------------------------------------|----------|----|----|
| GENERAL: | | | |
| Ernest Frederick Angell | 20 | 5 | 11 |
| Charles Ansell | 855 | 10 | 2 |
| Edward William Barnes | 3,500 | 0 | 0 |
| Miss Ethel May Barrett | 99 | 11 | 1 |
| Percy Briscoe | 2,800 | 0 | 0 |
| Miss Ethel Mary Carver | 1,000 | 0 | 0 |
| Mrs. Agnes Sophia Cator | 25 | 0 | 0 |
| Mrs. Julia Dale | 16,161 | 17 | 6 |
| Joseph Fletcher | 731 | 2 | 7 |
| Mrs. Laura Griffiths | 3,619 | 5 | 5 |
| David Marcus Gubbay | 50 | 0 | 0 |
| Mrs. Ada Frances Jennings | 1,750 | 0 | 0 |
| Percy Johnson | 9,889 | 13 | 10 |
| Dr. Edward Charles Masser | 87 | 8 | 5 |
| Miss Frances Moir | 1,000 | 0 | 0 |
| Miss Matilda Charlotte Osborne | 7,863 | 14 | 6 |
| William Arthur Posnett | 47,526 | 10 | 3 |
| Horace Reginald Walton... .. | 1,251 | 10 | 1 |
| Mrs. Florence Wells | 10,810 | 0 | 0 |
| Mrs. Elizabeth Ann Woodrow | 13 | 5 | 8 |
| Frederick William Wyman | 22,000 | 0 | 0 |
| | <hr/> | | |
| | £131,054 | 15 | 5 |

Less : Amount overpaid by Executors of the late Henry

| | | | |
|----------------------|----------|----|---|
| Vincent Leigh | 34 | 10 | 2 |
| | <hr/> | | |
| | £131,020 | 5 | 3 |

CAPITAL:

| | £ | s. | d. |
|--|----------|----|----|
| Sir Adolph Tuck | 146 | 10 | 8 |
| Rt. Hon. Charles Cheers, Viscount Wakefield of Hythe | 80,000 | 0 | 0 |
| | <hr/> | | |
| | 80,146 | 10 | 8 |
| | <hr/> | | |
| | £211,166 | 15 | 11 |
| | <hr/> | | |

GRANTS BY MANAGEMENT COMMITTEE 1951

(i) *Out of £50,000 specially allocated by the General Council:*

| <i>Hospital, etc.</i> | <i>£</i> | <i>Amount and Object.</i> |
|--|---------------|---|
| Archway H.M.C. | 800 | to provision of bed-pan washers. |
| Bow H.M.C. | 3,000 | towards kitchen improvements and dining rooms. |
| do. | 2,300 | for redecoration and furniture for nurses' home. |
| Enfield H.M.C. | 2,750 | to kitchen alterations and equipment. |
| Epping H.M.C. | 700 | to provision of tennis court for nurses. |
| Fulham and Kensington H.M.C. | 3,250 | towards capital expenditure and equipment. |
| Godalming, Milford and Liphook H.M.C. | 1,600 | to provision of cinema projection room. |
| Netherne H.M.C. | 1,500 | to provision of tables and chairs. |
| Northern H.M.C. | 1,500 | towards washing and sanitary facilities for nursing staff. |
| Paddington H.M.C. | 5,000 | to provision of nurses' recreation room. |
| Romford H.M.C. | 1,000 | to provision of nurses' recreation room. |
| Runwell H.M.C... .. | 1,000 | towards cost of refrigerated centrifuge. |
| Sidcup and Swanley H.M.C. .. | 910 | towards improvements to verandas. |
| Slough Industrial Health Service | 3,000 | towards cost of therapeutic pool. |
| South East Metropolitan Regional Hospital Board. | 3,000 | towards cost of scheme to relieve pressure on hospital beds. |
| Stepney H.M.C. | 3,000 | to provision of nurses' recreation room. |
| West Park H.M.C. | 1,350 | towards cost of refrigerators. |
| Windsor H.M.C... .. | 300 | to purchase of medical literature for special centre in the Region. |
| Woolwich H.M.C. | 2,000 | towards provision of ward balconies. |
| | <hr/> £37,960 | |
| Amount lapsed | 12,040 | |
| | <hr/> £50,000 | |

(ii) *Other grants:*

| | | |
|--------------------------------------|--------------|--|
| National Council of Social Service | 2,000 | being proportion of cost for 1951 of enquiry into the scope of voluntary service in the hospitals. |
| National League of Hospital Friends. | 500 | towards expenses of the League. |
| | <hr/> £2,500 | |

GRANTS TO HOSPITALS AND INSTITUTIONS, 1951

| HOSPITAL, ETC. | MAINTENANCE GRANT | GRANTS TO SCHEMES OF CAPITAL EXPENDITURE |
|---|----------------------|--|
| Bromley H.M.C. | £ | £1,150 towards installation of two-programme wireless system and 300 headphones in wards of Farnborough Hospital. |
| Carshalton H.M.C. | | £150 towards the cost of heating, lighting and covering with linoleum the floor of a hut for the use of the Boy Scout Troop at Queen Mary's Hospital for Children. |
| Catholic Nursing Institute | | £300 towards the purchase of an autoclave and dressing drums. |
| Central Council for District Nursing | 5,000 | £2,600 towards the purchase of bed linen for loan by District Nursing Associations for elderly patients. |
| Chelsea H.M.C. | | £700 towards the cost of laying and equipping a new tennis court. |
| Cheshire Foundation Home for the Sick (Le Court). | | £2,000 towards interior and exterior decorations, blankets, bed linen, etc. |
| Distressed Gentlefolk's Aid Association. | | £1,000 towards the equipment of a new home in Tunbridge Wells. |
| Enfield H.M.C. | | £280 towards the installation of individual headphones in the wards of South Lodge Hospital. |
| Florence Nightingale Hospital | 250 | £2,000 towards the cost of modernisation and equipment. |
| French Hospital | 400 | £1,500 towards the cost of electrical rewiring. |
| Greenwich and Deptford H.M.C. | | £1,250 towards the cost of renewing wireless installation at St. Alfege's Hospital. |
| Hackney H.M.C. | | £350 towards purchase of film projector. |
| | | £500 towards tennis court at Mothers' Hospital (Salvation Army). |
| Hamilton Lodge | | £2,000 towards the cost of converting the stables into flats for the resident married staff, etc. |

| HOSPITAL, ETC. | MAINTENANCE GRANT | GRANTS TO SCHEMES OF CAPITAL EXPENDITURE |
|--|----------------------|---|
| Hayes Grove Home for Elderly Nurses | £ 300 | £9,000 for purchase of a property at Hayes, Kent, for conversion into a home for elderly nurses. £6,487 towards cost of adaptation. £5,000 towards a new X-ray depart- ment and central heating plant. £2,000 towards repairs, redecora- tions, equipment for physio- therapy department, etc. |
| Holy Cross Sanatorium .. | | |
| Home and Hospital for Jewish Incurables. | | |
| Homes of St. Giles for British Lepers | 100 | — |
| Hospital of St. John and St. Elizabeth. | 1,000 | — |
| The Hostel of God .. | 250 | £1,500 towards various items of equipment and towards interior and exterior painting. £5,000 towards new extension scheme. |
| The Hostel of St. Luke .. | 400 | |
| Hostels for Crippled and Invalid Women Workers. | | £3,000 towards the cost of a new hostel. |
| Italian Hospital | 300 | — |
| Kensington District Nur- sing Association. | | £2,000 towards the purchase of furni- ture for the new nurses' home at 14, Holland Park. |
| King Edward VII's Hospital for Officers | 1,000 | £2,500 towards three schemes of capital expenditure. |
| Lingfield Epileptic Colony | | £3,000 towards the increased cost of improvements to the kitchen and new laundry equipment. |
| Metropolitan District Nursing Association | | £3,000 towards the cost of adapting new premises for nurses' home. |
| Napsbury (Mental) H.M.C. | | £920 towards the provision of divan beds and mattresses for nurses' home. |
| Orpington and Sevenoaks H.M.C. | | £1,500 towards the cost of installing 600 headphone points and headphones at Orpington Hospital. |
| Romford H.M.C. .. | | £88 towards the cost of installing two-programme wireless receivers and 250 headphones at Rush Green Hospital. £3,000 towards the cost of replacing the existing wireless installa- tion at Oldchurch Hospital. |

| HOSPITAL, ETC. | MAINTENANCE GRANT | GRANTS TO SCHEMES OF CAPITAL EXPENDITURE |
|---|----------------------|---|
| Royal Hospital and Home for Incurables. | £ 2,000 | — |
| St. Andrew's Hospital, Dollis Hill | 750 | £5,000 towards the extension and modernisation of the nurses' home. |
| St. Elizabeth's Home for Incurables, Finchley. | | £5,000 towards cost of moving home from Finchley to Seaford. |
| St. Joseph's Hospital .. | 200 | £1,000 towards the cost of new equipment. |
| St. Lawrence's (Mental) H.M.C. | | £150 towards the cost of improve- ments to hard tennis courts. |
| St. Saviour's Hospital .. | | £1,500 towards the installation of a new central heating and domestic hot water system. |
| St. Teresa's Hospital, Wimbledon | | £2,000 towards extension scheme. |
| School of Stitchery and Lace. | | £1,250 towards the increased cost of sheltered workshops. |
| Stagsden Nursing Home, Bournemouth. | | £4,500 towards cost of equipping the home. |
| Stepney H.M.C. | | £625 towards the cost of additional furniture and equipment. |
| | | £700 towards the cost of a tennis court for the use of the nur- sing staff at St. George-in-the- East Maternity Hospital. |
| Tooting Bec (Mental) H.M.C. | | £800 towards the cost of furnishing and equipping club for elderly patients at Tooting Bec Hos- pital. |
| Tottenham H.M.C. .. | | £500 towards the cost of providing wireless receiver sets at St. Ann's General Hospital and the Prince of Wales General Hospital. |
| Woolwich H.M.C. .. | | £1,250 towards the cost of improving wireless facilities at Brook General Hospital. |
| | £11,950 | £88,050 |
| | £100,000 | |

GRANTS TO CONVALESCENT HOMES, 1951

| HOME | MAINTENANCE | GRANTS TO SCHEMES OF CAPITAL EXPENDITURE |
|--|-------------|---|
| Armitage House Recupera- tive and Holiday Home, Worthing. | £ 100 | — |
| Barton House Hotel, Barton-on-Sea | 50 | — |
| Beau Site Convalescent Home, Hastings. | 50 | £800 for structural repairs and fire precautions. |
| Brabazon Home, Redhill | — | £190 for repairs to dry rot. |
| British Legion Churchill Court Convalescent Home, Sevenoaks. | 50 | — |
| British Red Cross Society: Beech Hill Convalescent Home, Mortimer. | — | £3,000 towards modernisation. |
| Brooklyn Babies' Home, Christchurch. | 50 | — |
| Capesthorpe Babies' Home, Mudeford. | — | £410 towards solarium. |
| Cliff Coombe, Broadstairs | 200 | — |
| Edith Priday Home, S.E.3 | 100 | — |
| Brook Lane Rest House, Brighton. | — | £250 for fire precautions. |
| Burt Memorial, Bognor.. | 100 | £90 for fire precautions. £300 for new chimney and floor. £95 for new stair carpet. £144 for repainting and alterations. |
| Catherine House for Gentlewomen, St. Leonards | 100 | |
| Catisfield House Con- valescent Home, Hove. | 50 | |
| Caxton Convalescent Home, Limpsfield. | 50 | £50 for kitchen equipment. |
| Children's Convalescent Home, Beaconsfield. | 250 | — |
| Children's Home, East Grinstead | 100 | — |
| Darby and Joan Home, Muswell Hill. | — | £500 towards cost of opening home. |
| Dedisham Convalescent Nursery School, Slinfold. | — | £699 towards building new wing. |
| Dominican Convent, Kelvedon | 50 | — |

| HOME | MAINTENANCE | GRANTS TO SCHEMES OF CAPITAL EXPENDITURE |
|--|-------------|---|
| Edith Cavell Home of Rest for Nurses, Haslemere. | £ 50 | { £562 for gardener's cottage. £250 for repairs to roof. |
| Essex Convalescent Home, Clacton. | 50 | |
| Fairby Grange, Dartford | 100 | — |
| Handcross Park Con- valescent Home, Hand- cross. | 75 | — |
| Hart's Leap, Sandhurst .. | 100 | — |
| Henry Radcliffe Con- valescent Home for Merchant Seamen, Limpsfield Chart | 50 | — |
| Hertfordshire Seaside Con- valescent Home, St. Leonards | 50 | £2,500 towards reconstruction scheme. |
| Home for Invalid Children, Hove. | — | £200 for additional sanitary accommodation and new sinks. |
| Invalid Children's Aid Association : | — | { £560 towards decorations and various items at several homes. £2,000 towards loss on maintenance at three homes. |
| Andrew Duncan Home, Shiplake-on-Thames. | 100 | |
| John Howard Con- valescent Home, Brighton | 100 | £144 for refrigerator. |
| Kingsleigh Convalescent Home, Seaford. | 50 | — |
| Limpsfield Convalescent Home for Women and Girls, Limpsfield. | 50 | — |
| London and Ascot Priory Convalescent Home, Ascot. | 150 | — |
| Maitland House, Frinton | — | £510 for various items. |
| Merebank, Musicians' Rest Home, Holmwood. | 50 | — |

| HOME | MAINTENANCE | GRANTS TO SCHEMES OF CAPITAL EXPENDITURE |
|---|-------------|--|
| | £ | |
| National Association for Mental Health : | | |
| Convalescent Home for Mental Defectives, Lynsted, Walmer. | 200 | £230 for various items. |
| Kelsale Court, Saxmundham | 100 | £1,500 towards expenditure incurred in opening home. |
| National Sunday School Union: "Broadlands," | 100 | £90 for linoleum and bread- cutting machine. |
| Broadstairs | | |
| House Beautiful, Bournemouth | 100 | £205 towards certain items. |
| Oak Bank Open Air School, Seal, Sevenoaks. | — | { £1,470 towards building scheme. £968 towards redecorations. |
| Ogilvie School of Recov- ery, Clacton. | — | |
| Pawling Home Hospital, Barnet. | — | { £90 for new furnishings. £80 for children's lockers. |
| Residential Open Air School of Recovery, Banstead | — | |
| Rosemary Home, Herne Bay. | 100 | £1,300 for kitchen alterations and decorations. |
| Sailors' & Soldiers' Con- valescent Home, Eastbourne | 50 | — |
| St. Bernard's Convalescent Home for Gentlewomen, Hove. | 25 | — |
| St. Catherine's Home, Ventnor | — | { £115 for repairs to veranda. £1,000 for rebuilding garden wall. |
| St. Cecilia's Home, Westgate | 50 | |
| St. Helen's Toddlers' Con- valescent Home, Letchworth | 50 | — |
| St. Joseph's Convalescent Home, Bournemouth. | — | £650 towards rebuilding scheme. |
| St. Mary's Home for Chil- dren, Broadstairs. | 100 | — |
| St. Michael's Convalescent Home, Westgate. | 100 | — |

| HOME | MAINTENANCE | GRANTS TO SCHEMES OF CAPITAL EXPENDITURE |
|--|-------------|---|
| St. Peter's Convent, Woking. | £ 100 | £450 for kitchen equipment. |
| Samuel Lewis Seaside Convalescent Home, Walton-on-Naze | 100 | — |
| Schiff Home of Recovery, Cobham. | — | £185 for furnishings for sitting- room. |
| Shoreditch Holiday and Rest Home, Copthorne. | 200 | £400 for repairs and decorations. |
| Southern Convalescent Homes, Inc. (Bell Memorial & Sunbeam), Lancing. | 50 | — |
| Spelthorne St. Mary, Thorpe | 250 | — |
| Tyrwhitt House, Leatherhead | 50 | — |
| Woodclyffe Convalescent Home, Wargrave. | 50 | — |
| Wordsworth Home of Rest, Swanage | — | { £500 for furniture and equipment. £63 for gas and electric fires. £400 for various items. |
| Wyndham House, Aldeburgh | 100 | |
| | £4,150 | £23,950 |

£28,100

Set aside for cook instruc-
tors at Convalescent
Homes
Grants retained

£1,200

£700

£30,000

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.

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 at 24-26 London Bridge Street, S.E.1 issues notes on diet and catering matters of current interest.

The following are available:—

Catering Circulars (revised editions, 1952):

| | | |
|------------------------------|-------|------------------------|
| Care of Catering Equipment | .. | 1/- <i>post free.</i> |
| Lay-out and Design | | 1/- <i>post free.</i> |
| Rations and Rationing | | 1/- <i>post free.</i> |
| Sources of Waste in Catering | .. | 1/- <i>post free.</i> |
| Use of the Meat Ration | | 1/- <i>post free.</i> |
| Cost of Provisions | | <i>In preparation.</i> |

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 | .. | .. | 12 | 6 | per 100 post free. |
| Continuation Sheets | .. | .. | 6 | 6 | " " " " |
| 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.

Nursing at the Present Day. A leaflet giving information on training for the nursing profession. 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, 1952. 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. 7s.6d. *post free*.

Convalescence and Recuperative Holidays. A report of a detailed survey of convalescence carried out between February and July, 1950. 1s. *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*.

MISCELLANEOUS—*continued.*

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.*

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, January, 1952. *Free.*

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

*Map of Hospitals and Convalescent Homes 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, but excluding those shown on the Metropolitan Police District Map. With descriptive booklet. 15s. *post free.*

Map (in two parts) of Hospitals and Convalescent Homes in S.E. and S.W. Metropolitan Hospital Regions. As above. 21s. *post 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.

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

FORM FOR ANNUAL SUBSCRIPTION OR DONATION

Date19.....

To the Secretary,

KING EDWARD'S HOSPITAL FUND FOR LONDON,
10, OLD JEWRY, LONDON, E.C.2.

I herewith 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 ".

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)."

about 1000 ft. from the shore, in the bay of the ...

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

STANDING ORDER FOR BANKERS

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

To (Name of Bank
and Branch)

Please pay on theday 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

.....
.....
.....

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 had paid income tax on the amount which, after deducting income tax, leaves £30 (i.e., with income tax at 9s. 6d. in the £, £57 2s. 10d.); the Fund can supply forms of certificate if desired;
- (ii) the King's Fund recovers the income tax from Somerset House;
- (iii) the contributor appears as a subscriber of £57 2s. 10d.

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.

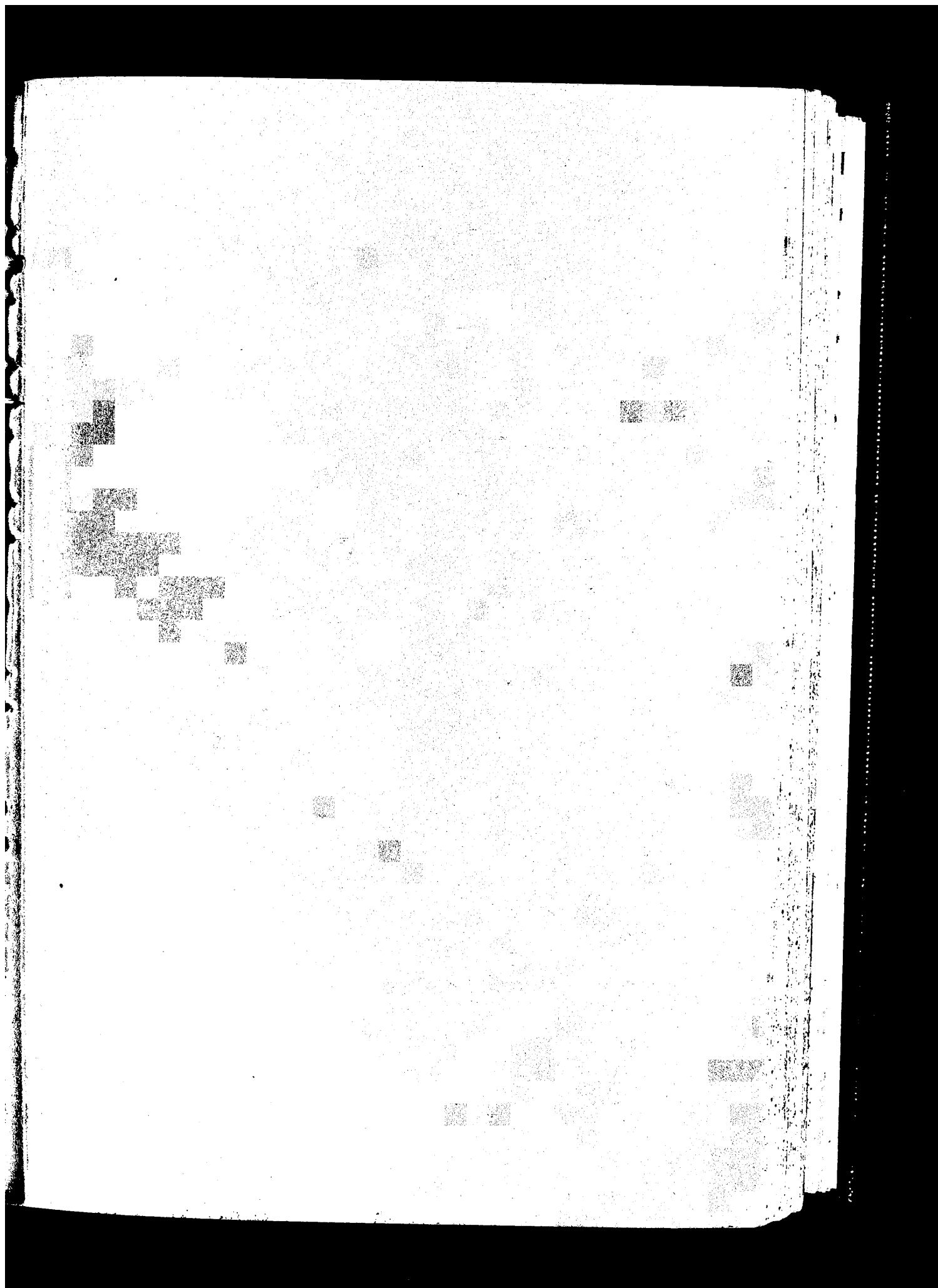
(Signature)

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.



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