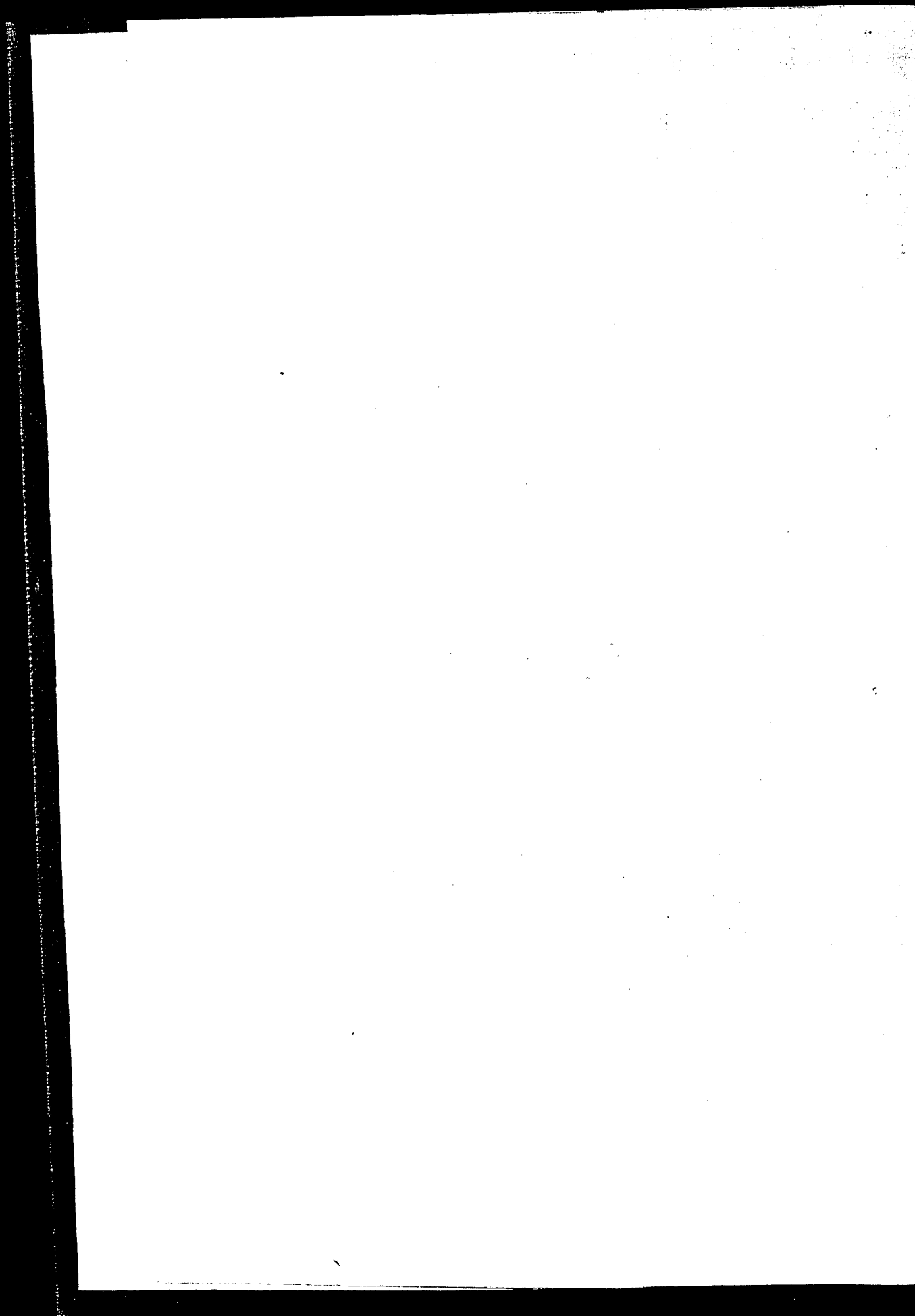
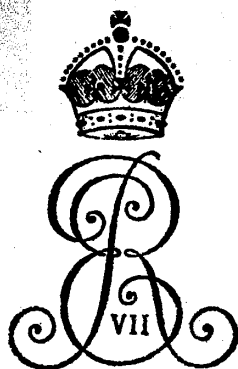




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KING EDWARD'S HOSPITAL FUND
FOR LONDON



FIFTY-SECOND
ANNUAL REPORT

1948

10 OLD JEWRY

LONDON, E.C.2



KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON :
HIS MAJESTY THE KING

PRESIDENT :
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

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

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

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

Offices :
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KING EDWARD'S
FOR

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FIFTY-SECOND ANNUAL REPORT

THE 52nd Annual Report of the Fund departs from the form which has been traditional for many years and reflects the change in the Fund's responsibilities and sphere of influence. Paradoxically, the assumption by the State of responsibility for the maintenance of hospitals widens and diversifies the opportunities for service of a voluntary foundation like the King's Fund. Released from financial responsibility for maintenance it has gained freedom to initiate and develop activities which, not being part of the National Health Service, will yet increase the efficacy of the hospitals' provision for the sick.

At a meeting of the Council held a few days after the transfer of the hospitals to the Minister of Health in July, 1948, H.R.H. The Duke of Gloucester reminded those present that never from the early days had the Fund accepted the view that its opportunities were limited to the distribution of grants : on the contrary, the Fund had been a centre from which had spread many new conceptions of the duties and responsibilities of the hospitals towards the community. "The opportunities remain. They are indeed vastly increased . . . Can we ensure that our hospitals not only remain pre-eminent in their traditional humanity towards the patient but also offer a service which will show the rest of the world how to combine official regulation and State support with the life and vigour of voluntary effort ? "

The Fund is not directly affected by the provisions of the National Health Service Act, 1946, and continues to be governed by its own Act of 1907. Under Section 3 of that Act 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

FIRST YEAR OF NATIONAL HEALTH SERVICE

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."

FIRST YEAR OF THE NATIONAL HEALTH SERVICE

The year 1948 saw not only the transfer of the hospitals to the Minister of Health but also a further steep rise in the level of hospital expenditure. New factors have come into play which have carried the expenditure for England and Wales from £87,000,000 as estimated when the National Health Service Bill was before Parliament to £170,000,000 in respect of "hospital, specialist and ancillary services"; and it seems plain that a further substantial rise cannot be avoided if progress is to be made with a comprehensive Health Service and the much-needed improvement and expansion of the hospitals. The need to support the new Regional Boards and the Hospital Management Committees in their difficult initial tasks allowed the Ministry little opportunity to tighten the reins, and it was not until the new service had been running for nine months that indications reached the hospitals of the need for economy. The uncertainty which this occasioned was a serious check to the efforts being made on all hands to bring the more backward hospitals up to the standard of the more efficient.

The Minister has repeatedly expressed his anxiety that the Hospital Management Committees shall be free to spend as they think fit within a total annual sum; but there are signs that this freedom is being whittled away by the Regional Boards in their efforts to put some brake upon the expenditure of the Hospital Management Committees. This situation is inevitable so long as there is no system whereby the amount to be placed at the disposal of each Hospital Management Committee can be calculated by some known objective standard. Those with an intimate knowledge of what is happening have been quick to realise that the issues go very deep, and that the whole future welfare of the hospitals has

FIRST YEAR OF NATIONAL HEALTH SERVICE

despite much good will been placed in jeopardy ; whilst at the same time no effective control of expenditure has been established.

The system of hospital accounts put forward by the King's Fund more than 50 years ago and latterly known as the Revised Uniform System does not provide for a departmental classification of expenditure in accordance with modern accountancy. The King's Fund had become converted in 1944 to the view that a change was overdue, and Captain J. E. Stone, its financial consultant, prepared the draft of a departmental system suitable for hospitals, a copy of which was submitted to the Ministry. So far, however, the Minister has not felt able to require hospitals generally to adopt anything more than the simplest of systems on the old lines, owing possibly to the lack of sufficient experienced accountancy staff in the hospitals.

Under the old regime hospitals had to raise the money they were spending and the lack of a reliable measuring rod in regard to expenditure was not so serious. But as things now stand the introduction of a departmental accounting system has become a matter of great urgency if the Hospital Management Committees are not to lose the freedom and initiative in the running of their hospitals which is an essential part of the scheme. As a temporary measure such a system might be adopted in a sample group of hospitals, sufficient to provide an objective standard against which the estimates coming in from Hospital Management Committees can be tested. If hospitals knew that they could count upon a budget figure calculated by reference to such a standard, and yet retain the freedom to spend as they think fit within the total annual sum, the foundation would be laid for a workable system. Some further observations relating to this matter are included in this report (see pages 15-19).

With the best will in the world such a system as this will still be somewhat rigid, and the more progressive hospitals will tend to be held back to the pace of the average. Hence the importance of the provisions contained in the Act enabling hospitals to receive and use gifts for hospital purposes. A large volume of goodwill is still flowing towards the hospitals. If the restrictions on active participation in appeals now imposed upon Hospital Management Committees could be modified, and the way opened for them to seek and obtain supplementary support from sources other than State

REORGANISATION OF THE FUND

funds by any dignified means available, we might yet make the best of both worlds and achieve a truly British compromise.

In the light of what has been said it will be clear that it would be premature for the King's Fund to define at all precisely the ways in which its income will best be used from time to time to assist the hospitals. This is however far from saying that there is no direction in which valuable work can be done by the Fund in present circumstances, and the pages which follow will be sufficient witness to the wide field in which the King's Fund is well placed to help matters forward.

REORGANISATION OF THE FUND

Already before the appointed day it was apparent that the scope offered to the Fund was unprecedented, and that the command of a large income with wide terms of reference would involve a recasting of the organisation inherited from the days of King Edward VII and last remodelled in 1921-22. It was also clear that the Fund would be called upon increasingly to concern itself with forward movements in the hospital world, and to support experimental projects.

With these considerations in mind the Fund was fortunate in being able—through the good offices of the Rockefeller Foundation and with financial assistance from the Commonwealth Fund of New York—to arrange for Sir Ernest Pooley, then one of the three Honorary Secretaries, and Mr. Ives, the Secretary, to visit the United States and Canada to investigate the hospital organisation of those countries and in particular the methods adopted by the great philanthropic foundations whose activities extend into the hospital field.

This visit threw up in sharp relief certain aspects of the administration of the Rockefeller, Kellogg and other American Foundations that have proved of great value to the Fund in approaching the problem of its own reorganisation. Proposals for organising certain of the activities of the Fund on divisional lines similar to those followed in the American Foundations were worked out in the course of the autumn, and submitted to the Council in December.

The steps taken may best be described as an adaptation of the divisional system used by the American Foundations to the rather

REORGANISATION OF THE FUND

different constitution and objects of the King's Fund operating under its own Act of Parliament. Control of the Fund continues as hitherto to vest in H.R.H. The President and the General Council, but the powers of the Management Committee, the Distribution and the Convalescent Homes Committees, have been redefined in such a way as to allow to the Management Committee a greater initiative in determining the allocation of the monies of the Fund as between the newly created Divisions and other activities of the Fund. So far two Divisions have been established—a Division of Hospital Facilities, under the direction of Captain J. E. Stone, C.B.E., M.C. (see pages 13–21 below), and a Division of Nursing, under the direction of Miss M. M. Edwards, M.V.O. (see pages 22–32 below). There remain, of course, many other activities of the Fund, notably hospital catering, the provision of bursaries for training hospital administrators, and the maintenance of the Emergency Bed Service. Budgets covering the allocation of funds to the Distribution Committee and the Convalescent Homes Committee, and making provision for the work of the respective Divisions and other activities of the Fund, will normally be prepared in the autumn and submitted through the Management Committee to the Council in December of each year. Special powers were given to the Management Committee to approve provisional estimates in respect of the year 1949.

THE HONORARY SECRETARIES

The reorganisation involved the disappearance of the office of Honorary Secretary. A special place has been occupied in the history of the King's Fund by the Honorary Secretaries, and all who have followed the fortunes of the Fund over the years realise the debt owed by it to those who have held this office. It was therefore with real regret that it was agreed to allow the three Honorary Secretaries—Sir Harold Wernher, Bt., Sir Ernest Pooley and Sir Hugh Lett, Bt.—to relinquish their office into the hands of the President and that the office should fall into abeyance. The change has been made solely on account of the change in the nature of the work of the Fund and the development of responsibilities extending far beyond those which confronted the Honorary Secretaries when the Fund was concerned only with the distribution to

FINANCE

hospitals and matters directly connected therewith. The permanent staff of the Fund, on whom there must necessarily fall an added responsibility, wish to take this opportunity to place on record their sense of indebtedness to all those who have acted in the office from the days of the late Lord Somerleyton, and especially to the three Honorary Secretaries resigning in December, 1948. Never can there have been in comparable circumstances a happier relationship than that which has existed between the Honorary Secretaries and the official staff of the Fund.

FINANCE

In 1948 the King's Fund received from the Trustees of the Nuffield Trust for the Special Areas sums amounting to £425,000. Lord Nuffield set up this Trust twelve years ago to help in the rehabilitation of those parts of the country specially affected by the industrial depression, and the Trust Deed provided that all sums returned should be transferred to the King's Fund. This latest instalment brings Lord Nuffield's munificent donations to the Fund to £1 million, and a further instalment from the same source will fall to be recorded in the Report for 1949.

The total receipts for the year amounted to £776,000. Income from investments provided £238,827, an increase of over £15,000 on the 1947 figure, in part due to the investment of Lord Nuffield's gift of £425,000 mentioned above. After carrying to reserve this exceptional receipt and legacies totalling £95,719, the ordinary income exceeded expenditure by £67,710. The fact that the Fund did not spend the whole of its income in 1948 was not owing to lack of claimants, but rather to the fact that in the new conditions of the hospital world it must proceed with caution. The claims made upon it are innumerable and many of them very compelling, but the Fund is anxious to concentrate on those things that are most needed and that it is best fitted to help in providing.

GRANTS TO HOSPITALS

Prior to the introduction of the National Health Service Act in July, the Distribution Committee continued on a modest scale its old practice of making grants to hospitals, out of a sum of £50,000

GRANTS TO HOSPITALS

then at its disposal. These grants were limited to such items of minor capital expenditure as comfortable modern mattresses and other improved facilities for the benefit of patients and staff. At the meeting of the General Council in July, a sum of £100,000 was set aside to be drawn upon as required until it was clearer what the future might hold.

With the coming of the National Health Service the work of the Distribution Committee has undergone a fundamental change. Previously grants were limited to "Hospitals," and a strict definition of this term was adopted, to avoid dissipating the Fund's resources and to ensure a real contribution would be made to both the capital and maintenance costs of the hospitals of London. Now that these costs are a charge on the Exchequer the Distribution Committee has been able to widen its scope and take an interest in the work which is being done for several borderline categories of patients.

It now seems clear that the work of the Committee will fall into three main sections : grants to hospitals within the National Health Service ; grants to hospitals and other institutions remaining outside the Service ; and the provision and expansion of ancillary services to relieve hospitals, such as homes for the aged sick. Applications for grants can, as in the past, be entertained only from hospitals or institutions situate within the Metropolitan Police District or which, being situate outside, can show to the satisfaction of the Fund that they take patients some of whom live or work within that area. There are twenty-six teaching hospitals and forty-three Hospital Management Committees within the Metropolitan Police District.

For the first few months after the appointed day, the Minister of Health allowed the Boards of Governors of Teaching Hospitals and Hospital Management Committees a wide discretion to incur expenditure on behalf of the Government until budgets could be established, with the result that comparatively few applications reached the Fund from hospitals in the National Health Service. Applications for assistance towards items for which Exchequer funds are not available have been more numerous since the need for economy became known, and it is of course to be expected that

GRANTS TO HOSPITALS

these will develop into a steady stream once the new system of finance settles down.

Many of the Teaching Hospitals retain possession of substantial endowments and the income from them is at their disposal. Some of the Hospital Management Committees already benefit from the activities of groups of voluntary supporters associated with one or other of the hospitals in the group ; others, especially those which are wholly composed of hospitals formerly administered by the local authorities, are not so fortunate. These latter hospitals are primarily dependent for the provision of amenities on the relatively small income which each Hospital Management Committee derives from the Hospital Endowments Fund (the first half-yearly instalment for hospitals amounted to 6s. per bed). There are already indications that in these cases help from the King's Fund will prove most welcome.

The Ministry were faced with a difficult task when they had to decide which hospitals and institutions should remain outside the Health Service. A few of these "disclaimed" hospitals were already on the books of the Fund and a number of institutions previously considered ineligible for grants have now been included in the Fund's list. It is not too much to say that the future progress and development of the National Health Service will be profoundly influenced by the existence of active institutions experimenting and developing under voluntary aegis. Lists of the grants made by the Distribution Committee during 1948 appear on page 66.

The Distribution Committee were again indebted to the Visitors for their assistance in preparing detailed reports on the hospitals they visited. In view of the introduction of the National Health Service, visiting was restricted to two classes of hospital—those remaining outside the Service, and the important group of hospitals which have been designated teaching hospitals.

HOMES FOR THE AGED SICK

For some time past the Fund has been concerned with the problem of the aged sick, and with the method by which provision could be made for the care of these patients when no longer in need of active hospital treatment, and when they are indeed often hampered

THE EMERGENCY BED SERVICE

rather than helped by life in a hospital ward. The experience of the Emergency Bed Service shows that the problem is one of great urgency. In the winter the Service had to refuse some 3,500 cases, and of these the vast majority were over 60. Discrimination against the elderly is inevitable when beds are in short supply, as hospitals know the difficulty of disposing of these patients when the acute stage of their illness is over.

In his speech to the Council in December, H.R.H. The President therefore announced that the Fund was prepared to assist voluntary organisations providing, or willing to provide, homes with nursing facilities for such patients. As a result, the Fund is in touch with many organisations providing accommodation for the able-bodied aged, and willing to accept responsibility for them when they are ill. This may do a little to decrease the waiting lists for hospital beds, but it does not touch the problem of removing the convalescent aged from hospital beds urgently needed for the acute sick. The solution to this problem might be found in the provision of homes linked to hospitals, to which patients can be transferred when no longer in need of active hospital treatment, and from which they can go back to hospital if their condition calls for it. The Fund is therefore prepared to provide considerable capital assistance towards the setting up of such homes, and to this end is already in touch with various voluntary organisations willing to undertake their management.

THE EMERGENCY BED SERVICE

The past year has certainly been the most eventful in the history of the Service since its establishment in 1938. During the early part of the year preparations were being made for its adaptation to become the agent of the four Metropolitan Regional Boards for urgent admissions under the National Health Service.

It was impossible to make any accurate forecast of the amount of work to be thrown upon the staff. It was known that the work of the L.C.C. fever admissions office was to be taken over and by the kindness of the L.C.C. preparations were made in good time. Finally it was decided to anticipate that the work would be doubled

THE EMERGENCY BED SERVICE

and arrangements were made accordingly. In the event there was a 400 per cent. increase of work actually on the appointed day, and this has since been maintained. The strain on the staff was very great, but by dint of abandoning all the record work and using the staff thus set free to deal with cases, the load was taken and time was gained for the recruitment and training of new staff. By September the work was well in hand and further reinforcements were being trained for the winter.

In November the winter season started and early that month it became apparent that the Service was daily filling the hospitals to capacity. It was found that on an average one hundred patients could be admitted every day and that thereafter it became impossible to admit any more medical cases unless the patient's life depended upon it. Urgent surgical cases could always be admitted although at times the scarcity of beds was such that 30 hospitals would have to be tried for a single case. This state of affairs lasted, with varying degrees of intensity, until March, 1949. Normally March has been the heaviest month of the year but, presumably owing to the weather, this peak load did not materialise and by April normal conditions reigned again. In the 10 months from July, 1948, to April, 1949, 43,317 applications were received and of these 36,204 were admitted. In considering that 7,113 were not admitted it must be remembered that some 10 per cent. of all applications are withdrawn by the applicants for reasons of their own. Of the remaining 3,500 patients which the Service would have liked to admit had beds been available, it was noticeable that nearly all were aged 60 and above. The critical months were December, January and February. Thus it is fair to say that nearly all people under 60 were admitted, as well as all applicants with infectious diseases. The failure to admit all patients is no fault of the Service, since it cannot admit patients to beds which are not there. The delays were due to the greatly increased volume of work which was not, and could not have been, foreseen. Immediately after Easter a review was undertaken with a view to reducing delay next winter. In this matter the Regional Boards are giving every assistance. In April the Minister of Health paid a visit to the Service and discussed the difficulties of the winter with much interest and understanding.

The organisation has had to take a great strain and has had to be

DIVISION OF HOSPITAL FACILITIES

altered to meet new circumstances under conditions of much stress. Nevertheless, the work has been done and patients have been admitted so far as the capacity of the hospitals allowed. That no disaster occurred is due to the untiring devotion to duty of the staff who, though sorely tried, have stuck to their work and retained their reputation for courtesy and good manners.

During the winter it was noticeable that the Emergency Bed Service, as a recognised public institution, received much attention from the press. The news interest lay in trying to illustrate failures for political reasons rather than in the very solid achievements which lay to its credit. The unswerving and friendly interest and support of the officials of the Regional Boards and the Ministry of Health were, however, of the greatest help and encouragement.

THE DIVISION OF HOSPITAL FACILITIES

INFORMATION BUREAU AND ADVISORY SERVICE

For many years the King's Fund has made available to the voluntary hospitals in London and other organisations interested in hospital work and practice, information and advice which it had obtained as the result of carrying out a number of special enquiries. In recent years it has rendered a similar but more continuous service in connection with numerous matters which arise in the everyday administration of hospitals, e.g., catering, domestic staff, medical records, equipment and supplies, accounting and finance, stores records, departmental accounts, and statistics, etc.

The coming into operation of the National Health Service Act and the growing complexity of modern hospital administration naturally led to an intensification of interest in all phases of hospital and health matters and brought about the inevitable demand for additional information and advice. This development was not unforeseen by the Fund, and it decided that this increased demand could best be met by the establishment of a Division of Hospital Facilities.

The Division set up in November, 1948, comprises two main sections : (1) Hospital Accounting and Finance, including statistics ; (2) General Information and Advisory Service, including

DIVISION OF HOSPITAL FACILITIES

hospital library, plans, etc. Through its link with the International Hospital Federation, of which the King's Fund is a member, the Division receives the benefits attaching to the membership of the Federation with the World Health Organisation and it is thus able to obtain information on subjects of practical interest to hospital authorities from almost every country in the world. Countries overseas have been enthusiastic in their co-operation, and arrangements have been made for a constant exchange of information. The facilities of the Division are not confined to hospital authorities, and they are made use of by Government departments and central organisations in this and many other countries.

During the past year the Division has had the privilege of welcoming hospital and health authorities from many countries, including Australia, Italy, Switzerland, Holland, Belgium, France, Trinidad, South America, Sweden, Norway and the United States of America. Arrangements were made for some of these visitors to visit hospitals and allied organisations in Great Britain and other countries and so obtain the maximum benefit from their visit with the minimum expenditure of time, energy and funds. The latter is an important factor in the European countries.

The Library now contains over 600 books on hospital administration and allied subjects. It has been well patronised by hospital officers, bursars, architects, and also overseas visitors. A provisional catalogue was issued in December, 1948, and a printed catalogue is now in preparation.

An immediate future task of the Division is the compilation of a comprehensive index to the hospital and health literature of Great Britain and other countries.

The basic principle upon which the Division is established and is being developed is to provide hospital authorities and students of hospital and health administration with facilities to enable them to be constantly in touch with the latest information available. It enables them to take stock of their existing arrangements and aids them where necessary to avoid the pitfalls into which the inexperienced and uninformed so often stumble. It acts as a clearing house for specialised information and provides a remedy for the prevalent lack of knowledge of sources of information, more particularly those

DIVISION OF HOSPITAL FACILITIES

of other countries. In this and other ways it endeavours to lighten the burden on the shoulders of those who are charged with the management of hospitals in the new hospital service. Hospitals cannot care for patients by sentiment alone ; there must be a proper combination of sentiment and business if they are to accomplish the maximum service at reasonable cost.

HOSPITAL ACCOUNTS

Increasing attention is being given to the important subject of hospital accounting, and to the more enlightened it is now generally accepted that hospital accounting is definitely an integral part of hospital administration and not, as hitherto, a matter of mere book-keeping.

Until the appointed day in 1948, practically the whole of the voluntary hospitals in Great Britain kept their accounts more or less in conformity with the Revised Uniform System of Hospital Accounts put forward by the King's Fund in 1906. The system in its entirety was compulsory for voluntary hospitals in the Metropolitan Police District which desired to participate in the annual distribution of the Fund.

Under this system the whole of the total ordinary expenditure of a hospital is exhibited in the income and expenditure account under arbitrary subject classifications, e.g. Provisions, Surgery and Dispensary, Domestic, etc., and thus distinction is made only between different types of expenditure. These different types are not brought together in relation to the functions or services with which they are connected and in respect of which the expenditure is incurred. To be of real value it is essential that expenditure should be classified in conformity with the organisation of a hospital, i.e. it should be identified with specific purposes or objects, e.g. a ward, a department, an activity, and the like. It is infinitely more important to know what each of these costs than it is to know how much is paid by the hospital on salaries, or telephone or postages, etc. These items are useful, but only in relation to definite functions. Unless it is known exactly how much it costs to run the nurses' home or the kitchen, it does not help a keen management to know that x pounds was spent on nursing salaries and y pounds on provisions.

DIVISION OF HOSPITAL FACILITIES

Two examples will show clearly the limitations of the existing method of classification.

Heating.—The elements of this cost are hopelessly entangled in the expenditure accounts. Wages of engineers and stokers appear under “Salaries and Wages (Mechanics)” ; Coal under “Domestic (Fuel, Lighting, Heat and Power)” ; Water under “Domestic (Water)” ; Renewals and Repairs to Plant and Buildings under “Establishment.” Stated thus, the cost of heating has no significance. It is incapable of being considered in relation to any activity whereby its efficiency, and its efficient use, may be measured.

X-ray Department.—Plates and films appear under “Surgery and Dispensary (Instruments and Appliances)” ; Washing under “Domestic (Laundry)” ; Salaries of (a) Radiologists under “Salaries (Medical)” ; (b) Radiographers under “Salaries (Other Officers)” ; (c) Nursing Staff under “Salaries (Nursing)” ; etc.

Practically the same remarks apply to each and every department and service of a hospital.

The deficiencies of the system may be summarised briefly as follows :—

- (i) It does not show the cost of carrying on the many and varied services maintained.
- (ii) It does not differentiate between the cost of services included in the same heading or sub-heading of expenditure.
- (iii) It does not furnish any material for the comparison of expenditure or costs of administering or maintaining similar services in various hospitals.
- (iv) It does not enable the management to control the expenditure, because it does not show who is responsible for incurring expenditure.
- (v) It does not lend itself to the establishment of units of cost determined on the basis of the service rendered.

DIVISION OF HOSPITAL FACILITIES

- (vi) It does not show the cost of maintaining the staff as distinct from that of the patient.
- (vii) *It does not allow of expenditure being reduced in a businesslike way because the accounts do not show which costs are high in relation to the services rendered.*
- (viii) It does not provide for a division of expenditure as between general and paying patients, and as between in-patients and out-patients, on an accounting basis.
- (ix) It provides at best merely a summary of totals of expenditure under arbitrary headings.

Another important defect of the system—and this applies particularly to the question of comparisons between hospitals—is the reduction of approximately 80 per cent. of the total ordinary expenditure to one unit, the “Cost per Occupied Bed.” If regard is had only to the wide range of differences existing between hospitals in the nature and extent of the special departments and services, it is obvious that this all-in cost is practically valueless for purposes of comparisons between hospitals. Many hospitals possess adequate and up-to-date accommodation and facilities for radiology and electrical treatment, while in others the accommodation, facilities and apparatus may be limited. Some hospitals possess laboratories for pathology and bacteriology, adequately equipped and staffed, whereas in others little or no such work is carried on. The same remarks apply to massage and other forms of special treatment. One hospital may have two operating theatres ; another with the same number of occupied beds may have four such theatres. There are not only marked differences in the physical arrangements, and the number, nature and extent of special activities, but also in the nature and extent of other work—research, medical records, social service, the utilization of available beds, training of nurses, and so on. Where so many different kinds of services are concerned, many of which have no direct connection with the “occupied bed,” and so many variations exist as between hospitals, the all-in unit of “Cost per Occupied Bed” is a most misleading figure. Approximately one-half of the expenditure of a hospital makes no response to any ordinary fluctuations in the average number of beds occupied,

DIVISION OF HOSPITAL FACILITIES

while the remainder responds only to a very limited extent. In fact, it is probable that the proportion of expenditure varying as the occupied beds vary is less than 25 per cent.

The deficiencies of the system were fully recognised by the Fund and in 1944 Captain Stone was asked to revise the Revised Uniform System and to draft a new system of hospital accounts on a departmental basis with departmental unit costs. Both the revision and the draft of the new system were duly completed but before they could be put into operation the National Health Service Act was passed and the Revised Uniform System ceased to have effect as from July 5th, 1948.

A copy of the draft of the departmental system was submitted to the Ministry of Health.

It is unfortunate that in the new accounts to be rendered to the Ministry under the Act the arbitrary classification of expenditure and the all-in unit of "Cost per Occupied Bed" are retained. Hospitals cannot reduce expenditure on an arbitrary basis of so much per cent. on this or that item, and as the estimates are at present framed reductions cannot be made intelligently because hospitals do not know which departments or activities, if any, are expensive in relation to the services rendered by these departments. On the other hand, for the same reason it is not possible for the hospitals to prove that any reduction made must necessarily mean the closing of beds or curtailment of services.

The departmental system is based on the organisation of the hospital. In its simple form it means that expenditure is allocated and charged to the accounts of the departments or activities which incur it. Thus the total cost (and its constituent elements) of each department is ascertained. For each department or activity a unit of cost *appropriate to the service* is fixed, e.g., Wards—per available bed and occupied bed ; X-ray department—per examination or per treatment ; kitchen—per meal supplied or per person fed, and so on. These accounts therefore combine the advantages of both the subjective and objective methods of accounting, expenditure being first allocated to objects, e.g., departments, etc., and then to subjects (according to the nature of the expenditure) within the objects. They show the extent to which each department is called upon by others and the cost of the services rendered to these latter depart-

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nents. Each department is thereby charged with the expenditure which it incurs both direct and indirect, and as the various departments are subject in some degree to separate control, responsibility for increases and decreases is more readily traced and the facts brought to the notice of the persons primarily responsible. A change in the organisation or scope of any of the services of a hospital is thus repeated only in the expenditure and unit cost of that service. Hence, from the viewpoint of management, its precise effect is clearly seen.

By the aid of departmental accounts it is possible to ascertain the differences which arise from varying conditions, and by an intelligent study of the constituent elements of cost in each case, to consider methods by which, without in any way impairing efficiency or closing down beds or curtailing other services, economies may be effected.*

LAST ISSUE OF THE STATISTICAL SUMMARY

In November, the Annual Statistical Summary was issued, covering the income, expenditure and work of the voluntary hospitals on the books of the Fund for the year 1947. Having regard to the fact that all hospitals in the National Health Service are now required to submit their accounts annually to the Minister of Health, and are no longer asked to submit them to the Fund, the publication of the Statistical Summary by the Fund will now cease, at all events in its present form.

The Statistical Summary was first published in 1904, and it has maintained an unbroken record for 45 years. It has been the official record of the work and the finances of the voluntary hospitals of London, and the information it has contained has been used considerably by hospitals and central organisations not only in Great Britain but in many other countries.

The figures for the voluntary hospitals of London for the year 1947 have therefore a special historic interest, and a brief resumé of some of the figures may be of general interest. The Summary deals with 159 hospitals, and comparative figures for the years 1938 and 1946 are also given.

* This paragraph first appeared in a Memorandum submitted to the Management Committee in 1944.

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The total "bed complement" at December 31st, 1938, was 19,510 as against 21,616 for 1946 and 21,799 for 1947. The average number of beds occupied daily was 16,104 as compared with 13,768 in 1946 and 14,667 in 1947. New out-patients fell from 2,042,077 to 1,856,476 in 1946 but increased again to 1,970,522 in 1947.

The ordinary income is shown in the following table :—

Items	1938	1946	1947
	£	£	£
Subscriptions and Donations	1,090,000	1,364,000	1,196,000
Central Funds ..	325,000	354,000	301,000
Ordinary Patients ..	538,000	678,000	819,000
Pay Patients	483,000	667,000	758,000
Contributory Schemes	688,000	961,000	868,000
Public Authorities ..	336,000	1,749,000	4,240,000
Fees, etc.	68,000	296,000	283,000
Invested Property ..	684,000	742,000	773,000
Total	4,212,000	6,811,000	9,238,000
Free Legacies brought in as Income ..	460,000	522,000	770,000
TOTAL .. £	4,672,000	7,333,000	10,008,000

A feature of the income received by the hospitals in 1947 is the amount of £1,196,000 from subscriptions and donations. Having regard to the conditions prevailing and the imminence of the transfer of the hospitals to the Ministry, this substantial total affords striking evidence of continued public interest. Receipts from Public Authorities increased from £336,000 in 1938 to £4,240,000 in 1947. Of this total £3,536,000 was received from

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the Government as follows :—Emergency Grants, £2,909,000 ; E.M.S. payments, £488,000 ; increases in nurses' salaries, £139,000.

The ordinary expenditure is shown in the following table :—

Items	1938	1946	1947
	£	£	£
Provisions	716,000	976,000	1,256,000
Surgery and Dispensary	607,000	999,000	1,414,000
Domestic	807,000	1,369,000	1,677,000
Salaries and Wages ..	1,909,000	3,993,000	5,911,000
Miscellaneous	136,000	262,000	353,000
Administration ..	213,000	341,000	428,000
Renewals and Repairs	199,000	347,000	567,000
Finance	321,000	335,000	411,000
Total	4,908,000	8,622,000	12,017,000
Contributions to other Institutions	38,000	47,000	104,000
TOTAL .. £	4,946,000	8,669,000	12,121,000

The average total cost per occupied bed for all hospitals in 1938 was £233 ; in 1946 it was £490, and in 1947, £639. The weekly statistical costs per occupied bed were £3 19s. 7d., £8 12s. 8d. and £11 4s. od., respectively. The largest increase appears under Salaries and Wages—£86 in 1938, £222 in 1946 and £307 in 1947, and reflects not only higher rates of pay but a very large increase in the total numbers employed. Other appreciable increases are : Domestic, £43, £86, £99; Surgery and Dispensary, £20, £43, £57; and Provisions £40, £65, £78. The total cost per 1,000 outpatient attendances was £110 in 1938, £209 in 1946 and £281 in 1947 ; the statistical cost per attendance being 2s. od., 3s. 11d. and 5s. 3d., respectively.

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No hospital authority, and no body which aims at increasing the efficiency of the hospitals, can afford to exclude nursing from its consideration, since it is a primary function of hospitals to provide skilled nursing care at all hours of the day and night for people who need it and are unable to obtain it in their own homes. The provision of adequate nursing care implies two things : firstly, a supply of nurses which matches the demand, and secondly, a quality of nursing which meets the varied needs of the sick and helpless and also marches with the advances in medical practice. In this country, criticism of the quality of nursing care is seldom published. The problem is generally regarded as one of numbers ; attention is focussed on supply, and on all the accessory and closely related factors of recruitment, wastage, incentives, status, salaries, accommodation and amenities, discipline, welfare, and so on. Only very recently has it come to be recognised that the core of the problem lies in the ever-increasing demand—not in a falling off of the number of those entering the profession and qualifying. These are administrative or semi-administrative matters which should be the concern of every hospital authority, in contrast with questions of training and of actual nursing procedures, which may be looked upon as the province of the profession itself.

The Fund's activities in relation to nursing have in fact touched on almost all the "administrative" factors mentioned above, as distinct from the professional or technical aspects of nursing. Its support has been given to many projects having as their aim the development of the nursing service or the improvement of the conditions in which nurses live and work. The setting up of a Division of Nursing by the Fund during the last year marks no new departure in policy therefore, but rather an internal re-arrangement to meet existing circumstances and future needs. At this stage it seems opportune to review briefly the Fund's main activities in connection with nursing, rather than to give a report on last year's work only.

ACCOMMODATION AND AMENITIES

Many years ago uneasiness began to be felt about the rigorous conditions in which nurses lived and worked. The Fund played a

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great part in the increase and improvement of accommodation for nurses, by making substantial grants towards expenditure on nurses' homes, and by setting standards (e.g., size of bedrooms, ratio of bathrooms to bedrooms, provision of bedside lights and other amenities) which were recognised and accepted far beyond the Fund's area.

This work has been in abeyance since responsibility was assumed by the State last July under the National Health Service, but the need for it has been increased enormously by the cessation of building during and since the war. In some hospitals nurses are still being housed in dormitories, and in many others the staff cannot be brought up to minimum requirements owing to lack of accommodation.

THE RECRUITMENT SERVICE—ADVISORY AND PUBLIC RELATIONS WORK

Numerically, nurses form the most important group within the hospital service. The constant references to the shortage of nurses (which is world-wide) and the countless suggestions for remedying the situation, serve to indicate how vitally important to the maintenance of the hospital service is the availability of adequate nursing care. The shortage in the hospitals in this country only is assessed at some 48,000, as against an existing staff of approximately 121,000 full-time and 20,000 part-time nurses. At the same time it cannot be emphasised too often that this shortage does not arise because girls are no longer willing to nurse. It is estimated that there were some 29,000 more nurses and midwives in employment in Great Britain in 1948 than there were in 1938. Further, it must be remembered that the unsatisfied demand for hospital beds (as experienced by the Emergency Bed Service) and the large numbers of closed beds, are not due solely to shortage of nurses. Very often the real shortage is in accommodation. It has been found over and over again by the Recruitment Service that hospitals give a return of beds closed for lack of nursing staff when in fact they are unable to admit staff sent to them by the Service because they have no room for them. The present ratio of approximately 10.67 *staffed* beds per thousand of the population is almost certainly the highest in the world, and probably the ratio of staff to beds is much higher than the average. The demand for beds, and with it the demand for

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nurses, has been forced up by housing difficulties, by shortage of domestic help, by the fact that 800,000 more women are out at work now than before the war, and by the increasing proportion of aged among the population.

These facts give no occasion for complacency with regard to recruitment, but they put the situation in a better perspective, particularly from the point of view of parents who are anxious that their daughters should choose a good career. Appeals for nurses, like appeals for hospitals, are not at their best when couched in terms of crisis. No one wants his daughter to enter the nursing profession because the shortage is acute. The Nursing Recruitment Service has fought to establish this principle ever since the end of the war, and indeed before, and there is now a very noticeable difference in the tone of official publicity on nursing matters.

There is, however, a practical side which we cannot overlook. The potential supply of nurses is limited and there is no hope that it can keep pace with a limitless demand. The tremendous increase in the opportunities of employment for women and the diminished field of recruitment owing to the low birth-rate 18-20 years ago are sufficient to destroy any such hope. Ultimately the demand will in some way have to be limited to the number of nurses the nation can provide.

Conviction of the need to ensure that no potential candidate should be lost to nursing through ignorance of its merits and attractions as a career, or through lack of advice on how to take the first steps and to choose the most suitable training school, led the Fund to set up the Nursing Recruitment Service in 1940. Since that time its two branches—public relations work and individual advisory work—have been maintained and developed, and with the co-operation of the Nuffield Provincial Hospitals Trust since 1940 the Service has been extended to hospital training schools throughout the country.

As regards the "public relations" work, the aim has always been to use only those methods of publicity which are appropriate to a profession. The circulation of information about present-day conditions and opportunities, and the removal of prejudices and misapprehensions (which are so often held by parents rather than by the girls themselves) do not always show direct results in statistics. It is considered, however, that the prestige of nursing, which is the

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permanent factor in recruitment, is better served by such methods than by "drives" or other methods suitable for recruitment to other occupations where all that is sought is an immediate large response.

Perhaps the most important section of the "public relations" work is the giving of talks in schools and the contact with headmistresses, education authorities and Parents' Associations. In this Miss A. C. Peile, the Travelling Secretary to the Service, has met with much success. The work has developed steadily and now about 150 talks a year are given. This means that definite information about nursing as a career reaches many thousands of senior girls in the larger schools each year.

In acting as a public relations department for nursing, the Recruitment Service has inevitably attracted enquiries and requests for advice covering a wide field, without any announcement of an information service or any invitation to send enquiries. The Service has been dealing with over 500 general enquiries annually for some years past, and in 1947 and 1948 the total mounted to 600. "General enquiries" include all questions other than those made by or on behalf of a candidate for training.

As regards the advisory work, during the last five years (i.e., since the peak period of war-time recruitment), the Service has dealt with an average of about 4,600 new candidates annually and has been able to trace over 1,500 of these annually as accepted by hospital training schools, in addition to which 250 have been guided to pre-nursing courses or some form of nursing other than training. Probably many more candidates have been accepted after consulting the Service but have not notified it. About 2,400 interviews are given annually and a large volume of detailed personal correspondence is carried on with candidates who are not able to come for interview.

The aims have always been to recruit the candidates most fitted on educational and vocational grounds for nursing, and to guide them to the best training schools for which they seem eligible. This finding of the right niche for each candidate is looked upon as the real test of success, for though it may mean at times that the more urgent needs of other hospitals have to be passed over, it constitutes the main contribution which an advisory centre can make to the

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reduction of "wastage" during or after training. It also builds up the confidence of those who consult the Service about their training and of the headmistresses and others responsible for advising young people. Many of the candidates who now come for advice do so because their friends or relatives have been helped to make satisfactory arrangements in earlier years. Under the National Health Service there is a real place for a free and independent advisory service, and the work has the full support of the Ministry of Health.

The advisory work to hospitals on their own recruitment methods, and on such matters as the preparation of effective prospectuses of the training schools, continues and increases. The Secretary was asked to speak on the subject recently at a meeting of the Association of Hospital Matrons. With the closing of the L.C.C. Recruitment Centre, responsibility for staffing is newly thrown on the hospitals formerly administered by the London County Council; a number of these have applied to the Recruitment Service for help and advice and are now being visited.

The opportunity must not be lost of expressing the Fund's keen appreciation of the great help given since 1939 by the members of the Nursing Recruitment Committee under the Chairmanship, first of the late Lord Luke, and later of Dr. Morley Fletcher. The new constitution of the Fund involves the replacement of Committees by Panels of Advisers, one of which is in process of formation for the Division of Nursing. It is hoped that the same wise guidance will still be available, not only on recruitment, but on other branches of the Fund's work in connection with nursing.

NURSES' HEALTH

A very definite step forward was made as a result of the publication of the Fund's Recommendations on the Supervision of Nurses' Health. These were sponsored by the Ministry of Health, and the General Nursing Council made their adoption a condition of its approval of training schools for nurses. The health record forms, subsequently drawn up and published by the Fund in response to many requests for guidance, are in use in the great majority of training hospitals and still sell at the rate of some 50,000 copies a year (although, of course, the record cards for individual nurses continue

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in use over a number of years). Their use implies regular medical examination of staff with appropriate immunisations, etc. There is evidence that the hospitals take pride in a greatly improved standard of health care. The Fund has recently been asked to give the matter further consideration, particularly in relation to precautions against tuberculosis. Enquiries have been made informally but the results do not suggest that conditions are such as to call for further action by the Fund. In the meantime, there is hope that the introduction in this country of B.C.G. vaccination for nursing staff may greatly reduce the tuberculosis morbidity rate, as it has done in Denmark and Norway.

GROUP PRELIMINARY TRAINING SCHOOLS

When the Fund first took up this subject the majority of hospitals sent their new student nurses to the wards quite unprepared for their new duties. Recommendations on the need for an introductory course and on the establishment of group preliminary training schools for nurses were published and the Fund made grants of £5,000 a year over four years towards their establishment and maintenance. Within a few months the number of hospitals in the Fund's area which offered a preparatory course to their students had increased four-fold, and later preliminary courses became obligatory at all hospital training schools.

TRAINED NURSING STAFF

The Recommendations on Standards of Staffing have been very widely read and quoted in this country and overseas.

The Fund was the first to draw attention to the loss of trained staff from hospitals, which is so much more serious than the wastage of student nurses. The survey on the subject made by the Nursing Recruitment Service in 1948* attracted much interest. The main facts emerging from the survey were:

- (a) Only 32% of all those whom the London hospitals train in general nursing continue directly to practise it in hospital.

* *The Lancet*, August 14, 1948. Reprints obtainable from the Nursing Recruitment Service.

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- (b) 36.3% go on from general nursing to midwifery training, but of those possibly half return to general hospital work immediately after the course.
- (c) 15.5% give up the practice of nursing immediately after training.

The fact that the hospitals have to train approximately three times as many nurses as they are able to retain on their permanent staff surely deserves as much attention as the wastage during training. These figures leave out of account the wastage during training. If the Working Party's estimate of a wastage-rate of 36%, or a survival-rate of 64% is accepted, this means that only 20% (32% of 64%) of those who enter for training remain in hospital posts immediately after completing training—i.e., the hospitals must admit approximately five times as many student nurses as they can hope to retain on their trained staff.

The question arises how an adequate ratio of trained nurses to student nurses—which is a pre-requisite for "student status"—is to be achieved while the hospitals have to train for ever wider fields of work outside their own sphere. One answer would seem to be that if the public health services need increased numbers, efforts should be made to recruit and provide training as "health teachers" for the many intelligent girls interested in "social work" or "community service" who have no wish or vocation to take a full training in the nursing of the sick. These could be complementary to the health visitors who are qualified nurses.

The proportion giving up nursing altogether is high; but it must be noted that most (10.04% of all trained) leave to marry—a reason to which exception cannot be taken. It does suggest, however, that much more effort should be made to retain the services of those married nurses who wish to work outside their homes. At present they are allowed to drift into other employment—as receptionists, clerks, etc.—where their nursing training is not put to full use.

Nor can serious exception be taken, in present circumstances, to the number giving up for home reasons, though possibly some of them might be retained for hospital service if non-resident posts with "office hours," in outpatient or other departments, could be had at their local hospitals.

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Probably most of those whose reasons for giving up are not known drift into other occupations offering less responsible work and requiring less effort. It is known, for instance, that many young nurses seek secretarial or receptionist posts: indeed, one hospital which sought to economise the time of its nursing staff by appointing outpatient clerks or receptionists found that a number of nurses applied for these posts. It is well worth considering whether this shrinking from responsibility or full endeavour may be due to the almost universal lack of preparation for ward sisters' posts and the example of those who have been appointed to them unprepared, with resultant strain and waste of effort. There must be some deterrent factor at work to cause so many nurses who have just achieved their professional qualification to turn away from the very work for which they have been training.

Careful thought has been given to the question whether the Fund could take steps to help to restore the popularity of hospital work among trained nurses. Some recommendations were included in the Fund's comments on the Report of the Working Party on Nursing. In pursuance of this aim the Fund is offering courses on staff college lines in preparation for ward sisters' duties. These are described later. Again, with the object of emphasising the importance of actual nursing work, the Fund awarded in 1948 two scholarships of £200 each for courses arranged by the Florence Nightingale International Foundation, and two travel grants of £125 each, all to prepare for hospital work other than administration or teaching. Another scholarship to the value of £350 is being offered in 1949. Other steps which have been proposed are the giving of better status and more amenities to staff nurses and the provision of flatlet blocks to meet the demand of residence away from hospital and more freedom in the nurses' private life.

RECOMMENDATIONS ON POLICY

Recommendations based on the Fund's long experience have influenced policy in relation to nursing staff in various ways.

Recently the Fund has participated in discussions on the Ministry's proposals for new legislation in connection with nurse training and on the Nurses' Bill introduced in the House of Lords in April, 1949.

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The two main objectives of the Bill are definitely in keeping with recommendations made from time to time by the King's Fund.

- (a) Freedom to experiment in nurse training.
- (b) The separation of the finance of nurse training from that of the hospitals.

For some years the Fund advocated these principles as essential for the development of nursing on the best lines. Two memoranda to this effect were sent to the Ministry of Health, in 1944 and in 1947, and similar recommendations were made in the comments the Fund was invited to submit to the Ministry on the Report of the Working Party on Nursing. A brief outline of the reasons which led to these recommendations follows :—

(a) *Freedom to experiment in nurse training.* Nursing in this country has undoubtedly suffered since the institution of State registration in 1919 from an attempt to achieve a uniformity which is in the nature of nurses' work impossible. The General Nursing Council has been instrumental in bringing about a greatly improved minimum standard of training, but the result has too often been to hold back the more advanced schools and at the same time to press the less advanced beyond the capacity of their nurses. In other words, an attempt has been made to create a uniformity in the nursing field which bears little relation to the wide range of ability among our nurses. It seems only realistic to allow the training schools some measure of freedom to adapt their course to the capacity of the student body which they can recruit. With appropriate safeguards such a step need not involve any lowering of standards but might well lead to advances in training and in nursing practice.

(b) *Separation of the finance of nurse training from that of the hospitals.* The Nurses' Registration Act of 1919 omitted to make provision for any subsidy towards nurse training from national funds and the whole of the finance of the nurse training school—its teaching staff, its equipment and so forth—has had to compete with other claims on the hospital budget. Too often this has led to parsimony. A measure of financial independence is essential to secure the training interest against complete domination by the other pressing interests of the hospital services. It is right and proper to retain all that is

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good in the apprenticeship system, and there must clearly continue to be a close identification of hospitals with training schools. But this is not sufficient to justify the financial handicaps from which training facilities have suffered in the past, and the Bill contains the possibility of great improvement in training facilities while still retaining all that is best in our traditional system.

STAFF COLLEGE FOR WARD SISTERS

Early in the year the Fund was asked by the Ministry of Health to consider establishing courses which would prepare young trained nurses for work as ward sisters. It was thought that such courses might be the most effective remedy for the loss of trained staff from hospitals, to which reference has already been made. On the one hand, the able nurse who wishes to advance in her profession and to achieve distinction tends to leave bedside nursing for administration, teaching, or one of the branches of work outside hospital for which special courses are available. On the other, the less ambitious leave hospital because they shrink from the exacting and strenuous work of a ward sister, which under pressure of circumstances young nurses are often called upon to undertake without adequate preparation. It should be possible for a nurse to achieve at least as much distinction in actual ward work as in any other branch of nursing. It should also be possible to give guidance and help to those who lack confidence for the full responsibilities of a ward sister. Ample evidence was forthcoming that many young nurses would welcome a short course on staff college lines, to widen their experience and to enable them to see at first hand how these responsibilities are discharged in hospitals where the standard of staffing has been sufficient to allow more time and attention to be given to them. Moreover, the systems adopted in various hospitals in regard to ward administration vary widely and comparative data are of great value.

After conferences with representatives of the Ministry of Health, the Royal College of Nursing, and others interested, a Committee was formed under the Chairmanship of Sir Hugh Lett, Bt., K.C.V.O., F.R.C.S., and it was decided that the Fund should open a residential training centre to which prospective ward sisters could be sent from the hospitals in the four Metropolitan Regions. A suitable building was bought in South Kensington; Miss A. M. Downer was

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appointed as Principal, Miss C. H. S. Dobie as Tutor and Miss M. I. M. Seivewright as Warden. The Fund's first course for ward sisters began at the Staff College, 147, Cromwell Road, S.W.7, on 1st March, 1949, with twenty-five students.

It is considered that the directions in which help is most needed are:—

- (a) the teaching of the student nurses;
- (b) personal relations and modern methods of staff management;
- (c) the efficient administration of the ward;

and the course is built for the most part around these three subjects. A large part of the timetable is devoted to discussion groups and visits. Efforts have been made to avoid giving instruction simply by series of lectures. The students are divided into groups, each group being responsible for the preparation of a manual for ward sisters. Visits to hospitals, etc., are regarded as voyages of investigation to collect material for the manual. After about seven weeks at the Staff College the students go out to the hospitals to work as supernumeraries with experienced ward sisters in well-run wards. Care is taken to select for each student those hospitals which will give her insight into conditions and problems different from those of her own hospital. After about five weeks' practical work the students spend the last fortnight of the course at the Staff College in order to discuss their experiences and clarify their views as to the best methods they have found.

Courses are to be given at four-monthly intervals and applications may be sent in at any time. The entire cost of tuition and residence is defrayed by the King's Fund, apart from hospitality provided by the hospitals to which the students go for practical experience.

Enquiries about the course have been received not only from various parts of this country, but from as far afield as Holland, Ceylon, Singapore, Trinidad and Australia. There is evidence of a demand for similar courses in other parts of the country. A new departure of this kind must necessarily be experimental; if the plan proves successful it is hoped that it will be adopted throughout the country as a normal method of preparation for ward sisters' duties.

HOSPITAL CATERING

HOSPITAL CATERING—A REVIEW OF PROGRESS

It is now six years since the Fund's dietetic advisory service was inaugurated, and perhaps the moment is opportune for a brief backward glance. At that time the conviction had long been gaining ground that all too few hospitals had managed to keep abreast of modern advances in the principles of nutrition and of the therapeutic value of well-planned diet. Catering was often based on standard diets and menus drawn up by a Sister House-keeper, and obsolete methods of cooking not only rendered the food unpalatable, with consequent loss of the immense moral benefit upon sick people of adequate food attractively presented, but often destroyed some of its properties most needed for the patient's recovery. Reports obtained by the Fund revealed wide variations in standard, and it seemed that unless a lead was given by some central authority progress would be negligible. The King's Fund was in a favourable position to take the initiative in a situation that could only be remedied with the full co-operation of individual hospitals.

The first step was obviously to obtain scientific confirmation of what was so far mainly supposition. Here the Ministry of Food gave valuable assistance, and an analytical survey of the food value of meals actually served to patients and staff in certain representative hospitals was carried out. The results provided undeniable evidence in support of the Fund's contention and the facts, together with various recommendations, were widely disseminated in the two Memoranda on Hospital Diet prepared under the direction of Sir Jack Drummond, F.R.S., then Scientific Adviser to the Ministry of Food and since 1943 Chairman of the Fund's Committee on Hospital Diet. The recommendations made have since been considered and implemented in many hospitals throughout the country, far beyond the Fund's area, and many reforms have been based on them. A fundamental principle in these recommendations is that the whole of the catering, and not merely a few special diets, should be based on sound nutritional principles. Many of the London hospitals have adopted the recommendation that catering officers be appointed, and on the initiative of catering officers in the London area the Hospital Caterers' Association has

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recently been formed with Sir Jack Drummond as the first president.

The Dietetic Advisory Service has made its aim the encouragement and assistance of hospitals and convalescent homes to achieve the standards envisaged in the Memoranda, and during the past five years 150 visits have been made by members of the staff.

There is no doubt that real efforts have been made by hospitals to raise their standards of feeding, in spite of the unprecedented difficulties experienced during this period.

Notwithstanding the signs of progress, however, catering still falls short in varying degrees of the nutritional requirements for the maintenance of health, and it is apparent that the defects are the result of a system rather than any failure on the part of those responsible in individual hospitals. The handicaps from which catering suffers in many hospitals may be summarised as follows :—

DIVIDED CONTROL STILL PREVALENT IN MANY HOSPITALS

In some hospitals the responsibility for catering is divided between the matron and the steward.

On the one hand, the matron, who delegates the work to either a housekeeping sister or a trained housekeeper, is responsible for:—

- (a) The menus for the staff.
- (b) The cooking of food for patients and staff.
- (c) The service to the staff, and after the food reaches the wards, to the patients.
- (d) The kitchen staff.

On the other hand, the steward's department is responsible for:—

- (a) The patients' dietary, using for this standard menus which have been prepared by a Committee.
- (b) The issuing of all food to the patients. Food not requiring cooking being sent direct to the wards, and food for cooking being sent in the required amounts for the day's menu direct to the kitchen.
- (c) All buying, a great part of which is by contract or by indenting on a central supplies department.

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- (d) The conveyance of cooked food from kitchen to wards.
- (e) The stores.

Thus it will be seen that where such arrangements prevail the feeding as a whole for staff and patients is not the responsibility of one officer.

The meals for the staff are planned with more care than those for patients, and thus there is opportunity for greater variety. The meals for the patients on full diet are dull and monotonous, and because of the standard menus, little opportunity is afforded the cooks for the introduction of new dishes.

Menus for patients on light or special diets are seldom planned. The mid-day meal for the former is invariably steamed fish, followed by milk pudding. No cooked dish is provided for their supper. Thus the dietary is monotonous and must frequently be inadequate. This is a serious defect in hospital catering—patients requiring light diet need highly nutritional meals rich in protein in order to build them up; this cannot be achieved on one main meal a day.

STAFFING

There is too often a marked absence of anyone on the staff with sufficient skill and experience to take full charge of the catering, or to see that the best use is made of the foods available. The number of cooks employed in the kitchens is rarely sufficient to provide more than the most meagre fare. Those that are employed are invariably unskilled and have had little experience outside the hospital, having been promoted from kitchen maid to head cook or even kitchen superintendent, as a reward for long service rather than for skill.

ORGANISATION OF KITCHEN WORK

It has often been the practice in the past to keep the cooking for the patients and staff entirely separate, including preparation of vegetables. In some hospitals this is carried even to the extent of dividing one kitchen, thus duplicating the equipment. This is not only a waste of space but also of time and personnel.

EQUIPMENT

Much of the equipment in the kitchens is poor and worn out. The large boilers in use date back to the Poor Law Institutions

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where soup, stews and porridge were the chief items of diet. A common method of conveying food to the wards is in small insulated boxes. These are totally inadequate and much of the food is carried in uncovered dishes in open trucks. The porters who carry the meals not infrequently do so wearing the same overalls in which previously they have emptied dustbins or filled coal buckets. Wash-hand basins for the staff in which to wash their hands are rarely provided in the kitchens, and sinks used for washing up or preparation of vegetables must be used for this purpose.

RECOMMENDATIONS MADE

The recommendations made by the Fund to hospitals visited in order to remedy some of these difficulties may be summarised as follows:—

- (i) Catering should be regarded as a department of the hospital and should be in the hands of an experienced officer. The catering officer should be responsible for the feeding throughout the hospital, from the buying of the food to the service. For this post it is essential to appoint an officer (either man or woman), who has had wide experience in catering. The post carries great responsibility and therefore must receive adequate remuneration.
- (ii) The head cook or chef in the kitchen should be regarded as supervisory staff, and must be experienced. He must be capable of seeing that dishes are properly prepared and cooked and leave the kitchen in appetizing form. The salary paid to such a chef should be in line with that paid to similar posts in hotel or restaurant service.
- (iii) Meals throughout the day should be planned for all staff and patients including patients on light and special diets. In large hospitals where there are a number of special diets, dieticians should be employed. In small hospitals the advice of dieticians within the Group should be available.
- (iv) Adequate equipment should be provided for the conveyance of food to the wards.

HOSPITAL CATERING

TRAINING CENTRE FOR CATERERS

Possibly the greatest obstacle to improvement in catering is the shortage of skilled staff. To help meet this difficulty the King's Fund is about to inaugurate a training centre. By arrangement with University College Hospital the training centre will be at St. Pancras Hospital, now part of University College Hospital. It will be built on a bombed site and it is intended that it should be a model both in equipment and layout. It is hoped that in time a constant supply of well-trained catering officers and cooks will go out from the Centre to the hospitals. Mr. C. C. A. Gibbs, who has held the post of catering officer at St. Mary's Hospital for the past three years, has been appointed officer in charge.

CATERING IN CONVALESCENT HOMES

Requests for advice and help in all matters relating to catering continue to be received from convalescent homes. In order to meet the very real desire for improvement in the feeding of patients by those in charge of homes, short courses of lectures, demonstrations and discussions have been arranged. The first was held at St. Michael's Home, Westgate-on-Sea, and was attended by 32 matrons and representatives, the second, attended by 27, was also held at St. Michael's Home, and others have been arranged at: St. Mary's, Broadstairs, The Railway Convalescent Home, Margate, and The Berkeley Home, Broadstairs.

A Food Bulletin on "Light Diets" was issued in December and was circulated to the four Metropolitan Regional Hospital Boards, Boards of Governors and Hospital Management Committees. Subsequently requests were received for 615 copies for distribution to the hospitals.

RESIGNATION OF MISS M. C. BROATCH

The Fund has received with regret the resignation, for domestic reasons, of Miss M. C. Broatch, who was appointed in 1943 as Dietetic Adviser and Secretary to the Committee. Miss V. Scott Carmichael has been appointed in her place.

With a view to securing further improvements in hospital catering, the Fund has also secured the services of Mr. Jack Hollingshead, who resigned an appointment as Director of the Catering Division of the British Tourist and Holidays Board early in 1949.

CONVALESCENT HOMES

CONVALESCENT HOMES

In some ways the National Health Service Act is a greater landmark in the history of convalescent homes than of hospitals, for it has given them recognition previously denied them as an integral part of a comprehensive system of health care. The hospitals have long been the focal point of all activities concerned with the treatment of the sick, whereas convalescent homes have been regarded merely as desirable and useful ancillaries, to be used if readily available but otherwise foregone. In consequence their growth has been haphazard in the extreme. Instead of every hospital of any size having its own home to which patients would pass more or less automatically and which would be designed to cater for their particular needs, they have been content to rely on the uncoordinated efforts of any voluntary organisations sufficiently enlightened to see the general need. Convalescence, in short, has been a luxury. Now, suddenly, it has not only been recognised as a medical necessity but has become a right to which everybody is entitled.

This change of status has affected the work of the Convalescent Homes Committee to a much less degree, however, than the nationalisation of the hospitals has affected that of the Distribution Committee. Whereas the great majority of hospitals passed to the State, rather less than 40 per cent. of convalescent homes were taken over and attached to Boards of Governors or Management Committees. Of the homes left outside the fold many did not provide convalescence within the Minister's definition, which implies regular nursing care and medical attention. These homes were termed holiday homes by the Ministry. But the majority of them had always taken patients after hospital treatment and fulfilled just as valuable a function as convalescent homes proper. Furthermore, such was the haste of the transfer that a considerable number of homes providing a high standard of nursing and medical care were left unclaimed, and hospital almoners found themselves deprived of homes which they had previously used and unable to find vacancies in homes included in the National Health Service. To ease this situation the Regional Boards entered into contractual relations with a number of independent homes, undertaking to pay the maintenance fees for a fixed number of State patients but leaving the authorities of

CONVALESCENT HOMES

the home full responsibility both for administration and for meeting all capital expenditure. This was an eminently satisfactory arrangement, since it both relieved the Regional Boards (and hence the taxpayer) of heavy expenditure and left the homes with the independence they value so highly. The remaining holiday homes may also take patients from hospitals but the fees have to be found either by the patient himself (or some benevolent fund) or by his local health authority, who may sponsor holiday home convalescence but unfortunately is not statutorily required to do so.

There are, thus, two categories of home where support from the Fund is of special importance : convalescent homes not taken over but having contractual arrangements with Regional Boards, and the holiday homes. Both are entirely dependent upon voluntary resources for any expenditure above the bare day-to-day running costs. Some homes have, of course, substantial funds available, for capital purposes, but a surprising number have been forced to live from hand to mouth by the rise in costs since the war, which has eaten into their slender reserves. They are thus quite unable to contemplate anything in the nature of improvement to equipment or accommodation—improvements often long overdue and doubly necessary when convalescence is no longer the gift of charity. Furthermore, the unexpected contingency that faces every home sooner or later—the renewal of water pipes or electric wiring, the elimination of dry rot—may prove an insupportable burden. Increasing calls were made during the year upon the King's Fund for help to meet such contingencies and to carry out schemes of improvement, many of the latter the fruit of the intensive visiting carried out in 1947 by members of the Committee and the official visitors.

The Fund's aim has been to raise, as distinct from merely maintaining, convalescent standards ; and therefore its main interest has been in schemes which showed that constructive effort was being directed to this end. Nor in some cases has the Fund been backward in urging homes to attempt something more ambitious than they may have contemplated themselves. Many a modest application for some chairs and paint has suffered a startling metamorphosis under the Fund's encouragement into a £3,000 scheme. Such a policy may sound extravagant in these days of cuts and

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economies, but the Fund is convinced that only thus can any real impression be made upon the convalescent home situation. It is now possible to point to at least half a dozen homes which provide a completely new standard of comfort for their patients—and sometimes for their staff—and will continue to do so for years to come. There is a case for the reduction of the annual maintenance grants to homes. So long as fees had to be paid by the patients themselves or by some charitable organisation it was essential that they should be kept as low as possible, and this accounted for the regular deficits on income and expenditure. In most cases now it is open to the home to charge the statistical cost per patient and a deficit is normally unwarranted. The Fund has followed a policy of insisting that income and expenditure is on a sound footing before authorising capital grants, and it is hoped that before long all the money at present allocated for maintenance grants will be set free for more useful capital purposes.

One example may be quoted as representative of this new outlook. The Hampshire Branch of the British Red Cross Society started a small hostel near Bournemouth for babies under two years of age, towards which the Fund gave some help. It was obvious, however, that this did not fill the need for homes of this type and at the suggestion of the Committee a large house was purchased near Christchurch for conversion into a home for 25 babies. The Fund backed the scheme to the extent of £10,000 and this alone made the scheme feasible.

Indeed a main feature of the year's work has been the change from thinking in terms of hundreds to thinking in terms of thousands. This has brought with it increased responsibilities, which have been taken very seriously. It is far easier to mis-spend large sums than small ones ; an ill-conceived major scheme will result in a correspondingly major waste. All applications have therefore been investigated with the utmost care and the Committee has never hesitated to criticise or to suggest modifications even when these are of a drastic nature. Nor has it been armchair criticism ; the home in question is invariably visited by a Sub-committee and the plans discussed on the site with all those concerned. The Committee has also been able to call upon the services of the Fund's dietetic and catering advisers for expert opinion on their specialised subjects.

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Alongside this work of physical rehabilitation has proceeded a campaign designed to bring a new and enlightened spirit into management on the domestic side. There has long been an isolationist tendency which has prevented the interchange of ideas between homes faced with fundamentally the same problems. Towards the end of the year a series of monthly meetings was planned to bring together for purposes of discussion the matrons and superintendents of homes in the Isle of Thanet, and the Committee has high hopes that this policy will be developed in other areas where there are several homes in one area, and will redound to the benefit of convalescent patients. With the same end in view Sir Henry Tidy, Chairman of the Convalescent Homes Committee, contributed an article to the *Lancet* describing the activities of the Fund in this field. There is a fair degree of ignorance in professional as well as lay quarters which it is important should be dispelled if real progress is to be made.

The sum of £30,000 was allocated by the Council for distribution during 1948. Details may be found on page 69.

The personal contacts with the Homes by visitors have revealed further defects previously unsuspected by the Homes themselves. To support the policy of the Fund in assisting to remedy such deficiencies a sum of £80,000 was allocated to the Committee for the year 1949. It is probable that this sum will not be sufficient to meet immediate needs during this year.

A further extension of the work is now coming before the Committee. There are certain classes of convalescents for whom the existing accommodation is insufficient or even non-existent, and requests are being received by the Committee to assist in the establishment of entirely new Homes. Such requests will need to be carefully considered and may call for further capital expenditure.

THE CONVALESCENT HOMES DIRECTORY

The first edition of the Directory was published in September, 1947, and was kept up to date by the issue of amendment sheets and information concerning additional homes from time to time. The changes brought about by the National Health Service were, however, so far-reaching that the Committee decided to reprint the Directory entirely. This very considerable work was completed in

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May. The Directory has been bought by almoners, public health authorities and business firms, and is now generally recognised as the authoritative guide to convalescent homes in the Metropolitan Regions.

CONVALESCENT ADVISORY SECTION

The Section was started in January to provide almoners with general advice about convalescent and holiday homes taking patients from the Metropolitan Hospital Regions; and in particular to keep a weekly record of vacancies. It has not always been easy to persuade homes of the importance of regular returns but nevertheless the Section has been able to give useful service and an increasing number of enquiries are being received.

TRAINING IN HOSPITAL ADMINISTRATION

With the eyes of the hospital world lifting from the makeshift exigency of the war period to the broader prospects of a National Health Service, the question of the long-term training of the hospital administrator was bound to receive increasing attention. Since the end of the war the Fund has offered a limited number of awards known as bursaries in hospital administration of the value of from £400 to £600 per annum tenable at some of the larger London hospitals. Originally limited to men and women whose careers had been seriously interrupted by the war, these bursaries have provided a much appreciated innovation, and the great majority of those who have obtained bursaries have subsequently found little difficulty in obtaining responsible posts on the administrative staffs of the hospitals. During 1948 eight bursaries were awarded: there were once again a very large number of applicants, many with distinguished service records, and it proved no easy matter to select those most likely to possess the rather unusual combination of qualities required in a hospital administrator. The hospitals that participated in the scheme by taking bursars for one or other six-month period of this eighteen-month training were:

The London Hospital; St. George's Hospital; St. Mary's Hospital; Royal Free Hospital; St. Thomas's Hospital; University College Hospital; Westminster Hospital; Hospital for

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Consumption; Hospital for Sick Children and the Bermondsey and Southwark Hospital Management Committee.

One of the most successful features of bursary training was still the weekly visits, to the organisation of which Captain H. Brierley, the House Governor of the London Hospital, generously gave much of his time. These visits, extending to places of outstanding interest as far afield as the Queen Elizabeth Hospital at Birmingham and including hospitals where special interest has been taken in the care of the chronic sick and also various other types of special hospitals, served to broaden the outlook of the bursars and were the occasion of much stimulating discussion and exchange of views. The problems of each hospital are as individual and varied as their buildings or the personalities of their staff, and the realisation of this fact is by no means the least important lesson to be learnt by the would-be administrator. It has far too long been the case that hospitals have tended to live in "splendid isolation" as regards many details of their administration. Those who have been fortunate enough to obtain bursaries have from the start grown up in the habit of consultation and debate with their colleagues, and it is much to be hoped that this sense of camaraderie will continue to spread much further among those responsible for the administration of the Health Service.

Hitherto it has been necessary to confine the scheme to new entrants into the hospital service since it was designed to afford such men a broader and better organised introduction to the work than would have been possible by the more haphazard methods of the past. It is known, however, that some of the younger men who have entered the hospital service in other ways would greatly appreciate the opportunities afforded to those who have held bursaries, and it has been decided that the experiment should be tried of offering a proportion of the bursaries to be awarded in September, 1949, to men already in the hospital service. There is the difficulty that men who already hold posts may not in many cases be willing or able to surrender their present posts in order to take advantage of the bursaries, but a number of applications have nevertheless already been received. The question whether the Fund could make some useful contribution by providing further facilities for the study of hospital administration is also receiving consideration.

TRAINING GRANTS FOR ALMONERS

As is well known, there are now some dozen universities in America which offer courses for the hospital administrator: but the content of the courses is very varied, and a recent study made in America shows plainly that there is no agreement as to curriculum. In this country, moreover, the nationalisation of the hospitals has brought into prominence the pressing need to offer training facilities for many now holding posts as hospital administrators whose previous experience has lain outside the hospital field or has been confined to one particular aspect of that field. The problem is but part of the wider problem created by the National Health Service Act. We need to determine the form of administration calculated to preserve under the new conditions the best elements in the older tradition built up in this country since the days of Sir Henry Burdett.

The success of the administrative bursars had encouraged the Fund to explore the possibilities of two further schemes of this sort. The first new experiment was a plan to train men for the senior accountancy and finance appointments; the other, dealt with on page 48, was to train Medical Records Officers.

The bursaries in accountancy were designed for a six-month period with a grant at the same rate as for the administrative bursars. Of the six men who trained, three took other employment, one is still unable to secure a hospital appointment, and only two have obtained the posts they sought. It appeared that the opening for such bursars was strictly limited. Men sufficiently qualified in accountancy for the highest posts could usually find more lucrative employment in the business world whereas those not so qualified have failed in face of the competition of candidates from business, from local authority, and from men who have merely dealt with large numbers of pay packets. This scheme has proved disappointing and therefore lapsed.

TRAINING GRANTS FOR ALMONERS

During the year the King's Fund extended its activities to a new field, that of social medicine. For some time the Institute of Almoners had been worried about the failure of the supply of recruits to keep pace with the expanding requirements of the profession, due, it was thought, largely to the expense of the training which involves 15 months practical work on top of a two-year university

TRAINING GRANTS FOR ALMONERS

course in Social Science. There was, however, little accurate information about the scale of the shortage and before taking any action the Fund decided to carry out a survey of the situation in the London Area. Sir Harold Cloughton, C.B.E., lately Principal of the University of London, was invited to undertake this task which he began early in the year. The Report became available in September and was circulated privately amongst interested bodies. This provided first-hand knowledge of an aspect of hospital work about which too little is known, and should enable the Fund to make some useful contribution to the development of social medicine in the formative stages of the National Health Service.

On the particular question of staffing and recruitment the Report revealed that in the metropolitan area there is both an overall shortage of almoners and an unbalanced distribution of resources. Progressively minded hospitals were adequately—sometimes almost extravagantly—staffed, whilst others with equal or greater needs and opportunities preferred to “manage” without almoners at all. It also emphasised that the National Health Service, so far from making the almoner superfluous—as many believed who were aware only of the assessment side of her work—would in fact leave her freer than ever before to exercise the functions for which she is specifically trained.

Whilst the survey was in its early stages the Institute of Almoners approached the Fund about the possibility of offering bursaries for students of the quality needed to fill in due course the important research, teaching and organising positions in the profession which are likely to increase as the almoner becomes recognized as an integral part of every hospital's medical team. The scheme aimed to attract for these purposes women already in possession of an Honours degree who would qualify as almoners after a shortened theoretical and practical training, lasting two years in all.

Sir Harold Cloughton's enquiries confirmed this need and the Fund offered six bursaries of the value of £350 per annum for two years. The successful candidates started at the London School of Economics in October. A similar number are being offered in the spring of 1949. It will, of course, be some years before the results of the scheme can be assessed, but the standard of the bursars give no cause for anxiety on this count.

MEDICAL RECORDS

MEDICAL RECORDS

MEMORANDUM ON ADMISSIONS AND RECORDS

In last year's Annual Report a brief mention was made of the course of study devoted to the Admission of Patients, to Appointments Systems and the organisation of Out-patient Departments, and also to the keeping of Medical Records. This course was an even greater success than was realised at the time. The participating officers, under the chairmanship of Mr. S. W. Barnes, House Governor of King's College Hospital, attended a number of meetings at the Fund's offices, and in a series of detailed discussions the findings of the enquiry were reduced to the form of a booklet entitled: "Some Observations on Hospital Admissions and Records." This was issued later in the year, and provided in general terms applicable to the majority of hospitals a comprehensive statement of sound principles which have since proved helpful to many administrators.

The ground covered by the booklet is wide. The need for an appointment system is emphasised, and detailed recommendations are made as to how this can best be instituted. The ideal layout of both casualty and out-patient departments is discussed in some detail; and while it is recognised that the geography of the hospital must affect to some extent the organisation of these departments, practical suggestions are made in regard to the type of patient and the number of times they should be seen, and the provision of medical secretaries and clinic receptionists. 'Recommendations in regard to the general appearance and amenities provided in the out-patient department are in line with what has since been suggested in Ministry circulars.

Attention is drawn to the need for machinery to ensure (i) a regular review of the waiting lists by the Management Committee, (ii) that steps are taken to keep in touch with the patients during the waiting period and to give them at least 48 hours' notice of admission. The various methods of reserving beds for emergencies and the merits of an up-to-date bed board are discussed, and the advantage of having the same officer responsible for the waiting list and all admissions and discharges is emphasised. The nature of the arrangements for ensuring a friendly reception of in-patients,

MEDICAL RECORDS

the organisation of the admissions office and the arrangements for dealing with telephone enquiries are all matters which need careful attention. Details of registration and the method of keeping notes are discussed at length. It is recommended that every effort should be made to adopt the unit system, that every hospital should have a Records Committee, and that the records should be in charge of a responsible lay officer with a suitable background of training and experience.

Emphasis is placed on the need for the different departments concerned to be looked at as a whole, and for a senior administrative officer to be in charge of appointments, registration, records and medical secretaries, and responsible for the lay staff dealing with waiting lists, admissions and discharges.

The booklet has had a wide circulation. It has been well received by all, from the Ministry downwards, and has aroused much interest overseas. A number of hospitals seeking the guidance of the King's Fund in the reorganisation of this side of their administration have been sent this pamphlet as a preliminary measure, and have reported afterwards that it had afforded them great help in solving their problems. Some 2,000 copies have been distributed as the result of requests by hospital bodies and individuals. It has received appreciative mention in most of the well-known journals concerned with hospital affairs.

Those participating in the original course stated that the visits had been extremely helpful and stimulating to themselves, quite apart from the value to others of the published findings of the enquiry. Indeed, a large number of requests were received from other hospitals that they, too, might be allowed to send an officer on such a course. Three more groups were subsequently given the opportunity to make a series of visits before the immediate demand from hospitals in the Metropolitan Police District could be met. These later courses took very much the same form though they were limited to one day at each hospital instead of two days as on the original course. Specimens of *proformae* and introductory notes about the hospitals and the systems used were, however, circulated beforehand so that this curtailment of the individual visit was partly offset and the inconvenience to the hospital lessened.

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These later groups likewise met for a final discussion at the King's Fund with a view to discovering whether useful amendment or addition could be made to the book. Though many points of interest had arisen in connection with particular hospitals or minor problems, it was found that the booklet expressed well and clearly the general principles by which this part of hospital administration should be guided. If any attempt were made to postulate more detailed or specific recommendations it would be frustrated by the inherent differences in individual hospitals. The opinion was unanimously expressed that there was nothing which could be usefully added or amended.

It is possible that this method of pooling specialised experience might profitably find wider application.

SCHOOL FOR MEDICAL RECORDS OFFICERS AT THE MIDDLESEX HOSPITAL

The admissions and records course described above had brought out forcibly the need for a recognized training for records officers. It had become apparent during the discussions that followed the course that there was a great need for medical records officers of sufficient experience and status to tackle most of the administrative detail of the out-patient department and admissions as well as being able to speak with authority to the medical staff on the narrower subject of records as such. This was a side of hospital administration which had been greatly neglected in the past.

It was thought, therefore, that the King's Fund would be making a real contribution to the problem if they took steps to initiate a training scheme for medical records officers. The success of the training scheme for administrators encouraged them to think along these lines, and while it was obvious that a special records course could be much shorter than the training for the administration bursars, it would have to be intensive, detailed and closely supervised. Attachment of bursars to the records officers of various hospitals would not suffice, even if there had been sufficient men of standing who would have been capable of giving the right personal coaching. The answer was clearly to establish a centre and to train all the records bursars as one class.

Throughout the original course on admissions and records the King's Fund had had the very helpful advice of Mr. T. E. Cowan,

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the records officer at the Middlesex Hospital. He had reported to Brigadier G. P. Hardy-Roberts, the Secretary-Superintendent, the urgent need for training facilities for medical records officers. The latter readily arranged to take a small number of trainees by way of a trial and very soon afterwards brought forward a complete scheme for a Records School. In considering this offer the Fund had the benefit of the advice of Dr. A. Winner, of the Ministry of Health, and of the Chairman and Secretary of the Association of Medical Records Officers.

These plans materialised about the time of the summer award of administrative bursaries and two of the candidates were diverted to the Middlesex Hospital for training in Medical Records. They started their studies in the autumn and were joined by a third bursar. All three have since found no difficulty in securing suitable appointments at the end of their six months course.

At the close of the year plans were completed for a small separate building. The details of syllabus and much of the necessary equipment were ready. The scheme is for a series of six-monthly courses of twelve bursars each and the grant is at the rate of £500 per annum for those over 30, and £400 for those under 30 (with an additional £50 in the case of married men). It was widely advertised in December and the response was excellent as this new venture had awakened wide interest. Many applications were received from hospitals as well as from individuals anxious to participate in the School. The Association of Medical Records Officers co-operated in the selection of the new bursars, and the first full course of 9 men and 3 women started on March 1, 1949.

The Ministry of Health has since issued a circular notifying hospitals of this scheme and advising them not to rush into making new appointments before trained personnel are available. This official recognition of the training scheme has been most helpful and encouraging.

DISTRICT NURSING

In the summer, following a meeting with representatives of the Central Council for District Nursing in London, the Management Committee decided that the grant to the Central Council should be

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increased to £5,000—£1,500 for distribution to District Nursing Associations and £3,500 for the administrative expenses of the Central Council—on the understanding that the Central Council would undertake to strengthen their staff, in order to assist the Secretary-Accountant, and relieve her of the work of the Divisional Home Nursing Voluntary Committees. An additional appointment was made in August.

The Fund was also approached by the Westminster and Chelsea District Nursing Associations for a loan of £4,000 towards the provision of a new nurses' hostel for the combined staff of the two Associations. After an interview with representatives of the Associations and the Central Council for District Nursing, it was decided to grant a loan of the amount required, free of interest, and without imposing any conditions. This loan has since been repaid in full.

OTHER ACTIVITIES OF THE FUND

During the year a request was received from the International Hospital Federation for Captain Stone to act as Honorary Secretary and Treasurer to the Federation. The Management Committee felt that this request should be granted, and the Headquarters of the Federation have been set up temporarily in the offices of the Fund. The first post-war Conference of the Federation took place in Holland from May 30 to June 4, 1949.

A special grant of £10,000 was made to the London Association for Hospital Services to support the Association's work and to assist with expenses of removal to offices in Tavistock Square, etc. The guarantee of solvency given by the Fund expired on December 31, 1948.

Following on the visit to the Continent in 1947 by a delegation from Charing Cross Hospital, further requests were received from hospitals for financial assistance towards the visits to America, and the Fund was again able to help in this way.

PERSONAL

The Fund has to record with deep regret the death of the Earl of Donoughmore, K.P., who had been Chairman of the Management Committee since 1926. A former Chairman of Committees in the

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House of Lords, Lord Donoughmore brought to his work with the Fund abilities of a very high order. His presence invariably conferred on any meeting over which he presided a special quality which can best be described as a pervasive friendliness. Business was conducted in an orderly and efficient manner, but time was always to be found for the courtesies that too often seem to belong to another age. Lord Donoughmore was devoted to the voluntary hospitals and to the King's Fund, and he would often at great personal inconvenience undertake the journey from his home in Ireland, where he spent some time each year, in order to be present at meetings of the Management Committee. His place as Chairman of the Management Committee has been taken by Sir Ernest Pooley, K.C.V.O., who has been intimately connected with the work of the Fund for over twenty years and for the last fourteen years has undertaken the varied duties falling to an Honorary Secretary.

Sir Harold Wernher, Bt., was made a G.C.V.O. in the New Year's Honours List in 1949. First appointed an Honorary Secretary in 1923, Sir Harold has served continuously on the principal Committees of the Fund, acting latterly also as Vice-Chairman of the Management Committee. His wide experience of hospital affairs extending over so long a period has been an immense asset to the Fund, and there have been many occasions when important developments have been directly traceable to his insight and tenacity of purpose. Sir Harold's retirement from active participation in the management of the Fund after so long and so close a connection with it will be deeply regretted by all his colleagues.

Sir Hugh Lett, Bt., K.C.V.O., F.R.C.S., who had served as an Honorary Secretary since 1942, also retired from the Management Committee in December. Sir Hugh Lett brought to the service of the Fund as an Honorary Secretary qualities that will be greatly missed. His clarity of thought and grasp of the essential principles played no small part in moulding responsible opinion during the critical period which preceded the introduction of the National Health Service Act. Happily, Sir Hugh will continue to act as Chairman of the Committee for the Staff College for Ward Sisters. Both Sir Harold Wernher and Sir Hugh Lett will continue to serve as members of the Council.

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Sir George Aylwen, a former Chairman of the Voluntary Hospitals Committee for London and a member of the Management Committee since 1944, in November became Lord Mayor of London. The King's Fund has enjoyed many close links with the City of London, but it is the first time that this high honour has fallen to a member of the Management Committee of the Fund.

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."

PRESIDENT AND GENERAL COUNCIL

PRESIDENT :

HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

TREASURER :

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

GENERAL COUNCIL

THE LORD LIEUTENANT OF THE COUNTY
OF LONDON
THE LORD HIGH CHANCELLOR
THE SPEAKER OF THE HOUSE OF COMMONS
THE BISHOP OF LONDON
CARDINAL GRIFFIN
REV. SIDNEY M. BERRY, D.D.
REV. LESLIE D. WEATHERHEAD, D.D.
THE CHIEF RABBI
THE MINISTER OF HEALTH
THE RT. HON. THE LORD MAYOR
THE RT. HON. THE CHAIRMAN OF THE
LONDON COUNTY COUNCIL
THE GOVERNOR OF THE BANK OF ENGLAND
THE PRESIDENT OF THE ROYAL COLLEGE
OF PHYSICIANS
THE PRESIDENT OF THE ROYAL COLLEGE
OF SURGEONS
THE PRESIDENT OF THE ROYAL COLLEGE
OF OBSTETRICIANS AND GYNAECOLOGISTS
THE CHAIRMEN OF EACH OF THE FOUR
METROPOLITAN REGIONAL HOSPITAL
BOARDS
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MR. R. E. PEERS	Assistant Secretary
MR. M. HAY	Training Schemes
MISS A. L. LASCELLES	Distribution Committee
MR. H. W. ARNOLD	Convalescent Homes Committee
MR. V. H. RUSHTON	Cashier
MR. B. G. SWEET	Accountant
MR. P. W. BURTON	Chief Clerk

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MR. C. H. BARNEY, A.S.A.A.	Accountant-Statistician
MISS E. H. HARRISON	Secretary

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MISS M. M. EDWARDS, M.V.O.	Director
<i>Nursing Recruitment Service</i>								
MISS L. M. DARNELL	Deputy Secretary
MISS A. C. PEILE	...	...	...	...	...	...	...	Travelling Secretary
<i>Staff College for Ward Sisters</i>								
MISS R. A. M. DOWNER	...	...	...	...	...	...	...	Principal
MISS C. H. S. DOBIE	...	...	...	...	...	...	...	Tutor
MISS M. I. M. SEIVEWRIGHT	...	...	...	...	...	...	...	Warden

DIETETIC ADVISORY SERVICE

MISS M. C. BROATCH	...	...	...	...	...	...	...	Dietetic Adviser
MISS B. R. STANTON	...	...	...	...	...	...	...	Assistant Dietician

Offices :

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

Nursing Recruitment Centre :

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

Staff College for Ward Sisters :

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

EMERGENCY BED SERVICE

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MR. A. J. GARDHAM, F.R.C.S.

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MR. S. C. HARRIS

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

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

Secretary

MR. R. E. PEERS

Assistant Secretary

MR. F. E. FINN

Admissions Officers

MR. W. L. GRAHAM

MAJOR F. HANNAN

MISS B. S. MITCHELL

Training Officer

MISS W. M. COX

The Service is open day and night for the admission of acute and urgent patients to hospitals in London.

MONarch 3000

FINANCIAL STATEMENTS

AND

LISTS OF GRANTS

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

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

KING EDWARD'S HO BALANCE SHEET

	£	s.	d.	£	s.	d.	£	s.	d.
FUNDS ACCOUNT :									
FUNDS TO BE RETAINED AS CAPITAL :									
As at 31st December, 1947	...	...	...	1,855,463	9	0			
Add : Receipts during 1948	...	...	...	1,144	5	3			
							1,856,607	14	3
Less : Estate Duty on Gift received in 1947	...	...	...				1,761	11	2
							1,854,846	3	1
GENERAL FUND :									
As at 31st December, 1947	...	...	...	2,982,851	0	0			
Add : Lapsed Grants	...	...	...	3,600	0	0			
Transferred from Income and Expenditure Account :									
Excess of Ordinary Income over Expenditure	...	...	...	67,710	4	8			
Special Receipts	425,000	0	0						
Legacies	95,719	3	5						
				520,719	3	5			
							3,574,880	8	1
Special Accounts, per Schedule on page 64 (partly invested per contra)	...	...	...				334,495	13	9
									5,764,222 4 1
LIABILITIES :									
Grants made to Hospitals, and Convalescent Homes, awaiting appropriate time for payment, viz :									
Ordinary and Special distribution...				12,000	0	0			
Bank of England distribution	...	...	...	625	0	0			
Radiotherapy Fund distribution	...	...	...	9,150	0	0			
							21,775	0	0
Travel Grants	...	...	...				2,350	0	0
Calls on Investments (since paid)	...	...	...				20,000	0	0
Cost of property and alterations thereto, less payments on account	...	...	...				21,000	0	0
Administration and other expenses outstanding...	...	...	...				7,561	9	3
									72,686 9
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES) :									
Amount received for dilapidations	...	...	...				540	0	0
Sinking Fund appropriations	...	...	...				597	0	0
									1,137 0
									£5,838,045 14

REPORT OF THE AUDITORS TO

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 explanations given us the Balance Sheet gives a true and fair view of the state of the Account gives a true and fair view of the surplus for the year ended on that date.

5, London Wall Buildings,
London, E.C.2.
16th June, 1949

FUND FOR LONDON

DECEMBER, 1948

	£	s.	d.	£	s.	d.
SECURITIES AND INVESTMENTS :						
General Account	4,742,812	0	0			
Gift of His late Majesty King George V, to be retained as capital	20,000	0	0			
Special Accounts	311,559	18	9			
	5,074,371	18	9			
<i>The market value at 31st December, 1948, of the quoted securities (i.e., 98.3 per cent. of the total) was £6,314,448.</i>						
FREEHOLD AND LEASEHOLD PROPERTIES AND GROUND RENTS...	550,737	12	9			
VERSIONARY INTERESTS, taken for book-keeping purposes at the nominal value of	29	0	0			
				5,625,138	11	6
<i>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.</i>						
CURRENT ASSETS :						
Balances at Banks and Cash in hand	172,355	2	7			
Debtors	40,552	0	1			
				212,907	2	8

NOTES—

- The King's Fund also owns (i) a Stock of Radium which is lent by the Fund to certain hospitals in London ; (ii) a motor-car at the disposal of the Radium Pool and Panel at the Middlesex Hospital ; (iii) the lease, furniture, and equipment of premises acquired in 1948 for use as a Staff College for Ward Sisters, the cost of which has been charged to Income and Expenditure Account ; (iv) the office furniture and equipment at 10, Old Jewry and 21, Cavendish Square, written off to Income and Expenditure Account as and when purchased.
- In some cases, legacies are subject to indemnities given to refund the sum, if any, required to meet the liabilities of Executors.
- Claims under Part II of the War Damage Act, 1943, have been agreed at £416 8s. 4d. but payment is deferred.
- A sum of £10,000 has been deposited with the King's Fund by a Lessee as collateral security under his covenant to re-instate dilapidations, and is held in a separate bank account in the Fund's name.
- The title deeds of a furnished house and grounds used as a convalescent home and certain investments which, under the National Health Service Act, 1946, vest in the Minister of Health, together with the unapplied balance of interest received on the investments amounting to £533 6s. 6d. were held by the Fund at the 31st December, 1948, pending transfer to the Minister.

E. R. PEACOCK, Treasurer

£5,838,045 14 2

KING EDWARD'S HOSPITAL FUND FOR LONDON

Edge and belief were necessary for the purposes of our Audit. In our opinion the information 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, 1948, and the Income and Expenditure

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

Dr.

INCOME AND EXPENDITURE ACCOUNT

	£	s.	d.	£	s.	d.	£	s.	d.
ADMINISTRATION EXPENSES :									
Salaries, Pensions, Allowances and Superannuation Contributions				15,470	8	10			
Establishment, including Rent, Rates, Heating, Lighting and Cleaning, Insurance, etc.				3,342	4	0			
Printing, Stationery and Publications				2,756	7	1			
Sundry Miscellaneous Expenses, including Advertising				3,746	17	2			
Contribution to British Hospitals Association (Pension)				100	0	0			
									25,415 17 1
GRANTS :									
Ordinary Distribution :									
Hospitals and Branches—Grants per Report, page 66	58,650	0	0						
Convalescent Homes not attached to Hospitals—Grants per Report, page 69	30,000	0	0						
				88,650	0	0			
Special Distribution :									
Grant to the London Association for Hospital Services Limited				10,000	0	0			
District Nursing Distribution :									
Grant to the Central Council for District Nursing				5,000	0	0			
									103,650 0 0
SPECIAL SERVICES, ETC. :									
Division of Hospital Facilities				2,210	12	1			
Division of Nursing : £ s. d.									
Nursing Recruitment Service	6,082	6	5						
Less: Grant from the Nuffield Trust 1,500 0 0									
				4,582	6	5			
Staff College for Ward Sisters :									
Cost of Under-lease 14,000 0 0									
Cost of Furniture, etc. 9,008 8 4									
Legal Expenses ... 465 18 7									
Re-decorations, etc. 1,550 0 0									
Running Expenses... 1,192 13 1									
				26,217	0	0			
Catering Advisory Service				30,799	6	5			
Emergency Bed Service				2,299	0	9			
Bursaries in Hospital Administration, etc.				8,249	10	8			
Travel Grants	3,007	6	11	8,882	6	4			
Florence Nightingale Scholarships ...	405	13	9						
				3,413	0	8			
Convalescent Homes Directory, etc. ...				1,031	3	11			
Radiotherapy Committee				2,000	0	0			
									58,885 0 10
Total Ordinary Expenditure									187,950 17 11
TRANSFER TO GENERAL FUND, Page 60 :									
Excess of Ordinary Income over Expenditure for 1948									67,710 4 8
									255,661 2 7
Special Receipts				425,000	0	0			
Legacies				95,719	3	5			
									520 719 3 5
									£ 776,380 6 0

YEAR ENDED 31st DECEMBER, 1948

Cr.

	£	s.	d.	£	s.	d.
Subscriptions	5,305	4	0			
Contributions for year under Covenants for a stated number of years	8,715	10	6			
	14,020	14	6			
Donations, Annual and other	2,813	13	9	16,834	8	3
Income from Investments, etc.				238,826	14	4

Total Ordinary Income				255,661	2	7
Special Receipts :						
Conversion from the Nuffield Trust for the Special Areas ...				425,000	0	0
Grants received during the year :						
General	95,073	1	7			
Estate of the late Mr. Samuel Lewis, further on account ...	600	0	0			
Estate of the late Mrs. F. M. Hames, further on account ...	46	1	10			
				95,719	3	5
				£776,380	6	0

SPECIAL ACCOUNTS 31st DECEMBER, 1948

FUNDS TO BE RETAINED AS CAPITAL (Specifically invested) :

	£	s.	d.	£	s.	d.
SPECIAL ANONYMOUS TRUST GIFT (1930)	20,000	0	0			
MRS. L. L. LAYBORN TRUST, 1943 :						
Balance at 31st December, 1943	5,000	0	0	25,000	0	0

SPECIAL ANONYMOUS TRUST GIFT (1930) (INCOME ACCOUNT) :

Income during 1948	1,043	8	9			
Less : Paid to the Miller General Hospital for the reduction of Capital Charges	704	5	9	339	3	0

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

Income during 1948	150	0	0			
Less : Paid to the Hostel of St. Luke	150	0	0	-	-	-

J. R. CATLIN, DECEASED, TRUST :

Balance as at 31st December, 1947				80	2	7
--	--	--	--	----	---	---

RADIOTHERAPY FUND :

Balance as at 31st December, 1947	18,865	19	5			
Add : Receipts during 1948	2,246	14	6			
	21,112	13	11			
Less : Expenditure during 1948	3,354	12	0	17,758	1	11

BANK OF ENGLAND :

Balance as at 31st December, 1947	29	0	0			
Subscription under Deed of Covenant for 1948	2,500	0	0			
	2,529	0	0			
Less : Annual Subscription to King Edward's Hospital Fund	250	0	0			
Contributions to Hospitals	360	10	0	610	10	0
				1,918	10	0

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

TRUST FUND :

Balance as at 31st December, 1947	274,313	12	8			
Less : Legal Expenses	45	5	0			
	274,268	7	8			
Income received during 1948	9,196	0	11			
Repayment of Income Tax on 1947 Income	5,935	7	8	15,131	8	7
				289,399	16	3
per Balance Sheet, page 60				£334,495	13	9

RECEIPTS FROM LEGACIES IN 1948

	£	s.	d.
Sir George Alexander	900	0	0
Charles Ansell	342	4	1
Miss Elizabeth Sarah Attree	100	0	0
Miss Jenny Ada Barrett	6,548	9	10
Mrs. Edith Maud Benn	101	12	10
Mrs. Florence Margaret Elizabeth Boyce	15	10	4
Lady Elizabeth Concita Boynton	3	10	0
Cmdr. Francis William Chaine	66	6	2
Mrs. Ellen Holt Clerk	14	8	0
Frederick Shallum Seigne Collins	1	0	0
Mrs. Justina Clementina Locke Coste de Roemer	363	8	3
Mrs. Elizabeth Dudgeon	19,874	5	1
Sir Bernard Frederick Eckstein, Bt.	384	12	3
William Eichholz	18,366	9	11
Joseph Fletcher	500	0	0
Edgar Francis Flint	179	19	0
William Joseph Gay	291	1	0
Miss Ariana Borthwick Gordon	184	10	0
Miss Ethel Georgina Gosling	300	0	0
Mrs. Laura Griffiths	5,479	13	6
Walter Frederick Hugo Gruneberg	781	9	10
Miss Frances Margaret Haig*	64	17	6
Mrs. Florence Mary Hames	46	1	10
Llewellyn Wolseley James	5	10	1
Miss Florence Emma Jee	423	3	2
Mrs. Ada Frances Jennings	100	0	0
Arthur Jubber	112	12	2
Bernard William Kissan	41	16	11
Miss Alice Sarah Land	90	15	3
Samuel Lewis	600	0	0
Frank Charles Lindo	820	5	5
John Frederick Macfarlane	1,892	18	1
Miss Jessie Markendale	2,980	18	10
Thomas Miles	10,676	1	2
Miss Lydia Hannah Nott	23	11	10
William Porter	8	15	0
Capt. Edward William Pritchard	248	19	3
Mrs. Mabel Louisa Fanny Rogers	9,995	16	0
Ernest Alexander Ratty	81	12	11
Mrs. Clara Ellen Esther Silverstone	249	8	0
James Raymond Solly	2,752	14	10
Rev. Henry Swann	600	0	0
Mrs. Maria Lucy Thorley	4	4	0
James Breedon Varrall... ..	247	16	0
Horace Reginald Walton	243	5	9
Ezekial Watkins	100	0	0
Mrs. Florence Mary Beatrice Whitaker	5,072	6	7
Alderman Walter Morgan Willcocks, J.P.	105	11	0
Miss Annie Hutton Wilson	2,000	0	0
Frederick William Zurhorst	1,332	10	9
	£95,719	3	5

* Given by Executors in the exercise of discretionary powers

GRANTS TO HOSPITALS, 1948

As indicated on page 9, 1948 was a transitional period, as the majority of the Hospitals on the list were transferred to the National Health Service, and it was difficult to foresee their future needs.

Maintenance grants were made to the following hospitals "disclaimed" by the Minister and therefore remaining dependent on voluntary support:

	£
Catholic Nursing Institute	50
Florence Nightingale Hospital for Gentlewomen	250
French Hospital	400
Hill Homes Ltd.	50
Hospital of St. John and St. Elizabeth	1,000
Hostel of God	200
Hostel of St. Luke	400
St. Andrew's Hospital, Dollis Hill	750
St. Joseph's Hospital for Incurables, Chiswick	200
St. Saviour's Hospital	50
St. Teresa's Hospital	200
St. Vincent's Orthopaedic Hospital... ..	800

Before the appointed day, grants were made to many hospitals for the provision of comfortable modern mattresses, either interior spring or Dunlopillo type, as it was felt that in this way much could be done to improve the comfort of patients:

	£
Battersea General Hospital	300
Bearsted Memorial Hospital... ..	100
Beckenham Hospital	200
Bermondsey Medical Mission Hospital	200
Brentford Hospital	200
British Home for Incurables	150
Bromley and District Hospital	750
Chislehurst, Orpington and Cray Valley Hospital	150
City of London Maternity Hospital (also the provision of wireless equipment)	750
Connaught Hospital	500
Croydon General Hospital	1,000
Dunoran Home, Bickley	200
East and West Molesey and Hampton Court Cottage Hospital	100
Elizabeth Garrett Anderson Hospital	100

	£
Eltham and Mottingham Hospital	325
Enfield War Memorial Hospital	275
Finchley Memorial Hospital... ..	400
French Hospital	200
Guy's Hospital	600
Hospital for Consumption	2,000
Hostel of St. Luke	150
King George Hospital (Ilford)	100
Kingston-upon-Thames Victoria Hospital	150
Memorial Hospital (Shooter's Hill)... ..	650
Mildmay Mission Hospital	750
Moorfields, Westminster and Central Eye Hospital	750
Mothers' Hospital of the Salvation Army	600
National Temperance Hospital	750
Nelson Hospital for Wimbledon, Merton and District	300
Norwood and District Cottage Hospital	200
Plaistow Maternity Hospital... ..	300
Poplar Hospital	300
Prince of Wales's General Hospital	500
Princess Beatrice Hospital	300
Purley and District War Memorial Hospital	300
Putney Hospital	225
Royal Cancer Hospital	200
Royal Hospital for Incurables	375
Royal National Throat, Nose and Ear Hospital	1,000
Royal Waterloo Hospital for Children and Women	400
St. Joseph's Hospital for Incurables, Chiswick	250
St. Luke's Hospital for Advanced Cases	300
St. Mark's Hospital	150
St. Mary's Hospital	1,000
St. Paul's Hospital	275
St. Teresa's Hospital	100
Surbiton Hospital (also the provision of easy chairs for up- patients)	300
Sutton and Cheam General Hospital	400
Teddington, Hampton Wick and District Hospital	250
Weir Hospital	250
Western Ophthalmic Hospital	200
West London Hospital	450
Westminster Hospital (for Yarrow Convalescent Home)	80
Willesden General Hospital	150
Wilson Hospital (Mitcham)	75

Grants for other items calculated to add to the well-being and comfort of patients and staff were made as follows :

£50 to the Dunoran Home, Bickley (where sick old people are cared for) to provide curtained cubicles ; £50 to the Grosvenor Hospital for Women, towards improved wireless facilities; £250 to the Hospital for Consumption for trays for patients; £250 to the Hostel of St. Luke towards improvements to the staff quarters; £50 to Invalid and Crippled Children's Society's Hospital to provide easy chairs for nurses' sittingroom; £1,000 to Queen Mary's (Roehampton) Hospital to New Library and Garden Shelter ; £500 to St. Joseph's Hospital for Incurables, Chiswick, for painting, furnishings and amenities in nurses' home; £500 to St. Thomas's Hospital to new broadcasting system.

A further group of grants for the improvement of the services of the hospitals is shown below :

£50 to Belgrave Hospital for Children to two refrigerators; £300 to French Hospital for new X-ray apparatus; £170 to Hostel of St. Luke for new refrigerator, and £75 for improved fire precautions ; £400 to Invalid Children's Aid Association Hospital to electro-cardiograph, portable X-ray apparatus and electrically heated food trolley; £125 to Miller General Hospital for refrigerators; £300 to Royal London Homœopathic Hospital for new refrigerators; £150 to St. Teresa's Hospital for improvements to kitchens and bathroom; £100 to St. Thomas's Babies Hostel for water softener and washing machine; £200 to West London Hospital for new staff locator system; £1,000 to Westminster Hospital towards improvements to the Catering Service.

In view of the present urgent need for accommodation for aged sick and incurable cases, grants were made to encourage the extension of the work being done by the following hospitals which applied for help from the Fund :

Grants totalling £3,000 were made during the year to the Distressed Gentlefolk's Aid Association, which has recently widened its scope and is undertaking an extensive scheme to provide nursing homes for those suffering from chronic disease or illness of long duration; a large part of the amount given was to be devoted to their latest Home, "Merlewood," Virginia Water. £1,000 was given to the Hostel of God, which cares for incurable patients who are expected to die within a few months: the Hostel had recently returned to Clapham after war-time evacuation. £2,000 was promised to Hill Homes Ltd., for the extension of one of their nursing homes for old people in Highgate.

Finally, there were several large grants which do not fall into any of the above categories:—

Grants totalling £5,000 were made during the year to Cripplecraft

Ltd., for expenses incurred in providing sheltered workshops for seriously disabled people at Strode Park, Herne. The Florence Nightingale Hospital, which was closed during the war, received £1,750 as a contribution to the expenses incurred in re-opening the Hospital. £1,000 was given to the Hospital for Sick Children to enable them to establish a flying squad to deal with outbreaks of gastro-enteritis. The Italian Hospital were promised £2,000 towards a new obstetric unit, which is to be provided as part of the alterations to bring the Hospital back into use after its war-time closure. £500 was given to the Jewish Home of Rest towards the reinstatement of badly damaged premises at Wandsworth Common. King's College Hospital received £2,000 to augment a large gift for the establishment of a Convalescent Home for the Hospital's patients at Camberley. £5,000 was given to King Edward VII Hospital for Officers; their old premises were badly damaged during the war, and the purchase and equipment of new premises at Beaumont House involved considerable expense. St. George's Hospital were promised £4,000 to meet the balance required for a house at Wimbledon, to be converted into a Rehabilitation Unit for the Hospital. Finally, St. Teresa's Hospital, Wimbledon, decided to change over from dealing with acute cancer cases to maternity work, and were given £500 towards the cost of the necessary alterations and equipment needed.

GRANTS TO CONVALESCENT HOMES, 1948

The grants made in 1948 reflect the policy of the Committee, which has been to maintain and modernise existing homes and to open new ones.

Maintenance grants to meet running expenses were made as follows:

	£
All Saints Convalescent Hospital	450
Barton House Hotel	200
Batesholme, Herne Bay	150
Beau Site Convalescent Home	200
Berkeley Home	150
Brabazon Home	100
British Legion, Churchill Court	150
Broadlands, Broadstairs	100
Brooklyn Babies Home	100
Caxton Convalescent Home	50
Children's Convalescent Home, Beaconsfield	170
Children's Home, East Grinstead	100
Convalescent Home for Epileptics	250
Crabtree House Home	50

	£
Dominican Convent, Kelvedon	50
Edith Priday Home	100
Edith Cavell Home of Rest for Nurses, Haslemere...	100
Edith Cavell Home of Rest for Nurses, Teddington ...	100
Essex Convalescent Home	200
Hart's Leap Home	250
Hertfordshire Seaside Convalescent Home	75
Huntercombe, Bexhill	50
Jewish Board of Guardians Convalescent Home, Hove ...	150
Kingsleigh Convalescent Home	50
Limpsfield Convalescent Home for Women and Girls ...	80
London and Ascot Priory Hospital	100
London and Brighton Female Convalescent Home ...	25
Loughton Lodge	50
Maitland House	150
Printers' Medical Aid and Sanatoria Association, Hermitage Convalescent Home, Hastings	200
Rosemary Home	200
St. Gabriel's Convalescent Home, Bournemouth	200
St. Helena's Hospital Home	200
St. Helen's Toddlers' Home	50
St. Mary's Convalescent Home for Children	800
St. Michael's Convalescent Home, Westgate	250
St. Michael's Home, Southbourne	150
St. Peter's Convent, Woking... ..	500
Soldiers and Sailors Convalescent Home	150
Southern Convalescent Homes, Inc.	120
Spelthorne St. Mary, Thorpe	500
Woodclyffe Convalescent Home	25

Grants for a variety of objects which can loosely be classed together as modernisation, and include painting, sanitation, kitchen equipment, to which particular attention has been paid, and other matters, as follows:

Beech Hill, B.R.C.S. Home, Mortimer	500
Brabazon Home	170
Catisfield House Convalescent Home	100
Caxton Convalescent Home	500
Convalescent Home for Epileptics	100
Dedisham Convalescent Nursery School, Slinfold ...	840
Edith Priday Home	150
Edith Cavell Home of Rest for Nurses, Haslemere ...	500
Edith Cavell Home of Rest for Nurses, Teddington ...	200

	£
Essex Convalescent Home	500
Fairfield House Residential School	400
Frederick Andrew Convalescent Home	150
Hart's Leap Home	200
Invalid Children's Aid Association, Hamilton House, Seaford	230
Limpsfield Convalescent Home for Women and Girls ...	300
London and Ascot Priory Hospital	300
Loughton Lodge	30
Mary MacArthur Holiday Home for Working Women ...	50
Ogilvie School of Recovery	350
Pawling Home Hospital	150
Printers' Medical Aid and Sanatoria Association, Hermitage Convalescent Home, Hastings	150
Roland House, Littlehampton	500
St. Bernard's Convalescent Home for Gentlewomen ...	100
St. Catherine's Home, Ventnor	500
St. Dominic's Open Air School	600
St. Gabriel's Convalescent Home, Bournemouth	400
St. Gabriel's Convalescent Home, Westgate	440
St. Helen's Toddlers' Home	150
St. John's Home, Brighton	650
St. John's Open Air School	1,000
St. Joseph's Convalescent Home	1,500
St. Mary's Convalescent Home for Children	1,125
St. Michael's Convalescent Home, Westgate	1,100

Four grants require special notice—£5,000 was provided to enable the Hampshire Division of the British Red Cross Society to buy a house at Mudeford, near Bournemouth, which is to be opened in 1949 as a home for babies under 2 years of age. Further grants are promised for 1949.

£1,000 was given to the Women's Voluntary Service to enable them to retain Wyndham House, near Aldeburgh, as a home for children aged 3-11. This Home had previously been financed from Canada as a War Charity, and the grant was given to tide them over whilst negotiating for the transfer of the maintenance costs to the L.C.C.

£470 was given to Maitland House, Frinton. This is a home for T.B. nurses and expenses had been incurred in moving the house from Barton-on-Sea to larger premises at Frinton.

£2,500 was given to the Mental After Care Association towards the cost of opening a new home for convalescent mental patients at Elmstead Woods.

THE KING'S FUND

1897-1947

Reprinted by permission from *The Times* of February 3, 1947
(with slight alterations)

It is now just 50 years since the country was preparing to celebrate the Diamond Jubilee of Queen Victoria. For many months all sorts of projects for a National Memorial had been canvassed, and the choice was finally made by the Prince of Wales, later to succeed to the throne as King Edward VII. He had long been interested in the welfare of the great London hospitals, and he listened therefore with sympathy and understanding to proposals placed before him for the establishment of a permanent fund for their assistance.

On February 3, 1897, there appeared in the Press a letter signed by the Prince of Wales inviting public support. "I feel at liberty," he wrote, "to bring to the notice of the inhabitants of the metropolis a project lying very near to my heart, its object being to attach the sentiment of gratitude for the blessings which the country has enjoyed during the last 60 years to a scheme of permanent beneficence." The letter referred to a deficiency of £70,000 on the accounts of 122 London hospitals for 1895; it reminded the public that apart from the purely philanthropic work on behalf of the sick poor "we look to the voluntary hospitals for the means of medical education and the advancement of medical science." An appeal setting forth their work in its magnitude and importance would, he was assured, prove irresistible.

The project was not without its critics. But within a few years the new fund had provided the means whereby hospitals could reopen their closed beds and count upon a steady supplement to their voluntary income. It had secured the effective adoption of a uniform system of accounts and published statistics which led to considerable economies. It had earned very general approbation.

So long as Queen Victoria reigned the Prince continued as active President of the Prince of Wales's Hospital Fund. After her death it was rechristened King Edward's Hospital Fund for London (January 1, 1902). King Edward then exchanged the office of President for that of Patron and the presidency was assumed by his son, later King George V. In 1907 the Fund was incorporated by Act of Parliament and its object defined as "the support benefit or extension of the hospitals of London."

The Fund was never intended for the passive role of acting as a mere collecting agency. King Edward encouraged the council to keep two points in view : first, the need for building up a substantial reserve fund, the interest from which should form a permanent endowment, and, secondly, the desirability of requiring hospitals which should receive grants to maintain a high standard of efficiency in organization and equipment. Visitors were appointed and the annual visits to hospitals soon became an important feature in the work of the Fund. Proposals for extension and development were also examined and grants made only when the hospital could satisfy the Fund as to the practicability of raising the money needed for building and for subsequent maintenance.

It was a sure instinct for the practical that limited the scope of the Fund to the metropolis, where, after all, the need for some coordinating factor was far greater than elsewhere. By accepting this limitation the way was kept open for the Fund to draw freely upon leading personnel in the great London hospitals, and to acquire first-hand knowledge of the needs of the different units. The backward were brought to book, occasionally by the direct admonition of responsible opinion, but more often by the simple realization of the existence of a standard attainable by others.

During the last 50 years the King's Fund has occupied a unique position in the hospital world, and its history is bound up with the changes which have transformed the hospital scene. With its aid the voluntary system survived the financial crisis of the years immediately following the war of 1914-18. Large special distributions were made by the Fund. The Cave Committee had reported unequivocally in favour of the retention of the voluntary system, and on its recommendation a sum of £250,000 was provided for London voluntary hospitals by the Exchequer on condition that a similar sum was raised by public subscription. A combined appeal on behalf of the hospitals, which was organized by the Fund, easily surpassed the target figure and provided over £481,000.

Large legacies continued also to be received by the Fund itself, and the annual distribution grew from year to year. With the help of the Fund the Hospital Saving Association was established and the hospitals extended their services. But fresh factors were beginning to come into play. Already before the late war the

authorities of the King's Fund had reached the conclusion that if the voluntary hospitals were to continue to play their vastly enhanced part in the life of the country unhampered by financial restrictions, some form of support from public funds was a necessity. Conferences with the Ministry of Health to this end had already taken place and were only interrupted by the outbreak of war. With the passing of the National Health Service Act many of the duties of coordination first envisaged by the Lords Commissioners of 1890-93, and since in part discharged by the King's Fund within the limits imposed by its voluntary status, pass to the Ministry of Health and to its regional boards.

The new statute guarantees the organization, the finance, and a certain standard of efficiency in the services provided. But just as in the past the Education Acts have proved only partially successful at the point where the human factor comes most into play, so in carrying out the National Health Service Act the quality of the service will finally depend upon factors which lie outside the scope of legislation.

The King's Fund with its substantial resources and its long and intimate experience of hospital problems is well placed to act as a bridge between the official service on the one hand and informed public opinion on the other. Its moneys will no longer be needed for maintenance or for capital purposes, and the function of the Fund is undergoing a change. It is now in a position to take a broad view of the needs of the hospitals, and will afford help wherever it is most needed. All hospitals within its area of operations, ex-local authority as well as ex-voluntary, come within its scope.

No one with a real knowledge of the hospital services can fail to be aware of the defects that still need to be made good. In hospital affairs it is vital that the knowledge of the best practice that prevails in one institution should be made freely available to all. The confidence of King Edward VII and of his enthusiastic advisers that if once the way was shown "hospital managers" would be ready to respond has been amply justified by the long series of far-reaching changes brought about by the Fund. No better way could have been found of marking its fiftieth anniversary than by the widening of its scope to embrace the whole of the hospital and allied services within its area.

PRINCIPAL PUBLICATIONS OF THE FUND

Statistical Summary, containing detailed comparative tables of Income, Expenditure and Work 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 for the last 45 years (see page 19 of this Report). 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.

Among the more recent publications of the Fund are :—

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

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

Menu Planning and Food Tables. Two sections and selected Appen-

dices to the Second Memorandum on Hospital Diet reprinted as a separate booklet. 6d. *post free*.

Food Bulletins. From time to time the Fund has issued Food Bulletins on the following specialised subjects :—

Notes on Dried Milk and Puddings without Fat—May, 1946.

Feeding of Children, with Recipes—November, 1946.

Allowances for Expectant and Nursing Mothers—Aug., 1946.

Light Diets (with Menus and Recipes)—December, 1948.

(These are all available, price 2d., *post free*, on application to the Catering Advisory Service of the Fund.)

Memorandum on the Supervision of Nurses' Health, 1943. Recommendations for the establishment of a minimum standard of health care for nursing staff, embracing the organisation of a system of routine medical examination on health records, the care of sick nurses and the prevention of tuberculosis among nursing staff in general hospitals. 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.

				<i>s.</i>	<i>d.</i>				
Record Forms	..	..	9	6	per	100	<i>post free</i> .		
Continuation Sheets	..	4	9	"	"	"	"	"	"
Manilla Folders	..	12	0	"	"	"	"	"	"

Above prices include Purchase Tax.

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

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

Domestic Staff in Hospitals, 1946. A comprehensive survey of the

considerations affecting the recruitment, employment and supervision of domestic staff (including ward-orderlies) in hospitals. In addition to discussing the more general aspects of the subject it contains detailed recommendations for the guidance of Matrons and Domestic Supervisors. 9d. *post free*.

Directory of Convalescent Homes, 1949. A directory containing details of nearly 200 Convalescent and Holiday Homes—both State and independent—catering for patients from the four Metropolitan Hospital Regions. The information is all that is normally required by an Almoner and includes categories of patients accepted and excluded, treatment and diets, length of stay, charges, and daily routine in force. Arranged in loose leaf form with an easy-reference index. The initial fee covers all amendments, issued periodically, until January 1st, 1950. 5s. *post free*.

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*.

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 on the following vital aspects of Admissions and Medical Records :—

Appointments
Casualty
Out-patients
Waiting Lists

Emergency Beds
In-patients
Registration
Medical Records

Price 1s., *post free*.

Fire Precautions at Voluntary Hospitals, 1946. Memorandum for the guidance of hospitals, being a further revised edition of a report originally drawn up in 1907. 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*.

Map and Booklet showing the location, type, address and bed complement of all Hospitals within the Metropolitan Police District, 1944. 7s. 6d. *post free*.*

Map and Booklet showing the location, type, address and bed complement of all Hospitals within the Home Counties, 1944. 10s. *post free*.*

* The Map for the Metropolitan Police District is now out of print, but copies of the Map for the Home Counties are available. Revised editions of both Maps are in course of printing.

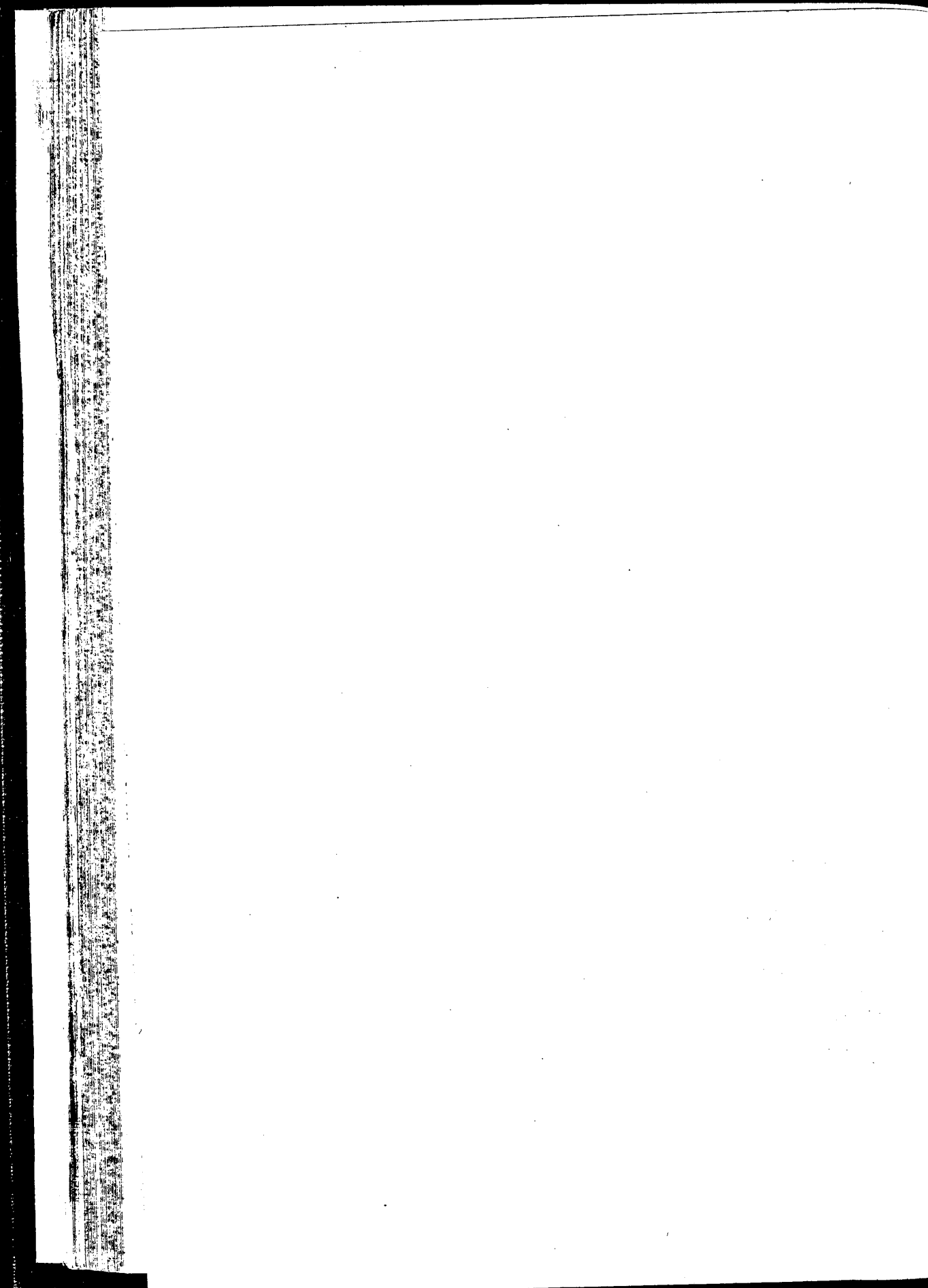
LEGACIES have played an important part in the Fund's finances and have constituted one of the main sources of revenue.

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).”



FORM FOR ANNUAL SUBSCRIPTION OR DONATION

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

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 ".

STANDING ORDER FOR BANKERS

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

To (Name of Bank
and Branch)

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

£	s.	d.

Signature.....

Name
(for postal purposes)

Address.....
.....
.....
.....

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. in the £, £54 10s. 11d.); 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 £54 10s. 11d.

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.

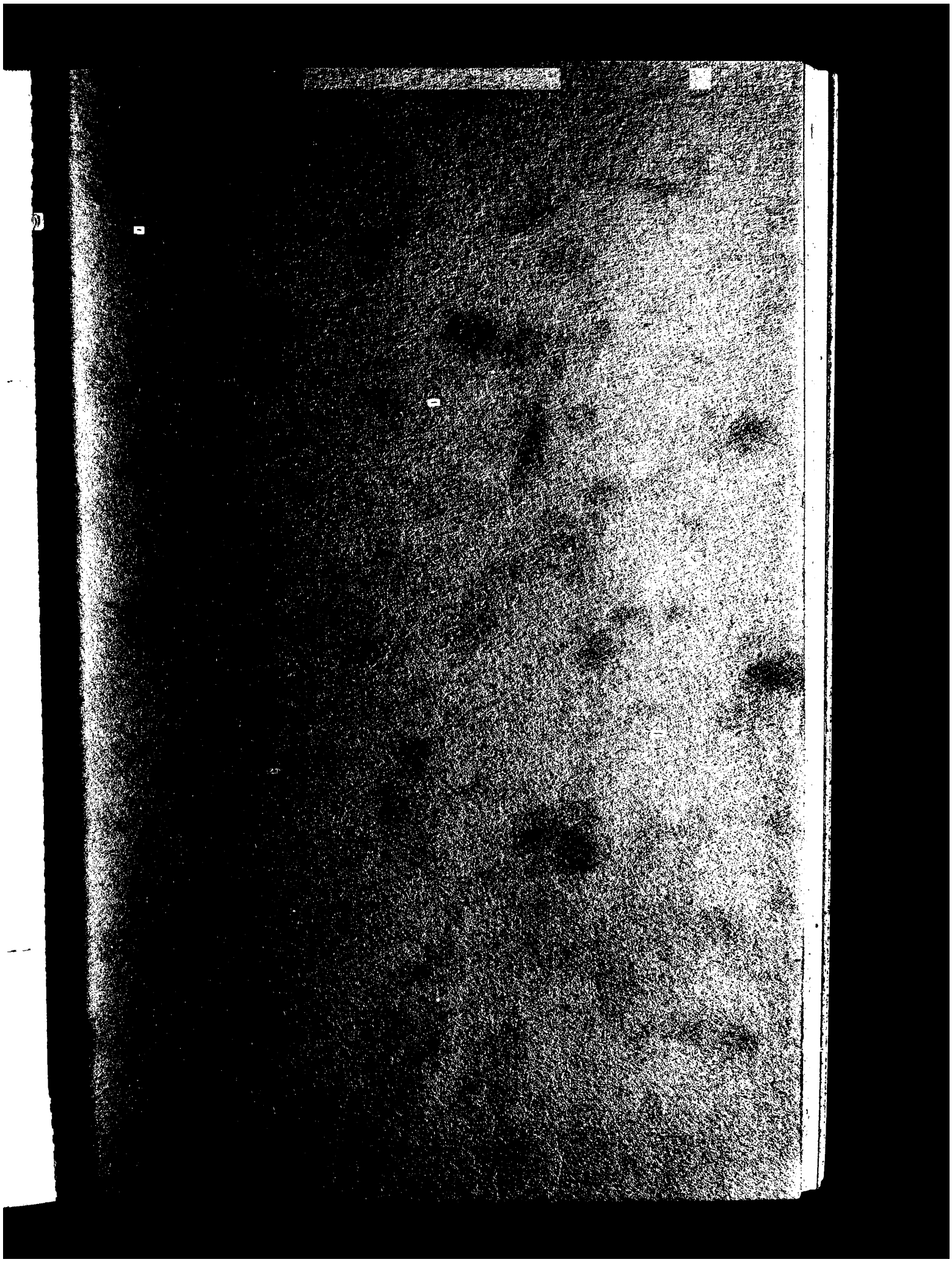
(Signature)

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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