

KING EDWARD'S HOSPITAL FUND FOR LONDON



FILMS FOR HOSPITALS

Price 2/6d. post free

December, 1961.

34, King Street,
London, E.C.2.

Kin
W
H

JW Kin

THE HOSPITAL CENTRE
24, NUTFORD PLACE, W.1

LIBRARY

Date of
Purchase

Book Ref. No. 3493

J1W

kin

KING EDWARD'S HOSPITAL FUND FOR LONDON

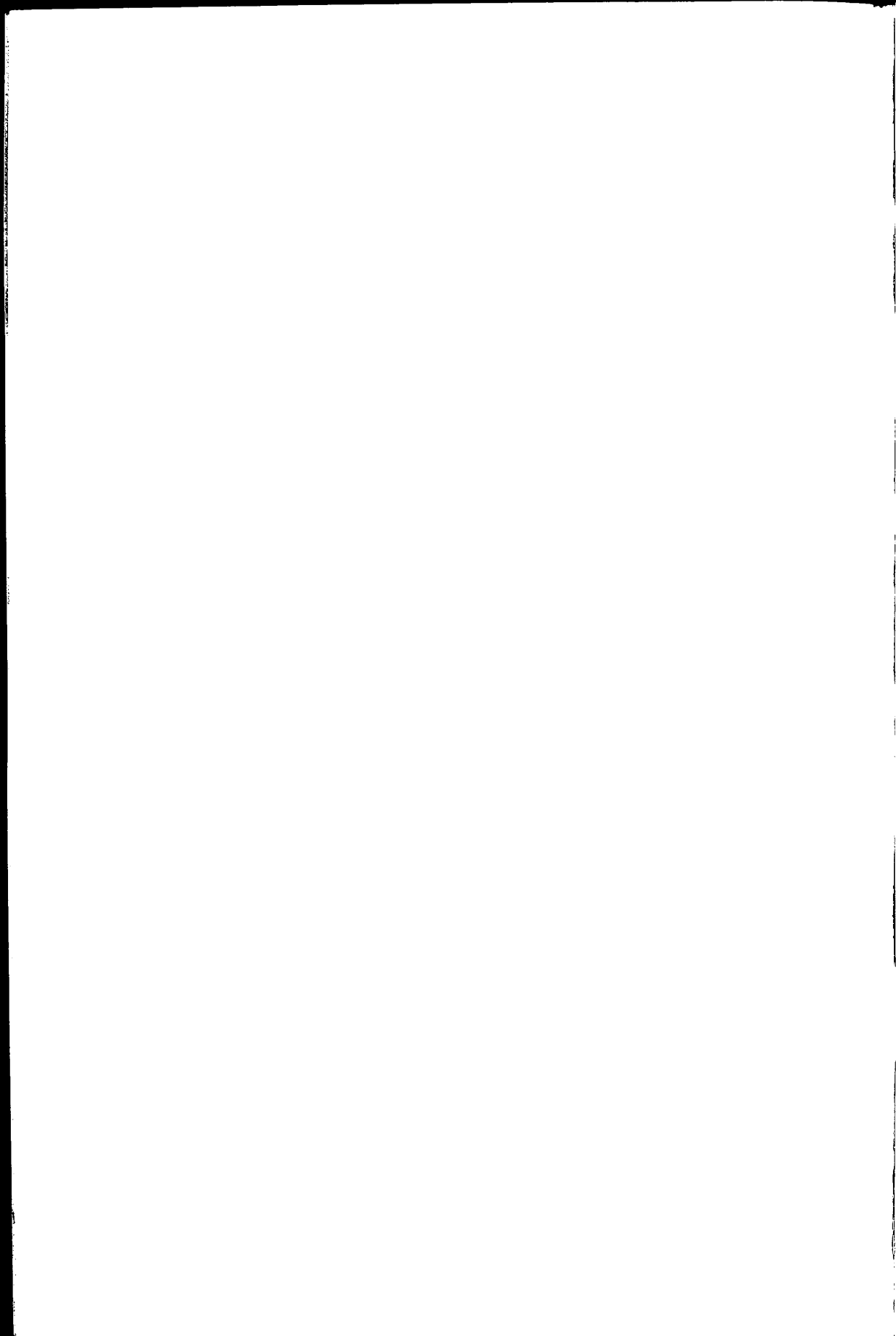


FILMS FOR HOSPITALS

*Report of an enquiry by the
Division of Hospital Facilities*

December, 1961.

34, King Street,
London, E.C.2.



FILMS FOR HOSPITALS

INTRODUCTION

Early in 1961 the King's Fund decided to undertake an enquiry into the subject of films for use in hospitals.

The purpose of the enquiry was twofold :

- (a) To find out the extent to which films are being used for the entertainment or instruction of patients in hospital, and whether there is any scope for extending or improving these facilities or for reducing their cost.
- (b) To find out the extent to which films are being used for the instruction of nursing and other staff, and whether there is any scope for improving or extending the use of films for this purpose.

Filmshows for the entertainment of patients and those for the instruction of staff do of course cover completely different fields. The first part of this report is therefore concerned only with the provision of films for patients; the second part of the report deals with the question of films for the instruction of staff. The tables and appendices for both parts of the report are given at the end.

SUMMARY OF REPORT

I. Filmshows for patients

(1) The report is based mainly upon the replies to questionnaires from 65 Hospital Management Committees and Boards of Governors, covering a total of 341 hospitals in London and the provinces. Eighty-four of these hospitals (24 per cent) provide filmshows for their patients. (Paragraphs 1-4.)

(2) Though some hospitals feel that the development of television has reduced the need for films, it seems clear that in psychiatric hospitals filmshows are considered to have some therapeutic value, and in these and other long-stay hospitals filmshows are much appreciated by patients, old and young, as "occasions" which help to break the monotony and routine of a prolonged stay in hospital. (Paragraphs 5-9.)

(3) 47 out of the 53 psychiatric or long-stay hospitals with over 200 beds provide filmshows. Only 20 out of 125 hospitals of this type with less than 200 beds provide them. There may well be scope for the more widespread use of films in the smaller psychiatric or long-stay hospitals, and for long-stay patients in general hospitals. (Paragraph 10.)

(4) The larger psychiatric hospitals nearly all have 35 mm. dual-equipment installations; elsewhere 16 mm. equipment is used. The quality of 16 mm. film and projectors is now of a high standard, and a hospital considering a new installation would probably be well advised to get 16 mm. equipment. (Paragraphs 11-20.)

(5) Hospital filmshow programmes generally last about two hours, and largely because of the price structure for hiring films, old black-and-white feature-films are most frequently shown. 19 of the 84 hospitals show instructional films to their patients, mainly on aspects of rehabilitation or ante-natal care, and this practice may become more widespread. (Paragraphs 21-23.)

(6) According to the Ministry of Health circular RHB(50)72 "where the provision of a film projector is considered necessary for patients on therapeutic grounds, e.g. in mental and mental deficiency hospitals, its reasonable cost and the cost of films

may be met from Exchequer funds". This dispensation evidently also applies to some long-stay hospitals, but elsewhere the cost of films and projection equipment has to be met out of free funds. (Paragraphs 24-27.)

(7) The schedule of charges for feature-films is governed largely by the Kinematograph Renters' Society (K.R.S.) and the rates vary according to the type of film and, possibly somewhat illogically in the case of hospitals, according to the size of the audience. Since the rates were increased in 1959, hospitals have not spent much more on filmshows, but have tended rather to make do with fewer filmshows or films of poorer quality at lower rates, whilst a number of hospitals have discontinued filmshows altogether. There are, however, a number of independent film libraries that offer films at competitive flat-rate charges. (Paragraphs 28-32.)

(8) The film industry has its own difficulties and problems, and hospitals cannot reasonably expect film-hire charges to be kept at artificially low levels. Nevertheless some modification of the present arrangements might encourage more hospitals to provide more filmshows, which could be of benefit both to the patients and to the film industry. (Paragraph 33.)

(9) Most of the principal suppliers have comprehensive well-catalogued film libraries and their methods of distribution are generally very efficient. The planning of programmes well in advance can of course do much to ensure that hospitals get the films they want at the time they want them. (Paragraphs 34-38.)

(10) The provision of regular filmshows requires considerable organization and co-ordination, and there is no set pattern common to all hospitals. In many cases, success depends upon the energy and enthusiasm of individual members of the staff or voluntary organizations. It is perhaps preferable to give the responsibility for organizing filmshows to the capable enthusiast, whoever he or she may be, rather than to make their organization the *ex officio* responsibility of the holder of any one

particular post. Hospitals might well also benefit from some liaison with the Federation of Film Societies. (Paragraphs 39-42.)

(11) Ten out of the 84 hospitals have their filmshows organized by Toc H, Variety Club of Great Britain, Leagues of Friends or similar voluntary associations. This service is greatly appreciated by the hospitals concerned, and there may well be scope for voluntary help of this nature in providing films for hospital patients elsewhere in the country. (Paragraph 43.)

II. Films for instruction of staff

(12) About half of the 341 hospitals covered by the survey have nurse training schools, and 109 (63 per cent) of these schools use films for instructional purposes. There may well be scope for the greater use of films for these purposes in a larger number of hospitals. (Paragraphs 44-46.)

(13) 16 mm. films are used for instructional purposes in every case. In 34 hospitals the same projector is used for filmshows for patients and for staff. In the smaller hospitals this seems often to be a satisfactory arrangement; in larger hospitals, separate projectors are generally preferred. (Paragraphs 47-48.)

(14) Only 15 hospitals use films twice a week or more for instructing nurses, and the great majority use them less than once a week. Very few hospitals use films for instructing other grades of staff, though there would evidently be considerable support for their use for catering and domestic staff if more suitable films were available. (Paragraphs 49-50.)

(15) Payment for such filmshows is made out of Exchequer funds. Many of the major drug houses and other companies loan films free of charge, and the current level of expenditure on films is not very high. (Paragraphs 51-53.)

(16) Instructional films are made by many different organizations for many different purposes and are available from many different sources. The arrangements for the authoritative

assessment and cataloguing of these films are being improved, and wider publicity could usefully be given to the existing sources of information in this field. (Paragraphs 54-57.)

(17) There are special techniques involved in the effective use of films and other audio-visual aids for instructional purposes, and it is important that tutorial staff should be adequately trained in these techniques. Much useful information and advice on this subject can be obtained from commerce and industry and from other organizations outside the hospital world. (Paragraphs 58-66.)

(18) Too many films cater for too wide an audience, and more films and filmstrips are needed specifically for the training of nurses, and for the instruction of catering and domestic staff in hospitals. (Paragraphs 67-71.)

(19) Films are costly to produce, and in some circumstances filmstrips can provide an equally effective medium of instruction at much lower cost. (Paragraph 72.)

(20) There may well be a case for the development of some organization to determine what types of films and filmstrips are most needed for hospital purposes, how they can best be produced and distributed, and how they can be financed. (Paragraph 73.)

I. FILMSHOWS FOR PATIENTS

METHOD OF THE ENQUIRY

1. The information upon which this report is based was obtained primarily by circulating a questionnaire to every one of 40 Hospital Management Committees and Boards of Governors within the area of one of the four Metropolitan Regional Hospital Boards, and to a selection of 25 other Hospital Management Committees drawn from the areas of the other 14 Regional Hospital Boards in England and Wales.

2. In this way, information was obtained concerning 178 hospitals in one metropolitan region and 163 hospitals in the other regions. The total of 341 hospitals represents about 14 per cent of all the hospitals in England and Wales.

3. By obtaining this detailed information from every hospital authority in one region, and from a selection of authorities in the rest of the country, it was hoped to obtain a comprehensive picture of the general situation. In the event, the replies from the limited selection of 25 Hospital Management Committees outside the one metropolitan region appeared to follow the same general pattern as those from the 40 authorities in the one region, so that *prima facie* this survey may be considered reasonably representative of the situation in the country as a whole.

4. Apart from the questionnaires, much valuable information was obtained from correspondence and discussions with individual hospital officers, and with representatives of various companies and other organizations associated with the film industry. To all of these people, as well as to the hospital authorities themselves, the Fund is extremely grateful for the information and advice that was so readily given at every stage of the enquiry.

HOSPITALS PROVIDING FILMSHOWS FOR PATIENTS

5. From the replies to the questionnaires it is clear that, as might be expected, films for the entertainment of patients are used most widely in psychiatric hospitals, and more widely in other long-stay hospitals (e.g. chronic, geriatric, orthopaedic, and T.B.) than in acute or short-stay hospitals. The analysis has therefore been arranged to show these classes of hospital separately, and Table I shows the number of hospitals, according to type and size, that provide filmshows for their patients.

6. Apart from indicating the greater use made of filmshows in psychiatric hospitals, this table shows that about 75 per cent of the hospitals do not provide any filmshows at all. Some of the likely reasons for this are discussed later, but in view of the evident popularity of filmshows at many of the hospitals that do have them, it certainly seems that there might be scope for their provision in a greater number of hospitals, large and small alike.

7. In psychiatric hospitals, many of which have well over 1,000 beds, films are widely used and it is evident that they are considered useful not merely as a means of mass-entertainment, but also in many cases as a part of the rehabilitation process, whereby patients are encouraged to mix together and to accustom themselves to the type of community life to be found outside the hospital world.

8. In other long-stay hospitals, the therapeutic aspect of filmshows is perhaps less important, though by no means negligible. Nevertheless, in a number of these hospitals it is clear that filmshows are appreciated by the patients as being "occasions" which help to break the monotony or routine of a prolonged stay in hospital, whether it be for long-term T.B., chronic sick, orthopaedic or geriatric patients or for children. In this respect, filmshows provide a more effective break from routine than television, and though several hospitals reported that since the introduction of television there had been little enthusiasm for filmshows, a significant comment from one hospital was to the effect that:

With the advent of ward television, filmshows became unpopular and were discontinued. The present trend however is for filmshows to be re-commenced at the patients' request.

9. In general hospitals there is relatively much less need or demand for filmshows, as indicated by the fact that only 17 of the 163 general hospitals make any provision for filmshows for patients. The average short-stay patients are hardly in hospital long enough to find life monotonous, and for most of them television usually provides sufficient entertainment. It should perhaps be remembered, however, that in many general hospitals there are also long-stay chronic or geriatric patients, and for these people occasional filmshows might be a welcome entertainment.

10. When one considers the hospitals by size rather than by type, it is clear that the larger psychiatric and long-stay hospitals are well provided with filmshows: of the 53 hospitals of this type with over 200 beds, 47 have them. With the smaller psychiatric and long-stay hospitals, the situation is very

different: of the 125 hospitals of this type with less than 200 beds, only 20 make any provision for filmshows. With the limited staff and facilities available, it is often more difficult to arrange filmshows in small hospitals, but to judge from the replies received, the patients do in many cases seem to appreciate them and with the increasing proportion of old people in the country there may well be more of these geriatric and long-stay patients in the future. If filmshows can be conveniently and economically provided, there may well be scope for their more widespread use in the smaller psychiatric and long-stay hospitals, and for long-stay patients in general hospitals.

TYPES OF FILM AND EQUIPMENT

11. Table II gives details of the facilities and equipment used by the hospitals. Seventy-two hospitals are shown as owning projectors: this total relates only to those hospitals providing filmshows for patients. Excluded from the total are those hospitals owning projectors that are used solely for the instruction of staff. Altogether, 109 of the 341 hospitals use films for instructing staff: 34 of these use the same projector for staff and for patients, whilst the remainder have separate projectors. 25 hospitals have filmshows for instructing staff but none for entertaining patients; in some of these it might perhaps be possible to use the same projector for providing filmshows for patients, if desired, though generally speaking it is more convenient to have separate projectors for these two purposes.

12. Table II also illustrates the relatively high standards attained by psychiatric hospitals. 35 mm. projectors, wide-angle screens, separate projection-rooms and dual equipment for continuity of programme are all indicative of a good standard, and in many cases the facilities provided by the large psychiatric hospitals are comparable with those of commercial cinemas. Practically all of the psychiatric hospitals with over 1,000 beds have dual 35 mm. equipment, and it is worth considering 35 mm. and 16 mm. films separately.

(a) 35 mm. films

13. 35 mm. film is the type used by most commercial cinemas, and most feature-films are initially produced on 35 mm. film, except for some major productions, such as "Ben-Hur", which are made on 70 mm. film. Generally speaking, a good quality 35 mm. film will give a higher-definition picture with better sound reproduction than a good quality 16 mm. film, though this is not to deprecate the very high standard of 16 mm. films now available.

14. 35 mm. feature-films are naturally displayed first of all in commercial cinemas, and become available for hospitals after a period of six months or longer from the time of first issue. Thus by the time 35 mm. feature-films are released for hospitals, they have usually been displayed many times in commercial cinemas, so that the prints are not always of the highest quality: the standard is nevertheless generally good.

15. The hire-charges for 35 mm. films are about twice as high as those for 16 mm. films, mainly because of higher laboratory printing costs, and the projection equipment is much more expensive; a separate projection-room is also required, even though the film itself is nowadays non-inflammable.

(b) 16 mm. films

16. 16 mm. film is the size used for the presentation of most documentary and instructional films. 35 mm. feature-films are usually made available in 16 mm. size about 6-9 months after first issue, and hospitals can thus obtain feature-films in 16 mm. or 35 mm. size at about the same time. In some cases, 16 mm. prints of feature-films are made available to hospitals less than six months after issue, the hospitals concerned being considered as "shut-in locations" where people are unable to attend cinemas in the normal way.

17. Though new 35 mm. films do give a better quality of picture and sound than 16 mm., hospitals do not get 35 mm. in new condition, so that in practice there is often little to choose between the quality of 16 mm. and 35 mm. films from the

hospital point of view. The projection equipment and hire-charges for 16 mm. film are lower than for 35 mm., as has just been said, and it is not essential to have a separate projection-room.

18. Most hospitals use 16 mm. lamp projectors that are relatively mobile and can be used in wards, day-rooms or recreation-halls, as required. The development of arc or xenon lamp and comparable light sources for 16 mm. equipment now enables still higher standards of projection to be attained. For the smaller hospital audience, 16 mm. films and projectors would clearly seem to be preferable, particularly as their quality is nowadays so good, and they may prove quite adequate for large audiences as well, as indicated by the following comment from one of the largest psychiatric hospitals:

It is found that supplies of 35 mm. films are unsatisfactory. Hence our policy this year of confining shows to 16 mm. where one is assured of better supplies. For screenings in the Main Hall it would be preferable to employ dual 16 mm. arc projectors. In the case of 35 mm. it would be preferable to go back to the days prior to the Hospital Film Service when films could be obtained from any of the major renters.

19. In comparing 16 mm. and 35 mm. consideration should be given to the cost of transporting films to and from hospitals. 35 mm. reels are much heavier than 16 mm. and they are usually delivered and collected by one of the film transport companies, using road and rail services; for the average 2-hour programme the delivery and collection charges may total 12s. 6d. or more according to the situation of the hospital. 16 mm. reels are much lighter, and these are usually sent by post: for the average 2-hour programme, the cost will normally be less than half that for 35 mm. reels. These costs are additional to the film hire charges and for 35 mm. films may amount to a considerable sum in the course of a year.

20. At the time that many hospitals originally purchased film-projection equipment, the 35 mm. installations were the most suitable, but in recent years great progress has been made in the development of 16 mm. equipment and films. On

balance, therefore, hospitals replacing old equipment, or contemplating a new installation, would today certainly seem well advised to consider 16 mm. equipment.

TYPE AND FREQUENCY OF FILMS

21. Table III lists the types of filmshows given and their frequency. In most hospitals the programmes generally last about two hours and consist of one long feature-film and one or two shorter documentary or similar films. For the purposes of this report "current-release" films have been defined as those shown by hospitals within 18 months of initial release. In practice, the most frequently shown films are old black-and-white feature films, though in the large psychiatric hospitals there is a much higher proportion of current-release films in colour. In 19 of the 84 hospitals with filmshows, instructional films are shown to patients, mainly on topics concerned with rehabilitation: with the development of this type of film production in recent years, the use of films for instructing patients in this way may become more widespread.

22. In the larger hospitals in particular, the same film is often shown more than once to different audiences. Though projectors are understandably seldom shared between hospitals, it is the practice in some groups for the same film to be shown in two or more hospitals during a two-day or three-day period, reduced rates of hire often being available for such showings. This practice obviously entails careful organization and co-operation on the part of the hospitals involved, but nevertheless seems to be considered worthwhile in a number of places. One group, for instance, has a special trailer which is attached to a car and carries the projector and films between hospitals, the film usually being hired for a week and switched daily from hospital to hospital.

23. As could be expected, psychiatric hospitals show films most frequently. Of the 31 hospitals that have filmshows once a week or more often throughout the year, 25 are psychiatric hospitals, and nine of these have at least two filmshows each week. At the other extreme, 23 hospitals (only eight of which

are psychiatric) have filmshows only in the winter or on special occasions. This pattern can be explained partly by the obvious fact that in the large psychiatric hospitals there are potentially much larger audiences, and partly by the structure of the hire-charges for films and the methods of payment for them by the hospitals, both of which problems are discussed in the following paragraphs.

PAYMENT FOR FILMSHOWS

24. It will be seen from Table IV that a total of about £25,000 is spent on filmshows each year by the hospitals participating in this survey, nearly four-fifths of which is accounted for by film hire-charges. These hospitals represent about 14 per cent of all those in the country, and on this basis it would seem that the total annual expenditure on film-hire by hospitals throughout the country would be about £140,000 with a further £40,000 going on other expenses concerned with the provision of filmshows.

25. No charge is of course made to patients for these filmshows, so that no part of this expenditure is recovered by the hospital. One suggestion was made that advertisements might be screened occasionally (e.g. for cosmetics, confectionery, etc.), as is the case in commercial or Service cinemas, and this would certainly help to offset some of these costs. However, though as yet no serious objection seems to have been raised to the display of ITV advertisements on ward television sets, the screening of advertisements at hospital filmshows might prove a more controversial issue.

26. Generally speaking, filmshows for psychiatric patients, and exceptionally for some long-stay patients, can be paid for out of Exchequer funds. The Ministry of Health's policy on this subject was outlined in circular RHB.72 of 1950, from which the following quotation is taken:

General amenities for patients. It is difficult to draw any hard-and-fast line between amenities on which Exchequer money may properly be spent and those which should fall within the scope of free moneys. In particular, it may be justifiable to provide at Exchequer expense certain amenities

for mental and mental defective, and, exceptionally, other long-stay patients which at other hospitals should undoubtedly be regarded as a subject for expenditure of free money. The auditors have, however, reported in this field considerable expenditure of Exchequer funds which the Minister considers should to varying degrees be met from free moneys. Boards and Committees are now asked to review their practice in the light of the following paragraph. In no case, however, should expenditure be charged to the Exchequer that is not covered by approved estimates.

The Minister sees no objection to some reasonable provision at Exchequer cost of wireless for patients. Similarly, where the provision of a film projector is considered necessary for patients on therapeutic grounds, e.g. in mental and mental deficiency hospitals, its reasonable cost and the cost of films may be met from Exchequer funds. Concerts, gramophone and records, dances and other parties, picnics, and outings should, however, be regarded as a proper charge on free money, when it is considered they should be provided by the hospital authority.

27. The policy quoted above explains why it is that so many psychiatric hospitals appear to be able to afford to spend relatively large sums on filmshows, and why so few general hospitals have any filmshows at all. Though eight general hospitals are shown as paying for filmshows out of Exchequer funds, it should be explained that the filmshows are primarily for long-stay patients in the wards of those hospitals.

28. As regards the prices paid by hospitals for films, the Kinematograph Renters' Society (K.R.S.) exercises a general control over the licence fees for the display of most 35 mm. films in hospitals. These films are distributed by members of the K.R.S. through a subsidiary organization, Hospital Film Services Ltd., which in turn has appointed one company (J. & H. Allday Ltd.) as the sole agents for the distribution of 35 mm. films to hospitals. The scale of licence fees was revised in 1959 and since then hospitals have been obliged to pay substantially higher prices for their films. In June, 1961, the licence fees for 35 mm. were quoted as being based upon the average audience number, with a minimum charge of £7 10s. 0d. per black-and-white programme, with a 50 per cent increase for colour. For comparable 16 mm. programmes, the minimum

rate (for audiences up to 50) would be £3 10s. 0d., with a 50 per cent increase for colour. There are, however, quite a number of smaller independent film libraries which are in a position to supply films at competitive flat-rate charges: some of these libraries are included in Appendix A.

29. In the case of psychiatric and long-stay hospitals, the increased K.R.S. scale has not resulted in any great increase of overall expenditure, but in a number of instances has meant rather that for the same expenditure as before the hospitals are either giving fewer filmshows or hiring films of greater age or poorer quality at lower rates. As one hospital put it:

We do feel aggrieved at having to pay the inflated hire charges owing to the renters' action in terminating the reduced terms of hire for hospitals. As far as entertainment is concerned, although we have reduced the frequency of our shows owing to the increased charges, it is felt that with the installation of television in each ward and liberal summer outings the present arrangement is sufficient.

30. The same arguments apply with no less force to general hospitals, where expenditure on filmshows has to be met out of non-Exchequer funds. The increased charges, combined with the development of television, have in fact meant that quite a number of hospitals have discontinued filmshows in recent years. "Our present policy is not to show films to patients as on balance we decided the small funds available were better spent on things other than hiring films" is a comment that reflects the present views of perhaps quite a number of hospitals.

31. Two other features of the present hiring arrangements are also worth mentioning. First, the K.R.S. scale is based on the size of the audience and the prices paid by different hospitals for the same programme therefore vary considerably. Thus although the minimum charge for a 35 mm. 2-hour programme is £7 10s. 0d. (black-and-white), hospitals quite frequently pay around £10 for black-and-white programmes, whilst some pay up to £24 for 2-hour colour programmes. Similarly, for 16 mm. programmes the minimum charge for an audience of up to 50 patients might be £3 10s. 0d. (black-and-white), whilst

for the same programme for an audience of between 101-150 people, the charge would be £5. Sliding scales of this nature would be quite logical for commercial undertakings which charged the members of the audience, or for film societies with subscribing members, but hospitals of course make no charge to their patients, and the present system gives little incentive to hospitals to encourage their patients to attend filmshows. Furthermore, hospitals can hardly be considered as competing for audiences with commercial cinemas, since feature-films are seldom displayed at hospitals until they have virtually completed the commercial circuits. A modification of the present scale might do much to popularize filmshows again, and perhaps to extend their use to some of the 75 per cent of hospitals that do not have them at all at the moment.

32. The second point concerns hospitals that might wish to consider changing from 35 mm. to 16 mm. films. As mentioned earlier, 16 mm. films and projection equipment are now of a high standard and considerably less expensive than 35 mm., so that a hospital with obsolescent 35 mm. projectors might well consider replacing them with 16 mm. equipment. At present this type of replacement is actively discouraged by one of the major renters, which stipulates that where 35 mm. equipment is replaced by 16 mm., the subsequent hire-charges for 16 mm. films shall remain at the previous (higher) rates charged for 35 mm. This stipulation is presumably intended to protect the interests of the film distributors, but it is perhaps rather an unnecessarily cumbersome and restrictive measure to apply to the hospital world. Fortunately it is a practice that is not adopted by all the other renters.

33. Given the present price-structure and scale of charges, the attitude of many hospitals to the introduction or extension of filmshows for patients seems to be understandably rather unenthusiastic, particularly as regards 35 mm. films. The film industry is of course keen to increase business with hospitals, but it has been faced with difficulties of its own in recent years, and the K.R.S. terms currently offered to hospitals are said to be the most favourable that can economically be offered for good quality films at the present time. It is hardly to be expected

that the film industry should provide films for hospitals as a charitable undertaking, or at artificially low rates of hire, but the present situation does not seem to be wholly satisfactory either for the hospitals or for the film industry, and some modification of the present arrangements might be beneficial to all concerned.

SUPPLIERS OF FILMS AND EQUIPMENT

34. Table V shows the principal suppliers of films to the hospitals that participated in the enquiry. In Appendix A a full list is given of the names and addresses of all the film-suppliers quoted in the questionnaires. In passing, it is worth noting that various government organizations and many of the major drug houses and large industrial concerns (e.g. I.C.I.; Shell; British Petroleum; British Transport Commission, etc.) produce excellent documentary films, and these will often be loaned free of charge for hospital filmshows, either direct from the companies themselves, or through one of the film libraries.

35. It should be emphasized that the list does not necessarily indicate the relative efficiency or success of the companies named, but the list may be of some use to hospitals wishing to obtain alternative quotations for the provision of film programmes. The journal "Film User" (319, High Holborn, London, W.C.1) publishes a yearly survey of distributors of 16 mm. films. The survey published in the August, 1961, issue of the journal lists over 600 different distributors and is a valuable source of information on this subject. The Scientific Film Association (55a, Welbeck Street, London, W.1) can also give help and advice to hospitals concerning the supply of films suitable for display to patients.

36. The main suppliers generally have well-catalogued comprehensive film libraries, so that hospitals using their services have a wide selection of films from which to choose balanced programmes of feature-films, documentaries and other short programmes. In many cases, too, the suppliers will themselves suggest programmes, if asked to do so, which can make the organization of filmshows correspondingly simpler.

In this connection it is clearly worthwhile for individual hospitals to try to plan their film programmes well in advance, for by so doing they are much more likely to get the films they want at the time they want them. The distribution of films by the suppliers is also well organized, and the hire-charges to hospitals sometimes include some provision for insurance against damage to the films whilst in the care of the hospital. Generally speaking, in fact, the service provided by the suppliers is of a high standard: it is the cost that is the main source of adverse comment, particularly as regards 35 mm. films.

37. So far as the supply of projection equipment is concerned, the great majority of the hospitals participating in the survey use either G.B. Kalee 35 mm. or Bell & Howell 16 mm. equipment, both of which are supplied through companies in the Rank organization. Other makes of projectors being used include British Thomson-Houston, Debie, Gebescope, G.E. Equipment, Micron, Philips, Simplex-Ampro for 16 mm., and Ross and Western Electric for 35 mm., equipment. A full list of the names and addresses of these companies is given in Appendix A.

38. 35 mm. projectors are of course much more expensive and good dual equipment installation may now cost at least £2,000. 16 mm. projectors are available in various different models, at prices now ranging from about £200 upwards. Maintenance contracts can be obtained for all types, but most hospitals seem to find their own electricians or engineer's staff quite competent to maintain and operate the projectors.

ORGANIZATION OF FILMSHOWS

39. The provision of regular filmshows for hospital patients requires considerable organization and involves a variety of people in different ways. Ward, day-room or recreation-hall has to be prepared and blacked out; patients have to be assembled; film programmes have to be selected, ordered and checked; projection equipment has to be maintained and operated. From the replies received to the questionnaires, it is

clear that the organization follows different patterns in different hospitals: for instance, in answer to the question "Who is responsible for selecting programmes and deciding upon suitability of films for showing to patients?", at least 15 different officers were named, ranging from the group secretary, matron or physician superintendent to hospital chaplain, librarian, patients' committee, social worker or ward sister.

40. In the larger psychiatric hospitals, filmshows are a regular feature of hospital life and their organization has become a familiar, if time-consuming, routine that is now well established and smoothly running. In the smaller long-stay and general hospitals, with fewer staff and facilities, the organization of filmshows is relatively a much more difficult problem and in many cases their continuing popularity clearly depends upon the support and enthusiasm of individual members of the staff or voluntary organizations associated with the hospitals. For children in hospital, too, filmshows can offer a very popular form of entertainment.

41. From the survey, it seems that in the few small hospitals that do provide filmshows the patients enjoy them as much as do those in the larger psychiatric hospitals, so that it may be the difficulty of organization, rather than the indifference of the patients, that accounts for the relative lack of filmshows in the smaller psychiatric or other long-stay hospitals. Though television is undoubtedly partly responsible for the apparent decline in the popularity of films, it does seem that a well-organized filmshow can provide a welcome change from television and ward routine, in the same way as a pleasant mid-day picnic outing can provide a welcome change from the daily hospital luncheon.

42. In connection with the organization of filmshows it might well be that hospitals would benefit from some liaison with the Federation of Film Societies (35, Priory Road, Sheffield, 7). This is the national organization of the Film Society movement in the United Kingdom and membership is open to "any film society operating as a non-political and non-profit-making organization with an approved constitution."

The Federation has much information on many aspects of filmshow work, including legal, technical and organizational problems; issues a variety of publications to its members; and undertakes negotiations with the film trade and other organizations. It is possible that a local film society might be able to help a hospital authority with advice, or even practical assistance, were such a liaison established.

FILMSHOWS PROVIDED BY VOLUNTARY ORGANIZATIONS

43. This survey would be far from complete without reference to the excellent work carried out by some voluntary organizations in providing filmshows for patients. Ten of the 84 hospitals with filmshows have them provided free of charge by Toc H, Variety Club of Great Britain, Leagues of Friends or other voluntary organizations, and this generous service is clearly much appreciated by the hospitals concerned—particularly those where it is not permissible for Exchequer funds to be used for the purchase of projection equipment or the hire of films. This is a field in which Leagues of Friends and similar organizations in other parts of the country might well be able to help those hospitals which for one reason or another have hitherto not provided filmshows for their patients.

II. FILMS FOR INSTRUCTION OF STAFF

HOSPITALS PROVIDING FILMSHOWS FOR INSTRUCTION OF STAFF

44. Information concerning the extent to which films are being used for the instruction of nursing and other staff was largely obtained from the questionnaires circulated to the same 65 Hospital Boards and Committees as were invited to give information about filmshows for patients.

45. Table A gives an analysis of the hospitals that provide filmshows for instructing staff. These hospitals have been classified under the two broad headings of psychiatric and other hospitals, and the table also gives the number of nurse training schools covered by the enquiry, as it is in connection with the work of these schools that most of the instructional films are shown.

46. Almost exactly half of the 341 hospitals in the enquiry have nurse training schools, but only about 63 per cent of these schools appear to use films for instructional purposes, and some of these only use them very sporadically. In view of the valuable part which some hospitals evidently believe that films can play in providing instruction, it seems that there may well be scope for the greater use of films in the training of nursing and other staff.

EQUIPMENT FOR FILMSHOWS

47. In every case 16 mm. films are used for instructional purposes, and the great majority of projectors are of the Bell & Howell type supplied through the Rank organization, though a few hospitals use other makes of projector, such as British Thomson-Houston, Micron, Siemens or Simplex-Ampro. In some hospitals filmstrips are used as an addition to films or as a substitute for them.

48. In 34 hospitals, the same projector is used for filmshows for patients and for staff. In most hospitals, however, it is the practice to use a separate projector for staff instruction. The more frequent the filmshows for patients and staff, the more

necessary it becomes to have separate projectors, but in the smaller hospitals one projector may well serve both for entertainment of patients and instruction of staff.

FREQUENCY OF FILMSHOWS

49. Nearly all the hospitals that have filmshows reported that considerably greater use is being made of films and filmstrips now than was the case five years ago, and it seems likely that still greater use would be made of them if more suitable films could be produced and the cataloguing and distribution arrangements improved or more widely publicized.

50. To obtain some idea of the extent to which films are currently being used, the hospitals were asked to say how many instructional filmshows had been given for staff during the six months from October, 1960, to March, 1961. Table B shows an analysis of the replies to this question, and it will be seen that there is a great variation as between different hospitals. 15 hospitals have filmshows for nursing staff twice a week or more often, whilst the great majority have less than one a week. Student nurses clearly offer the greatest actual and potential audiences for instructional films, and less than half of the hospitals concerned provided any filmshows for instructing any other grades of staff. However, from the replies received it is clear that a great many hospitals would like to use films for instructing other grades of staff, particularly on the domestic and catering side, if only more of the right types of films were available. Some hospitals also emphasized the value of post-graduate training films for qualified medical and nursing staff.

PAYMENT FOR FILMS

51. For nurse-training purposes, expenditure on films is met out of the Exchequer funds allocated to Area Nurse Training Committees. The cost of hiring films varies greatly according to the type of film and the source of supply. Colour films cost about half as much again as black-and-white, and the longer the film the higher often is the price.

52. The Central Film Library has a standard schedule of charges for most of the films it supplies, ranging from 6s. 6d. for 16 mm. black-and-white to 19s. for 35 mm. colour films for the first day of hire. Other film libraries supply films at varying rates, whilst a great many of the drug-houses and other commercial companies are willing to loan free of charge films made by themselves.

53. With the limited funds available, total expenditure on films for instructional purposes does not at present reach very high figures, and amongst the hospitals using most instructional films annual expenditure on hire-charges, etc., was reported as ranging from £20 to £70 approximately.

CATALOGUING AND ASSESSMENT OF FILMS

54. Films for instructional purposes are made for a variety of purposes by a variety of organizations (e.g. individual hospitals; government agencies; professional associations; commercial or industrial companies). In some cases, the films are made purely for educational purposes whilst in others they are made with discreet advertising intent. Some of the films are produced with an audience of schoolchildren in mind; some are more suited for medical students; some for student nurses; others again are more suited for fully trained medical or nursing staff. Appendix I lists some of the suppliers of films mentioned by the hospitals participating in the survey.

55. With such a variety of sources and motives for the supply of instructional films, it is often difficult for the individual sister-tutor or other hospital officer to assess the merits of different films and to select the right films for the right audiences at the right times. Some hospitals clearly seem to be more familiar than others with the various sources of supply, and it is this factor that probably explains why some hospitals seem to be so much more satisfied than others with the current situation. The following are two comments which summarize the views of perhaps quite a number of hospitals on this matter:

Films are very poorly and diffusely catalogued which makes it extremely difficult to find a film. It would be of enormous benefit to catalogue all available films regardless of source and of whom they were issued by.

Possibly all we need is greater publicity about films which are available.

56. There are in fact available some very good catalogues of instructional films, though it does not seem that their existence is as widely known in the hospital world as it might be. The Scientific Film Association (55a, Welbeck Street, London, W.1) has information on over 2,000 medical and nursing films, and in its bi-monthly journal, "Scientific Film", publishes once a year a list of medical films that have become available in the previous year. The Association is also preparing a new "Guide to Medical Films in Great Britain" which should do much to meet the criticisms made on the subject of cataloguing. The World Federation for Mental Health (19, Manchester Street, London, W.1) has also published an International Catalogue, "World Mental Health Films", which gives very useful details about films in the field of psychiatric care. Other organizations provide information about more specialized categories of films and some of these are listed in the latter part of Appendix I.

57. The critical assessment of new films is an important task from the point of view of providing authoritative comment on the suitability of individual films for specific training purposes. Where several films deal with the same subject, a bare description of the content is insufficiently helpful to the busy tutor. This again is a problem which is being dealt with by the Royal College of Nursing and the Scientific Film Association to the extent that, in co-operation with a panel of sister-tutors, they arrange appraisal meetings to view films of possible value for nurse-training, the results being published regularly in the "Nursing Times"; these appraisals are at intervals to be compiled into a single publication. Reviews by individual critics, as distinct from appraisals by specialist groups, are also published in the "Nursing Times", and films for other specialties are appraised or reviewed in "Scientific Film" and some of the other professional or technical journals from time to time.

ORGANIZATION OF INSTRUCTIONAL FILMSHOWS

58. As might be expected, sister-tutors are usually responsible for the organization of instructional filmshows. It is clear, particularly from the views expressed by the hospitals making greatest use of films, that to be of any real value instructional films and filmstrips must be judiciously selected and used as part of a carefully planned programme, as the following comments show:

There is a place for instructional films in the training of student nurses provided they are used in conjunction with the planned curriculum.

Satisfactory if they are used by somebody trained in the use of audio-visual aids and adequate time for discussion is allowed.

Almost any subject is suitable provided opportunity is given for discussion and for a re-showing of film and provided a person who knows something about the subject of the film is available during discussion.

There are many dangers in relying too much on films for instruction. They should be used in conjunction with other methods of teaching and are most valuable when used to show things that cannot be easily experienced by students, or to revise materials already learnt. They also have a wide cultural application if properly selected. Where a film fails it is usually because the makers have either tried to include too much instruction or have failed to direct their efforts to the needs of a particular type of audience. Some subjects are too complicated to be suitable for filming. I should like to see a law passed to prevent film makers from using "background" music! This is almost always distracting, unsuitable, unnecessary and far too loud.

Colour is a great asset. Music would occasionally help to the digestion of films—that is if the right type of music is chosen, which up to date it has not usually been. An example is the musical overture to the film "Aggression" which has inspired in the audience the same symptoms as the film portrays.

Leaflets for the audience should be available with each film for preliminary introduction to the subject to be shown and for further study.

Films are excellent as a means of revision or for amending knowledge taught by more formal methods. Number of films used is gradually increasing. They often provoke valuable discussion, particularly when shown to senior staff—in this way can help to change relatively permanent attitudes.

59. Though films should be used as part of a planned programme, one of the difficulties mentioned by several hospitals is that of getting the films required at the right time, and feelings on this problem can be well summarized by these two comments:

It would be a great help if films could be hired more easily; at present one is almost certain not to be able to obtain a given film at a given time even though ordered weeks in advance, and often the hired films are in very poor condition. It is of little use having a planned programme in which a particular film is required if one is unable to obtain it readily and at short notice. This sort of thing makes it almost impossible to use instructional films as they need to be used, and leads to films simply being shown without any preparation or background, which is virtually useless.

There are not enough copies available to make programme planning easy and the film has to be booked at least two or three months ahead of showing it. Sometimes old and valuable films are not replaced when they have worn out.

60. With regard to the quality of the prints, most suppliers are careful to ensure that outworn or damaged prints are replaced or withdrawn from circulation, and hospitals that receive prints of poor quality should inform the suppliers at once. The hospitals themselves can of course do much to maintain the quality of the prints by making sure that the projector-operator has had some proper training in the operation and maintenance of the projector: inefficient handling of film or projector can easily cause prints to be badly torn or scratched.

61. The problem of obtaining films when wanted naturally depends very largely upon the number of copies available, and the difficulties can perhaps be well summarized by quoting the following comments from two suppliers:

Basically the problem is an economic one, though the user rarely appreciates this. Because demand tends to fluctuate instead of falling evenly across the year, it is a fact that, even with a large stock of prints, it is never possible to guarantee supply to all and on all conceivable occasions unless one is prepared to have a number of prints on the shelves which only go out two or three times a year or less. This is a very costly method, extravagant even for a subsidized library, but completely out of court for one that is trying to pay its way. If the users can help by planning a little ahead, and by sometimes being prepared to alter a date in order to fit in with the supply, he will find the going much smoother.

So far as the commercial firm loaning films is concerned, most do not have unlimited resources for providing many copies of a particular film, but are expected to work to a budget. A copy of a 20 minute sound and colour film can cost £40-£50. Whilst we, presumably as others in a similar position to ourselves, are willing within the limits of our budget to provide the number of copies necessary to give a continuous service, nevertheless requests do tend to be concentrated within certain weeks and with the time allowance necessary for transit by post to and from the borrower, a considerable strain is put on the available number of copies.

62. Another company pointed out that the most likely time for supply difficulties is during the first few months of release, when the subject is perhaps specially topical and the film is receiving good review publicity in the journals. Most hospitals appear to be good about returning borrowed films promptly, but it is evident that there are occasions when films are not returned promptly, with the result that the next borrower may have to be disappointed, although the film may have been booked for weeks.

63. Though it may be difficult at times to arrange a good programme of films under existing circumstances, several hospitals do in fact seem to have been very successful in doing so, mainly by dint of careful long-term planning based on an extensive knowledge of the sources of supply and on considerable experience in the assessment of films. Particularly worthy of mention in this context is the "Educational Film Group" organized by one hospital: this Group has a small committee

of medical, nursing and technical staff, with a laboratory technician as secretary, and arranges special monthly filmshows throughout the winter for the medical and nursing staff, and for student groups. A member of the medical or senior nursing staff is in attendance for questions and discussion, and a distinguished visitor—usually expert in the field portrayed in the film(s)—is often invited to speak as well. This seems to be a very successful venture, and one that might well be of interest to other hospitals.

64. As can be seen from many of the comments already quoted, it is most important that the correct techniques should be adopted in using films and filmstrips for instruction. A number of training centres run courses in these techniques, primarily for tutors or instructors in commerce and industry, and various authorities have published very informative booklets or other literature on different aspects of the choice of equipment and the use of audio-visual aids and other media for educational and instructional purposes. Further information and advice on this subject can be obtained from such organizations as:

British Association for Commercial and Industrial Education (BACIE), 26a, Buckingham Palace Road, London, S.W.1.

Central Council for Health Education, Tavistock House, Tavistock Square, London, W.C.1.

Industrial Welfare Society, 48, Bryanston Square, London, W.1.

National Committee for Visual Aids in Education, 33, Queen Anne Street, London, W.1.

Scientific Film Association, 55a, Welbeck Street, London, W.1.

65. Though none of these organizations are primarily concerned with the problems of the hospital world, they provide information or advice that can be of very real help to those who are responsible for organizing training programmes for nurses or other hospital staff.

66. Some hospitals advocate the establishment of a special film library for hospital teaching purposes, with films being

loaned free of charge. This suggestion has its attractions, but might be difficult to organize in practice as so many of the better instructional films are produced by the drug houses and other industrial companies, which presumably would wish to retain control over their circulation. At this stage it would seem preferable to concentrate on improving the arrangements for the cataloguing and assessment of films, with wider publicity being given to the sources of information and supply.

SUITABILITY OF INSTRUCTIONAL FILMS

67. Many hospitals had interesting comments to make upon the suitability of the range of instructional films currently available. Though high praise was given to individual films, there does seem to be some dissatisfaction with the present situation, particularly with regard to the use of films for nurse training, as the following comments indicate:

Most of the medical and surgical films are for medical audiences and often too technical to be of very much use to nurses except to stimulate interest.

Not satisfied. The majority of the films are not made with student nurses and hospital ancillary staffs in mind (notable exceptions are the Ministry films on "Lifting of patients", "Cross Infection in Hospitals" and a few more). They are either made for children at school or for medical students and doctors, and student nurses become confused by a mass of information they are unable to understand, or need to understand.

There is a great need for films which have been made at British psychiatric hospitals. In recent American publications one reads tributes to the great advance of psychiatric care in Britain but has to go to the United States for films on the subject.

More good films for training psychiatric nurses are necessary. Some of the films used are not made specifically for nurses and although they may be ideal for audiences for which they were intended (i.e. medical students, doctors, etc.) leave much to be desired.

An increase of about eight times in the number of filmshows over the past five years. A large number of films that could

be used are out of date. There are not sufficient films that aim specifically for nursing staff.

Films are obviously produced for use with as wide an audience as possible because they are so costly to make. Each film must therefore be reviewed by teaching staff to evaluate it in relation to nurses' education. Possibly more films on medical education, available to medical staff, would be stimulating to trained or even brighter senior nurses. There is a need for more films on subjects suitable for showing to other grades of hospital staff, i.e. Anti-Noise, Service of Food, General Hygiene and Hospital Catering, and films for recruitment of all grades of hospital staff.

68. As was pointed out by more than one hospital, the high cost of making a film means that many of the films are intended to appeal to a wide audience, but in trying thus to cater for all tastes there is a risk of satisfying none. From the replies to the questionnaires, it certainly seems as if there is a need for the supply of more films specially produced for nurse training purposes in both psychiatric and general hospitals. Similarly, a great many hospitals would evidently welcome films for use in the training of catering and domestic staff, with emphasis upon the improvement of standards of hygiene and upon the development of better cleaning procedures in wards and other departments. Appendix II lists some of the many subjects listed by different hospitals as being suitable topics for instructional films on a larger scale.

69. The drug houses and other companies that sponsor the production of films cannot of course be expected to cater solely for the needs of training programmes for nurses and other staff. As commercial concerns, the drug houses must normally hope to regain their expenditure in producing films, and the films tend therefore in many cases to be directed at the people who are likely to prescribe their products in the future, such as qualified doctors, final-year medical students, etc. The following comments from two large drug houses perhaps offer a fair reflection of the views of many others in the pharmaceutical industry:

We would agree that to some extent instructional films do tend to be directed towards doctors and medical students, and are thus not entirely suitable for nursing audiences. However, in general, funds for film-making are limited, and it is felt that it is better for films to be made in this way than for them to be made specifically for nursing audiences, when they would not be of great interest to the medical profession. It is felt that it is better for films to contain too much information, rather than too little, since extra knowledge is only rarely truly superfluous, and the insight which a nurse may gain into medical problems may well help her to understand her daily work better.

We can quite see the point regarding the value of instructional films providing they cover the right ground but feel, as no doubt most other firms in the pharmaceutical industry feel, that unless a film is produced for prestige purposes, then its main object is its promotional value for a specific product or group of products. The audience aimed at in this type of promotional film would depend on the product concerned and its field or application. Such films generally end up by being borrowed for nurse training and it is most probably for this reason that much of the criticism about the films available for this training arises. Where a film has clinical content it is liable to be rapidly out-dated and unpopular with the medical staff should they become aware of its use in a training course.

Further, pharmaceutical progress is such that promotional films may well have a "useful" life of less than three years. Unless the sponsors are firm about withdrawal from circulation, the (for want of a better term) uninitiated may go on requesting loans for a further ten years or more just because there are 50 or so feet which illustrate a particular point emphasized by the tutor. The rest of film can be completely redundant and inapt, perhaps even damaging. We make a point of informing the librarians of the recognized "medical" film collections of any withdrawals because we realize that "ageing" must be a major problem.

70. These comments seem very reasonable. The pharmaceutical industry is certainly under no obligation to finance films specifically for the training of hospital staff. Indeed, the hospital service may well consider itself fortunate that so many sponsored films are in fact partially or wholly suitable for training purposes, and that they are so freely made available. Nevertheless, in certain cases there might well be some mutual benefit to be gained from even closer co-operation between

commercial sponsors and hospital authorities during the production of films, to ensure that the educational value of the films may be as high as possible.

71. Given this situation, it is clearly of great importance that films should be carefully and authoritatively assessed to determine their suitability in specific training programmes. Similarly, there seems to be a need for the production of more films and filmstrips intended solely for the instruction of specific categories of hospital staff.

72. However, the production of films can be an expensive business, and in this connection, it is worth emphasizing the value of filmstrips for instructional purposes, except where the demonstration of movement is vital to the instruction. Filmstrips are far cheaper to produce than films, and for suitable subjects, and with the right presentation, they can be just as effective as films.

73. Under these circumstances there may well be a case for the development of some organization in the hospital world to determine what types of films and filmstrips are most needed; to advise how they can most effectively be produced and distributed for the training of nurses and other staff; and to consider ways and means of financing the production of such films and filmstrips.

To keep the report within reasonable length, it has been necessary to omit reference to some of the more detailed evidence collected in the course of the enquiry: further information can be obtained from the Fund if required.

The Fund is extremely grateful to all the hospitals that completed and returned the questionnaires upon which this report is based; and also to the film companies, drug houses and other organizations and individuals that have so readily given their help and advice at all stages of the enquiry.

TABLE I

		ONE METROPOLITAN REGION				OTHER REGIONS				TOTAL			
HOSPITALS PROVIDING FILMSHOWS		Psychiatric	Long-Stay	General	Total	Psychiatric	Long-Stay	General	Total	Psychiatric	Long-Stay	General	Total
Number of H.M.C's and B.G's returning questionnaires		20	20		40	14	11		25	34	31		65
Number of Hospitals in these H.M.C's and B.G's		48	39	91	178	41	50	72	163	89	89	163	341
Number of Hospitals with filmshows for patients		26	9	9	44	18	14	8	40	44	23	17	84
Size of hospitals showing films: (The figures in brackets show the total number of hospitals of each size)	Over 1,000 beds ..	13 (13)	—	—	13 (13)	11 (11)	—	—	11 (11)	24 (24)	—	—	24 (24)
	701-1,000 beds ..	3 (3)	—	1 (1)	4 (4)	1 (2)	—	— (1)	1 (3)	4 (5)	—	1 (2)	5 (7)
	401-700 beds ..	3 (3)	2 (2)	3 (9)	8 (14)	3 (3)	1 (1)	— (7)	4 (11)	6 (6)	3 (3)	3 (16)	12 (25)
	201-400 beds ..	3 (6)	5 (6)	3 (12)	11 (24)	1 (2)	1 (1)	4 (15)	6 (18)	4 (8)	6 (7)	7 (27)	17 (42)
	200 or less beds ..	4 (23)	2 (31)	2 (69)	8 (123)	2 (23)	12 (48)	4 (49)	18 (120)	6 (46)	14 (79)	6 (118)	26 (243)

TABLE II

NUMBER OF HOSPITALS

EQUIPMENT FOR FILMSHOWS	Psychiatric	Long-Stay	General	Total
Number of hospitals with own projector* ..	44	16	12	72
Number of hospitals borrowing or hiring projector	—	7	5	12
Type of projector owned†— 16 mm.	26	15	12	53
35 mm.	27	1	—	28
Number of hospitals with dual equipment ..	25	1	—	26
Number of hospitals with separate projection room	33	2	1	36
Type of screen owned—Standard	30	16	12	58
Wide-angle	14	—	—	14
Usual location of filmshows—				
Wards	1	9	7	17
Recreation or other halls	43	14	10	67

*Excluding projectors used solely for instructing staff.

†Some hospitals have both 16 mm. and 35 mm.

TABLE III

NUMBER OF HOSPITALS

TYPE AND FREQUENCY OF FILMSHOWS	Psychiatric	Long-Stay	General	Total
Number of hospitals showing different types of films—				
Newsreels	18	9	1	28
Documentary	24	16	9	49
Instructional	12	2	5	19
Current-release	28	12	6	46
Other feature-films	39	20	15	74
Number of hospitals showing colour—				
50% or more	16	7	4	27
25%-49%	18	7	5	30
Less than 25%	10	9	8	27
Frequency of Filmshows—				
Twice weekly or more	9	—	—	9
Once a week	16	5	1	22
Once every 2-3 weeks	9	4	4	17
Once every 4 weeks	2	6	5	13
Winter only—Twice a week or more	2	—	—	2
Once a week	6	2	—	8
Once every 2 weeks	—	4	2	6
Once every 4 weeks	—	2	2	4
Special occasions only	—	—	3	3

TABLE IV

NUMBER OF HOSPITALS

								Psychiatric	Long-Stay	General	Total
(a) PAYMENT FOR FILMSHOWS											
Payment out of Exchequer Funds	..	..	..	..	..	..	..	40	12	8	60
Payment out of Free Funds	..	..	..	..	..	..	..	3	5	6	14
Filmshows provided by Toc H, Leagues of Friends or other voluntary organizations	..	..	..	..	..	..	..	1	6	3	10
Total annual expenditure on filmshows:											
Over £750	..	..	..	..	..	..	..	9	—	—	9
£301-750	..	..	..	..	..	..	..	20	3	—	23
£100-300	..	..	..	..	..	..	..	9	7	4	20
Less than £100	..	..	..	..	..	..	..	5	7	10	22

(b) TOTAL EXPENDITURE ON FILMSHOWS

These figures refer only to expenditure incurred by hospital authorities; they do not include expenditure on films by voluntary organizations giving filmshows to hospitals. The figures in the "other expenses" column are made up chiefly of payments to projector operators and of postal or other transport charges for delivery and return of films.

35 mm.	Hire of Films £	Other Expenses £	Total £	16 mm.	Hire of Films £	Other Expenses £	Total £
Psychiatric Hospitals ..	13,500	4,300	17,800	Psychiatric Hospitals ..	2,900	450	3,350
Other Long-stay Hospitals	500	100	600	Other Long-stay Hospitals	1,500	450	1,950
				General Hospitals ..	1,400	100	1,500
	<u>£14,000</u>	<u>£4,400</u>	<u>£18,400</u>		<u>£5,800</u>	<u>£1,000</u>	<u>£6,800</u>

TABLE V

SUPPLIERS OF FILMS AND EQUIPMENT							NUMBER OF HOSPITALS SUPPLIED
The following are the principal suppliers of films to the hospitals participating in the enquiry:							
G.B. Film Library	..	..	..	..	..	..	24
Warner-Pathe	..	..	..	..	..	..	13
J. & H. Allday	..	..	..	..	..	..	13
The Film Library	..	..	..	..	..	..	12
Ron Harris	..	..	..	..	..	..	10
Columbia Picture Corporation	..	..	..	..	..	..	7
Central Film Library	..	..	..	..	..	..	5
John King	..	..	..	..	..	..	3

Film Equipment:

Hospitals with Bell & Howell 16 mm. projector	..	..	38
Hospitals with other makes of 16 mm. projector	..	..	15
Hospitals with G.B. Kalee 35 mm. projector	..	..	20
Hospitals with other makes of 35 mm. projector	..	..	8

Many other companies or organizations were named as supplying films to individual hospitals, but none of these companies was named by more than two separate hospitals.

The figures shown here do not necessarily reflect any particular order of merit: they are indicative only of the situation relating to the hospitals concerned in this limited survey. The Film Library acts as one of the agents for John King, so the figures for the former may include some of the films supplied by the latter.

APPENDIX A

(i) SUPPLIERS OF FILMS FOR PATIENTS IN THE HOSPITALS PARTICIPATING IN THE ENQUIRY.

- | | |
|---|---|
| J. & H. Allday Ltd.,
52, Shaftesbury Avenue, London,
W.1. | Harry Hamer,
207, Whalley Old Road,
Blackburn, Lancs. |
| Army Kinema Corporation,
Chalfont Grove, Gerrards Cross,
Bucks. | Ron Harris,
Glenbuck Studios, Surbiton,
Surrey. |
| Associated British Pathe Ltd.,
Film House, Wardour Street,
London, W.1. | Wallace Heaton Ltd.,
127, New Bond Street, London,
W.1. |
| Don Briggs,
Kinescope Service Ltd.,
74b, Alfreter Road, Nottingham. | Imperial Chemical Industries Ltd.,
I.C.I. House, Millbank, London,
S.W.1. |
| British Film Institute,
81, Dean Street, London, W.1. | John King (Films) Ltd.,
Film House, East Street, Brighton,
Sussex. |
| B.M.A. Film Library,
B.M.A. House, Tavistock Square,
London, W.C.1. | Metro-Goldwyn-Mayer Pictures Ltd.,
58, St. James's Street, London,
S.W.1. |
| British Petroleum Film Library,
Britannic House, Finsbury Circus,
London, E.C.2. | Mobile Entertainments,
86, Thirlmere Gardens, Wembley,
Middlesex. |
| British Transport Films,
25, Savile Row, London, W.1. | Petroleum Films Bureau,
29, New Bond Street, London, W.1 |
| Camera Talks,
23, Denmark Place, London,
W.C.2. | Religious Films Ltd.,
6, Eaton Gate, London, S.W.1. |
| Central Film Library,
Government Buildings, Bromyard
Avenue, London, W.3. | Robinson's Cine Service,
Purdis Croft, Bucklesham Road,
Ipswich. |
| Central Office of Information,
Hercules Road, Westminster
Bridge Road, London, S.E.1. | Shell International Petroleum Co.
Ltd.,
St. Helen's Court, Great St.
Helen's, London, E.C.3. |
| Columbia Pictures Corporation Ltd.,
142, Wardour Street, London, W.1 | Sound Services Ltd.,
Wilton Crescent, Merton Park,
London, S.W.19. |
| Film Exhibiting Services,
85, Manor Road, Wallington,
Surrey. | Twentieth Century Fox-Film Co.
Ltd.,
31, Soho Square, London, W.1. |
| Film Library Ltd.,
174, Wardour Street, London, W.1 | Warner-Pathe Distributors Ltd.,
135, Wardour Street, London, W.1 |
| G.B. Film Library,
Aintree Road, Perivale, Middlesex. | N. Whitworth,
High Street, Sandy, Beds. |
| Golden Films Ltd.,
National House, 60/66, Wardour
Street, London, W.1. | World Federation for Mental Health,
19, Manchester Street, London,
W.1. |

APPENDIX A (Contd.)

(ii) SUPPLIERS OF PROJECTORS TO THE HOSPITALS PARTICIPATING IN THE ENQUIRY.

35 mm. Equipment

G.B. Kalee	Rank Precision Industries Ltd., G.B. Kalee Division, Woodger Road, Shepherd's Bush, London, W.12.
Ross	Ross Ltd., Clapham Common North Side, London, S.W.4.
Western Electric	Westrex Co. Ltd., 152, Colesgreen Road, London, N.W.2.

16 mm. Equipment

Bell & Howell	Rank Precision Industries Ltd., Cine & Photographic Division, 37, Mortimer Street, London, W.1.
British Thomson-Houston	A.E.I. (Rugby) Ltd., 33, Grosvenor Place, London, S.W.1.
Debie	Cinotechnic Ltd., 169, Oldfield Lane, Greenford, Middlesex.
G.E. Equipment	Cinotechnic Ltd., 169, Oldfield Lane, Greenford, Middlesex.
Micron	Microtecnica Film Equipment (England) Ltd., 9, Southampton Place, London, W.C.1.
Philips	Philips Electrical Ltd., Century House, Shaftesbury Avenue, London, W.C.2.
Simplex-Ampro	Simplex-Ampro Ltd., Chronos Works, North Circular Road, London, N.W.2.
Siemens	A.E.I. (Woolwich) Ltd., 33, Grosvenor Place, London, S.W.1.

TABLE A

41

	ONE METROPOLITAN REGION			OTHER REGIONS			TOTAL		
	Psychiatric	Other	Total	Psychiatric	Other	Total	Psychiatric	Other	Total
Number of H.M.C's and B.G's returning questionnaires	20	20	40	14	11	25	34	31	65
Total number of hospitals in these H.M.C's and B.G's	48	130	178	41	122	163	89	252	341
Number of hospitals with approved nurse training schools*	27	80	107	18	47	65	45	127	172
Number of hospitals using films for staff instruction..	21	39	60	17	32	49	38	71	109
Number of hospitals using same projector for staff instruction and for entertaining patients, ..	8	8	16	6	12	18	14	20	34
Number of hospitals using separate projectors for staff instruction	13	31	44	11	20	31	24	51	75

*The figures shown under this heading include training schools for general, psychiatric, sick children's and fever nurses, and for assistant nurses and midwives.

TABLE B

	ONE METROPOLITAN REGION			OTHER REGIONS			TOTAL		
	Psychiatric	Other	Total	Psychiatric	Other	Total	Psychiatric	Other	Total
Filmshows given for instruction of nursing staff during six months from October, 1960-March, 1961: Number of hospitals giving 50 filmshows or over ..	4	6	10	2	3	5	6	9	15
Number of hospitals giving 26-49 filmshows ..	3	4	7	4	1	5	7	5	12
Number of hospitals giving 1-25 filmshows ..	14	29	43	11	28	39	25	57	82
Filmshows given for instruction of other staff* during six months from October, 1960-March, 1961: Number of hospitals giving 15 filmshows or over ..	1	2	3	—	1	1	1	3	4
Number of hospitals giving 1-14 filmshows ..	6	15	21	9	12	21	15	27	42
Number of hospitals giving none	14	22	36	8	19	27	22	41	63

*"Other staff" includes doctors, professional, technical, catering, domestic and other ancillary staff, but not medical students.

APPENDIX I

SUPPLIERS OF INSTRUCTIONAL FILMS TO HOSPITALS PARTICIPATING IN THE ENQUIRY.

Ames Co., Div. of Miles Laboratories Ltd., Stoke Court, Stoke Poges, Bucks.	Johnson & Johnson (Gt. Britain) Ltd., Bath Road, Slough, Bucks.
Bayer Products Ltd., Winthrop House, Surbiton-upon- Thames, Surrey.	Lederle Ltd., Bush House, Aldwych, London, W.C.2.
Beecham Research Laboratories Ltd., Great West Road, Brentford, Middlesex.	Marmite Ltd., 35, Seething Lane, London, E.C.3.
C. L. Bencard Ltd., 20/24, Minerva Road, London, N.W.10.	S. Maw, Son & Sons Ltd., Aldersgate House, Barnet, Herts.
Bengers Laboratories Ltd., Holmes Chapel, Cheshire.	May & Baker Ltd., Dagenham, Essex.
Bovril Ltd., 148/166, Old Street, London, E.C.1	Merck, Sharp & Dohme Ltd., West Hill, Hoddesdon, Herts.
Bowater Scott Corporation Ltd., Bowater House, Knightsbridge, London, S.W.1.	Milton Ltd., 10, New Burlington Street, London, W.1.
British Oxygen Co. Ltd., Bridgewater House, Cleveland Row, London, S.W.1.	Oxygenaire Ltd., 8, Duke Street, Wigmore Street, London, W.1.
Burroughs Wellcome Ltd., The Wellcome Building, Euston Road, London, N.W.1.	Petroleum Films Bureau, 29, New Bond Street, London, W.1
Ciba Laboratories Ltd., Horsham, Sussex.	Pfizer Ltd., Richborough, Nr. Sandwich, Kent.
Cow & Gate Ltd., Cow & Gate House, Guildford, Surrey.	Reckitt & Sons Ltd., Dansom Lane, Hull.
Davis Keeler Ltd., 47, Wigmore Street, London, W.1.	Roche Products Ltd., 15, Manchester Square, London, W.1.
Evans Medical Ltd., Speke, Liverpool 24.	Schering (British) Ltd., 229, Kensington High Street, London, W.8.
Geigy Ltd., Rhodes, Middleton, Manchester.	Shell International Petroleum Co. Ltd., St. Helen's Court, Great St. Helen's, London, E.C.3.
General Milk Products Ltd., Bush House, Aldwych, London, W.C.2.	Smith, Kline & French Laboratories Ltd., Welwyn Garden City, Herts.
Glaxo Laboratories Ltd., Greenford, Middlesex.	Smith & Nephew Ltd., Bessemer Road, Welwyn Garden City, Herts.
Heinz Ltd., Harlesden, London, N.W.10.	Smith & Nephew-Southalls Ltd., 5/7, Singer Street, London, E.C.2.
Imperial Chemical Industries Ltd., Imperial Chemical House, Millbank, London, S.W.1.	E. R. Squibb & Sons Ltd., Edward's Lane, Speke, Liverpool, 24.

Chas. F. Thackray Ltd.,
10, Park Street, Leeds, 1.

Unilever Ltd.,
Unilever House, Blackfriars,
London, E.C.4.

United Dairies Ltd.,
34, Palace Court, London, W.2.

Upjohn Ltd.,
Fleming Way, Crawley, Sussex.

Vitamins Ltd.,
Upper Mall, London, W.6.

W. R. Warner Ltd.,
Eastleigh, Hampshire.

John Wyeth & Brothers Ltd.,
Clifton House, Euston Road,
London, N.W.1.

The following organizations either supply instructional films or provide catalogues or other useful information concerning them:

British Association for Commercial
& Industrial Education (BACIE),
26a, Buckingham Palace Road,
London, S.W.1.

British Film Institute,
81, Dean Street, London, W.1.

British Medical Association,
B.M.A. House, Tavistock Square,
London, W.C.1.

British Universities Film Council,
c/o College of Technology,
Loughborough, Leics.

Camera Talks,
23, Denmark Place, London,
W.C.2.

Central Council for the Care of
Cripples,
34, Eccleston Square, London,
S.W.1.

Central Council for Health
Education,
Tavistock House, Tavistock
Square, London, W.C.1.

Central Film Library,
Government Building, Bromyard
Avenue, London, W.3.

Chest & Heart Association,
Tavistock House, Tavistock
Square, London, W.C.1.

Educational Foundation for Visual
Aids,
33, Queen Anne Street, London,
W.1.

Film Library Ltd.,
174, Wardour Street, London, W.1

Foundation Film Library,
Brooklands House, Weybridge,
Surrey.

Gas Council,
1, Grosvenor Place, London,
S.W.1.

G.B. Film Library,
Aintree Road, Perivale, Middle-
sex.

Industrial Welfare Society,
48, Bryanston Square, London,
W.1.

Ministry of Health,
Savile Row, London, W.1.

National Committee for Visual Aids
in Education,
33, Queen Anne Street, London,
W.1.

National Coal Board,
2, Grosvenor Place, London, W.1.

National Old Peoples' Welfare
Council,
26, Bedford Square, London,
W.C.1.

National Spastics Society,
28, Fitzroy Square, London, W.1.

National Union of Teachers,
Hamilton House, Mabledon Place,
London, W.C.1.

The Royal Society for the Prevention
of Accidents,
52, Grosvenor Gardens, London,
S.W.1.

Scientific Film Association,
55a, Welbeck Street, London, W.1.

Scottish Central Film Library,
16, Woodside Terrace, Charing
Cross, Glasgow, C.3.

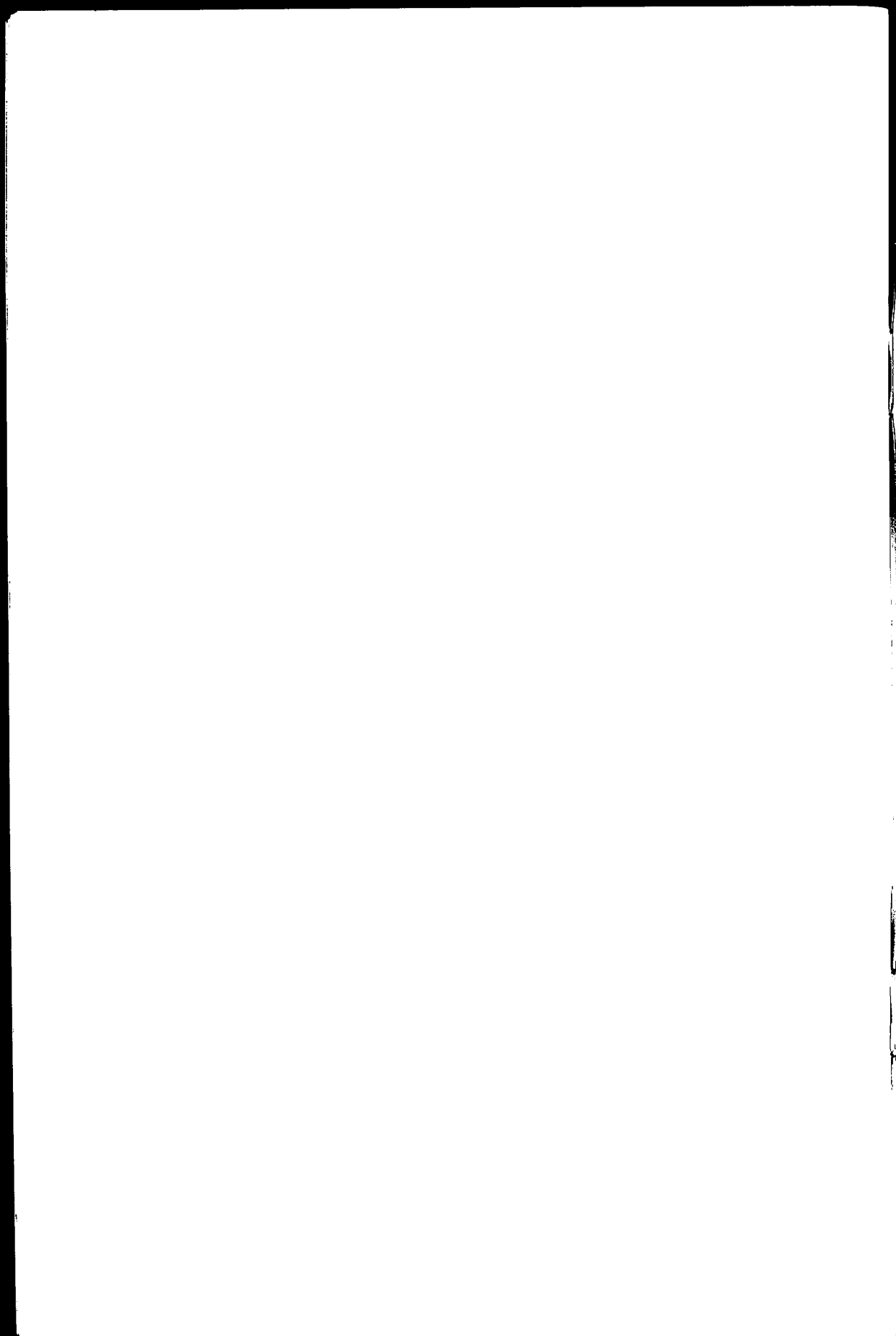
Slough Industrial Health Service,
Community Centre, Farnham
Road, Slough, Bucks.
Sound Services Ltd.,
Wilton Crescent, Merton Park,
London, S.W.19.

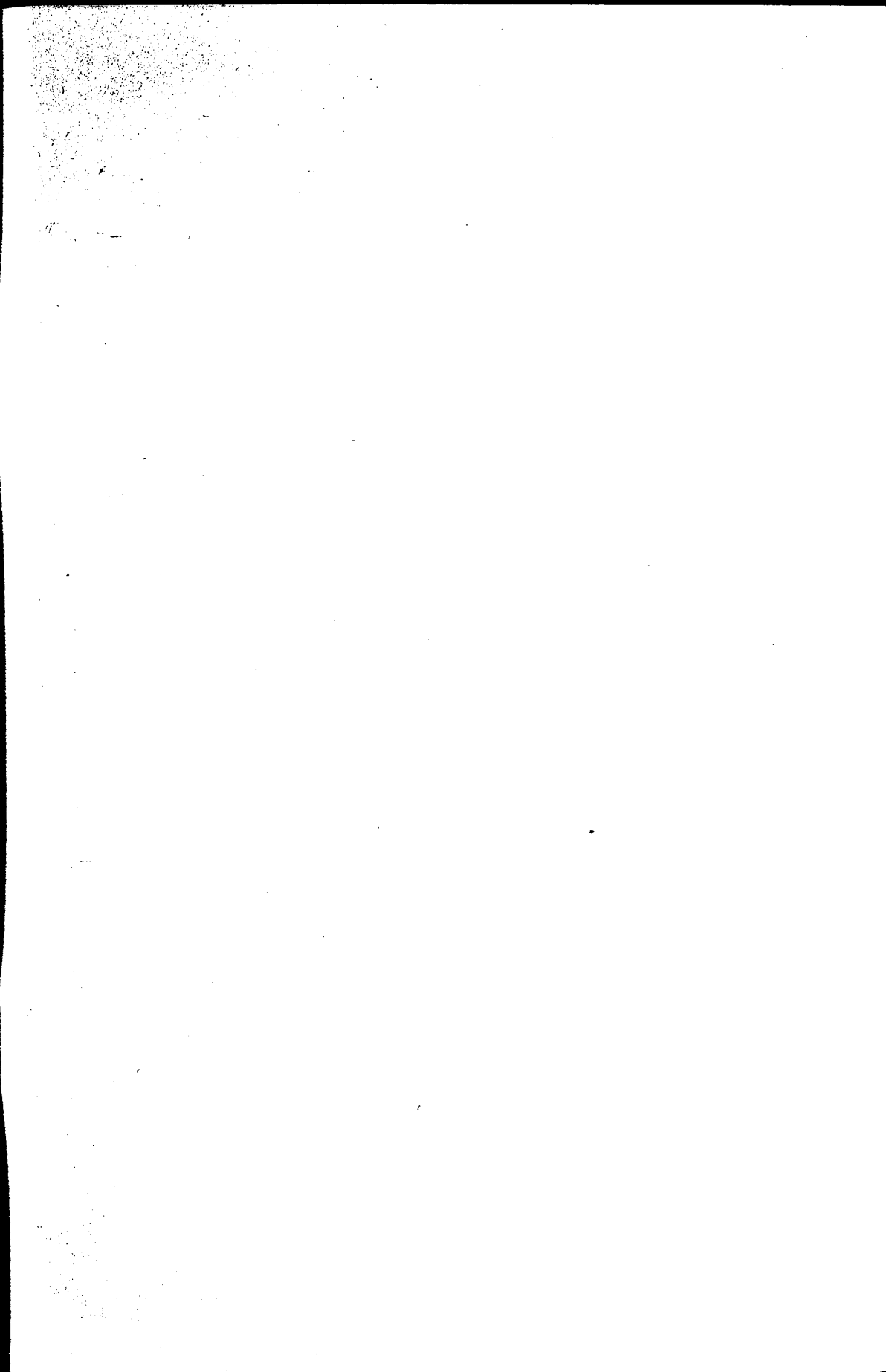
Tavistock Institute of Human
Relations,
2, Beaumont Street, London, W.1.
World Federation for Mental Health,
19, Manchester Street, London,
W.1.

APPENDIX II

SOME OF THE SUBJECTS SUGGESTED BY DIFFERENT HOSPITALS AS BEING SUITABLE
TOPICS FOR INSTRUCTIONAL FILMS ON A LARGER SCALE.

Domestic staff training	Ward nursing procedures
Cleaning equipment and procedures	Ward administration
Combating cross-infection	Central sterile supply
Food handling	Operating theatre procedures
Personal hygiene and cleanliness	Anatomy
Accident prevention	Physiology
First aid	Biology
Fire precautions	Circulation
Fire drill	Respiratory system
Noise control	Nervous system
Work study	Digestive system
Office management	Urinary system
Psychiatry in Britain	Bacteriology
Public Health	Physics
Preventive medicine	Chemistry
Social work	Infectious diseases (colour)
Mothercraft	Skin diseases (colour)
Care of the aged	Lumbar punctures
	Radiography





Printed by
PENDRAGON PRESS, PAPWORTH EVERARD
nr. CAMBRIDGE

King's Fund



54001000774946



72 020000 048572

