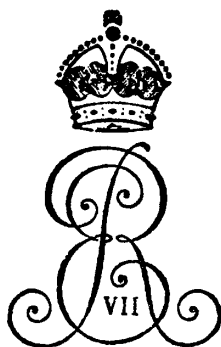


KING EDWARD'S HOSPITAL FUND  
FOR LONDON



SIXTY-SECOND  
ANNUAL REPORT

1958

*34 KING STREET*

*LONDON, E.C.2*



KING EDWARD'S HOSPITAL FUND  
FOR LONDON

PATRON :  
HER MAJESTY THE QUEEN

PRESIDENT :  
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

TREASURER :  
LORD ASHBURTON, V.L., J.P.

CHAIRMAN OF THE MANAGEMENT COMMITTEE :  
LORD MCCORQUODALE, P.C.

---

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

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

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

Offices :  
34, King Street,  
London, E.C.2  
Telephone : MONarch 2394

---

BANKERS  
Bank of England, E.C.2.

*THE circumstances of the Fund's foundation in 1897 were such that it has always enjoyed a wide discretion as to the use that it may make of its resources. It was from the first intended that it should:*

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

*Moreover, it was in the minds of those associated with the foundation of the Fund that it should exercise a co-ordinating influence over hospital affairs in London, and enlist the help of all in the search for solutions to the problems of the metropolitan hospitals. It cannot be said that the fundamental problems have yet all been solved; they have but changed their form, and still call for the united efforts of all who can make a contribution towards their solution.*

*It is due to the fact that the Fund is a permanent one with large capital investments that it has been able to continue its work and even expand in many directions since the establishment of the National Health Service.*

*In earlier days the promotion of "efficiency" was regarded by the Fund as mainly concerned with such things as ensuring uniformity of accounts, publishing comparative statistics of the work of the voluntary hospitals of London, drawing up an adequate code of fire precautions, building on sound architectural principles, and so on.*

*The last half-century has witnessed a growing recognition throughout the community of the value of training for almost all kinds of work and of good principles and practice in the management of staff. As the Fund's resources were released from the demands of annual maintenance it became clear that they could be invested to good effect in "people" as well as in "materials". Hence the development of the Fund's bursaries and later the establishment of its training centres, first for ward sisters, then for hospital administrators, later for hospital caterers and cooks, and finally for matrons.*

## Contents

	Page
INTRODUCTION .. .. .	5
FINANCE .. .. .	7
GRANTS TO HOSPITALS .. .. .	9
<i>Remediable Deficiencies</i> .. .. .	9
<i>Experiments in the Wards</i> .. .. .	10
<i>Day Hospitals</i> .. .. .	11
<i>Independent Hospitals</i> .. .. .	12
<i>Reduction of Noise in Hospitals</i> .. .. .	14
<i>Levy Foundation</i> .. .. .	14
<i>Radiotherapy Fund</i> .. .. .	15
MENTAL AND MENTAL DEFICIENCY HOSPITALS .. .. .	16
CONVALESCENT HOMES .. .. .	19
EMERGENCY BED SERVICE .. .. .	22
HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY .. .. .	23
DIVISION OF HOSPITAL FACILITIES .. .. .	25
<i>Central Information Bureau and Advisory Service</i> .. .. .	25
<i>Special Studies and Investigations</i> .. .. .	26
<i>Hospital Accounting and Efficiency</i> .. .. .	28
DIVISION OF NURSING	
<i>Nursing Recruitment</i> .. .. .	31
<i>General Work of the Division</i> .. .. .	34
<i>Staff College for Matrons</i> .. .. .	35
<i>Staff College for Ward Sisters</i> .. .. .	37
HOSPITAL ADMINISTRATIVE STAFF COLLEGE .. .. .	39
<i>Refresher Courses</i> .. .. .	40
<i>Extension Courses</i> .. .. .	40
<i>Selective Recruitment and Training Scheme</i> .. .. .	40
<i>Other Courses</i> .. .. .	42
<i>Methods of obtaining Efficiency</i> .. .. .	42

# CONTENTS (continued)

	Page
HOSPITAL CATERING	
<i>Third Memorandum on Hospital Diet</i> .. ..	43
<i>Catering Advisory Service</i> .. ..	44
<i>School of Hospital Catering</i> .. ..	44
CONSTITUTION, ETC.	
<i>General Council</i> .. ..	48
<i>Committees</i> .. ..	49
<i>Visitors</i> .. ..	52
<i>Staff</i> .. ..	53
FINANCIAL STATEMENTS	
<i>Balance Sheet</i> .. ..	58
<i>Income and Expenditure Account</i> .. ..	60
<i>Special Funds</i> .. ..	64
<i>Legacies received in 1958</i> .. ..	65
<i>List of Grants to Hospitals</i> .. ..	66
<i>List of Grants to Convalescent Homes</i> .. ..	70
PUBLICATIONS, ETC. .. ..	73

## *Annual Report for the Year 1958*

---

MUCH emphasis has been laid in recent public pronouncements upon the need for the establishment by the Ministry of Health of a statistical and operational research department. The Guillebaud Committee's recommendations have been followed by a similar insistence in the report recently issued by the Acton Society Trust, and reference has been made by both to the work done in recent years by the Nuffield Provincial Hospitals Trust and by the King's Fund, in words which seem to carry the implication that there is room for much more than is at present being done.

Such observations prompt the question—Ought the King's Fund to be doing more to provide guidance of this kind, and if so, in what directions? The Fund has, of course, for the last ten years not only maintained a Division of Hospital Facilities, offering an information service over a wide range of hospital topics, but also through its staff colleges and other activities it has promoted attempts to work out solutions to current problems as they arise, and it has from time to time published memoranda on special topics. In all this it has been the aim of the Fund to collect experience from the hospitals and to draw attention to what appears to be the best practice, but not to go so far as to attempt to work out centrally what can best be achieved by hospitals themselves or by the Ministry of Health.

Quite apart from the vast range of problems covered by medical research workers, there are many fields for investigation in the hospital and health services. In some, it is clear that a central intelligence unit is the type of organisation most likely to achieve the best results. For instance, in the wider field of medico-social and economic problems affecting the country as a whole, there is certainly a need for continuing research, and in this respect the central collection, analysis and publication of statistical and costing information by the Ministry of Health should provide guidance for the

## INTRODUCTION

determination of general policy for the development of the health services. Likewise, at regional level there should be a similar process of collection and analysis of such information in relation to the problems of regional development. Factual studies of this nature are of course already in progress, and will doubtless be extended still further under the direction and control of the Ministry and the regional boards.

There are also other important fields which need to be examined no less thoroughly, and many of these are primarily concerned with the development of improved standards of hospital working efficiency and patient care. A great deal is being done in these fields by individual hospitals and related organisations, though the range of investigation is not yet as wide or as deep as it should be. The success of this type of enquiry depends upon the wisdom and experience of practising hospital officers rather than upon the technical ability of specialists in a central research unit or laboratory, and direct central control of such practical work is unlikely in the long run to achieve as good results as the encouragement of individual initiative at hospital level, and the promotion of research by independent organisations as well as by the Ministry. A further consideration is that in certain circumstances an independent organisation may be in a better position than a government-controlled central department to initiate particular lines of procedure and to conduct completely impartial and objective investigations. In these circumstances, the Ministry and the Government can subsequently decide what action may reasonably be taken concerning the results, bearing in mind their duty to take into account all the relevant political and economic factors.

What does appear to be necessary is closer co-ordination (as opposed to control), and a more effective method of collating and disseminating the results of various research activities. At present, what appears locally, in isolation, to be a matter for investigation may be seen very differently by a central co-ordinating body already familiar with the problem and, possibly, with some of the ways in which it has



## INTRODUCTION

been met. Similarly, hospitals or individuals seeking factual information at present may not know where to turn, and they may wrongly assume that the necessary data are not available at all. These problems are not peculiar to the hospital world: they are also well known to industrial, commercial, professional and other concerns, and they are a reflection of the increasing complexity and rapid technical developments of this scientific age. The solution to these problems lies not so much in the central control of research as in the provision of a more comprehensive information service.

So far as the Fund is concerned, it seems that it may be of use in two ways. First, it can continue to help and encourage hospitals in projects to improve standards of working efficiency and patient care. Help of this nature can be provided through the Fund's staff colleges and its various advisory services, and also, in certain circumstances, through financial grants for the development of particular projects. Secondly, the Fund can perhaps help in providing a more satisfactory clearing-house for the collection and distribution of information on hospital matters, and to assist in the better co-ordination of investigations within the hospital service. The Fund cannot of course achieve these objectives by itself: close collaboration with the Ministry of Health and other organisations is essential. Past experience leads the Fund to believe that such collaboration is perfectly practicable, and the Fund will certainly endeavour to play its full part in any developments of this kind.

## FINANCE

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

#### FINANCE

On December 31, 1897, the first Annual Report of the Fund announced total subscriptions and donations of £227,551 12s. 5d., of which £56,826 5s. od. was distributed among the hospitals and £167,020 19s. 8d. retained for investment. Since then the Fund has been gradually expanded by further subscriptions, a steady flow of legacies, and a consistent policy regarding its finances to a point where its capital resources total some £8,000,000, with an income of around £430,000 per annum. During this period the Fund's total expenditure in the aid and support of the hospitals has amounted to some £17,250,000, of which over £15,000,000 has taken the form of grants and the remainder, largely since the last war, used in maintenance of its staff colleges and other activities.

Her Majesty The Queen, Patron of the Fund, and other members of the Royal Family, continue to give it their consistent and generous support, as do a considerable number of distinguished individuals and institutions. Over recent years a sum of no less than £1,775,000 has been received from the Nuffield Trust for the Special Areas, for which the Management Committee record their deep sense of gratitude to Lord Nuffield.

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

From the Accounts at the end of this Report it will be seen that for the year 1958 income amounted to £430,127 with legacies at £227,798, while expenditure amounted to £427,534.

## GRANTS TO HOSPITALS

Every hospital authority has on its books a number of improvements which would be carried out forthwith if the Exchequer could meet the cost, or the necessary finance could be provided from free monies. These projects vary widely. Some are plainly outside the scope of a voluntary body such as the King's Fund, and must await the day when Exchequer money eventually becomes available. With others it is possible to make progress, and in many cases the Fund has been able to help with its grants, and in so doing to give real encouragement. During 1958 the Fund continued to receive a steady stream of applications, and was faced with considerable difficulty in deciding how the monies available could be allocated to the best advantage.

### REMEDIABLE DEFICIENCIES OF ACCOMMODATION FOR NURSING AND OTHER STAFF

Many hospitals do, of course, find it difficult to recruit and retain nurses in sufficient numbers. This is especially true of some of the older units, which are often also the hospitals which carry the heaviest burden of caring for the old and infirm. These difficulties are quite sufficient without any hardships arising from lack of due amenities. There is reason to think that with the great increase in the number of non-resident and part-time nursing staff, changing-room accommodation has become an urgent problem in many hospitals. Even where space is found, adaptation and the necessary equipment, plumbing, etc., can be costly. In one case where 60% of the nursing staff were non-resident the visitors reported:

" . . . . The changing-rooms for non-resident staff are lamentable. One of these is also the Supplies Officer's filing room. Clothing cabinets are to be found everywhere. . . . We think it is a matter of great urgency."

The Fund subsequently made a grant of £5,000 to provide changing-rooms with the appropriate facilities. "The Committee would like you to know", wrote the hospital, "how very grateful they are for this gift which will enable them to find a solution to a long-standing difficulty."

#### GRANTS TO HOSPITALS

At a busy maternity hospital the teaching of pupil midwives was carried on in a room far too small and most inconvenient:

".....some 24 to 30 pupil midwives", the Fund was informed, "are accommodated in a room 20' 8"  $\times$  19' 0". This is separated from the sisters' sitting room by a wooden partition, and the voices of the lecturers and demonstrators are audible to the sisters..... The pupils have no quiet room, study or library, and they have to do most of their reading and writing in their bedrooms."

The Fund was glad to be able to make a grant of £3,900 to help the hospital to make proper provision for the lectures and demonstrations.

Many such instances come to the notice of the Fund. It would obviously absorb too much of the Fund's resources to help all, but here and there the Fund has been able to offer assistance. In 1958 several grants were made towards improving nurses' homes. Hendon Hospital Management Committee received a grant of £3,900 for the installation of radiators and handbasins in 45 rooms in an old home for nurses at Edgware Hospital. A grant of £2,250 was made to Epsom Hospital Management Committee for the building of proper staff sick quarters at Epsom Hospital.

#### EXPERIMENTS IN THE WARDS

Some quite small grants have been given that may lead to considerable benefits for both patients and staff. A sum of £575 has been spent on buying six lifting devices for the handling of heavy inert patients, who are common in the chronic sick wards. These devices, which are in fact various forms of mobile cranes, can lift patients and move them—for example from bed to bath—without undue strain on the nurse. Since some of the patients weigh as much as 17 stone or more, this is an important point. The equipment has been dispersed on loan to various hospitals who will report on it after a year has passed. The Fund thus hopes to find out which device serves the purpose best and whether in fact the nurses like using it. The trial is being run for a year in order that there may be plenty of time for difficulties to

#### GRANTS TO HOSPITALS

become known and that reports shall not be tinctured with the first enthusiasm for a new toy.

A further experimental grant was made to provide a central sluicing system at the Seamen's Hospital. How to handle foul linen is a problem much to the fore in the minds of nurses and administrators at the present time. Without suitable equipment it is an unpleasant task which can lead, through contamination, to serious results. The Seamen's Hospital wished to install a central sluice room they had devised for themselves which, they were confident, would go far towards solving the problem. The Fund met the cost of setting up the system and will in due course receive a report on how it works.

#### RECREATIONAL FACILITIES FOR NURSING STAFF

Four grants have been made to help with the construction of recreation halls, and an encouraging point is that in every case the hospitals have been able to help themselves either by raising money or by the use of legacies that have come their way since the Health Service started. In one case in particular—St. Margaret's Hospital, Epping—the nurses were so determined to have their own recreation hall that they raised the first £1,500 before coming to the Fund for help. The Fund was able to give £4,000, and the nurses are quite confident that they can raise a further £500 for the structure and meet the cost of all the furniture. The Fund is glad to be able to help such enterprising hospitals.

The cost of building a recreation hall is a large sum for a League of Friends to attempt to raise, but for the larger Leagues it seems an eminently suitable objective. If a League cannot raise the full amount required, the fact that a large part has been raised by voluntary effort is an encouragement to the Fund to make a grant.

#### DAY HOSPITALS

Day hospitals are a comparatively recent creation, though occupation centres for mental defectives date from about

#### GRANTS TO HOSPITALS

1914, and number more than 250. Day hospitals for persons suffering from some form of mental disorder have been in operation for ten or eleven years, at any rate in this country and in North America. They may be attached to or associated with mental hospitals or general hospitals, or they may be independent of both. It is maintained, though perhaps not proved as yet, that it is possible to treat patients more cheaply in such places than as in-patients in hospital. In any event they do save hospital beds and enable large numbers of sick persons to be treated.

Day hospitals for old people are less numerous, though many are being planned. They enable physically infirm people, and some mentally infirm, to live in the community and so save hospital beds. They often give great relief to relatives of old people who are willing enough to have the old persons home at night, if they can be relieved of the burden during the day.

When the Fund's visitors visited the Chelsea group in 1957 a suggestion was made that a day hospital might be provided at St. Luke's. In due course the group put forward a detailed scheme for providing supervision and care during the day together with the necessary out-patient treatment for men and women who through physical or mental infirmity could not be left alone. Some of those dealt with would be discharged in-patients, and others persons whose condition was likely to deteriorate and so make in-patient treatment necessary. A grant of £25,000 was promised for the first stage, on the understanding that the Regional Board would meet the cost of the second stage of the scheme. It is hoped that the day hospital may be opened in the spring of 1960.

#### INDEPENDENT HOSPITALS

Several grants were made during the year to help those hospitals which carry on their work outside the health service. These hospitals are of course wholly dependent on public support, and some of them display great initiative.

#### GRANTS TO HOSPITALS

The largest grant was a further £5,000 to the French Hospital, which attends to the needs of the French-speaking population of London, towards a scheme of rehabilitation costing in all £40,000. A grant of £3,600 went to King Edward VII Sanatorium at Midhurst to improve staff accommodation. As this hospital is situated in the country, good staff accommodation is necessary if suitable staff are to be recruited. It is difficult to obtain houses locally for housing staff, and the Fund's grant will be of assistance in enabling the hospital to make its own provision. Other independent hospitals to receive capital grants for various types of improvement were the Florence Nightingale Hospital, the Royal Hospital and Home for Incurables at Putney and St. Luke's Nursing Home for the Clergy.

#### DISTRICT NURSING ASSOCIATIONS

The Fund has for some considerable time supported the Central Council for District Nursing in London with an annual grant of £5,000 and this was repeated. In addition, smaller grants have been given to local district nursing associations for minor capital improvements which they could not themselves finance. The Woolwich and Plumstead District Nursing Association received £600 towards the cost of furniture for their district headquarters. Some thirty-two nurses work from these headquarters, which consist of two houses knocked into one. Immense trouble has been taken to use the Fund's grant prudently, and the result is four comfortable, well-furnished bedrooms and a generally pleasant house. St. Olave's (Bermondsey and Rotherhithe) District Nursing Association were given £115 towards the cost of enclosing their premises with suitable railings and brickwork. During the war, these premises lost their enclosure railings and the forecourt was used by children as a playground, with consequent damage to walls and rain-water pipes. Small grants of this kind can make a great difference to the nurses who work in the homes.

## GRANTS TO HOSPITALS

### REDUCTION OF NOISE IN HOSPITALS

The survey of sources of noise in hospitals, which was carried out in 1957 and 1958, led to the issue of a small pamphlet at the end of 1958. This pamphlet is essentially a set of notes on practical and inexpensive ways of keeping down noise in hospital wards which hospital committees can apply in their own wards.

A survey of patients' opinions was carried out. Some 2,000 patients were asked to say which noises irritated them most. It is clear that it is the unnecessary noises that are disliked:

"The analysis of the reports showed that most of the noises which disturbed patients arose within the wards, and that they could be stopped at source without great difficulty and at little expense. These included trolleys with squeaking wheels and rattling tops with equipment on them. Movable screens and bed curtains on noisy runners figured largely, as also did banging doors without rubber stops and badly adjusted door springs. Ward kitchens came in for some criticism, particularly the noise of washing up crockery in metal sinks. Bedside lockers, stools and other furniture which had to be moved from time to time were reported as causing unnecessary noise."

"Unnecessary noise" said Miss Nightingale, "is the most cruel absence of care that can be inflicted on either sick or well". It is hoped that by publishing this pamphlet—of which 7,000 copies were issued within a month of its publication—some assistance will be given to those hospital authorities who agree with Miss Nightingale and who intend to save their patients a great deal of distress.

### ARTHUR AND ALEXANDER LEVY SURGICAL HOME FOUNDATION

During the year the Levy Foundation comprising securities to the value of nearly £400,000 was handed over to King Edward VII's Hospital for Officers. This constituted the successful culmination of many years' effort to find a satisfactory way of giving effect to the wishes of the testator as expressed in his will.



#### GRANTS TO HOSPITALS

##### RADIOTHERAPY FUND

During the years 1929 to 1945 a sum of £173,000 was received by the Fund for the purchase of radium to be lent to hospitals in London. Some of this money was given by the late Sir Otto Beit, some by an anonymous donor, and some came from a special Thank-offering Appeal in 1929. The Fund discharged its responsibilities through a Radium (later Radiotherapy) Committee, of which Sir Ernest Rock Carling was Chairman for six years.

With the coming of the National Health Service the need for such an arrangement ceased, the radium in the possession of the Fund was purchased by the Ministry of Health, and the money remaining in the care of the Management Committee could be used to assist new and important studies of the effects of various forms of radiation.

Thus £50,000 was spent on modernising, enlarging and equipping the Thyroid Unit in New End Hospital, Hampstead, opened in 1955 by H.R.H. the Duke of Edinburgh. Grants amounting to £30,500 were made to the Royal Marsden Hospital to enable it to build and equip premises, mainly at the Downs Annexe, for the study of the "natural radioactivity" of human beings, as well as the effects on patients and on occupationally exposed persons of the use of radioactive materials. A sum of £5,057 was given to St. Thomas's Hospital towards the cost of special apparatus designed to enable patients suffering from cancer to be treated by irradiation in a special chamber while breathing oxygen under pressure. It had been shown that a marked increase in the radio-sensitivity of some growths could be obtained in this way. Promising results have already been recorded. Finally the North West Metropolitan Regional Hospital Board, with the help of a grant of £5,000 from the Radiotherapy Fund, was enabled to start a scheme in parts of its area for the registration of patients suffering from cancer.

The Radiotherapy Fund is now exhausted, and the Management Committee are happy to have been able to assist the various undertakings outlined above. They are greatly indebted to Sir Ernest Rock Carling for the expert advice he has always been so ready to place at their disposal.

## MENTAL AND MENTAL DEFICIENCY HOSPITALS

The new Mental Health Bill must have a profound effect on the needs and development of the mental and mental deficiency hospitals in the London area. This is not the place for a discussion of the Bill, but a glance at some of its provisions reveals the scale and importance of the changes which are likely to take place. These include the abolition of the present distinction between the mentally ill and the mentally defective, the drastic curtailment of certification, the emphasis on care within the community rather than treatment in hospital, with the corresponding obligation on local authorities to provide hostels and homes where this care can be given, a new definition and classification of mental disorder and the replacement of the Board of Control by independent regional tribunals.

In the meantime an idea of some of the current needs of mental and mental deficiency hospitals may be obtained from an analysis of the sixteen grants which were made by the Fund during 1958. The total sum given was £159,250 and of this £40,000 went to Warley Hospital at Brentwood for a social therapy centre, while £50,000 was allocated for a pioneer psychiatric centre and staff recreation hut at St. Clement's, a hospital in the Bow group. The new centre at Warley, which is now under construction and should be completed by the middle of 1960, will provide a recreation hall, a library and reading room, a tea lounge where patients can entertain their visitors, a kitchen which will not only serve the tea lounge, but will also be used for patients' cookery classes, a shop and changing-rooms.

St. Clement's Hospital, which was badly damaged during the war, now has accommodation for 70 medical and 60 psychiatric cases. The project for which the Fund's grant has been made provides for the conversion of part of St. Clement's into a pioneer psychiatric hospital on the lines suggested in the Ministry of Health's memorandum "Planning of Mental Hospitals" published in 1956. The North-East Metropolitan Regional Hospital Board intend to develop

#### MENTAL AND MENTAL DEFICIENCY HOSPITALS

the hospital as a modern neuro-psychiatric unit for investigating and treating all types of mental illness, as well as to provide teaching and research facilities. The new project envisages the extension of the psychiatric work already being undertaken at St. Clement's by the rehabilitation of a bomb-damaged three-storey block to be used initially as a geriatric day hospital for old people suffering from the early stages of deterioration, combined with a domiciliary service operated in conjunction with the local authority. The restored block will also have accommodation in two wards for 24 severely disturbed young patients and will give badly needed facilities for occupational therapy. The Fund's grant also covers the erection of a recreation hut for all the staff at St. Clement's, whose existing amenities are quite inadequate.

At present all mental patients and their relatives from that part of the East End of London have to make the long journey to Long Grove Hospital at Epsom. The proposed development of St. Clement's will provide Long Grove Hospital with a centre in the area it serves, and it will then be possible to treat many of their patients locally.

For some years past the Fund has been helping hospitals to improve their gardens but none of the schemes which have been supported 'as been on the scale of the grant of £5,000 made in December, 1958, to the Friern Hospital Management Committee for laying out the nine acres of ground surrounding Halliwick Hospital, a new psychiatric unit where patients are admitted informally, which has recently been built on a site adjacent to Friern Hospital. At the suggestion of the Fund's garden advisers, professional advice was sought with regard to the layout of the entire site. The Fund's grant is intended to cover the first and major stage of this scheme and preliminary work has already begun.

Grants of £7,000 and £8,000 were given for staff clubs at Bexley Hospital and Holloway Sanatorium, while Napsbury Hospital and Hill End Hospital received £5,000 and £10,000, respectively, for patients' clubs and canteens. The following

extract from the visitors' report on the Bexley application illustrates the kind of deficiencies these grants will remedy:

"The Hospital Management Committee have asked for a grant to enable them to put up a building on the boundary of the sports field, which would not only replace the existing small pavilion, which has totally inadequate washing and lavatory accommodation and is in a very poor state of repair, but also provide a recreation centre and club house. At the moment the hospital's sports and social club has nowhere except the main hall for holding any form of social function. Not only is this hall continuously in use for patients' entertainments and activities, but it is also much too large for the club's needs. . . . The members of the club have been saving up for a new building for the past 3 years and have accumulated £1,000 which they have offered as their contribution."

Three catering schemes were assisted: £5,000 went to Banstead Hospital for a pair of reel ovens, £6,500 to Harpersbury Hospital for the up-grading of the main kitchen, and £4,150 to Cane Hill Hospital for food trolleys and containers and the re-equipment of a ward kitchen. Ward kitchens in many mental hospitals still lag far behind those in other hospitals. There are still some so deficient in equipment that it is not possible to undertake even the simplest of cooking operations, e.g., the heating of water for beverages, or for cooking eggs, or the making of milk drinks. Often washing-up facilities are very poor and all that exists in the way of equipment may be a gas-ring, a plate-warming cupboard and a sink.

An application from the Mental After-Care Association for help in acquiring the lease of a former hotel in Esher for use as a residential hostel for elderly chronic patients from mental hospitals was met with a grant of £3,500. The purpose of this hostel is to provide accommodation for patients who may well require care and attention for the rest of their lives but who cannot hope to benefit from further stay in hospitals, where they are filling beds which are urgently required for curable cases.

Another grant, this time of £4,000, was made for the purpose of reducing the demand for in-patient treatment. In this instance the money was required for the purchase of

#### MENTAL AND MENTAL DEFICIENCY HOSPITALS

a house in Wallington to be used by Netherne Hospital as a "Day Centre". This centre, which is situated in the middle of Netherne's catchment area, is intended for three groups of adults, each about 12 in number—a young, a middle-aged and an over-60 group. Patients will come to the centre at 9 a.m., be given lunch and tea and return to their homes at 5 p.m. Their activities, which will be supervised by a senior psychiatrist and other staff from Netherne Hospital, will include the domestic work necessary for the running of the centre, art, music, play-reading and discussion groups, and other forms of occupational therapy. It is hoped that the daily treatment which this centre will provide will reduce admissions to hospital and may one day become the nucleus of a community mental health service.

A new building for a female occupational therapy centre was provided for Tooting Bec Hospital at a cost of £6,000 and a grant of £2,500 was given for improved hairdressing facilities at Long Grove Hospital.

#### CONVALESCENT HOMES

The present phase of the Fund's work for convalescent homes serving the Greater London area began immediately after the war, when there was no list or record of these convalescent homes, and it fell to the Fund to search out and get into touch with those which were still in operation. Many had closed during the 1939-1945 war never to reopen, while others were trying to take up their work again in a world at peace but seriously handicapped by the inevitable dilapidations which had accumulated during those years.

The Convalescent Homes Committee set to work to help these homes to make good deficiencies and modernise buildings and equipment in line with modern requirements, and during the years 1946 to 1950 grants totalling £230,000 were made mainly for these purposes. Regular visits were made to homes and personal contacts were established

#### CONVALESCENT HOMES

everywhere. In the course of these visits it was found that other points needed attention and one of the most important of these was concerned with catering and the feeding of convalescent patients. Besides careful surveys of their kitchen premises followed by advice and grants for improving equipment, a qualified cook-caterer was engaged to visit the homes. This instructor worked for the Fund for 4½ years, making visits of a few weeks' duration to many homes to help with advice on all matters of cooking and catering, and thereby emphasising the great importance of good food and correct diets for convalescent patients. As a result of this a greater interest was shown in menus, recipes and cooking, and in the preparation of meals for patients, which was greatly to their benefit.

Nearly all the homes on the Fund's list were situated outside the London area, many of them being rather isolated and there was seldom any contact between one home and another. The fact that the hospitals sending patients rarely had any connection with the homes and knew little about them, only served to increase their professional and social isolation. In order to overcome this difficulty the Convalescent Homes Committee arranged an annual conference of convalescent home matrons in London, to which representatives from hospitals, regional boards, the Ministry of Health and other bodies interested in this work, were invited. The first of these was held in 1951 and they have continued each year without a break. They have provided an opportunity for lectures and discussions on matters of mutual interest and also an opportunity for social contacts. In order that hospitals could know more of the work and capabilities of convalescent homes, arrangements were made, starting in 1953, to take groups of almoners and ward sisters on visits to homes. This was found to be helpful both to hospitals and homes and often resulted in homes being more fully used.

Being in close touch with both independent homes and homes within the National Health Service, the Committee

#### CONVALESCENT HOMES

was in a unique position to study events at close quarters and for this reason found itself something of an authority on the whole subject of convalescent homes and convalescent treatment. A report of an extensive survey on Convalescence and Recuperative Holidays for patients from London hospitals was published in 1951. Other reports and surveys were made in succeeding years. A Directory of Convalescent Homes was compiled in 1947 and has been published annually ever since.

During the twelve-year period under review, certain changes have taken place as a result of the altering pattern of hospitals' requirements for convalescent patients. Although in 1946 there was an urgent demand for more children's beds, by 1951 a marked decline was noted and certain homes had to close: this trend has continued and up to date has resulted in some 35% of beds being closed. In the past few years hospitals have asked homes to accept patients at an earlier stage of recovery and this has called for a different standard of service by the homes. One of the new requirements has been for more ground-floor bedrooms or lifts for patients unable to manage stairs, and in this particular problem the Fund has been able to give substantial help.

Of recent years grants have been made to the extent of £25,000 per annum and the homes on the Fund's list are now firmly established and working well. The continued interest of the King's Fund in all that pertains to their welfare is still greatly valued.

At the end of the year Sir Henry Tidy retired from the chairmanship of the Convalescent Homes Committee. He has been connected with the Fund since 1929, and was for many years a member of the Distribution Committee and was Chairman of the Convalescent Homes Committee from 1947 onwards. Referring to his resignation, His Royal Highness the President spoke of the wisdom with which he had directed his Committee, which by its personal contacts was a source of help and encouragement to the homes and also an acknowledged authority on the needs of convalescent homes.

## EMERGENCY BED SERVICE

In 1959 the Emergency Bed Service "comes of age". It was opened on June 21, 1938, and it is of interest to look back at its early days. The first enquiry received was for the admission to hospital of a girl suffering from alopecia. This was refused on the grounds that it was not an acute emergency, and it was suggested to the doctor that he should arrange an out-patient appointment for the girl—a situation which will strike a familiar note with the present generation of E.B.S. operators.

The next call, received some two hours later, resulted in the admission of a man aged 53 suffering from diabetes to St. George's Hospital, which thus has the distinction of taking the first E.B.S. case. A two-hour interval between calls contrasts strangely with the present day when the receipt of cases from six doctors simultaneously excites no surprise. The office closed at 10 o'clock that first evening having received seven genuine applications!

During its first year the service handled a total of 8,309 cases. The fact that this number is some 500 fewer than those received in the month of February, 1959, does not detract from the fact that in its first year the Service gained the confidence of a large number of general practitioners, and that confidence remains to this day.

The Emergency Bed Service has had many vicissitudes during its short life. In September, 1939, it was officially responsible for starting the casualty bureaux at all the London sector offices and the Service itself was closed in order that its staff might be used as the basis on which to build each of these offices. Three months later the Service was re-opened as air raids had failed to take place and the civilian sick once more needed the help of the Service. Ever since it was restarted in 1939 the staff has carried on regardless of difficulties whether they arose in the form of German bombs or influenza germs, and it is appropriate here to pay tribute to the consistent patience and diligence of the staff, on which the value and reputation of the Service has always rested.



#### EMERGENCY BED SERVICE

During the year ended March 31, 1959, the Service received 63,807 applications for admission to hospital, which was much the same as in the previous year. They were received, however, in a very different manner, for the year was quiet until February when an influenza epidemic struck London and produced a level of sickness never before experienced by the Service. Throughout the month calls were received at an average of 2,100 per week, which is some 50% higher than normal. This cast a heavy strain on the hospitals and it can only have been by making great efforts that they managed to admit all the patients who needed their help.

Last year reference was made to the serious difficulties met with in admitting maternity cases. These cases grow ever more numerous, because expectant mothers cannot book beds in advance and become emergencies purely because of this fact. It was hoped last year that urgent steps would be taken to help these unfortunate patients but the situation continues to get worse. Last year there were 2,591 applicants as against 1,699 in the previous year. It is estimated that of these perhaps 900 may be genuine emergencies.

#### HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

The Hospital Personal Aid Service for the Elderly has been closely concerned with waiting lists of elderly patients in a number of hospital groups for many years. The results of its work in 1958 again show that approximately half the patients its staff visit each year do not need hospital beds, and with the agreement of the hospital and the general practitioner are removed from the list. Of 2,396 patients visited in 1958 other arrangements were made for 465 (19%) and a further 684 (29%) had died or had recovered or, in a number of cases, had already been admitted. Patients are

#### HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

visited within a day or two of the application being received, so it is clear how quickly lists become out of date. It is clear too that unless pre-admission assessment is made many patients are likely to be admitted to hospital when they are really suitable for care elsewhere.

These results, which are similar year after year, must cast considerable doubt on the accuracy of the number of patients really awaiting admission in England and Wales. In 1949 there were 7,712. A year later the number rose to 9,591, but fell to 8,807 at the end of 1951. Thereafter, until 1957, the number has fluctuated between 9,139 and 9,773. It would be easy to assume that extra beds to something of this order are needed for the elderly. It will be seen however that the number of waiting cases is hardly rising at all, which indicates that as many patients are being admitted and removed from the waiting list as are added to it. Long waiting lists obscure the position and it seems probable that the total number actually awaiting admission would be found to be much smaller than is supposed if:

- (a) All lists were properly reviewed, especially at the end of December each year when the Ministry's figures are recorded;
- (b) Other arrangements were made for patients found on domiciliary assessment to be suitable for care elsewhere.
- (c) Allowances were made for those who were already in hospital, albeit in acute wards.

The Service's figures also confirm that the length of wait for admission is getting shorter year after year, and in 1958 71% of the urgent and less urgent cases were admitted within one week. To make this possible there must be improvement in the bed turnover rate, and the Service finds in 1958 for the first time that the total number of discharges is greater than the total number of deaths. Early admission and improved or increased remedial treatment are having their effect.

## DIVISION OF HOSPITAL FACILITIES

The Division of Hospital Facilities is now firmly established. During the past ten years it has collected and classified a great deal of technical information which has added much to the Fund's specialised knowledge on hospital matters, and in this way the Division has been able to maintain a close understanding of the variety and changing nature of the problems affecting hospital administration. It is in a privileged position to hear confidential and critical comments of all kinds. The facilities provided are available to all who are interested in hospitals; these services are widely used, and indeed their development has been largely influenced by the character of the demands made upon the Division. The success of the department owes little to publicity but much to the goodwill and support of hospital officers and authorities, and perhaps the most significant feature of the service is that those who seek its help do so in the knowledge that information and advice are given impartially and by an independent body.

## CENTRAL INFORMATION BUREAU AND ADVISORY SERVICE

As in past years, the enquiries received have covered a wide range of subjects. In some instances only simple factual information is required, or the enquirer can be referred to the existing sources of technical information, but on other occasions protracted research is necessary before a suitable answer can be prepared. Even when a number of requests relate to the same general subject it is hardly ever possible to send standardised replies, and information is modified or elaborated to meet the special needs. In many cases it is not the theoretically ideal solution that is called for, but a compromise suited to the peculiar circumstances, general or financial, of the particular hospital. An important feature of the work of a central information bureau is the opportunity to assess current trends, which not only adds value to the information and advice given but enables the department to anticipate many of the enquiries it receives.

#### DIVISION OF HOSPITAL FACILITIES

The majority of the telephone and other enquiries which are dealt with immediately are not recorded, and this applies to the many questions asked by over three hundred visitors received during the year. But records are kept of all enquiries involving a detailed written or telephoned reply or the preparation of memoranda, and these numbered over 400 during 1958, a larger figure than in any previous year. Approximately half of them were from hospitals, organisations or individuals in the London area, about 40% from elsewhere in the United Kingdom and about 10% from abroad. Three out of every four enquiries from within the United Kingdom were from hospitals in the National Health Service.

#### SPECIAL STUDIES AND INVESTIGATIONS

*Control of Infection.* Many enquiries reflected the increasing attention being given to problems of cross-infection. The Division is, of course, not competent to deal with purely medical or nursing matters, but information and advice were sought on a variety of administrative or organisational problems concerning such topics as sterilisation equipment and procedures; central sterile supply; laundry equipment and methods; the use of plastics and fibre-glass; waste-disposal and incineration; ventilation and air-conditioning; disposable goods; cubicle curtaining; dishwashing methods, etc.

*Hospital blankets.* In connection with cross-infection, special mention must be made of blankets. The characteristics, the washing and the sterilisation of hospital blankets made of various materials have been the subjects of numerous enquiries, and from investigations made by the Division it appeared that much useful information could be obtained from an experiment of larger scope and size than those so far undertaken. A number of hospitals have indicated their willingness to take part in such an experiment, and with the assistance of various authorities and research associations, and, in particular, the technical help and advice of Dr. R. E. O. Williams of the Public Health Laboratory Service, it is pro-

#### DIVISION OF HOSPITAL FACILITIES

posed to arrange and co-ordinate extended trials to gain further knowledge on this important subject. It is hoped to obtain comparative data on the qualities of woollen, cotton and other types of blankets in relation to the cost and practicability of different cleansing and sterilisation processes.

*Dirty Walls — Cleaning and maintenance.* Among other studies under consideration is that of general cleanliness in hospitals. It should be and must be within the competence of all hospitals to keep the buildings clean, but there is no doubt that in some hospitals the interior walls and surfaces, particularly of wards and ancillary rooms, are dirtier than they should be and are no longer the examples of the "scrupulous cleanliness" Miss Nightingale had in mind when she said "it is pure nonsense to say that in London a room cannot be kept clean. Many of our hospitals show the exact reverse." Enquiries have indicated the concern felt about a number of things: for example, the organisation and supervision of domestic staff; the need for hospitals to make best use of the wide range of efficient and labour-saving cleaning equipment and techniques now available; and the importance in planning new hospitals and departments, of paying adequate attention to subsequent cleaning and maintenance costs.

*Ward flooring.* The Division was invited by St. Peter's Hospital, Chertsey, to make use of new ward flooring for testing various floor sealers and waxes under controlled conditions. New floors of Opepe, an African hardwood, are being laid in eleven similar wards; seven of these will be treated with chemical sealers, each of a different type, and the remaining floors will be polished, using different polishes and polishing machines. In making these arrangements the Division has had the benefit of technical advice from the Timber Development Association and the co-operation of manufacturers of materials and equipment. It is hoped that the publication of the results and conclusions of this experiment will prove to be of great value to hospitals generally.

#### DIVISION OF HOSPITAL FACILITIES

*Planning and construction.* In recent years there has been a moderate increase in the funds available for capital development in hospitals, and this has led to an increasing number of enquiries on various aspects of planning and construction. Included in the Division's files are details and plans of many of the new hospitals or hospital departments being built in this country and abroad.

*Aids for patients.* Other enquiries were related to matters more directly concerned with the immediate comfort and well-being of the patient. With the help of the Division of Nursing, and the ready co-operation of New Cross General Hospital and of manufacturers, a practical demonstration of patient-lifting devices was held during the three days 20th-22nd May. The information gained was very useful and selected apparatus was purchased by the Fund for prolonged testing in hospital wards. Information was also received and given on a variety of other matters associated with the welfare of patients: for example, equipment for use by the aged; sanitary wheelchairs; radio and television for ward use; patient/nurse call systems; bedsteads; flexible drinking-straws; reading devices for disabled patients, etc.

#### HOSPITAL ACCOUNTING AND EFFICIENCY

An important event of the year was the publication by the Ministry of Health of financial statements based upon a full year's working of the new schemes of departmental accounting and costing. Ever since the King's Fund first advocated a system of departmental accounting for the larger hospitals, now more than thirty years ago, it has maintained a special interest in such development. Through the Division assistance has been provided, first in establishing the principles of a departmental scheme and then in advising on the installation of modern accounting methods to give the scheme practical effect.

The amount of detail available to hospitals for comparative purposes is now much greater than ever before, and it is possible for them to extend their investigations into the

#### DIVISION OF HOSPITAL FACILITIES

reasons for differences in costs with the object of achieving further economy of management and greater efficiency in the use of funds. Attention is also being given to possible technical improvements in the two schemes, and the questions raised include such matters as the need to maintain full descriptive accounting in addition to departmental accounting; the value of the extensive detail and whether it is all significant or could be simplified; whether a better departmental analysis could be devised to include, for example, operating theatres, casualty departments and residential quarters. Other enquiries refer to the prospects of developing better indices to measure the work of the departments and to the possibility of replacing the present estimates by a budgetary control in the departmental sense. Methods of accounting are also under review and the services of the Division have been called upon during the year for advice on modern manual and mechanical means of preparing and analysing the extensive accounting data which is now required. A noticeable tendency is towards the concentration of the purely statistical aspects of accounting at centres where expensive machinery can be economically employed, and the possibility that electronic equipment may subsequently be found suitable for this central servicing continues to receive detailed study in the Division.

The increasing cost of maintenance and treatment in hospitals and convalescent homes continues to cause concern and the Division has been consulted upon a number of financial problems. These consultations have led to detailed investigations into the organisation, supplies and staffing of hospitals with a view to curbing expenditure and, in some instances, to improving the income position of the independent hospitals.

#### OTHER ACTIVITIES.

For the purposes of giving or obtaining information the staff made about one hundred and eighty visits to hospitals, information centres, exhibitions and other organisations. In this and other ways the department has continued to

#### DIVISION OF HOSPITAL FACILITIES

receive help and it wishes to record its thanks for the willing and prompt manner in which all requests for information have been complied with. The increase in the work of the Staff Colleges has brought about a greater demand for lectures by the staff of the Division; in all, twenty-nine talks and lectures were given during the year, either at the Colleges or in the Fund's offices, where those attending could see at first hand the facilities available to them.

#### *Overseas Hospitals and Visitors.*

The Division was in correspondence with the U.S.A., Canada, Australia, New Zealand, India, Ceylon, Kenya, Singapore, Gibraltar, Malta, Rhodesia, Nigeria, Bahrain, Kuwait, France, Germany, Sweden, Denmark and Greece, and the exchange of information with hospital authorities abroad has been found to be especially valuable. Twenty-five visitors from thirteen countries came to the Division, nearly all of them on more than one occasion, to learn something of the National Health Service, the care of old people, rehabilitation services, etc., or to seek advice on hospital planning and equipment, and twenty-one study tours of varying length and complexity were planned for overseas or British visitors wishing to see hospitals abroad or in this country. The Director had the privilege of joining in the International Hospital Federation Study Tour of hospitals in Western Germany; this stimulating and informative tour was extremely well organised by the German Hospital Association and included visits to ten hospitals, mostly of recent construction.



## DIVISION OF NURSING

### NURSING RECRUITMENT

The rise in the birth rate that began in 1942 and is now popularly known as the "bulge" has already affected the number of boys and girls reaching the age of 17, and next year the number reaching the age of 18 will show an increase of about 11% over this year's total. The upward trend continues until 1965, when the number of 18th birthdays will be more than half as many again as in this year.

Fortunately it is being recognised in good time that the "bulge" will not of itself solve all problems of recruitment and staff shortage. To quote from the report "Training for Skill" prepared by a Sub-committee of the National Joint Advisory Council:

"The population will, on average, be getting older. . . . Thus the 'bulge' will do no more than reduce the decline in the relative size of the country's labour force as compared with total population. . . . For the country as a whole, the problem presented by the 'bulge' is not one of employment. It is how to ensure that the facilities for training over the next few years are adequate, both in numbers and in quality, to take advantage of the extra numbers of young people who will be entering employment during this period. . . . We cannot have skilled workers tomorrow unless we are prepared to train them today."

This passage has been quoted because it is very relevant to the situation in nursing. At last it should be possible to have better standards of selection for all forms of nursing training, but this is not enough. It will also be important to ensure that a high proportion of the best of the coming generation are interested in nursing, that they are offered better training facilities and also that they find in hospital such conditions, methods and relationships as will encourage them to remain in nursing. Only thus will an adequate supply of trained nurses be built up for the wards, for teaching and administration, and also for the nursing services outside hospital, in the years to come.

It is estimated that nine out of every ten girls who are now 16 will be married before they are 30 and the greater number of these before they are 23. Of necessity the intake for

#### DIVISION OF NURSING

nursing must remain high to fill the gaps left by all those who leave on or after marriage, either for some years or permanently. It does not seem likely, therefore, that there will be an overall surplus of good candidates for nursing, even in the peak years. But unfortunately the "recruitment appeal" of different hospitals still varies greatly. This perpetuates the problem of distribution—of ample supplies of nurses at some hospitals and grave shortages at others—at which the Nursing Recruitment Service has worked for so long. The Service can and does pick up the surplus from the well-known hospitals and persuade many of them that a good training may be had elsewhere, but persuasion can do little in the case of hospitals which for one reason or another—sometimes beyond their own control—do not enjoy a good reputation, or fail to keep the candidates who do enter them. Much still needs to be done to raise the prestige of what is now known as assistant nursing, since many girls and women give up all thoughts of nursing if they cannot become general-trained nurses. A more adequate supply of assistant nurses (given a more acceptable title) would alter the staffing picture in many of the more hard-pressed hospitals, ensure that the patients had better care, and facilitate many improvements in nurse training.

Already the "bulge" shows marked effects on the work of the Nursing Recruitment Service. The proportion of its applicants who are 15 or even younger seems constantly to rise, no doubt because the children now at school are encouraged to think that they should make arrangements for their future work well in advance. This preponderance of the very young means increased work in advising on the best preparation for nursing if they are still at school and on suitable occupations for "bridging the gap" when they must leave school, and in following them up at intervals to keep alive their interest in nursing. At the same time, the number of older candidates traced through to their acceptance at hospital training schools has been maintained, and at 1,759 was slightly higher in 1958 than in the previous year. The addition of 332 who were accepted for some form of

#### DIVISION OF NURSING

nursing or pre-nursing work other than training brings the total acceptances to almost 2,100. It is gratifying that the proportion of candidates who come for interview remains high. Last year there were 2,482 interviews, while the total number of new candidates registered was 5,615. Applications come not only from all parts of the British Isles, but from many parts of the world, and well over 17,000 letters were sent out in the course of the year.

One matron was kind enough to write, with reference to the advisory work: "I would like to take this opportunity of thanking you for sending me some very good candidates, and for the help which you have given and are giving me. The candidate who was sent to me yesterday was delightful. Your help to us means a great deal and we are aware of the tremendous work which your department undertakes in the interests of so many hospitals." Perhaps one from the innumerable charming letters received from candidates might be quoted—this girl had been refused at a teaching hospital and when accepted at another training school wrote: "I wish to thank you most sincerely for your kind help and guidance both when I wrote and when I came to see you. I realise you have a great many girls who come to you for advice and you cannot know what help and comfort you and your colleagues give to people bewildered by so many new experiences."

The public relations work for nursing continues alongside the advisory work and each affects the other, though no doubt very many hear the talks on nursing or read the articles written by the staff of the Service and subsequently enter nursing without necessarily seeking their personal advice. Members of the staff gave 181 talks on nursing, mostly in the larger schools for girls, but some at meetings of parents and other interested in careers. A talk and discussion on "Opportunities in Nursing" at a summer school for careers masters and mistresses arranged by the National Union of Teachers led to some useful contacts, and contact is also maintained with some of the women secretaries of University

#### DIVISION OF NURSING

Appointments Boards. Letters from headmistresses refer very frequently to the value of the talks in schools. One wrote: "The girls found the address both inspired and inspiring, and there is no doubt that it made a deep impression on a great many of them." Another wrote: "I am sure the talk will bear fruit. Indeed I am trying to placate an angry parent whose daughter decided unexpectedly to take up nursing as a result of your talk."

Publicity for nursing has been maintained and increased. Eight articles on nursing were written by the staff and published, mainly in year-books or periodicals read by those interested in careers. One was in "The Times Educational Supplement" and another in a special Supplement on the first ten years of the National Health Service. Sections on nursing in various other year-books have been brought up to date, and help has been given in preparing several other articles and also a script for television. Copies of the booklet "Nursing at the Present Day" were circulated to 490 librarians and over 200 replied asking for a supply to be sent.

#### GENERAL WORK OF THE DIVISION

The Division continues to be used for information and for advice on many matters relating to nursing. Over 560 general enquiries (i.e. not relating to a particular candidate for training) were dealt with in the course of the year.

Over 60 sessions were taken at the Staff Colleges or with groups from the Colleges who visited the offices in Cavendish Square. One student came for a short period of practical experience, as did also a regional nursing officer. Visits to hospitals reached a total of 76, and there were six other visits to training centres or homes. These visits and the reports on them are found to be most useful to all the staff, in their advisory work and in the other work of the Division.

## STAFF COLLEGE FOR MATRONS

Once again last year all three courses at the Staff College were fully booked, and the members of the one-year training course were carefully selected from more than twice that number, who had already been selected by their hospital authorities for study leave.

Last year's Report referred to the great value of the five-week term of field-work in industry or other large organisations. This continues to be greatly appreciated by the students, who both gain a new outlook on their own hospital world, and also discover and report on methods which they think might usefully be applied in hospital. In particular, they are impressed with the care taken to establish and maintain good communications throughout some large organisations, and also the highly developed welfare and personnel services. The great and disinterested help given to the College and its students by industry shows no signs of diminishing, and in many cases the relation between the student and "her" firm is a most happy one and leads to continued interest in the student's progress, long after she has completed the course.

The individual assignments planned for each student at the end of the year are often specially profitable, as by that time the student has gained in knowledge and experience and sees more clearly what she still needs to learn in preparation for her future work. Last year the individual assignments included: a short study tour in Holland to observe the mental health services, for a member who is now holding a responsible post in a mental hospital; for another, at the request of her hospital, a trip to Northern Ireland to visit hospitals and study the administration of the hospital service. A third student who had gone to I.C.I. for her industrial field-work and shown keen interest in some aspects of work study, was sent for part of her individual assignment on a work study appreciation course in Edinburgh, arranged by the British Productivity Council. At the end of her year she was offered a post in a London teaching hospital where

#### STAFF COLLEGE FOR MATRONS

work study is in action and among other things she has helped to plan for the introduction of the 44-hour week.

One new feature of the training courses has been the bringing in of a few ex-students of much earlier years who have meanwhile had excellent experience in responsible posts, to give talks and lead discussions. It is felt that they are well able to appreciate what is of most value to the students at their present stage. Many former students, as well as members of refresher courses, help in planning hospital field-work for the students. By the information on new developments which they send in, and the advice they seek in their own problems, former students also help to keep the Staff College closely in touch with the day-to-day work of the hospitals.

Two four-week refresher courses were held in 1958. One was for matrons from all kinds of hospitals at which nurses are trained. The other—the first of its kind—was for deputy matrons and deputy chief male nurses from mental and mental deficiency hospitals. On all refresher courses, discussion tends to turn on the difficulties of maintaining a 24-hour service, intensified as normal working hours diminish and reluctance to undertake night duty increases. It is clear also that many matrons suffer consciously or unconsciously from a feeling of isolation in carrying their professional responsibilities, and that the tripartite concept has not led everywhere to constant and easy communication between the heads of the administrative, nursing and medical staff. But at reunions it is often said that it was much easier to introduce changes and arrive at better working relationships on returning after a refresher course.

During the year the Convalescent Homes Committee suggested that there should be refresher courses for the matrons of convalescent homes, who have special problems of staffing, of buildings unsuited to modern requirements, and, in some cases, of isolation. A ten-day course was therefore arranged early in 1959. In addition to the usual subjects, special attention was given to questions of catering,

#### STAFF COLLEGE FOR MATRONS

of domestic management, and of the mental and physical needs of convalescent patients, who now leave hospital at a much earlier stage than was formerly the case. Thus from year to year the College aims at meeting fresh needs, while maintaining the training and refresher courses for which it was first established.

#### STAFF COLLEGE FOR WARD SISTERS

The need for a residential college for ward sisters is perhaps even greater today than it was when the Fund began this work ten years ago. The ward sister's work becomes more and more complex, with the developments in surgery and in post-operative care, the greatly increased turnover rates in medical as well as surgical wards, and the fact that although there are many more nurses they are spending less time in the wards. This means that the ward sister has a higher turnover of staff as well as patients—more people to teach and supervise, and a much higher proportion of acutely ill patients to look after. Moreover, the "working life" of the sisters tends to become much shorter, partly owing to the increased marriage rate, and there are relatively few of the older sisters with many years' experience to train the staff nurses and help the newly-appointed sisters. For comparable responsibilities in other spheres, a preparatory course of eleven or twelve weeks would seem minimal. While many nurses courageously undertake sisters' duties without any special preparation, there is no means of knowing how many more shrink from these heavy responsibilities and leave hospital for easier posts. It is still said, over and over again, that sisters who have been at the College have a more confident and easier approach to their work.

The same considerations apply in some measure to the four-week refresher courses. It is difficult to imagine any task with a stronger claim to periods of refreshment than that of a ward sister, and it is the aim of the Staff College to send these key people back with renewed energy for their all-important responsibilities.

#### STAFF COLLEGE FOR WARD SISTERS

In 1958 the Staff College gave two preparatory courses, two refresher courses for senior sisters, and one for sisters and charge nurses from mental and mental deficiency hospitals. There was no lack of candidates, and always a waiting list, but unfortunately there were a number of last-minute withdrawals, sometimes of candidates booked months in advance. This may occasionally be unavoidable, but it is thought that hospitals may not always realise that a withdrawal without sufficient notice means the loss of a valuable place which some other candidate might have been glad to have. Nevertheless 108 were able to take courses during the year.

Great interest was aroused by the study group of twelve tutors from mental and mental deficiency hospitals, convened to consider the implication of the revised schemes for the training of mental and mental deficiency nurses. Discussions were on a high level, and the experiment seemed so successful that it was decided to arrange a similar study group in 1959. It emerged clearly that the success of the new methods would depend largely on co-operation between medical and nursing staff, and between wards and classroom.

At the end of the year Miss Constance Dobie resigned on her approaching marriage to Sir Wilson Jameson. During her ten years at the Staff College, not only have the foundations been well and truly laid, but thanks largely to her work and her personality the prestige of the College has been built up, until now it is generally recognised as one of the most valuable of the Fund's activities. Miss Dobie's successor as Principal is Miss M. E. Henry, who has had long experience as a ward sister as well as a tutor, and has spent a year at McGill University. Until recently she has been a senior tutor at Westminster Hospital.



## HOSPITAL ADMINISTRATIVE STAFF COLLEGE

There is no establishment for the training and "refreshing" of hospital administrators quite comparable with the Hospital Administrative Staff College. In many countries there is initial training in hospital administration but there appears to be little, if any, provision of courses longer than one week for experienced hospital administrators, other than those at the Administrative Staff College and, recently, at the University of Leeds. Thus, the Staff College has interested those associated with hospital administration in many parts of the world who have come to examine the methods and the work undertaken there. In the short period of eight years since the Staff College opened, boards and committees, hospital officers and others have given quite remarkable friendship and assistance, and constructive criticism. The stimulation to the Staff College has, therefore, been considerable and there has been no room for complacency or routine working. On the contrary, no course has been a duplicate of another and, so far, no fewer than fifteen different types of courses have been held. Considerable experience has been gained but more experimental courses are planned in the light of changing circumstances.

It is interesting and profitable to compare the line of thought of those who come now to the Staff College with that of eight years ago. There is clear indication of better understanding between the different categories of hospital staffs, and considerable progress has been made in resolving the problems of group administration and organisation. The four-week refresher courses for chief and senior administrative officers have clearly demonstrated how relatively easy it often is for problems to be settled when men leave behind the emotions and routine of their daily work and meet in a congenial atmosphere for a relatively long period. Roughly half of the resources of the College is centred on the refresher courses, and on enquiry and research, whilst the other half is devoted to the training of the younger men and women. For most of the year the College has four separate, but concurrent, courses running, two in residence and two doing practical work in hospitals or industrial establishments.

## HOSPITAL ADMINISTRATIVE STAFF COLLEGE

### REFRESHER COURSES

The demand for refresher courses remains unabated. There have been separate courses for group secretaries and deputies, for finance officers and for hospital secretaries. For the mental hospitals there have been separate courses for physician superintendents and for group secretaries. The extent to which these individual courses should be continued remains to be determined.

### EXTENSION COURSES AND CONFERENCES

The one-week extension courses, when men return some three years after attending a refresher course, are being continued. These courses are very popular and the exchange of information and the renewed stimulation are valuable to the Staff College as well as to the members.

A new experiment resulted from a request from the second course for physician superintendents of mental hospitals, held in 1958, to return to the Staff College to discuss the Mental Health Bill. A profitable three-day residential conference was held early in 1959 and was attended by all of them. It is hoped that similarly the first course for physician superintendents will meet, and it may prove to be useful to arrange similar conferences from time to time for other previous courses to discuss current hospital topics.

### SELECTIVE RECRUITMENT AND TRAINING SCHEME

Half of those selected by the National Selection Committee for the Ministry of Health national training course become the responsibility of Manchester University and the other half that of the Administrative Staff College. The scheme is now in its third year and the Staff College has twenty-three men and women in three groups in training. As the first course is nearing the end of the three-year period some impressions of the courses can be indicated.

Each course has included a considerable period of theoretical work in which lectures have been given by many experts,

#### HOSPITAL ADMINISTRATIVE STAFF COLLEGE

as well as by the College's own tutorial staff. Each trainee has had practical training with some eight or more hospital employing authorities covering regional hospital boards and teaching, non-teaching and mental hospitals in London and the Provinces. One experiment has been to provide trainees with an industrial assignment for a few weeks, with most satisfactory results. The principle of preparation for practical work, with subsequent reporting, appraisal and preparation for the next practical assignment, coupled with close tutorial supervision throughout, appears to have been entirely successful. In the third year the trainee undertakes work on his own responsibility. In some instances this has enabled the employing authority to use for special enquiry or survey the services of the officer whose work has been undertaken by the trainee. Some of the trainees have undertaken special projects at their place of attachment, for example: out-patient organisation, the use of labour-saving devices, safety measures in the hospital, costing.

Some of the trainees were new entrants to the hospital service when their course started, others had been employed in the service at junior administrative level. This combination has undoubtedly been beneficial to both classes of trainee. The trainees have had the opportunity of a unique training and it is clear that some, at least, will be likely to go far in their careers.

So far, over sixty employing authorities have freely given their assistance and many senior officers have devoted considerable time to the individual trainee. This body of friends and helpers is constantly being enlarged and it is hoped it will soon be practicable to arrange special conferences to discuss with such officers some of the details and techniques of training.

The fourth national training course will start in October, 1959, and subject to adjustment and variation of detail will follow substantially the same lines as the first three courses, as regards length of course, number of members, periods of theoretical work and practical training. It is envisaged,

#### HOSPITAL ADMINISTRATIVE STAFF COLLEGE

however, that, before arrangements are made for the fifth intake in 1960, there will be a survey of the general arrangements in conjunction with the Ministry of Health and the University of Manchester.

#### OTHER COURSES

A four-week course for officers holding middle-grade administrative posts in the hospital service was offered during the year. No fewer than 84 applied, of whom twelve were selected. This course proved to be so encouraging that another similar one will be held during 1959, the members being drawn from the remaining 72 applicants for the first course.

#### METHODS OF OBTAINING EFFICIENCY

The Staff College has closely in mind, as part of the consideration of administration, the broad topic of methods of obtaining efficiency in the hospital service. There is, at present, an emphasis on organisation and method and work study. The College has made considerable enquiry into what is being done in industry and commerce and in the experiments being undertaken in the hospital service. A permanent Organisation and Method Department has been established at the Ministry of Health and the Minister has set up an Advisory Council for Management Efficiency. What is to be done at the Staff College in this territory of work is to be determined in the light of developments.

#### TUTORIAL STAFF

The work of the Staff College has steadily grown from the earlier years, so much so that it would not have been able to carry out the whole programme if the full-time tutorial staff had not been strengthened in the autumn of 1958. Through the generous agreement of the Board of Governors, Mr. O. R. Cross, Deputy Administrator and Secretary of University College Hospital, was seconded to the College for one year to act as an additional tutor, and has given invaluable assistance.

## HOSPITAL CATERING

### THIRD MEMORANDUM ON HOSPITAL DIET AND OTHER PUBLICATIONS

The introduction to the Third Memorandum on Hospital Diet published by the Fund in April, 1959, makes the point that, although there have been considerable improvements in hospital catering during the first ten years of the National Health Service, the stimulus to publish this Memorandum comes from the increasing realisation that those catering problems which have been solved are being offset by new ones which have developed under the present administrative system. The writer, Dr. F. Avery Jones, Chairman of the Fund's Hospital Catering and Diet Committee, goes on to state that:

"The outstanding current problem is the structural inadequacy of kitchens in many hospitals which are not only poorly equipped but also badly designed. Improvements have been effected in many places, but until hospital capital expenditure is appreciably increased the overall picture of hospital kitchens will remain unsatisfactory. Linked with this, but more serious, is the problem of staff shortage. The existence of national salary scales has an obvious administrative appeal but results in inflexibility when dealing with special local conditions and also makes it impossible to recognise outstanding flair and skill. These problems are accentuated when the national scales compare unfavourably with current commercial levels."

The need for a good standard of food and an adequate choice of dishes is emphasised in the new Memorandum. As a guide to catering officers in their menu planning the Fund published in 1954 a catering circular entitled "General Hospital Diets" which contained sample menus costed at wholesale and retail prices, as well as several hundred quantitative recipes. Two editions of this circular have been printed and distribution has passed the 4,000 mark. However, with all the changes in prices which have taken place during the past five years, it has become out of date and accordingly an entirely new edition is now in preparation for publication in 1959. Another catering circular which has continued to enjoy a wide demand is the "Memorandum on Special Diets" which is intended particularly for the assistance of

#### HOSPITAL CATERING

catering officers and ward sisters in those hospitals which have no dietitian, and so far more than 6,500 copies have been issued on request. During the year a companion volume "Memorandum on Light Diets" was published containing suggestions for light diet menus and a selection of eight diet recipes.

#### CATERING ADVISORY SERVICE AND GRANTS

As far as the structural inadequacy of catering departments referred to above is concerned the Fund may fairly claim to have helped many hospitals in the four metropolitan regions, either through the reports and plans prepared by the Hospital Catering Advisory Service or by the grants for approved schemes given on the recommendation of the Hospital Catering and Diet Committee. During 1958 the Advisory Service completed reports for 45 hospitals which included the replanning of 22 main kitchens, eleven dining rooms, four ward kitchens, a diet kitchen and a tea bar. Catering grants during the year amounted to £40,650, distributed between fourteen hospitals. These grants ranged from £375 to St. Joseph's Hospital, Chiswick—an independent hospital—for kitchen equipment, to £6,500 to Harperbury Hospital and £6,500 to New End Hospital for major improvements to their kitchens. In all, since the beginning of 1951, the Fund have given £227,572 in grants for catering purposes; of this total, £148,847 has gone to general and £78,725 to mental and mental deficiency hospitals.

#### SCHOOL OF HOSPITAL CATERING

As for the shortage of catering staff, this is indeed a perennial problem and moreover one which tends to become more acute each year. Apart from the help which the Fund gives to existing staff through all the refresher and practical courses at the School of Hospital Catering, there are two ways in which the School actually augments the number of caterers in hospitals. Firstly there has been the bursary

#### HOSPITAL CATERING

training scheme for prospective hospital catering officers which to date has produced 44 new entrants to the hospital service qualified to hold catering or assistant catering officer's posts. A further sixteen members of hospital catering departments who had not attained the catering officer grade have also been trained, on a secondment basis, and like the bursars have received the School's certificate which has been recognised by the Ministry of Health as a desirable qualification for a catering officer's appointment. Secondly, the School provides an eight-weeks' course in basic cookery for kitchen assistants and other untrained members of hospital catering departments, designed to put them on the road to qualify as assistant cooks.

There are many hospitals in the country which are trying to solve the staffing problem by means of training schemes of their own and by participation in the Ministry's national training scheme for apprentices. In the last year or so a few hospital management committees have had recourse to the engagement of catering contractors—thus copying a trend which has become widespread in America since the war. The contractors work either to a price or to a standard, i.e., if the hospital gives a price the contractor states the standard he can provide or, in reverse, if the hospital specifies the standard required the contractor quotes his price for supplying it. Two factors which, it seems, help the contractor to give a satisfactory catering service are the exercise of regular supervision through experienced supervisors and flexibility in fixing salaries according to the capabilities of each person in his employ.

Expert supervision with advice is indeed one of the prime needs of hospital catering, for in all too many cases a hospital catering officer, who may not be as experienced as he should be, has no means of obtaining technical advice quickly, nor is he subject to any informed supervision. For this reason the appointment of two more regional catering advisers during the year is very welcome.

## HOSPITAL CATERING

### CATERING ADVISER'S STUDY TOUR

The Fund's Catering Adviser was sent on a study tour in Canada and the United States during the summer of 1958. He was able to visit and observe catering arrangements in fourteen hospitals and made a special study of modern equipment. Among the many interesting developments covered by his report, two in particular require mention here as they may be seen on this side of the Atlantic before long. These are an individual meal-tray service from the main kitchen to patients, and the payment for meals by staff in accordance with the dishes selected.

The system of charging for staff meals was much the same in every hospital visited. Resident doctors and student nurses received free meals, this having been taken into account when assessing their salaries. All other staff in the hospital paid for the dishes they took at the time they collected them, the charges being calculated so as to cover the cost of the raw materials as well as part of the overheads. In the modern hospitals seen the staff fed in well-equipped cafeterias where a good choice was given at all meals. For example, a typical midday menu in one of the larger hospitals would offer grapefruit, tomato and orange juice, cold consommé, hot soup, a vegetarian dish, fish, two or three meat entrées, cold meats, a wide choice of salads, two cooked vegetables, four or five sweets, a variety of soft drinks including iced milk, hot and cold tea, coffee and chocolate, a cheese and biscuits. The choice indeed is so wide that all tastes and pockets are suited.



## 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 :

LORD ASHBURTON, V.L., J.P.

## GENERAL COUNCIL

THE LORD HIGH CHANCELLOR	SIR ERNEST ROCK CARLING, F.R.C.S., HON. F.F.R.
THE SPEAKER OF THE HOUSE OF COMMONS	MR. O. N. CHADWYCK-HEALEY
THE BISHOP OF LONDON	SIR JOHN CHARLES, K.C.B., M.D., F.R.C.P., D.P.H.
CARDINAL GODFREY	LADY CLITHEROE
REV. SIDNEY M. BERRY, M.A., D.D.	SIR ZACHARY COPE, M.S., F.R.C.S.
THE CHIEF RABBI	LORD CUNLIFFE
THE RT. HON. THE LORD MAYOR	MR. J. A. M. ELLISON-MACARTNEY
THE RT. HON. THE CHAIRMAN OF THE LONDON COUNTY COUNCIL	LORD EVANS, G.C.V.O., M.D., F.R.C.P.
THE GOVERNOR OF THE BANK OF ENGLAND	MR. PHILIP FLEMING, D.L., J.P.
THE PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS	ADMIRAL J. H. GODFREY, C.B.
THE PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS	SIR ERNEST GOWERS, G.C.B., G.B.E.
THE PRESIDENT OF THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS	SIR ARCHIBALD GRAY, K.C.V.O., C.B.E., M.D., F.R.C.P.
THE CHAIRMAN OF EACH OF THE FOUR METROPOLITAN REGIONAL HOSPITAL BOARDS	MR. S. C. C. HARRIS, O.B.E., J.P.
DR. G. F. ABERCROMBIE, V.R.D., M.D.	HON. SIR ARTHUR HOWARD, K.B.E., C.V.O., D.L., J.P.
LORD ASHBURTON, V.L., J.P.	LORD ILIFFE, G.B.E., J.P.
LORD ASTOR OF HEVER, M.B.E., D.L., J.P.	VISCOUNT INGLEBY, P.C.
SIR GEORGE AYLWEN, BT.	LORD INMAN, P.C., J.P.
CAPT. SIR HAMILTON BENN, BT., C.B., D.S.O., T.D., R.N.V.R.	DR. F. AVERY JONES, M.D., F.R.C.P.
LORD BICESTER	LORD KINDERSLEY, C.B.E., M.C.
HON. MARGARET BIGGE	MR. EDGAR LAWLEY
MR. J. CHADWICK BROOKS, O.B.E.	SIR HUGH LETT, BT., K.C.V.O., C.B.E., F.R.C.S.
	LORD LUKE, T.D., D.L., J.P.
	SIR JOHN MANN, BT.

SIR ALEXANDER MAXWELL, K.C.M.G.

LORD MCCORQUODALE, P.C.

SIR FREDERICK MESSER, C.B.E., J.P., M.P.

SIR FREDERICK MINTER, G.C.V.O., J.P.

MR. GEORGE MITCHELL, J.P.

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

HON. MRS. JOHN MULHOLLAND, C.V.O.

LORD NATHAN, P.C., T.D., D.L., J.P.

MARQUIS OF NORMANBY, M.B.E.

MAJOR R. O'BRIEN, M.V.O., T.D.

MR. JAMES PATERSON, M.C.

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

SIR ERNEST POOLEY, BT., G.C.V.O.

DR. T. P. REES, O.B.E., M.D., F.R.C.P.  
D.P.M.

HON. PETER SAMUEL, M.C., T.D.

VISCOUNT SIMONDS, P.C.

MR. E. E. TAYLOR, C.B.E.

RT. HON. SIR GODFREY THOMAS, BT.,  
G.C.V.O., K.C.B., C.S.I.

SIR HENRY TIDY, K.B.E., M.D., F.R.C.P.

LORD TRYON, K.C.V.O., D.S.O.

MR. E. L. TURNBULL, C.B.E.

DAME KATHERINE WATT, D.B.E., R.R.C.

MR. C. S. B. WENTWORTH-STANLEY, C.B.E.

SIR HAROLD WERNHER, BT., G.C.V.O., T.D.

## MANAGEMENT COMMITTEE

LORD MCCORQUODALE, P.C., Chairman

LORD ASHBURTON, V.L., J.P.

SIR GEORGE AYLWEN, BT.

MR. O. N. CHADWYCK-HEALEY

LORD COTTESLOE

SIR ARCHIBALD GRAY, K.C.V.O., C.B.E.,  
M.D., F.R.C.P.

DR. F. AVERY JONES, M.D., F.R.C.P.

SIR ERNEST POOLEY, BT., G.C.V.O.

RT. HON. SIR GODFREY THOMAS, BT.,  
G.C.V.O., K.C.B., C.S.I.

SIR HENRY TIDY, K.B.E., M.D., F.R.C.P.

## FINANCE COMMITTEE

LORD ASHBURTON, V.L., J.P., Chairman

THE GOVERNOR OF THE BANK OF ENGLAND

LORD BICESTER

MR. PHILIP FLEMING, D.L., J.P.

LORD KINDERSLEY, C.B.E., M.C.

LORD WARDINGTON

## ESTATES COMMITTEE

LORD ASHBURTON, V.L., J.P., Chairman

HON. SIR DAVID BOWES-LYON, K.C.V.O.,  
D.L., J.P.

DR. C. A. COOKE, O.B.E., J.P.

MR. PHILIP FLEMING, D.L., J.P.

SIR ERNEST POOLEY, BT., G.C.V.O.

## DISTRIBUTION COMMITTEE

SIR ARCHIBALD GRAY, K.C.V.O., C.B.E., M.D., F.R.C.P., Chairman

LORD ASHBURTON, V.L., J.P.

LORD MCCORQUODALE, P.C.

MR. J. A. M. ELLISON-MACARTNEY

DR. F. AVERY JONES, M.D., F.R.C.P.

MR. E. L. TURNBULL, C.B.E.

MR. C. S. B. WENTWORTH-STANLEY, C.B.E.

## HOSPITALS COMMITTEE

MR. J. A. M. ELLISON-MACARTNEY, Chairman.

MR. O. N. CHADWYCK-HEALEY

SIR JOHN CONYBEARE, K.B.E., M.C., D.M.,  
F.R.C.P.

ADMIRAL J. H. GODFREY, C.B.

MR. S. C. C. HARRIS, O.B.E., J.P.

PROF. ALAN KEKWICK, M.A., M.B., B.CH.,  
F.R.C.P.

MR. R. W. NEVIN, T.D., M.A., M.B.,  
F.R.C.S.

MARQUIS OF NORMANBY, M.B.E.

DR. KENNETH ROBSON, C.B.E., M.D.,  
F.R.C.P.

MAJOR SIMON WHITBREAD, D.L., J.P.

## MENTAL HOSPITALS COMMITTEE

MR. C. S. B. WENTWORTH-STANLEY, C.B.E., Chairman.

SIR CECIL GRIFFIN, C.S.I., C.I.E.

SIR NORMAN GUTTERY, K.B.E., C.B.

HON. W. S. MACLAY, C.B., O.B.E., M.D.,  
F.R.C.P., D.P.M.

SIR ERNEST POOLEY, Bt., G.C.V.O.

DR. T. P. REES, O.B.E., M.D., F.R.C.P.,  
D.P.M.

DR. W. REES THOMAS, C.B., M.D., F.R.C.P.,  
D.P.M.

## AUXILIARY HOSPITALS COMMITTEE

MR. E. L. TURNBULL, C.B.E., Chairman.

MR. J. CHADWICK BROOKS, O.B.E.

MR. H. W. FARMAR

MR. E. K. MARTIN, M.S., F.R.C.S.

MISS A. B. READ, M.B.E.

MISS M. J. ROXBURGH, O.B.E.

SIR CHARLES SYMONDS, K.B.E., C.B., M.D.,  
F.R.C.P.

MR. H. PHILIP VEREY

MISS U. B. WEBB

DR. F. H. YOUNG, O.B.E., M.D., F.R.C.P.,  
D.P.H.

### *Garden Advisers:*

MR. W. G. MACKENZIE

MR. G. L. PILKINGTON

MR. LANNING ROPER

## HOSPITAL CATERING AND DIET COMMITTEE

DR. F. AVERY JONES, M.D., F.R.C.P., Chairman.

MR. S. W. BARNES

DR. W. T. C. BERRY, M.D., B.CHIR.

MR. J. CHADWICK BROOKS, O.B.E.

MISS M. M. EDWARDS, M.V.O.

MR. ARTHUR FRANKS, O.B.E.

MR. R. GEDLING

SIR CECIL GRIFFIN, C.S.I., C.I.E.

SIR WILSON JAMESON, G.B.E., K.C.B., M.D.,  
F.R.C.P., D.P.H.

## EMERGENCY BED SERVICE COMMITTEE

DR. G. F. ABERCROMBIE, V.R.D., M.D., Chairman.

DR. H. ALEXANDER, M.B., CH.B., D.P.H.	BRIG. G. P. HARDY-ROBERTS, C.B., C.B.E.
LORD AMULREE, M.D., F.R.C.P.	MR. S. C. C. HARRIS, O.B.E., J.P.
MR. O. N. CHADWYCK-HEALEY	CAPTAIN A. LADE, O.B.E., R.N.
DR. F. J. FOWLER, O.B.E., T.D., M.B., CH.B.	DR. J. A. SCOTT, O.B.E., M.D., F.R.C.P.
MR. A. J. GARDHAM, F.R.C.S.	

## DIVISION OF NURSING

### STAFF COLLEGE FOR WARD SISTERS COMMITTEE

MISS M. J. SMYTH, C.B.E., Chairman

MISS L. BEAULAH	MISS M. G. LAWSON, O.B.E., M.B., CH.B.
MISS B. B. BRIANT	MISS J. M. LOVERIDGE
MISS M. F. CARPENTER	MISS S. MOORE
MISS M. HOUGHTON, M.B.E.	DAME KATHERINE WATT, D.B.E., R.R.C.

## HOSPITAL ADMINISTRATIVE STAFF COLLEGE

### COMMITTEE

SIR WILSON JAMESON, G.B.E., K.C.B., M.D., F.R.C.P., D.P.H., Chairman

MR. P. H. CONSTABLE, O.B.E.	MR. B. LEES READ, O.B.E., A.C.A.
MR. G. P. E. HOWARD	SIR HENRY TIDY, K.B.E., M.D., F.R.C.P.
SIR FREDERICK MESSER, C.B.E., J.P., M.P.	

## PANEL OF ADVISERS

MR. P. H. CONSTABLE, O.B.E., Chairman

MR. W. C. ANDERSON, LL.B.	MR. F. A. LYON, O.B.E.
MR. S. W. BARNES	MR. B. LEES READ, O.B.E., A.C.A.
DR. W. J. GILL, M.D., F.R.C.S.	MR. S. R. SPELLER, O.B.E., LL.B.
MR. C. R. JOLLY, O.B.E.	

## HOSPITAL PERSONAL AID SERVICE COMMITTEE

SIR ZACHARY COPE, M.S., F.R.C.S., Chairman

DR. G. F. ABERCROMBIE, V.R.D., M.D.	HON. MRS. JOHN MULHOLLAND, C.V.O.
DR. JAMES GRAHAM, M.B., CH.B.	DR. J. A. SCOTT, O.B.E., M.D., F.R.C.P.
BRIGADIER GLYN HUGHES, C.B.E., D.S.O., M.C., M.R.C.S., L.R.C.P.	MR. C. S. B. WENTWORTH-STANLEY, C.B.E.

## LIST OF HOSPITAL VISITORS

- |  |   |
|--|---|
| DR. G. F. ABERCROMBIE, V.R.D., M.D.                          | LORD ASHBURTON, V.L., J.P.  |
| MISS J. K. AITKEN, C.B.E., M.D., F.R.C.P.                    | MR. L. E. D. BEVAN  |
| DR. A. DOYNE BELL, D.M., F.R.C.P.                            | MR. R. H. BLUNDELL, B.A.  |
| SIR RUSSELL BRAIN, BT., D.M., F.R.C.P.                       | HON. MRS. R. CAMPBELL-PRESTON                                     |
| HON. GEOFFREY BRIDGEMAN, M.C., M.B.,<br>B.CH., F.R.C.S.      | MR. O. N. CHADWYCK-HEALEY   |
| SIR JOHN CONYBEARE, K.B.E., M.C., D.M.,<br>F.R.C.P.          | LADY CLITHEROE  |
| DR. F. S. COOKSEY, O.B.E., M.R.C.P.                          | MR. F. M. CUMBERLEGE  |
| SIR ZACHARY COPE, M.S., F.R.C.S.                             | LORD GUNLIFFE   |
| MR. R. C. DAVENPORT, F.R.C.S.                                | SIR WALTER DRUMMOND   |
| SIR STEWART DUKE-ELDER, G.C.V.O.,<br>M.D., F.R.C.S.          | MR. J. A. M. ELLISON-MACARTNEY                                    |
| LORD EVANS, G.C.V.O., M.D., F.R.C.P.                         | MR. H. W. FARMAR  |
| MR. C. W. FLEMMING, O.B.E., D.M., F.R.C.S.                   | SIR FRANCIS GLYN, K.C.M.G., J.P.                                  |
| DR. H. GARDINER-HILL, M.B.E., M.D.,<br>F.R.C.P.              | ADMIRAL J. H. GODFREY, C.B.                                       |
| SIR ARCHIBALD GRAY, K.C.V.O., C.B.E.,<br>M.D., F.R.C.P.      | SIR CECIL GRIFFIN, C.S.I., C.I.E.                                 |
| DR. CHARLES HARRIS, M.D., F.R.C.P.                           | COL. W. CHURCHILL HALE, O.B.E., M.C.,<br>T.D.                     |
| DR. KENNETH HARRIS, M.D., F.R.C.P.                           | MR. S. C. C. HARRIS, O.B.E., J.P.                                 |
| PROFESSOR ALAN KEKWICK, M.A., M.B.,<br>B.CH., F.R.C.P.       | HON. SIR ARTHUR HOWARD, K.B.E., C.V.O.,<br>D.L., J.P.             |
| SIR GEOFFREY KEYNES, M.D., F.R.C.P.,<br>F.R.C.S., F.R.C.O.G. | MR. FREDERICK LAWRENCE, O.B.E., J.P.                              |
| MISS K. G. LLOYD-WILLIAMS, C.B.E.,<br>M.D., F.F.A.R.C.S.     | LORD LUKE, T.D., D.L., J.P.                                       |
| SIR RALPH MARNHAM, K.C.V.O., M.CHIR.,<br>F.R.C.S.            | LORD MCCORQUODALE, P.C.   |
| MR. E. K. MARTIN, M.S., F.R.C.S.                             | MR. J. K. MAITLAND, O.B.E., M.C., T.D., J.P.                      |
| DR. S. P. MEADOWS, M.D., F.R.C.P.                            | VISCOUNTESS MONCKTON, C.B.E.                                      |
| MR. R. W. NEVIN, T.D., M.A., M.B., F.R.C.S.                  | SIR PARKER MORRIS, LL.B.  |
| PROFESSOR F. C. ORMEROD, M.D., F.R.C.S.                      | SIR DESMOND MORTON, K.C.B., C.M.G.,<br>M.C.                       |
| SIR ARTHUR PORRITT, K.C.M.G., K.C.V.O.,<br>C.B.E., F.R.C.S.  | LORD MOYNIHAN, O.B.E., T.D.                                       |
| PROFESSOR C. G. ROB, M.C., M.A., M.CHIR.,<br>F.R.C.S.        | HON. MRS. JOHN MULHOLLAND, C.V.O.                                 |
| DR. KENNETH ROBSON, C.B.E., M.D.,<br>F.R.C.P.                | MARQUIS OF NORMANBY, M.B.E.                                       |
| PROFESSOR H. J. SEDDON, C.M.G., M.A.,<br>D.M., F.R.C.S.      | MAJOR R. O'BRIEN, M.V.O., T.D.                                    |
| MR. A. H. M. SIDDONS, M.CHIR., F.R.C.S.                      | MR. H. M. O'CONNOR  |
| MR. NORMAN TANNER, CH.B., F.R.C.S.                           | MR. JAMES PATERSON, M.C.  |
| MR. SELWYN TAYLOR, M.A., M.CH., F.R.C.S.                     | MAJ.-GEN. SIR HORACE ROOME, K.C.I.E.,<br>C.B., C.B.E., M.C., D.L. |
| SIR HENRY TIDY, K.B.E., M.D., F.R.C.P.                       | MR. E. E. TAYLOR, C.B.E.  |
| DR. F. H. YOUNG, O.B.E., M.D., F.R.C.P.,<br>D.P.H.           | LIEUT.-COL. R. P. TONG, O.B.E., M.A.                              |
|  | MR. C. S. B. WENTWORTH-STANLEY,<br>C.B.E.                         |
|  | MAJOR SIMON WHITBREAD, D.L., J.P.                                 |

## STAFF

MR. A. G. L. IVES, C.V.O.	...	...	...	...	...	...	Secretary
MR. R. E. PEERS	...	...	...	...	...	...	Assistant Secretary
MR. D. G. HARINGTON HAWES	...	...	...	...	...	...	Second Assistant Secretary
SIR WILSON JAMESON, G.B.E., K.C.B., M.D., F.R.C.P., D.P.H.	...	...	...	...	...	...	Medical Adviser
CMDR. R. W. PEERS, R.N. (Retd.)	...	...	...	...	...	...	Auxiliary Hospitals
MR. V. H. RUSHTON	...	...	...	...	...	...	Cashier
MR. B. G. SWEET	...	...	...	...	...	...	Accountant
MR. N. F. MOLLE	...	...	...	...	...	...	Estates
MR. P. W. BURTON	...	...	...	...	...	...	Chief Clerk

## DIVISION OF HOSPITAL FACILITIES

MR. W. E. HALL, F.C.I.S.	...	...	...	...	...	...	Director
MR. M. C. HARDIE	...	...	...	...	...	...	Assistant to Director (General)
MR. E. H. KEYTE, A.S.A.A., A.I.M.T.A., A.C.I.S.	...	...	...	...	...	...	Assistant to Director (Accounting)
MISS E. H. HARRISON	...	...	...	...	...	...	Secretary
MR. F. H. HINGE	...	...	...	...	...	...	Information Officer

## DIVISION OF NURSING

21, Cavendish Square, W.1.

Telephone LANgham 4362

MISS M. M. EDWARDS, M.V.O.	...	...	...	...	...	...	Director
MISS L. P. SMITH	...	...	...	...	...	...	Assistant

Nursing Recruitment Service, 21, Cavendish Square, W.1. Telephone : LANgham 4362

MISS L. M. DARNELL	...	...	...	...	...	...	Secretary
MRS. K. M. CARVER	...	...	...	...	...	...	Travelling Secretary

Staff College for Ward Sisters, 147, Cromwell Road, S.W.7. Telephone: FRObisher 1093

MISS M. E. HENRY	...	...	...	...	...	...	Principal
MISS J. BURR	...	...	...	...	...	...	Assistant Principal
MISS C. M. SHEWELL	...	...	...	...	...	...	Warden

Staff College for Matrons, 22, Holland Park, W.11. Telephone : PARK 4139

MISS I. G. WARREN	...	...	...	...	...	...	Principal
MISS K. J. PINCHARD, M.B.E.	...	...	...	...	...	...	Bursar

## HOSPITAL ADMINISTRATIVE STAFF COLLEGE

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

MR. R. A. MICKELWRIGHT	...	...	...	...	...	...	Principal
MR. A. C. STUART-CLARK	...	...	...	...	...	...	Senior Tutor
MR. E. L. F. HOLBURN	...	...	...	...	...	...	Registrar
MISS R. V. SHARPE...	...	...	...	...	...	...	Administrative Assistant

## HOSPITAL CATERING

Secretary to the Hospital Catering and Diet Committee :

MR. D. G. HARINGTON HAWES

Hospital Catering Advisory Service :—

24/26, London Bridge Street, S.E.1 ... .. Telephone : HOP 4255

MR. G. J. STORMONT	...	...	...	...	...	...	Catering Adviser
MR. D. G. EWBANK	...	...	...	...	...	...	Designer-Draughtsman
MR. S. G. WAKELING	...	...	...	...	...	...	Equipment Specialist
MR. G. F. WILLIAMS	...	...	...	...	...	...	Buying and Costing Specialist
MR. V. H. DIXON	...	...	...	...	...	...	Travelling Instructor
MISS B. R. STANTON	...	...	...	...	...	...	Dietetic Adviser

School of Hospital Catering :—

St. Pancras Hospital, 4, St. Pancras Way, N.W.1 Telephone : EUSton 5671

MR. C. C. A. GIBBS	...	...	...	...	...	...	Principal
MISS J. M. DANDO...	...	...	...	...	...	...	Assistant to Principal
MR. H. C. JUPP	...	...	...	...	...	...	Chef Instructor

## HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

Office:

c/o New Cross Hospital,  
Avonley Road, S.E. 14

Telephone : NEW Cross 3635

MR. W. L. GRAHAM	...	...	...	...	...	...	Secretary
MISS J. M. H. OWEN	...	...	...	...	...	...	Assistant



## EMERGENCY BED SERVICE

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

### *Director*

MR. R. E. PEERS

### *Secretary*

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

### *Training Officer*

MRS. E. M. WILLIAMSON

### *Senior Watchkeepers*

MISS M. E. CRAIG

MISS J. G. RHODES

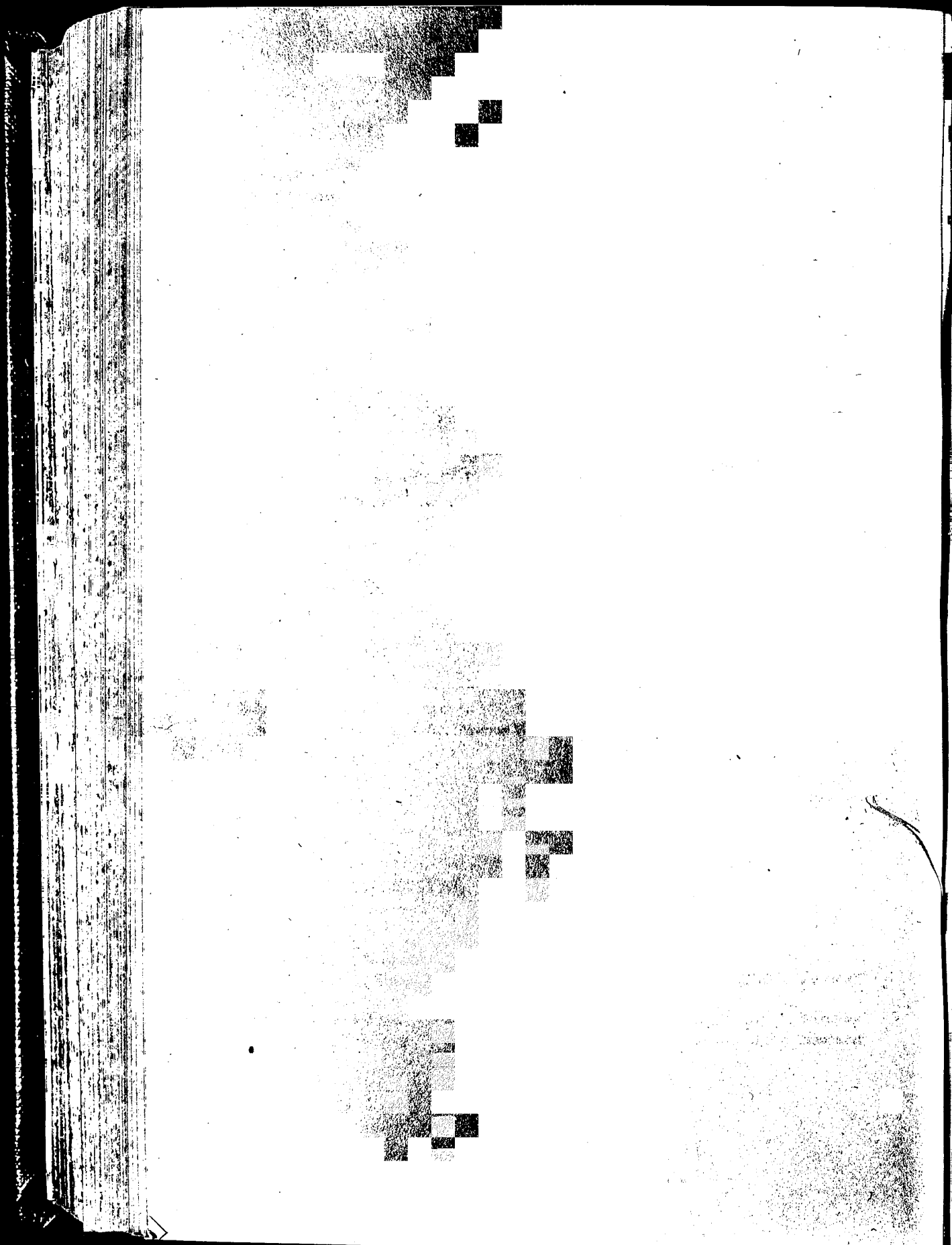
MISS B. G. HARRIS

MRS. D. M. MACLEAN

### *Office*

Fielden House,  
London Bridge Street, S.E.1.  
Telephone: HOP 7181.

---



## FINANCIAL STATEMENTS

AND

## LISTS OF GRANTS

*The Fund is fortunate in possessing substantial capital resources amounting to between seven and eight 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. 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 Her Majesty The Queen, followed by many other members of the Royal Family. It includes, too, many of the City Companies, Banks and commercial houses, besides personal subscriptions.*

# KING EDWARD'S HOSPITAL

## BALANCE SHEET as at

	£	£	£
<b>FUND ACCOUNTS :</b>			
<b>FUNDS TO BE RETAINED AS CAPITAL :</b>			
As at 31st December, 1957 .. .. .		2,180,723	
Add: Receipts during 1958 .. .. .		2,309	
		<u>2,183,032</u>	
<b>GENERAL FUNDS :</b>			
As at 31st December, 1957 .. .. .	4,495,702		
Add: Special Receipts Account .. .. .	252,542		
" Lapsed Grants .. .. .	10,078		
" Amount transferred from Income and Expenditure Account .. .. .	2,593		
		<u>4,760,915</u>	
<b>SPECIAL FUNDS :</b>			
per Schedule .. .. .		25,865	
<b>SPECIAL APPROPRIATION FUND :</b>			
Balance as at 31st December, 1957 of £350,000 earmarked by General Council out of Income for the Provision of Additional Accommodation for Aged Sick .. .. .	5,942		
Less: Net amount appropriated for expenditure during 1958 .. .. .	3,945		
		<u>1,997</u>	
			6,971,809
<b>GRANTS RETAINED :</b>			
Grants made to Hospitals and Convalescent Homes awaiting appropriate time for payment, viz. :			
Ordinary Distribution .. .. .	148,988		
Special Distribution .. .. .	125,850		
Radiotherapy Fund Distribution .. .. .	16,500		
		<u>291,338</u>	
Appropriations for Homes for Aged Sick not yet expended .. .. .		1,196	
		<u>292,534</u>	
<b>LIABILITIES :</b>			
Administration and Other Expenses .. .. .			16,883
<b>SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES) :</b>			
Amount received for dilapidations .. .. .		540	
Sinking Fund Appropriations .. .. .		8,107	
		<u>8,647</u>	
			<u>£7,289,873</u>

### REPORT OF THE AUDITORS TO KING

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

5, London Wall Buildings,  
London, E.C.2.  
23rd June, 1959

# TAL FUND FOR LONDON

31st DECEMBER, 1958

## SECURITIES AND INVESTMENTS :

### STOCKS AND SHARES, etc., held for :—

General Account .. .. .	5,363,635	
Special Account .. .. .	24,090	
		5,387,725

INVESTED GIFT of his late Majesty, King George V, to be retained as Capital .. .. .	20,000	
		5,407,725

### Valuation of Investments

Quoted Investments at Market Value	£6,133,121
Unquoted Investments at Treasurer's Valuation	143,818
	<u>£6,276,939</u>

FREEHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS AND MORTGAGES .. .. .	1,690,114
---	-----------

REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of .. .. .	1	7,097,840
---	---	-----------

*Assets received or acquired before 31st July, 1908, are taken at or under values adjusted as at that date, in accordance with the terms of King Edward's Hospital Fund for London Act, 1907. Assets received or acquired since that date are included at or under the market value at the date of gift or purchase.*

## CURRENT ASSETS (including £1,775 for Special Accounts) :

Balances at Banks and Cash in hand .. .. .	125,135	
Debtors (including interest-free unsecured loans to Homes for Aged Sick, amounting to £7,150) .. .. .	66,898	
		192,033

### NOTES—

- The King's Fund also owns a stock of Radium which is lent by the Fund to a hospital in London.*
- The total cost of properties for Staff Colleges and Homes for Aged Sick is £432,984 of this amount £422,457 and the cost of furniture and equipment owned by the Fund has been written off to Income and Expenditure Account or to Special Appropriation Fund as and when such expenditure has been incurred.*
- In some cases, legacies are subject to indemnities given to refund the sum if any, required to meet the liabilities of Executors.*

ASHBURTON, Treasurer

£7,289,873

## EDWARD'S HOSPITAL FUND FOR LONDON.

knowledge and belief were necessary for the purposes of our audit. In our opinion examination of those books. We have examined the above Balance Sheet and the account. In our opinion and to the best of our information and according to the Fund's affairs as at the 31st December, 1958, and the Income and Expenditure

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

# INCOME AND EXPENDITURE ACCOUNT FOR

	£	£	£
GRANTS :			
DISTRIBUTION COMMITTEE :			
Hospitals and Branches— .. .. .	115,000		
"       "       —Catering .. .. .	25,000		
		140,000	
MANAGEMENT COMMITTEE :			
Mental Hospitals— .. .. .		106,750	
Other Grants .. .. .		7,550	
		254,300	
CONVALESCENT HOMES COMMITTEE :			
Convalescent Homes .. .. .		25,000	
			279,300
EXPENDITURE ON SPECIAL SERVICES, ETC. :			
Division of Hospital Facilities .. .. .		12,373	
Division of Nursing :			
Nursing Recruitment Service .. .. .	10,186		
Staff College for Ward Sisters .. .. .	10,875		
Staff College for Matrons .. .. .	7,239		
"       "       Addit. Equipment .. .. .	73		
	7,312		
		28,373	
Hospital Catering and Diet Committee :			
Catering Advisory Service .. .. .	14,966		
School of Hospital Catering .. .. .	12,383		
Bursaries .. .. .	3,798		
Additional Equipment, etc. .. .. .	20		
Capital Alterations .. .. .	295		
	16,496		
		31,462	
Hospital Administrative Staff College .. .. .	26,781		
Additional Equipment, etc. .. .. .	396		
Capital Alterations .. .. .	57		
		27,234	
Hospital Personal Aid Service :			
Administration Expenses .. .. .	7,541		
Less : Amount contributed by the Metro-			
politan Regional Hospital Boards .. .. .	2,000		
		5,541	
			104,983
EMERGENCY BED SERVICE :			
Proportion of Cost to be defrayed by the Fund, as			
agreed with the Metropolitan Regional Hospital			
Boards .. .. .			6,500
PUBLICATIONS, MAPS, ETC. :			
Cost of printing, etc., less Sales .. .. .			1,472
			£392,255
	Carried forward		

THE YEAR ENDED 31st DECEMBER, 1958

	£	£
INCOME from :		
Securities and Investments .. .. .	319,057	
Freehold and Leasehold Properties .. .. .	<u>99,389</u>	418,446
SUBSCRIPTIONS :		
Annual .. .. .	2,876	
Under Deeds of Covenant for a stated number of years .. .. .	<u>4,436</u>	
	7,312	
DONATIONS :		
Annual and other .. .. .	<u>4,369</u>	11,681

Carried forward £430,127

# INCOME AND EXPENDITURE ACCOUNT FOR T

	£	£
Brought forward		392,25
ADMINISTRATION EXPENSES :		
Salaries, Pensions, Allowances, and Superannuation		
Contributions .. .. .	18,666	
Establishment, including Rates, Heating and Lighting, Cleaning, Insurance, etc. .. ..	5,909	
Printing and Stationery .. .. .	1,201	
Sundry Miscellaneous Expenses .. .. .	2,856	
		28,63
OTHER EXPENSES :		
Office Furniture and Equipment .. .. .	421	
Legal and Other Professional Fees .. .. .	4,025	
Visiting Expenses (including contribution towards cost of car) .. .. .	1,426	
		5,87
APPROPRIATION to Leasehold Sinking Fund .. ..		77
		427,53
TRANSFER TO GENERAL FUND :		
Excess of Ordinary Income over Expenditure ..		2,59
		£430,12

## SPECIAL RECEIPTS D

SPECIAL APPROPRIATION from General Legacies .. .. .	25
TRANSFER TO GENERAL FUND :	
Special Receipts .. .. .	252,54

£252,79



THE YEAR ENDED 31st DECEMBER, 1958 (*continued*)

Brought forward	£ 430,127
-----------------	--------------

£430,127

DURING 1958

							£
NUFFIELD TRUST FOR THE SPECIAL AREAS	..	..	..	..	..	..	25,000
GENERAL LEGACIES—per Schedule	..	..	..	..	..	..	227,798

£252,798

# SPECIAL FUNDS 31st DECEMBER, 1958

	£	£
<b>SPECIAL ANONYMOUS TRUST (1930):</b>		
CAPITAL ACCOUNT .. .. .	20,000	
INCOME ACCOUNT:		
Balance at 31st December, 1957 .. .. .	6,121	
Add: Income 1958 .. .. .	788	
	<u>6,909</u>	
Less: Payments made o/a building .. .. .	5,200	
	<u>1,709</u>	21,709
<b>MRS. L. L. LAYBORN TRUST (1943):</b>		
CAPITAL ACCOUNT at 31st December, 1957 .. .. .	4,090	
INCOME ACCOUNT:		
Balance at 31st December, 1957 .. .. .	39	
Add: Income 1958 .. .. .	184	
	<u>223</u>	
Less: Paid to St. Luke's Nursing Home for the Clergy .. .. .	184	39
	<u>39</u>	4,129
<b>J. R. CATLIN, DECEASED, TRUST:</b>		
Balance at 31st December, 1957 .. .. .	26	
Add: Income 1958 .. .. .	1	
	<u>27</u>	27
<b>RADIOTHERAPY FUND:</b>		
Balance at 31st December, 1957 .. .. .	12,057	
Less: Grants made .. .. .	12,057	—
	<u>—</u>	
<b>THE ARTHUR AND ALEXANDER LEVY SURGICAL HOME FOUNDATION ACCOUNT (1947):</b>		
Balance at 31st December, 1957 .. .. .	374,213	
Add: Income 1958 .. .. .	10,144	
Profits on investments realised .. .. .	15,160	
	<u>399,517</u>	
Less: Paid to King Edward VII's Hospital for Officers .. .. .	107,386	
Paid to Charity Commission .. .. .	291,662	
Solicitors' costs .. .. .	469	
	<u>399,517</u>	—
		<u>£25,865</u>

## NOTE:

The Special Funds are represented by assets maintained in separate designated accounts made up as follows:

Investments .. .. .	24,090
Balances at Banks and Debtors .. .. .	1,775
	<u>£25,865</u>

## RECEIPTS FROM LEGACIES IN 1958

<u>GENERAL :</u>						£
Sir Richard John Allison	..	..	..	..	..	500
Arthur Barrell	..	..	..	..	..	74
Miss Mary Lilian Bickersteth	..	..	..	..	..	3
Miss Emily Sarah Bisdee	..	..	..	..	..	69
John Ashton Fielden	..	..	..	..	..	30,638
William Humphries Harper	..	..	..	..	..	303
Miss Eliza Frances Herriot	..	..	..	..	..	3,991
Henry Edward Jackson	..	..	..	..	..	500
Miss Edith Macgillivray	..	..	..	..	..	1,570
Miss Mary Isabel Metcalfe	..	..	..	..	..	2,433
Brigadier-General William Frederick Mildren	..	..	..	..	..	38
Percy Morris	..	..	..	..	..	547
Miss Matilda Charlotte Osborne	..	..	..	..	..	4,261
Mrs. Anne Edith Perry	..	..	..	..	..	625
William Arthur Posnett	..	..	..	..	..	72,109
John Edward Still	..	..	..	..	..	136
*Emile Wertheimer	..	..	..	..	..	110,000
Alderman Walter Morgan Willcocks, J.P.	..	..	..	..	..	1
						<u>£227,798</u>

### CAPITAL :

Rt. Hon. Charles Cheers, Viscount Wakefield of Hythe	..	2,309
--	----	-------

\*Given at Executors' discretion.

# GRANTS TO HOSPITALS, 1958

	£
Archway H.M.C.	
New End Hospital—Improvements to main kitchen and dining rooms ... ..	6,300
Banstead H.M.C.	
Banstead Hospital—Kitchen equipment ... ..	5,000
Barnet H.M.C.	
Clare Hall Hospital—Improvements to kitchens ... ..	850
Bermondsey and Southwark H.M.C.	
New Cross General and St. Olave's Hospitals—Refreshment huts and shops ... ..	1,000
New Cross General Hospital—Recreation hut ... ..	1,000
Bexley H.M.C.	
Bexley Hospital—Staff social centre ... ..	8,000
Bow H.M.C.	
Minor amenities and repairing murals in nurses' home ...	750
Brentwood H.M.C.	
Harold Wood Hospital—Furniture and equipment for recreation hall ... ..	1,350
Bromley H.M.C.	
Bromley Hospital—Changing room for non-resident staff ...	5,000
Cane Hill H.M.C.	
Cane Hill Hospital—Trolleys ... ..	3,500
Upgrading a ward kitchen ... ..	650
Cell Barnes and Harperbury H.M.C.	
Harperbury Hospital—Improvements to main kitchen ...	6,500
Central Council for District Nursing in London	
Expenses of Central Office and District Associations ... ..	5,000
Central H.M.C.	
Bethnal Green Hospital—Improvements to grounds ... ..	850
Central Middlesex H.M.C.	
Acton Hospital—Additional nurse teaching accommodation ...	2,000
Central Middlesex Hospital—Hospital shop and lounge ...	2,500
Chelsea H.M.C.	
St. Luke's Hospital—Day hospital for chronic sick ... ..	25,000
Dartford H.M.C.	
Bow Arrow Hospital—Wireless installation ... ..	400
Enfield H.M.C.	
St. Michael's Hospital—Improvement of grounds ... ..	750
South Lodge Hospital—Wireless installation ... ..	1,200
Epping H.M.C.	
St. Margaret's Hospital—Recreation hall for staff ... ..	4,000

# GRANTS TO HOSPITALS, 1958

	£
Epsom H.M.C.	
Epsom District Hospital—Staff sick quarters ... ..	2,250
Essex County Association for the Blind	
New heating installation and purchase and adaptation of new property ... ..	450
Florence Nightingale Hospital	
Maintenance ... ..	250
Various minor improvements ... ..	1,735
Forest H.M.C.	
Thorpe Coombe Maternity Hospital—New teaching unit for pupil midwives ... ..	3,900
Wanstead Hospital—Recreation hall ... ..	2,000
French Hospital	
Renovating hospital buildings ... ..	5,000
Friern H.M.C.	
Halliwick Hospital—Improvements to grounds ... ..	5,000
Fulham and Kensington H.M.C.	
Fulham Hospital—Cubicle curtains ... ..	200
Hackney H.M.C.	
Hackney Hospital—Cubicle curtains for two wards ... ..	600
Hendon H.M.C.	
Edgware General Hospital—Installation of radiators and hand-basins in nurses' home ... ..	3,900
Holloway H.M.C.	
Holloway Sanatorium—Staff social and sports club ... ..	7,000
Homes of St. Giles for British Lepers	
New television and reading room and resurfacing road ... ..	3,000
Hospital of St. John and St. Elizabeth	
Maintenance ... ..	1,000
Ilford and Barking H.M.C.	
Ilford Maternity Hospital—Recreation hall ... ..	1,000
King George Hospital—Improvements to main kitchen and dining rooms ... ..	2,200
Invalid Meals for London	
Two new delivery vans ... ..	1,500
Office equipment ... ..	100
Italian Hospital	
Maintenance ... ..	300
King Edward VII Sanatorium	
Prefabricated huts for staff accommodation ... ..	3,600
King Edward VII's Hospital for Officers	
Maintenance ... ..	1,000
Lambeth H.M.C.	
Lambeth Hospital—Wireless system ... ..	2,000
South Western Hospital—Enlargement of chapel ... ..	500
Ward furniture ... ..	1,500

# GRANTS TO HOSPITALS, 1958

	£
Leavesden H.M.C.	
Leavesden Hospital—Supplementary grant for industrial training unit ... ..	1,000
Leytonstone H.M.C.	
Whipps Cross Hospital—Coffee and tea-making machine for staff pavilion ... ..	150
Lyncroft Home for the Elderly	
Stainless steel sinks ... ..	40
Mental After-Care Association	
Hostel for discharged patients at Esher ... ..	3,000
Mid Herts. H.M.C.	
Hill End Hospital—Patients' canteen ... ..	10,000
Napsbury H.M.C.	
Napsbury Hospital—Patients' café and shop ... ..	5,000
National Association for the Paralysed	
New convalescent home—Supplementary to grant made by Convalescent Homes Committee ... ..	4,500
Netherne H.M.C.	
Day centre at Carshalton ... ..	4,500
Northern H.M.C.	
Highlands General Hospital—Second stage of up-grading main kitchen ... ..	3,500
Paddington H.M.C.	
St. Charles' Hospital—Renovation of main kitchen ... ..	5,000
Patient lifting devices ... ..	475
Rame Home for Aged Sick	
Completion of home ... ..	600
Royal Hospital and Home for Incurables	
Improvements to heating ... ..	3,750
Three items of kitchen equipment ... ..	625
New lift and repairs to roadway in grounds ... ..	2,860
St. Andrew's Hospital Dollis Hill	
Maintenance ... ..	750
St. Helier H.M.C.	
Wimbledon Hospital—Improvements to main kitchen ... ..	2,500
St. John's Hospital for Diseases of the Skin	
Staff dining rooms ... ..	1,000
St. Joseph's Hospital for Incurables	
Equipment for main kitchen ... ..	375
Maintenance ... ..	200
St. Luke's Nursing Home for the Clergy	
New heating plant ... ..	2,000
St. Olave's (Bermondsey and Rotherhithe) District Nursing Association	
Enclosing premises with railings and brickwork ... ..	115

# GRANTS TO HOSPITALS, 1958

	£
St. Peter's Home	
Hydraulic Patient Hoist ... ..	100
St. Teresa's Maternity Hospital	
New wing ... ..	1,000
Rebuilding out-patient department ... ..	1,500
St. Vincent's Orthopaedic Hospital	
Aga cooks ... ..	650
Seamen's H.M.C.	
Dreadnought Hospital—Buying and connecting equipment for central sluice room for foul linen ... ..	850
Scio House Hospital	
New extension to house sluice and washing machine ...	1,900
Star and Garter Home, Richmond	
Staff cafeteria ... ..	5,000
Tooting Bec H.M.C.	
Tooting Bec Hospital—Occupational therapy centre ...	6,000
Wandsworth H.M.C.	
St. James' Hospital—Electrically-heated food trolleys ...	2,000
Warley H.M.C.	
Warley Hospital—Social therapy centre ... ..	40,000
West Ham H.M.C.	
Plaistow Hospital—Grassing in four courtyards ... ..	1,800
West Park H.M.C.	
West Park Hospital—Improvements to patients' shop ...	1,600
Woolwich and Plumstead District Nursing Association	
Furniture for district headquarters ... ..	600
Woolwich H.M.C.	
Special grant to free monies ... ..	500
St. Nicholas' Hospital—Improving appearance of plot of land adjacent to recreation hall ... ..	225
Council for Music in Hospitals ... ..	200
Elderly Invalids' Fund ... ..	2,000
Family Welfare Association ... ..	550
Moor House, Oxted—supplementary to grant made by Convalescent Homes Committee ... ..	3,000
National League of Hospital Friends ... ..	300
Order of St. John and British Red Cross Society ... ..	1,000
	<u>£254,300</u>

*For summary of grants see Income and Expenditure Account, page 60*

# GRANTS TO CONVALESCENT HOMES, 1958

	£
Armitage Home, Worthing	
Maintenance ... ..	100
Bermondsey Medical Mission: Brook Lane Rest Home, Brighton	
Maintenance ... ..	50
Interior decorations ... ..	207
Foxholm, Bognor Regis	
Maintenance ... ..	50
British Legion Churchill Court, Sevenoaks	
Maintenance ... ..	50
Structural alterations ... ..	662
British Red Cross Society:	
Beech Hill Children's Convalescent Home, Mortimer	
Maintenance ... ..	200
Edith Priday Home, Blackheath	
Maintenance ... ..	200
Catharine House, St. Leonard's	
Maintenance ... ..	150
Kitchen equipment ... ..	135
Catisfield House, Hove	
Maintenance ... ..	200
Lift and modernisations ... ..	2,000
Caxton Convalescent Home, Limpsfield	
Maintenance ... ..	50
Children's Convalescent Home, Beaconsfield	
Maintenance ... ..	250
Children's Convalescent Home, East Grinstead	
Maintenance ... ..	150
Equipment ... ..	100
Dedisham Convalescent Nursery School, Slinfold	
Conversion of boilers to oil heating ... ..	600
Dominican Convent, Kelvedon	
Maintenance ... ..	100
Edith Cavell Home of Rest for Nurses, Haslemere	
Maintenance ... ..	200
French Convalescent Home, Brighton	
Central heating ... ..	250
Friendly Societies' Convalescent Home, Herne Bay	
Maintenance ... ..	100
Hart's Leap, Sandhurst	
Maintenance ... ..	250
Repairs and decorations ... ..	413
Henry Radcliffe Convalescent Home, Limpsfield	
Maintenance ... ..	50
Hermitage Convalescent Home, Hastings	
Maintenance ... ..	100



# GRANTS TO CONVALESCENT HOMES, 1958

	£
Hertfordshire Seaside Convalescent Home, St. Leonard's	
Maintenance ... ..	200
Lift ... ..	1,000
Invalid Children's Aid Association:	
Brentwood School	
Equipment ... ..	40
John Horniman Home	
Maintenance ... ..	500
Equipment ... ..	328
Pilgrims School, Seaford	
Kitchen equipment ... ..	271
St. Michael's Home, Southbourne	
Maintenance ... ..	200
Jewish Board of Guardians:	
Anthony and Annie Muller Home, Broadstairs	
Maintenance ... ..	100
Samuel Lewis Home, Walton-on-Naze	
Maintenance ... ..	100
John Howard Home, Brighton	
Maintenance ... ..	300
Basins in bedrooms ... ..	1,750
Lennox House, Southsea	
Maintenance ... ..	100
Floor covering ... ..	104
Limpsfield Convalescent Home for Women	
Maintenance ... ..	100
London and Ascot Priory, Ascot	
Maintenance ... ..	100
Maitland House, Frinton-on-Sea	
Interior decorations ... ..	170
Merlynn Home (Eastbourne H.M.C.)	
Carpets ... ..	275
Metropolitan Convalescent Home, Walton-on-Thames (Woking and Chertsey H.M.C.)	
Television ... ..	100
Mildmay Convalescent Home, Ramsgate	
Maintenance ... ..	50
Moor House School, Oxted	
Extension scheme ... ..	2,000
National Association for the Paralysed	
New convalescent home ... ..	3,000
Surveyor's fees ... ..	25

# GRANTS TO CONVALESCENT HOMES, 1958

National Sunday School Union:	£
Broadlands, Broadstairs	
Maintenance ... ..	50
House Beautiful, Bournemouth	
Maintenance ... ..	50
Oak Bank Open Air School, Seal	
Kitchen equipment ... ..	288
Queen Alexandra Hospital Home, Worthing	
Maintenance ... ..	200
St. Bernard's Convalescent Home, Hove	
Maintenance ... ..	50
St. Catherine's Convalescent Home, Ventnor	
Kitchen equipment ... ..	196
St. Cecilia's Convalescent Home, Westgate	
Maintenance ... ..	100
St. Helen's Convalescent Home, Letchworth	
Maintenance ... ..	100
St. Joseph's Convalescent Home, Bournemouth	
Maintenance ... ..	50
Extension scheme ... ..	1,500
St. Mary's Home, Broadstairs	
Maintenance ... ..	50
St. Michael's Convalescent Home, Westgate	
Maintenance ... ..	200
Modernisations ... ..	750
St. Peter's Convent, Woking	
Maintenance ... ..	300
Interior decorations ... ..	300
Seligman Rest Home, Eastbourne	
Maintenance ... ..	100
Shoreditch Holiday and Rest Home, Copthorne	
Maintenance ... ..	350
Southern Convalescent Home, Lancing	
Maintenance ... ..	100
Spelthorne St. Mary, Thorpe	
Maintenance ... ..	250
Decorations ... ..	1,200
Surrey Convalescent Home for Men, Seaford	
Exterior decorations ... ..	1,000
Victorian Convalescent Home and Princess Mary Memorial Home, Bognor Regis	
Furnishings ... ..	93
White House Convalescent Home, Bexhill	
Equipment ... ..	100
Conference expenses ... ..	193
	<u>£25,000</u>

## PRINCIPAL PUBLICATIONS OF THE FUND

### ACCOUNTS AND STATISTICS

*Report on Costing Investigation for the Ministry of Health, 1952.*

This Report contains a Statement of Principles, together with worked examples, of a Departmental System of Accounting for Hospitals, and is based on the conclusions arrived at following practical experiments with various systems at a number of representative hospitals on the invitation of the Ministry of Health. 7s. post free.

### HOSPITAL ADMINISTRATION

*Hospital Administrative Staff College. Report on the first five years' work of the College, 1956. Free.*

There is also available a pamphlet entitled *The Career of Hospital Administration*, intended to provide information about the hospital service for those who may be desirous of taking up hospital administration as a career.

*Hospital Bed Occupancy, 1954.* Report of a study group at the Hospital Administrative Staff College on the problems relating to hospital bed occupancy. Obtainable from the Hospital Administrative Staff College, 2s. post free.

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

## NURSING

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

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

	s.	d.		s.	d.	
Record Forms	..	12	6 per 100	6	6 per 50	<i>post free.</i>
Continuation Sheets		9	6 „ „	5	0 „ „	„ „
Manilla Folders	..	12	0 „ „	6	3 „ „	„ „

*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.*

*Nursing at the Present Day.* A leaflet giving information on training for the nursing profession. *Free.*

\* *"A Career for You".* A leaflet on mental deficiency nursing. *Free.*

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

*Staff College for Ward Sisters.* 1. *Prospectus*—Outline of the preparatory and senior courses for ward sisters and of the conditions for entry. *Free.*

2. *Notes on Practical Experience* (for students at the Staff College). *Free.*

*Staff College for Matrons and Prospective Matrons. Prospectus*—Outline of the aims of the College, with particulars of the preparatory and refresher courses. *Free.*

## HOSPITAL CATERING

*Third Memorandum on Hospital Diet*, 1959. 2s. post free

References to this Memorandum will be found on page 43.

*Memorandum on Special Diets* (second edition) with an introduction on the nutritional value of hospital dietary. 2s. post free

*General Hospital Diets*: a guide to the cost of feeding patients, with menus and recipes (third edition due in Autumn, 1959). 5s. post free

*Catering Circulars*. From time to time circulars on hospital catering and diet are published by the Fund's Hospital Catering Advisory Service whose offices are at 24, London Bridge Street, S.E.1. At present the following circulars are available :

Care of Equipment .. .. 2s. post free

Layout and Design .. .. 1s. post free

*School of Hospital Catering at St. Pancras Hospital. Prospectus*—Outline of the different courses offered by the School, conditions of entry, etc. Free.

## CONVALESCENT HOMES

*Directory of Convalescent Homes*, 1959. A directory containing details of nearly 200 convalescent homes, both National Health Service and Independent, accepting patients from the four metropolitan hospital regions is published annually. The information is all that is normally required and includes types of patient accepted, treatments, diets, charges and daily routine. There is an easy-reference index. 7s. 6d. post free.

*Convalescence for Mothers and Babies*, 1954. A report of an enquiry into the need for convalescent accommodation for mothers accompanied by babies or young children. 6d. post free.

*Recovery Homes*, 1954. A report of an enquiry into the working of recovery homes and their value to the hospital service. 1s. post free.

*Notes on Diets for Old People*. 1956. 1s. post free.

## VOLUNTARY SERVICE

*Voluntary Service and the State, 1952—Report prepared by Mr. John Trevelyan for the National Council of Social Service and the King's Fund.* The report studies in some detail the administration of the new service as an interesting and novel experiment in public administration. It emphasises that there is a great need for more voluntary workers, and advocates a partnership in which the State provides and yet calls upon its citizens to play their part to the full. The report also expresses the belief that in this way freedom can be preserved within an ordered structure under central direction. 2s. 6d. post free.

## MISCELLANEOUS

*Report of Sub-committee on Mental and Mental Deficiency Hospitals in the London Area, 1955.* Free.

(6" x 9" x 1 1/2")  
*Care of the Aged Sick.* An account of the King's Fund experiment in providing homes for the aged sick within the National Health Service, July, 1954. Free.

*Time-table of Out-patient Clinics at Hospitals in the Greater London Area, January, 1959.* 1s. post free. (Free to general practitioners).

/ *Map of Hospitals and Convalescent Homes in the Metropolitan Police District, revised edition 1954,* with booklet giving details of each hospital. 12s. 6d. post free.

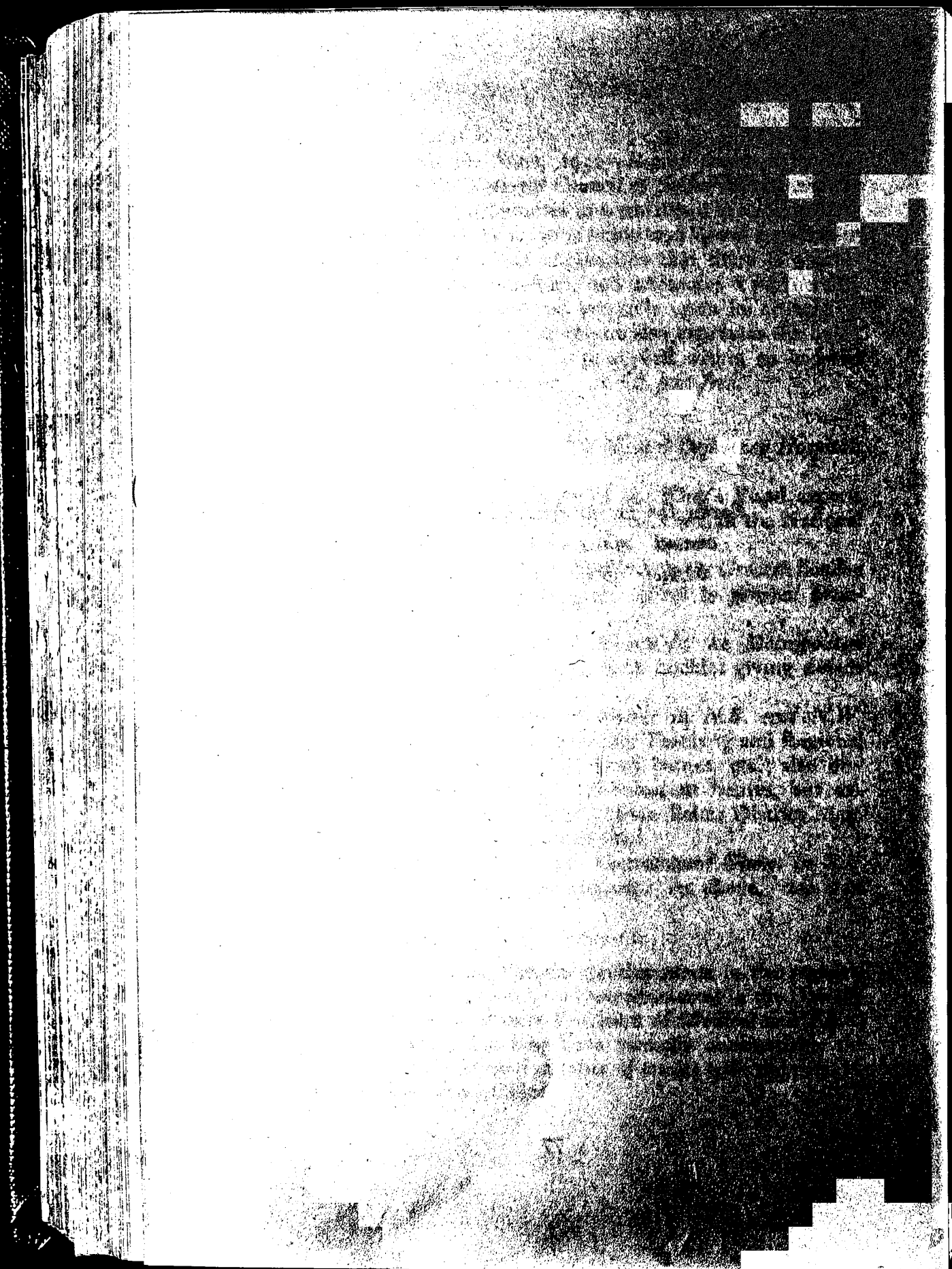
/ *Map of Hospitals and Convalescent Homes in N.E. and N.W. Metropolitan Hospital Regions—*Showing Teaching and Regional Board hospitals, sanatoria, convalescent homes, etc.; also disclaimed hospitals and voluntary convalescent homes, but excluding those shown on the Metropolitan Police District Map. With descriptive booklet. 15s. post free.

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

---

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

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





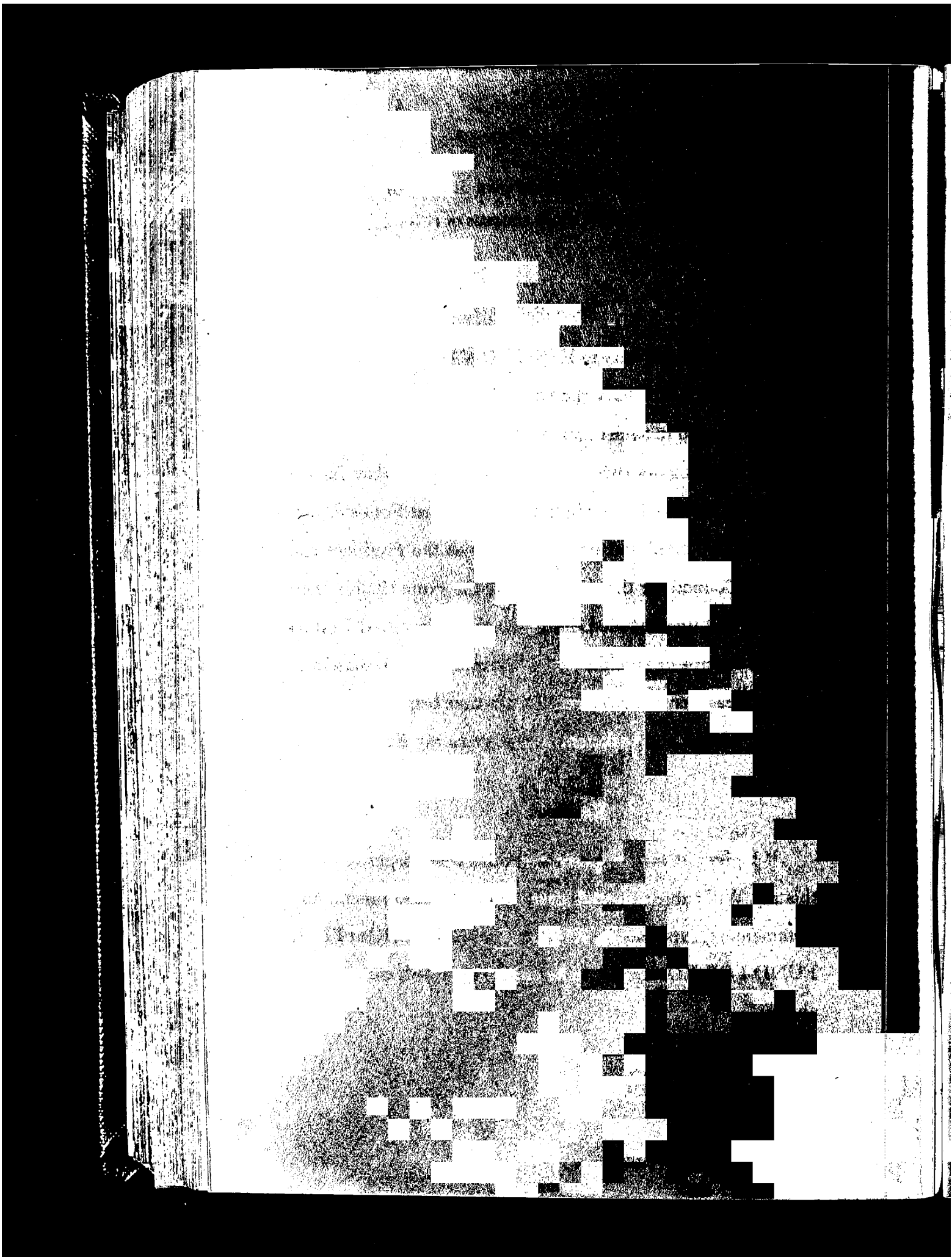
LEGACIES have played an important part in the Fund's finances and have constituted one of the main sources of revenue.

### 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,

34, KING STREET, 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 has paid income tax on the amount which, after deducting income tax, leaves £30 (i.e., with income tax at 7s. 9d. in the £, £48 19s. 7d.); 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 £48 19s. 7d.

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.

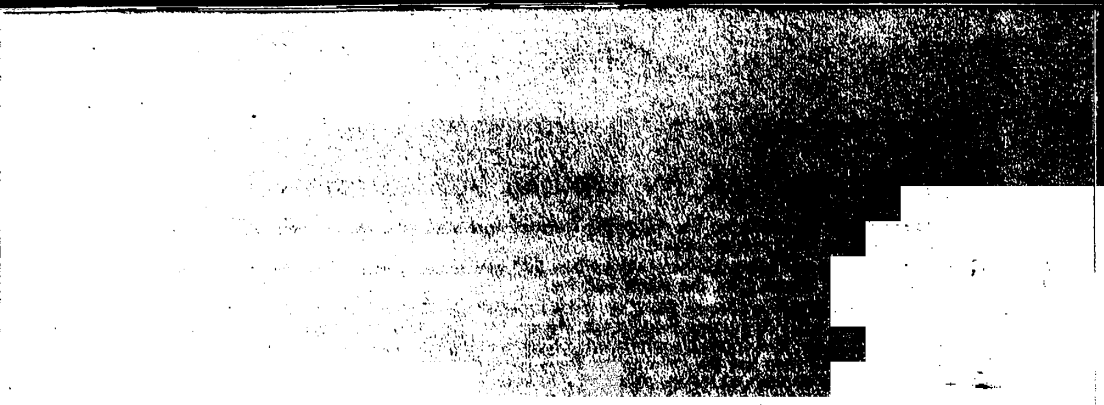
(Signature)

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.



.....

.....

11





11

