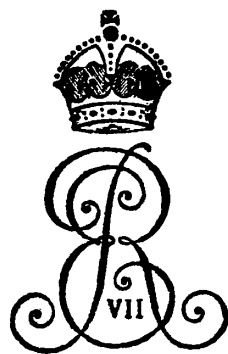


KING EDWARD'S HOSPITAL FUND
FOR LONDON

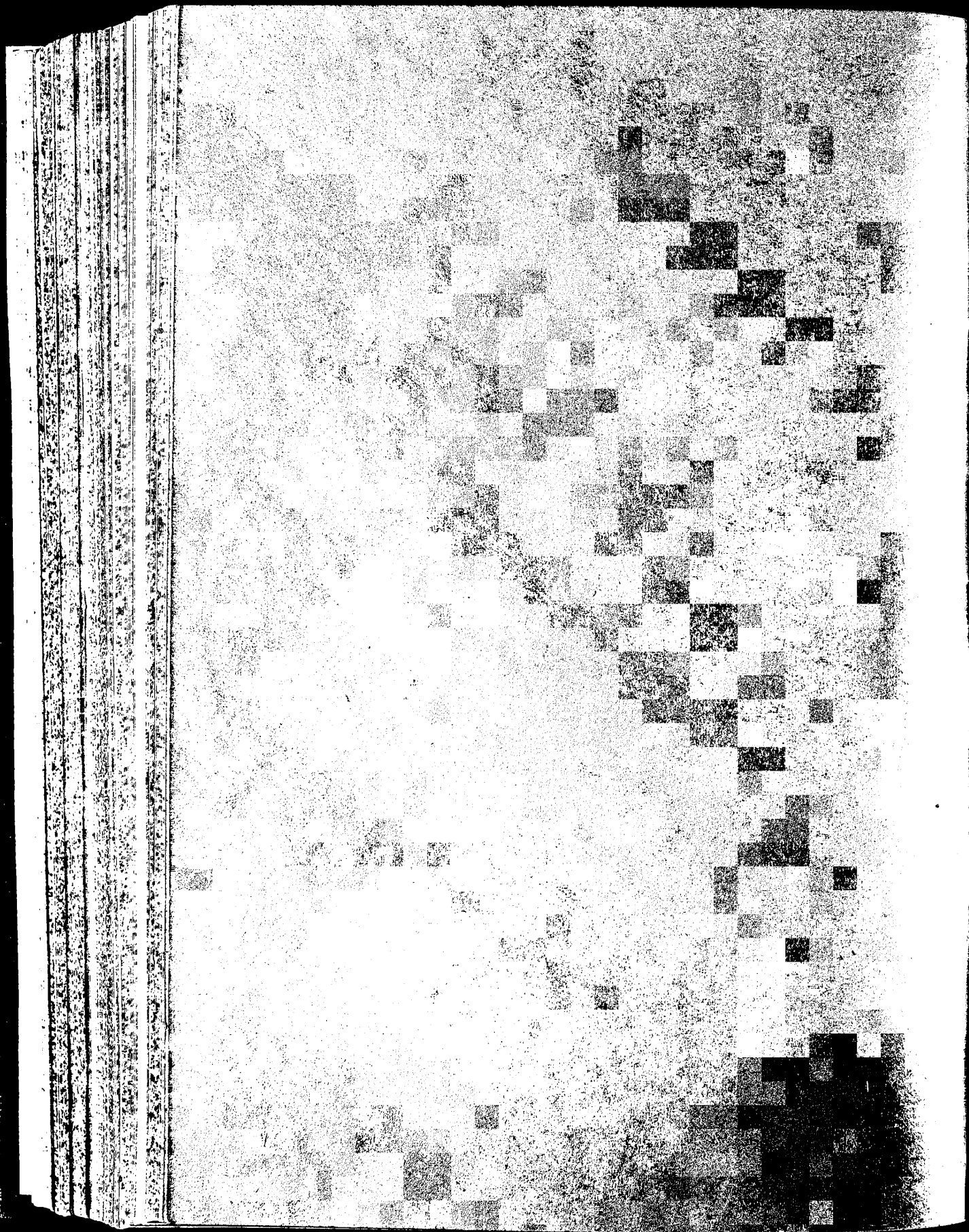


FIFTY-SEVENTH
ANNUAL REPORT

1953

10 OLD JEWRY

LONDON, E.C.2



KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON :
HER MAJESTY THE QUEEN

PRESIDENT :
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

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

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

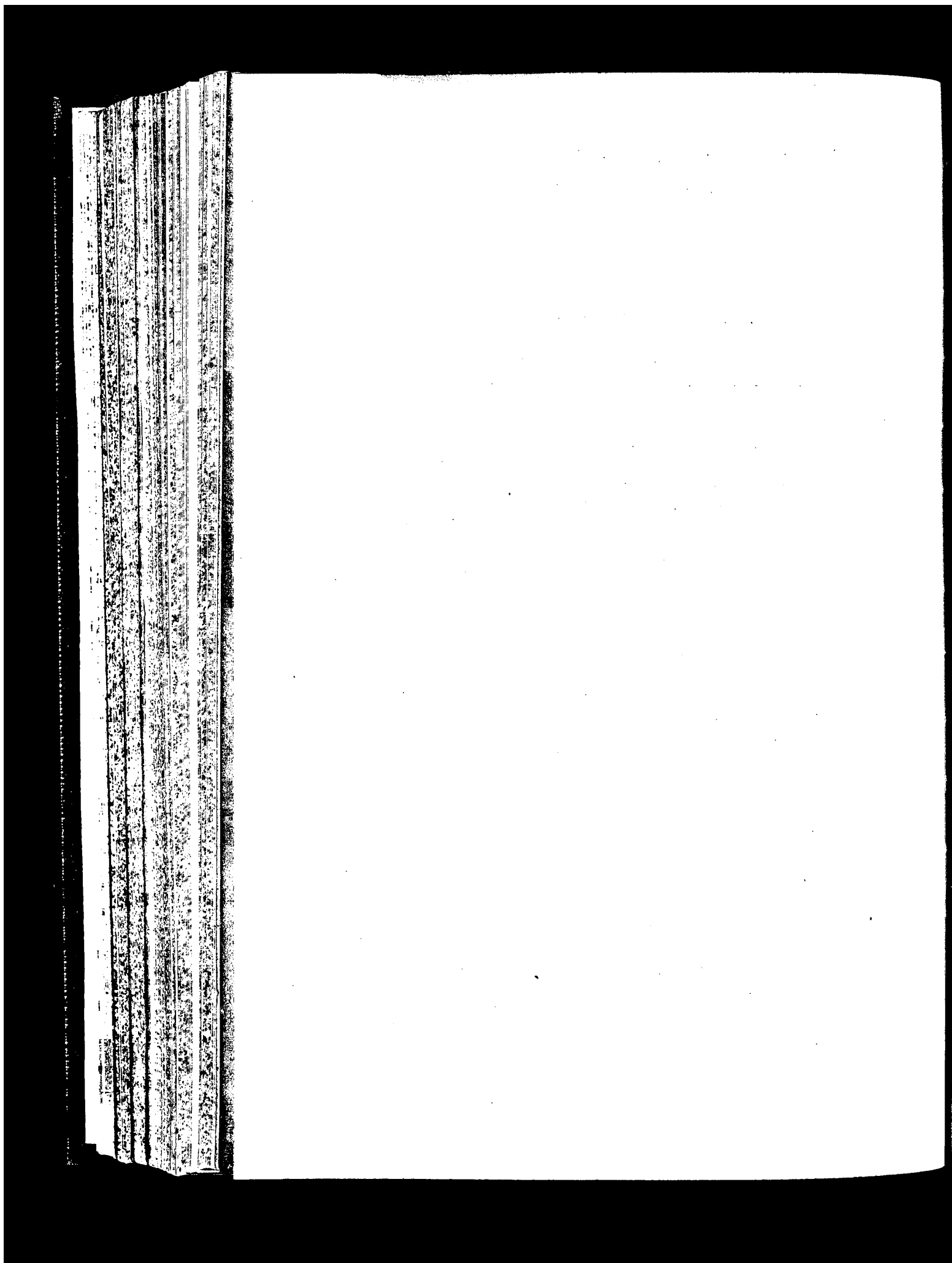
SECRETARY :
MR. A. G. L. IVES, C.V.O.

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 :
10, Old Jewry, London, E.C.2
Telephone : MONarch 2394
Telegrams : Engarrison Stock London

BANKERS :
Bank of England, E.C.2.



Contents

	PAGE
INTRODUCTION	5
THE FUND'S POLICY TO-DAY	7
FINANCE	8
GRANTS TO HOSPITALS	9
<i>Extension of Thyroid Unit</i>	11
<i>Modernisation of Geriatric Ward</i>	12
<i>Grants to Mental Hospitals</i>	13
<i>Grants for Hospital Gardens</i>	16
<i>Co-ordination of Extra-Hospital Care to relieve</i> <i>hospital beds</i>	17
<i>Hospital Visiting</i>	17
HOMES FOR THE AGED SICK	19
EMERGENCY BED SERVICE	21
CONVALESCENT HOMES	23
<i>Recovery Homes—Enquiry and Report</i>	26
<i>Accommodation for Convalescent Mothers and</i> <i>Babies</i>	28
<i>Catering at Convalescent Homes</i>	29
<i>Conference of Matrons of Convalescent Homes</i> ..	29
DIVISION OF HOSPITAL FACILITIES	
<i>Hospital Accounting</i>	30
<i>Reference Library and Information Bureau</i> ..	31
<i>Statistics of Convalescent Homes and Disclaimed</i> <i>Hospitals</i>	31
<i>Overseas Visitors</i>	31

CONTENTS (continued)

DIVISION OF NURSING	32
<i>Nursing Recruitment Service</i>	34
<i>Staff College for Ward Sisters</i>	36
<i>Staff College for Matrons</i>	38
<i>Home for Invalid Nurses</i>	41
HOSPITAL ADMINISTRATION	42
<i>Residential Refresher Courses</i>	42
<i>Training Courses</i>	43
<i>Recruitment Advisory Service</i>	44
<i>Medical Records</i>	44
<i>Study Groups</i>	45
HOSPITAL CATERING	46
CONSTITUTION, ETC.	
<i>General Council</i>	52
<i>Committees</i>	53
<i>Visitors</i>	56
<i>Staff</i>	57
FINANCIAL STATEMENTS	
<i>Balance Sheet</i>	60
<i>Income and Expenditure Account</i>	62
<i>Special Funds</i>	64
<i>Legacies Received in 1953</i>	65
<i>List of Grants by Management Committee</i>	66
<i>List of Grants to Hospitals and Institutions</i>	67
<i>List of Grants to Convalescent Homes</i>	71
PUBLICATIONS, ETC.	75

Annual Report for the Year 1953

THIS Report records the activities of the Fund during a Coronation year made memorable by a wave of loyalty towards the person of Her Majesty The Queen, the like of which has rarely been seen. Her Majesty The Queen is not only Patron of the Fund but as Sovereign exercises under its constitution special powers defined by its Act of Parliament in 1907. Early in the year Her Majesty made known to the Fund her desire to make a most generous subscription in support of its work, and her action afforded further evidence of the interest which the members of the Royal Family continue to take in the welfare of the hospitals.

The year was marked by a notable resurgence of voluntary effort in hospital work. The many existing leagues of hospital friends redoubled their activities in response to the encouragement given by the Minister of Health's statement in January, 1953, at St. Bartholomew's Hospital, and many new leagues were formed. The King's Fund was in many cases able to afford encouragement by making grants towards projects in which the leagues were interested. There is no doubt that, coming at a time when funds from official sources were not abundant, this broadening of the voluntary effort to help the hospitals was most opportune and went a long way to off-set what would otherwise have seemed very like frustration. Many hospitals with no tradition of voluntary activities have now found through such efforts that judicious

INTRODUCTION

spending of even small amounts of money can exert a noticeable influence on the whole atmosphere of a hospital. Many such cases will be found in this report.

What might have proved a big deterrent to voluntary effort was the uncertainty regarding the extent to which items of a capital nature paid for from voluntary sources would count against the total for which licences could be made available to hospitals. So rigid was the allocation that grants to hospitals could quite easily have proved an embarrassment. It was, therefore, with much satisfaction that the Fund learned early in 1954 that the Minister of Health had come to the conclusion that it was no longer necessary for him to require capital expenditure from non-Exchequer funds to count against capital allocations made to hospital boards. It would, of course, still be necessary for him to scrutinise proposals to incur such expenditure in relation to any Exchequer maintenance expenditure that might be involved, to the effect on the development of the hospital concerned and to the needs of the hospital service. The Minister added, too, that it would clearly be much easier on general grounds to approve capital expenditure which might not increase, and might even save, maintenance costs in future, rather than capital expenditure which might carry a heavy maintenance burden in future years.

This announcement is important, for many hospitals have quite understandably hesitated hitherto to seek the support of the Fund. The Minister's announcement will undoubtedly mark a fresh phase in the partnership between voluntary service and the State in hospital work.

THE FUND'S POLICY TO-DAY

The Fund's Act was drafted in wide terms, the key words being "for the support, benefit or extension of the hospitals of London". The governing body under the Act consists of the President and General Council. The work of the Fund is carried out in part by standing committees (Management Committee, Finance Committee, Distribution Committee, etc.) with powers delegated by the General Council, and in part by means of a divisional organisation controlled through the Management Committee.

Happily 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. In the wording of those days the problem was summed up as the better organisation of medical relief as a whole through the co-operation of hospitals, dispensaries, private practitioners and the poor law. It cannot be said that the fundamental problems have yet all been solved ; they have but changed their form, and still call for the united efforts of all who can make a contribution towards their solution.

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.

FINANCE

In earlier days the promotion of "efficiency" was perhaps regarded by the Fund as mainly concerned with such things as promoting 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 some of them could be invested to good effect in "people" as well as in "materials". Hence the development of the Fund's bursaries for many kinds of hospital staff and later the establishment of training centres, first for ward sisters, then for hospital administrators, later for hospital cooks and caterers, and finally for matrons. Reports on the work of these are given later.

FINANCE

The Fund's income is mainly derived from the capital funds, now amounting to between six and seven million pounds, built up on the policy instituted by its founder King Edward VII, who refused to allow large sums to be frittered away in meeting transitory difficulties.

Total ordinary income this past year amounted to £361,832 and legacies for general purposes to £27,971. Expenditure totalled £345,367. The possibility of continuing disbursements on the scale of recent years obviously depends upon the continued confidence of the public in the Fund. There is in this country a strong tradition that "the Hospital" is the best of all ultimate destinations for a legacy. To all those who under the new regime feel hesitation in leaving legacies to individual hospitals, the Fund still makes a strong appeal. Legacies to the Fund will be used in the best possible way, with one aim always in mind—the benefit of the patient.

GRANTS TO HOSPITALS

The subscription list—never large, for since its early days the Fund has refrained from active competition with the hospitals in the search for subscribers—has dropped materially. In the past a number of subscriptions were received regularly from industrial undertakings in lieu of more direct support of the hospitals. Many of these have ceased with the introduction of the state service, but a number of staunch supporters, headed by Her Majesty The Queen, have maintained their subscriptions. It is encouraging to report that these include the Bank of England and a number of the leading banks who have been at some pains to inform themselves fully as to the work being done by the Fund. The total for donations for 1953 included a welcome contribution of £17,500 from the American Ambulance in Great Britain.

GRANTS TO HOSPITALS

The demand for grants has been stimulated by the resumption of hospital visiting, which has caused the various management committees to be more fully aware of the possibility of obtaining help from the Fund. The total amount allocated to hospitals during the year was £218,188, which includes a sum of £35,000 from the Radiotherapy Fund.

Direct grants are made by the Fund in response to applications from Boards of Governors of Teaching Hospitals and from Hospital Management Committees. This means that each application is made to relieve some point where the shoe pinches most. As this point varies greatly from hospital to hospital the objects applied for vary correspondingly. A few samples taken at random demonstrate this clearly. The Woolwich group was given £5,500 to build a recreation hut for the nursing staff at St. Nicholas' Hospital; sunblinds were provided in the children's ward at Hounslow Hospital for £100; spring mattresses and new bedsteads were provided for patients at the North Middlesex Hospital for £2,500; a garden was made for the tuberculous patients at Dagenham Hospital for £435; a large bomb crater and

GRANTS TO HOSPITALS

some ruins in the middle of Langthorne Hospital were tidied up for £2,000, and so on. The objects are endless—curtains here, a diet kitchen there, and wireless somewhere else. The list of grants made by the Distribution Committee will be found on pages 67-70.

In thinking of the needs of the patients the Fund does not doubt that attractive, well-served meals play a great part in speeding their recovery. With this in mind, grants were made to implement the suggestions of the Hospital Catering and Diet Committee to a total of £23,020. The schemes varied greatly in size. The sum of £5,000 was given to Chalfont Epileptic Colony in order to renew the kitchen completely. This Colony has a permanent resident population of about 520, so that the kitchens are necessarily extensive and the cost of replacing out-of-date equipment is a heavy burden. On a smaller scale the kitchen and dining-room of the National Temperance Hospital were re-organised and re-equipped according to the Fund's design at a cost of £2,000. The wards at Queen Mary's Hospital, Sidcup, are all in wooden huts built for the 1914-18 war. Each has a tiny ward kitchen which is not suitable for its purpose. The Fund, in conjunction with the Hospital Management Committee, redesigned these kitchens and a grant of £850 was made so that the new design could be carried out in two wards to see whether it did in practice meet all requirements.

Apart from the actual construction and equipment of kitchens, the service of food to the patients has been improved in some cases. However well the food may be cooked, nothing is more discouraging to a patient than to be served with a tepid meal, and to obviate this, hot trolleys were provided in several hospitals.

The Fund has continued to pay attention to the welfare of the nurses, and to this end has made several important grants. Five grants amounting to £17,500 have been made to provide recreation halls where social gatherings can be held, and at Dulwich and Connaught Hospitals hot and cold water has been installed in the nurses' bedrooms. Five

GRANTS TO HOSPITALS

tennis-courts have been provided or renewed and several gardens have been provided for off-duty relaxation. Many hundreds of nurses must have benefited from these grants which support the continual efforts made by the Hospital Management Committees to improve the nurses' conditions. Nevertheless there remains a great deal more to do.

A grant of special interest was that of £5,000 to the Chelsea group to help in the re-opening of the Cheyne Hospital as a Spastic Centre for babies and very young children. Spastic children are those who either through damage at birth or through a congenital or other cause are unable to control their muscles. This may take various forms: they may be unable to walk or to use their hands; they may be deaf or dumb. In the past they were often classed as mental defectives. In fact these children are often sane, but unable to behave in a normal manner. It is now found that considerable alleviation is often possible, provided much time and patience are expended on each child. Such children are being treated in several centres in England, but the centre at Cheyne Hospital will be the first of its kind in London.

The remaining voluntary hospitals continued to receive maintenance grants from the Fund. In all, £16,200 was given them to help their day-to-day running costs. The Royal Home and Hospital for Incurables, Putney, is one of the largest institutions remaining outside the health service and it has substantial capital funds. Its income has not, however, been sufficient to meet expenditure, and it is re-organising its finances so that in due course its income and expenditure will balance. It may, however, be some years before the hospital's finances are once more stable and meanwhile there is a serious deficit. A special grant of £5,000 was made to help tide over the current difficulties.

EXTENSION OF THYROID UNIT

The largest centre in this country for the treatment of thyroid disease has been developed in New End Hospital of the Archway group at Highgate. Some 600 cases of thyroid

MODERNISATION OF GERIATRIC WARD

disease attend each year and many of them require detailed scientific investigation and treatment with radioactive isotopes—the most modern form of therapy. The hospital building was not, however, worthy of its surgical reputation, and furthermore the unit required additional beds. The Regional Hospital Board had plans for extending the unit but would have had great difficulty in finding the money required to bring it up to a modern standard.

The Fund has therefore co-operated with the hospital authorities in the design of a new unit complete with operating theatre, biochemical laboratory and wards. Sir Ernest Rock Carling, F.R.C.S. was asked to advise on the technical side of this problem, and provisional estimates were obtained which showed the cost would be not less than £35,000, the whole of which the Fund undertook to meet from the Radiotherapy Fund. It was not expected that the scheme would be complete before the latter part of 1954.

MODERNISATION OF GERIATRIC WARD

A special grant of over £12,000 was also made to the South West Middlesex Hospital Management Committee for the modernisation of one floor of the geriatric unit in the West Middlesex Hospital. The hospital is a very large and rather old former local authority institution, serving a large and populous area. The wards for the chronic sick were narrow and not designed to meet the needs of modern geriatric treatment though, in spite of this, much excellent medical and nursing care had been provided for the patients. The Fund has made available the services of an experienced architect who, in association with the staff of the hospital, has prepared plans for altering the general arrangement of the ward, improving the sanitary annexes and providing much needed day-room accommodation. It was intended that the alterations should be a visible demonstration of what can be done to improve not only the appearance but also the working efficiency of an old ward of this type, and might help

GRANTS TO HOSPITALS

to establish the case for a more liberal approach towards the need for capital expenditure on wards for the chronic sick.

The modernised ward was opened by the Minister of Health in May, 1954. The accommodation consists of two wards, two day rooms and ancillary rooms, with a total of 31 beds. The open wards have been broken up into sections by Crittall metal and glass partitions. These form the beds into more intimate groups but nurses have an uninterrupted vision over the whole ward as before. The beds are grouped by this arrangement into fours. Some are placed at right angles to the outside walls, some parallel to them. Each bed can be curtained off, the curtain rails being permanent fixtures and have silent, plastic rings. The flooring is a non-slip material of compressed wood laid in squares.

There are two day rooms. One is in the form of a "sun-room" and has been provided by blocking-in a balcony. This overlooks the hospital gardens. The other is a "cosy-room" with fire and carpets.

Because the essential characteristic of modern geriatric treatment is mobility of patients, special structural arrangements have been made. The doors are wide enough to admit wheeled chairs. The lavatory pans are the right height to allow their use from a wheeled commode chair, and there is a handrail on each side. In the bathroom a platform has been built around the sitting-bath for ease of the patient who is able to get in and out on his own and to facilitate nursing. The equipment of the ward also includes a number of innovations.

GRANTS TO MENTAL HOSPITALS

Grants were made to fourteen mental and mental deficiency hospitals during the year, totalling £45,965. This is the largest total given to these hospitals in any one year. Nearly all of them have been visited on behalf of the Fund. It is only within recent years that the King's Fund has come

into close contact with the mental hospitals of London, and it has taken some little time to get to know them individually. Bethlem is of great antiquity and is now housed in modern buildings at Beckenham, and linked with Maudsley Hospital at Denmark Hill to form a teaching unit. Apart from Bethlem there are altogether some twenty-eight mental and mental deficiency hospitals whose "catchment areas" lie either wholly, or to a substantial extent, within the Metropolitan Police District. They have been constructed at various dates. Five of them—St. Bernard's (1831), Springfield (1841), Friern (1851), Brentwood (1853) and Stone House (1866)—date from the middle of the nineteenth century. In 1867 the Metropolitan Asylums Board was established, and proceeded to build and acquire its own group of large institutions intended rather for mental defectives than for "lunatics". The building of mental hospitals continued *pari passu* with the development of the Metropolitan Asylums Board, and practically all the mental hospitals built by the County Councils in the latter years of the nineteenth century followed the barrack-like pattern of earlier years. It is the older hospitals, constructed before and for some years after the establishment of the Metropolitan Asylums Board, which have inherited the most serious handicaps—lengthy corridors, lack of lifts, and other institutional features. There are about a dozen of these older hospitals serving the metropolitan area. Before the turn of the century this type of construction was abandoned, and the more modern villa type of mental hospital began to be developed both on the estates at Epsom acquired by the London County Council and elsewhere: probably more than half the accommodation at present in use is of this type.

Within this legacy of old and semi-obsolete accommodation there has developed in the last two or three decades a new approach to the care of the mentally ill. This is not the place for any attempt at a description either of the legacy of the past or of the changes in treatment now taking place, but this brief reference may help to provide a background against which the Fund's present efforts to afford some

GRANTS TO HOSPITALS

assistance to the mental hospitals must be viewed. Much has been done since the appointed day to modernise the accommodation by redecoration and refurnishing in nearly all the hospitals, but much more remains to be done and in the meantime comparatively modest grants from the King's Fund can often be a source of great encouragement to the hospital authorities.

The various "amenity" funds have been a great help but some items would make too heavy a call upon this source of income, and it is in such cases that the Fund has been able to help. Recreation halls have needed to be renovated and grants of £4,000 to Napsbury and £3,500 each to Horton and Long Grove Hospitals have been made for this purpose; at St. Lawrence's, which provides for mental defectives, a grant of £5,000 was made for the provision of a separate recreation hut for the patients, and a grant of £850 made to the Fountain Hospital resulted in a very great improvement to the stage in the recreation hall. Goodmayes received a grant of £1,000 to meet the increased cost of twin cinema projectors. In other cases grants have been made to cover modernisation of furniture and equipment needed to effect a change of atmosphere and to increase the comfort of patients and staff. St. Ebba's received a grant of £4,000 under various headings for this purpose, and Tooting Bec £3,000 for new bedsteads. At Holloway Sanatorium no funds were available for modernising the furniture of the nurses' home and the Fund was able to make a grant of £3,000. At St. Bernard's a grant of £3,400 was made towards improvements to the kitchen which included the installation of a false ceiling, the tiling of the kitchen walls and the re-laying of the kitchen floor, and Netherne received £2,500 towards the cost of establishing an occupational therapy centre on the male side of the hospital. The largest single grant went to Claybury which received £6,900 for the provision of changing-room accommodation for the daily staff. The complete list of grants will be found on page 66.

GRANTS TO HOSPITALS

GRANTS FOR HOSPITAL GARDENS

The first grants for improvements suggested by the Fund's garden advisers were made in 1952 and it is now possible to see the results. The garden most visible to the public is that at Paddington Hospital, where it faces on to the Harrow Road. Previously the public saw only hoardings, but it is now possible to look into a garden with a fair-sized lawn behind which stands the hospital. This has attracted favourable comments from both the hospital authorities and the general public. The small gardens which it was found possible to establish at St. George-in-the-East, in the heart of the docks, were a blaze of colour last summer. These are only two of many schemes, all of which have brought flowers and colour into otherwise drab surroundings, mainly in the older industrial parts of London.

The garden advisers visited a further thirteen hospitals and grants totalling £3,224 were made to these hospitals during the year. New Cross Hospital is now being re-opened. It was previously the South Eastern Fever Hospital and was closed by bombing in 1941. In the intervening 12 years the garden had become much overgrown, indeed in several areas thickets of thistles five feet high had taken the place of flowers. Large areas were involved, but it proved possible to prepare a scheme for £390. This will be money well spent, particularly as two wards are used as recovery wards and the patients are up for a large part of the day. A quite different type of problem was dealt with at Banstead Mental Hospital—a huge place with 2,709 beds. Here the grounds were laid out some 70 years ago, with forest trees and shrubs. The shrubs had grown out and needed replanting, and replacement by the right types of flowering shrubs was an interesting task. The scheme cost £250 and should restore the beauty of the grounds for many years to come. On a much smaller scale the little backyard garden of a house where nurses from the Poplar Hospital live has been restored to fertility so that the nurses themselves can do some gardening. Each scheme calls for the personal attention

GRANTS TO HOSPITALS

of the garden advisers and it is only by the generous use of their time that these schemes have become possible. This was recognised by His Royal Highness the President of the Fund when he wrote to thank the Royal Horticultural Society for the advisers' valuable work for the hospitals.

CO-ORDINATION OF EXTRA-HOSPITAL CARE TO RELIEVE HOSPITAL BEDS

For the third year in succession the Fund made a substantial grant to the South East Metropolitan Regional Hospital Board to finance an experiment intended to reduce the waiting list of chronic patients. The grant made in 1953 was £4,000.

A description of the scheme and a table showing the numerical results achieved appeared in the Fund's Annual Report for 1952, and aroused considerable interest. The work was continued throughout 1953 with equal success and discussions took place as to the possibility of extending the scheme so that help might be given to Hospital Management Committees situated in the other metropolitan regions. A further sum of £500 was made available to this end.

HOSPITAL VISITING

In 1953 hospital visiting was fully re-established after a gap of five years. It will no longer be possible to visit all hospitals annually, as in addition to the ex-voluntary hospitals there are also the ex-local authority hospitals, amounting to some 118 in all, many of which take a whole day to visit. Arrangements are being made to make a complete tour of all hospitals in the Metropolitan Police District in three or four years.

The reports of the visitors in 1953 note the progress made by the hospitals and the deficiencies still to be made good.* The activity and enthusiasm of the committees and their

* A list of the Fund's visitors in 1953 will be found on page 56.

officers is often mentioned, as also are the resultant improvements which continue to be made in spite of financial stringency. Inevitably the reports refer more often to deficiencies than improvements, because the former are likely to be the source of applications for grants and show the direction in which the Fund can most usefully apply its money.

The most marked need which is repeated in hospital after hospital is for the improvement of the sanitary annexes. These contain the toilets, bathrooms, and equipment for cleansing bedpans, as well as the sterilising equipment. When the hospitals were built anything between 30 and 80 years ago, too little space was allocated to this section of the wards. It was not that the builders neglected the annexes, indeed they gave much thought to them; but modern treatments have resulted in the patients using annexes to an extent not anticipated by the builders. Now that hygienic procedure requires the use of equipment not in existence at the time of building there is not the space to install it. This is a major problem affecting not only hygiene but the comfort of the patients and the convenience of the nurses, both of whom are put to much discomfort by the present arrangements. Many groups, fully aware of the problem, are making efforts to improve the annexes but it is an expensive process, and is inevitably being done slowly and piecemeal.

The visitors have often enquired as to what can be done for the convenience of the relatives of dangerously-ill patients who may need to be close at hand for long and inconvenient periods. The responsibility of looking after them falls on the ward sister and often she can do no more than let them sit in her duty room, which, should the visitors require to be there all night, is far from suitable. Some hospitals have been able to set aside a room for these visitors where comfortable chairs, a fire, and a telephone provide the chief necessities. At the Dreadnought Hospital where seamen patients come from far afield, a special hostel has been built by the Seamen's Society in which the relatives can stay so long as their presence is required. Elsewhere the visitors

HOMES FOR THE AGED SICK

are often faced with utter discomfort owing to shortage of space. In most hospitals ancillary services are pressing for more room, and accommodation for visitors is too often omitted.

HOMES FOR THE AGED SICK

As has been mentioned in previous reports, the first homes were opened within a year of the inauguration of the scheme in 1949. They have, therefore, the experience of some three years behind them, and their value to-day is as great as it was on the day on which the first patients were admitted.

The novelty of the scheme has not worn off. The doctors concerned with the homes are finding new uses to which the beds can be put, both in benefiting the patients who are admitted, and in reassuring the friends or relatives to whom they will go on discharge that they are really fit enough to live normal lives and will have somewhere to go should their health fail again. That promise is easier for a doctor to give where he has the additional beds available which are offered by one of the Fund's homes, than where he is limited to those beds in his hospital which are so badly needed for the seriously ill. Perhaps one indication of the success of the scheme is the enthusiasm with which the offer to open one or two extra beds in the homes is accepted both by the doctor concerned and by the Regional Hospital Board responsible financially for the maintenance of those beds.

Each home has its own individuality both in management and in the type of patient admitted. The latter, of course, reflects clearly the type of work done in the hospital wards from which the patients come. But the general pattern is the same, each is linked with one particular hospital and is under the medical control of one doctor in that hospital. Each has its own voluntary committee of management, to whose tireless efforts much of the success of the homes is due. In each all the beds are under contract to the appropriate

HOMES FOR AGED SICK

Regional Hospital Board. The patients are admitted for varying periods according to their state of health on admission and the rate of their progress while they are in the home. There are no definite rules as to age or degree of illness for eligibility for admission, but all the patients are elderly and all are very frail when they arrive. A brief summary of the working of the homes is set out below.

Of the twelve homes to be set up with the £350,000 to be allocated, nine are now open and the tenth was opened early in 1954. Two more remain to be found. Each home has room for 25/35 patients, one is extra large with 47 beds. In all 292 beds have been opened at an average cost of £874 per bed.

HOMES FOR THE AGED SICK

Analysis of Discharges by length of stay up to 1st March, 1954

Home	Date of opening	No. of beds	Mths of running	No. of patients discharged				Total
				In for less than 1 mth.	In from 1 to 6 mths	In from 6 to 12 mths.	In 12 mths. and over	
Beechgrove ...	11.2.52	35	24	71	165	12	2	250
Fallowfield ...	25.6.51	36	31	18	40	14	11	83
Greenfield ...	4.2.52	36	24	88	193	19	2	302
Grove Lodge ...	2.11.53	28	3	4	28	—	—	32
Holmhurst ...	1.4.52	30	23	165	172	8	2	347
The Gables ...	22.1.52	47	26	63	109	17	7	196
Westmoor ...	18.12.50	24	38	82	156	16	4	258
Whittington ...	30.10.50	30	40	144	189	34	15	382

EMERGENCY BED SERVICE

The work of the Service during the year has, on the whole, pursued a course which might have been expected.

Throughout the summer and autumn, applications for general acute cases were more numerous than in previous years, but analysis seems to show that the increase was due to more doctors using the Service rather than to sickness. The winter saw the usual seasonal rise in sickness, but pressure on the Service never became abnormal, and the winter of 1953-4 may perhaps be regarded as an average one as opposed to the two preceding years, one of which (1951-52) was unusually quiet, the other (1952-53) quite exceptionally busy ; the peak weekly application figures during the three years were :—

1951-52 ; 1,254

1952-53 : 2,536

1953-54 : 1,683

Although towards the end of July it appeared that an epidemic of poliomyelitis was developing, it fortunately failed to reach serious proportions. Applications in respect of other infectious diseases were also low throughout the year.

During the summer, modifications to the warning system were devised to overcome certain weaknesses which had become apparent during the crisis months of January and February 1953. Briefly these modifications were designed to bring the warnings into force somewhat earlier, and to maintain them in being a little longer. The winter afforded no opportunity to test the revised system.

The system is intended to operate only in times of unusual stress, and not to warn hospitals of the normal increase in winter sickness—a point which seems to have been misinterpreted by some hospitals which refuse admission and say that they cannot make more beds available “because

EMERGENCY BED SERVICE

there was no Yellow warning in force". This is in fact an indication of the uneven pressure on the London hospitals, for the warnings are only issued when London generally is under pressure. It clearly would not be right to alert all the hospitals because one or two of their number are in difficulty. On past experience, it seems that the revised system should operate fairly, but of course the real test will only come with the next bad winter.

During the last half of November and the first three weeks of December, a surprisingly large number of applications were received for the admission of babies and very young children suffering from respiratory disease. Indeed about half of all respiratory cases dealt with by the Service were in the 0-4 age group, as compared with the normal proportion of 15-20 per cent. So marked was this change that the Ministry of Health were warned, and they immediately carried out inquiries which, it appeared, showed that nearly all the major cities in England had suffered a similar visitation. Looking back over figures for previous years, there seems to be a general tendency for "epidemics" of respiratory trouble to strike the very young before the middle aged and elderly, though never before has this phenomenon been so marked as in the past winter.

An analysis of cases by disease, sex, and age group has now been kept for the Central London area only, since October 1950. Eighteen categories of disease are used, and the majority of cases fall into one or other of the following:—Respiratory Disease, Heart Disease, Acute Medical Unclassified, and Acute Surgical. The diagram on pages 24 and 25 shows the monthly totals from October 1950 to March 1954. Broadly speaking, the number of applications seems constant month by month for all categories except respiratory and heart disease. It will be seen at once that the respiratory disease follows a regular rhythm. The summer levels are much the same but the winters are governed by the increase of epidemic disease. In the winters of 1950-51 and 1952-53 there was a major influenza epidemic, and during the latter

CONVALESCENT HOMES

there was also "smog" and its after effects. The graph for heart disease is similar but less pronounced. The acute surgical cases appear to be unaffected by the seasons, for the slight increase in winter can be explained by the tendency of doctors to make more use of the Service in winter owing to the difficulty of finding beds. The graph of acute medical unclassified is curious in that it shows a general tendency to increase from year to year, and only in the last two winters has it shown signs of a seasonal fluctuation. There are various conjectures as to the cause of this, but none is yet very convincing.

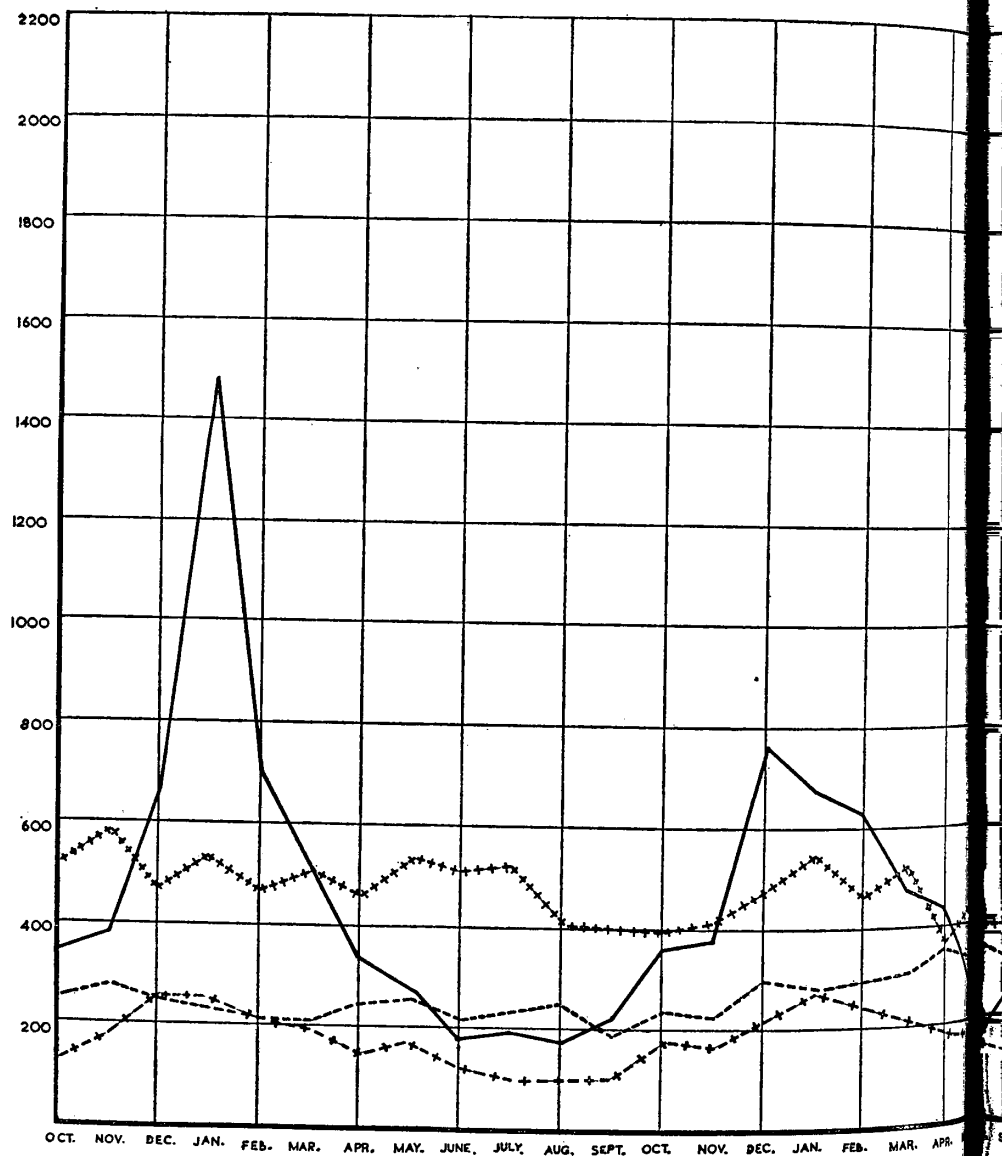
Endeavour has been made to correlate the rise and fall in illness with weather conditions, but except that it tends to increase during or shortly after periods of low temperature and fog, no clear day-to-day relationship has been established between the rise and fall of respiratory disease and the weather conditions. Attempts to make short-period forecasts of the incidence of respiratory disease, based on prevailing weather conditions, have so far been unsuccessful.

CONVALESCENT HOMES

"I am quite sure that many convalescent homes would be closed if it were not for the knowledge that the King's Fund is in the background as a tower of strength."

Members of the Convalescent Homes Committee continued to visit, advise and encourage convalescent homes which are serving London hospitals, and they in their turn have been encouraged by expressions like that quoted above which was written by the secretary of a voluntary society. A close touch was kept with their problems and with the whole field of the convalescent services. At present the main difficulties confronting independent homes are financial, and are caused by the increasing costs of maintenance.

EMERGEN CLASSIFICATION



1950.

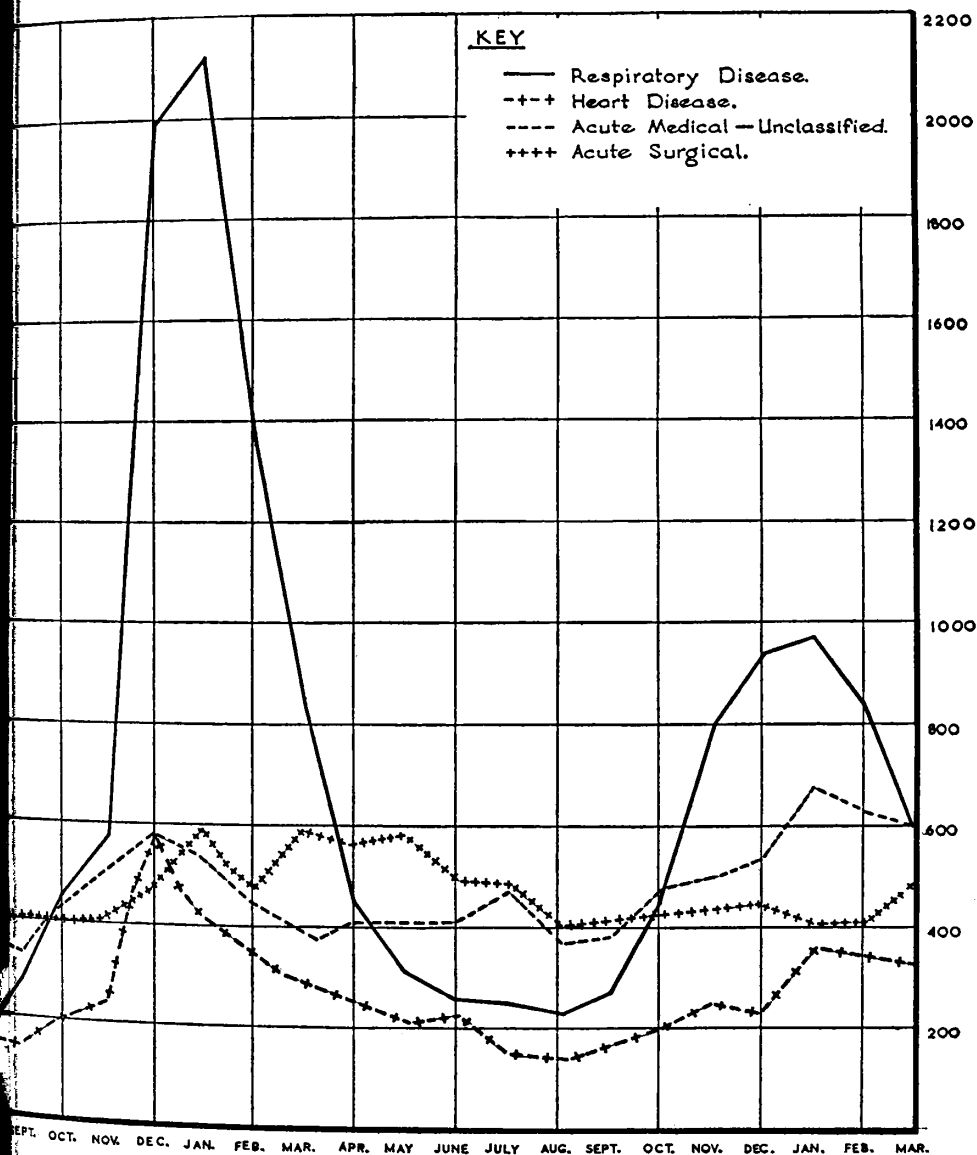
1951.

SERVICE

ASE 1950 — 1954.

KEY

- Respiratory Disease.
- ++ Heart Disease.
- Acute Medical — Unclassified.
- +++ Acute Surgical.



1953.

1954.

CONVALESCENT HOMES

In the case of many children's convalescent homes, there was a reduction in the demand for beds, which is gratifying if it is due to a general improvement in child health, but it involved homes in financial losses. Enquiries are being made to find out whether the reduced demand for children's convalescent beds is likely to be temporary or whether it is caused by an improvement in child health or by other factors.

Grants for equipment decreased because many homes are now reasonably well equipped, largely as the result of the Fund's help in recent years, but grants for repairs and redecorations increased and are expected to continue at about the present level.

Maintenance grants totalling £9,335 were made to 51 homes as compared with £8,150 to 51 homes in 1952.

RECOVERY HOMES—ENQUIRY AND REPORT

The Convalescent Homes Committee came to the conclusion as a result of their regular visits that there was a need for homes capable of receiving patients who no longer needed the full service of an acute hospital ward, but were unsuitable for various reasons either to be accepted at convalescent homes or to be discharged to their own homes.

The question as to whether the establishment of recovery homes should be encouraged or not has been a vexed one for many years and, encouraged by the Ministry of Health, the Convalescent Homes Committee determined to ascertain the facts.

The investigation began early in 1953 and a report was issued in March, 1954. The Committee define a recovery home, in terms taken from the Astley Ainslie Institution, Edinburgh, as one providing accommodation "for patients in whom the disease has definitely begun to abate, or the risk of complications after operation is only slight, so that

CONVALESCENT HOMES

with proper care and nursing the patient is likely to progress to recovery." They noted that :—

"A few recovery homes were started after the 1914-18 war. This was perhaps before their time for several reasons. Acute surgical cases, even of mild types, were in a stage of possible complications, especially from sepsis and infections, for a longer period than nowadays. Hospitals had only a limited number of senior residents who already had considerable responsibilities, and consultant staffs feared that the amount of visiting which would be required of them might be excessive.

"Developments in the last few years have radically altered the position. Among these may be noted :—

- (a) Antibiotics have almost eliminated the risk of sepsis following surgical operations, and have shortened the critical stages of certain prevalent medical diseases.
- (b) With the fear of sepsis no longer present, and as the result of other advances, surgeons have found that patients can profitably be allowed to get up within a few days of operations and that certain complications are reduced by this method. These patients no longer need the full facilities of a hospital, while not yet fit for a convalescent home or to return to their own homes.
- (c) Some hospitals have a considerable body of senior residents who are qualified, if necessary, to undertake the visiting of a recovery home.
- (d) The changes in treatment make a definite place for recovery homes where patients can be under the most advantageous conditions for future progress."

Nine hospitals with recovery homes were visited, and after a detailed and careful analysis of all aspects of the problem the Committee came to certain definite conclusions :—

- "(i) Recent advances in treatment, especially the control of sepsis and infections by antibiotics, have rendered it possible and advantageous to transfer from hospital a number of patients at an early stage of recovery to a simpler institution, which may be referred to as a 'recovery home'.
- (ii) A recovery home must be attached to a parent hospital for administration and for medical and nursing control in order to ensure the continuity of treatment which is essential.

CONVALESCENT HOMES

- (iii) A recovery home should be situated in country surroundings and reasonably accessible to the parent hospital. The benefit to the patient of transference to the homely atmosphere of a recovery home, with continuity of treatment, is now fully recognised.
- (iv) One third of the patients in the surgical, general medical and gynaecological wards of a general hospital are, as a general rule, suitable for transfer to a recovery home.
- (v) Hospital authorities who have experience of recovery homes have no doubt as to their value. Experience shows that the extra work falling on the nursing staff of the parent hospital is severe only when the transference of patients exceeds the maximum rate indicated in the report.
- (vi) The teaching of medical students and the training of student nurses are not adversely affected by a recovery home.
- (vii) The maintenance costs of a parent hospital are not increased by the addition of a recovery home by any amount recognisable in existing data."

A recovery home can provide the following results:—

- (i) Increase in the turnover of acute cases at the parent hospital and resulting reduction of the waiting list.
- (ii) Substantial relief when there is severe and increasing demand for the admission of acute surgical cases.
- (iii) An atmosphere which materially assists the patients' recovery.
- (iv) Substantial reduction of the total cost per patient.

ACCOMMODATION FOR CONVALESCENT MOTHERS AND BABIES

It has been evident for some time that there is little accommodation for convalescent mothers with babies or young children.

At the request of the Committee thirteen hospitals in London recorded over a period of four months all instances of mothers accompanied by babies or young children who were together recommended for admission to convalescent homes. Either the mother or the child was in need of convalescence, but in all cases they were required to be together.

The number of patients proved to be small, but only 64 per cent of the applications resulted in admissions to

CONVALESCENT HOMES

convalescent homes. The solution may well lie not so much in the provision of more homes and beds as in the reduction of the long delays often experienced in arranging admissions. The report of the enquiry was published in February, 1954.

CATERING AT CONVALESCENT HOMES

The Fund has in the last few years spent substantial sums in providing up-to-date kitchen equipment. Such equipment must be correctly used, and in order to make sure of this a qualified cook was engaged two years ago and given the duty of visiting convalescent homes for a few weeks to instruct in all matters concerning the buying, cooking and service of food. This experiment has been successful and many letters of appreciation were received from homes. The importance of good food and correct diet for convalescent patients is fully recognised.

CONFERENCE OF MATRONS OF CONVALESCENT HOMES

The fourth annual conference was held on April 23rd and 24th, 1954, at Queen Elizabeth College, Campden Hill. Lectures were followed by discussions which provided an opportunity for an exchange of views and much instructive information came to light. Particular pains were taken to interest ward sisters from London hospitals in the work of convalescent homes, and to this end a party of thirty-two visited homes at Brighton. The visit to the homes was welcomed and it is hoped that the liaison between hospitals and homes has thereby been strengthened.

Representatives of the Ministry of Health, Regional Hospital Boards, London County Council and other public bodies attended the conference as well as matrons of homes, almoners and members of voluntary bodies.

DIVISION OF HOSPITAL FACILITIES

HOSPITAL ACCOUNTING

Following a study of the reports of the costing investigation carried out by the Nuffield Foundation and the King's Fund on the invitation of the Minister of Health, and the observations of various hospital authorities and associations thereon, the Minister in November, 1953, appointed a Working Party on Hospital Costing, with the following terms of reference :—

“To devise a system of costing the services and departments of a hospital, within the framework of a subjective accounting system, which is likely to be of permanent value to hospital administration with full regard to the present need to limit the cost in money and manpower ; to advise whether different systems are appropriate for different types and sizes of hospitals ; and to make recommendations as to the implementation of their proposals.”

The Director of the Division is a member of the Working Party. As was to be expected, the publication of the reports and the appointment of the Working Party have caused considerably more attention to be given to this important branch of hospital administration, and brought about a noticeable and welcome change in thought on the subject. Hitherto hospital accounting was regarded merely as a method of recording information for purposes of annual financial statements. To-day it is being regarded, as it undoubtedly should be, as an integral part of the administration and as an aid to management. Lectures, etc., on departmental accounting were given during the year to the refresher courses at the Hospital Administrative Staff College and, in addition, to the new three months' course for junior hospital officers. Lectures on hospital equipment were also continued during the year at the Staff College for Ward Sisters. Members of these courses also attended the offices of the Division where talks were given on its objects and activities and how it could be of assistance to members both during the courses and on their return to hospitals.

DIVISION OF HOSPITAL FACILITIES

REFERENCE LIBRARY AND INFORMATION BUREAU

The policy of not confining the Reference Library and Information Bureau to purely hospital literature continues to be fully justified. As is now well known, it is essential to efficiency in modern hospital management that hospital officers should not only be well versed in the literature of their specialities but that they should also maintain a broad interest in related subjects so that they may avoid the dangers of narrow specialisation. These facilities are in constant use, as is also the Plan Library to which many useful additions were made during the year. An increasing number of architectural students visited this section for information and help in the preparation of theses on hospital planning.

STATISTICS OF CONVALESCENT HOMES AND DISCLAIMED HOSPITALS

The usual statistics of beds, work done, and accounts of income and expenditure were examined, and summaries prepared and circulated to the homes and hospitals. These publications are the only summary statistics available concerning the maintenance of these institutions, many more of whom have adopted the modified form of the Revised Uniform System of Accounting, thus making for a greater degree of comparability.

OVERSEAS VISITORS

Excluding those who came specially to attend the International Hospital Congress and visited the Division, twenty-nine visitors from overseas were welcomed during the year. These included official representatives of governments, and members of national hospitals and allied organisations. In some cases the introductions came direct from the governments and organisations concerned and others through the Ministry of Health, the Colonial Office, and the British Council, etc. Overseas visitors spend a considerable time in the Division and are most anxious to gain information about hospitals and hospital practice in Britain. Personal introductions are given and visits to hospitals arranged for them. This is a service much appreciated.

DIVISION OF NURSING

During and for some years after the war the constantly increasing demand for nurses was matched, up to a point, by the increase in recruitment. About 50 per cent more nurses and midwives are at work now than there were before the war, whereas the rise in the number of women employed in all professions, industries and services has been only of the order of 20 per cent. The reasons for the great increase in the nursing service may be found in more effective publicity and other methods of recruitment, in better conditions, and in higher salaries and training allowances. These factors all helped to swing public opinion, particularly among headmistresses and other advisers of young people, away from the old prejudice against nursing as a hard life, having little to offer to girls of ability. The girl who wants to take up nursing is now much less likely to meet with opposition from her parents or at school, and indeed it is recognised that a nursing career offers scope, interest and security, as well as satisfaction of the wish to serve, still felt by many young people.

At the same time, it would be unrealistic and misleading to pretend that a solution of the nursing problem is in sight, or that the outlook is anything but grave. There are still great shortages, in the mental and mental deficiency services and elsewhere. Still more serious in its implications for the future, the annual increase in the number of student nurses has ceased and indeed the number entering for training is now falling year by year. The total entering training schools in England and Wales was 5,109 less in 1953 than in 1949. As the State-registered nurses of the future can be recruited only from the ranks of the student nurses who have completed at least three years' training, it will be seen that a corresponding drop in the numbers of trained staff is to be expected. It may well be greater, since the much higher proportion marrying, and the much earlier marriage age, tend to shorten the "working life" of the nurse in hospital. These changes in social custom may be

DIVISION OF NURSING

due in part to changes in the proportion of the sexes. After the 1914-1918 war there was an excess of nearly 2,000,000 women, many of whom found their life-work in nursing, as others did in teaching, social work and the civil service. The 1951 census, on the other hand, showed a preponderance of males up to the age of 14 and a virtual equality of males and females up to the age of 30. It is not easy, therefore, to see where the staff for the welfare services are to be found. Though many married nurses are employed in hospitals, the majority may be expected to be absorbed by the claims of their homes and children, at least for some years. It looks as though the hospital service may have to plan for a diminishing rather than an increasing nursing staff in the years ahead, unless far more effective means of retaining trained staff are found.

The mental and mental deficiency hospitals in England and Wales care for some 192,650 patients. The total number of student nurses in this branch has decreased since 1948 by more than 25 per cent and is now only 4,530—an obviously inadequate figure either for nursing care or to keep up the supply of trained nurses. These number some 15,329—already a dangerously low ratio of staff to patients. It is not generally realised that whereas in general hospitals there is a ratio of approximately one student nurse to 3.1 patients, in mental and mental deficiency hospitals the ratio is one to 42.5. As regards State registered nurses, there is one to approximately 5.4 patients in general hospitals, as compared with one to 12.5 in mental and mental deficiency hospitals. The situation suggests that it may become necessary, as it was found necessary in general nursing, to offer a shorter and simpler training with a recognised qualification to those who are not able to manage the full course for State registration, but could give valuable assistance in the mental and mental deficiency hospitals as specialist assistant nurses. There are many nursing assistants in the mental nursing service, but recruitment might be helped by the offer of a definite training and recognised qualification, as a State enrolled nurse.

DIVISION OF NURSING

The King's Fund has endeavoured to contribute towards the solution of the nursing problem in various ways : for many years by grants for the improvement of living and working conditions for nurses, and by the provision of amenities ; for fourteen years by the maintenance of a Nursing Recruitment Service, which has acted as a public relations department for nursing, and has guided a steady supply of candidates into the hospitals ; for five years by the maintenance of a Staff College for Ward Sisters, with the object not only of helping the ward sister in her manifold responsibilities, but also of drawing attention to her true status, as occupying a key position in the hospital service. Lastly, in 1953 the Fund established a Staff College where matrons and sisters who hope to take up administrative work may be helped to gain a due appreciation of the human aspects of management, and of the place of the nursing staff within the hospital group.

By these means it is hoped not only to promote the recruitment of student nurses and pupil assistant nurses but also to reduce "wastage", to help the hospitals to retain their trained nurses, and to make the best possible use of all their nursing staff, in the interests of the patients whom they serve.

NURSING RECRUITMENT SERVICE

The steady downward trend since 1949 in the total entering training has not been reflected in the work of the Nursing Recruitment Service. The numbers of candidates traced through to their acceptance by hospitals after consulting the Service are as follows :

1949 — 1,422
1950 — 1,668
1951 — 1,751
1952 — 1,603
1953 — 1,604

It will be seen that though 1951 was a peak year, the total for 1953 still remains higher than that for 1949. As always,

DIVISION OF NURSING

many who consult the Service fail to notify it of their arrangements, or to reply to "follow-up" letters, so that the number entering is probably considerably larger. Moreover, the number of new candidates registered during the year is also, at 4,509, higher than the total for 1949. During the year 2,731 interviews were given, 11,994 letters were sent out, often giving detailed personal advice, and 509 enquiries relating to nursing matters, but not on behalf of individual candidates for training, were dealt with.

Applications were received from 631 non-British candidates coming from 38 different countries. Their arrangements often call for much detailed work, but 145 were known to have been accepted for training. In addition to the above figures, 255 applicants were accepted for nursing posts or for pre-nursing courses, after being advised by the Service.

During the year members of the Service gave talks on nursing in 57 schools, two being to meetings of Parent-Teacher Associations. Almost invariably a visit to a school includes interviews with girls who want advice on their own arrangements for nursing and other forms of hospital work. A headmistress of a Grammar School wrote :

" Mistresses from other schools have told me how helpful your interviews are, so I am most anxious to take advantage of them if they are indeed a possibility "

and a school-girl wrote :

" I would also like to tell you how much I enjoyed your travelling secretary's lecture when she visited our school earlier this year. Her visit gave us a very good opportunity to ask her different questions which we had not been able to get answered before, as we did not know anyone who could answer them for us."

There was good contact with the Youth Employment Service during the year, and a talk was given at a Careers Conference arranged by that organisation. Other talks were given at the request of the British Red Cross Society and the Women Voters' Guild.

DIVISION OF NURSING

Much time was devoted to advising on means of "bridging the gap" between school and hospital, and keeping in touch with girls who had applied to the Service while still at school. Various discussions on hospital cadet schemes have taken place at the Ministry of Health and elsewhere. It is good to note that these schemes have tended to become more educational in character. At the same time it is not the experience of the Recruitment Service that entry to hospital at 15 or 16 is the best preparation for nursing, indeed in some instances girls have given up all thought of nursing as a result of a too early introduction to hospital work. It would appear that for those prospective nurses who must leave school at 15 or 16, experience in some different form of work is widening and valuable. It is sometimes maintained that girls who take up other work may be lost to nursing as a result, but a large proportion of the candidates who consult the Recruitment Service come to nursing from some other occupation. Some hospitals maintain the interest of such girls by arranging occasional evening lectures or social activities for them, or they might be associated with the hospital of their choice through the League of Friends, possibly as a junior branch.

STAFF COLLEGE FOR WARD SISTERS

Seventy-three sisters and staff nurses took courses at the Staff College in 1953. Twenty of these took the senior course for sisters of some years' experience ; the remaining fifty-three were divided between the three preparatory courses.

During the first five years of its work, four hundred and fifty-eight students passed through the College. It does not seem practicable in the present circumstances to achieve the ideal that every sister should take a preparatory course either here or at the Royal College of Nursing, on or before appointment to a ward, but the fact that so many sisters have been seconded by their hospitals to take the courses appears to indicate an appreciation of the results. The acute shortage of trained staff in many hospitals makes it extremely difficult

DIVISION OF NURSING

to grant three months' leave to even one sister at a time to take the course, but over and over again the effort is made. One matron writes " I doubt if you can really fully appreciate what a tremendous difference the course makes to people who have known only one hospital all their professional lives . . . they benefit even more than those of wider experience . . . they learn to think ".

As a contribution towards the problem of shortage of trained staff (no immediate remedy for which is in sight), it has been suggested that those hospitals which are able to train more nurses than they need for their own wards should actively encourage their staff nurses who are not being appointed to sisters' posts to take a course at the Staff College, with a view to qualifying for sisters' posts in hospitals where they are urgently needed. In such cases the rule that candidates must be seconded on paid study-leave would not necessarily apply, provided their own hospitals were willing to nominate them as suitable for ward sister's duties.

A new venture in 1953 was a three-day residential reunion for the members of the earliest courses. Contact with former students was well maintained in other ways. During the year a list of " old students " was printed and circulated, giving their posts at that time, and a brief reference to any special work on which they were engaged (whether clinical or connected with the training of nurses) on which their colleagues might like to seek fuller information.

Although sisters from mental and mental deficiency hospitals are welcomed on all courses, and are felt to have much to contribute, the College has been asked to arrange a course specially for sisters and male charge nurses from these hospitals. It is hoped that such a course will not only give constructive help to those taking it, but will also serve to stimulate interest and to draw attention to the great importance and responsibility of work in this field, where the shortage of staff is felt most acutely. A short course is also being arranged for sisters from hospitals which are training schools for assistant nurses. These, too, are eligible for any

DIVISION OF NURSING

of the courses, but in a special course it may be possible to give them more concentrated help in their teaching problems.

It would be impossible to say how much the College owes to its many distinguished friends who serve it as speakers and as discussion leaders, and also to the hospitals which take students for practical experience and entertain them on visits. The help given by the London Hospital in providing class-room accommodation for teaching practice is also of very great value.

STAFF COLLEGE FOR MATRONS

Last year's report referred to plans for giving a new form of training in the principles and practice of management to those destined for administrative posts as matrons and assistant matrons. The importance of this could scarcely be better expressed than in the words of His Royal Highness the President in a speech to the Council of the King's Fund :

" It often happens that a nurse who has spent almost all her working life within the confines of the hospital is appointed matron without any special preparation for the responsibilities of leadership which she will have to assume. Hospitals are communities which by their very need for specialisation can easily become isolated from developments elsewhere. The grouping of hospitals, and the urgent necessity to adjust their work constantly to changing needs, make it very important that matrons should keep abreast of the best administrative methods wherever they may be found ".

In September, 1953, the Staff College for Matrons and Prospective Matrons was opened at 22, Holland Park, W.11. It was honoured later by a visit from Her Royal Highness the Duchess of Gloucester, who talked with the students and showed much interest in their work.

Miss I. G. Warren, formerly Matron of the Royal Isle of Wight County Hospital, Ryde, was appointed Principal. Eleven students were selected from a large number of candidates for the first one-year preparatory course. Only candidates who had been selected by their hospital authorities for administrative work and had been given study leave for this purpose were accepted.

DIVISION OF NURSING

The one-year course is divided into three short terms in residence at the Staff College and two periods of field-work. It is not easy to give a brief outline of its content, since it is not academic in character, but aims at developing qualities of leadership, and at training the students in the understanding and handling of all those for whose work they will be responsible in the future. In modern social and economic conditions it is no longer possible to rely on the few "born" leaders, or on the maxim that those in authority have only to give orders, which must be obeyed. Leadership or management calls for a blend of knowledge about a wide range of things combined with skill in doing certain things. To this end it is a great asset to have a residential centre, where those who have spent practically the whole of their adult life in the hospital environment can live under conditions which encourage informal discussion, individual reading, and the development of a fresh outlook on hospital affairs and fresh interests in the world outside hospital.

During the first term the students learn something of the development of modern conceptions of staff relations and the psychology of management. They study the methods commonly adopted for making policy known and accepted. The term also includes a series of sessions on such subjects as the respective roles of the hospital administrator and of the matron. These are based upon the conception of the hospital as a tripartite organisation in which doctor, nurse and administrator need to understand very clearly the principles which govern their respective functions, and to work in full partnership.

After the first term, there is a six-week period of field-work in an industrial firm or other organisation where the staff management policy is known to be enlightened. The students' reports on this part of their course showed what excellent arrangements had been made for them by the firms to which they went, and how their outlook had been widened. The insight gained into the build-up of morale and especially

DIVISION OF NURSING

the care taken in the selection and induction of staff in these organisations was most valuable. It was noteworthy also that in their contacts with the workers, some of the nurses heard "the patient's point of view" expressed in ways which were quite new to them. They realised, for instance, that what was regarded as unnecessary waiting in out-patient departments had adverse effects on the work, on the worker and on the prestige of the hospitals.

The second and third terms are planned to cover in more detail the proper task of the matron as head of the nursing service and of the training school, developments in nursing education and legislation, and the work of the National Health Service in both its preventive and its curative aspects. The method of case discussion is found to be valuable. The detailed consideration of actual situations which have arisen or might arise in hospital train the students in the habit of taking account of all available facts and looking at all aspects of the situation, including all human factors, before deciding on the best course of action.

The students also spend a twelve-week period of field-work in selected hospitals, their work being planned partly by the hospital administrator so that they may learn about all aspects of the hospital's work, and partly by the matron, so that they may study her responsibilities and methods in more detail. It is already clear that special privileges have been accorded to many of the students, in order that they might gain a clear picture of the whole organisation, from the Hospital Management Committee or Board of Governors out to the periphery.

It is far too soon to speak of results, but already much support and encouragement have been given to this new enterprise, and many enquiries about future courses are being received.

Early in 1954 the College undertook the first residential refresher course for matrons of some years' experience. The free discussion of policies and problems in a non-professional setting proved stimulating and enlightening. There were

DIVISION OF NURSING

also opportunities of meeting and sharing in group discussions with those taking courses at the Hospital Administrative Staff College.

The College has been fortunate in the help it has received from the Ministry of Health and the Regional Hospital Boards, and from doctors, matrons, hospital administrators, and many others, as well as in the assistance given by the Hospital Administrative Staff College and other departments of the King's Fund. By such means those taking the refresher courses will, it is hoped, be given a better appreciation of the place of the hospital both in the National Health Service and in the community. They in their turn will give valuable assistance in keeping the staff of the Fund in touch with the day-to-day problems and needs of the hospitals.

HOME FOR INVALID NURSES

Hayes Grove, the Queen Anne House in Kent which was purchased and equipped by the Fund at a cost of £27,675, was staffed by the London Hospital (to whose teaching group it is attached) and patients were admitted from June, 1953. The house provides accommodation for 20 patients, two in single rooms and the remainder in wards of three or four beds, all curtained. Very soon there was a waiting list and there is abundant evidence of the need for more accommodation of this kind. Though most of the patients are elderly, and have spent many years in hospital service, at one time their ages ranged from 38 to 86. They had been transferred from 15 different hospitals, and some had spent years in the wards of chronic hospitals. The opportunities of getting out into the beautiful gardens of Hayes Grove (or for the completely bedridden, of looking out on to them) have been greatly appreciated. Some of the patients have been ex-matrons retired for reasons of health or age; one sister, now over 80 years of age, nursed patients with yellow fever in Mexico, and contracted it herself in doing so.

Already the home has many friends in the neighbourhood, who visit the patients and give voluntary help in various ways.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

A little more than five years is but a short time in the evolution of a new service. Yet progressive trends in hospital administration and management are emerging in an encouraging way. Administrators have learnt new procedures ; many have gained a broader outlook, an appreciation of efficient business methods and a fuller understanding of the needs of patients.

The awards by the Fund some years ago of bursaries in hospital administration and medical records did much to meet an immediate need. Further, they anticipated the development of organised training of officers competent to meet the special needs of a national hospital service. The subsequent establishment of the Hospital Administrative Staff College was a natural step in this direction.

The ready acceptance of the Staff College by those associated with the National Health Service, the increasing demands made upon Staff College resources, and the almost visible beneficial effect upon members of courses stand out after the first three years' work.

Since 1951 the Staff College has been honoured by visits from His Royal Highness the Duke of Gloucester and by the successive Ministers of Health. There has been full and warm support from the Ministry of Health, many officials of which have attended the courses. In all, nearly 2,000 visitors, many from overseas, have come to see the Staff College and its work.

The principal work of the Staff College is the planning and conduct of courses, but other activities, of which there are several, have become an integral part, supplementing as they do essential aspects of the tutorial work.

RESIDENTIAL REFRESHER COURSES

At the time of writing 253 senior officers have attended 22 refresher courses and the demand continues. There is, moreover, steady pressure from members to return again to seek new thoughts and find trends of opinion. To meet

HOSPITAL ADMINISTRATION

this need, one-week reunion conferences are being held during 1954 for those who came to the Staff College approximately three years previously. The first one, in January, was attended by twenty members from the first two courses, and was felt by all concerned to be an unqualified success. Discussion ranged over a wide variety of subjects and proved to be both stimulating and informative. Many of the members of past courses are meeting at least annually for half a day or so, under their own arrangements and at their own expense.

An experimental course for finance officers in administration was held early in 1954. The course was for a period of two weeks and was attended by twelve finance officers chosen from a large number of applications.

The course, which appeared to be entirely successful, confirmed the view that, whilst administration and finance cannot be separated, finance officers often work in somewhat isolated departments and frequently have little appreciation of the hospital problems upon which finance has a far-reaching effect. It became apparent by the end of the course that even a period so short as two weeks can do much to broaden the outlook, stimulate interest and give a better appreciation of the necessary partnership of administration, management and finance.

In these circumstances it would seem right and proper that refresher courses in administration for finance officers should be continued to a limited extent, and provisional arrangements have been made for two such courses to be held in 1955, each to be of three weeks' duration instead of two weeks.

TRAINING COURSES

The first two-year training course was completed on February 26th, 1954. Of the seven men in the course, five had by that date obtained more senior appointments than they held two years ago. It is expected that the remaining two, who have returned to their employing authorities, will find more senior posts in the not far distant future.

HOSPITAL ADMINISTRATION

As an experiment to meet an apparent need a three months' training course was held in the autumn of 1953. One woman and eleven men were chosen and the course proved to be most satisfactory. Two further courses of this type will be held during 1954.

RECRUITMENT ADVISORY SERVICE

The recruitment advisory service has continued its work and experience has shown that there are men and women of high calibre and with a sense of vocation anxious to enter the hospital service. It would appear, however, that many good candidates are being lost to the hospital service through the necessity of starting their career, perhaps in their early twenties, in the most junior grade, at an unattractive salary with no recognisable promotion policy to guide them in their legitimate ambition.

The Staff College at the suggestion of certain senior hospital officers has attempted to make some analysis of the scope offered by the hospital service to men and women of first-rate ability. A study of selection methods in various organisations including the hospital service has now been started.

MEDICAL RECORDS

An important part of hospital administration is the provision of administrative procedures for smoothing the progress of the patient through the hospital. The person responsible for such arrangements is usually the records officer.

Before the opening of the Staff College, the Fund made a considerable contribution by the training of records officers and by advising hospitals about systems, procedures, form design, equipment and staffing. This activity was transferred to the Staff College and has been continued except for the actual training of medical records officers. In 1954 the first hospital secretaries' study week in medical records was held. Two women and eight men were chosen and a most effective week was spent in study and visiting.

HOSPITAL ADMINISTRATION

There still remain considerable demands and opportunities for work in this subject. Surveys of medical records departments are being continued on request ; advice and information are being provided frequently to hospital officers. Further courses for hospital secretaries and others are projected.

STUDY GROUPS

The study group on hospital bed occupancy continued its work during the year. Much enquiry and research was undertaken and the collective ideas of members of courses and others associated with the hospital service were pooled and tested. It is hoped that this report will be a useful contribution to administration.

On many occasions other groups of hospital administrators have met in the Staff College to discuss problems and undertake research. In particular, the ex-bursars' association has continued its regular discussions and active study groups.

Valuable assistance has been given to the lecture sessions and discussions at Palace Court by the Division of Hospital Facilities, the Division of Nursing, the Catering Advisory Service and the School of Catering. At the time of writing, the members of the first matrons' refresher course had met a group secretaries' refresher course on several occasions and the effect of the joint discussions proved to be encouraging.

This brief summary of Staff College activities gives some indication of the increasing development of the tutorial work, of enquiry, research and informed opinion. In the planning of the programme for 1955 it is already clear that within existing resources the demand for courses cannot be fully met. The most careful selection from the demand will therefore need to be made, but it is encouraging that this position should be reached after three years' work and that the Staff College enjoys the confidence of so many friends.

HOSPITAL CATERING

During 1953 the Catering Advisory Service afforded help and advice to some 60 hospitals in the four metropolitan regions, while students from 93 hospitals attended the courses held at the School of Hospital Catering. These statistics are, however, no more than symbols of a busy year that saw a continuing demand on the Fund's catering services, which was reflected by the length of the waiting lists at the end of the year. Among the tasks carried out by the Advisory Service were:—

- (i) Full catering surveys covering every section and activity of the catering departments at Chase Farm, St. Helier, Whittington (all three wings), Luton and Dunstable, St. Mary's (Hitchin) and St. Alfege's hospitals.
- (ii) Replanning kitchens and/or dining-rooms and canteens at Barnet General, St. Faith's (Brentwood), Haslemere and District, St. Vincent's Orthopaedic, Chalfont Colony, Severalls, Holloway Sanatorium, Highlands, Orpington, North Middlesex and Harrison (Dorchester) hospitals.
- (iii) Advice and/or assistance in staffing, kitchen organisation or distribution of food at Royal Isle of Wight County, Bexley, British Hospital and Home for Incurables, St. Stephen's (Chelsea) and Lewisham hospitals.
- (iv) Investigation into food costs at St. Olave's, Bermondsey.

The scope of these reports and investigations, which are only carried out on request, naturally varies, but all the full surveys are major undertakings. They start with an initial visit by the catering adviser, who has a quick look round the catering department and meets all the officers of the hospital who are likely to be concerned with the enquiry. As a result of the information obtained, a general plan of action is then prepared and the specialists in the Advisory Service team—on costing, equipment, planning, staffing, organisation and dietetics—are briefed for their individual roles in the drafting of the report, which when complete may fill 50 or 60 pages.

The reports are essentially practical documents ; their

HOSPITAL CATERING

aim is to give a detailed picture of the whole catering organisation in the hospital, with concrete suggestions as to how difficulties, deficiencies or defects can be put right. Where costing is concerned, full analyses are given in appendices ; equipment is dealt with item by item and complete specifications are included for any replacements or new items that are required ; proposals for replanning are illustrated by scale drawings that show the existing position on one side of the sheet and the proposed layout on the other, and the detail includes the exact position of every item of equipment, while the use of different colours indicates which pieces of equipment are new, which have been moved and which have been retained in their original positions. The dietary, both of patients and staff, is carefully examined and any deficiencies in menu planning are pointed out. Copies of these reports are supplied to all members of the Hospital Management Committee concerned, and a copy also goes to the Regional Hospital Board and the Ministry.

A considerable number of applications from Hospital Management Committees within the Metropolitan Police District for grants towards the cost of implementing schemes to improve their catering departments, based on plans prepared either by or in consultation with the Advisory Service, were received during the year and twelve grants totalling £23,020 were made. Details of these grants will be found in the schedules published on pages 66-70.

Mention has been made before of the catering circulars that have been published from time to time on subjects of general interest, such as Care of Equipment, Layout and Design, and Rations and Rationing. There have been two recent additions to this series. The first entitled "Special Diets" owes its inception to the realisation that while in the majority of hospitals special diets are prescribed from time to time as part of a patient's treatment, the number of hospitals that employ qualified dietitians who are trained in the planning and preparation of such special diets in accordance with a doctor's instructions is relatively small.

HOSPITAL CATERING

It follows that all too often it is left to catering officers, kitchen superintendents and housekeeping or ward sisters to cope with the provision of special diets as best they can. While this problem is usually tackled with resourcefulness and a large measure of success, it is the aim of this circular to make the solution easier by explaining in simple terms just what these diets set out to do and the ways and means of producing them. The subjects dealt with include reducing, gastric, bland, high and low protein, low-fat, salt-poor and gluten-free diets and diet in diabetes.

The second circular "Patients' General Dietary" carries the sub-title "A Guide to the Cost of Feeding, with Menus and Recipes". Months of work have gone into the preparation of 36 weekly menus that are nutritionally balanced and that have been costed at wholesale and retail rates; also in the compilation of some 700 simple recipes on which these menus have been based. These menus are intended as a guide to hospitals in deciding on the standard of feeding that can be expected in relation to the sum of money made available for the purchase of provisions. They are meant primarily for patients on a general diet and, since conditions and requirements vary so widely between hospitals, the menus have been planned in three grades. Experience has shown that many hospitals are at sea in their attempt to arrive at a standard for patients' dietary, and it is hoped that this circular will prove a practical guide to all who are faced with this problem.

Another publication during 1953 was the illustrated brochure of the School of Hospital Catering, giving details of the courses and describing the aims of the School, which are :—

- (a) To give training facilities for caterers wishing to enter hospitals.
- (b) To provide short refresher courses for all grades of catering staff in hospitals and convalescent homes.
- (c) To organise from time to time catering courses specifically for administrative, nursing and other hospital staff.
- (d) To provide a centre for lectures, demonstrations, discussions and conferences on all aspects of hospital catering.

HOSPITAL CATERING

Last year's report described the introduction of a year's basic course for prospective catering officers, supported by bursaries. All eight students taking this first course completed it successfully and were awarded certificates. Their progress as catering or assistant catering officers in the hospitals where they are now employed is being followed with interest, and in the meantime a second course on similar lines started in January, 1954. The response to the advertisement for this course, which was open to men as well as women between the ages of 23 and 35, was good, and after giving preliminary interviews to 49 applicants, eight bursaries were awarded.

The refresher courses for catering officers (10 days) kitchen superintendents and head cooks (2 weeks) and cooks and assistant cooks (4 weeks) drew exactly the same number of students (139), as in 1952. Of these, 21 came from the South West Metropolitan Region, 45 from the South East, 22 from the North West and 31 from the North East ; the remainder were from teaching hospitals and other regions.

A special week's course on the problems and principles of catering as they concern the hospital secretary was held in December, with twelve students who were attending a three months' course at the Hospital Administrative Staff College. This course is to be repeated in 1954.

A joint display was given at the School on the 30th September of the students' practical work and of the activities of the Catering Advisory Service. Some 90 guests were present, and Dr. Charles Hill, M.P., Parliamentary Secretary to the Ministry of Food, in a short address spoke encouragingly of the work being done by the Fund's catering services. Two other distinguished visitors who were welcomed at the School during the year were Lord Horder and Professor Moncrieff, medical correspondent of *The Times*.

It is becoming more and more clear that one of the major needs in hospital catering is a recognised ladder of promotion as an inducement to school leavers of either sex to take up

HOSPITAL CATERING

hospital catering as a career. Linked with this is the need for adequate training facilities, so that those who do enter hospital catering can qualify themselves for promotion to the higher posts.

The "Apprenticeship Scheme for Cooks in Hospitals" recently started by the Ministry of Health and described in Circular HM(54)22, should prove to be a big step in this direction. Nevertheless, neither this scheme, nor the local training schemes that are in operation in a number of hospitals up and down the country, do anything to bridge the wide gap that at present separates the kitchen from the catering office. Trainee posts for assistants to the catering officers in the larger hospitals might be the solution to this problem.

CONSTITUTION, COUNCIL AND COMMITTEES

The Governing Body under the Act (7 Edw. 7, Ch. lxx) consists of the President and General Council. The work of the Fund is carried on under the General Council and by the standing Committees and Staff as set out in the following pages.

The Fund is empowered to obtain from public benevolence by means of subscription, donation, bequest or otherwise "a continuance of the Fund," and to apply the capital and income of the funds and property of the Corporation or any part thereof "in or towards the support, benefit or extension of the hospitals of London or some or any of them (whether for the general or any special purposes of such hospitals) and to do all such things as may be incidental or conducive to the attainment of the foregoing objects."

PRESIDENT AND GENERAL COUNCIL

PRESIDENT :

HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

TREASURER :

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

GENERAL COUNCIL

THE LORD HIGH CHANCELLOR

THE SPEAKER OF THE HOUSE OF COMMONS

THE BISHOP OF LONDON

CARDINAL GRIFFIN

REV. SIDNEY M. BERRY, M.A., D.D.

THE CHIEF RABBI

THE RT. HON. THE LORD MAYOR

THE RT. HON. THE CHAIRMAN OF THE
LONDON COUNTY COUNCIL

THE GOVERNOR OF THE BANK OF ENGLAND

THE PRESIDENT OF THE ROYAL COLLEGE
OF PHYSICIANS

THE PRESIDENT OF THE ROYAL COLLEGE
OF SURGEONS

THE PRESIDENT OF THE ROYAL COLLEGE
OF OBSTETRICIANS AND GYNAECOLOGISTS

THE CHAIRMEN OF EACH OF THE FOUR
METROPOLITAN REGIONAL HOSPITAL
BOARDS

DR. G. F. ABERCROMBIE, V.R.D., M.D.,
B.CH.

LORD ASHBURTON, D.L., J.P.

COL. THE HON. JOHN J. ASTOR, D.L., J.P.

SIR GEORGE AYLWEN, BT.

CAPT. SIR HAMILTON BENN, BT., C.B.,
D.S.C., T.D., R.N.V.R.

EARL OF BESSBOROUGH, P.C., G.C.M.G.

HON. MARGARET BIGGE

MR. GEOFFREY BOSTOCK, F.C.A.

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

SIR ERNEST ROCK CARLING, F.R.C.S.,
HON. F.F.R.

LORD CATTO, P.C., C.B.E.

MR. O. N. CHADWYCK-HEALEY

SIR JOHN CHARLES, M.D., F.R.C.P., D.P.H.

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

LORD COURTAULD-THOMSON, K.B.E., C.B.,
J.P.

PROFESSOR S. J. COWELL, M.B., F.R.C.P.

SIR EDWARD CRIPPS

PROFESSOR WINIFRED CULLIS, C.B.E., D.S.C.

LORD CUNLIFFE

MR. ANTHONY DE ROTHSCHILD, D.L.

EARL OF DUDLEY, T.D., D.L., J.P.

SIR HORACE EVANS, K.C.V.O., M.D., F.R.C.P.

SIR MALCOLM TRUSTRAM EVE, BT., G.B.E.,
M.C., T.D., Q.C.

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

SIR ERNEST GOWERS, G.C.B., G.B.E.

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

DR. J. P. HEDLEY, F.R.C.P., F.R.C.S.,
F.R.C.O.G.

LORD HORDER, G.C.V.O., M.D., F.R.C.P.

HON. SIR ARTHUR HOWARD, K.B.E., C.V.O.

LADY HUDSON, G.B.E., R.R.C.

LORD ILIFFE, G.B.E., J.P.

LORD INMAN, P.C., J.P.

EARL JOWITT, P.C.

HON. HUGH KINDERSLEY, C.B.E., M.C.

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.

RT. HON. MALCOLM MCCORQUODALE,
M.P.

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

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

MR. GEORGE MITCHELL, J.P.

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

HON. MRS. JOHN MULHOLLAND

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

MARQUIS OF NORMANBY, M.B.E.

MR. JAMES PATERSON, M.C.

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

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

HON. R. VIVIAN SMITH

MR. E. E. TAYLOR

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.

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

LORD WEBB-JOHNSON, G.C.V.O., C.B.E.,
D.S.O., T.D., F.R.C.S.

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

LORD WIGRAM, P.C., G.C.B., G.C.V.O., C.S.I.

MANAGEMENT COMMITTEE

SIR ERNEST POOLEY, BT., K.C.V.O., Chairman

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

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

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

SIR GEORGE AYLWEN, BT.

MR. O. N. CHADWYCK-HEALEY

RT. HON. MALCOLM MCCORQUODALE,
M.P.

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

FINANCE COMMITTEE

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

THE GOVERNOR OF THE BANK OF ENGLAND

LORD ASHBURTON, D.L., J.P.

LORD CATTO, P.C., C.B.E.

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

HON. HUGH KINDERSLEY, C.B.E., M.C.

HON. R. VIVIAN SMITH

ESTATES COMMITTEE

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

SIR GEORGE AYLWEN, BT.
HON. DAVID BOWES-LYON
DR. C. A. COOKE

MR. PHILIP FLEMING, D.L., J.P.
SIR ERNEST POOLEY, BT., K.C.V.O.

DISTRIBUTION COMMITTEE

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

HON. DAVID BRAND
SIR ZACHARY COPE, M.S., F.R.C.S.
MR. J. ELLISON-MACARTNEY
MR. S. C. HARRIS, J.P.
DR. J. P. HEDLEY, F.R.C.P., F.R.C.S.,
F.R.C.O.G.
PROF. A. KEKWICK, M.A., M.B., B.CHIR.,
F.R.C.P.

MR. JAMES PATERSON, M.C.
HON. ELWYN RHYS
DR. S. COCHRANE SHANKS, M.D., F.R.C.P.,
F.F.R.
SIR HENRY TIDY, K.B.E., M.D., F.R.C.P.
MAJOR SIMON WHITBREAD, D.L., J.P.

Garden Advisers :

MR. W. G. MACKENZIE

MR. G. L. PILKINGTON

CONVALESCENT HOMES COMMITTEE

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

MR. GEORGE MITCHELL, Deputy Chairman

MR. J. CHADWICK BROOKS, O.B.E.
MR. L. R. BROSTER, O.B.E., F.R.C.S.
MRS. J. M. BRYDONE
MR. O. N. CHADWYCK-HEALEY
MR. T. TWISTINGTON HIGGINS, O.B.E.,
M.B., B.CH., F.R.C.S.
BRIGADIER GLYN HUGHES, C.B.E., D.S.O.,
M.C., M.R.C.S., L.R.C.P.

MR. E. K. MARTIN, M.S., F.R.C.S.
MISS C. MORRIS, M.B.E.
MISS A. B. READ
MISS M. J. ROXBURGH
MR. H. PHILIP VEREY
DAME KATHERINE WATT, D.B.E., R.R.C.

EMERGENCY BED SERVICE COMMITTEE

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

DR. H. ALEXANDER, M.B., CH.B., D.P.H.
LORD AMULREE, M.D., F.R.C.P.
MR. O. N. CHADWYCK-HEALEY
MR. A. J. GARDHAM, F.R.C.S.

BRIG. G. P. HARDY-ROBERTS, C.B., C.B.E.
MR. S. C. HARRIS, J.P.
DR. H. M. C. MACAULAY, M.D., B.S.,
M.R.C.S., L.R.C.P., D.P.H.
DR. GEORGE NORTH, C.B., M.C., LL.D.

DR. J. A. SCOTT, O.B.E., M.D., D.P.H.

HOSPITAL CATERING AND DIET COMMITTEE

PROF. S. J. COWELL, M.B., F.R.C.P., Chairman

MR. S. W. BARNES

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

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

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

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.

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

DR. H. E. MAGEE, D.S.C., M.B., B.CH.

MR. M. H. ROSSINGTON

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

DIVISION OF NURSING

PANEL OF ADVISERS

MISS E. COCKAYNE

MRS. D. L. COX, M.A.

MISS F. G. GOODALL, C.B.E.

STAFF COLLEGE COMMITTEE

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

MISS L. BEAULAH

MISS B. B. BRIANT

MISS M. F. CARPENTER

MISS B. FRYATT

MISS M. HOUGHTON

MISS M. G. LAWSON, O.B.E., M.B., CH.B.

MISS J. M. LOVERIDGE

MISS M. J. SMYTH

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

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

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

COMMITTEE

RT. HON. MALCOLM MCCORQUODALE, M.P., Chairman

MR. O. N. CHADWYCK-HEALEY

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

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

MR. B. LEES READ, O.B.E., A.C.A.

PANEL OF ADVISERS

MR. S. W. BARNES

MR. J. E. N. DAVIS

DR. W. J. GILL, M.D., F.R.C.S.

MR. C. R. JOLLY

MR. F. A. LYON, O.B.E.

DR. W. G. MASEFIELD, C.B.E., M.R.C.S.,
L.R.C.P., D.P.M.

MR. B. LEES READ, O.B.E., A.C.A.

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

HOSPITAL VISITORS IN 1953

- | | |
|--|---|
| DR. G. F. ABERCROMBIE, V.R.D., M.D.,
B.CH. | MR. A. B. ASHBY |
| SIR ZACHARY COPE, M.S., F.R.C.S. | MISS HELEN BARLOW |
| SIR ARTHUR ELLIS, O.B.E., D.M., F.R.C.P. | MR. L. E. D. BEVAN |
| SIR HORACE EVANS, K.C.V.O., M.D., F.R.C.P. | HON. DAVID BRAND |
| DR. H. GARDINER-HILL, M.B.E., M.D.,
F.R.C.P. | EARL OF DUDLEY, T.D., D.L., J.P. |
| SIR ARCHIBALD GRAY, C.B.E., M.D.,
F.R.C.P. | MR. J. ELLISON-MACARTNEY |
| DR. CHARLES HARRIS, M.D., F.R.C.P. | SIR FRANCIS GLYN, K.C.M.G., J.P. |
| DR. J. P. HEDLEY, F.R.C.P., F.R.C.S.,
F.R.C.O.G. | ADMIRAL J. H. GODFREY, C.B. |
| DR. AVERY JONES, F.R.C.P. | HON. SIR ARTHUR HOWARD, K.B.E., C.V.O. |
| PROFESSOR ALAN KEKWICK, M.A., M.B.,
B.CHIR., F.R.C.P. | SIR ALFRED HURST, K.B.E., C.B. |
| MR. E. K. MARTIN, M.S., F.R.C.S. | SIR HUGH LINSTAD, O.B.E., M.P. |
| DR. KENNETH ROBSON, M.D., F.R.C.P. | LORD LUKE, T.D., D.L., J.P. |
| DR. COCHRANE SHANKS, M.D., F.R.C.P.,
F.F.R. | MR. J. K. MAITLAND, M.B.E., M.C., T.D. |
| MR. A. H. N. SIDDON, M.CHIR., F.R.C.S. | MARQUIS OF NORMANBY, M.B.E. |
| MR. NORMAN TANNER, CH.B., F.R.C.S. | MAJOR R. O'BRIEN, M.V.O., T.D. |
| SIR HENRY TIDY, K.B.E., M.D., F.R.C.P. | MR. JAMES PATERSON, M.C. |
| | HON. ELWYN RHYS |
| | SIR HORACE ROOME, K.C.I.E., C.B., C.B.E.,
M.C., D.L. |
| | DAME KATHERINE WATT, D.B.E., R.R.C. |
| | 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
MISS A. L. LASCELLES	...	...	...	...	...	...	Homes for Aged Sick
CMDR. R. W. PEERS, R.N. (Retd.)	...	...	...	...	...	...	Convalescent Homes
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

CAPTAIN J. E. STONE, C.B.E., M.C., F.S.A.A. *Director and Consultant on Hospital Finance*

MR. W. E. HALL, F.C.I.S.	...	...	...	...	...	...	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)
MR. C. H. BARNEY, A.S.A.A.	...	...	...	...	...	...	Accountant-Statistician
MR. G. L. CRAMP, A.I.M.T.A.	...	...	...	...	...	...	Assistant Accountant
MISS E. H. HARRISON	...	...	...	...	...	...	Secretary
MR. F. H. HINGE	...	...	...	...	...	...	Information Officer

DIVISION OF NURSING

21, Cavendish Square, W.1.

MISS M. M. EDWARDS, M.V.O.	...	...	...	...	...	...	Director
MISS M. B. ADAMS...	...	...	...	...	...	...	Assistant
<i>Nursing Recruitment Service, 21, Cavendish Square, W.1.</i>							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 C. H. S. DOBIE	...	...	...	...	...	...	Principal
MISS E. WEST	...	...	...	...	...	...	Assistant to the 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. P. H. CONSTABLE	...	...	...	...	...	...	Principal
MR. R. A. MICKELWRIGHT	...	...	...	...	...	...	Vice-Principal
MR. A. C. STUART-CLARK	...	...	...	...	...	...	Senior Tutor and Registrar
MR. E. L. F. HOLBURN	...	...	...	...	...	...	Senior Tutor
MR. M. HAY	...	...	...	...	...	...	Tutor

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
MISS B. R. STANTON	...	...	...	...	...	...	Dietetic 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 Catering Instructor

School of Hospital Catering :—

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

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

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

MISS W. M. COX

Senior Watchkeepers

MISS M. E. CRAIG

MISS J. E. M. HINTON

MISS B. G. HARRIS

MISS E. M. MANLY

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

The subscription list is headed by 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 HOSPITALS BALANCE SHEET

FUND ACCOUNTS :	£	s.	d.	£	s.	d.	£	s.	d.
FUNDS TO BE RETAINED AS CAPITAL :									
As at 31st December, 1952 ...				2,167,963	10	7			
Add : Receipts during 1953 ...	778	14	6						
Legacies for Capital ...	20	13	9						
				799	8	3			
				2,168,762	18	10			
GENERAL FUNDS :									
As at 31st December, 1952 ...	4,018,455	4	6						
Add : Lapsed Grants ...	7,428	16	5						
Amount transferred from Income and Expenditure Account ...	44,946	13	9						
				4,070,830	14	8			
SPECIAL FUNDS :									
per Schedule ...				417,797	14	11			
SPECIAL APPROPRIATION FUND :									
Balance of Sum earmarked by General Council out of Income for the Provision of Additional Accommodation for Aged Sick as at 31st December, 1952 ...	85,176	10	0						
Add : Lapsed Grants ...	1,325	3	1						
	86,501	13	1						
Less : Net amount appropriated for expenditure during 1953 ...	25,979	11	5						
				60,522	1	8			
GRANTS RETAINED :							6,717,913	10	
Grants made to Hospitals and Convalescent Homes awaiting appropriate time for payment viz. :									
Ordinary Distribution ...				98,154	7	11			
Special Distribution ...				65,483	0	0			
Radiotherapy Fund Distribution ...				39,606	18	0			
				203,244	5	11			
Appropriations for Homes for Aged Sick, not yet expended ...				20,243	3	11			
							223,487	9	
LIABILITIES :									
Calls on Investments (since paid) ...				5,000	0	0			
Administration and Other Expenses ...				11,021	11	2			
							16,021	11	
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES) :									
Amount received for dilapidations ...				540	0	0			
Sinking Fund Appropriations ...				4,232	0	0			
							4,772	0	
							£6,962,194	11	

REPORT OF THE AUDITORS TO KING EDWARD'S HOSPITALS

We have obtained all the information and explanations which to the best of our knowledge proper books of account have been kept by the Fund so far as appears from the annexed Income and Expenditure Account which are in agreement with the books and explanations given us the Balance Sheet gives a true and fair view of the state of the 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.
18th May, 1954.

FUND FOR LONDON

DECEMBER, 1953

	£	s.	d.	£	s.	d.	£	s.	d.
ASSETS AND INVESTMENTS :									
STOCKS AND SHARES, etc., held for :—									
General Account	5,211,397	17	5						
Special Accounts	363,871	11	9						
				5,575,269	9	2			
INVESTED GIFT of His late Majesty, King George V, to be retained as Capital									
				20,000	0	0			
				5,595,269	9	2			

The market value at 31st December, 1953, of the quoted securities (i.e., 96.98 per cent. of the total) was £6,018,791.

FREEHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS AND MORTGAGES									
	1,270,087	1	11						
REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of									
				1	0	0			
				6,865,357	11	1			

Assets received or acquired before 21st July, 1908, are taken at or under values adjusted as at that date, in accordance with the terms of King Edward's Hospital Fund for London Act, 1907. Assets received or acquired since that date are included at or under the market value at the date of gift or purchase.

CURRENT ASSETS :									
Balances at Banks and Cash in hand	56,025	10	1						
Debtors	40,811	9	11						
				96,837	0	0			

NOTES—

The King's Fund also owns a stock of Radium which is lent by the Fund to a hospital in London.

The cost of properties for Staff Colleges and Homes for Aged Sick (amounting to £351,198), and furniture and equipment owned by the Fund has been written off as and when acquired, to Income and Expenditure account, or to Special Appropriation Fund.

In some cases, legacies are subject to indemnities given to refund the sum if any, required to meet the liabilities of Executors.

The King's Fund holds as collateral security in respect of a Lessee's covenant to re-instate dilapidations :

(a) £2,000 which is held in a separate banking account in the Fund's name.

(b) A lien on certain securities and cash held by a bank.

E. R. PEACOCK Treasurer.

£6,962,194 11 1

WARD'S HOSPITAL FUND FOR LONDON.

Knowledge and belief were necessary for the purposes of our audit. In our opinion the statement of those books. We have examined the above Balance Sheet and the statement. In our opinion and to the best of our information and according to the facts of the affairs as at the 31st December, 1953, and the Income and Expenditure

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

INCOME AND EXPENDITURE ACCOUNT

	£	s.	d.	£	s.	d.	£
GRANTS:							
DISTRIBUTION COMMITTEE:							
Hospitals and Branches—Grants per Report ...				120,000	0	0	
CONVALESCENT HOMES COMMITTEE:							
Convalescent Homes not attached to Hospitals—							
Grants per Report ...				30,000	0	0	
MANAGEMENT COMMITTEE:							
Special Grants—per Report ...				63,188	0	0	213,188
EXPENDITURE ON SPECIAL SERVICES, ETC.:							
Division of Hospital Facilities:							
General Administration Expenses ...				15,214	9	5	
Division of Nursing:							
General Administration Expenses, including Nursing				8,015	12	6	
Recruitment Service ...							
Staff College for Ward Sisters:							
Alterations to Premises, etc. ...	£	s.	d.				
General ...	11,121	4	4				
Staff College for Matrons:				11,189	3	10	
Alterations to Premises, etc. ...	5,653	5	4				
General ...	2,849	6	9				
				8,502	12	1	
Hospital Catering and Diet Committee:							
Catering Advisory Service ...				11,393	0	7	27,707 8 5
School of Hospital Catering:							
Alterations to Premises, etc. ...	249	0	2				
General ...	11,291	8	1				
				11,540	8	3	22,933 8 10
Hospital Administrative Staff College:							
Alterations to Premises, etc. ...	1,182	18	6				
General ...	23,861	2	0				
Bursaries ...				25,044	0	6	
Recruitment Advisory Service ...				987	2	4	
				160	3	4	
Bursaries for Almoners...							26,191 6 2
Convalescent Homes Committee:							825 0 0
General Administration Expenses ...							2,086 14 8
EMERGENCY BED SERVICE:							94,958
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 ...							1,299
ADMINISTRATION EXPENSES:							
Salaries, Pensions, Allowances and Superannuation Contributions ...				17,169	1	4	
Establishment, including Rent, Rates, Heating and Lighting, Cleaning, Insurance, etc. ...				6,370	14	6	
Printing and Stationery ...				1,040	1	0	
Sundry Miscellaneous Expenses ...				3,104	19	10	27,684 10
OTHER EXPENSES:							
Office Furniture and Equipment ...				424	14	10	
Legal and Other Professional Fees ...				537	2	2	961 10 775
APPROPRIATION to Leasehold Sinking Fund ...							345,367
TRANSFER TO GENERAL FUND:							
Excess of income over expenditure ...				16,974	18	4	
Legacies received during 1953...				27,971	15	5	44,946 10
							£390,314

THE YEAR ENDED 31st DECEMBER, 1953

	£	s.	d.	£	s.	d.
INCOME from:						
Securities and Investments	258,818	17	0			
Freehold and Leasehold Properties let	67,745	1	9	326,563	18	9
SUBSCRIPTIONS:						
Annual	2,111	14	11			
Under Deed of Covenant for a stated number of years	2,771	0	5			
	4,882	15	4			
DONATIONS:						
Annual and other	30,385	12	6	35,268	7	10
TOTAL ORDINARY INCOME				361,832	6	7
WAR DAMAGE PAYMENT:						
In respect of 10, Old Jewry				509	19	4
LEGACIES:						
General Legacies received during 1953				27,971	15	5

£390,314 1 4

SPECIAL FUNDS 31st DECEMBER, 1953

	£	s.	d.	£	s.	d.
SPECIAL ANONYMOUS TRUST (1930):						
CAPITAL ACCOUNT	20,000	0	0			
INCOME ACCOUNT:						
Balance as at 31st December, 1952...	3,052	7	0			
Add: Receipts during 1953 ...	678	6	0			
	3,730	13	0			
				23,730	13	0
MRS. L. L. LAYBORN TRUST (1943):						
CAPITAL ACCOUNT	5,000	0	0			
INCOME ACCOUNT:						
Receipts during 1953 ...	150	0	0			
Less: Paid to Hostel of St. Luke ...	150	0	0			
				5,000	0	0
J. R. CATLIN, DECEASED, TRUST:						
Balance as at 31st December 1952						25 0 0
RADIOTHERAPY FUND:						
Balance as at 31st December, 1952	81,378	1	4			
Add: Receipts during 1953	2,296	0	0			
Grant to Royal North- ern Hospital, now lapsed	250	0	0			
	2,546	0	0			
	83,924	1	4			
Less: Grant to Archway H.M.C.	35,000	0	0			
Other Grants	444	7	9			
	35,444	7	9			
				48,479	13	7
THE ARTHUR AND ALEXANDER LEVY SURGICAL HOME						
FOUNDATION ACCOUNT (1947):						
Balance as at 31st December 1952	329,383	5	0			
Add: Income received during 1953	11,179	3	4			
				340,562	8	4
				£417,797	14	11
Represented by:—						
Investments				363,871	11	9
Debtors (Tax Recoverable)				1,647	5	0
Cash at Bank				52,278	18	2
				£417,797	14	11

RECEIPTS FROM LEGACIES IN 1953

	£	s.	d.
GENERAL :			
Ernest Frederick Angell...	886	3	4
Charles Ansell ...	1,074	2	11
Arthur Barrell ...	280	0	0
Alfred Charles Cosher Bates ...	250	0	0
Miss Mary Lilian Bickersteth ...	9	13	0
Lady Elizabeth Concita Boynton ...		9	0
Percy Briscoe ...	46	3	6
Edward Samuel Cashmore ...	1,010	5	5
Cmdr. Francis William Chaine...	600	0	0
Frederick William Ellis ...	2,005	18	2
Hugh Basil Ermen ...	15	0	0
Miss Ariana Borthwick Gordon ...	1,524	12	10
William Andrew Guesdon ...	1,398	19	3
Lionel Wormser Harris ...	119	18	3
Mrs. Ada Frances Jennings ...	923	18	1
David Dishington Keay ...	500	0	0
Lord Kenilworth ...	13,516	16	0
Miss Alys Martha Augusta Kingsley ...	100	0	0
Alexander Michael Levy ...	2,277	16	9
Frank Charles Lindo ...	394	17	8
Thomas Miles ...	94	8	5
Percy Morris ...	500	0	0
Clement Le Mesurier Thompson ...	600	13	1
Alderman Walter Morgan Willcocks, J.P. ...	247	10	0
Frederick William Wyman ...	342	16	0
	28,720	1	8
Less : Special Appropriation from Legacies received	200	0	0
	28,520	1	8
Less : Additional Estate Duty on estate of Mrs.			
J. C. L. C. de Roemer ...	548	6	3
	27,971	15	5
CAPITAL :			
Henry Herbert Wills ...	20	13	9
	£27,992	9	2

GRANTS BY MANAGEMENT COMMITTEE, 1953

NAME	AMOUNT	OBJECT
<i>(i) To Mental Hospitals</i>		
Banstead	£ 250	Replacing old garden shrubbery.
Claybury, Woodford Green	6,900	Provision of changing room accommodation for daily staff.
Fountain, Tooting	{ 2,175	Purchase of refrigerators for ward kitchens.
Friern, New Southgate	{ 850	Improvement of stage.
Goodmayes, Ilford	2,000	Renovation of villa to be used as nurse training school.
Holloway Sanatorium, Virginia Water	1,000	Increased cost of twin cinema projectors.
Horton, Epsom	3,000	Refurnishing nurses' home.
Long Grove, Epsom	3,500	Reconditioning and re-equipment of recreation hall.
Napsbury, St. Albans	4,000	Recreation hut for patients.
Netherne, Coulsdon	2,500	Improvement of acoustic and other defects in Main and East recreation halls.
St. Bernard's, Southall	3,400	Provision of centre for occupational therapy.
St. Ebba's and Belmont	{ 890	Improvements to kitchen.
St. Lawrence, Caterham	{ 4,000	Equipment for special unit for rehabilitation of deaf children.
Tooting Bec	5,000	Various items of equipment.
	3,000	Recreation hut for patients.
		Equipment of "sick" wards with new bedsteads.
	45,965	
<i>(ii) Other Grants</i>		
Council for Music in Hospitals	250	
National League of Hospital Friends	300	
South East Metropolitan Regional Hospital Board	4,000	Scheme for relieving pressure on hospital beds.
	500	Expansion of above scheme.
South West Middlesex Hospital Management Committee	12,173	Rehabilitation of one floor of geriatric unit at West Middlesex Hospital.
	£63,188	

GRANTS TO HOSPITALS AND INSTITUTIONS, 1953

NAME OF ORGANISATION	GRANT	OBJECT
	£	
Archway H.M.C. ...	1,120	New casualty theatre and recovery room at Whittington Hospital.
	250	Completion of sterilizing rooms and sisters' duty rooms in balcony partitions of wards in "C" block at New End Hospital.
Battersea and Putney H.M.C.	1,120	Ward equipment for male T.B. ward at St. John's Hospital.
	2,935	Nurses' home furniture at Battersea General Hospital, and permanent roofing to ward balconies, equipment, etc., at Putney Hospital.
	101 10s.	Improvements to garden at Sundridge Avenue nurses' home.
Bermondsey and Southwark H.M.C.	328	Improvements to garden at Donoran Home.
	575	Staff location system at St. Olave's Hospital.
	390	Gardens and tennis court at New Cross Hospital.
Bow H.M.C. ...	200	New garden at nurses' home at Poplar Hospital.
	230	Installation of dual wireless system in four wards at St. Andrew's Hospital.
Brentwood H.M.C. ...	1,400	New diet kitchen for Harold Wood Hospital.
British Home and Hospital for Incurables ...	1,000	Replacement of boiler, repairs, etc.
	1,425	Improvements to kitchens.
Brixton D.N.A. ...	1,500	Furniture and equipment for annexe to nurses' home at Tulse Hill.
Brook Lane Medical Mission	1,900	Fire escape.
Camberwell H.M.C. ...	1,630	Installation of washbasins at nurses' home, Dulwich Hospital.
Cassel H.M.C. ...	450	Re-surfacing two tennis courts at Cassel Hospital.
Central Middlesex H.M.C.	1,500	Recreation hall and sports ground at Central Middlesex Hospital.
Chalfont Colony ...	5,000	Renewal of kitchen.
	500	Tennis court for nursing staff at St. Luke's Hospital.
Chelsea H.M.C. ...	820	Increased cost of heated trolleys for St. Stephen's Hospital.
	5,000	New cerebral palsy centre at Cheyne Hospital for Children.
	400	Garden at cerebral palsy centre.
Cheshire Foundation Home for the Sick	1,325	Improvements to fire precautions, alterations and equipment.
Church of England Pensions Board	1,000	Home at Hindhead.

NAME OF ORGANISATION	GRANT	OBJECT
Colchester H.M.C.	£ 4,500	Staff recreation hut for Black Notley Hospital.
Croydon H.M.C.	100	Wireless equipment for Norwood and District Hospital.
Dr. Barnardo's Homes	1,000	Re-building and re-equipping part of Australasian Hospital, Barkingside.
Edmonton H.M.C.	2,500	Mattresses and bedsteads for North Middlesex Hospital.
Enfield H.M.C.	250	Addition to grant of £2,750 for improvement of main kitchen at St. Michael's Hospital.
Epping H.M.C.	2,000	Improvements to kitchen at St. Margaret's Hospital.
Epsom H.M.C.	500	Wireless installation at Cuddington Hospital.
	3,000	Improvement of heating at Broom Close, a hospital for female ambulant T.B. cases.
	2,000	Sterilizers and theatre heating.
Florence Nightingale Hospital		
Forest H.M.C.	5,000	Central heating and washbasins in nurses' home at Connaught Hospital.
French Hospital	500	Rewiring of hospital.
Fulham and Kensington H.M.C.	195	Improvements to garden of nurses' home at 170/172, Cromwell Road.
	200	Resurfacing hard tennis court at Fulham Hospital.
	700	Kitchen improvements at St. Mary Abbot's Hospital.
Hackney H.M.C.	450	Cubicle rails at Mothers' Hospital (Salvation Army) .
Hayes Grove, Home for Elderly Nurses	2,000	Completion of home.
Hospital of St. John and St. Elizabeth	2,500	New children's ward.
Ilford and Barking H.M.C.	435	New garden at Dagenham Hospital.
Invalid Kitchens of London	2,000	Further grant towards cost of transferring branch at Bethnal Green to new premises.
Italian Hospital	300	Central heating, etc.
Lambeth H.M.C.	1,500	Renewing furniture in staff accommodation at Lambeth Hospital.
Lewisham H.M.C.	600	Improvements to thoracic surgery unit at Grove Park Hospital.

NAME OF ORGANISATION	GRANT	OBJECT
	£	
Leytonstone H.M.C. ...	600	Enclosing ward balcony at Whipps Cross Hospital.
	200	Artistic amenities at Whipps Cross and Langthorne Hospitals.
	300	Roller grass cutter.
	300	Provision of gardens and lawns at Langthorne Hospital.
	100	Improvements to gardens at Whipps Cross Hospital.
	2,000	Clearance of war damaged site at Langthorne Hospital.
Mid-Kent H.M.C. ...	200	Typewriters, furnishings and television set for Lenham Sanatorium.
National Association for the Paralysed	2,500	Alteration and equipment of property to be used as accommodation for young chronic sick.
Northern H.M.C. ...	3,500	Clearance of war damaged site at Royal Northern Hospital.
Paddington H. M.C. ...	2,000	Improvements to dining-room and kitchen at National Temperance Hospital.
Pictures in hospitals ...	5 10s.	
Romford H.M.C. ...	200	Greenhouse at Rush Green Hospital.
Royal Hospital and Home for Incurables, Putney	470	Washing machine in hospital laundry.
St. Joseph's Hospital for Incurables	220	Enclosing veranda.
St. Joseph's Institute, Edmonton	250	Equipment for laundry.
St. Teresa's Hospital ...	250	Improvements to laundry.
St. Vincent's Orthopaedic Hospital	500	Wireless equipment.
School of Stitchery and Lace	500	Increase in grant towards external repairs to building.
Searchlight Cripples Workshops	500	Increased cost of building work.
Sidcup and Swanley H.M.C.	850	Improving two ward kitchens at Queen Mary's Hospital.
Staines H.M.C. ...	100	Sun blinds in children's ward at Hounslow Hospital.
Tottenham H.M.C. ...	1,000	Recreation hut for T.B. unit at St. Ann's Hospital.
	250	Wireless apparatus at St. Ann's Hospital.

NAME OF ORGANISATION	GRANT	OBJECT
Wandsworth H.M.C. ...	£ 6,000	Hydrotherapy unit at St. Benedict's Hospital.
West Ham H.M.C. ...	3,000	Improvements to main kitchen at Forest Gate Hospital.
West London Hospital ...	75	Completion of gardens for maternity wards at Forest Gate Hospital.
Windsor H.M.C. ...	5,000	Nurses' recreation room at West London Hospital.
	2,700	Hydrotherapy tank, plumbing and equipment at Heatherwood Orthopaedic Hospital.
	200	New unit for nursing mothers at British Hospital for Mothers and Babies.
Woolwich H.M.C....	5,500	Recreation hut for nursing staff at St. Nicholas Hospital.
	200	Levelling land in Memorial Hospital grounds.
	103,800	
MAINTENANCE GRANTS		
British Home and Hospital for Incurables	1,000	
Central Council for District Nursing in London	5,000	
Florence Nightingale Hospital	250	
French Hospital ...	400	
Homes of St. Giles for British Lepers	500	
Hospital of St. John and St. Elizabeth	1,500	
Hostel of God ...	400	
Italian Hospital ...	200	
King Edward VII's Hospital for Officers	1,000	
Royal Hospital and Home for Incurables	5,000	
St. Andrew's Hospital, Dollis Hill	750	
St. Joseph's Hospital for Incurables	200	
	£ 120,000	

GRANTS TO CONVALESCENT HOMES, 1953

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
All Saints Convalescent Hospital, Eastbourne	£200	£2,500	Modernisation of buildings.
Armitage House Recuperative and Holiday Home, Worthing	100	300	New kitchen sinks.
Beau Site Convalescent Home, Hastings	100	1,000	Building repairs.
Brabazon Home, Redhill ...	150	100	Redecoration and repair of bedroom ceilings.
British Legion Churchill Court Convalescent Home, Mortimer	150	—	—
British Red Cross Society : Beech Hill Convalescent Home, Mortimer	500	162	Wire fencing.
Cliff Coombe, Broadstairs	200	115	Gas drying cabinet.
Edith Friday Home, S.E.3	150	95	New carpets and vacuum cleaner.
Brook Lane Rest House, Brighton	—	300	Central heating.
Burt Memorial, Bognor Regis	200	—	—
Capesthorpe Babies' Home, Mudeford	—	420	Improvement to staff quarters.
Catherine House for Gentlewomen, St. Leonards	250	—	—
Catisfield House, Hove	810	—	—
Caxton Convalescent Home, Limpsfield	50	300	Renewing central heating.
Children's Convalescent Home, Beaconsfield	350	—	—
Children's Home, East Grinstead	200	520	House alterations and equipment.
Dedisham Convalescent Nursery School, Slinfold	—	84	Washing machine.
Dominican Convent, Kelvedon	200	2,500	Ground floor bedrooms.
Edith Cavell Home of Rest for Nurses, Haslemere	250	—	—
Epsom H.M.C.	—	1,095	Laundry hut and household equipment at Schiff Home of Recovery, Cobham.

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
Friendly Societies Conva- cent Home, Herne Bay	£ 100	£ —	—
Handcross Park Conva- cent Home, Handcross	200	—	—
Hart's Leap, Sandhurst ...	250	190	Repairs to garage, staff sitting- room windows and linoleum in children's dining room.
Hastings H.M.C.	—	775	Spring mattresses, hot cup- board and curtains at Metro- politan Convalescent Homes.
Henry Radcliffe Conva- cent Home for Merchant Seamen, Limpsfield Chart	50	—	—
Hertfordshire Seaside Con- valescent Home, St. Leonards	100	—	—
Home for Invalid Children, Hove	—	200	Domestic boiler, floor covering and furniture.
Invalid Children's Aid Association :			
Andrew Duncan Home, Shiplake-on-Thames	300	92	Household equipment.
Brentwood Children's Convalescent Home, St. Leonards	—	200	Household equipment.
Hamilton House Home, Seaford	—	46	Household equipment.
Hawkenbury Boys' Con- valescent Home, Tun- bridge Wells	—	334	Furniture and equipment.
John Horniman Home, Worthing	100	180	Household equipment.
Meath Children's School of Recovery, Ottershaw	—	40	Furniture and equipment.
St. Michael's Home, Southbourne	300	108	Equipment and repairs to drive.
Jewish Board of Guardians :			
Samuel Lewis Seaside Convalescent Home, Walton-on-Naze	100	—	—
Zachary Merton Home, Hindhead	100	—	—

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
John Howard Convalescent Home, Brighton	£ 250	£ 450	Stainless steel sink units for kitchen and new mattresses.
Kingsleigh Convalescent Home, Seaford	50	—	—
Limpsfield Convalescent Home for Women and Girls	150	152	Basins in bedrooms.
London and Ascot Priory, Ascot	150	—	—
Maitland House, Frinton-on-Sea	100	—	—
Merebank, Musicians' Rest Home, Holmwood	50	—	—
Moor House School, Oxted	—	370	Fire precautions.
Mount Hermon Convalescent Home, Lancing	—	50	Loose covers and interior house repairs.
National Association for Mental Health : "Lynsted," Convalescent Home for Mental Defectives, Walmer	400	—	—
Orchard Dene, Rainhill, Liverpool	—	200	Isolation ward.
National Sunday School Union : Broadlands, Broadstairs	200	50	New gas cooker.
House Beautiful, Bournemouth	100	—	—
Oak Bank Open Air School, Seal	—	500	New dining room.
Residential Open Air School of Recovery, Banstead	—	450	Redecoration of wards.
Rosemary Home, Herne Bay	250	—	—
Sailors' and Soldiers' Convalescent Home, Eastbourne	50	—	—
St. Bernard's Convalescent Home for Gentlewomen, Hove.	25	210	Improvements to kitchen premises.
St. Cecilia's Home, Westgate-on-Sea	50	—	—
St. Helen's 'Toddlers' Convalescent Home, Letchworth	100	180	Renewing central heating system.

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
St. Dominic's Open Air School, nr. Godalming	£ —	£ 350	Tarmac playground.
St. Joseph's Convalescent Home, Bournemouth	200	—	—
St. Mary's Home for Children, Broadstairs	100	—	—
St. Michael's Convalescent Home, Westgate-on-Sea	200	54	Hot cupboard.
St. Peter's Convent, Woking	300	248	Dual channel radio installation.
Save the Children Fund : Fairfield House Open Air Residential School, Broadstairs	—	1,242	Repairs and renewals of hot water and electric light systems, equipment and redecorations.
Seligman Convalescent Home, Etchingham	100	—	—
Shoreditch Holiday and Rest Home, Copthorne	350	1,500	Ground floor bedrooms.
Southern Convalescent Homes, Inc. (Bell Memorial and Sunbeam) Lancing	100	—	—
Spelthorne St. Mary, Thorpe	250	—	—
Surrey Children's Convalescent Home for Surrey, Bognor Regis	—	1,300	House alterations.
Wandsworth Peace Memorial Home, Whitstable, Kent	—	150	Redecoration and replacement of furniture
Woodclyffe Convalescent Home, Wargrave	100	500	Roof repairs.
Wordsworth Home of Rest, Swanage	150	250	Various house repairs, decorations and equipment.
Wyndham House, Aldeburgh	100	—	—
	9,335	19,862	
		£29,197	
Conference expenses... ..		70	
Set aside for cook instructor at convalescent homes ...		733	
		£30,000	

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.

Statistical Summary, containing detailed comparative tables of Income, Expenditure, Work and Costs of the London Hospitals. This, the last issue of the Summary, contains classified figures for the year 1947. The Summary was published every year from 1904 to 1948. 1s. net, 1s. 6d. post free.

Revised Uniform System of Hospital Accounts. Fourth Edition, extended and revised, January, 1926 (with Appendices on Methods of Internal Control of Expenditure and other matters), and Supplements Fiii 1/29 and Fiii 1/31. 5s. net, 5s. 4d. post free.

Index of Classification of Items of Expenditure (for use with Revised Uniform System of Hospital Accounts). New Edition, 1926, 1s. net, 1s. 2d. post free.

Memorandum on Quantity Statistics. 6d. net, 7d. post free.

Accounts for Small Hospitals, based on the Revised Uniform System of Hospital Accounts, 1928. 2s. net, 2s. 2d. post free.

VOLUNTARY SERVICE.

Voluntary Hospitals 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.

NURSING.

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

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

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

Above prices include Purchase Tax.

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

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

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

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

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

2. *Notes for Ward Sisters taking students for practical work.* *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 ADMINISTRATION.

Hospital Administrative Staff College. Prospectus—Outline of the different courses offered by the College, with a brief account of its aims.

There are 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, and a reprint of an article by Mr. Constable in the *Medical Press* entitled *Hospital Administration and the contribution of the King's Fund*. Both are obtainable free of charge.

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.

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 free of charge.

Hospital Visitors' Manual, 1950. A guide to current hospital practice designed primarily for members of Boards and Committees. Arranged in the form of questions appropriate to an informal visit to a general hospital. Among the subject headings are: Casualty Department, Out-patients, Wards, Chronic Sick, Almoner's Department, Medical Records, Catering, etc. 6d. post free.

HOSPITAL CATERING.

Memorandum on Hospital Diet, 1943. (Now out of print—see *Second Memorandum*).

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

HOSPITAL CATERING—*continued.*

Catering in Convalescent Homes, 1948. Designed to aid those responsible for catering in small institutions, particularly convalescent homes. The basic principles of nutrition are explained with observations on staffing, equipment, cooking and service. The Appendices contain suggestions on menu-planning, a selection of recipes applicable to present-day conditions, and details of the priorities allowed for adult and children's convalescent homes. 6d. *post free*.

Menu Book for Convalescent Homes and Similar Institutions. Contains 52 blank sheets—one for each week of the year, conveniently ruled so as to facilitate the planning and recording of daily menus. 5s. *post free*.

Catering Circulars. From time to time the Hospital Catering Advisory Service of the Fund at 24, London Bridge Street, S.E.1., publishes circulars on catering and diet matters of current interest.

The following circulars are available :—

Care of Catering Equipment	1s. <i>post free</i>
Layout and Design	1s. <i>post free</i>
Sources of Waste in Catering	1s. <i>post free</i>
Memorandum on Special Diets	1s. <i>post free</i>
Patient's General Dietary— A guide to the cost of feeding with menus and recipes	3s. 6d. <i>post free</i>

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, 1954. 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 and Recuperative Holidays. A report of a detailed survey of convalescence carried out between February and July, 1950. 1s. 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.

MISCELLANEOUS.

Care of the Aged Sick. The story of the King's Fund experiment in providing homes for the aged sick within the National Health Service. Free.

Time-table of Out-patient Clinics at Hospitals in the Greater London Area, January, 1954. Free.

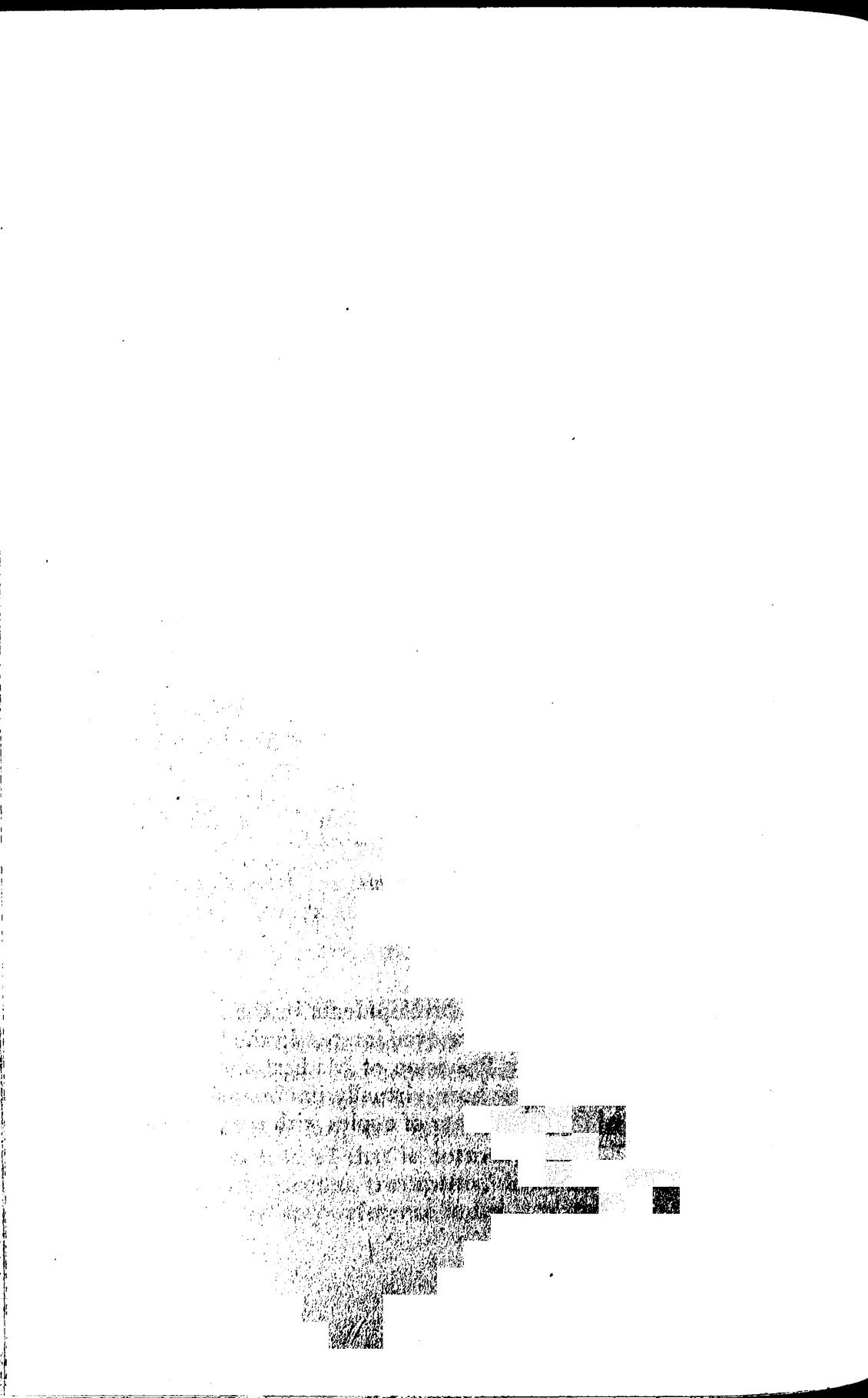
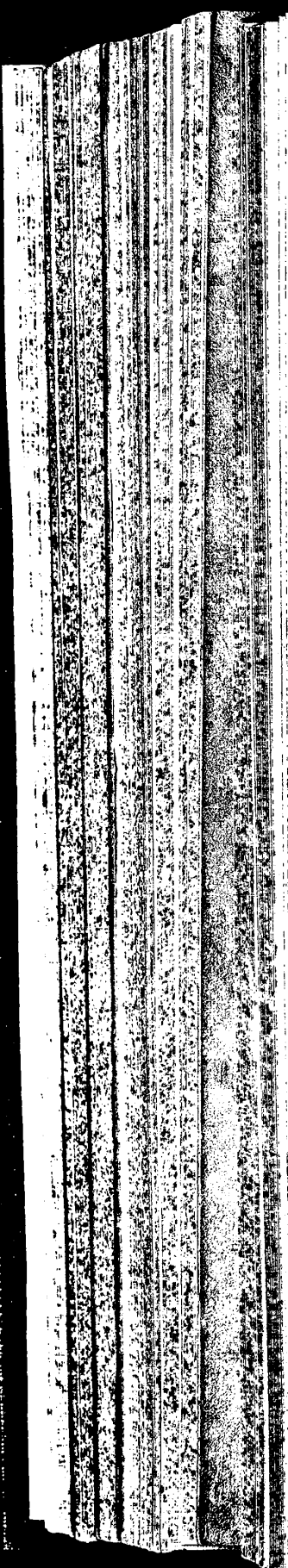
Map of Hospitals and Convalescent Homes in the Metropolitan Police District. With booklet giving details of each hospital. 15s. post free. (Revised edition in preparation).

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.

1871-1872



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

FORM FOR ANNUAL SUBSCRIPTION OR DONATION

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

To the Secretary,

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

I herewith enclose cheque for the sum of £.....:.....:
as an Annual Subscription/Donation to the Fund.

Kindly acknowledge receipt to the following address :—

Name.....

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

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

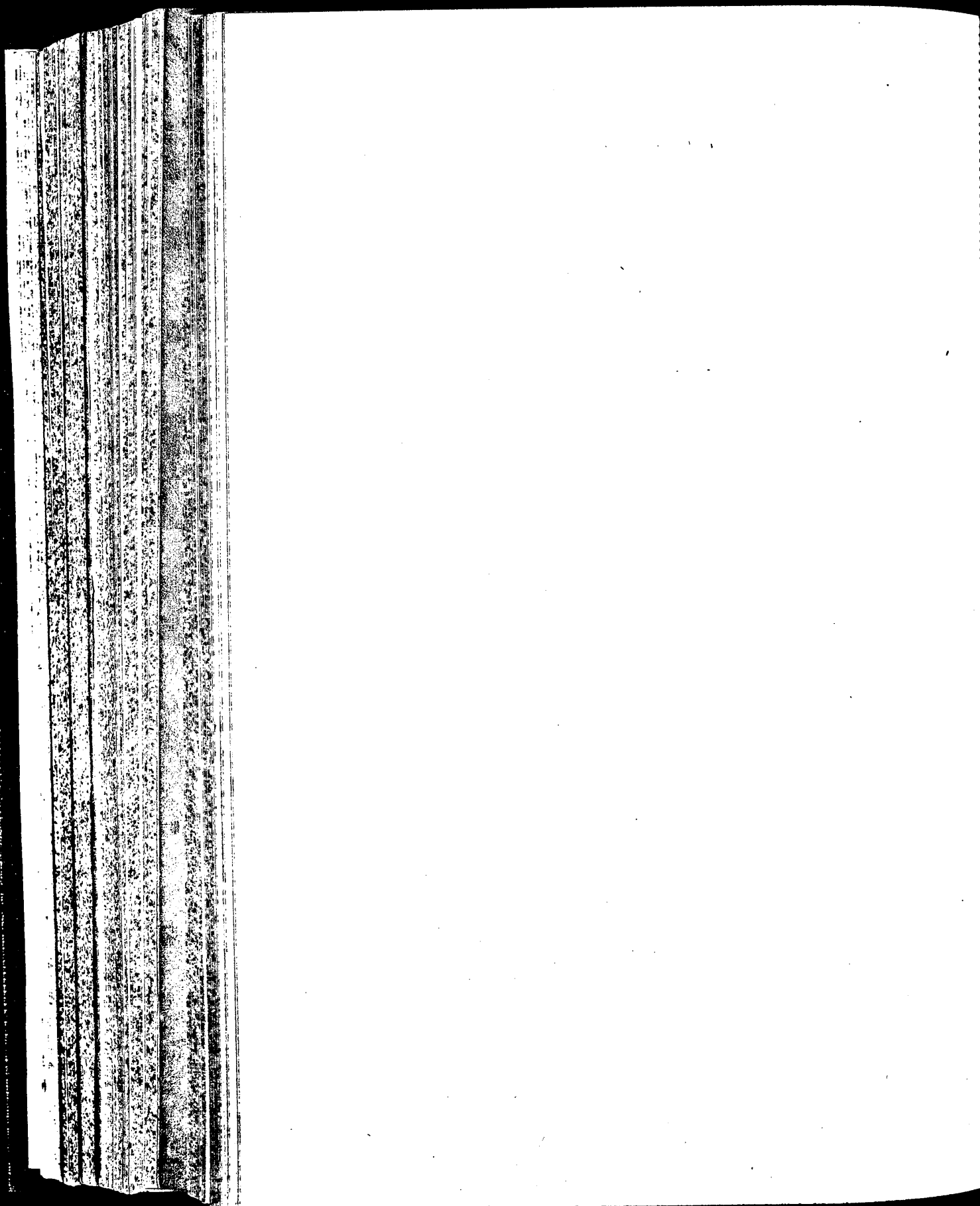
LEGACIES have played an important part in the Fund's finances and have constituted one of the main sources of revenue.

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)."



STANDING ORDER FOR BANKERS

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

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

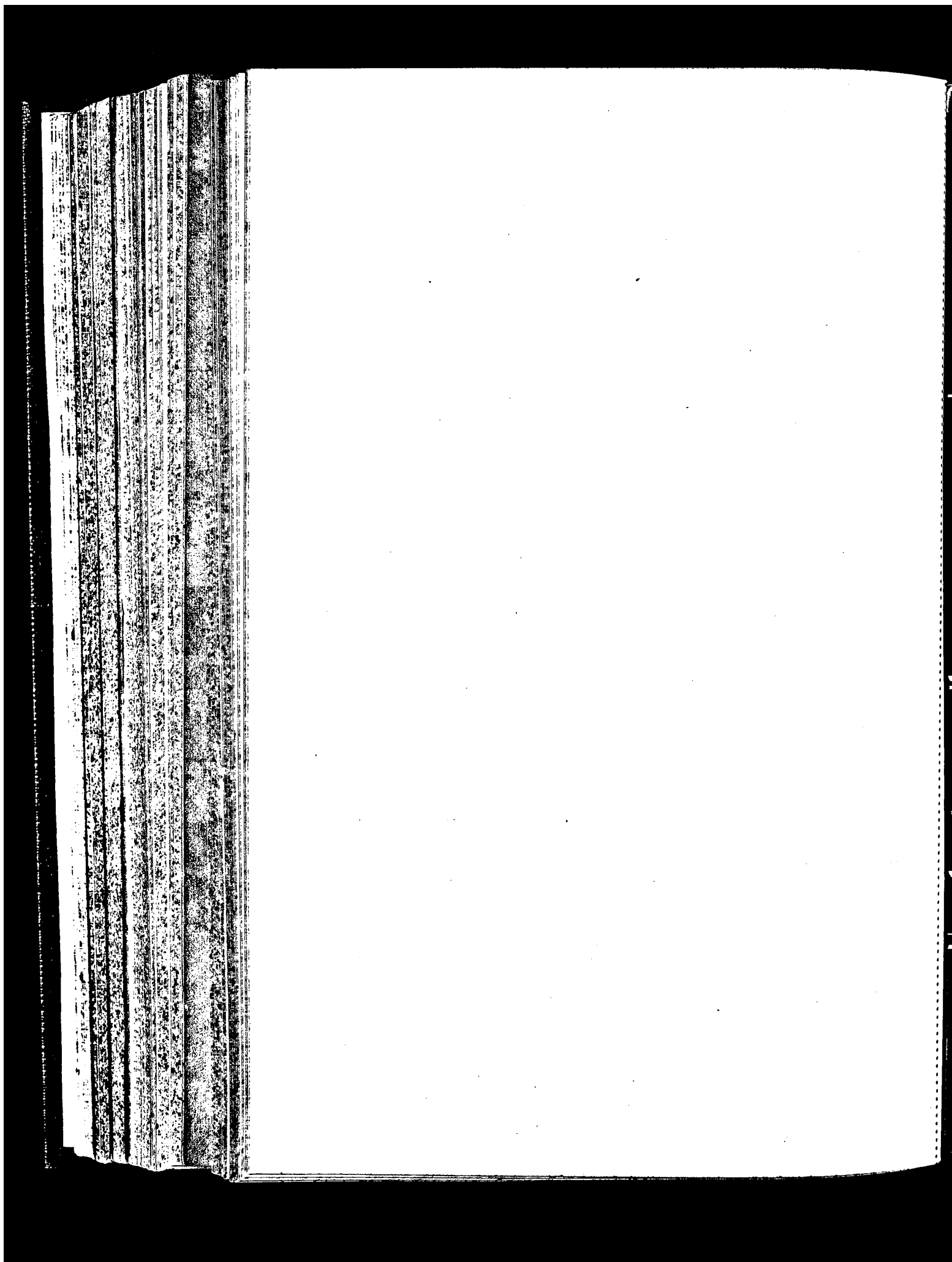
Please pay on the.....day of.....19..... to
the BANK OF ENGLAND, LONDON, E.C.2 for the credit of
"KING EDWARD'S HOSPITAL FUND FOR LONDON,"
the sum of.....and continue to
pay the same amount on the.....in each future
year until further notice.

£	s.	d.

Signature.....

Name.....
(for postal purposes)

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



INCOME TAX ON ANNUAL SUBSCRIPTIONS

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

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

(i) the subscriber sends a cheque for £30, with a certificate that he had paid income tax on the amount which, after deducting income tax, leaves £30 (i.e., with income tax at 9s. in the £, £54 10s. 11d.) ; the Fund can supply forms of certificate if desired ;

(ii) the King's Fund recovers the income tax from Somerset House ;

(iii) the contributor appears as a subscriber of £54 10s. 11d.

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

I,

of

HEREBY COVENANT with KING EDWARD'S HOSPITAL FUND FOR LONDON that for a period of seven years from the date hereof or during my life whichever period shall be shorter I will pay annually to the said Fund such a sum as will after deduction of income tax leave in the hands of the Fund the net sum of £..... (.....)
(words) the first of such annual payments to be made on the (a)..... day of 19..... and the six subsequent annual payments to be made on the same day in each of such subsequent years all such sums to be paid from my general fund of taxed income so that I shall receive no personal or private benefit in either of the said periods from the said sums or any part thereof.

IN WITNESS whereof I have hereunto set my hand and seal this (b)..... day of..... 19.....

SIGNED, SEALED AND DELIVERED by the
above-named in the presence of

Signature

Address

L.S.

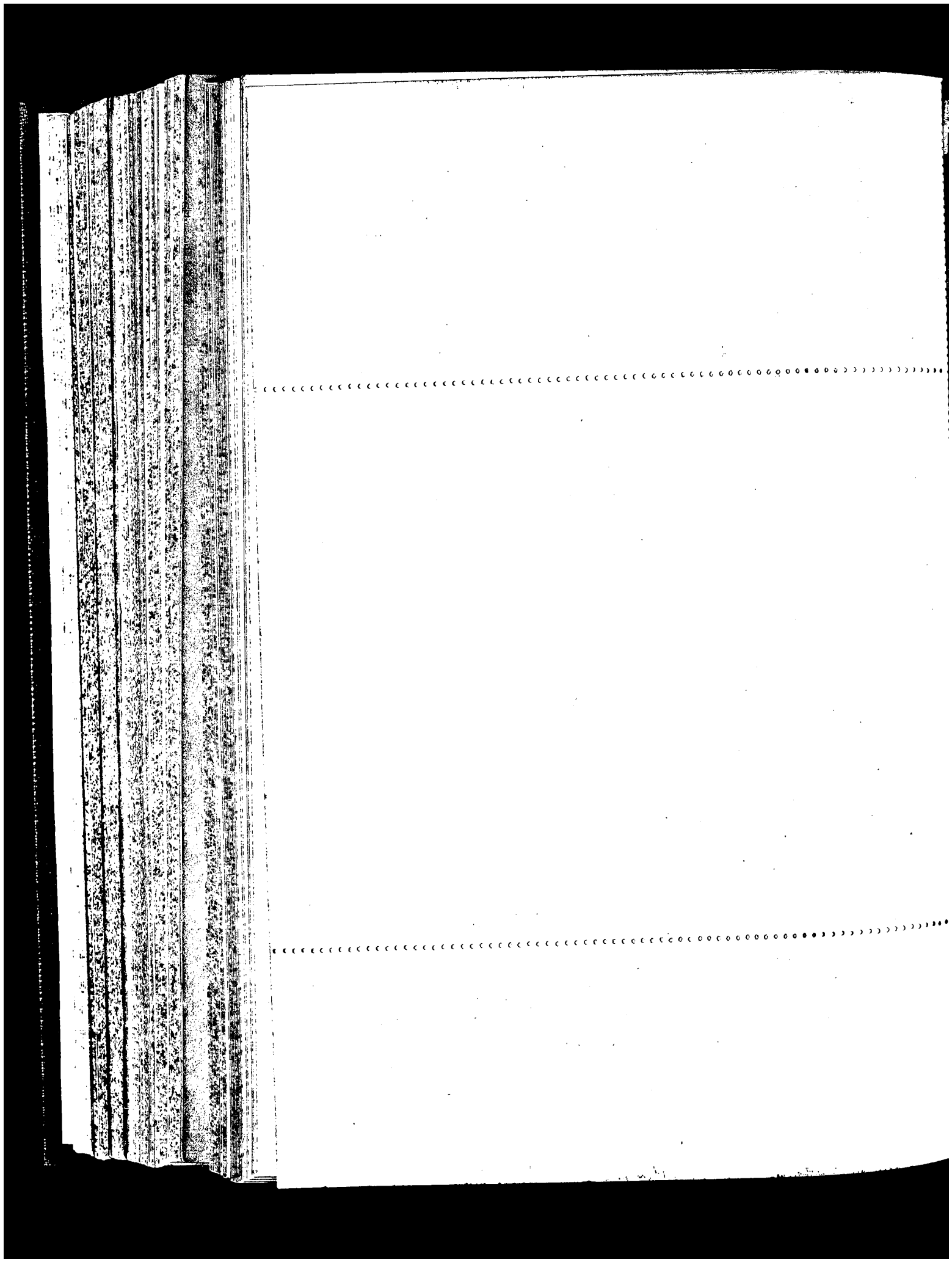
(Signature)

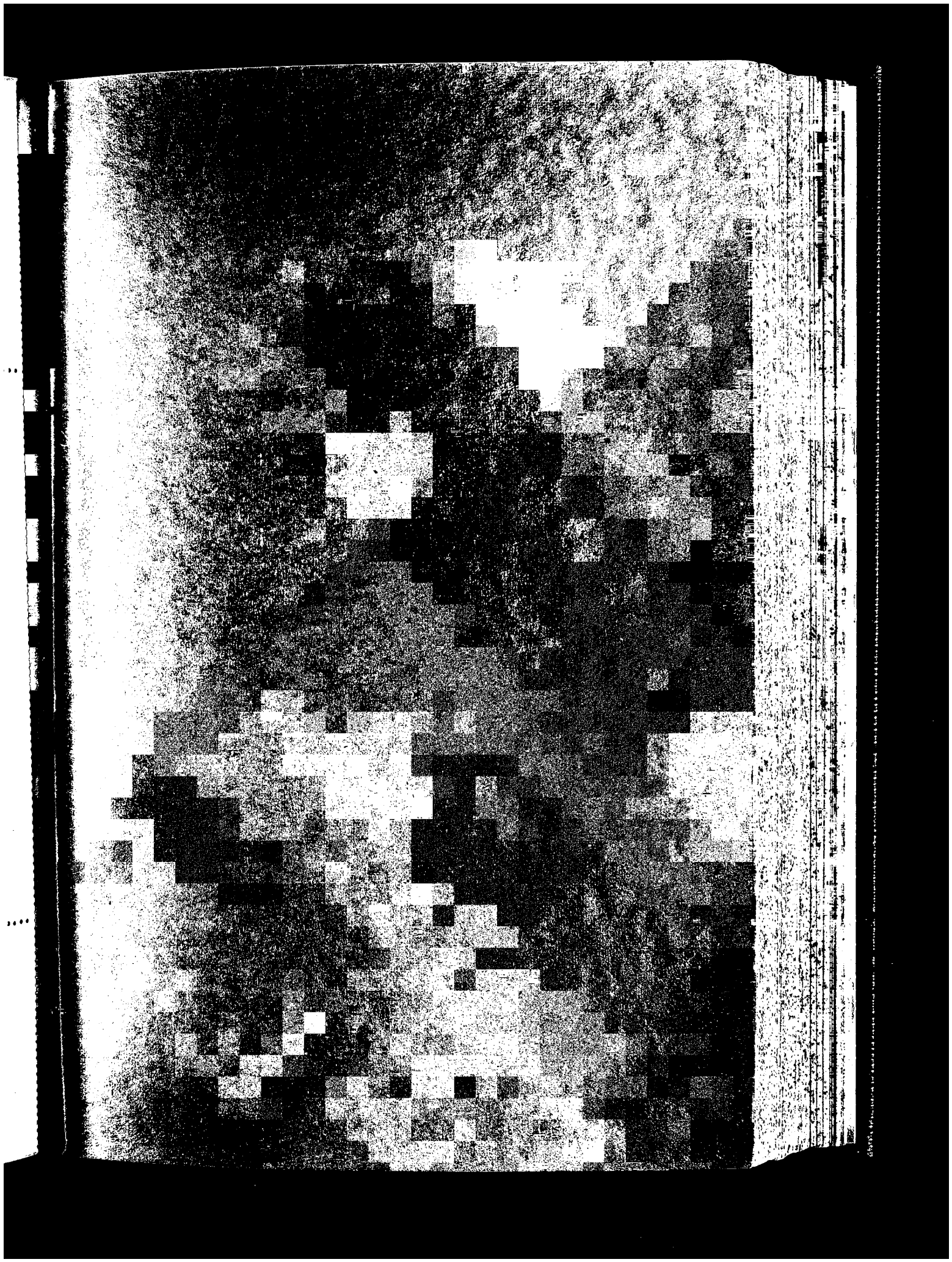
Occupation.....

(a) The date must be later than the date of signing (b).

NOTES AS TO COMPLETION OF AGREEMENT

- (1) The term of seven years commences from the date of signature.
- (2) The directions for filling in the dates at (a) and (b) should be carefully observed.
- (3) If the seven annual payments are to be made under Bankers' Order the date at (a) should be furnished to the Bank.
- (4) The agreement duly completed as above should be forwarded to the King's Fund as soon as signed, in order that it may be stamped within the allotted time.







Printed at
Pendragon Press
Papworth Everdon
near Cambridge