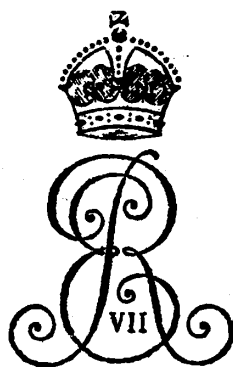


KING EDWARD'S HOSPITAL FUND
FOR LONDON



FIFTY-THIRD
ANNUAL REPORT

1949

10 OLD JEWRY

LONDON, E.C.2



KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON :
HIS MAJESTY THE KING

PRESIDENT :
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

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

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

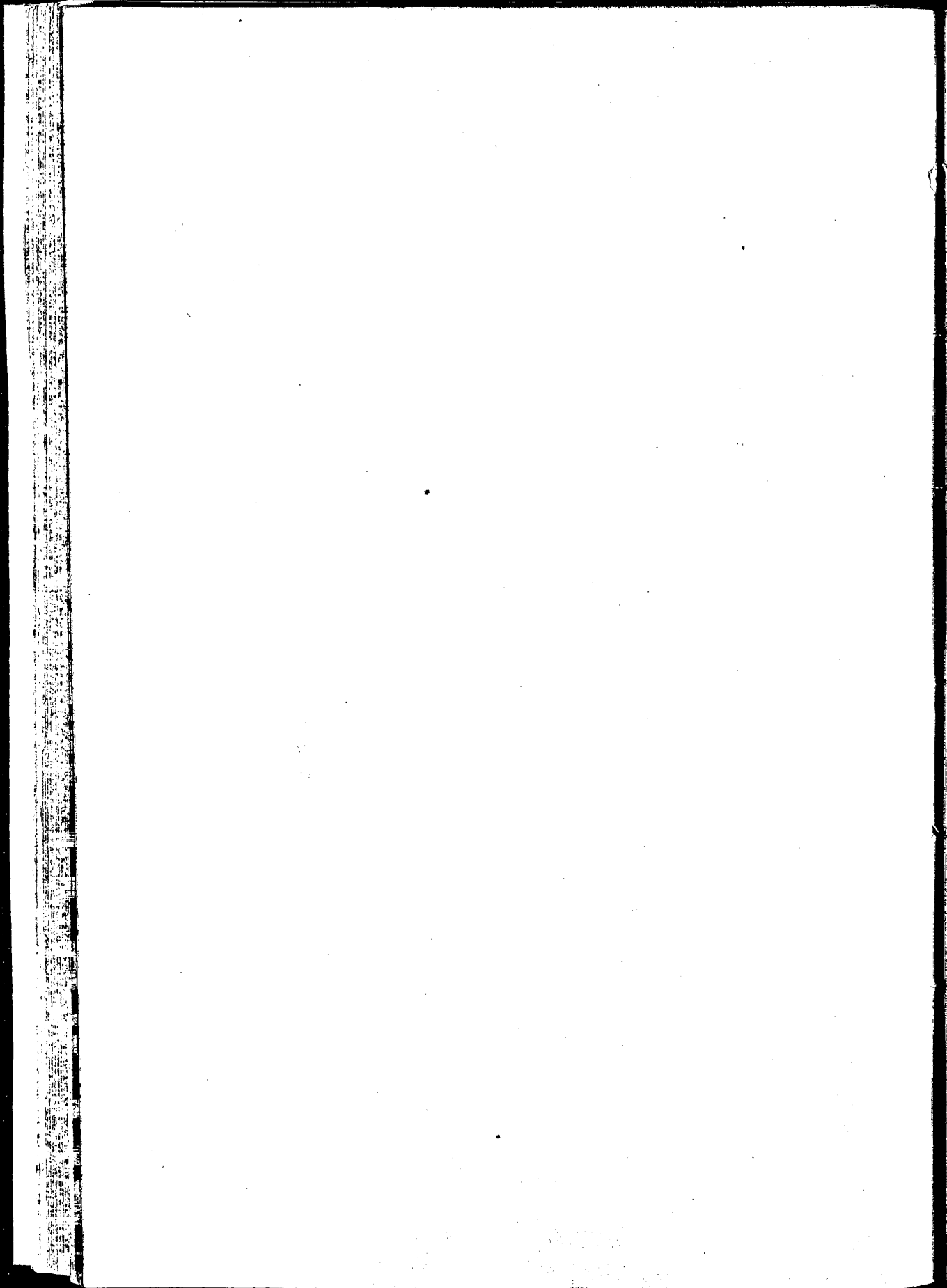
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The Fund was founded in 1897 by His Majesty King Edward VII (when Prince of Wales) for the "support, benefit and extension" of the hospitals of London.

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

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FIFTY-THIRD ANNUAL REPORT

THE hospitals are to-day on their mettle. They are tackling an immense task, and are beset with new and complex problems in almost every one of their numerous activities. The period since July 5th, 1948, has witnessed more revolutionary changes in practice and outlook than normally take place in many years. Policies and methods that have stood the test of time have been swept away. New and more exact methods, ideas and systems are coming to the fore and hospital management must be alert if it is to progress. It must be ready to meet changing conditions and to subordinate traditional policy and procedure to the paramount necessity of meeting efficiently the demands being made upon it.

THE SECOND YEAR OF THE NATIONAL HEALTH SERVICE

The Hospital Management Committees have been brought face to face with disparities in the standards of care in the hospitals and institutions entrusted to them. They have, with a very few exceptions, set to work with determination and a deep interest in making a success of this task. Already many definite achievements stand to their credit: although of course there is criticism, hardly a voice is to be heard suggesting that it might have been better to have left matters as they were. The Regional Boards for their part have not enjoyed much opportunity to plan ahead, but have managed to make their part of the new machinery work. Although there is certainly room for discussion of their exact place in the picture, a tribute is due to their handling of a most exacting task. In all this much responsibility and a great strain has been thrown upon the administrative staffs, and especially upon those of the Hospital Management Committees. Many of these men have

SECOND YEAR OF THE NATIONAL HEALTH SERVICE

been called upon to administer groups of hospitals with budgets running at anything up to a million pounds. New patterns of administration have had to be evolved, and the Fund has been glad to be able to lend a helping hand by establishing a hospital administrative staff college, described on pages 19-21.

By far the greatest single danger confronting the new service springs from the failure, so far, to devise a financial system to match this new departure in administration. As was pointed out in a leading article in *The Times* last year,* the hospital service represented a notable innovation in social affairs.

“ In it financial and managerial responsibility are divorced. The provision of funds is centralised, so that all hospitals can enjoy financial security, while management is entrusted to local committees, co-ordinated by regional boards, in order to preserve that flexibility and local touch essential for the welfare of patients and the professional freedom of doctors. For this novel experiment to work, the Hospital Management Committee, subject to any necessary control by its regional board, must be in a position to count on a total annual sum, deemed adequate for its needs, which it is free to spend or save as it thinks fit.”

The new situation calls for new methods; the development of a costing system in hospitals, coupled with the institution of round sum allocations to make the delegation of administrative responsibility effective. This was certainly promised by the Minister of Health when the Bill was before Parliament. So far little progress has been made in this direction, though meanwhile the cost of the hospital service has risen so sharply that unless bold measures are now introduced a gradually tightening system of Treasury control through the financial side of the machine seems imminent. Any such development will so encroach upon the freedom of action of the administration as to freeze the present pattern and to bring progress practically to a standstill. Some further observations on this topic will be found on pages 25-27.

It is sad to have to record that at a time when the need for true “ economy ” was never more insistent one of the principal means by which economy has been achieved in the past fifty years—the

*August 8, 1949, quoted in *The Lancet* of March, 18, 1950.

THE KING'S FUND AND THE HOSPITALS

Statistical Summary issued by the Fund—has fallen into abeyance on the transfer of the hospitals to the state, and that no definite arrangements have been made for anything to take its place. For the first time for nearly fifty years there are no published data available by which a hospital administrator may compare his costs with those of a neighbouring hospital of a similar category.

The optimistic mood in regard to extension and rebuilding inherited from the 20's and 30's has given way to a new realism. It is accepted that for this country now, and for a good many years to come, there is little or no prospect of a renewed boom in hospital construction such as continued here for fully half a century until 1939, and is still in full swing in the U.S.A. The great barrack-like hospitals erected at the public expense from 1850 onwards are likely to be with us a long time yet. There is no disposition to despair; on the contrary, it is coming to be accepted that too much emphasis on new buildings and on the latest stainless steel contrivances may easily become a snare and conceal a failure to grapple with the more important things. An old building if judiciously adapted may house better medicine, more gentle nursing and more comfort for the patient; and fortunately many of them, despite their forbidding appearance, embody the Nightingale "pavilions" which have not yet been decisively out-moded.

This then is the setting; a good start on the right lines, a prospect of tightening financial control, and a heritage of buildings that are far from new. What can be made of it?

THE KING'S FUND AND THE HOSPITALS

Very many projects have been submitted to the Fund since the appointed day in 1948. The general plan has been:

- (i) to maintain its traditional interest in the metropolitan hospitals by making grants for amenities and other purposes, albeit on a reduced scale as compared with former years;
- (ii) to accept only those *new* projects which fall into fields where the Fund is, as a result of its own first-hand knowledge, sure of its ground;

THE KING'S FUND AND THE HOSPITALS

(iii) to admit exceptions to this policy only on the strongest and clearest grounds.

Two large exceptions were made in the year which is the subject of this report—a grant of £250,000 towards the provision of homes for the aged sick, the use of which is discussed on pages 10–13, and a second large allocation of £100,000 towards the work of the Convalescent Homes Committee which is described on pages 13–17.

A CONTINUING NEED FOR LEGACIES

These large allocations totalling £350,000 exceeded the ordinary income of the Fund in the year ; but, as will be seen from the Accounts on page 59, the King's Fund continued to enjoy substantial receipts sufficient to encourage it to adopt a bold policy. Equally large special receipts are anticipated in 1950; but the possibility of continuing disbursements on such a scale in future 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 feel hesitation as a result of the Health Act in leaving their estates to individual hospitals, the Fund still makes a strong appeal. Legacies to the Fund will be well used, and they will be guided from year to year into just those things that will make a real difference.

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 from an average of some £38,700 a year prior to 1948 to about £18,800. A fall was expected, for a number of subscriptions were received regularly from industrial undertakings in lieu of more direct support of the hospitals, and these have naturally ceased with the introduction of the state service. But a number of staunch supporters, headed by H.M. The King, 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 Fund is also fortunate in enjoying a reversion from Lord Nuffield's Trust for the Special Areas from which the Trustees have made allocations from time to time under the terms of the

GRANTS TO HOSPITALS

Trust Deed. The instalment for 1949 was £150,000, and this sum, with a further £100,000 in January, 1950, brings the total so far received from this source to £1,250,000.

GRANTS TO HOSPITALS

The Fund is often asked "Does it still make grants to hospitals which have been taken over by the Ministry of Health?" The answer is "In appropriate cases, and within certain limits, Yes."

It has been decided that it would be wrong to decline outright to consider assistance in cases where convincing need can be shown which is not likely to be met out of the official budget within a reasonable period. The State undertakes to provide a hospital service, and to free the hospitals from the need to depend on appeals to the public; but hospital work is such that wherever the line is drawn there are always just beyond the line items about which there may be a healthy difference of opinion. There is not now, and perhaps never will be, a clear line laid down, category by category, of what items can be met out of the official budget.

The Fund is therefore prepared to consider applications for grants towards items the cost of which cannot be met otherwise. A circular issued by the Ministry of Health in December, 1948, whilst deprecating participation by hospitals in appeal activities made it clear that they might properly receive assistance from the King's Fund.

In these circumstances the Fund placed a sum of money at the disposal of the Distribution Committee during 1949 and in effect invited the Committee to feel its way. Grants made during the year totalled £104,860, a proportion of which went to hospitals inside the National Health Service. It was clear from the applications received that they are finding the small amount of free money at their disposal (including the payments from the Hospital Endowments Fund) totally inadequate to do more than provide for small wants of the patients and staff. Larger items have, unless outside help is forthcoming, to be ruled out for the present. While Leagues of Friends have been set up in support of a good many hospitals, their money-raising efforts are naturally still in an early stage, and it is bound to be some time before they become really effective.

A HOSPITAL VISITORS' MANUAL

The Fund has always been keenly aware of the need to do everything possible to add to the comfort and well-being of patients and staff, and with this in view a number of grants were made for such objects as improved wireless facilities, picture frames for use with the pictures provided by the Red Cross Picture Library scheme, and at one group of mental hospitals, the whole cost of a recreational centre for patients. The need to improve general standards of comfort has been borne in mind also where the "disclaimed" hospitals were concerned. These are a not inconsiderable group of hospitals providing about 3,250 beds, and include a number of pioneer efforts. Grants were made to improve the equipment and ward facilities of the hospitals concerned, and in certain cases towards large building schemes which are now in progress, such as the replacement of buildings in a serious state of dilapidation. A list of the grants made is given on pages 62-64.

The procedure for consideration of applications for grants has recently been changed. In present conditions it is difficult to compare one claim with another, and the Distribution Committee have decided that in order to be quite fair it is essential that all applications of a non-urgent character should be grouped together and considered at six-monthly intervals, in April and in November. The old rule still applies that applications for grants can only be considered from hospitals within the Metropolitan Police District, or which being situate outside the Metropolitan Police District take a substantial proportion of patients from London.

A HOSPITAL VISITORS' MANUAL

The Fund used to make a point of sending visitors annually to all hospitals receiving grants. These visitors worked in pairs, medical and lay, and their work helped to keep the Fund in touch with the needs of the hospitals. Since the visitors were drawn from the hospital world they helped also to spread ideas for advances and improvements. The system is still in operation as regards hospitals outside the Health Service; and the Fund is glad to record that a number of hospitals within the National Health Service have asked if they might be "visited" for their own satisfaction and without any direct hope of a grant.

HOMES FOR THE AGED SICK

Many requests have been received for copies of the Visitors' Report Forms used by the Fund. Since the report forms used in any one year do not, by themselves, convey a complete picture of data accumulated by the Fund, an attempt has been made to bring the material together in one convenient booklet, and the opportunity has also been taken to include references to other of the Fund's recent recommendations. This "Manual" has recently (March, 1950) been made generally available. In some 40 pages there are gathered together a number of questions and comments under the following headings:—

Casualty	Operating Theatre	Medico-Social Service
Out-patients	X-ray and pathological	Dept.
Wards	departments, etc.	Medical Records Dept.
Chronic Sick	Physiotherapy	Catering Department
Nursing Staff		Fabric, Fire Precau-
Domestic Staff		tions, etc.

The Appendix to the Manual includes a specimen return of nursing and midwifery staff, and a list of King's Fund publications. A copy will gladly be sent free of charge to any reader of this report who would like to receive one.

HOMES FOR THE AGED SICK

*" You are old Father William the young man said
And your hair has become very white:
And yet you incessantly stand on your head,
Do you think, at your age, it is right? "*

In the modern hospital Father William's activities, however startling, would be encouraged. Geriatric science has proved that exercise is essential to the well-being of the aged. Great age is no longer a valid reason for staying in bed or sitting all day by the fire.

Until recently old men or women sent in to hospital with a serious illness were put on the shelf when the acute stage of their illness was past. They were still too weak or disabled to return to a normal life and yet did not really need skilled nursing care. With a good deal of help they might be able to dress themselves each day but the nursing staff had to look after more serious cases and could not

HOMES FOR THE AGED SICK

spare the time to give them the help they needed. If they did get up, there was nowhere to sit except beside their beds in the ward, and even there they might well feel in the way. The temptation to remain in bed was great and the result pathetic. Freed from the need for any mental or physical exertion such folk lived on in hospital, becoming permanently bedridden, and lacking any incentive to try to do anything else.

To-day one must be very ill indeed before one is allowed to be bedridden. Doctors and nurses are making a concerted attack on the problem of the aged sick. The importance of doing more than merely warm and feed such folk has been fully realised; treatment of every kind is made available to them and every encouragement is given them to make full use of the treatment. The results are encouraging. Though the patients may be a little worried by the change, and even prefer at first to remain safe and snug in their beds, they do eventually make the effort and many of them are quick to appreciate the change. They learn to walk and even to manage stairs again, and through occupational therapy they can both pass the time and improve their health and strength.

But there comes a time when the patients have reached the end of even this form of hospital treatment. There is not much point in learning to walk up and down stairs, if the only stairs one can use are the specially built ones in the hospital gymnasium, or in learning to manage a needle in a partially paralysed hand if the only object is to make little mats in the occupational therapy classes. All the will-power and energy that goes into any of these achievements seems wasted when, day after day, all one does is to follow the same hospital routine, sometimes showing off one's achievements to sympathetic visitors brought round by the doctor but more often just going on with the routine of getting up—sitting—eating—exercise and bed. It is a tribute to the enthusiasm and perseverance of doctors and nurses in the geriatric units that they are able to get such good results in spite of these discouragements.

ALLOCATION OF £250,000

It was here that the Fund decided help was most needed; clearly there must be some form of housing provided for this type of patient

HOMES FOR THE AGED SICK

not only to enable the hospital to take in more of the folk who could really benefit by hospital treatment, but also to help towards the completion of the treatment.

What was needed was something between a hospital and a home ; not a convalescent home, as the patients would be expected to make a long stay, and not a home where there was no nursing supervision at all, for some would need watching and occasionally nursing as well as ordinary care. The scheme was discussed with several specialists on the subject, and met with warm approval. The decision was therefore taken to allocate a sum of £250,000 to the setting up of a limited number of homes for this type of patient in the London area.

In June the proposal was discussed with the Ministry of Health. The Minister warmly welcomed the Fund's offer and continued :

“ In his view the proposal constitutes a social experiment of great value, as well as being of real assistance in solving the difficult problem of the accommodation of the chronic sick in the London area. He hopes therefore that the Fund will proceed with this proposal and he will for his part recommend the four Metropolitan Boards to enter into arrangements for the accommodation of patients in any home that may be established and to provide for the cost of doing so within their revised estimates for 1949-50 as an essential service which should be provided in the interests of patients during the current financial year. . . .”

The scheme was then discussed with the Metropolitan Regional Boards in detail and Hospital Management Committees were approached to ascertain their need for one of these homes and their geriatric facilities. It was decided that the £250,000 would provide not more than twelve homes containing some 25-30 beds apiece for the whole of London and that these homes should be allocated evenly between the four Metropolitan Regional Boards. In consultation with the Boards, therefore, three Hospital Management Committees were selected from each Region as being most suitable for co-operating in this work.

The selection was not easy. Every Hospital Management Committee could show ample evidence of their need for one of these homes. Not all, however, could show that they had a medical

HOMES FOR THE AGED SICK

officer whose interests or qualifications lay in the field of geriatrics. The degree of need, therefore, was combined with the type of medical officer available in considering where the homes should be located. As a result the following selection was made:

South West Metropolitan

Battersea and Putney
Lambeth
St. Helier

North West Metropolitan

Archway
Central Middlesex
South West Middlesex

South East Metropolitan

Camberwell
Orpington and Sevenoaks
Woolwich

North East Metropolitan

Enfield
Leytonstone
West Ham

In two of these groups houses which have been purchased are now being adapted, and it is hoped that one at least will be in use by the autumn. In four other groups negotiations are in train for suitable houses. It has not proved easy, however, to find properties within reasonable reach of all the groups concerned and in spite of a vigorous search there are still six Hospital Management Committees for which no suitable properties have been found, but in at least four of these groups possible houses are being considered. The help of voluntary organisations has been sought and readily given, both in the search for buildings and also in undertaking the management of the homes. No exact pattern has been laid down for the homes : it is proposed to watch closely their individual development so that some indication may perhaps be found of the type of home which would provide the maximum benefit in any particular situation.

Should the experiment prove successful it is hoped that others may decide to follow the example or to try experiments of their own on these lines.

Apart from these twelve homes for Hospital Management Committees the Fund has been glad to help University College Hospital to set up a home of its own, which will be run in conjunction with St. Pancras Hospital. The Bermondsey Medical Mission has also been promised help towards setting up a home. The Mission already has considerable experience in the work and a suitable hotel has

CONVALESCENT HOMES

been acquired. Attention was drawn too to the especially sad cases of the sick blind. The Essex County Association for the Blind were most anxious to open a home where aged folk, who in addition to other infirmities were handicapped by blindness, could receive the rather special care and encouragement necessary to their welfare. It is hoped to obtain two houses, near property already owned by the Association.

The desirability of the provision of sick-bays for almshouses is often discussed. Although the advantages to the individual old person of staying in the same place through sickness and health is appreciated, the fact is that the provision of one or two special beds for sickness in small communities is uneconomic, and that it is often better for the patient to have a short spell of treatment in hospital rather than retire to bed and perhaps stay there indefinitely. Except in very special cases, the Fund does not encourage individual homes for the aged to set up permanent sick-bay accommodation. There is a difference between making it easy for the warden or matron of a group of homes to care for one of the inmates during a mild and temporary illness such as would normally be looked after at home, and attempting to provide a small chronic hospital for the care of permanent and serious cases of illness.

CONVALESCENT HOMES

The Fund's interest in convalescent homes was steadily maintained throughout 1949. The increased demand for hospital beds has forced hospitals to turn their attention to increasing the "turn-over" of their patients. The sooner a patient can be discharged from hospital, the sooner another can be admitted and one of the most obvious ways of increasing turnover is to send patients on to a convalescent home as soon as possible. This frees a bed for a more urgent case and incidentally reduces the cost of maintaining the patient since a hospital bed costs more than double a convalescent bed to maintain.

NEED FOR BETTER INFORMATION

It is thus becoming daily more apparent that convalescent homes can play a large part in relieving the hospital waiting lists without

CONVALESCENT HOMES

the heavy expense of enlarging hospitals. All this is well known, in general terms, to the Convalescent Homes Committee but the actual size of the problem and all the details concerning it are as yet obscure. If the Fund is to set its policy towards convalescence on a sure footing the relationship of the homes to the hospitals must be further investigated. This is now being undertaken by means of a survey of convalescence, carried out within the four Metropolitan Hospital Regions, during the months of February to July, 1950. The problem is being viewed from two angles—that of the hospitals and that of the homes.

From the hospital angle, through the invaluable good will of the almoners, the Fund is being supplied with information as to each patient needing convalescence. It is told from what illness the patient was recovering, whether he got convalescence or not, and if so whether there was any delay. From this it will be possible to make some assessment of the need for convalescence and the extent to which it is met. Further, it should be possible to get some idea of the cost imposed on the hospital service by the inability to discharge all patients speedily to convalescent homes. At the same time the convalescent homes are supplying information as to the number and type of patient they are receiving during the same period. This will simultaneously give information as to the medical categories of the patients and, what may prove to be more important, whence they came.

It is not at all clear that the best use is made of the available beds and it is hoped that the results of the survey may show the way to increasing the help given to hospitals without increasing the cost. The survey is in progress as this Report goes to press, and no forecast of the results can be given, but by the end of 1950 results should have been obtained on which the future policy of the Fund can be based.

VISITS TO HOMES

The Convalescent Homes Committee was faced three years ago with the need to get to know the homes individually. In 1947 and 1948, a system of annual visits by representatives recruited locally was used, and these visitors lent most welcome aid to the

CONVALESCENT HOMES

Committee. But information so obtained was necessarily second hand when used in Committee, and it was felt that it would be far better if all homes could be visited by members of the Committee in person. This was agreed early in 1949 and a schedule was worked out by which members of the Committee visited 81 homes in the course of the summer. This meant much work and was carried out mainly by means of tours lasting two or three days. There is now no voluntary home in the Metropolitan Regions about which some member cannot speak from personal experience, and the Committee as a whole has a quite unrivalled knowledge of the convalescent facilities in Southern England.

In 1949 the Committee was fortunate in being allocated £100,000 for grant purposes. This large sum has imposed a heavy responsibility and its expenditure has been undertaken with much care and thought. It has been distributed in sums of varying sizes, ranging from £50 to £10,000. The size of the grant does not reflect the Committee's opinion of the home. The small grants are mainly for the purchase of equipment—a refrigerator, armchairs, or perhaps blankets and mattresses. These are very important to the patients but their purchase may be put off indefinitely if the Fund's help is not forthcoming.

Larger grants have been made towards the general rehabilitation of several homes which were unable to overtake the accumulated deterioration of the war years. An outstanding example of this type of grant where a home has been entirely refreshed is St. Michael's at Westgate—a home for 41 women—where complete internal redecoration and a new kitchen have been provided at a cost of £3,290, of which the Fund provided £2,400. The Beau Site Convalescent Home at Hastings is a similar case, towards which the Fund provided £4,500. Again, entirely new kitchens for a home taking 120 children are being provided at St. Catherine's Home, Ventnor. More cases could be cited but this would become tedious and a list of grants can be seen on page 65.

SOME NEW VENTURES

The largest and most ambitious schemes undertaken by the Committee are those for the establishment of new homes. Two examples may be of interest.

CONVALESCENT HOMES

The Committee had become aware that almoners were having great difficulty in obtaining convalescence for babies. Therefore, when the Chairman, Sir Henry Tidy, visited a small home for babies run by the Hampshire Branch of the British Red Cross Society at Christchurch he told them that there was a great need for them to expand. Within four days the Branch wrote to the Fund saying there was an ideal house called Capesthorne at Mudeford, and asking for help to buy and equip it. The Fund gave £5,000 to enable the B.R.C.S. to buy the house on mortgage and a further £5,000 to equip it, with the result that a year later the house was staffed, equipped, and ready to receive its first babies. The home has since been used to capacity—apart from two periods of closure due to infectious disease brought in by new babies. It is now the responsibility of the B.R.C.S., and should be an asset to the hospitals for many years to come.

The Dedisham Convalescent Nursery School is rather a different story. Here the Fund came in contact with a first-rate home taking 40 children, aged 2 to 5. The home wanted to expand in order to take children from 0 to 2 in addition to its present range so that it might provide full training for nursery nurses. The home stands on its own in the country, near Slinfold, in Sussex, and there is no possibility of buying any suitable building for expansion. It is, therefore, necessary to build a new building. Plans have been prepared, submitted to the Fund and carefully considered, amended and approved by the pediatric members of the Committee. The building is now under construction and should be completed in 1950. It is intended that this should be a model for future children's homes and the most modern principles have been embodied in its construction. The Committee has offered a grant of £8,000 p.a. for three years in order to enable the scheme to go forward. £16,000 has already been paid to the home and in addition the home's money-raising activities are in full swing.

Many other major schemes were launched in 1949. For example, a grant of £1,325 was made to enable the National Association for Mental Health to open Kelsale Court, near Saxmundham, for convalescent epileptics. £5,000 was given to the Invalid Children's Aid Association so that the Andrew Duncan Home at Shiplake

CONVALESCENT HOMES

could be opened for short-term convalescence for boys. Another grant of £5,000 was made towards the re-opening, after wartime closure, of the Home for Invalid Children at Hove. For those who think in terms of large hospitals, each of these is a small and unimportant unit, but in the aggregate they represent a valuable relief to hospital beds.

Convalescent homes do not undertake active medical treatment; their therapeutic weapons are rest, fresh air, and good food. Rest is promoted by means of the small grants referred to above, which are often the direct result of the annual visits. Fresh air needs no financial assistance, but good food is a vital, and sometimes expensive, item to encourage. To this end the Committee has made continual use of the services of the Fund's Nutritional Adviser. She has visited a large number of homes and advised on the equipment of their kitchens, on cooking and the service of meals, and rationing problems. In addition, she has tackled the difficult problem of the isolation of the homes, which was an outstanding feature of the Fund's original report on convalescent homes in 1946. The matrons are a hard working body, so much so that they have little time to meet each other and exchange ideas. To remedy this meetings of matrons of convalescent homes have been started in Thanet and latterly in Brighton. These meetings have proved popular and in Thanet there is now an Association of Matrons of Convalescent Homes which has regular meetings from October to March. Meetings take place in the various homes and lectures are given on matters of interest to the matrons. Catering, the problem of the "deprived child," and colour schemes, are amongst the varied subjects which have already been discussed.

THE CONVALESCENT HOMES DIRECTORY

The Directory, which was first issued in 1948, has continued to be in steady demand. Further, there is increasing evidence to show that admission of a home to the Directory is regarded by health authorities as an indication of a high standard. Originally issued as a loose leaf volume, the Committee has since decided to publish it as a year book, and the 1950 edition is now on sale.

HOSPITAL ADMINISTRATION IN A NATIONALISED
SERVICE

The success of the nationalised hospital service is dependent upon first-class administration. Means must be found of reconciling centralised policy and control over expenditure with the maximum freedom in the individual hospitals. This means that it will be necessary to secure a high degree of personal co-operation throughout the administration of the entire Health Service from top to bottom.

The point has been well expressed in a slightly different context in the *Middlesex Hospital Journal*. Discussing the issue of circulars by the Ministry of Health, and observing that while the officials are both capable and have every desire to be helpful, the writer points out that "it is impossible for them to have that intimate knowledge of conditions which alone could enable them to keep, in their own hands, responsibility for the detailed management of hospitals. Already it has been found that instructions from Whitehall, which go into too much detail, cannot be complied with because the detail is wrong. Every experienced administrator knows that before he can issue instructions he must first get fully briefed by the very people for whom his instructions are intended. The only good instructions are, in fact, the notes of a meeting at which agreement has previously been reached. It is impossible for officials of the Ministry of Health to spare the time to become properly acquainted with the problems of individual hospitals; where there can be no such knowledge, decentralisation is essential . . . It may seem an untidy method, but it is the only one which will work."

If the new service is to work smoothly, the objectives, the methods and the functions of the different parts of the machine must be understood by all who participate, much as in a modern army undertaking complicated operations. For these ends the methods evolved many years ago by the Local Government Board are largely meaningless; and so too is the institutional outlook, in which the hospital officer of days gone by approached his task. The establishment by the Fund of a Hospital Administrative Staff College is an attempt to meet this need.

HOSPITAL ADMINISTRATION

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

Speaking at the meeting of the General Council of the Fund in December, 1949, H.R.H. the President said :

“ The most important new departure is the establishment of a Staff College for Hospital Administrators.

“ To-day, as a result of the new Act merging two separate administrative traditions and adding something of its own, there is evidence of a widespread need for practical help ; and many believe that hospital administration, as understood in this country, is at the crossroads. Nobody, the Minister least of all, wants a bureaucratic hospital service ; and if that is to be avoided, an active policy must be pursued aiming at flexibility and initiative.

“ We believe that the foundation of a residential staff college where the different interests can come together may prove a decisive event. We want the hospital administrators of tomorrow not only to be efficient but to work out for themselves how to let the humanity which is the essence of the hospital shine through and illumine the administrative detail. We are therefore taking counsel with others interested, and notably with the Institute of Hospital Administrators, as to how best to achieve this result.”

At the same meeting Sir Wilson Jameson, Chief Medical Officer of the Ministry of Health, spoke in warm support of the project. “ The hospital part of the National Health Service,” said Sir Wilson, “ is administered in typical British fashion by committees—committees of men and women who, at no small cost to themselves, give generously of their time to voluntary service. But a large modern hospital—still less a group of hospitals—cannot depend for its day-to-day management upon a committee, however willing and competent its members may be. Just as a business must have a managing director, so must a hospital have a chief administrator—and hospitals now constitute one of the largest, most complicated and costly enterprises in this country.

“ In the Metropolitan Regions there are more than 120 Hospital Management Committees, each with a chief administrative officer, and there are, in addition, several hundred senior officers in charge of unit hospitals. Though hospital management calls for special

inborn qualities of mind and spirit, much can be done to develop and strengthen these qualities by an enlightened system of training.

“ So here is a real need that the Fund can meet. The proposal is to provide a College of Hospital Administration—in part residential for students, in part a centre for the exchange of ideas between existing administrators, members of boards and management committees, doctors, nurses and others connected with hospital work. Wisely conducted, such an institution will do much to raise the standard of hospital administration in this country. I am sure this College is something of which the Council will one day be very proud. I am just as sure that it will be of great assistance to the Ministry of Health in the humane and sound development of our national hospital service.”

The intention is to provide :—

- (i) Refresher courses for those already holding posts in the hospital service.
- (ii) Longer courses for a limited number of younger men drawn, as far as possible, from within the service.
- (iii) A continuous study of the problems and practice of hospital administration, with publication of the results from time to time.
- (iv) A common meeting ground for all those engaged in the service.

This larger project has grown out of, and in due course will absorb, the Fund's existing interest in the training of hospital administrators through its scheme of bursaries. The Fund has been well aware of, and most anxious to meet as soon as conditions might permit, the need for comparable facilities for men already in the hospital service. During the upheaval of 1945-48 it was obviously impracticable to draw men already in executive positions out of the fray for refresher courses. In the summer of 1949 the possibility was examined afresh and it was decided that the time had come when a definite effort could be made to provide a staff college for the hospital service. Discussions followed with the Institute of Hospital Administrators, and in the late autumn a

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Committee was formed under the Chairmanship of the Rt. Hon. Malcolm McCorquodale, M.P. to further the project. The membership of the Committee will be found on page 51. Steps have also been taken to call into conference others who have a natural interest in the work, and an Advisory Panel has been constituted, whose names will be found on page 51.

A large house in the Bayswater Road known as No. 2, Palace Court, was bought and is being adapted for the purpose. The house is reasonably accessible to the London hospitals, and its principal rooms face away from the noise of the traffic. Mr. P. H. Constable, the House Governor of St. George's, was approached and accepted the appointment of Principal. The whole-time appointment offered has since, at Mr. Constable's request, been altered to a part-time arrangement which would permit him to retain his post as House Governor of St. George's Hospital; and this arrangement will continue for a period whilst the staff of the new college is being built up. As this report goes to press it is expected that the staff college will be opened in the autumn of 1950, and that the first of a series of short "refresher" courses will take place in October.

BURSARIES IN HOSPITAL ADMINISTRATION

Meantime the bursary scheme for training administrators which has been operating since the end of the war has continued to come up to expectations. The scheme was originally devised to meet the shortage immediately after the war of men of calibre to fill the many vacancies existing in the hospitals at that time. By offering training bursaries of between £400 and £600 per annum, the Fund was able to ensure that many of those who entered the hospital service enjoyed an eighteen months' apprenticeship under the House Governors of London hospitals before applying for administrative positions. Supplementary training was provided in the form of weekly visits to study particular facets of the problem at selected hospitals.

The hospital authorities that participated in the scheme by taking bursars for periods during the year were the London Hospital, King's College Hospital, St. George's Hospital, St. Mary's Hospital,

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St. Thomas's Hospital, University College Hospital, Westminster Hospital, the Hospital for Sick Children; Bermondsey and Southwark, St. Helier, Enfield, Lambeth, and Fulham and Kensington Hospital Management Committees; and the North East Metropolitan Regional Hospital Board. In view of the probable absorption of the bursary scheme by the Staff College in the near future, it is appropriate to express to all the hospitals and organisations concerned—and especially to Captain Brierley of the London Hospital—the very sincere thanks of the Fund for their ready and patient co-operation.

PROBLEMS OF HOSPITAL MANAGEMENT COMMITTEE ORGANISATION

In the early summer of 1949 a request was received from a Management Committee for an independent report by the Fund on certain features of the organisation of the Group. The resulting inquiry brought out clearly some of the problems of group management, and a series of visits were made by members of the staff to a number of Hospital Management Committees, so that some sort of comparative assessment might be made of the position. This in turn led to meetings at the Fund attended by a group of Hospital Management Committee Secretaries and Finance Officers at which the points that had arisen were discussed with a view to reaching agreement on questions of policy in the administration of hospital groups. The subjects so far discussed have included: the integration of group medical services; liaison between Hospital Management Committees and general practitioners in the area; Committee organisation and machinery; the function of Medical Advisory Committees and the relationship between administration and finance.

The Hospital Management Committee is an entirely new venture in public administration. Whether the experiment will be successful must largely depend on the establishment of a sound pattern for the running of hospital groups; and the Fund is hopeful that it may be able to help in meeting this challenge to constructive and practical thinking.

DIVISION OF HOSPITAL FACILITIES

DIVISION OF HOSPITAL FACILITIES

With the coming into operation of the National Health Service Act, 1946, hospital administrators were faced with entirely changed conditions involving problems of a more complex nature than hitherto. The comparatively easy-going methods of the past were replaced by new procedures and their work now comes under the control of a central organisation. The adequacy and efficiency of their administration is being compared and tested from an entirely new standpoint.

Realizing the importance of these changes, hospital authorities and their officers have not been slow to take advantage of any assistance which may be available. The King's Fund anticipated this need and in November, 1948, it established the Division of Hospital Facilities. Requests for information and advice soon came in and these are increasing more and more as the new scheme is being developed. This intensification of interest reflects :—

- (i) The growing familiarity of hospital officers with hospital books and technical journals, and their desire to keep abreast of all that is going on.
- (ii) Increasing attendance of hospital officers at meetings, institutes, and discussions, visits abroad, etc.
- (iii) Increasing number of candidates studying for examinations in hospital administration.
- (iv) The large influx of new officers into the hospital field.
- (v) The issue of the Fund's travel reports.
- (vi) Increasing interest of hospital and other organisations both at home and abroad in hospital work.

INCREASE IN NUMBER AND VARIETY OF REQUESTS

In the early days requests were almost entirely confined to the voluntary hospitals in the London area, but with the spread of knowledge of the activities of the Division, they now come from all parts of the country and from all types of organisations and hospitals. An increasing number of inquiries now come from American and other overseas hospital organisations which, in turn, co-operate with the Division. The Division enjoys exceptional facilities and contacts as the result of services rendered and its ability to reciprocate.

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Requests are as varied as the sources from which they come. Many refer to information already available ; others involve patient search; inquiries of hospitals and other organisations; securing information and literature from abroad; and, in cases, are followed by visits to the Division for discussions. It is frequently found more helpful to inquirers to discuss matters personally than to deal with the subject by correspondence. The following list gives a general picture of the matters upon which information and advice is sought:—

Aluminium pre-fabricated buildings; central supply systems; patient-nurse call systems; plans of foreign hospitals; cost of building hospitals; lay-out of wards; oiling floors and bed linen for prevention of cross-infection; appeals literature; wireless installations; bedsteads; forms for display in hospital laundries; lavatory chairs; wheel chairs; inventories; salary and wage systems; statistics of voluntary gifts; beds in hospitals in other countries; flooring; waterproof bags for soiled dressings; plastic mattress covers; sterilization of plastic materials; statistics of American blue cross plans; paging systems; bed pan trolleys; stores accounts; mechanised accounting; financial organisation; addresses of various hospital organisations overseas; arranging tours of hospitals for overseas visitors, introductions, etc.

A systematic examination is made of hospital books and other literature, English and foreign, which now floods the hospital field, with a view to the preparation of an Index to Hospital Literature, and much information has been collected, sifted and classified for this purpose. This will provide a continuous ready reference to a cross-section of thinking in the hospital field. At present much of the value of this information is lost because it is spread over a number of isolated sources—hospitals, books, journals, plans, reports, memoranda, etc. The need for such an Index is emphasized by the number of requests made to the Division for complete sources of information on particular subjects.

CO-OPERATIVE AND EXCHANGE ARRANGEMENTS

A significant and welcome feature is the number of people who visit the offices of the Division (i) to discuss matters personally, and (ii) to inspect the books, plans and other documents, etc., in

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the Information Bureau and Library. Representatives of Governments and hospital and allied organisations in other countries are also calling in growing numbers and on their return they co-operate with the Division by sending information and assisting in other ways. In addition to these sources exchange arrangements are in operation with many such organisations in other countries. The Division also has a link with the World Health Organisation through the International Hospital Federation with which body it works in close and active co-operation.

The Reference Library contains upwards of 700 volumes, journals, etc., including the latest American books, covering every aspect of the administrative work of hospital organisation and management. The Plans section includes a full set of the publications of the United States Public Health Service on Planning and Construction, Equipment, etc., together with plans of the latest British and Foreign constructions.

FINANCIAL ADVISORY SERVICE

The main functions of this service are (1) to assist hospitals with information and advice on finance and accounting matters connected with the National Health Service (Financial and Accounting Provisions) Regulations and the new system of accounts prescribed by the Ministry of Health, and (2) to develop a uniform system of departmental accounts with an appropriate unit of cost for each department.

A brief review of events in this connection may be of interest. In 1947 the Ministry of Health set up an Advisory Committee on Hospital Accounts and Finance composed of representatives of the Institute of Municipal Treasurers and Accountants, the County Councils Association, Department of Health for Scotland, the Institute of Hospital Administrators and the King's Fund.

This Committee approved the forms in which annual financial returns are to be submitted to the Ministry. These forms, which do not differ materially from those of the Revised Uniform System, were introduced as a preliminary step to assist hospitals over the transitional period. The Committee did not concern itself with the internal accounting records to be maintained by the hospitals,

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nor with the methods to be adopted for maintaining stores accounts. It decided that a system of cost accounts for hospitals was essential but here again it did not proceed with the drafting of a set of such accounts. A form of cost return for annual submission to the Ministry was accepted as an interim measure during the transitional period.

COST ACCOUNTS FOR HOSPITALS

The form prescribed by the Minister (Statutory Instrument No. 1414), follows the "subjective" system which analyses expenditure according to its nature, e.g. salaries and wages, provisions, renewals and repairs, etc., as opposed to the "objective" system (more generally referred to as the "departmental" or "unit" system), which analyses expenditure against the wards, departments and activities in respect of which the expenditure is incurred. Under this latter system it is therefore possible to ascertain the cost of maintaining each unit of the organisation of the hospital and to calculate an appropriate "unit of cost" for each, from which standard costs may be laid down. The deficiencies of the "subjective" system and the necessity for a more enlightened system, have been recognised for many years. In 1944, the King's Fund prepared a draft of a Departmental Costing System of Accounts for Hospitals which combined the advantages of both the "subjective" and "objective" systems, and intended to introduce this system as an experiment into the voluntary hospitals in London in 1947. On the passing of the National Health Service Act the introduction of the system could not be proceeded with. In July, 1949, the Select Committee on Estimates recommended that a uniform system of costing should be devised as soon as practicable for the hospital service of Great Britain.

As has been announced in Parliament and elsewhere, the Minister has since (May, 1950) invited the King's Fund and the Nuffield Trust to undertake a costing investigation in a number of selected hospitals, and preliminary discussions have already taken place. The King's Fund welcomes the invitation and the opportunity of assisting in the development of a more comprehensive and effective system of hospital accounting than that at present prescribed, a system which will permit of (1) the preparation of standard costs ;

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(2) a sounder basis than that now existing for making comparisons between hospitals; and (3) the submission of more reliable budgets.

By reason of its long and intimate experience of hospital accounting, of which it was the pioneer, and its extensive knowledge of hospital work and practice, the King's Fund is fully aware of the difficulties involved in the task which lies before it.

AIMS AND OBJECTS OF THE DIVISION

It would be just as easy to understate the value of the work of the Division as to overstate it. Its value, perhaps, is best evidenced by the increasing requests for information and advice and the fact that the majority of these requests came through recommendations from hospitals and other organisations which have already made use of its services. It will be appreciated that a service of this kind is not static; it is necessarily an ever-developing activity, and it can never be complete in the sense that all information has been collected and the limit reached of advice which can be given. The growing complexity of hospital administration in the new service and the greater interest of hospital officers in modern methods increase the number of requests.

The aims of the Division are to increase the efficiency of hospital service by:—

- (a) Collecting and classifying information on all matters of administrative interest, equipment, planning and construction, etc., and acting as a clearing house of information in order that the experience of all may be at the service of each.
- (b) Undertaking inquiries to secure facts and information to assist those who are responsible for guiding hospital policy.
- (c) Maintaining a reference library where books, journals, plans, etc., may be consulted.
- (d) Conducting finance and general advisory services.

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TRAINING FOR WARD SISTERS

The quality of the nursing care given in a hospital should provide one of its strongest defences against institutionalism. In particular, the work and personality of the ward sister can affect the patient's well-being and happiness more directly than any other factor.

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With the present low age of entry to training, and lively competition for the newly trained from many branches of nursing, the great responsibilities and opportunities of the ward sister are too often put into the hands of girls in their early twenties. Frequently they are not long out of their training, during which their energies have been concentrated on learning innumerable new facts and techniques, and in preparing for the State examinations, while leading a life which makes considerable demands on them physically. The transformation from the role of student-apprentice or even of staff nurse to that of the responsible head—the leader of the ward team, the skilled and inspiring teacher and the efficient manager of the ward—is not easy. Help and preparation is needed, except in the case of nurses of rare maturity.

The Fund established its courses for ward sisters to provide that help and preparation, to increase the efficiency of ward management, and to encourage those who shrink from its responsibilities. The ward sister's work does not enjoy the prestige it should as perhaps the most highly skilled of all branches of nursing.

The first ward sister students entered the Staff College on 1st March 1949, and in the first year 71 completed the fifteen-week preparatory course and returned to the hospitals which had nominated them. It would be unwise to appraise the success of the courses until the "old students" have been ward sisters for some time and have shown whether in fact they are better able to teach their student nurses and to administer their wards efficiently, than their colleagues who have not taken a special course.

The comments of the students themselves leave no doubt as to their appreciation of the value of the experience. Most of all, they prize the opportunity of meeting those who are faced by similar difficulties in other hospitals, discussing their mutual problems and hammering out solutions in a more leisured atmosphere than they can ever achieve in their daily work. Visits to other hospitals are eye-openers. The "manuals for ward sisters," prepared by each group, show how their thinking about many different aspects of their work has been clarified by the discussions with guest speakers and also among themselves. To quote from the introduction to one manual prepared by a group of eight students:—

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“ In writing this manual, we have aimed at synthesising our experiences gained on the ward sisters’ course, thus compiling for ourselves a practical ideal for future reference. We have also borne in mind our colleagues who, although they have not had the advantage of a special course, are none the less anxious to discharge their duties as ward sisters as fully as possible, hoping they may also obtain help from it.

“ Our material has been derived from the many stimulating lectures and visits that have been provided for us on this course, from the opportunities we have had to observe experienced ward sisters in different hospitals, and from our own previous experiences.”

Successive sections of the manual deal with the ward sister’s relations with her patients, staff, professional colleagues and those in other departments of the hospital, with various methods of training student nurses, with the medico-legal questions which she encounters, with the planning of the ward unit and its equipment, with the arrangement of ward routine (including such questions as the patients’ waking hour), with the delegation of responsibility, and with “ utopian hospitals.”

The demand grew for courses for senior ward sisters, who during the war years often found themselves in positions of responsibility for which they had had little preparation. It was thought that they would be helped if they were released for a short time from the manifold claims of their daily routine as ward sisters and had an opportunity of gaining first-hand knowledge of the various services available nowadays to the patients before and after their time in the wards. It was appreciated that the hospitals would not find it easy to release senior members of staff, but finally, at the request of the North-West Metropolitan Regional Board, a four-week course was arranged in October, 1949, for candidates nominated by hospitals in that region. Thirty applications were received, but the course was limited deliberately to nineteen in order that it might be on individual lines. The response and the appreciation of these senior students was beyond all expectation, and arrangements were, therefore, made for two senior courses in 1950.

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By the end of the first year 200 candidates had been nominated for the courses by nearly one hundred hospitals, and 90 senior and junior students had passed through the Staff College. The fact that in spite of the grave shortage of trained staff in the hospitals so many have been spared to take the course indicates a wide recognition of the great need for courses of this kind—a need which the experience of the Staff College has shown to be much more urgent than had been realised when the courses were planned.

Much help has been received from the many guest speakers, leaders of discussions, hosts and guides at visits, and especially from the hospitals which have taken students for their practical work. It is realised that a great deal is asked of the experienced ward sisters who take students for two or three weeks at a time to observe their methods, and to study the art of ward management in all its aspects. A small pamphlet has been printed to serve as a guide to those taking students for practical work, and has been circulated to the hospitals.

It is greatly regretted that health reasons led to Miss A. M. Downer's resignation just a year after she took up duty as Principal. Miss C. H. S. Dobie has been appointed to succeed her and there is every reason to hope that the work will continue to grow on the good foundations laid down in the first year.

NURSING RECRUITMENT

Turning to other and older branches of the Fund's work for nursing, the Nursing Recruitment Service has shown satisfactory progress in its tenth year. The number of new candidates advised about training during the year has risen by 15 per cent. to 4,461, and the number whose acceptance by hospital training schools has been notified is 1,422, as against 1,375 in 1948. In addition, 223 applicants were guided to part-time or other non-training work. Over 13,000 letters were sent out in the course of the year and 2,160 interviews were given to candidates or their parents at the Recruitment Centre and in schools.

The improvement in recruitment noted above is a reflection of the general picture. There is a substantial increase in the number of staffed beds available, and the outlook is bright. At the same time,

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the demand for nurses remains unappeased, particularly in certain branches of nursing. It is good to know that some of the hospitals which find it easiest to recruit nurses are taking on responsibility for beds for the chronic sick and the tuberculous. Student nurses will undertake these branches of nursing as part of the training offered by their chosen hospital. Many girls not only want to nurse but also want to train at a particular hospital and might give up altogether if directed to train or work in quite a different type of hospital. Where a hospital has more candidates than it can accept the Nursing Recruitment Service is always ready to take on the surplus candidates, to deal with their disappointment and to interest them in other training schools which can offer vacancies. Indeed, a very considerable proportion of the Centre's old candidates progressing happily through their training have been passed on in this way by the teaching hospitals.

The shortage of nurses, which is practically world-wide, has been met in some countries by cutting down the nursing care given to the patients, and in others by working the nurses far longer hours than any known here. The first expedient affects the patients and also damages the standards of nursing, the second reacts directly against recruitment. In this country, the policy has in the past been rather to close beds, but the obligation remains to use the nurse-power available with the utmost economy, supplementing it by clerical, domestic and " messenger " help, by labour-saving equipment, and by careful re-examination of the arrangement of wards and departments and of their routines, to see where labour can be saved. With this goes the obligation to make the fullest use of the beds available and to keep a watchful eye on the average daily occupancy. An article on the adjustment of supply and demand was published in *The Hospital Officer* for October, 1949.

The advisory work of the Recruitment Service has changed much in character over the years. At first, it was the more intelligent candidates or parents who sought information about nursing as a career or who recognised the need for help in the choice of a training school. Now, as a result of the spread of general information about nursing, and of better recruitment methods on the part of the host pits, the more intelligent often have a clear idea where they wan-

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to train, and make their application directly. More and more it is the "difficult cases" which seek advice. This may often mean a recruit saved for nursing, but it calls for much more time and more detailed work. It is much easier, for instance, to guide a girl from an English public school to a suitable hospital than to find a Matron who will accept a girl from a Turkish household, whom she cannot interview, and whose parents require a number of conditions to be fulfilled before they will allow her to come. During the year 1947 non-British candidates of the following nationalities—many of them with excellent qualifications—have actually been accepted for training after consulting the Service; the number who have applied is, of course, very much larger and many applications are still under consideration:—

American, Armenian, Austrian, Belgian, Chinese, Croatian, Czech, Danish, Dutch, Estonian, Finnish, French, German, Greek, Hungarian, Indian, Iranian, Irish, Italian, Latvian, Liberian, Lithuanian, Luxembourg, Norwegian, Pakistanian, Palestinian, Persian, Polish, Rumanian, Russian, South American, Swedish, Swiss, Turkish, Ukrainian.

This work involves the careful collection of information from a distance, advice on procedure for obtaining permits, often personal discussion with Matrons, in some cases with the Aliens Department of the Ministry of Labour, the British Council, the Colonial Office, the Offices of the various High Commissioners, the General Nursing Council, and so on.

The Service has maintained its public relations work and developed it in several directions. About 140 talks on nursing have been given. Half of these were at grammar or high schools, twenty-five at the larger boarding schools such as Malvern College, Westons-birt, Penrhos, Sherborne, Ackworth (Friends) School, St. Winifred's, Llanfairfechan, Lowther College, Felixstowe College and Ashford School, twenty-five at secondary modern schools, ten at technical schools and the remainder to Youth Detachments (British Red Cross Society), Parents' Associations, etc. A letter in *The Times* written to correct an impression that the same educational standard is required for all hospital training schools brought an encouraging response, and a number of candidates were enabled to take up nursing as a result.

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OTHER ACTIVITIES OF THE DIVISION

Requests for advice have come from various Management Committees. Fifty visits were made to hospitals in the course of the year, often in answer to a request for help. The general enquiries on nursing subjects (i.e. those not actually relating to candidates for training) which were noted in last year's report as mounting unsought to 600, this year totalled 666.

A scholarship of the value of £425 for a course arranged by the Florence Nightingale International Foundation was awarded in 1949 to the Senior Theatre Sister at University College Hospital, to study operating theatre administration (with special reference to thoracic and cardio-vascular surgery) in the United States. A travel grant of £100 was awarded to the Assistant Matron of the Perivale Maternity Home to study midwifery methods in the Scandinavian countries.

THE NURSES ACT, 1949

The Nurses Act embodies recommendations made by the Fund for some years past. One is the principle (almost lost sight of since Miss Nightingale first proposed it) that the finance of the nurse training school should be separate from that of the hospital. In the past outlay on the training school has been, in fact, part of "maintenance." The probationer of earlier generations was looked upon as an economical and manageable unit of labour. When expenditure was needed on classrooms, teaching equipment and staff there was much counting of the cost because the money spent in this way must show a good return to the hospital in labour. Classrooms were improvised in basements, in odd outbuildings; administrative needs dictated that so far as possible the nurses should attend lectures and study in their off-duty time, so that the wards were not deprived of their services. Little time was available for that intelligent consideration and understanding of the actual conditions met in the wards, which even the "practical nurse" should have. The experience gained by the nurse in each branch of work might be governed by the needs of the hospital rather than fulfil the requirements of a balanced training course. Much has been done in recent years to remedy these defects. The Act,

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however, marks a step forward inasmuch as it provides a new channel for the finance of nurse training quite separate from hospital finance or any other expenditure on the National Health Service. The channel runs from the Treasury through the General Nursing Council and specially appointed Area Nurse Training Committees to the training schools.

Financial independence for the training schools, however, is not enough if they remain tied to rigid uniformity in the curriculum and examinations. Another principle long advocated by the Fund is that there should be more freedom to experiment in nurse training and to develop schemes suited to the student body which the particular training school can recruit. This also is provided for in the Act. It is greatly to be hoped that the reconstitution of the General Nursing Council will lead to the election or appointment on it of members with the special qualities needed to distinguish the potentialities in new and perhaps revolutionary schemes of training, to assess whether their results might be worthy of recognition as at least equivalent to the normal standard for State registration, and to decide how far a training school may be given a free hand in carrying out such a scheme.

For the reasons given above, the main provisions of the Act were supported in discussions with members of both Houses when the Bill was under consideration. An article on "Nurse Training and Legislation," with special reference to the Bill, was contributed to and appeared in the *British Medical Journal*.

INDUSTRIAL HEALTH SERVICES COMMITTEE

The problem of the distribution of nurses is being studied from another aspect by the Committee appointed by the Prime Minister to examine the relationship between the preventive and curative health services provided for the population at large and the industrial health services which make a call on medical and nursing manpower, and to consider what measures should be taken to ensure that such manpower is used to the best advantage. The Director of the Division was invited to serve on that Committee, the Chairman of which is Judge E. T. Dale.

HOSPITAL CATERING

HOSPITAL CATERING

It is with great regret that the Fund has to report the decision of Sir Jack Drummond, F.R.S., D.Sc. to resign the chairmanship of the Hospital Catering and Diet Committee in December, 1949. He felt impelled to take this step as, since his move from London to Nottingham, he had been unable to devote sufficient time to the work of the Committee. Professor S. J. Cowell, F.R.C.P. of University College Hospital Medical School, who is Professor of Dietetics in the University of London, has been appointed Chairman of the Committee, and Sir Jack Drummond will retain his membership of the Committee.

Miss M. C. Broatch, until early 1949 Dietetic Adviser to the Fund, was awarded the M.B.E. in the New Year's Honours List. This recognition of her work was warmly welcomed by her many friends.

ADVISORY SERVICES

The efforts of the Fund during the past six years to make hospital authorities conscious of the urgent need to provide a nutritious and appetising diet for both patients and staff received renewed endorsement from the Ministry of Health in a circular on Hospital Catering, issued in March, 1950. One item of special interest in the circular was the announcement of the formation of a small group of expert staff in the Ministry who have been appointed to advise hospital Boards and Committees on all planning of diet, food service, catering arrangements, etc. In setting up this advisory service the Ministry have again followed the Fund's lead; and though the somewhat obscure terms of the last paragraph of the circular might be interpreted as precluding hospitals from seeking advice on catering problems outside the Ministry, it can be categorically stated that this is not so. Indeed, the Ministry have all along given warm support to the Fund's Advisory Service which has been offered to hospitals since 1945.

As briefly mentioned in last year's report, an expert in commercial catering, Mr. J. S. Hollingshead, was recruited to the staff of the Fund in early 1949, and proposals for the establishment of a Hospital Catering Advisory Service under his direction have been approved. Miss Scott Carmichael resigned from the service of

HOSPITAL CATERING

the Fund early in 1950, and Mrs. B. Stanton-Jones has been appointed Nutritional and Dietetic Adviser acting in collaboration with the Catering Advisory Service.

The Fund has accepted the responsibility of giving advice on all matters concerning hospital feeding to the hospitals within the North East Metropolitan Region, as mentioned in last year's report. With the small staff available during 1949 it was fortunate that requests from this Region did not start to come in in large numbers until the beginning of 1950, but nevertheless reports were made on 22 hospitals in the Region during the year. In the first three months of 1950, requests for advice and for a general report on catering arrangements have been received from 45 hospitals in the Region. Even with the expansion of the Advisory Service that is now taking place, this will entail many months' work; and while it is not intended to discourage any requests for assistance, it is obvious that if fresh demands continue to be received at the present rate, it will be a considerable time before they can all be met.

The feeding in mental hospitals presents a special problem which it has not yet been possible to investigate in detail, but from the data collected so far it is clear that the need for a better standard of feeding in mental hospitals is as great as in general hospitals.

NEED FOR HIGHER STANDARDS

There have been many recommendations in these reports on staffing, training, equipment, purchasing, storage of food, serving, costing and the like. In every instance the authorities concerned have realised the need to improve the standard of catering in their hospitals, but their ability to give effect to many of these recommendations has inevitably been limited by lack of money, while the latest restrictions on hospital expenditure must, it is feared, place further obstacles in the way of improvements to hospital catering.

Nevertheless, these obstacles cannot be allowed to obscure the urgent need for higher standards, nor should it be assumed that all improvements will lead to higher expenditure. On the contrary, it is claimed that a well organised and properly staffed catering department will not only be able to serve better meals than a badly

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run department, but will also be able to lower costs. It must, however, be remembered, that the primary objective of a good catering officer is not to provide cheap meals, but to serve patients and staff with food that is both tasty and nutritionally sound, and at the same time the best possible value for money.

IMPORTANCE OF NUTRITIONAL FACTOR

The costing of hospital feeding is an intricate matter, and attempts to assess the standard of feeding in different hospitals by a comparison of costs per patient per day or week can be very misleading. Not only do conditions vary between hospital and hospital, but so does the manner of calculating costs. There is clearly need for research into this matter, with particular emphasis on the cost of a nutritionally adequate diet. The importance of the nutritional factor in hospital diet is universally recognised, but the definite curative value of certain foods is not so widely known. Investigations in military hospitals during the war established the fact that a patient's recovery from the disturbance of protein metabolism caused by wounds and surgical operations, which is manifested in weakness and loss of weight, is markedly accelerated by a daily diet containing not less than 100 grams of protein and 2,700 calories. Experience showed that patients fed at this level suffered less from loss of weight and weakness, with a corresponding shortening of their period of convalescence. What was true of war wounded is, of course, equally applicable to the patient in a surgical ward to-day.

MEASURES TO INCREASE CATERING STAFFS

Nearly every report on hospital feeding issued by the Fund's advisers during the past year has drawn attention to the lack of trained staff in all grades. It had been hoped that this year's report would be able to give an account of the start of the projected Catering Training Centre to be built at St. Pancras Hospital, but though detailed sketch plans have been prepared and preliminary agreement with the hospital authorities has been reached further progress is held up for the time being by the restrictions that the

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Government have had to impose on fresh capital expenditure in the National Health Service.

It is intended to press on in the meanwhile with the organisation of refresher courses, and preparations are well advanced for holding a series of such courses at the Brook Hospital, where the Woolwich Hospital Management Committee are affording the necessary facilities. It is also planned to give a modified form of training to kitchen staff at St. Pancras Hospital, where there is an urgent need to enlarge and improve the catering facilities to meet the needs of the rapidly increasing numbers of patients and staff.

SHORTAGE OF DIETITIANS

The shortage of dietitians of all types is perhaps even more acute than that of hospital caterers. It has been roughly calculated that if even one dietitian only were employed for every 150 hospital beds—and there are authorities who would say that this ratio was barely sufficient—then 1,500 dietitians would be needed in the National Health Service. In actual fact, less than 300 are employed in hospitals at the moment, while the combined annual output of the four training schools in the country, two in London and two in Scotland, is barely 50.

Not all the 50 who qualify each year take up hospital jobs, and inevitably numbers of those who do go to hospitals leave their employment within a few years on marrying. The need to increase the annual output of the existing training schools, both by opening fresh courses of training and by widening the primary field of recruitment, has been under urgent consideration by the Ministry of Health during recent months, and it is hoped that their conclusions will soon be announced.

THE EMERGENCY BED SERVICE

During the first year of the National Health Service up to 5th July, 1949, 53,798 applications for urgent admission to hospital were received: since then the rate of applications has steadily

THE EMERGENCY BED SERVICE

increased so that for the year ending 31st March, 1950, the total is 60,649.

A well-nigh unbearable load was thrown on the Service in the winter 1948-49. Though the fears of actual breakdown proved groundless, the Service was unable to maintain the standards of speed and efficiency that had previously prevailed. In the summer of 1949 a careful investigation was made of the previous winter's work with a view to finding out what were the main causes of difficulty, and how to remedy them. It was decided that the best remedy would be to decentralise the work of the Service by opening four branch offices in the London suburbs which would carry part of the load which had previously been borne at Old Jewry. To effect this, offices were opened at Ealing, Leytonstone, Woolwich, and Wimbledon in the autumn, and the general practitioners in the suburbs were advised to apply to the nearest of these four offices.

Now that the winter of 1949 is over it is possible to see the results of this re-organisation. It has been found that although the volume of work was usually about 20 per cent. more than the previous year, the speed of dealing with cases has improved, as also has the percentage of cases admitted. In the winter of 1948 it had taken an average of 56 minutes to arrange the admission of a case; last winter this was reduced to 42 minutes. Again, in the previous winter it had taken 234 minutes to complete an unsuccessful search for a bed before the Service could consider that there was no hope of admission; this has now been reduced to 145 minutes

So much for speed of work: actual admissions also showed an improvement. In the winter 1948-49 the total number of applications was 31,456, whereas last winter this increased to 37,273. During the former winter the serious situation had been reached when the Service was unable to admit more than about 90 acute cases a day regardless of the number of applications. This situation was at its worst one week in February, 1949, when the number of acute cases which failed to be admitted to hospital was 40 per cent. of the total. During the first three months of 1950 the Service was able to admit an average of 140 cases a day, the record being 187. What is more important, the number of cases admitted retained a

RADIOTHERAPY COMMITTEE

constant relation to the number of applications received, the percentage of those not admitted remaining fairly constant between 20 and 25 per cent. Since it is known that about 5 per cent. of all applications are "withdrawn" for extraneous reasons, we are left with a residue of 15 to 20 per cent. failures in winter, and there is clearly no room for complacency. As in former years, it is nearly always the aged who suffer. In summer the figure of failures approaches vanishing point.

The result of the re-organisation of the Service, taken in conjunction with a slight increase in the total number of beds open in the hospitals during the summer of 1949, has been greatly to improve both the speed of admission of individual patients, and the proportion of patients admitted in spite of the fact that the total number of applications has increased very considerably. This improvement is due partly to the advantages of decentralization which has resulted in a closer contact with suburban hospitals, and partly to an increase in staff; clearly the speed of dealing with cases could be further improved if a larger staff were employed so that even at peak periods there were plenty of girls to meet the demands, but the cost would rise correspondingly and a halt must be called somewhere. Where that point is is the main matter to be considered this summer in readiness for next winter.

The agreement by which the Service worked for the four Metropolitan Regional Hospital Boards was originally intended to last for an experimental period of two years from 5th July, 1948. The experiment has proved useful, and a new agreement has been reached whereby the Service carries on for a further two years and thereafter indefinitely, subject to six months' notice by either party.

The financial arrangements remain unchanged, the Fund paying the first £6,500, which was the cost of the Service in 1947, and the four Boards sharing anything in excess of that sum.

RADIOTHERAPY COMMITTEE

With the inception of the Health Service responsibility for the control and distribution of radium became vested in the Ministry of Health, and in consequence the *raison d'être* of the Fund's radium

MEDICAL RECORDS

organisation disappears. Negotiations were therefore begun for the disposal to the Ministry at an agreed figure of the bulk of the Fund's stock of radium. Responsibility for maintenance of the Radium Pool and of the Panel of Physicists passes to the Minister, by whom it will no doubt be delegated to the Middlesex Hospital as in recent years.

So comes to an end the work begun in 1929 by the Radium Committee which, since 1947, has been known as the Radiotherapy Committee. The event cannot be allowed to pass without recording the debt owed both to the many generous donors to the Radium Fund and to those who have given devoted service on the Committee, and in particular to their Chairman, Sir Ernest Rock Carling. Thanks are also due to the Middlesex Hospital where the Fund's Radium Pool and Panel of Physicists have been centred; and to the Dreadnought, Metropolitan, National Temperance and Royal Waterloo Hospitals who have made generous loans of radium to the pool.

The Fund will not, however, cease entirely to have an interest in this connection since the four grammes of radium representing Sir Otto Beit's gift initiating the original appeal, will be retained in the ownership of the Fund and loaned to the Royal Cancer Hospital.

APPOINTMENTS FOR OUT-PATIENTS, AND ORGANISATION OF MEDICAL RECORDS

There are signs that the hitherto intractable problem of long waits in the out-patient department which has baffled the hospitals for more than half a century is in a fair way towards a solution. The advantage of a really efficient appointment system for out-patients is now generally recognised and most London hospitals have instituted a full or partial appointment system. Some of these systems, however, have not stood up to the strain imposed by the greatly increased number of out-patients due to the National Health Service. While it cannot therefore be claimed that long waits in overcrowded out-patient halls have been altogether obviated, it can be said that such conditions are the exception rather

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than the rule. Instances of really prolonged waiting formerly accepted as inevitable are now regarded as matters to be investigated. At the same time modern systems of handling medical records are fast replacing the old style "patient's notes" which in former days the out-patients themselves collected from the records clerk and carried round for all to see. The old bogey of notes "missing" because they had been borrowed by the medical staff or left in another department has not been finally overcome, but it is much rarer than it used to be. A new sense of the importance and interest of this side of hospital work has led to the establishment of an active Association of Medical Records Officers, parallel to its vigorous opposite number in America. Across the Atlantic a keen interest in medical records has in recent years been much stimulated by the system of minimum standards maintained by the American College of Surgeons.

Many hospitals and many individual efforts have assisted towards this result; and the contribution made by the King's Fund has been substantial. It was already apparent last year that the booklet on Admissions and Records, prepared and issued by the Fund in 1948, had met a widespread need for guidance. Many teaching hospitals and hospital management committees have taken the recommendations seriously and instituted a general overhaul of their arrangements governing waiting lists, reception of in- and out-patients, methods of keeping notes, and the systems of appointments for out-patients. The booklet was much sought after throughout the whole of 1949; and there was a steady demand for medical records officers of sufficient experience and status to tackle most of the administrative detail of the out-patient department and admissions system, as well as possessing sufficient knowledge of medical records to enable them to be of real assistance in coping with the requirements of the medical staff.

SCHOOL FOR MEDICAL RECORDS OFFICERS

A school for medical records officers, maintained in conjunction with the Middlesex Hospital, was foreshadowed in last year's report. The first full team of twelve bursars receiving grants from the Fund started on a six months' course in March, 1949. The object of the course was to afford practical experience of all the techniques of

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recording, filing, diagnostic indices and microphotography, together with a brief introduction to statistical analysis. It also included a grounding in medical terminology, an opportunity of acquiring some knowledge of the work of other departments in the hospital, and a good many visits to other hospitals. The quality of the trainees was high, as they had been selected from several hundred applicants. The Fund is glad to be able to record that the appointments obtained by the early bursars include those of medical records officer at several important teaching hospitals—Addenbrooke's, the Hospital for Sick Children, Moorfields, Queen Charlotte's, St. Mary's, the United Sheffield Hospitals and Westminster—as well as a number of important hospital management committees.

A second group of twelve bursaries was advertised in the summer of 1949 and those chosen began to train at the Middlesex Hospital in October. Arrangements were made to increase the length of the course from six to twelve months; the first part followed the lines of the earlier course, but in the light of experience changes have been made in the curriculum and an attempt is being made to improve the opportunities for obtaining experience in the routine tasks of the department. The co-operation of eleven hospitals has been secured, including specialist and also non-teaching groups. Whilst on attachment to these other records departments the bursars meet fortnightly on two study days for written exercises, debates, committee work, visits and lectures by specialists in various fields. An exercise set recently indicates the kind of problem with which trainees are being expected to cope:—

“You are appointed Medical Records Officer to a general hospital with 500 beds. This is a new hospital with no records system; it is however estimated that the total Out-Patient attendances will be between 150/170,000 and its Surgery will have between 40/50,000 attendances annually as it is in a built-up area. Bearing in mind the fact that you will have to justify your staff to both an Establishment and a Finance Committee, state the number of staff you will require to open your department and give details of each job.”

It is now 30 years since the Dawson Report of 1920 urged a uniform system of records of illness applicable to both health centres and hospitals. At the hospitals, it was urged, there would need to be officers whose duty it would be to maintain the efficiency of this system of records. “Such an organisation,” the report continued,

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“properly directed, would be of great value in the promotion of national health. These records could be utilised for purpose of research and for acquiring accurate knowledge of disease and of the after-results of its treatment. The Teaching Hospitals would undertake the direction of the system of records in their respective zones, so that it might result in knowledge and usefulness rather than in an accumulation of lifeless statistics.” It is not too much to hope that some of those who have enjoyed the bursaries provided by the Fund will one day play a part in inaugurating a national system of medical records on the lines first envisaged thirty years ago.

DISTRICT NURSING

Under the National Health Service Act local health authorities are required to provide a home nursing service. Realising the advantage of utilising the experience and well-tried organisation of the existing voluntary service, a contractual agreement was arranged whereby (in the case of the L.C.C.) the Central Council for District Nursing in London undertook to maintain the services it was providing upon payment by the health authority of 90 per cent. of the annual cost of each local nursing Division. The remaining 10 per cent. has to be raised from voluntary sources by the usual means—subscriptions and donations, garden parties, sales, etc. This arrangement throws the main burden upon the statutory authority, yet leaves the District Nursing Associations responsible for their own administration; and the Associations are most anxious to preserve this measure of freedom to work in their own way.

Nevertheless with the falling off of voluntary subscriptions that has come with the new social legislation the raising of 10 per cent. of this expenditure presents considerable difficulties, even with the regular income provided under the scheme whereby a portion of the profits on Sunday film performances are compulsorily donated to charities. In 1948 the Fund approved a grant of £5,000—£1,500 for distribution to local District Nursing Associations and £3,500 for the administrative expenses of the Central Council. This grant has been repeated in 1949 as further recognition of the importance of maintaining this essential service to the full during a difficult period of transition.

TRAINING GRANTS FOR ALMONERS

TRAINING GRANTS FOR ALMONERS

The Fund has continued to maintain its interest in social medicine which led to the establishment in 1948 of a scheme for awarding training grants to specially selected recruits to the ranks of the almoners. The Minister of Health has on several occasions made it plain that he regards the almoner as a vital part of the hospital service without whose aid many of the benefits of medical treatment may be lost: and the Committee appointed by the Minister under the chairmanship of Mr. Zachary Cope, F.R.C.S. to review questions of recruitment and training for all the principal medical auxiliary services, included almoning in its terms of reference.

Whatever the recommendations of this Committee, there seems no doubt that there will continue to be a need for women with high academic qualifications as well as specific medico-social training to fill the increasing number of research, teaching and administrative positions arising as the profession expands. It was to meet this need that six bursaries to the value of £350 per annum were offered in 1948 to enable honours graduates to qualify as almoners after a shortened theoretical and practical training lasting two years in all. A further five awards were made in the spring of 1949 and although there has been some "wastage," inevitable in any training schemes for young women, the great majority are making good progress. The theoretical part of the course involves studying for a Diploma in Social Science at a University: the practical training is organised by the Institute of Almoners and consists in the main of apprenticeship served in the almoner's departments of London and provincial hospitals. The bursary scheme is on a small scale but it is felt that the best contribution the Fund can make is to provide the means for an important leavening of University graduates to enter a profession from which they are often precluded by the immediate necessity of earning a living.

VISITS TO AMERICA

The wealth of the United States has made possible physical developments in hospital practice on a scale beyond the resources of this country at the present time. Nevertheless we may look forward to the day when new building may be possible and in

VISITS TO AMERICA

preparation for that event it is essential that those who will be concerned in designing our hospitals of the future should be familiar with current trends abroad. Quite apart from the question of new hospitals there is much of immediate value to be gained from an exchange of views on matters of equipment and management.

To these ends a delegation from Charing Cross Hospital followed up its 1947 tour of European hospitals by visiting, under the aegis of the Fund, a number of hospitals and health organisations in the United States in April and May, 1949. Their observations are recorded in Travel Report No. 3, published at the end of the year.

Mr. S. W. Barnes, House Governor of King's College Hospital, also visited America with a grant from the Fund.

The help received from the Rockefeller Foundation of New York in the arrangement of both these visits, and the friendly hospitality of the institutions concerned—too numerous to mention here—are most warmly appreciated by the Fund.

CONSTITUTION, COUNCIL AND COMMITTEES

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

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

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SIR HORACE EVANS, M.D., F.R.C.P.

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F.R.C.P.

DR. A. HOPE GOSSE, M.D., F.R.C.P.

DR. A. E. GOW, M.D., F.R.C.P.

DR. C. F. HARRIS, M.D., F.R.C.P.

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SIR HENEAGE OGILVIE, K.B.E., M.D., F.R.C.S.

MR. A. C. PALMER, O.B.E., F.R.C.S.

MR. W. H. C. ROMANIS, F.R.C.S.

SIR ALUN ROWLANDS, K.B.E., M.D., F.R.C.P.

MR. E. G. SLESINGER, O.B.E., M.S., F.R.C.S.

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LORD CUNLIFFE

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MR. CHRISTOPHER HOLLAND-MARTIN

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MR. W. C. LESLIE-CARTER, F.S.I.

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LORD SOMERLEYTON

LORD TEVIOT, D.S.O., M.C.

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C.S.I.

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

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

Staff College (Division of Nursing) :
147, Cromwell Road, S.W.7 Telephone : FRObisher 1093

Hospital Administrative Staff College :
2, Palace Court, W.2. Telephone : BAYswater 2789

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MR. R. E. PEERS	Assistant Secretary
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MISS A. L. LASCELLES	<i>Homes for Aged Sick</i>
MR. H. W. ARNOLD, D.S.C.	<i>Convalescent Homes</i>
MR. D. G. HARINGTON HAWES	<i>Catering and Distribution</i>
MR. V. H. RUSHTON	Cashier
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MR. E. H. KEYTE, A.S.A.A.	<i>Assistant Accountant</i>
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MISS M. M. EDWARDS, M.V.O.	Director
<i>Nursing Recruitment Service</i>								
MISS L. M. DARNELL	Deputy Secretary
MISS A. C. PEILE	Travelling Secretary
MISS K. P. JOHNSTON	Assistant Secretary
<i>Staff College</i>								
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MISS G. A. RAMSDEN, R.R.C.	Assistant to the Principal
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MR. C. C. A. GIBBS	<i>Principal-designate, St. Pancras Training Centre</i>
MRS. B. STANTON-JONES	Nutritional Adviser

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MR. P. H. CONSTABLE	<i>Acting Principal</i>
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MISS W. M. COX

Accountant

MR. N. F. MOLLE

Offices

MONarch 3000

EALing 6671 LEYtonstone 6461 WOOLwich 3471 WIMbledon 6581

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.

FINANCIAL STATEMENTS

AND

LISTS OF GRANTS

The Fund is fortunate in possessing substantial capital resources amounting to between six and seven million pounds.

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

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

KING EDWARD'S HO
BALANCE SHE

FUND ACCOUNTS :	£	s.	d.	£	s.	d.	£	s.	d.
FUNDS TO BE RETAINED AS CAPITAL :									
As at 31st December, 1948				1,854,846	3	1			
Add : Receipts during 1949	2,676	0	4						
Legacy for Capital	500	0	0						
				3,176	0	4			
							1,858,022	3	5
GENERAL FUND :									
As at 31st December, 1948	3,574,880	8	1						
Add : Amount transferred from Income and Expenditure Account	97,380	9	10						
				3,672,260	17	11			
SPECIAL FUNDS :									
per Schedule on page 60							344,511	18	10
SPECIAL APPROPRIATION FUND :									
Sum earmarked by General Council out of 1949 Income for the Provision of Additional Accommodation for Aged Sick	250,000	0	0						
Less: Amount expended to date	26,088	5	5						
				223,911	14	7			
							6,098,706	14	9
LIABILITIES :									
Grants made to Hospitals and Convalescent Homes, awaiting appropriate time for payment, viz :									
Ordinary and Special distribution...	101,272	8	6						
Radiotherapy Fund distribution	9,150	0	0						
				110,422	8	6			
Calls on Investments (since paid)				20,000	0	0			
Cost of Properties and alterations outstanding				12,320	16	7			
Administration and other expenses outstanding...				22,342	19	4			
							165,086	4	5
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES):									
Amount received for dilapidations				540	0	0			
Sinking Fund appropriations				1,047	0	0			
							1,587	0	0
							£6,265,379	19	2

REPORT OF THE AUDITORS TO K

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

5, London Wall Buildings,
London, E.C.2.

22nd June, 1950

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1.
L FUND FOR LONDON
DECEMBER, 1949

	£	s.	d.	£	s.	d.
SECURITIES AND INVESTMENTS :						
General Account	4,843,686	15	0			
Gift of His late Majesty King George V, to be retained as capital	20,000	0	0			
Special Accounts	320,813	11	6			
	<hr/>			5,184,500	6	6
<i>The market value at 30th December, 1949, of the quoted securities (i.e., 97 per cent. of the total) was £5,753,473.</i>						
FREEHOLD AND LEASEHOLD PROPERTIES AND GROUND RENTS...	701,295	18	9			
REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of	29	0	0			
	<hr/>			5,885,825	5	3
<i>Assets received or acquired before 21st July, 1908, are taken at or under values adjusted as at that date, in accordance with the terms of King Edward's Hospital Fund for London Act, 1907. Assets received or acquired since that date are included at or under the market value at the date of gift or purchase.</i>						
CURRENT ASSETS :						
Balances at Banks and Cash in hand	334,609	7	9			
Debtors	44,945	6	2			
	<hr/>			379,554	13	11

NOTES—

- 9
- (a) *The King's Fund also owns (i) a Stock of Radium which is lent by the Fund to certain hospitals in London ; (ii) a motor-car at the disposal of the Radium Pool and Panel at the Middlesex Hospital.*
 - (b) *The cost of freehold and leasehold properties amounting to £57,752, and of the furniture and equipment owned by the Fund has been written off to Income and Expenditure Account as and when acquired.*
 - (c) *In some cases, legacies are subject to indemnities given to refund the sum, if any, required to meet the liabilities of Executors.*
 - (d) *Claims under Part II of the War Damage Act, 1943, have been agreed at £416 8s. 4d. but payment is deferred.*
 - (e) *A sum of £10,000 has been deposited with the King's Fund by a Lessee as collateral security under his covenant to re-instate dilapidations, and is held in a separate bank account in the Fund's name.*

E. R. PEACOCK, *Treasurer*

£6,265,379 19 2

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K
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rs a
and belief were necessary for the purposes of our Audit. In our opinion proper
se books. We have examined the above Balance Sheet and the annexed Income
on and to the best of our information and according to the explanations given us,
st December, 1949, and the Income and Expenditure Account gives a true and

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

INCOME AND EXPENDITURE ACCOUNT FOR

	£	s.	d.	£	s.	d.	£	s.	d.
GRANTS :									
Hospitals and Branches—Grants per Report				104,860	0	0			
Convalescent Homes not attached to Hospitals—Grants per Report				100,000	0	0			
				<u>204,860</u>	0	0			
District Nursing Distribution :									
Grant to the Central Council for District Nursing				5,000	0	0			
							<u>209,860</u>	0	0
SPECIAL APPROPRIATION :									
Homes for the Aged Sick (of which £26,088 was expended during the year, including £24,700—cost of properties acquired)									250,000 0 0
									<u>459,860 0 0</u>
EXPENDITURE ON SETTING UP AND ADMINISTERING SPECIAL SERVICES, ETC. :									
Division of Hospital Facilities							6,774	12	8
Division of Nursing :									
Nursing Recruitment Service				6,528	16	0			
Staff College :									
Purchase of Leasehold				5,190	0	0			
Furniture and Fixtures				1,946	18	6			
Repairs and Redecorations				2,537	18	8			
Running Expenses				<u>8,971</u>	14	10			
				18,646	12	0			
Hospital Catering and Diet Committee :							25,175	8	0
Catering Advisory Service... ..				2,519	2	4			
St. Pancras Catering Centre				1,327	4	0			
General Administration Expenses				<u>1,871</u>	19	10			
							5,718	6	2
Hospital Administrative Staff College :									
Cost of Premises, etc.				13,862	6	2			
Maintenance Expenses				<u>21</u>	2	6			
							13,883	8	8
Bursaries for Hospital Administrators, etc.				7,574	16	3			
Miscellaneous Administration Expenses... ..				<u>643</u>	3	7			
							8,217	19	10
Medical Records School :									
Grant to Middlesex Hospital to meet cost of Equipment, etc. Bursaries, etc.				6,500	0	0			
				<u>7,648</u>	16	3			
							14,148	16	3
Travel Grants				869	0	10			
Florence Nightingale Scholarships				<u>436</u>	4	3			
							1,305	5	1
Convalescent Homes Directory, etc.				1,283	1	5			
Less : Included in Grants to Convalescent Homes				<u>944</u>	0	0			
							339	1	5
Radiotherapy Committee							<u>2,000</u>	0	0
									77,562 18 1
EMERGENCY BED SERVICE :									
Proportion of cost to be defrayed by the Fund agreed with the Metropolitan Regional Hospital Boards:—									
Running Expenses				6,500	0	0			
Furniture and Equipment... ..				<u>3,274</u>	16	9			
							9,774	16	9
GENERAL ADMINISTRATION EXPENSES :									
Salaries, Pensions, Allowances and Superannuation Contributions Establishment, including Rent, Rates, Heating, Lighting and Cleaning, Insurance, etc.				16,598	8	9			
Printing, Stationery and Publications				3,798	14	6			
Sundry Miscellaneous Expenses, including £1,521—Furniture and Equipment				1,491	0	6			
				<u>4,465</u>	12	2			
							26,353	15	11
							<u>573,551</u>	10	9
TRANSFER TO GENERAL FUND :									
Excess of Income over Expenditure for 1949 (after appropriation of a sum of £250,000 for Homes for the Aged Sick)									97,380 9 10
									<u>£670,932 0 7</u>

FOR THE YEAR ENDED 31st DECEMBER, 1949

	£	s.	d.	£	s.	d.
d.	INCOME FROM:—					
	Securities and Investments 214,385 5 0					
	Freehold and Leasehold Properties let 31,286 5 4					
				245,671	10	4
	SUBSCRIPTIONS:					
	Annual 3,508 2 11					
	Under Deeds of Covenant for a stated number of years 6,507 17 5					
				10,016	0	4
	DONATIONS:					
	Annual and other 7,050 1 9					
				17,066	2	1
	Total Ordinary Income 262,737 12 5					
	SPECIAL RECEIPTS:					
	Reversion from the Nuffield Trust for the Special Areas... .. 150,000 0 0					
	LEGACIES received during the year:					
	General 257,890 6 7					
	Estate of the late Mr. Samuel Lewis 304 1 7					
				258,194	8	2

£670,932 0 7

SPECIAL FUNDS 31st DECEMBER, 1949

	£	s.	d.	£	s.	d.
SPECIAL ANONYMOUS TRUST (1930)	20,000	0	0			
MRS. L. L. LAYBORN TRUST (1943)	5,000	0	0	25,000	0	0
<hr/>						
SPECIAL ANONYMOUS TRUST (1930) (INCOME ACCOUNT) :						
Balance as at 31st December, 1948	339	3	0			
Add Receipts during 1949	678	6	0	1,017	9	0
<hr/>						
MRS. L. L. LAYBORN TRUST (1943) (INCOME ACCOUNT) :						
Receipts during 1949	150	0	0			
Less : Paid to the Hostel of St. Luke	150	0	0	-	-	-
<hr/>						
J. K. CATLIN, DECEASED, TRUST :						
Balance as at 31st December, 1948	80	2	7			
Less : Legal Expenses	2	2	0	78	0	7
<hr/>						
BANK OF ENGLAND (Subscriptions under Deed of Covenant)						
Balance as at 31st December, 1948				1,918	10	0
<hr/>						
RADIOTHERAPY FUND :						
Balance as at 31st December, 1948	17,758	1	11			
Add : Receipts during 1949 (including £2000 from General Funds)	2,230	1	3			
<hr/>						
Less : Expenditure during 1949	19,988	3	2	17,788	14	6
	2,199	8	8			
<hr/>						
THE ARTHUR AND ALEXANDER LEVY SURGICAL HOME FOUNDATION ACCOUNT (1947) :						
TRUST FUND :						
Balance as at 31st December, 1948				289,339	16	3
Add : Income received during 1949	9,646	18	6			
Less : Claim for Repayment of Income Tax on 1948 Income, disallowed	337	10	0	9,309	8	6
<hr/>						
				298,709	4	9
per Balance Sheet, page 56				£344,511	18	10
<hr/>						
Represented by:—						
Investments				320,813	11	6
Debtor (Tax recoverable)				2,892	6	4
Cash at Bank				20,8	6	0
<hr/>						
				£344,511	18	10

RECEIPTS FROM LEGACIES IN 1949

	£	s.	d.
Sir George Alexander	145	14	0
Desmond Russell Bevan*	22	19	5
Harry Robert Bradfield	499	16	4
John Burgess	300	0	0
Earl of Donoughmore, K.P.	100	0	0
Mrs. Elizabeth Dudgeon	107	17	3
William Eichholz	32,105	17	4
Colonel George Henry Evans, C.I.E., C.B.E.	3,617	4	8
John Ashton Fielden	120,271	2	6
Joseph Fletcher	3,687	9	6
Miss Ariana Borthwick Gordon	1,127	13	1
Mrs. Laura Griffiths	32,602	1	0
Mrs. Violet Georgina Henley-Chater... ..	500	0	0
Henry Holmes	9	1	8
Gerald Callcott Horsley	100	0	0
Miss Florence Emma Jee	1,477	4	0
Mrs. Ada Frances Jennings	590	15	10
Leonard William Jennings	8	4	8
Percy Johnson	21,440	18	6
Mrs. Mary Anne Charlett Laffan	36	0	8
Samuel Lewis	304	1	7
Thomas Mason*	500	0	0
Dr. Edward Charles Masser	380	0	0
William Matthew	2,000	0	0
Miss Mary Alice Millington	613	9	0
William Thomas Mullett	2	10	0
Miss Mary Noel... ..	100	0	0
Pearce-Jones Settlement	300	16	8
William Arthur Posnett	24,839	19	0
Miss Eleanor Grace Powell	270	19	2
Arthur Ragdale... ..	1,500	0	0
Mrs. Mabel Louisa Fanny Rogers	4,189	17	4
Mrs. Eliza Sinclair	148	1	9
James Raymond Solly	345	12	4
Walter James Spencer	1,193	9	8
Marion Harry Alexander Spielmann	50	0	0
Reverend Henry Swann	1,225	11	3
Horace Reginald Walton	85	0	0
Alderman Walter Morgan Willcocks, J.P.	1,395	0	0
	£258,194	8	2
Sir Adolph Tuck	500	0	0
	258,694	8	2

* Given by Executors in exercise of discretionary powers

GRANTS TO HOSPITALS AND INSTITUTIONS, 1949

As in 1948, maintenance grants were made to a number of disclaimed hospitals, as shown in the following statement:—

	£
Catholic Nursing Institute	50
Cripplecraft, Ltd.	500
Florence Nightingale Hospital for Gentlewomen	250
French Hospital	400
Hill Homes, Ltd.	50
Hospital of St. John and St. Elizabeth	1,000
Hostel of God	200
Hostel of St. Luke	400
St. Andrew's Hospital, Dollis Hill	750
St. Joseph's Hospital for Incurables... ..	200
St. Saviour's Hospital	50
St. Teresa's Hospital	200
St. Vincent's Orthopaedic Hospital... ..	800

Seven Hospital Management Committees and five Hospitals within the Health Service received grants towards capital expenditure on wireless installations and other recreational amenities, and in one case towards the provision of a home for the aged sick:—

Archway Hospital Management Committee	£1,300 to two-way wireless equipment and pillow speakers for Archway Hospital.
Bermondsey Medical Mission	£15,500 for acquisition of home for aged sick; this home to be vested in the Fund.
Enfield Hospital Management Committee	£220 to wireless installation at Chase Farm Hospital.
Epping Hospital Management Committee	£260 to wireless installations at four hospitals in Group.
Lambeth Hospital Management Committee	£700 to wireless installations at South-Western Hospital.
Moorfields, Westminster and Central Eye Hospital	£2,200 in respect of iridocyclitis cases.
Paddington Hospital Management Committee	£1,200 to two-way wireless installation, and 50 pillow speakers at Paddington Hospital.
St. Ebba's and Belmont Hospital Management Committee	£5,000 to provision of recreational and educational centre for patients.

Sidcup and Swanley Hospital Management Committee	£250 to wireless installation at Cray Valley Hospital.
University College Hospital ...	£5,000 towards provision of home for aged sick.
Western Ophthalmic Hospital	£380 in respect of iridocyclitis case.
Westminster Hospital... ..	£100 to pictures for convalescent home.

Twenty-three disclaimed hospitals received grants towards capital expenditure for various purposes including provision of homes for the aged sick, nurses homes, new buildings, repairs, redecoration and additions to existing buildings, X-ray equipment, mattresses, curtains and new lifts:—

Bernhard Baron Cottage Homes	£2,000 to accommodation for sick and infirm old people, and new kitchen and dining accommodation.
Brook Lane Medical Mission	£3,000 to purchase and adaptation of nurses' home for the Dunoran Home.
Chalfont Colony for Epileptics	£10,000 to new kitchens and laundry, subject to certain contingencies.
Cripplecraft, Ltd.	£3,000 to provision of new workshop.
Fellowship Houses Trust ...	£5,000 to provision of home for aged sick.
Field Lane Institution	£7,500 to provision of home for aged sick.
Florence Nightingale Hospital for Gentlewomen	£1,000 to repairs, new boiler, new signalling system and other proposed improvements.
Hill Homes, Ltd.	£1,500 to purchase of house for nurses' home.
Homes of St. Barnabas	£500 to interior spring mattresses and other furnishings for sick ward.
Hospital of St. John and St. Elizabeth	£2,000 to provision of maternity accommodation ; and £1,500 to new lift.
Hostel of St. Luke	£750 to provision of curtains and additional baths for patients and staff.
King Edward VII Sanatorium, Midhurst	£3,000 to improvement and extension of X-ray department.
Mothercraft Training Society	£1,000 to repairs to Elizabeth House and provision of new laundry.
Queen Elizabeth's Training College for the Disabled	£5,000 to new Women's Hostel.
St. Andrew's Hospital, Dollis Hill	£2,000 to X-ray equipment, and £3,000 to building new X-ray department.

St. Elizabeth's Home for Incurables	for	£1,000 to reduction of debt on bathroom accommodation and laundry equipment ; and
St. Joseph's Hospital for Incurables	for	£1,000 to decoration and furnishings. £750 to redecoration, furnishings, etc.
St. Pelagia's Home, Highgate		£200 to provision of beds, bedding, etc., for ante-natal ward.
St. Saviour's Hospital	...	£2,500 to new lift and various structural alterations.
St. Vincent's Orthopaedic Hospital		£5,000 to new children's wards.
School of Stitchery and Lace, Bookham		£2,000 to provision of sheltered workshop.
Searchlight Cripples' Workshops, Newhaven		£2,000 to new kitchen and dining-room.
Smiles Home for Invalid Ladies		£1,500 to re-wiring the building, cost of Aga cooker, and repainting.

Finally two sums of £100 each were set aside for the provision of picture frames and the purchase of painting materials for sanatoria undertaking art therapy.

The total sum distributed during the year was £104,860.

In addition to the amount distributed above, the Distribution Committee had at their disposal a balance of £1,918 10s. od., from the amount entrusted to the Fund by the Bank of England in 1948. This sum was offered to the Chalfont Colony for Epileptics, subject to the carrying out of the reconstruction of their kitchens and laundry, a scheme which the Committee consider to be of considerable importance.

GRANTS TO CONVALESCENT HOMES, 1949

<i>Name of Home</i>	<i>Maintenance Grant</i> £	<i>Grants to Schemes of Capital Expenditure</i>
All Saints Convalescent Hospital, Eastbourne	—	£5,000 to general modernisation.
Andrew Duncan Home (I.C.A.A.)	—	£5,000 to the establishment of the Home.
Arthur's Home, Bognor Regis	—	£200 for refrigerator and potato peeler.
Barton House Hotel ...	50	—
Batesholme, Herne Bay	150	£340 to external decoration and new central heating.
Beau Site Convalescent Home	50	£4,500 to general modernisation.
Beech Hill Convalescent Home (B.R.C.S.)	—	£5,000 to modernisation of Home.
Brabazon Home, Redhill	50	£160 for refrigerator ; and £200 for eradication of dry rot.
British Legion, Churchill Court	50	—
Broadlands, Broadstairs (N.S.S.U.)	100	£60 for new cooker
Brooklyn Babies Home ...	50	—
Burt Memorial Home ...	—	£150 for refrigerator.
Capesthorpe Babies Home (B.R.C.S.)	—	£5,500 to opening of Home ; and £550 to car.
Catherine House for Gentlewomen	50	£550 to repairs to roof ; and £160 to central heating.
Catisfield House Home ...	25	—
Caxton Convalescent Home	50	£250 to sewage disposal plant.
Children's Convalescent Home, Beaconsfield	200	£500 to kitchen floor, cooker, etc.
Children's Home, East Grinstead	100	£1,200 to redecoration of Home ; £105 to cost of plans ; and £135 for washing machine.
Cliff Coombe, Broadstairs (B.R.C.S.)	100	—
Convalescent Home for Epileptics (N.A.M.H.)	150	£130 to garden sheds, painting and linoleum.
Copthorne Holiday and Rest Home	—	£750 to various improvements.
Crescent House Home ...	25	—

<i>Name of Home</i>	<i>Maintenance Grant</i> £	<i>Grants to Schemes of Capital Expenditure</i>
Dedisham Convalescent Nursery School	—	£11,250 to building of new wing.
Dominican Convent, Kelvedon	50	£300 to repairs to roof and refrigerator.
Edith Cavell Home of Rest for Nurses, Haslemere	50	£786 to new water pipes and re-decorations.
Edith Priday Home (B.R.C.S.)	50	—
Essex Convalescent Home	100	—
Fairby Grange, Dartford	200	—
Fairfield House Residential School	—	£150 for refrigerator ; and £2,500 to alterations.
Hamilton House, Seaford (I.C.A.A.)	—	£150 for refrigerator.
Hart's Leap, Camberley...	50	£500 for staff bedrooms ; and £8,500 to alterations and repairs.
Henry Radcliffe Home for Merchant Seamen	100	—
Hertfordshire Seaside Convalescent Home	50	—
Home for Invalid Children	—	£420 for blankets and refrigerator ; and £5,000 to cost of reopening home.
House Beautiful, Bournemouth (N.S.S.U.)	100	—
Invalid Children's Aid Association	—	£2,660 to items at various Homes.
Kelsale Court Saxmundham (N.A.M.H.)	—	£1,325 to opening of new Home.
Kingsleigh Convalescent Home	50	£1,000 to reduction of overdraft.
Limpsfield Convalescent Home for Women and Girls	50	£150 for refrigerator and hot cupboard.
Lloyd Memorial Caxton Home	50	—
London and Ascot Priory	150	£200 to bathroom alterations.
Maitland House, Frinton	50	£450 to removal of Home to Frinton ; and £300 to new water pipes.
Milton Abbey Convalescent Home	—	£2,500 to rewiring.
Oak Bank Open Air School	—	£5,350 to general modernisation of the house.

<i>Name of Home</i>	<i>Maintenance Grant</i> £	<i>Grants to Schemes of Capital Expenditure</i>
Residential Open Air School, Banstead	—	£2,300 to general improvements.
Rosemary Home, Herne Bay	100	£1,000 to general improvements.
St. Bernard's Convalescent Home for Gentlewomen	25	—
St. Catherine's Home ...	—	£3,000 to new kitchen.
St. Dominic's Open Air School	—	£1,000 to general improvements.
St. Gabriel's, Bournemouth	150	£100 to new wash basins and blankets.
St. Helen's Toddler's Home	50	£20 for new blankets ; and £270 for new cloakroom.
St. Joseph's, Bournemouth	—	£500 to new furniture.
St. Mary's, Broadstairs ...	—	£270 to cost of plans.
St. Michael's, Southbourne (I.C.A.A.)	150	—
St. Michael's, Westgate ...	100	£1,600 to various items of modernisation.
St. Patrick's, Hayling Island	—	£2,500 to new kitchen and dining room.
St. Peter's Convent, Woking	100	£1,500 to new lift ; and £100 for new mattresses.
Soldiers and Sailors Convalescent Home, Inc.	50	—
Southern Convalescent Homes Inc. (Bell Memorial)	50	£2,750 to rebuilding of Sunbeam Home.
Spelthorne St. Mary ...	250	£2,500 to new extensions.
Surrey Convalescent Home for Men	—	£500 to kitchen equipment.
Woodclyffe Convalescent Home	50	£240 to wash basins.
Wyndham House, Aldeburgh (W.V.S.)	100	£1,500 to purchase of house.

TOTALS... ...£3,475 £95,581

£99,056

Convalescent Homes Directory Allocation ...

944

£100,000

THE KING'S FUND 1897-1947

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

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL PUBLICATIONS OF THE FUND

Statistical Summary, containing detailed comparative tables of Income, Expenditure and Work of the London Hospitals. This, the last issue of the Summary, contains classified figures for the year 1947. The Summary has been published every year 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.

Among the more recent publications of the Fund are:—

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

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

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

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

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

Notes on Dried Milk and Puddings without Fat—May, 1946.
Feeding of Children, with Recipes—November, 1946.

Allowances for Expectant and Nursing Mothers—Aug., 1946.
Light Diets (with Menus and Recipes)—December, 1948.

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

Memorandum on the Supervision of Nurses' Health, 1943. Recommendations for the establishment of a minimum standard of health care for nursing staff, embracing the organisation of a system of routine medical examination on health records, the care of sick nurses and the prevention of tuberculosis among nursing staff in general hospitals. 3d. *post free.* (*Revised memorandum in course of preparation*)

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 ..	4	9 " " " "
Manilla Folders	12	0 " " " "

Above prices include Purchase Tax.

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

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

Domestic Staff in Hospitals, 1946. A comprehensive survey of the considerations affecting the recruitment, employment and supervision of domestic staff (including ward-orderlies) in hospitals. In addition to discussing the more general aspects of the subject it contains detailed recommendations for the guidance of matrons and domestic supervisors. 9d. *post free*.

Directory of Convalescent Homes, 1950. A directory containing details of nearly 200 Convalescent Homes—both State and independent—catering for patients from the four Metropolitan Hospital Regions. The information is all that is normally required and includes categories of patients accepted and excluded, treatment and diets, length of stay, charges, and daily routine in force. There is an easy-reference index. Published annually each Spring. 7s. 6d. *post free*.

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

Some Observations on Hospital Admissions and Records, 1948. A report incorporating the conclusions and recommendations resulting from a course on Admissions and Records arranged by the Fund for hospital administrators. The organisation of various London hospitals was studied and discussed in detail and the experience of administrators pooled in an effort to lay down some fundamental rules governing:—

Appointments

Casualty

Out-patients

Waiting Lists

Emergency Beds

In-patients

Registration

Medical Records

1s., *post free*.

Fire Precautions at Voluntary Hospitals, 1946. Memorandum for the guidance of hospitals, produced in consultation with the Chief Regional Fire Officer for the London Region of the National Fire Service. 6d. *post free*.

Travel Report No. 1, 1947. The report submitted by a delegation of five members from Charing Cross Hospital who visited modern hospitals in Switzerland, France and Sweden to collect ideas and information on hospital design, for consideration in the planning of the proposed new Charing Cross Hospital. The merits and demerits of continental trends and practice are discussed in the light of contemporary English experience. 1s. *post free*.

Travel Report No. 2, 1948. The report of Captain J. E. Stone, Director of the King's Fund Division of Hospital Facilities, on his visit to hospitals and allied organisations in the United States and Canada. Captain Stone describes in detail many American practices in the sphere of hospital administration. 1s. *post free*.

Travel Report No. 3, 1950. Visit of Charing Cross Hospital delegation to American hospitals. Following up their visit to European hospitals, the same delegation visited America. The Report deals with the organisation of hospitals; planning, structure and equipment; and contains a section on medical education. With plans and diagrams. 1s. *post free*.

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

Time-table of Out-patient Clinics at Hospitals in the Greater London Area, January, 1950. *Free*.

Map of Hospitals in the Metropolitan Police District—with booklet giving details of each hospital. 15s. *post free*. Maps of the four Metropolitan Hospital Regions are in course of preparation.

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Kindly acknowledge receipt to the following address :—

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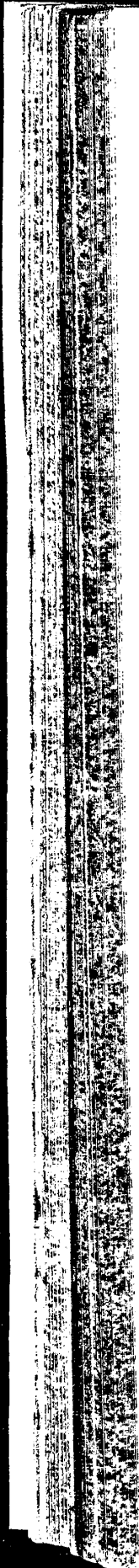
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Date.....19.....

To (Name of Bank
and Branch)

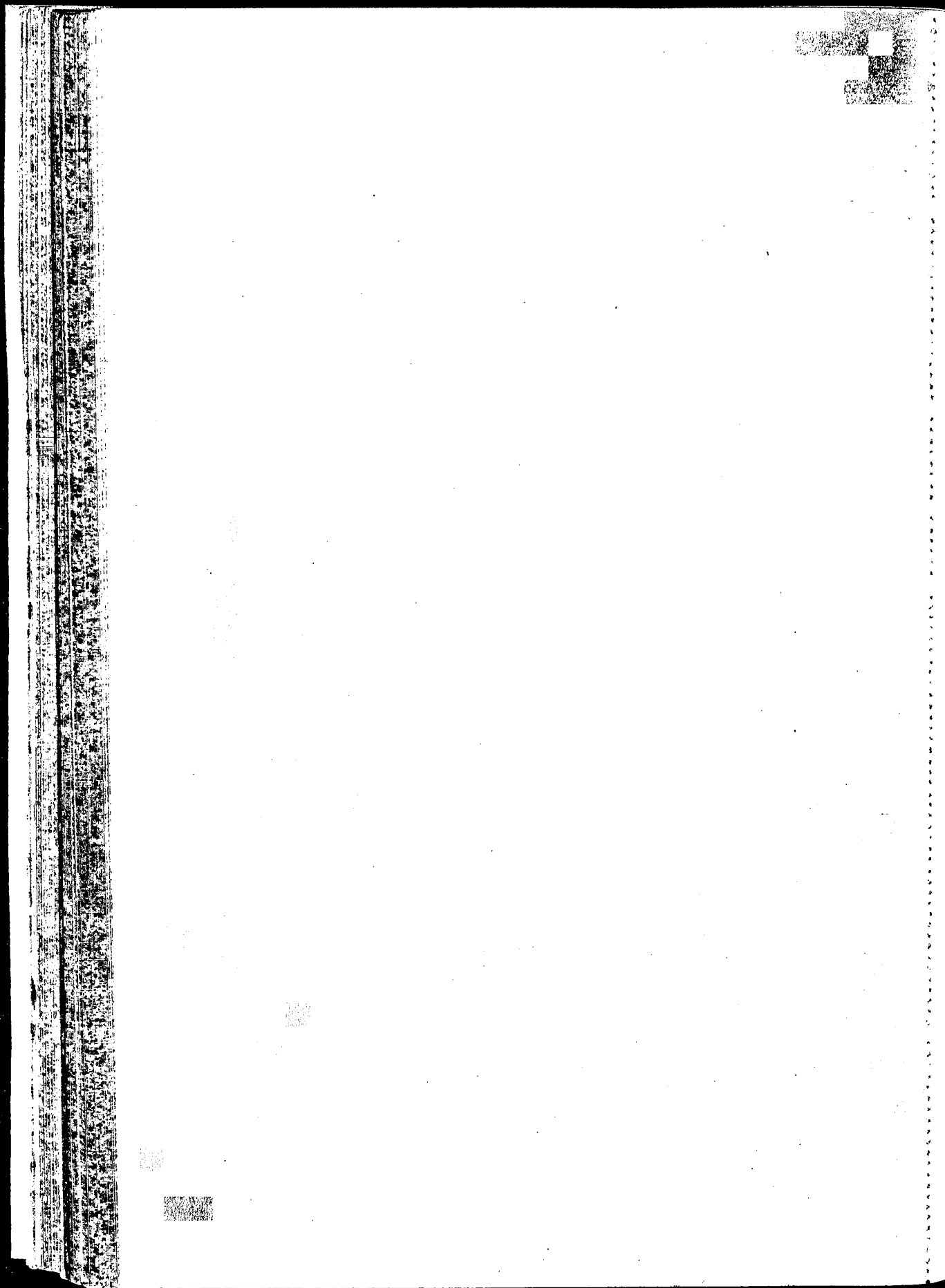
Please pay on theday of.....19..... to
the BANK OF ENGLAND, LONDON, E.C.2 for the credit of
" KING EDWARD'S HOSPITAL FUND FOR LONDON,"
the sum of.....and continue to
pay the same amount on the.....in each future
year until further notice.

£	s.	d.

Signature

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

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- (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.

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of

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..... 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.

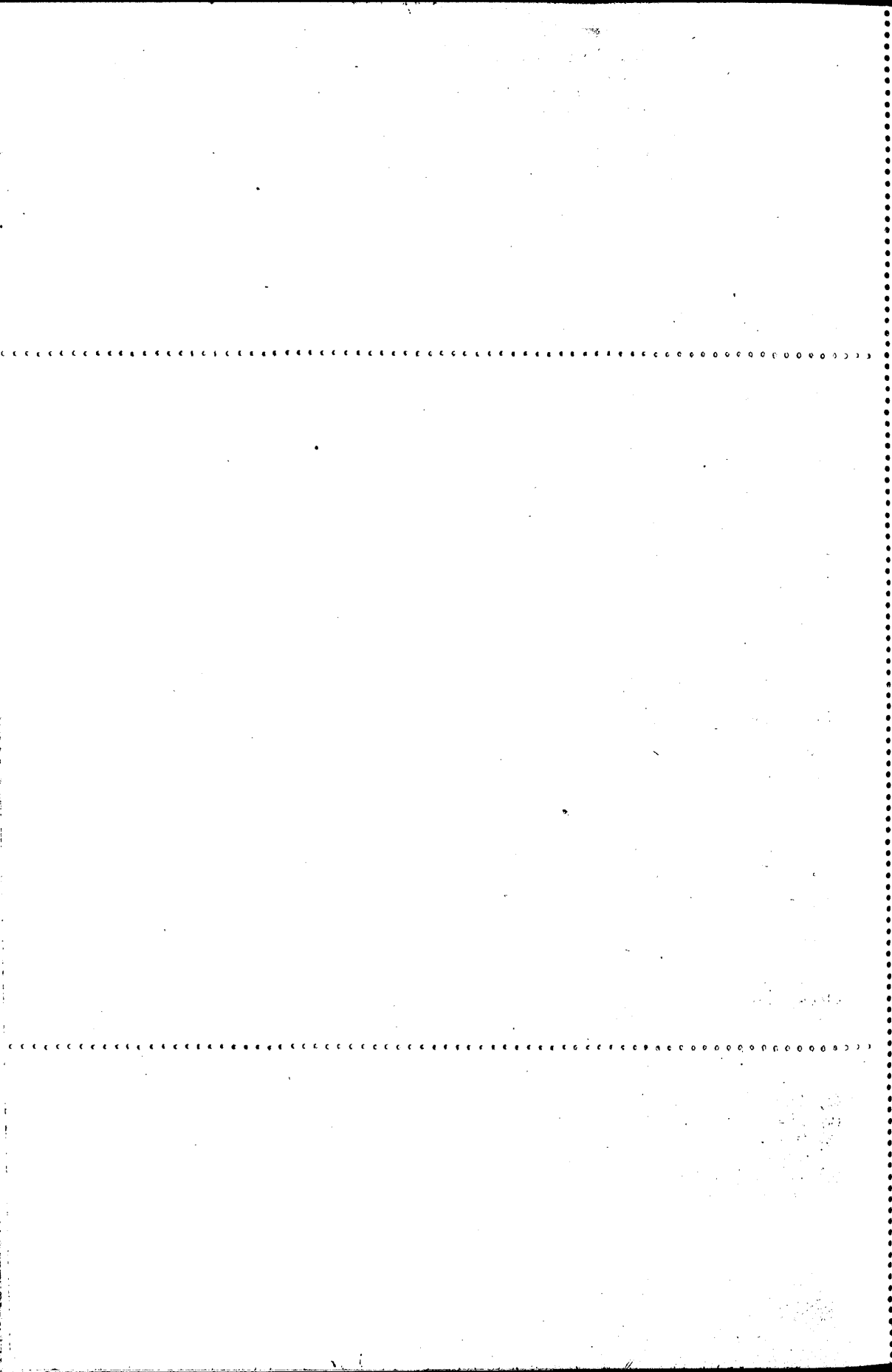
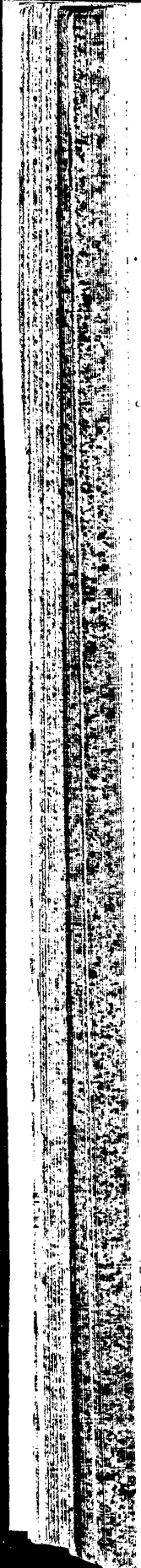
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Occupation.....

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

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





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