

TODAY & TOMORROW

*An outline of the
work and aims of
the King's Fund*



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TODAY AND TOMORROW

KING EDWARD'S Hospital Fund for London has a range of activities and a sphere of influence which are not fully indicated by its title. As is so often the case, the literal meaning of the title has long been outgrown by the undertakings for which it stands.

The aim of this brief account is not to record the history of the Fund—that can be found elsewhere—but rather to map out its present field of action, for the enlightenment of all interested in the well-being of the hospitals, and to indicate very broadly its scope in the future.

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FIRST, to clear the ground, how will a National Health Service affect the King's Fund? It may be said at once that the Fund is not immediately affected by the National Health Service Act, though account will certainly have to be taken of the vast changes about to take place in the hospital system. After the "appointed day" on which the Act becomes operative the Minister of Health will assume responsibility for meeting the ordinary expenditure of the hospitals out of public monies. Since the income of the Fund has for nearly fifty years been mainly devoted to grants towards the maintenance of the voluntary hospitals, the arrival of the appointed day will set free a large proportion of its resources for purposes other than those to which they have been devoted in the past. The Fund

will be free to encourage and support the London hospitals by new methods and in new ways, in directions which must necessarily lie outside the scope of a state service. Of this more will be said later.

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THE present activities of the King's Fund cover a wide field. It is in fact, as its name implies, a central "pool" from which the voluntary hospitals in the Metropolitan Police District have for many years drawn a steady revenue. In addition it has given financial help to meet

exceptional difficulties, and it has assisted with major developments and special undertakings.

Grants Among recent examples may be mentioned the provision of homes for the nursing staff, the reorganisation, staffing and equipment of a catering department, and the financing of a convalescent home devoted to diabetic patients. The grants made by the Fund have totalled some £300,000 a year. This is sufficient to enable the Fund to make grants of a really substantial character to many of the larger hospitals on its list, and to those confronted with special difficulties. Such grants may be on the scale of five or ten thousand a year, or even, in one or two cases, fifteen thousand pounds a year. Although the day-by-day expenses of the hospitals have soared to unprecedented levels since the outbreak of war, this £300,000 represented no mean proportion of their income in pre-war days. Only those with an intimate knowledge of hospital work can appreciate the extent to which the standard of the services afforded by the London hospitals to their patients has been fundamentally affected by this constant support and by the knowledge that special help was available for new endeavour.

* * *

The value of financial support is always dependent upon the methods by which it is administered.

THE President is H.R.H. THE DUKE OF GLOUCESTER. The Fund was founded by King Edward VII in 1897 as a permanent and useful memorial of the Diamond Jubilee of Queen Victoria. Very special and unique powers were, by desire of the Founder, vested by Act of Parliament in the President, who must be a son, brother or grandson of the Sovereign. He *Administration of the Fund* appoints the members of the Council and of the Committees, and their resolutions require his approval. Since the days when the first meetings of the Fund were held in the dining-room of Marlborough House, the personal interest both of His Majesty THE KING as PATRON and of the succession of Royal Presidents has been a concrete symbol of the well-known and deeply appreciated attitude of the Royal Family towards hospital work all over the country.

THE COUNCIL consists mainly of active members of the Committees and other notable helpers, and of persons holding representative positions in the hospital world, the Churches, the Metropolis, and the Government. Full meetings are held twice a year, usually at St. James's Palace, when approval is given to the reports of the various Committees. These meetings are often the occasion of important statements on hospital policy. Whilst the responsibility for approval rests upon the Council, the main administrative work of the Fund is shared between two Committees—the Management Committee and the Distribution Committee.

THE MANAGEMENT COMMITTEE of which the Earl of Donoughmore, K.P., is Chairman, is responsible for all major matters of policy—for determining the purposes for which the Fund's money shall be used, and for deciding the attitude to be adopted upon all important questions

of the day. Its advice has been freely sought by the Ministry of Health, and its members are from time to time summoned to confer with the Minister. The nature of this responsibility may be seen in examples which are given later. THE HONORARY SECRETARIES, of whom there are at present three—Sir Harold Wernher, K.C.V.O., Sir Ernest Pooley, K.C.V.O., and Sir Hugh Lett, Bt., C.B.E., F.R.C.S.—are always members of the Management Committee as well as of all other Committees of the Fund, with the exception of the Finance Committee.

THE DISTRIBUTION COMMITTEE of which Sir Ernest Pooley is Chairman is responsible for determining the grants to the hospitals. "It will never do," said King Edward VII, "for us to give money right and left to hospitals which are in need . . . it is a subject which will require the most mature consideration." At their monthly meetings the Distribution Committee receive and discuss the detailed reports of Sub-committees on their visits to hospitals. These deal with all important proposals for development or extension, and many special problems. The material coming before the Committee covers upwards of 150 voluntary hospitals of all sizes and types, and practically every aspect of hospital administration within the Metropolitan Area. Should this or that small cottage hospital be developed? Has a hospital adding beds made adequate allowance for the additional nursing and domestic staff?—and so on. The opportunity to seek the advice of the Fund often saves hospitals serious mistakes in planning their work, and calls attention to things which might otherwise have been overlooked. The grants are settled in the course of the autumn: care has always been taken to ensure impartiality, and it is a standing rule of the Committee that members who may happen to be connected in any way with a hospital retire whilst the claims of that particular hospital are considered.

No arithmetical formula is used in the distribution, and all relevant factors known to the Committee—including, of course, the financial position of the hospital and the scale of its work—are taken into account. Nearly fifty years ago, the King's Fund first insisted upon uniformity in the publication of accounts by all hospitals seeking its support. Its publication of systematic tables of income and expenditure marked a new epoch in hospital administration in this country, and has prepared the way for the national system of hospital accountancy which is to be instituted by the Ministry of Health. These data have been supplemented from the first by reports of the Fund's Visitors.

THE VISITORS are not primarily technical experts and do not act as inspectors. Among them are eminent medical men and laymen, chosen as being people who are likely to bring to hospital problems a considered judgment enriched by experience in other fields of public life, though some are closely associated with *The* *Visitors* the management of individual hospitals. Usually each visit is undertaken by one medical and one lay visitor. They are taken round the hospital, confer with the Chairman or other representatives of the governing body and with the chief executive officers such as the House Governor or Secretary and the Matron. They ask such questions as are prompted by the conditions they meet on their visit, and in addition certain subjects are noted for special enquiry. The subjects are related directly to the well-being of the patients (e.g., the cooking and serving of the meals) or to the welfare of the staff (e.g., the amenities of the nurses' or domestics' quarters, the arrangements for the care of the nurses' health,) or to the smooth running and efficiency of the hospital (e.g., matters connected with the accounts, or the care of the hospital property.) Experience has made it abundantly clear that very often the mere

indication of interest on the part of the Fund and its visitors in a certain subject has greatly stimulated and encouraged endeavour—reinforced as it often is by a lively anticipation on the part of the hospital that financial help may be forthcoming. Some may think that it has achieved sounder and more lasting results than would have been achieved by attempts to impose a rigid code on the hospitals, a policy which the Fund has no wish or prerogative to pursue.

THE visitors' impressions are reported briefly and in confidence to the Fund. Any matter which calls for action or comment is then taken up directly with the hospital concerned and any special need for help noted. Their reports, collected and summarised year by year, provide an important volume of information on special *Services* aspects of hospital work and offer a pointer as to the directions in which help is most needed in the interest of efficiency. It sometimes happens that the visitors' reports indicate wide divergency as between different hospitals, and it then becomes possible to formulate and publish recommendations setting out the best current practice—supplemented, it may be, by recommendations based on parallel advances made in the extra-hospital world. At this stage the Fund has the power to finance a special service if it is felt that it will assist the hospitals in a particular direction.

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AN illustration of this process lies ready to hand in the field of hospital catering. Several years ago it became all too clear that some hospitals were open to the criticism that they had not kept abreast of modern advances

in the principles of nutrition and modern knowledge of the therapeutic value of a well-planned diet. The catering was often based on standard "diets" drawn up many years ago and the obsolete methods of cooking not only rendered the food unpalatable and led to waste, but also destroyed some of its properties most needed

*Hospital
Diet and
Catering*

for the patients' recovery. The visitors were prompted to ask specific questions and their reports showed wide variations in standard and in some cases much need for reform. The subject is one which never fails to excite interest, particularly when there is the added stimulus of war-time restrictions, and much evidence was collected. This was very fully considered by the Fund against a background of intimate knowledge of the hospitals, but in the light of recent advances in the sciences of nutrition and dietetics. The co-operation of the Ministry of Food was gratefully accepted, and the Ministry readily undertook short analytical surveys of the food value of the meals actually served to the patients and staff in certain co-operating hospitals. Under the leadership of Sir Jack Drummond, then Scientific Adviser to the Ministry of Food, two Memoranda on Hospital Diet were drawn up by the Fund. The recommendations made have been considered and implemented in many hospitals throughout the country, far beyond the Fund's area, and many reforms have been based on them. A fundamental principle in these recommendations is that the whole of the catering, and not merely a few special diets, should be based on dietetic principles. Since existing circumstances make it impossible to appoint qualified dietitians in all hospitals, the Fund now maintains a dietetic advisory service to which hospitals bring their problems and to which they can look for help in equipping kitchens, reorganising the catering department, or finding their way through the maze of food rationing regulations.

The Fund's interest in hospital catering has been taken as an easily described instance of the procedure followed, though it was not the first by any means of the special services adopted and financed by the Fund. It is impracticable in a brief note of this character to describe in detail all the various activities undertaken by the Fund—many are of a technical or semi-technical character, such as those connected with hospital accountancy, or with developments in the use of radium, but special reference may be made to the Fund's part in nursing and one or two other matters, in view of the widespread interest now being taken in them in many quarters.

* * *

PRESENT and future expansion of the hospital and public health services is almost wholly dependent upon the supply of nurses. The increase in demand, much accentuated by the shortening of hours, has in recent years threatened to become a very serious handicap to many

hospitals. In London there is a special problem; owing to the large number of training schools and their varying standards and requirements, there is always

Nursing Recruitment the danger of candidates being discouraged if they apply to one of the world-famous hospitals and find that they cannot obtain admission there, or that they must wait a year or more for a vacancy. Despite the general dearth of nurses, most of these hospitals receive far more applications than they can possibly accept. It is one of the primary functions of the Nursing Recruitment Service established by the Fund and subsequently extended to the provinces with the help of the Nuffield Trust to offer would-be nurses a means of obtaining advice which will avoid this discouragement, and to help them to find the training school best suited to their

capacity in London or in the provinces. But the Service is much more than this; nursing has suffered much in recent years, and still suffers today, from misrepresentation. In too many homes there is a failure to distinguish between the incidentals and the things that really matter. The staff of the Service have many opportunities at talks in schools and to other groups of young people, in contacts with educational authorities, and in other ways to present the age-old appeal of nursing as it really is—one of the most truly satisfying careers a woman can take up.

As a result of vigorous and sustained efforts, the Service has become very widely known, and some 5,000 enquiries are dealt with in the course of a year. The advisory work is done entirely by nurses, and candidates or their parents are interviewed whenever it can be arranged. Some 10,000 girls who have been advised by the Centre at 21, Cavendish Square, W.1, are known to have been accepted by the hospitals in the course of the last six years. In many cases a great deal of correspondence and advice upon the most unlikely topics is needed before the right arrangements are completed. A large part of the work has lain in the registration of under-age candidates—they write at any age from thirteen upwards—advising them on pre-nursing courses and other means of “bridging the gap” between school and hospitals, and keeping in touch with them until they are old enough to enter hospital.

Much has been said and written about the high wastage rate among nurses in training. It is only by recruiting a sufficient number who are suitable on educational and vocational grounds, and by offering them satisfactory conditions and training facilities, that the supply of qualified nurses for the country's needs will be ensured.

THE conditions under which a nurse works in hospital to-day differ widely from those of twenty or thirty years ago. The King's Fund has consistently encouraged the provision by the hospitals of nurses' homes of a high standard of comfort, and has always held that, subject only to

*Nurses'
Conditions
and
Health
Supervision*

war-time exigencies, each nurse should have a separate bedroom of not less than a specified size. Some years ago, it played a large part in initiating the pension scheme for nurses which is now almost universal in the voluntary hospitals. It is still often alleged that nurses are overworked and underfed. The remedy for overwork is to employ sufficient

nurses to keep pace with recent developments; under-feeding must be attributed to ineffective catering. The King's Fund has tackled both these problems; by detailed recommendations on the standard of staffing to help the hospitals to avoid underestimating their requirements, and in catering, through the steps to which reference has been made above. Defective arrangements in either respect will of course show themselves in ill-health and loss of weight and it is of the utmost importance to ensure that the arrangements for the supervision of the nurses' health are as good as they possibly can be. A nurse is often instinctively reluctant to report sick, and since cases had sometimes come to the notice of the Fund where this tendency led to serious illness, it was felt that more systematic arrangements for regular supervision of her health were called for in many of the hospitals. As the result of an enquiry by the visitors, recommendations were drawn up based on the advice of those hospitals where these arrangements were most complete and satisfactory (see list of publications on page 23). The recommendations dealt with such matters as regular medical examination, the keeping of records of health and the care of sick nurses. A special section was devoted to the prevention of tuberculosis among the

nursing staff in general hospitals—with proper care the incidence of tuberculosis is no greater among nurses than in other occupations, but proper care is essential. These recommendations received an almost unexpectedly warm welcome from the hospital world, and have since been sponsored by the General Nursing Council for use in all approved training schools for nurses. Standard health record forms have also been drawn up by the Fund in response to numerous requests and are already in use in over 300 hospitals. There is abundant evidence that the action of the Fund in directing attention to this subject, to which perhaps too little thought was given in more rigorous days, has had a positive effect and indeed a great influence for good.

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QUITE recently a special effort has been made to meet another difficulty. Although it was recognised long ago that the young student's initiation into ward duties should be carefully planned, only the larger hospitals possessed preliminary training schools to which groups of new student nurses could go for the first 9-12 weeks of the course. In nearly all the smaller hospitals a girl went *perforce* straight into the wards without preparation.

Preliminary Training Schools It is impracticable and uneconomic for a hospital with a very small intake of nurses to maintain its own preliminary training school, and the Fund has therefore stimulated the grouping of hospitals for this purpose, so that several hospitals could share the same school. With the help of grants from the Fund amounting to £5,000 a year, six group schools have been established in the London area, and almost all the hospitals which train nurses are now able to offer this valuable introductory course.

THE latest of the special enquiries undertaken by the Fund dealt with the problem of domestic help in hospitals—a problem which is causing grave concern to the Ministry of Labour and to all concerned with the management of hospitals. The days when a hospital could recruit domestic staff without difficulty have gone; changing social conditions and the general shortage of labour have transformed the situation. At the suggestion of the Ministry of Labour, a detailed survey was undertaken with special reference to such matters as staff management and welfare supervision, fields in which very rapid advances have been made in industry during the war years. A special Committee went closely into the various causes to which hospitals attributed the shortage,

the arrangements for the recruitment, supervision, training and welfare of the domestic staff. It was necessary also to deal with the labour-saving equipment used, the accommodation and amenities provided, and the difficulties met with in improving these latter in present circumstances. Perhaps the most important recommendation made is the appointment by hospitals of a trained lay supervisor, acting under the Matron's general supervision, who shall be responsible for giving to all these matters much more attention than has been usual in the past. The recommendations have met with the warm approval of the Ministry of Health, which is circulating copies to all the hospitals in the country, and inviting them to give them their earnest consideration.

* * *

RADIUM first began to play an important part in hospital work about seventeen years ago, when the King's Fund became trustee of a large holding, partly given by Sir Otto Beit, and partly the result of an appeal

conducted jointly by the King's Fund and The Times, and supplemented by an anonymous donor.

Radiotherapy

Some of this Radium has been loaned to individual hospitals, whilst a proportion has been held in a pool upon which hospitals can draw as occasion requires. The use of Radium may easily, in inexperienced hands, lead to much pain and suffering and there has been an increasing realisation of the need for restricting its use to fully equipped radiotherapeutic departments which can provide a full team of expert specialists: physicians, surgeons, radiotherapists and physicists.

The Radium Committee, of which Sir Ernest Rock Carling, F.R.C.S., is Chairman, has therefore developed a policy designed to safeguard the interests of all concerned. As an interim measure the Fund has been able to offer hospitals the services of a panel of physicists, whose help is indispensable if the correct dosage is to be given.

The period of trial and error is now drawing to a close, and work in radiotherapy is settling down on well-established lines. Clinical supervision of radiotherapy falls outside the scope of the Fund, and this responsibility has been entrusted to the Radium Commission, whilst the Fund continues to act as trustee of the radium it owns. The day probably is not far distant when all such work will be supervised on a national basis as an integral part of the National Health Service, and it may be that new organisation will relieve the Fund of an exacting responsibility.

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MENTION must be made of another item of special interest today. The war years meant for many of those in the Services a serious break in their career, and at the same time interrupted the flow of new personnel

into the administrative side of hospital work. With the co-operation of some dozen or so leading London hospitals, the Fund arranged to finance a group of bursaries of £600 a year each to enable men with the right qualifications to obtain experience of the work and so fit themselves to apply for vacancies as they arise. The eighteen-month course is taken in three different hospitals, and a series of visits and lectures has been specially arranged. The scheme marks a new departure, and there are encouraging signs that it is likely to be a success.

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IN this post-war period there is very heavy pressure on hospital accommodation in London. All the hospitals suffered from the dispersal necessitated by the emergency arrangements, and many of them were hit in the raids. In the voluntary hospitals there were before

*Pressure on
The Hospital
Services* the war 16,400 beds in regular occupation in the London Area. Despite every effort to re-open beds, there are still only some 14,100 beds in occupation. Since the demand for hospital beds shows no sign of slackening, but rather

the contrary, and as the County Councils are also confronted with even greater disparities between the pre-war and post-war position, it is not surprising that the hospitals are finding it necessary to restrict admissions. Week by week more beds are being opened, and the Fund has been doing all it can to help them to obtain licences for repairs, and otherwise overcome their difficulties. Nevertheless, doctors are in many cases experiencing great vexation in trying to obtain admission for their patients—often very seriously ill and in need of hospital treatment. As part of its organ-

isation, the Fund maintains an Emergency Bed Service—a bureau staffed day and night where returns are kept of such beds as are available for urgent cases. The telephones are always more than busy with incoming calls from doctors seeking beds from all over the Metropolitan area, and with outgoing calls to hospitals and to ambulance authorities, with whom a close liaison is maintained. This service, which was modelled on a similar, but smaller, service in Stockholm, was started in 1938, and has stood the test of time—even though the period of blitzes and the evacuation of hospitals restricted its scope. It is now again in full activity and is more needed than ever before. The service cannot, of course, create beds where none exist, but it can at least relieve the doctor of the irritation and waste of time which used to be inevitable if he had to telephone in vain to one hospital after another and in each case await the result of tedious enquiries from department to department. London with its numerous hospitals, both voluntary and local authority, is an obvious example of the need for some such machinery as is now provided by the Emergency Bed Service, and a similar service has been inaugurated in Liverpool.

The pressure affects also the out-patients departments and the whole range of special clinics provided by the hospitals. The Fund has done much to encourage the hospitals to devise appointment systems for out-patients. A great many hospitals have in the last few years succeeded in making arrangements which do materially reduce the waiting which has been a more or less constant feature of hospital out-patient departments both in this country and elsewhere. The waiting is, of course, due in part to the policy of the "open door"—no one seeking a hospital opinion is ever turned away without seeing a doctor—but the problem still awaits a final solution. Meanwhile, the

Fund has for years past provided all the doctors in its area with an up-to-date time-table of the different clinics at all the hospitals on its list. This, at least, eliminates much of the waiting which used to be caused when patients were sent by their doctors to hospitals without any accurate knowledge of whether or not the desired clinic was held on the particular day and time chosen. With the same object, the Fund has made a number of grants to District Nursing Associations in respect of the valuable work they are able to do in the relief of hospitals.

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In the foregoing brief account, many important activities have perforce been omitted. What has been said may be sufficient to indicate how intimate is the Fund's contact with the day-to-day life of the hospitals.

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WHAT does the future hold for the hospitals? The need to weld individual hospitals, both voluntary and local authority, into a more coherent service has long been recognised by the Fund. Under the new Act, the whole of the Metropolitan area together with the neighbouring Home Counties will be treated as a unit and organised as four great regions centering upon the twelve well-known teaching hospitals of London. This is a development which the Fund warmly welcomes. This (and much else in the scheme) is entirely in line with the views which have been expressed by the Fund from time to time in recent years. It should lead to a better disposition of hospitals, and will mean that many of the outlying industrial and suburban areas, where development has undeniably been hindered by financial considerations, will be better served in the future than in the past.

*The
National
Health
Service*

Whether the necessary expansion of hospital facilities could have been achieved by means which would have preserved the independence of the voluntary hospitals—as many of their supporters believed possible—is now an academic question. What is important is that the initiative and humanity of which the voluntary hospitals have been justly proud should be carried over into the new system. The present Minister of Health has repeatedly stressed his recognition of the danger of bureaucracy creeping into the new service, and his anxiety so to arrange matters that this danger shall be minimised. The provision contained in the Act for the retention at the disposal of the Teaching Hospitals, the Regional Boards and the Hospital Management Committees of the endowment funds as "free" money will therefore prove of inestimable benefit to the new service. Speaking for the Government on the National Health Service Bill, the Lord Chancellor has said: "Treasury control always has been rigorous. It is right that it should be. After all, we are all taxpayers, and we expect to see that where possible money is saved. The running of a hospital on strict lines means that many little comforts and amenities will not be provided, although they will be provided if those who are charitably-minded come forward as they have done in the past." The endowment funds will continue to attract gifts and legacies from the public, and the income from them will be a significant factor in the finance of the scheme. This will itself ensure that those responsible for the day-to-day maintenance of the hospitals are, as far as may be, free from the restrictive regulations which are almost inseparable from the expenditure of monies derived from the national exchequer.

Rigid economy has hitherto laid a restraining hand upon many departments of hospital activity which, in the public interest, quite certainly ought to be extended. The fact, therefore, that the King's Fund will be able to attract

support as hitherto, and to use its resources for purposes other than the mere routine maintenance of hospitals, is of the utmost significance. Some have prophesied the end of voluntary gifts for hospital purposes with assumption of responsibility by the State. This view is not shared by the Fund and those who

*The Future
Field of
The Fund*

support it. Is it not shortsighted? Now, for the first time, in the history of the hospitals, it becomes possible to give without the *arrière-pensée* that the gift may be swallowed up in routine expenses. Now, at last, the gift will really be used for something extra, a comfortable mattress, a little luxury in the food, a new technique that some forward-looking doctor wishes to try out. Moreover, with the disappearance of the distinction between voluntary and local authority hospitals the Fund will be enabled to bring within its scope the ex-local authority as well as the ex-voluntary hospitals. No difficulty arises in regard to the powers of the Fund; provision was made for a wide range of activities by the Act of Incorporation of 1907. The Objects Section of the Act provides that the Funds shall be applied "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."

THE KING'S FUND is—like its sister bodies the Nuffield Foundation and the Nuffield Provincial Hospitals Trust—presented with a great opportunity to put its resources to the best possible use. The achievements of the Rockefeller Foundation in its wider field are an indication of the scope and influence wielded by a body free to give financial backing to well-chosen developments. It is premature to say in what direction the needs

will prove to be greatest: much depends upon the range of activities financed by the Exchequer from time to time. But in the hospital field there is always ample room for advance, and there are many directions where the trail is better blazed by voluntary effort, even if, at a later stage, they come within the range of the official purview. Among directions where the need for development is evident may be instanced:—

The furtherance of activities upon which the Fund is already engaged, and which have been described above—among them the improvement of catering, the recruitment of nurses, the welfare generally of the nursing staff, and the solving of the problem of domestic help in hospitals;

The provision of special equipment and amenities in the hospitals. There is much leeway of the war years to be made good, and the Fund can never forget the smallest details which affect the bodily comfort of patients and staff. By way of one example among many, a promising experiment in this direction has recently been made in the allocation of £1,000 between two hospitals for specially comfortable mattresses for long-term bed-ridden patients. The system of Visitors provides a means of bringing to light needs of all kinds which might otherwise be overlooked;

The encouragement of the many new methods of hospital treatment which medical science has opened up. There is no need to stress the rapidity with which whole new fields are being brought within the province of hospital care. The development of radiotherapy in recent years is an obvious example to which reference has been made above. A substantial grant recently made available for providing a much-needed recovery home for diabetic patients offers an example in another field.

The rehabilitation and further development of convalescent homes and of other special provision, such as hospitals for advanced cases. Grants have for many years been made to convalescent homes, but the needs of to-day differ from those of yesterday, and a comprehensive inquiry is now being made by the Fund, with the co-operation of the Institute of Hospital Almoners, into their needs.

The provision of better facilities for the training of all grades of staff. Mention has been made of the bursaries in hospital administration; and with the return of the possibility of foreign travel much may be done to ensure that medical men, administrators, matrons, caterers and others keep fully abreast of developments elsewhere. It is the intention of the Fund to make available a series of travel grants on Rockefeller lines which will ensure that those who may profit from such experience are not denied the opportunity to do so. It is often, too, of great value for those who are responsible for the reconstruction of hospitals to visit hospitals abroad.

It is not suggested that this list is more than an indication of the uses to which the Fund's monies are likely to be put. This brief survey may serve to show how great is the field and how unprecedented the opportunity that now confronts the Fund.

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THE Fund is fortunate in possessing substantial capital resources—amounting to between five and six million pounds—the income of which is available for distribution. This great asset it owes very 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 a Treasurer—Sir Edward Peacock, G.C.V.O.—and Finance Committee, which has always included the Governor of the Bank of England and other members well-known in the banking world for their knowledge and integrity.

Finances of The Fund

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, to, 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. The total income for the year 1945, including some large receipts from legacies and from one of Lord Nuffield's benefactions, amounted to £464,000. This is a large amount; but there is another side to the picture.

When the utmost amount available for distribution by the King's Fund is seen against the background of the hospital work of London and its vast ramifications and potentialities the Fund's appeal for continued support from all interested in the hospitals can occasion no surprise.

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KING EDWARD'S HOSPITAL FUND FOR LONDON

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Consultant on Hospital Finance: CAPT. J. E. STONE, C.B.E., F.S.A.A.

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COMMITTEE ON DOMESTIC STAFF

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