

[Fundraising appeals].

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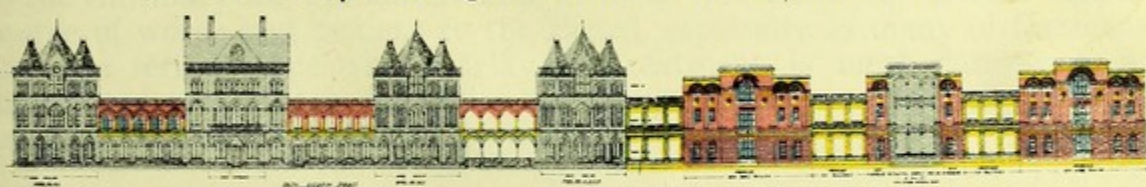


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The General Infirmary at Leeds.

The Proposed Extensions are coloured red.



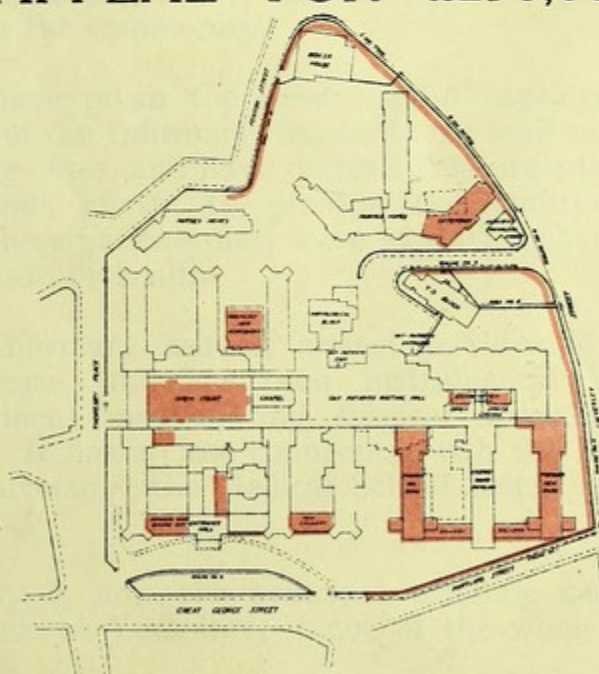
PROPOSED
NEW
WEST BLOCK,

EXISTING
KING EDWARD
EXTENSION,

PROPOSED
NEW
EAST BLOCK,

APPEAL FOR £250,000

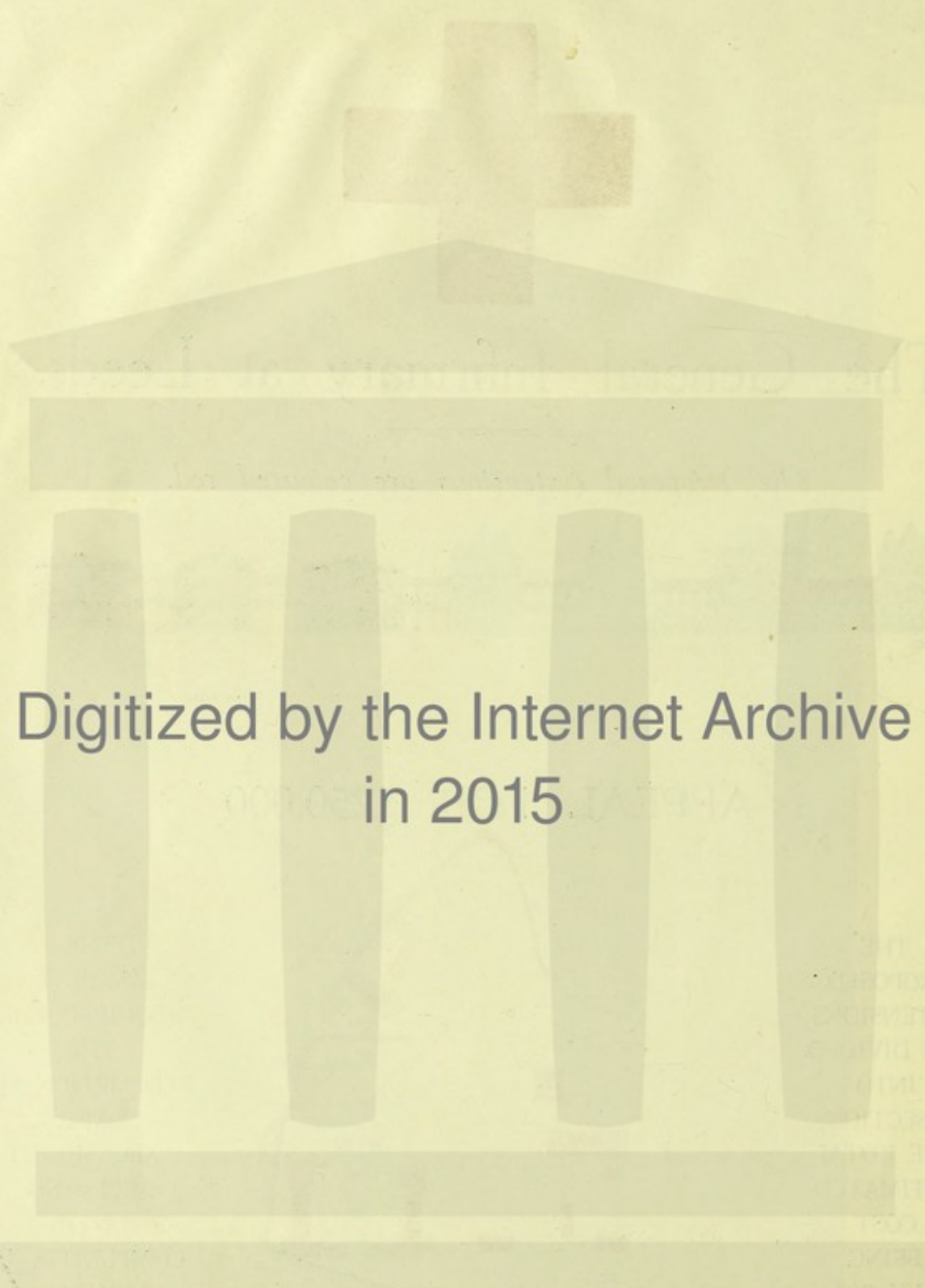
THE
PROPOSED
EXTENSIONS
ARE DIVIDED
INTO
25 SECTIONS,
THE TOTAL
ESTIMATED
COST
BEING
£175,000.
(See page 11.)



THE
AMOUNT
REQUIRED FOR
THE
REDEMPTION OF
DEBT,
AND AMOUNT
ACCRUING
UNTIL
COMPLETED, IS
£75,000.
(See page 11.)

BLOCK PLAN OF THE INFIRMARY AND BUILDINGS.
The Proposed Extensions are coloured Red.

THE INFIRMARY REPORT FOR 1926 WILL BE SENT ON APPLICATION.



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The General Infirmary at Leeds.

For a considerable time the increasing list of patients awaiting admission to the Infirmary for operations and medical treatment has been a constant source of worry and anxiety to the Board, especially as many of these cases are of a serious type where delay in treatment is most dangerous, and must often prove fatal. This list has at one period exceeded 1,600 patients, and is rarely under 1,000 at any time.

One of the most serious results due to the lack of accommodation is the large number of cases of hernia and hemorrhoids, which cannot be treated properly, causing, as it does, loss of work and wages to so many who can ill afford it. If these cases could be treated as they occur, not alone would a great deal of suffering be avoided, but the patients would be back at their usual employment, earning money instead of, as at present, being more or less a charge upon the community.

The Board have given the most careful consideration to the needs and requirements of the Infirmary, to enable the staff to deal with the above long list of waiting cases, and have decided it is urgently necessary to make the most strenuous efforts to provide the additional accommodation required, so that these patients may have at least a chance of being restored to a reasonable state of health.

The Leeds Infirmary has an almost world-wide reputation for the treatment of disease, and has been instrumental in producing many of the most eminent medical and surgical specialists in the history of the profession. It has a close connection with the Medical School, which is part of the University, the Medical School being, in fact, older than the University itself.

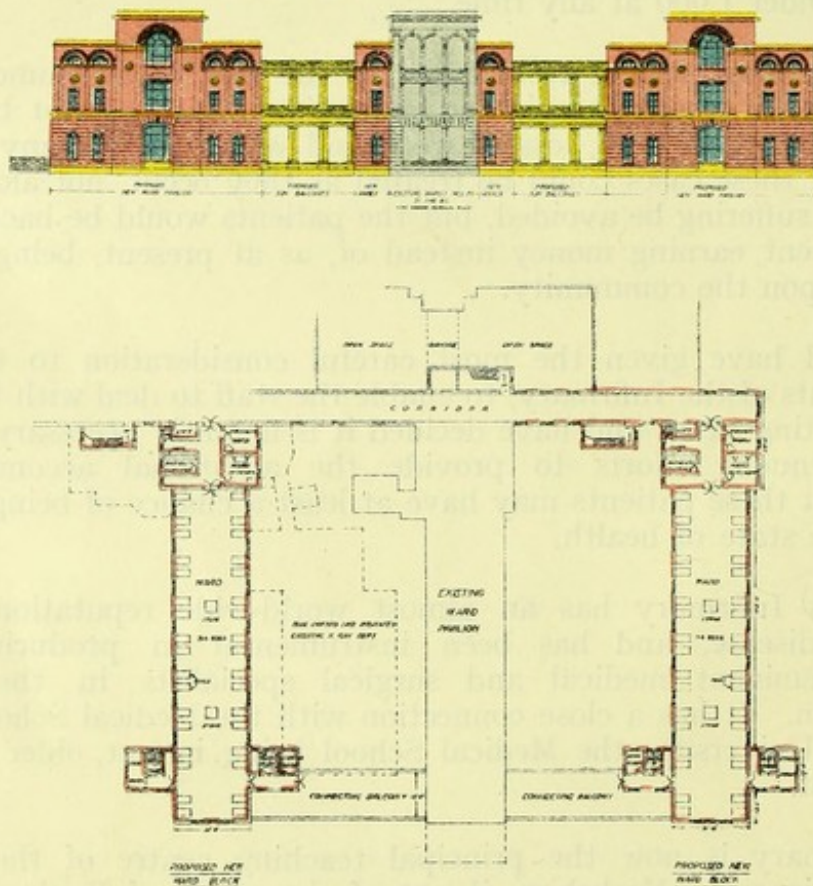
The Infirmary is now the principal teaching centre of the surgical and medical science in Yorkshire, if not of the whole of England outside London.

The Infirmary and the Ida and Robert Arthington branches at

Cookridge contain 632 beds, all of which are in constant use, with the result that when a rush of acute cases takes place, improvised beds have to be made up which are put down the middle of the ward, resulting in overcrowding, with constant worry to both the medical and nursing staffs. This is again accentuated by the necessity of having to send patients out of the Infirmary before they are really fit to go in order to use the beds for other urgent cases waiting to come in, which is extremely regrettable from the patient's point of view.

It is proposed to raise the present accommodation from 632 to 800 beds by the addition of two new ward blocks, to be built on sites reserved and available on each side of the present King Edward Extension.

FRONT ILLUSTRATION AND BLOCK PLAN OF THE TWO NEW WARD BLOCKS.



1 The first block, to be built on the West side, would consist of three wards, which are to be joined up to the King Edward Extension by means

of open corridors, which also act as sun baths for the patients in suitable weather and, at the same time, act as an extra means of escape in case of fire. This block of three wards would provide for 100 beds, and be capable of treating 2,000 patients per annum, based upon each patient staying in, on the average, two and a half weeks. This block would cost £36,500 for the building, and approximately £3,500 for equipment, or £40,000 complete.

NEW WARD BLOCK FOR PAYING PATIENTS.

2 The second block of three wards, to be built on the East side of the King Edward extension, is intended for the use of paying patients: that is to say, patients who are on the border line, able to pay for treatment in the Infirmary, but not able to pay the fees of a private nursing home. The Board have for a long time contemplated having to provide for this class of patient, who do sometimes, through recommends and other ways, obtain treatment at the Infirmary free of charge, when they could have paid at least the cost of nursing them back to health again. It is intended all such cases, and especially motor accident cases, wherever possible, shall be treated in the paying-patients' department.

This block of three wards would be self-contained, one consisting of private rooms, one of cubicles, and one an entirely open ward, as in the rest of the Infirmary. It would be connected to the main buildings by an extension of the present corridors, which also connect with the operating theatres and other parts of the Infirmary. Owing to the provision of private rooms, cubicles, and special service arrangements, it is estimated this block will cost complete £50,000.

ANTICIPATED INCOME FROM PAYING PATIENTS.

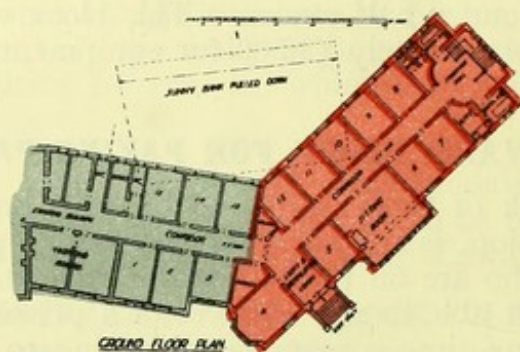
If 80 beds were occupied at an average of £5 per week, the income would be £20,800 per annum, which would be sufficient to render the block entirely self-supporting, and of great benefit in relieving other beds for the admission of patients unable to pay for treatment.

The operating theatres, which are adjacent to these two new ward blocks, are amply large enough to deal with the additional work when completed.

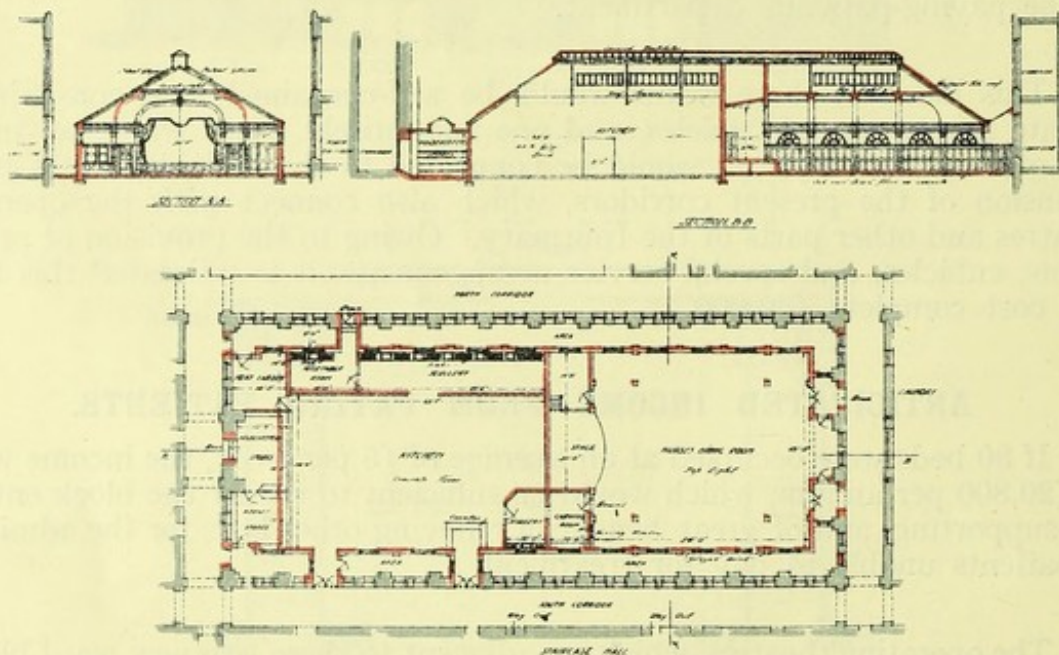
EXTENSION TO NURSES' HOME.

3 It is intended that the extra nursing staff required should be housed in the new proposed extension to the existing nurses' home provided by the late

Mr. Stables and others, including the nurses who are now having to be temporarily housed in Clarendon Road. This extension, including furnishing, is estimated to cost £18,000.

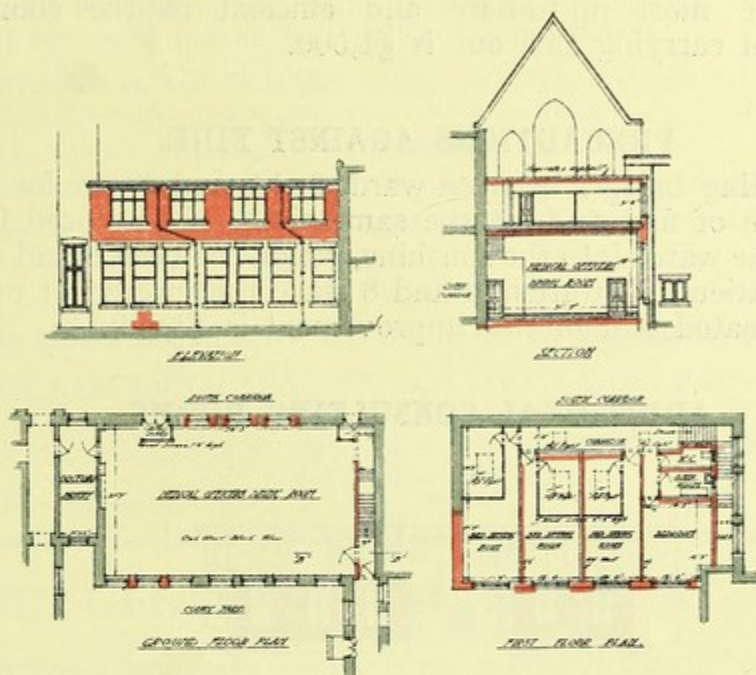


NEW KITCHENS AND NURSES' DINING-ROOM.



4 The new kitchens and nurses' dining-room are arranged to be built where the present inside tennis court is situated, which is a splendid central position, and amply large enough for dealing with the maximum requirements of the enlarged hospital. The estimated cost of this part of the scheme is £15,000.

RESIDENT STAFF DINING-ROOM.



5 The present kitchen is to be made into the resident staff dining-room, with additional bedrooms above, and is estimated to cost £3,000.

RESIDENT STAFF SITTING-ROOM.

The present dining-room, which is most inconvenient and small, is to be turned into a sitting-room for the resident staff.

NEW ROOMS FOR HOUSEKEEPER, Etc.

6 The extension over the present Board-room is to provide additional bedrooms for the resident staff and the housekeeper's residential quarters, and at the same time provide a corridor and flat roof connection in case of fire from the South West wards to the old Board-room and the servants' quarters, and is estimated to cost £3,500.

STUDENTS' ROOMS AND LECTURE HALL.

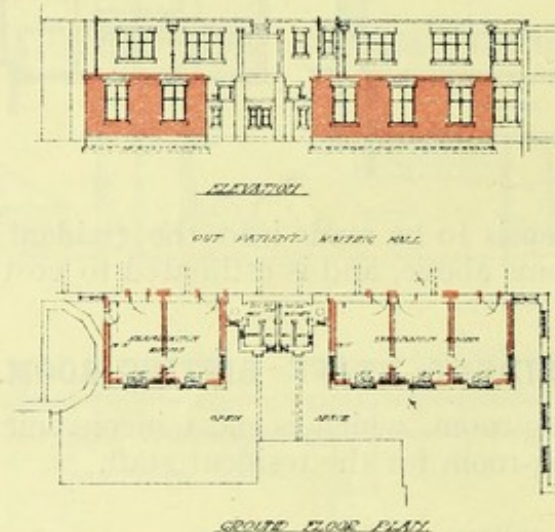
7 The extension of the present facilities for teaching students to both sides of the main entrance corridor on the first floor by coupling up the old

operating theatres to the old Board-room, which is now used as a students' lecture hall, is very urgently required, and, when completed, will make this one of the most up-to-date and efficient in the country. The estimated cost of carrying this out is £1,500.

PRECAUTIONS AGAINST FIRE.

8 The connecting bridges between wards 3, 14, and 20 are for the purpose of escape in case of fire, and, at the same time, will be used for bringing patients out of the wards into the sunshine, which has been found of enormous benefit to the patients in wards 10 and 6 since they were put up five years ago. The estimated cost of this improvement is £3,000.

ADDITIONAL CONSULTING ROOMS.



9 The medical consulting rooms for out-patients are urgently required owing to the congestion in the out-patients' department, where many patients, owing to the want of these rooms, have to be examined in one room at the same time, which is extremely objectionable, especially when acute hearing is of vital importance in diagnosing cases. The cost of providing these rooms is £1,750.

TERRACES.

10 The lowering of the North, South, and East terraces to the ward level is a necessity. The patients from the six upper wards, including the Princess Mary Ward, cannot be brought on to the terrace except up wood gangways, there being a rise of from two to three feet, which is inconvenient

THE GENERAL INFIRMARY AT LEEDS.

CONTRIBUTORY SCHEME APPLICABLE TO PAYERS OF INCOME TAX.

Assuming that you pay INCOME TAX at the rate of 4/- in the £1, the cost of giving **ONE THOUSAND POUNDS** to the **LEEDS INFIRMARY** would only be **EIGHT HUNDRED POUNDS**, such sum being payable by 13 half-yearly instalments.

You would SIGN an AGREEMENT to pay ONE THOUSAND POUNDS as per sheet attached, and would actually pay in the following manner :—

13 half-yearly instalments of £76 18s. 6d.	£1,000
*You would deduct the Income Tax at the rate of 4/- in the £1	£200
This Income Tax would be collected by the Infirmary Authorities on production of a certificate.	
Leaving as net cost	£800

The £800 would, in effect, cost £61 7s. 0d. per half-year for 6½ years.

THE COST OF LARGER OR SMALLER DONATIONS WOULD BE PROPORTIONATE.

FOR EVERY 16/- GIVEN BY YOU, THE GOVERNMENT TAXING AUTHORITIES WILL PROVIDE 4/-.

*Finance Act, 1922, Sec 20.

THE GENERAL INFIRMARY AT LEEDS.

CONTRIBUTORY SCHEME APPLICABLE TO PAYERS OF SUPER TAX AND INCOME TAX.

Assuming that you pay INCOME TAX at the rate of 4/- in the £1, and SUPER TAX at the rate of 6/- in the £1, the cost of giving **ONE THOUSAND POUNDS** to the **LEEDS INFIRMARY** would only be **FIVE HUNDRED POUNDS**, such sum being payable by 13 half-yearly instalments.

You would SIGN an AGREEMENT to pay ONE THOUSAND POUNDS as per sheet attached, and would actually pay in the following manner :—

13 half-yearly instalments of £76 18s. 6d.	£1,000
*You would deduct the Income Tax at the rate of 4/- in the £1	£200
This Income Tax would be collected by the Infirmary Authorities on production of a Certificate	
	£800
*Super Tax would be allowed on the entire amount if shown on your Super Tax Return (rate 6/- in the £1), and you would recover under the heading of Super Tax	
	£300
Leaving as net cost	£500

The £500 would, in effect, cost £38 6s. 0d. per half-year for 6½ years.

THE COST OF LARGER OR SMALLER DONATIONS WOULD BE PROPORTIONATE.

FOR EVERY 10/- GIVEN BY YOU, THE GOVERNMENT TAXING AUTHORITIES WILL PROVIDE 10/-.

*Modified in accordance with the rate paid by you (Finance Act, 1922, Section 20.)

I, of

..... hereby covenant that for six and a half years from
..... or until death (whichever shall be the shorter period),

I will pay half-yearly the sum of £ : : (deducting Income Tax)
from my general fund of taxed income, to THE GENERAL INFIRMARY
AT LEEDS, so that I shall receive no personal or private benefit in any of the
six and a half years from to

from the said sum of £ : : or any part thereof.

Given under my hand and seal this day of
nineteen hundred and twenty

SIGNED, SEALED, and DELIVERED by the said

.....
in the presence of—

(Name of Witness)

(Address)

(Occupation)

this day of

Seal.

in every way, and a great source of danger in case of fire. The lowering of these terraces and the provision of an open-sided covered gangway would be a great boon to the patients, who could be brought out in sunny weather, especially the children from the Princess Mary Ward. It is proposed to continue the covered corridor alongside the roof of the out-patients' hall, connecting up the whole of the South wards, including the two new ward blocks parallel and directly above the present corridors underneath. This great improvement, when completed, will enable the whole of the staff to pass from ward to ward without having to cross the open terraces in all sorts of weather, which has to be done at present. It is estimated the whole of this work can be done for £5,000.

NEW WORKSHOPS.

11 The workshops, which at present are next to the X-ray department, are being moved to the old boilerhouse site between wards 8 and 6. These have been urgently needed for a long time, and the Board have been obliged to put this work in hand at a cost of approximately £3,500.

STORAGE ACCOMMODATION.

12 The Infirmary is urgently in want of more space for storage of all kinds of materials in use in the Institution, and this can be obtained by excavating the soil from under the out-patients' hall to the corridor levels. This additional space would be of very great value. The estimated cost of converting this now useless ground into a valuable store would be £2,500.

LAUNDRY.

13 The urgency of dealing with the ever increasing amount of work passing through the laundry will be solved by the addition of further labour-saving machines. This, including slight structural alterations, will cost £2,200.

REPAIRS TO STRUCTURE.

14 The whole of the old part of the Infirmary is urgently requiring part new fall pipes, gutters, and repainting of all wood and iron work which, owing to the want of funds, has not received the attention it should have done. It is now imperative this work should be carried out. The estimated cost of this is £5,000.

BOUNDARY WALLS.



15 to 23 When the King Edward Extension was built, a large clearance of more or less small property had to be made on the Calverley Street side. The foundations for the new boundary walls were put in but could not be completed, again owing to the want of money. Temporary wood hoardings were erected, which have now more or less rotted and are falling down. The scheme provides for the replacement of the wood structure by iron railings and partly by walls. These have been divided into nine sections, or lengths, so that a donor could be responsible for the cost of completing one or more sections as his or her contribution to the scheme. The cost of each section is given by number, commencing with Portland Street, and extending up Calverley Street and down Fenton Street to the old nurses' home.

ROAD TO OUT-PATIENTS' DEPARTMENT.

24 There is the urgent want of the re-making of the road to the out-patients' department, which is a constant source of worry and expense owing to the present road having no proper foundation, being situated upon old cellars, ashpits, etc., where the old buildings were removed. This road should have a proper foundation, and be constructed to carry the heavy traffic passing in and out, such as motor ambulances, etc. The estimated cost of this would be £1,000.

GENERAL IMPROVEMENT FUND.

25 A most important item is the provision of a general fund of £5,000, to be used for the improvement of the Infirmary, externally or internally, as required from time to time.

SUMMARY OF ARCHITECT'S ESTIMATED COST OF EACH SECTION.

No. 1—West side, 3 ward blocks of 100 beds	...	...	£40,000	0	0
No. 2—East side, 3 ward paying-patients' block, 80 beds	...	...	50,000	0	0
No. 3—Extension to Nurses' Home	...	...	18,000	0	0
No. 4—New Kitchen and Nurses' Dining-room	...	...	15,000	0	0
No. 5—Resident Staff's dining and bedrooms	...	...	3,000	0	0
No. 6—Housekeeper's and staff bedrooms	...	...	3,500	0	0
No. 7—Students' teaching extension	...	...	1,500	0	0
No. 8—Bridges connecting wards 3, 4 and 20	...	...	3,000	0	0
No. 9—Consulting rooms	...	...	1,750	0	0
No. 10—Lowering North side and East terraces	...	...	5,000	0	0
No. 11—Workshops	...	...	3,500	0	0
No. 12—Storage rooms under out-patients' hall	...	...	2,500	0	0
No. 13—Laundry additions	...	...	2,200	0	0
No. 14—Repairs to old Infirmary	...	...	5,000	0	0
No. 15—Wall and railings in Portland Street	...	...	750	0	0
No. 16—Ditto Calverley Street...	...	...	550	0	0
No. 17—Ditto ditto	...	...	320	0	0
No. 18—Ditto ditto	...	...	450	0	0
No. 19—Ditto ditto	...	...	330	0	0
No. 20—Ditto ditto	...	...	420	0	0
No. 21—Ditto ditto	...	...	350	0	0
No. 22—Ditto ditto	...	...	380	0	0
No. 23—Ditto Fenton Street	...	...	350	0	0
No. 24—Road Construction, out-patients' department	...	...	1,000	0	0
No. 25—Efficiency and General Improvement Fund	...	...	5,000	0	0
			£163,850	0	0
Allow for contingencies			11,150	0	0
			£175,000	0	0

Assuming that the sum of £250,000 was raised, it would leave £75,000 to wipe off the Bank overdraft, and such further debit balances as may accrue until the income is brought up to cover the annual expenditure. The present maintenance expenditure, averaged over the last two years, is £104,000 per annum for 632 beds. The further 100 beds would add approximately £11,000, making a total of £115,000 plus say £5,000 for extraordinary expenditure, such as renewals, which would make the total required to run the enlarged Institution £120,000 per annum, to be raised by subscriptions, donations, endowments, legacies, etc. The paying-patients' department of 80 beds would be self-supporting from the fees paid, any surplus being dealt with by the Board and the Faculty as may be mutually arranged.

In carrying out the proposed extensions it is necessary to concentrate upon the most urgent sections ; which are as follows :—

Items

- No. 1—The 3-ward West block of 100 beds to relieve the waiting list.
- „ 2—The wall No. 8 on plan around the coal store and boiler house.
- „ 3—The extension to the present nurses' home.
- „ 4—The new kitchen and nurses' dining-room.
- „ 5—The resident staff dining-room with bedrooms over same.
- „ 6—The housekeeper's and staff rooms over the Board-room.
- „ 7—The additional rooms and enlarged lecture hall for students.
- „ 8—The bridges connecting wards 3 and 14 as fire escapes and open sun baths for patients.

The whole of the remaining sections to be proceeded with in their order of urgency until all are completed.

There are 25 separate self-contained sections needed (as detailed above) to bring the whole of the lay-out of the Infirmary into a complete unit of 800 beds, which number will probably be found the maximum for which the Institution, as a voluntary hospital, should be expected to provide.

There are generally two important considerations to observe in order to carry out this necessary work :—

1. The raising of funds to cover the capital expenditure, and
2. The raising of our present income from approximately £77,000 to £104,000, to cover the existing maintenance expenditure, plus the additional £11,000 to £12,500 which will be required when the accommodation is increased from 632 to 800 beds, or approximately £120,000 per annum.

After taking into consideration the many other public appeals which have recently been made for other purposes, it is proposed to deal with the raising of the capital expenditure on different lines. Instead of appealing for contributions of any amount to a common fund for carrying out the work—which is the usual practice—the Board have had prepared a set of drawings for each section, with the idea of appealing firstly to the wealthy men and women, or to trade or other associations of Leeds and Yorkshire,

who may be willing to help in work of this kind, to come forward and undertake to be responsible for the cost of carrying out one or more of these sections, with which their name would be linked for all time, and others to contribute to the Redemption Fund of approximately £75,000.

When it is considered such large sums of money are automatically taken from every estate in the way of death duties, one cannot help thinking that if a portion of that money could be diverted to such a use as providing the accommodation and upkeep of places like the Leeds Infirmary during the lifetime of the donor, a world of pleasure would be reaped by the giver in knowing that he or she, or an Association, were the direct means of restoring the health of so many of their fellow men, women and children, who in sickness are helpless. For instance, as an illustration: the provision of £40,000 would build and equip one block of three wards, containing 100 beds, which would accommodate 20 patients per bed per annum, or—in round figures—2,000 patients each year, all due to the gift of £40,000 for the building—a proud record to look back upon by any man, apart from the knowledge that he had seen his money spent in producing the above result; whereas, if taken in death duty, it goes into the common pot of the Chancellor of the Exchequer, to be used—possibly—for purposes of which the donor would have disapproved had he been alive.

Death duties are only levied upon gifts of money or property for charitable purposes when the donor dies within one year from the date of the gift. If the donor survives that period the gift is free of all duty. Should the donor, however, die within 12 months from the date of the gift, the gift is included in the aggregate of the deceased's estate, and duty is paid upon the whole amount at the schedule rate in force at the time of death, the duty on the gift being payable by the recipients. As an illustration: should a donor possess one million pounds, and he gave a quarter of the amount to the Leeds Infirmary, and then died before twelve months had expired, the value of his estate for duty would be one million pounds at the schedule rate for that amount, on which his executors would pay the duty on three quarters of the million and the Infirmary would pay upon the remainder; but should the donor survive the first twelve months after the gift, the Infirmary pay nothing, and the executors only pay on the actual amount of the estate at death, *e.g.*, £750,000.

In the case of gifts or legacies for charitable purposes, any sum under £100 is exempt from duty.

In the case of gifts of property other than for charitable purposes, the minimum limit for exemption is three years.

INCOME.

In order to bring the ordinary income of £77,500 up to the level of the ordinary expenditure of £104,500, the average over the last two years, each source of income should be increased in something like the following ratio:

PRESENT SOURCES OF REVENUE.

General Subscriptions, suggested increase from	£6,805	to	£8,000
Donations " " "	11,375	"	15,000
Sunday Collections " " "	2,511	"	3,500
Workpeople's Hospital Fund " " "	21,500	"	25,000
Workpeople outside the City " " "	4,941	"	10,000
Employers' Contribution Fund " " "	4,396	"	7,500
Voluntary Hospitals Fund " " "	2,911	"	10,000
Patients' Payments and Gifts " " "	7,859	"	10,000
Income from Investments " " "	8,838	"	9,000
V.D. Dept. " " "	5,910	"	6,000
East and West Ridings Voluntary Hospitals Committee " " "	467	"	500
	£77,513		£104,500

The suggested increase of each item is legitimately possible by intensive organization, and must be accomplished.

The additional income required to meet the cost of the 100 beds in the new West block would be approximately £11,000 to £12,500 per annum, making the income necessary to meet the ordinary maintenance cost of the enlarged Institution £120,000 per annum, the 80 beds in the West block for paying patients would be self-supporting from the fees charged.

To raise the additional income, efforts are to be made to induce the West Yorkshire and the South Yorkshire Coalowners and their workpeople, to each establish joint funds, from which to reimburse the Infirmary the cost of treating the miners and their dependents, which averages fully £10,000 per annum more than they annually contribute to the Infirmary, the past and present inadequacy of Colliery contribution, is a most unfair tax upon the other contributors to the Infirmary, and should be redressed, owing to the great danger and risks involved in mines, the provision of adequate hospital accommodation against accidents is absolutely imperative, it is a legitimate overhead charge on the cost of production, and should be taken into account as such.

Another source of regular and permanent income should be a grant by the City Council, of the equivalent of a penny rate for the Infirmary,

in addition to their existing payments for services rendered, there is no equity in private employers of labour making a voluntary contribution, and the Corporation who are the largest employers of direct labour, doing practically nothing; in addition there is a moral obligation upon the City Council to be generous to the Infirmary for many reasons, such as the enormous expense the community is saved by the Voluntary Hospitals, which would surely be a heavy charge upon the rates if they failed to carry on. The Infirmary is always available for patients from the City clinics through its Education Department, and the local Ministry of Health.

Motor Accidents. There is surely no justification in the Infirmary being called upon to bear the expense of treating practically all these cases from in and around Leeds, which are growing at such an alarming rate, and it is imperative the cost should be recoverable either by compulsory insurance, or from the Road Fund; the cost for 1926 was £3,558 and very little was contributed by the patients or the responsible parties causing the accident.

Grants as outlined from these three sources, provided the increase in the other sources of income are obtained, would be adequate to cover the total maintenance expenditure of the enlarged Infirmary on something like a permanent basis.

The proposed extensions to the Infirmary offer opportunities to its many individual friends, and to Societies or Associations, for providing permanent memorials in honour or remembrance of the past or the present. There is surely no finer way of doing so than in furthering the alleviation of suffering, which nearly all have to undergo in one form or another, and especially all those who, through misfortune, or perhaps hereditary causes, are unable to help themselves. One day spent in going through the wards of the Infirmary would be sufficient to convince anyone of the great work being carried out, and of the urgent necessity of providing the additional accommodation.

The Board have for a long time carefully considered the possibilities of removing the Infirmary to the suburbs, and have unanimously come to the conclusion it would be practically impossible and undesirable in every way. The Infirmary occupies a splendid site, bounded by main streets on every side. It is central, is near the Town Hall, is not far from the stations, and is adjacent to Park Square, in which are the consulting rooms of the specialists who generously give their services for the benefit of the patients in the Infirmary. The Medical School adjoins the Infirmary, also the new Dental Hospital which is now being built. The Women and Children's Hospital is very near, the Maternity Hospital is only a short

distance away, and the Public Dispensary is about the same distance, so that the Infirmary is the centre, or pivot, around which all these medical and surgical services are available.

The atmosphere of Leeds is gradually changing, owing to the extended use of electricity and gas for both industrial and private purposes, and the time is not far distant when the precincts of the Infirmary and other Hospitals will be as healthy to live in as any other part of the City.

The Board have no hesitation, therefore, in appealing to the whole of the citizens of Leeds and Yorkshire who have benefited so largely from the services rendered by the Infirmary since its inception in the year 1767, to come forward and complete the work by sections, or as a whole, according to the plans, with the necessary equipment, and such sums for investment as are required to augment the ordinary income from all sources in order to balance the expenditure for maintenance purposes.

The donors of any section, or its equipment, may be assured that the money will be spent to the best advantage, and that any expressed wish will receive every consideration.

The Board will, by arrangement, be pleased to receive visits from any proposed donor or contributor to see the work carried on at the Institution, and the lay-out for the proposed extensions, also give any further information which might be helpful.

PERSONAL NOTE.

As Chairman and Treasurer of the General Infirmary, I wish to appeal to all those who are in a position to do so, to come forward, and take part in completing the extensions as outlined, making the Leeds Infirmary into one of the most complete voluntary hospitals in the country. There is surely no cause so noble in which surplus money can be used as in the relief of suffering by such institutions as the Leeds Infirmary. The almost countless numbers of patients from all over the county, who have passed through its doors since its inception in 1767, is sufficient testimony to the great work it is doing. The wonderful list of eminent medical and surgical officers, who have graduated at the Infirmary during these years, and who have so freely given of their services to the poor, are worth this recognition. Let us make the Institution all that it should be, so as to enable them to carry on their work to the advantage of those who have of necessity to enter the Infirmary, for operations or other treatment.

I wish to assure every Donor or Subscriber no effort is being spared to bring the Institution to the highest point of efficiency, both as regards services rendered and in keeping the cost of maintenance to the lowest limit.

I have every confidence in appealing for such funds as are required to complete the various sections, and I especially appeal to those who may be willing to be responsible for any one section as their contribution; also, to any Society or Association for part contributions to any one section, which section they could look upon for all time as their tangible contribution in the cause of charity.

I would appeal to all those making wills or distributing surplus funds, to kindly remember the needs of the Infirmary. Legacies and endowments are of incalculable benefit, enabling, as they do, the work to be carried on, when ordinary contributions or subscriptions fall away in times of bad trade or misfortune.

I would also specially appeal to Colliery Owners and Miners all over Yorkshire, who have benefited so much from the Infirmary in the past.

I shall be only too happy to meet any prospective donor at the Infirmary or by appointment, to discuss details and render any other assistance desired.

A handwritten signature in dark ink, appearing to read "J. G. Mair", is written over a solid horizontal line.

General Infirmary

AT LEEDS.

1923	{	Ordinary Expenditure	-	-	£98,476
		Capital Expenditure	-	-	£10,198
		(For Improvements, and for Plant and Apparatus.)			<u>£108,674</u>

Number of Beds at the Infirmary	542	} = 630
Number of Beds at the Ida and Robert Arthington Homes	88	

Annual Cost of Maintenance and the number of In and Out Patients for the years 1913 and 1923:—

	COST.	IN-PATIENTS.	OUT-PATIENTS.
1913.	£40,928 ...	9,015 ...	43,227
1923.	£98,476 ...	11,253 ...	47,536

Our present Overdraft at the Bank is:—				On General Fund	...	£34,904
				On King Edward Fund	...	£11,895
						<u>£46,799</u>

The cost of running the Infirmary per minute is	3/9	} Deficiency	1/-	per minute.
The ordinary Income per minute is only ...	2/9			

The quantity of coal used during 1923 was 4,863 tons, representing:—In the summer, 10 tons per day.
In the winter, 16 tons per day.

1923	{	Quantity of Bread used was 120,251 lbs. = 1,073½ cwt.			
		„	„	Tea	6,160 „ = 55 „
		„	„	Meat	99,295 „ = 886½ „
		„	„	Fish	34,831 „ = 321 „
		„	„	Milk	36,571 gallons.

The number of people catered for last year was 1,000 per day.

+
1,000 PATIENTS
WAITING ADMISSION

General
Journal
AT LEEDS

1923
Capital Expenditure
Ordinary Expenditure
4108,674
210,193
398,478

1,000 PATIENTS
WAITING
FOR
TREATMENT
AT
LEEDS
HOSPITAL

THE CITY OF LEEDS

Memorial to His Late Majesty King Edward VIIth.

APPEAL FOR £150,000

FOR

The General Infirmary at Leeds.

It is now more than fifty years since the inhabitants of Leeds decided to build a new Infirmary; and the foundation stone of the present building was laid on March 29th, 1864.

The population of the town was then 207,000, to-day it may be reckoned at half a million.

In the interval, the discoveries of Pasteur and Lister have revolutionised Surgery, and the discovery of Antitoxin for the treatment of Diphtheria, the discoveries with regard to Yellow Fever and Malaria, and the advances which have been made in dealing with Consumption and other kindred diseases, sufficiently show that a similar era is opening before us in Medicine. In the same period Sanitary Science has virtually been created, and has brought with it incalculable advantages to mankind.

The Infirmary in 1868 was one of the best Hospitals, if not the best Hospital in the country, and it now needs substantial alterations and additions to bring it up to date, and to enable it to cope with the work which it has to do.

In 1870, when the present Hospital had its first full year of working, there were 2,548 In-patients, upon whom 469 operations were performed. In 1909 there were 7,358 In-patients, and 4,075 operations. In the interval, two Operating Theatres have been provided in place of the single Theatre with which the Institution commenced, but this provision is now very inadequate.

The figures given above also show the reason for two new Wards. The beds have only been increased by 125 since the Infirmary was founded, and each year we have to struggle with increased pressure upon the accommodation. It is true that the stay of Patients in the Hospital has been reduced from an average of 28 days to 18, and this has been partly caused by improved methods of treatment; but the predominating factor in this change is the great demand by patients requiring immediate admission. To meet this demand, many patients have been hurried out of their beds, and this has too often resulted in retarded recoveries.

The Out-patient Department was enlarged in 1892, when the number of new Out-patients was 31,267; in 1909 their number was 48,451, and the department now requires considerable extension.

If the additional Theatres are built, and the other alterations made, a considerable increase must be made in the number of Nurses and their accommodation. The highly-skilled Nurse of to-day has been evolved in the period under review, and everyone is aware of the importance of her services. In 1870 20 Nurses were employed by the Infirmary; to-day there are 115.

The recent fire has also revealed sources of danger which were previously unsuspected, and which call for immediate safeguards.

No one can calmly contemplate the possible results of fire in a Hospital of this kind, where nearly all the inmates are helpless, and where a great proportion cannot be removed from bed without imminent danger to life. In such a place ordinary safeguards are insufficient, and the greatest care must be exercised in minimising the causes of fire and in multiplying means of escape.

The following is a summary of the alterations and additions required:

- 1.—Modernising the existing Wards and perfecting their sanitary arrangements.
- 2.—Building four new Operating Theatres.
- 3.—Providing additional accommodation for Nurses.
- 4.—Building two additional Wards.
- 5.—Making additions to the Pathological Department.
- 6.—Building additional rooms for the use of the Casualty and Out-patient Departments.
- 7.—Providing new Boilers and Boiler-house.
- 8.—Making the alterations required to safeguard the buildings against fire and the patients in case of fire.

If these alterations and additions are made to the Infirmary, the cost of its maintenance will inevitably be increased; and it is intended that the Fund now to be collected shall include a provision for this purpose.

The Leeds Infirmary in 1870 was regarded as a model of Hospital construction, and it is believed that there is no Hospital in Great Britain to-day with which it need fear comparison if the necessary funds are provided for the completion and maintenance of the alterations and additions which have been set out in this statement.

List of Donations Promised.

	£	s.	d.	
Mr. Harold Nickols	10,000	0	0	
The Rt. Hon. Lord Airedale	5,000	0	0	
The Hon. E. F. L. Wood, M.P.	5,000	0	0	
Mr. Walter Cliff	5,000	0	0	
Mr. Stephen Cliff	5,000	0	0	
Mr. Joseph Watson	5,000	0	0	{with additional £1,000 when* £100,000 is raised.
Messrs. Joshua Wilson & Sons				
Mr. Samuel Wilson				
Mr. John Wm. Wilson	5,000	0	0	
Mr. Gladstone Wilson				
Messrs. Beckett & Co.	3,000	0	0	
Messrs. Henry Briggs, Son, & Co., Ltd.	2,500	0	0	{with £200 per annum Sub., instead of £50.
Mr. T. G. Mylchreest	2,500	0	0	
Mr. Henry Barran	2,000	0	0	
Mr. W. H. Kitson	2,000	0	0	
Mr. A. Bilbrough	1,000	0	0	
Mr. & Mrs. Frank Gott	1,000	0	0	
Mr. J. W. Oxley	1,000	0	0	
Mr. Edwin Woodhouse, D.L.	1,000	0	0	
Councillor Robert Armitage, M.P.	500	0	0	
Mr. Rowland H. Barran, M.P.	500	0	0	
Mrs. John Barran	500	0	0	
Mr. George Brown	500	0	0	
Miss Bulmer	500	0	0	
Mr. F. M. Jowitt	500	0	0	
Mr. William Harvey	500	0	0	
Alderman Arthur Hepton	500	0	0	
Sir Wilfred and Lady Hepton	500	0	0	
Alderman Fredk. J. Kitson	500	0	0	
Mrs. F. W. Kitson	500	0	0	
Miss Kitson	500	0	0	
Mr. A. G. Lupton	500	0	0	
Mr. and Mrs. Charles Lupton	500	0	0	
Mr. William Middlebrook, M.P. (Lord Mayor) and Mrs. Middlebrook.	500	0	0	
Mr. Joseph Pickersgill	500	0	0	
Mrs. Kate Schunck	500	0	0	
Messrs. Joshua Tetley & Son, Ltd.	500	0	0	
Mr. E. J. Arnold	250	0	0	
Mr. Alfred Barran	250	0	0	
Mr. and Mrs. Hugh Lupton	250	0	0	
Mr. W. H. Maude	250	0	0	
Alderman G. R. Portway	250	0	0	
Mr. H. S. Hemsley	105	0	0	
Mr. Victor Lightman	105	0	0	and Furniture for a Ward.
The Dowager Lady Barran	100	0	0	
Lieut.-Colonel Benson	100	0	0	
Mr. R. Benson Jowitt (Tunbridge Wells)	100	0	0	
Messrs. Reynolds & Branson	100	0	0	
Mr. T. Stockdale	100	0	0	and £2 2s. per annum Sub.
Mr. Grosvenor Talbot	100	0	0	
Colonel C. Coghlan, C.B., D.L.	52	10	0	
Mr. M. Kitchin	52	10	0	
Mr. W. S. Sykes	52	10	0	
Mrs. R. H. Braithwaite	50	0	0	
Messrs. Kuypers & Ostler	50	0	0	
Armley Common-right Trustees	25	0	0	
Miss Arnold	25	0	0	
Mr. Leonard Gaunt	25	0	0	
Mr. William Hepton	25	0	0	
Mr. Fred. Eley	10	10	0	
Mr. A. F. Buxton	10	0	0	
Mr. C. T. Whitmell	10	0	0	
Mr. D. F. Clegg	5	5	0	
Mr. George Arthur Cliff	5	5	0	
Wetherby Wesleyan Chapel Choir	5	5	0	
Mr. Hadrian Evans	5	0	0	

£68,468 15 0

* Including additional £1,000.

