

Report for the year 1945 : [80th annual report] / Maida Vale Hospital for Nervous Diseases.

Contributors

Maida Vale Hospital for Nervous Diseases.
Beasley, Owen.
Dixon, L. C.
Harris, Mabel.
Squire, H. M. L.
Heathcote, Margaret.
Roth, Martin F.

Publication/Creation

London : printed by A.S. Atkinson, [1946?]

Persistent URL

<https://wellcomecollection.org/works/umundwfu>

License and attribution

Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).

Library.

HEALTH
F 14 JUN 48
C.M.

Maida Vale Hospital for Nervous Diseases

LONDON, W.9

(Near the end of St. John's Wood Road)

REPORT

FOR THE YEAR

1945



Maida Yale Hospital
for
Nervous Diseases

LONDON, W.C.

WELLCOME INSTITUTE LIBRARY	
Coll.	we:MOmec
Call	Ann-Rep
No.	WLM 28
	. BE 5
	M 21
	1945



22501660066

OFFICERS FOR 1945.

President.

The Right Hon. Viscount DAVIDSON, G.C.V.O., C.H., C.B.

Committee of Management.

Sir OWEN BEASLEY, O.B.E., *Chairman.*

W. RUSSELL BRAIN, Esq., M.D., F.R.C.P.

ERIC CUDDON, Esq.

ANTHONY FEILING, Esq., M.D., F.R.C.P.

WILFRED HARRIS, Esq., M.D., F.R.C.P.

A. C. LONGLAND, Esq., K.C.

DOUGLAS McALPINE, Esq., M.D., F.R.C.P.

Honorary Treasurer.

FREDERICK HARVEY JOHN DRUMMOND, Esq.

Solicitors.

Messrs. KNAPP-FISHER & WARTNABY.

Architects.

Messrs. YOUNG & HALL.

Honorary Chaplain.

The VICAR and CLERGY of St. Mark's Church, Hamilton Terrace, N.W.8.

Auditors.

Messrs. W. S. OGLE & Co., Chartered Accountants, Gresham House, E.C.2.

Consulting Pharmaceutist.

DONALD PHILLIPS, Esq., B.Sc.

Dispensers.

Miss P. EGGERS. Mrs. F. PHILLIPS.

Matron.

Miss W. K. WESTACOTT.

Almoner.

Miss H. M. L. SQUIRE, A.I.A.

Bankers.

Messrs. DRUMMOND, Branch Royal Bank of Scotland, 49, Charing Cross, S.W.

Secretary and General Superintendent.

L. C. DIXON, Esq.

Honorary Medical Staff, 1945.

Consulting Physicians.

Professor F. L. GOLLA, M.D., F.R.C.P.

WILFRED HARRIS, Esq., M.D., F.R.C.P.

W. G. WYLLIE, Esq., M.D., F.R.C.P.

Psychological Department.

Hon. Medical Psychologists.

F. A. HAMPTON, Esq., M.B., B.Ch.

E. N. SNOWDEN, Esq., M.B., B.S., M.R.C.S., L.R.C.P.

MARION GREAVES, M.R.C.S., L.R.C.P., D.P.M.

Consulting Surgeons.

Sir LENTHAL CHEATLE, K.C.B., C.V.O., F.R.C.S.

A. S. BLUNDELL BANKART, Esq., F.R.C.S.

Gynaecologist.

W. McK. H. McCULLAGH, Esq., F.R.C.S.

Physicians.

ANTHONY FEILING, Esq., M.D., F.R.C.P.

D. McALPINE, Esq., M.D., F.R.C.P.

W. RUSSELL BRAIN, Esq., M.D., F.R.C.P.

E. A. BLAKE PRITCHARD, Esq., M.D., F.R.C.P.

REDVERS IRONSIDE, Esq., M.B., F.R.C.P.

Professor S. NEVIN, M.D., F.R.C.P.

Radiologist.

J. W. D. BULL, Esq., M.B., M.R.C.P., D.M.R.

Dental Surgeon.

A. NORMAN PAUL, Esq., L.D.S., R.C.S.

Pathologist.

Assistant Physicians.

MICHAEL KREMER, Esq., M.D., B.Sc., F.R.C.P.

Mrs. HELEN E. DIMSDALE, M.B., M.R.C.P.

PAUL H. SANDIFER, Esq., M.R.C.P., (Lond.), D.P.M.

Research Electro-Physiologist.

ANGUS MACPHAIL, Esq., M.Inst.E., A.R.T.C., M.S.R.
C.S.P.

Surgeons.

A. DICKSON WRIGHT, Esq., M.S., F.R.C.S.

WYLLIE McKISSOCK, Esq., O.B.E., M.S., F.R.C.S.

Speech Therapist.

Miss KINGDON WARD.

Ophthalmic Surgeon.

Mrs. PHILIPPA MARTIN, M.S., F.R.C.S.

Occupational Therapist.

Miss MARGARET HEATHCOTE, Dip. F.A. (Lond.),
M.A.O.T., Dip. O.T.

Psychiatrists.

DESMOND CURRAN, Esq., M.B., M.R.C.P.

Anaesthetists.

L. H. MORRIS, Esq., M.R.C.S., L.R.C.P.

ERNEST LANDAU, Esq., M.R.C.S., L.R.C.P., D.A.

DONALD BLATCHLEY, Esq., M.B., Ch.B., D.A.

Research Psychiatrist.

E. B. STRAUSS, Esq., D.M., F.R.C.P.

Medical Registrar.

MARTIN ROTH, Esq., M.D., M.R.C.P.

Resident Medical Officers.

Maida Vale Hospital for Nervous Diseases

Established A.D. 1866.

London, W.9

Incorporated 1900.

80th ANNUAL REPORT

for the Year Ended 31st December, 1945

The Committee of Management have the honour to present to the Governors and Supporters of the Hospital the Eightieth Annual Report.

PATIENTS. During the year, 383 patients were admitted to the Hospital's wards. The Hospital's surgical patients were, as previously, treated at the Neuro-Surgical Unit at Wimbledon. Out-Patient attendances numbered 21,461.

The above figures show an increase over 1944 in spite of the fact that both out-patient attendances and admissions were affected by the carrying out of extensive re-decoration and cleaning. This work had been delayed, and was urgently necessary.

NEURO-SURGICAL UNIT. The Surgical work has continued in the Emergency Medical Service Neuro-Surgical Unit at the Atkinson Morley Hospital, Wimbledon. The total admissions to the Unit during the year numbered 915, a decrease of some 300 admissions as compared with the previous year. It should be noted however, that during 1945, the Unit was without a First Surgical Assistant; Mr. Valentine Logue who had occupied this position for the previous three years was taken into the Army, and put in charge of a Mobile Neuro-Surgical Unit from March 1945, onwards.

270 cases of injury to the head and 190 of brain tumour were admitted to the department together with a variety of other conditions. The Unit has continued to treat civilian Air Raid Casualties and Service cases.

During the year, extensive progress has been made in the surgical treatment of mental disorders, and the number of Pre-frontal Leucotomies carried out is now nearing 500.

The work on the Prevention of Hospital Infection of Wounds has now been completed, and the results of a three year trial period of certain precautions was published in the *British Medical Journal* during the year.

PATHOLOGICAL DEPARTMENT. Pathological investigations undertaken during 1945 numbered 2,653, an increase of 196 on the preceding year. The department has continued, although short of staff, to perform blood Wasserman and Kahn reactions, and 545 specimens of blood were tested during the year.

Dr. Roth has acted as Clinical Pathologist in addition to his work as Medical Registrar.

Microscopical examinations by Dr. Dimsdale were made on 120 operation and autopsy specimens from the Neuro-surgical Unit at the Atkinson Morley Hospital. Many of the specimens sent by Mr. McKissock were of great interest and included rare neoplasms such as a melanotic sarcoma of the meninges and a fibrosarcoma of the dura. Some preliminary studies have been made on the application of colour developers to silver staining.

Mention should be made of the senior Technician, Mr. Smith, who has dealt with the increased work of the Department in spite of staff difficulties.

RADIOLOGICAL DEPARTMENT. During the War years, this Department has not been working because all our apparatus was lent to the Emergency Medical Service.

Such X-ray examinations as have been performed, have been dealt with by the X-ray Departments of the Elizabeth Garrett Anderson Hospital, and later by the Hospital of St. John and St. Elizabeth, to whom our thanks are due.

In 1945, part of the X-Ray apparatus was returned by the Ministry of Health and in January of this year, the Radiologist, Dr. Bull, returned to the Hospital and is now demobilized from the R.A.M.C. After considerable difficulty, a Radiographer has been found and appointed to the Department, so that radiological facilities are now available again in the Hospital.

The Skull X-ray Unit has not been released by the Emergency Medical Service, but it is hoped that it will be in the next few weeks. This will naturally increase the efficient working of the Department.

Radiography is becoming more and more important in the investigation of neurological disease, and plans are being made to enlarge and improve the X-ray Department in order that it may be able to carry out all the investigations required of it.

DEPARTMENT OF PSYCHOLOGICAL MEDICINE. There were a total of 1,323 attendances in this Department. Dr. Snowdon continued his work of Group Psychotherapy, and the many patients attending his lectures found them most helpful.

The individual work with patients is still very heavy. Dr. Greaves has been fortunate in having the continued help of Dr. Dewar and

in securing that of Dr. Bolton. This increase in Staff enables the department to cope with a large number of cases, to keep the waiting list within reasonable limits, and to give deeper and more prolonged treatment to those patients whose difficulties cannot be overcome by other methods. It is noticeable that the number of children whose problems were due to evacuation has decreased, and those who come up present syndromes related to more normal stresses. It is hoped that this very worthwhile type of work will increase and develop.

THE DEPARTMENT OF PHYSIOTHERAPY dealt with 2,886 attendances. This department is being improved by the addition of new equipment.

DEPARTMENT OF SPEECH THERAPY. Amongst patients treated were cases of Post-Encephalitic Parkinsonism, Pseudo-bulbar Palsy, and Cerebral Agenesis. Improvement was achieved in nearly all cases treated, and results in some were very satisfactory indeed.

DEPARTMENT OF ELECTRO-ENCEPHALOGRAPHY. The Hospital is indebted to Viscount Davidson for his personal efforts to ensure the continuance of Electro-Encephalographic Research, and to the following generous Donors who renewed their gifts in 1945 :—

- The Rt. Hon. Lord Beaverbrook
- The Rt. Hon. Viscount Camrose
- The Rt. Hon. Lord Glendyne
- The Rt. Hon. Lord Iliffe
- The Rt. Hon. Lord Kemsley
- Sir Wm. Rootes
- Imperial Chemical Industries, Ltd.

TEACHING. Teaching in Neurology has continued. Lectures and Demonstrations as part of the course for the Diploma of Psychological Medicine have been arranged in conjunction with the Maudsley Hospital.

NURSING STAFF. The Committee wish to record their appreciation of the services of Matron and the Nursing Staff. Their devotion to duty during the past difficult years has been worthy of the highest praise.

THE LADIES' GUILD. The shop has continued to be of much service to patients. The Committee sincerely appreciate the efforts of Mrs. Wilfred Harris in this connection.

FINANCE. Ordinary Income was maintained for the year 1945. Expenditure showed some increase, largely through the cost of extensive cleaning and re-decoration. Receipts on account of Legacies were very satisfactory, and it was possible to liquidate the remainder of the Bank Loan.

The Committee desire to record their appreciation of the following valuable assistance towards the Hospital's General Funds :—

King Edward's Hospital Fund	£1,250
Alexandra Day	£300
Metropolitan Hospital Sunday Fund	£260
The Bernhard Baron Charitable Trust	£100
London Hospitals Street Collection	£76 4s. 7d.
The Pewterers' Company	£25

The Hospital is also indebted to the Hospital Savings Association, the Hospital Saturday Fund and other Contributory Schemes for their co-operation.

IMPROVEMENTS. The Committee have constantly in mind the question of re-instatement of the rear block lost by enemy action, and to extension and improvement. As a first and vital operation, the provision of new sanitary blocks has been decided upon. Not only will these facilities add to the efficiency of the Hospital, but they will also be a great aid to our Nursing Staff.

COMMITTEE AND STAFF. The Committee much regret to report the resignation from the active Medical Staff of Dr. Wilfred Harris. Dr. Harris had been a member of the Medical Staff for 43 years, and Senior Physician since 1923. The Committee have had much pleasure in appointing him a Consulting Physician in recognition of his great services to the Hospital.

Happily, Dr. Harris's connection with the Hospital is not severed for he remains a member of the Board of Management, on which his advice and help has been invaluable for many years.

The Committee also regret to report the resignation of Dr. W. G. Wyllie on account of other heavy calls upon his time. Dr. Wyllie was appointed to the Honorary Medical Staff in 1925, and the Committee have been very pleased to appoint him a Consulting Physician in recognition of his services.

The Committee have further to report with regret the resignation of Mr. E. Garnet Passe, Surgeon to the Ear, Nose and Throat Department. Mr. Passe had been a member of the Staff since 1936.

It has given the Committee much pleasure to welcome back, during the latter part of the year, several members of the Medical Staff who have been on active service.

The Committee desire to offer their congratulations to Mr. Wylie McKissock, Honorary Surgeon, and to Dr. A. L. Winner, Medical Registrar up to the outbreak of war, on their awards of the Order of the British Empire.

The Committee are anxious to record their deep appreciation of the Services of the Honorary Medical Staff and of all Officers and Staff of the Hospital. Thanks to their devotion, the work of the Hospital has been maintained at a high level of efficiency in spite of the difficulties of war conditions and staff shortages.

They desire too, to express their gratitude to all Governors and Subscribers for their continued support, which has been of the greatest help and encouragement.

Many of us will feel misgivings at the present proposals of the National Health Service Bill. The Committee do not feel that a case has been made out for the transfer of the Hospitals to ownership of the State. The Hospitals have made it clear that they are willing to co-operate wholeheartedly in a nationally planned service. The Committee believe that every effort should be made to secure modification of the present proposals so that any system of remote control is avoided and day-to-day management remains in the hands of individual Hospital Committees.

It would be an irretrievable loss to the Nation if the patients' right of choice of hospital, the intimate relationship with patients and staff, the people's affection for their hospitals and their service through them to their fellows were to be abolished.

Whatever the final plan may be, the Hospital depends as much as ever upon the support of its good friends. The Board hope most earnestly for the continuance of their generous help.

OWEN BEASLEY,

Chairman.

L. C. DIXON,

Secretary.

LADIES' GUILD REPORT

With difficulty we have been holding on, and have weathered the war years, hoping eventually to emerge with renewed energy. We hoped for more novel ideas for increasing our funds, which hitherto have been of considerable help both to patients and to the Staff, as, for example, the electrically heated food conveyors which ensure really hot meals for the patients.

We have a small fund in hand which we intend to lay out to the best advantage, and this would be our first item on our next Committee agenda.

Now, for the moment, I feel we must await developments.

MABEL HARRIS, *Chairman.*

ALMONER'S DEPARTMENT

During the past year the key-note in this Department has been Case-work, and it would therefore seem an appropriate opportunity to enlarge on this aspect of an Almoner's work.

With the end of the war and the problems of resettlement coming into the foreground, case-work is needed more than ever to ensure that all the effort and money expended proves of real value to the individuals for whom it is intended. It is only necessary to look at the Annual Charities Register, a book of approximately 460 pages, to see the very large number of reliable organisations which exist to help those of varying types and of varying needs. Together with the many Statutory bodies also available, it is small wonder that the individual is bewildered and often struggles on un-aided, rather than try to decide to which he should apply for assistance and advice. Alternatively, the more bold does a round with no very fixed plan in mind other than "getting some monetary help to go on with."

It is obvious that if really constructive work of any sort is to be carried out, planning is essential and not only planning but good team work amongst those helping to carry through the plan. When there is some physical or mental disability to consider as well as the social problem, it is even more important, and for this reason Charles Loch, more than fifty years ago, conceived the idea of the Medico-social worker, or Almoner as she came to be called in England (that is one who DISPENSES aid to the needy). Her main function was, and still is, as a Physician wrote a few years ago, "helping to discover the background of the patient's illness, co-operating in treatment, and guiding the patient through rehabilitation back to normal life and work". To this end is she trained to enable her to participate as a skilled member of the Hospital team.

As a Social worker she is in a position through her training and experience, to advise on what facilities are available and which would seem most suitable for each individual patient. As a case-worker it is for her to obtain and correlate information from the various members of the team, both inside and outside the Hospital, keeping before all, including the patient, the plan originally agreed upon, and making sure that all are aware of any adjustments which may become necessary from time to time.

In a recent case, over a period of five years no less than twelve different Hospitals and other organisations were concerned with helping the patient, and without really good team work it is not difficult to imagine how much conflicting advice might be given and with what disastrous results to the patient.

H. M. L. SQUIRE, A.I.A., *Almoner.*

DEPARTMENT OF OCCUPATIONAL THERAPY

The Occupational Therapy Department can claim to have made a satisfactory re-opening on the 12th February.

A number of hospitals (including all the nearer teaching ones), have shown more than passing interest in the offer to take their out-patients in the Department. The leading medical journals have welcomed these facilities and during the year patients have been referred for this treatment from eleven other hospitals and some private physicians.

It is becoming recognised by medical opinion generally that Occupational Therapy can frequently be most effective when alternating or combining the methods of medically-regulated treatment with training in profitable activity. This viewpoint was already held in this Hospital five years ago, and was the subject of a Memorandum sent to the Ministries concerned in 1942.

For the categories of case to whom normal employment is impossible, such medically regulated treatment-training is being provided almost alone in London by this Department. Certain of the best work of patient-trainees is sold by the kind co-operation of Messrs. Thomas Goode of South Audley Street, W.1, and may be identified by our blue pennant-shaped label with zig-zag lettering bearing the words 'Made by patient — at the Maida Vale Hospital's Workshop for the cure of the sick and training of the disabled from any London Hospital'.

Patients have been sent by ambulance from as far apart as Bromley, Hackney and Hammersmith, but alas, transport is much worse since the end of the war and no longer available at all in several tragic instances where otherwise we would help. A home-visiting service is envisaged, but this cannot offer so much as the leisurely and equipped tuition of the workshop. We ask that supporters will use their influence with local authority and voluntary bodies to get back the use of ambulances to convey homefast out-patients of hospitals which have not yet facilities of their own.

We are most grateful for a generous gift, through Viscount Davidson, our President, of £1,500. This came from the Non-British Employees of the Buenos Ayres Great Southern, Western and Midland Railways in Argentine. It will pay the running expenses of the Department this year as long as present premises are available.

No very small Department of Occupational Therapy can provide proper technical instruction or mechanical equipment. It is therefore better for the patients to have a few adequate centres than a number of inadequate ones. We shall use our efforts for the establishment of inter-hospital centres on a far-sighted basis.

MARGARET HEATHCOTE,

*Occupational Therapist. Diploma in Fine Art, (Lond.)
Diploma in Occupational Therapy, M.A.O.T.*

MEDICAL REGISTRAR'S REPORT

The past year has been the busiest the Hospital has had since 1939. There has been a wealth of clinical material in the Wards and Out-patient Department; I shall deal here with what have seemed to me to be the most interesting and important points in our work. There is unfortunately no room for tabulation or detailed statistical analysis.

A problem that presents itself forcibly on a study of last year's clinical material is that of Epilepsy of late onset. Penfield and Erickson (1941), in a chronological classification of aetiology give the causes in order of frequency as 20-35 years: trauma, neoplasm, 35-55 years: neoplasm, trauma arteriosclerosis, 55-70: arteriosclerosis neoplasm. Among our cases, however, surprisingly few have been revealed to be suffering from tumours on investigation, while a considerable proportion have been discharged with a provisional diagnosis of cortical atrophy. In a small percentage the atrophy was clearly the result of trauma or the sequel of arteriosclerotic softening, but in the major-

ity no such cause could be distinguished. The status of this latter group of cases needs clarification. Diagnosis is usually based upon a process of exclusion of other factors and the appearances on air encephalography. With regard to the latter, there seems to be little information as to the limits of normal and in this connection I recall vividly a case of Dr. Pritchard's 2 years ago who returned to us in a stuporose condition from a Surgical Unit with a diagnosis of cortical atrophy based on air encephalography, and who walked out perfectly fit 6 weeks afterwards, having meanwhile received intensive treatment with Vitamin B, and Nicotinic Acid. A proportion of our cases give a history of slight intellectual impairment, and the question therefore arises of the relationship the cases in the second and third age groups have to the presenile and arteriosclerotic dementias respectively. A very large proportion of both latter groups show evidence of well-marked cortical atrophy, and while epilepsy is rare in Pick's or Alzheimer's diseases, it is a fairly common feature of cerebral arteriosclerosis. Follow-up studies would eventually give the answer in many cases as, when advanced, the clinical picture is well defined in the latter conditions. Little information is available on the other hand with respect to the specific intellectual functions that are impaired early, and it is possible that careful and detailed psychometric investigation in epilepsy of late onset as well as in early cases of mental deterioration combined with follow-up studies of the former would establish some useful diagnostic criteria, and also show perhaps the relationship—if any—between the conditions.

There have also been an increasing number of cases both in Out-patients and in the Wards, of attacks of loss or impairment of consciousness that have been difficult to classify. Many of these, no doubt, belong to the interesting borderland between the organic and the functional.

There have been four more cases of cerebellar degeneration commencing in middle age. We have had seven cases of this very interesting condition in the past two years. They are being carefully followed up, and a short clinical paper about them is in preparation.

Other cases of special interest have been two of myelodysplasia, and two of spinal angiomas, one of them with most beautiful radiological appearances on myelography. A case of myotonia with amyotrophy was investigated in the ward, and is being followed up in Out-patients.

During the past year we have had further experience in the rehabilitation of patients under the Disabled Persons Act. The co-operation of the Occupational Therapy Department in assessing and improving the ability of patients has been most valuable. The work would not have been possible without the Lady Almoner's able and devoted work on the social aspects of these cases.

I must thank all the other Departments of the Hospital for their kindness and co-operation.

On the retirement of Dr. Wilfred Harris, I should like to put on record a few words of tribute on behalf of the junior members of the Hospital Staff past and present. To each of us when we first came he was something of a legendary figure. His experiments on the visual path and the pupil in Horsley's Laboratory, his great work on trigeminal neuralgia, and his many years of patient dissecting at the Zoo in preparation for his work on the brachial plexus, conveyed something in the tradition of Harvey and Hunter, but he was never to be set on a pedestal, and to each of us he has been both friend and teacher. I want to convey to him our gratitude and good wishes.

MARTIN F. ROTH, M.D., M.R.C.P.,

Medical Registrar.

Dr.

MAIDA VALE HOSPITAL
Balance Sheet,

LIABILITIES.

	£	£	£
1. SUNDRY CREDITORS—			
(1) General Fund			2,207
2. LOANS TO HOSPITAL :—			
General Fund—			
Loan from Hospital Endowments Fund ..	6,615		
Loan from Hospital Building Fund	2,187		
	8,802	8,802	
3. CAPITAL ACCOUNTS :—			
A. Hospital Endowments—			
Bed Endowment Fund—			
Balance as per last Account			
Arthur Ocran Crooke			
Thomas Munday			
Sarah Morris			
W. B. Hextall			
Aubrey Robinson			
John B. Wells			
James Barker			
		10,108	
Aubrey Robinson Endowment Fund—			
Balance as per last Account		2,335	
Annual Subscription Endowment Fund—			
Balance as per last Account	789		
Add Mrs. G. H. Cowan Endowment—	10		
		799	
The Tetley Chaplain Fund—			
Balance as per last Account		640	
		13,882	
B. SPECIAL FUNDS :—			
Balances as per last Accounts :—			
The George Sturge Samaritan Fund		480	
Helen Rebecca Dougherty Incurables Fund ..		1,000	
Electro-Encephalographic Fund—Mrs. E. Chap-			
man		30	
The Louis T. Leonowens' Memorial Fund ..		1,000	
		2,510	
C. Buildings and Equipment Fund—			
Balance as per last Account		58,980	
Hospital Extension Fund—			
Balance as per last Account		4,923	
		63,903	
D. GENERAL FUND :—			
Amount transferred from Legacies Account (see			
page 18)		4,959	
Less Balance as per last Account		1,984	
		2,975	
			94,279
			<i>Forward</i>

ASSETS.

1. CASH AT BANK AND IN HAND ON ACCOUNT OF:—	£	£	£
(a) Endowments		—	
(b) Special Funds—			
The George Sturge Samaritan Fund	86		
The Louis T. Leonowens Memorial Fund	178		
Helen Rebecca Dougherty Incurables Fund	31		
Electro-Encephalographic Fund	553		
Occupational Therapy Fund	1,530		
		—	2,378
(c) Building and Equipment		—	
(d) General Fund		8,338	
		—	10,716
2. STOCKS OF UNISSUED STORES ON HAND			456
3. SUNDRY DEBTORS—			
General Fund		983	
The George Sturge Samaritan Fund		5	
The Louis T. Leonowens Memorial Fund		17	
Electro-Encephalographic Fund		25	
		—	1,030
4. INTERNAL LOANS—			
Hospital Endowments Fund : Loan to General Fund	6,615		
Hospital Extension Fund : Loan to General Fund	4,923		
Less Loan from General Fund to Building Fund	2,736		
	—	2,187	
		—	8,802
5. INVESTMENTS (At Cost)—			
A. Hospital Endowments—			
Bed Endowment Fund—			
£3,351 2s. 6d. Local Loans 3% Stock	2,080		
£4,216 17s. 6d. 3½% Conversion Loan	3,249		
£483 12s. 7d. Middlesex 3½% Stock, 1957/62	500		
		—	5,829
Annual Subscription Endowment Fund—			
£124 London Transport 5% "B" Stock	150		
£610 12s. 8d. Local Loans 3% Stock	469		
£205 1s. 8d. 3½% Conversion Loan	150		
£20 3% National Savings Bonds, 1955/65	20		
£10 3% Defence Bonds	10		
		—	799
The Tetley Chaplain Fund—			
£640 3% Defence Bonds			640
B. Special Funds—			
The George Sturge Samaritan Fund—			
£231 L. & N.E. Railway 4% 1st Preference Stock	231		
£205 13s. 11d. Local Loans 3% inscribed Stock	174		
£75 3% Defence Bonds	75		
		—	
	Forward	480	7,268 21,004

LIABILITIES

	£	£	£
	<i>Forward</i>		94,279
4. UNEXPENDED INCOME BALANCE OF SPECIAL FUNDS:—			
<i>(See separate Accounts)</i>			
The George Sturge Samaritan Fund		91	
Helen Rebecca Dougherty Incurables Fund		31	
The Louis T. Leonowens Memorial Fund		196	
Electro-Encephalographic Fund		578	
Occupational Therapy Fund		1,530	
		<hr/>	
			2,426
			<hr/>
			£96,705
			<hr/>

We report that we have audited the books of the Hospital which, to the best of our of Hospital Accounts as modified by the instructions of King Edward's Hospital Fund the Investments and have obtained the Secretary's Certificate as to the value of drawn up so as to exhibit a true and correct view of the state of the Hospital's

90, Gresham House, 24, Old Broad Street,
London, E.C.2.

19th March, 1946.

—continued

ASSETS	£	£	£
<i>Forward</i>	480	7,268	21,004
Helen Rebecca Dougherty Incurables Fund— £1,000 3% Savings Bonds, 1960/70	1,000		
Electro-Encephalographic Fund—£30 3% Sav- ings Bonds, 1960/70	30		
The Louis T. Leonowens Memorial Fund— £985 14s. 7d. Middlesex County Council 3½% Stock, 1957/62	1,000		
	<u> </u>	2,510	
		<u> </u>	9,778
(Market Value on the 31st December, 1945, £12,373)			
C. Buildings and Equipment Fund			<u> </u>
D. General Fund— £1,012 10s. 0d. Local Loans 3% Stock.. .. .		628	
(Market Value on the 31st December, 1945, £987)			
Landed Property and Estates— French Garden Land and Buildings as per last Account		3,579	
		<u> </u>	13,985
6. LAND, BUILDINGS AND EQUIPMENT OF THE HOSPITAL— Expenditure from 1st January, 1897, to the 31st December, 1945			61,716
			<u> </u>
			<u>£96,705</u>

knowledge and belief, conform with the regulations of the Revised Uniform System relating to the treatment of Free Legacies, dated December, 1940. We have verified Unissued Stocks on Hand. In our opinion the foregoing Balance Sheet is properly affairs as shown by the Books of the Hospital.

WILLIAM S. OGLE & CO., } *Auditors.*
Chartered Accountants }

Dr. **INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR**
(See also Legacies Account on page 18)

		INCOME		
ORDINARY.		£	£	£
I. VOLUNTARY GIFTS :—				
1. Subscriptions, Donations, etc.—				
Annual Subscriptions		961		
Donations	1,006			
Donations—Alexandra Day	300			
		1,306		
Box Collections		46		
Entertainments—				
Gross Receipts		—		
Less Expenses		—		
Gifts in Kind		—		
Other Voluntary Gifts		—		
		2,313		
2. Central Funds—				
King Edward's Hospital Fund		1,250		
Hospital Sunday Fund		260		
Other Central Funds		—		
		1,510		
			3,823	
II. RECEIPTS ON ACCOUNT OF SERVICES RENDERED :—				
1. Contributions on Account of Services to Patients—				
(a) From Patients and their Societies—				
In-patients	1,362			
Out-patients	653			
		2,015		
Contributory Schemes—				
Hospital Saturday Fund	257			
Hospital Saving Association	1,806			
Other Schemes	152			
Approved Societies	—			
Other Sources	41			
		2,256		
(b) From Public Authorities				
(1) Government Emergency Hospital Scheme		124		
(2) Contribution towards increases in Nurses' Salaries		—		
		4,527		
3. Fees—				
Nurses and Probationers' Fees		—		
Other Fees		—		
4. Other Receipts				
		—		
			4,527	
III. INVESTED PROPERTY :—				
Interest, Dividends, etc.			346	
Rents			33	
			379	
			8,729	
		ORDINARY INCOME		8,729
EXTRAORDINARY INCOME :—				
Amount transferred from Legacies Account				4,463
			TOTAL INCOME	
				13,192

EXPENDITURE.		£	£
ORDINARY.			
I. PROVISIONS			1,348
II. SURGERY AND DISPENSARY :—			
1. Drugs, Chemicals, Disinfectants, etc.		1,176	
2. Dressings, Bandages, etc.		3	
3. Instruments and Appliances		289	
4. Wines and Spirits		—	
5. Salaries and Wages of Dispensing Staff		481	
6. Sundries		—	
		—	1,949
III. DOMESTIC :—			
1. Renewal and Repair of Furniture, Bedding, Crockery, etc.		256	
2. Laundry		224	
3. Cleaning and Chandlery		87	
4. Water		52	
5. Fuel, Lighting, Heat and Power		923	
6. Uniforms		48	
7. Sundries		—	
		—	1,590
IV. SALARIES AND WAGES (MAINTENANCE) :—			
1. Medical		406	
2. Nursing		1,279	
3. Other Officers and Employees		3,355	
4. Pensions		210	
		—	5,250
V. MISCELLANEOUS :—			
1. Printing, Stationery, Postages, Telephone, etc.		530	
2. Advertisements		17	
3. Insurance of Buildings, Equipment, Stores, etc.—			
(1) General		80	
(2) War Damage Insurance		—	
		—	80
4. Garden		—	
5. Sundries		12	
		—	639
VI. ADMINISTRATION :—			
1. Salaries		662	
2. Pensions		350	
3. Printing, Stationery, Postages, Telephones, etc.		60	
4. Advertisements		—	
5. Law Charges		—	
6. Auditors' Fee		21	
7. Sundries		23	
		—	1,116
VII. ESTABLISHMENT :—			
Renewals and Repairs to Buildings and Plant		58	
Annual Cleaning		600	
		—	658
VIII. FINANCE :—			
1. Interest		32	
2. Appeals		86	
3. Rent		340	
4. Rates and Taxes		184	
		—	642
		—	13,192
EXTRAORDINARY.			
		—	13,192
		—	13,192

Statistics for year to 31st December, 1945. Compared with those of the previous year.

I.—IN-PATIENTS.

(A) Number of Beds and In-patients.

	Numbers in 1945 (Year under review)	Numbers in 1944
(1) Beds :—		
(a) Complement at 31st December	85	85
(b) Average Daily Complement during the year	85	85
(c) Average Daily Number closed during the year owing to :—		
(i) Rebuilding or Extension Schemes	—	—
(ii) Repairs, Redecoration, Cleaning or Infection	2	—
(iii) War Emergency	60	60
(d) Average Daily Number Open during the year	23	25
(e) Average Daily Number Occupied during the year	16.2	15.8
(2) Number of In-patients in the Hospital at beginning of year	6	17
(3) Number of In-patients admitted during year	333	297
(4) Number of In-patients in the Hospital at the end of the year	17	6
(5) Average number of days each Patient was resident (ascertained by dividing the yearly total daily counts, viz., 5,903 by the number of Patients treated to a conclusion, i.e. (2) + (3) — (4)	15.8	18.7
(6) Number of Patients admitted and discharged during the year who were resident for :—		
(I) only 1 day	27	32
(II) 2 and 3 days	62	43

II.—OUT-PATIENTS.

(A) Numbers.

	Numbers in 1945	Numbers in 1944
(1) Total No. of New Out-Patients	3,127	2,995
(2) Total No. of Out-patients Attendances	21,461	18,672
(A) No. of Patients on books at the beginning of the year	<i>Not ascertainable</i>	
(B) No. of Casualty Patients included in No. 1 above	Nil	Nil
(C) No. of Maternity Patients included in No. 1 above, attended at home	Nil	Nil
(D) No. of Attendances on Maternity Patients included in No. 2 above	Nil	Nil

Annual Subscription Endowment Fund

THIS FUND WAS FORMED AS A RESULT OF THE GENEROSITY OF THE LATE MISS BYLES, OF WHITECLIFF GLEN, SEATON, DEVON, WHO HAD BEEN AN ANNUAL SUBSCRIBER TO THE HOSPITAL FOR MANY YEARS.

THE EXECUTORS OF MISS BYLES HAD BEEN IMPRESSED WITH THE LOSS OF ANNUAL SUBSCRIPTIONS THE HOSPITAL SUSTAINED EACH YEAR THROUGH THE DEATH OF ANNUAL SUBSCRIBERS. THEY THEREFORE DECIDED TO PERPETUATE MISS BYLES' SUBSCRIPTION BY GIVING A SUM OF £50 TO THE HOSPITAL TO BE INVESTED AND THE INCOME APPLIED TO THE GENERAL PURPOSES OF THE HOSPITAL.

THE COMMITTEE HOPE THAT OTHER SUBSCRIBERS MAY ASSIST THE HOSPITAL BY FOLLOWING THIS EXAMPLE. A DRAFT FORM FOR THE USE OF SUBSCRIBERS IS GIVEN ON PAGE 22.

THOSE ABOUT TO MAKE THEIR WILLS
are earnestly entreated not to forget this most deserving
Charity, which is **ALMOST ENTIRELY WITHOUT**
ENDOWMENT.

The Subjoined Forms of Bequest having been very kindly approved for the Committee by SIR HORACE DAVEY (the late LORD DAVEY), with special reference to the provisions of the MORTMAIN AND CHARITABLE USES ACT, 1891, they submit the same with confidence to the friends and supporters of the Hospital:—

(1) IF A MONEY LEGACY.

I give to the Treasurer of the Maida Vale Hospital for Nervous Diseases, Maida Vale, the sum of.....to be applied towards the general purposes of the said Hospital, and I direct that the said sum be paid free of legacy duty.*

(*A gift of a share of residue may be in a similar form.)

(2) IF A MORTGAGE DEBT.

I give to the Treasurer of the Maida Vale Hospital for Nervous Diseases, Maida Vale, for the Benefit of the said Hospital, all that the sum of.....owing to me under an Indenture dated the.....day of.....together with all securities held by me therefor.*

(3) IF LEASEHOLD PROPERTY.

I give to the Treasurer of the Maida Vale Hospital for Nervous Diseases, Maida Vale, all my leasehold interest in the.....to be held for the benefit of the said Hospital.

(4) IF REAL PROPERTY.

I devise unto and to the use of the Treasurer of the Maida Vale Hospital for Nervous Diseases, Maida Vale, and his successors, all that my.....to be held for the benefit of the said Hospital.

* The sum to be expressed in words at length.

DIRECTIONS.

By 1 Victoria, Cap. 26, Sec. 9, it is enacted, "That no will shall be valid, unless it shall be in *writing*, and executed in manner hereinafter mentioned: that is to say, it shall be signed at the foot, or the end thereof, by the Testator, or by some other person in his presence and by his direction; and such signature shall be made or acknowledged by the Testator in the presence of two or more witnesses present at the same time; and such witnesses shall attest and shall subscribe the will in the presence of the Testator but no form of attestation shall be necessary."

This is a Codicil to the last Will and Testament of me

of
in the County of I give and bequeath,
free of Legacy Duty, to the Maida Vale Hospital for Nervous
Diseases (Incorporated), Maida Vale, London (hereinafter referred
to as the Hospital) a sum sufficient when invested, as hereinafter
directed, to provide an income of guineas
per annum, and I declare that the said sum shall be held by the
Hospital upon trust to invest the same in any of the stocks, funds
or securities for the time being authorised by law for the investment
of trust funds and to pay or apply the income for the general purposes
of the Hospital, and such income shall be deemed a perpetual annual
subscription in

{ the name of }
{ my name }

and shall form a part of the Annual Subscription Endowment
Fund of the Hospital. And I declare that the receipt of the
Treasurer or Secretary for the time being of the Hospital shall be a
sufficient discharge for this legacy.

IN WITNESS WHEREOF I have hereunto set my hand this
..... day of 19.....

(Signed)

Signed and acknowledged by the above-named
..... as a Codicil to the Will in the presence of us
present at the same time, who in h..... presence and in the presence
of each other have hereunto subscribed our names as witnesses.

Witnesses. 1. Name

Address

Occupation

2. Name

Address

Occupation

N.B.—Any alteration, erasure or interlineation in this Codicil
should be initialled by the Testator and by the Witnesses.

FORM OF BEQUEST

I give, free of Legacy Duty, to the Maida Vale Hospital for Nervous Diseases (Incorporated), of Maida Vale, London (hereinafter referred to as the Hospital), a sum sufficient when invested, as hereinafter directed, to provide an income of.....guineas per annum, and I declare that the said sum shall be held by the Hospital upon trust to invest the same in any of the stocks, funds or securities for the time being authorised by law for the investment of trust funds, and to pay or apply the income for the general purposes of the Hospital, and such income shall be deemed a perpetual annual subscription in

{ the name of }
{ my name }

and shall form a part of the Annual Subscription Endowment Fund for the Hospital. And I declare that the receipt of the Treasurer or Secretary for the time being of the Hospital shall be a sufficient discharge for this legacy.

FORM FOR USE AS A CODICIL.

If you have made your Will and are disposed to make a bequest in favour of the Annual Subscription Endowment Fund of the Maida Vale Hospital for Nervous Diseases (Incorporated), you are invited to complete the Codicil on page 21 and sign it in the presence of two witnesses. The Codicil should then be placed with your Will, the trouble of altering which will thus be obviated.

The Committee desire to draw the attention of subscribers to the substantial addition to income which the Hospital obtains when subscribers execute a deed of covenant in connection with their subscriptions. Completion of the deed enables the Hospital to reclaim Income Tax on the subscription. The benefit derived by the Hospital may be illustrated as follows :

A subscription of £1 1s. 0d. becomes £2 2s. 0d.

” ” ” £2 2s. 0d. ” £4 4s. 0d.

” ” ” £10 10s. 0d. ” £21 0s. 0d.

The greatest object in the universe . . . is a good man struggling with adversity : Yet there is a still greater, the good man that comes to relieve it.

To: THE TREASURER

MAIDA VALE HOSPITAL FOR NERVOUS DISEASES,
LONDON, W.9.

I am pleased to enclose an Annual Subscription/a Donation of £ : :
towards the Funds of the Hospital.

Name

Address

Date.....

Cheques should be made payable to "Maida Vale Hospital for Nervous Diseases"
and crossed.

Cherish your wonderful Heritage—The Voluntary Hospitals.

Has't thou attuned thy being to humanity's great pain?

O heavens ! can you hear a good man groan
And not relent, or not compassion him?

O heavens! can you bear a good man groan
And not relent, or not compassion him?

Средній Лонд. асоціацій Нейтралс—Др. Аорипиуа Носитиу

and crossed

Средній Лонд. асоціацій Нейтралс—Др. Аорипиуа Носитиу

Date

Address

Name

London

London

LONDON

WINDY LAKE HOSELINE FOR WILSON'S/BRITISH

THE LIVERPOOL

and British, the body may give course to address it.

The greatest object in the politics . . . is a good man's mind with avarice! Let grace be a

How, then, amidst the ruins to purchase a Great Britain?