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*Voluntary Hospitals
Committee*

County of London



REPORT

*. . . for the . . .
Year 1937*

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MR. O. N. CHADWYCK-HEALEY

Vice-Chairman

DR. A. M. H. GRAY, C.B.E.

Honorary Treasurer

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Honorary Secretary

PROFESSOR L. S. DUDGEON, C.M.G., C.B.E.

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FOUR HOSPITALS OUTSIDE COUNTY OF LONDON

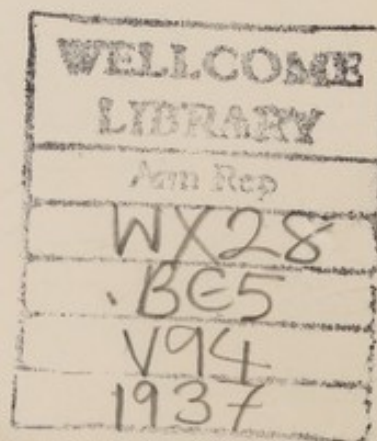
MAJOR RAPHAEL JACKSON

35 CHESTER SQUARE
S.W.1.

January, 1938



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Voluntary Hospitals Committee
County of London

Report
for the Year 1937

The Committee has been in existence in its present form for two and a half years, since the amalgamation took place between the London Regional Committee of the British Hospitals Association and the London Voluntary Hospitals Committee, which was first established in 1930 for purposes of consultation with the L.C.C. A Report dealing with the period 31st July, 1935, to 31st December, 1936, was issued in January, 1937.

The object of this Report is to present a summary of its proceedings and to give its constituent Voluntary Hospitals within the County of London some account of the various matters with which it has been called upon to deal. It must, however, be remembered that a Report such as this does not, and indeed cannot, attempt to give any indication of the amount of work involved and the time occupied by the Committee itself and the various sub-committees. It must suffice to say that the work is increasing as the importance, and in fact the existence, of the Committee become better known.

The Committee meets regularly on the first Wednesday in each month excepting August and September. A précis of its proceedings is sent to all constituent hospitals, the British Hospitals Association and the King's Fund. Additional copies

of the précis are always available, and hospitals are invited to apply for an additional supply for the use of individual members of their Board of Management and Medical Staff.

The British Hospitals Association

So far as the Association is concerned, the Committee is the Regional Committee for the County of London. It is represented on the Council of the Association by Sir Charles M. Wilson, M.D., Mr. G. T. Whiteley and Mr. F. P. Whitbread, together with the Chairman and Honorary Secretary. Subscriptions to the Association, based on a scale proportionate to bed complement, are collected by the Committee from its constituent hospitals. All hospitals on the list have paid their subscriptions, which amounted to £421 11s. 6d. A sum of £300 has been paid over to the Association in respect of the year 1937.

Voluntary Hospitals Commission and future constitution of the Voluntary Hospitals Committee

The Report of the Commission appointed by the British Hospitals Association under the Chairmanship of Viscount Sankey was issued in July. The Commission made recommendations upon a large variety of matters affecting hospitals. The principal recommendations were :—

- (i) The division of the country into Hospital regions ;
- (ii) The formation in each region of a Voluntary Hospitals Regional Council to correlate hospital work and needs in the region ;
- (iii) The formation of a Voluntary Hospitals Central Council to co-ordinate the work of the Regional Councils.

A Provisional Central Council under the Chairmanship of Mr. S. P. Richardson, J.P., has been established. Mr. Chadwyck-

Healey and Lord Annaly are members representing the Committee. The Voluntary Hospitals Committee will no doubt be asked in due course to lay its views as to its future constitution before the Provisional Central Council.

The Committee had in any case contemplated making certain changes in its constitution before the election which falls due in July, 1938, at the end of the Committee's first three years' term of office since the amalgamation of the London Regional Committee with the London Voluntary Hospitals Committee.

It is proposed, in the first place, to extend the area covered by the London Committee to correspond with that of the King's Fund. It is felt that such a change would be in the interests of all concerned, and would not interfere with the Committee's functions in so far as they relate to the London County Council. Already four of the larger hospitals outside the County have been affiliated to the Committee, and there are many questions affecting London as a whole in connection with which such an extension of area would be advantageous.

The Committee at present represents all hospitals within the County—105 hospitals with over 16,000 beds. The extension of the area to the radius of 11 miles from St. Paul's will bring in about 42 additional hospitals containing nearly 3,000 beds.

Hospital Accommodation in London

The maps contained in this Report are an up-to-date picture of hospital accommodation in London. They were originally prepared as part of the Survey undertaken jointly by the London Voluntary Hospital Committee and the L.C.C. in 1931-32, and have been recently re-published with the necessary amendments in the Report on the Health Services issued by P.E.P. (Political and Economic Planning), and copies of the revised map have been kindly supplied by P.E.P.

Comparison of the figures shows increases of accommodation since December 31, 1931, at the Voluntary Hospitals as follows :—

	1931.	1937.
Hospitals with Undergraduate Schools ..	5,881	6,161
„ without „ „ ..	2,524	3,140
Special Hospitals	5,986	5,905
Recovery and Convalescent Homes attached to Hospitals	752	907
	<hr/>	<hr/>
	15,143	16,113
	<hr/>	<hr/>

Comparable figures for the Council's hospitals cannot readily be given without considerable qualification, owing to various factors. The accommodation in the former hospitals and institutions of the late Poor Law Guardians, which was allocated by the Council for hospital purposes included much that needed structural reorganisation to render it suitable for the sick, with consequential loss of beds, while in many hospitals beds were spaced on a standard below modern requirements. The accommodation in the institutions was in fact primarily intended for and occupied largely by persons who were not sick. Side by side, therefore, with the provision of new accommodation by the Council there has proceeded a reduction in the nominal bed accommodation which came into its possession in 1930, as modernisation and the reduction of overcrowding were effected.

The numbers of available beds in the Council's hospitals for sick persons of the categories shown were on December 31, 1937 :—

General (acute)	16,686
„ (convalescent)	848
Chronic sick	3,723
Special, including fevers	14,136
	<hr/>
	35,393
	<hr/>

Extensions and Improvements at Voluntary Hospitals

Under the arrangement described in last year's Report, the King's Fund now requires all Voluntary hospitals within the County submitting to it certain schemes of extension to consult the Committee as to demand. These are defined as "any scheme which, whether involving capital expenditure or not, will produce an important change in the amount, the nature, the total annual cost, or the site, of the work done for in-patients or for out-patients." Such proposals are referred by the Committee to the L.C.C. for its observations. This arrangement has now begun to function, and the Committee is thus placed in a position to avoid duplication of hospital provision in London.

The arrangement as at present defined does not cover reconstruction of existing hospitals, but the Committee hopes that hospitals undertaking substantial reconstruction will give the Committee an opportunity to express an opinion on the proposals before submitting them to the King's Fund.

It may be of interest to record briefly some of the more important projects which have been notified to the L.C.C. since the inauguration in 1934 of the systematic exchange of information. The Westminster Hospital is building a new and enlarged hospital on a new site in Horseferry Road, and Great Ormond Street Hospital for Sick Children is rebuilding on its own site. St. Bartholomew's is reconstructing, section by section, behind its present facade; the rebuilding of St. George's will be begun shortly. Extensive programmes, including the provision of pay beds for middle-class patients, are in hand, or recently completed, at Chelsea Hospital for Women, Guy's Hospital, King's College Hospital, University College Hospital, The London Hospital, Metropolitan Hospital, St. Mary's Hospital and St. Thomas's Hospital. The Miller General Hospital, the Queen's Hospital for Children, the Evelina, the Metropolitan and the Belgrave Hospitals are to build new out-patient departments. Princess Elizabeth Hospital for Children is building a new hospital at Banstead, and Queen Charlotte's Maternity Hospital at

Ravenscourt Park ; and the Jewish Maternity Hospital proposes to move to Stoke Newington. The National Hospital for Nervous Diseases (Queen Square) has nearly completed a large programme with the help of the Rockefeller Foundation. The Gordon Hospital for Rectal Diseases is reconstructing and enlarging. The Royal Eye Hospital and the Western Ophthalmic Hospital are providing additional beds ; and the London Fever Hospital is building an isolation block.

This list is not exhaustive. There are many other important proposals which have been notified to the Committee. Quite recently the Committee has approved proposals from the Tavistock Clinic for a great extension of its activities, and has now before it proposals from St. John Clinic and Institute of Physical Medicine, for an extension providing a ward for in-patients.

Extensions and Improvements at the Council's Hospitals

The London County Council is proceeding steadily with its plans for the development of the Municipal Hospital Service. At the time of their transfer to the Council many of its hospitals were inadequate and defective as regards structure, staffing and equipment when judged by the standards required of a modern and up-to-date hospital, and, as mentioned earlier, the institutions which were allocated by the Council in 1930 for use as hospitals needed extensive reconditioning and improvement and even reconstruction to render them suitable for the accommodation of sick persons. A comprehensive report of progress since 1934 was made by the Hospitals and Medical Services Committee in February, 1937.

The principal structural schemes on the Council's programme comprise new and additional accommodation for patients, more or better accommodation for maternity patients, for isolation and for the nurses, modernisation of former institutions to render them suitable for sick persons, and additional provision for such necessary adjuncts as operating theatres, X-ray and massage departments, receiving, out-patient and ante-natal departments, etc. New accommodation to the extent of 996 beds had been

provided since 1934 by extensions, etc., of existing hospitals. In the four previous years new accommodation to the extent of over 1,400 beds had been provided, making a total of about 2,400 new beds. These include 500 beds in Queen Mary's Hospital, Sidcup, acquired by the Council from the Ministry of Pensions, 144 (extended by the Council to 244) in Heatherwood Hospital, Ascot, a gift from the United Services Fund, and 320 in St. Benedict's Hospital, Tooting, by the reconditioning of disused transferred premises. Extensions of hospitals account for the balance, the principal being at Hammersmith, Lewisham and St. James' general hospitals and a number of special hospitals. Further extensions, etc., of existing hospitals have been authorised since March, 1934, and are in course of construction or preparation, which will result in the provision of a further 1,834 new beds. The more important of these extensions in hand are at Lambeth, Mile End, Paddington and St. Nicholas general hospitals, Princess Mary's Hospital, Margate (for convalescent women), and at the North Eastern Fever Hospital (reconstruction scheme) and other special hospitals. All the Council's proposals for substantial additional accommodation have been referred by the Council to the Voluntary Hospitals Committee under the standing arrangement for the interchange of information, and have been communicated by the Committee to Voluntary Hospitals in the vicinity likely to be affected.

A scheme is also in preparation for a new general hospital of 500 beds on part of the site of St. Benedict's Hospital, Wandsworth. The Council stated that, in view of the extreme pressure in the Council's General Hospitals in South London and the expectation that the demand for beds in these hospitals would continue to increase, it considered that further accommodation beyond that existing and in course of provision would be required; and, having regard to the time necessarily occupied in erecting new accommodation, the matter so far as South London was concerned had become urgent. Information was offered and furnished on request to the Council in regard to the additional bed provision contemplated at the Voluntary Hospitals serving the districts which would also be served by the proposed new hospital provision at St. Benedict's Hospital.

London Fever Hospital

The Committee was approached by the authorities of the London Fever Hospital who asked whether, in view of the provision made by the Local Authorities for dealing with fevers, the Committee considered that the London Fever Hospital was fulfilling a useful function within the voluntary system. The Hospital desired an answer to this question before deciding to proceed with the provision of a modern isolation block. A sub-committee consisting of Mr. Chadwyck-Healey, Professor Dudgeon, Lord Annaly and Dr. Cameron was appointed and went carefully into the whole question, and consulted the L.C.C. which took the view that the services rendered by the London Fever Hospital could be regarded as complementary to those rendered by the Council's fever hospitals. The Committee came to the conclusion that the Hospital could serve a useful function, and that the immediate erection of a modern isolation block was necessary. The Hospital has accepted the Committee's view and is proceeding with the erection of the isolation block.

The New Midwifery Service

The part played by the Committee in the establishment of the London Maternity Services Joint Committee towards the end of 1936 was described in the last Report. Under the Chairmanship of Mr. James Paterson the Joint Committee has effected arrangements with the L.C.C. which are generally felt to be satisfactory to all concerned.

The Midwives Act of 1936 required the L.C.C. to secure an adequate service of salaried midwives, either by arrangement with voluntary organisation or by itself employing such midwives. There were in London in 1936 some 20,502 domiciliary confinements as compared with 44,234 in hospitals and nursing homes. Some 7,654 of the domiciliary cases were attended by midwives in the service of voluntary hospitals and nursing associations and the remainder by independent midwives and private doctors. The Council has readily acknowledged that the voluntary agencies undertaking district midwifery have, in the past, provided

a service of the utmost value to London, and every effort has been made throughout negotiations to ensure the continuance of their services. These services will, therefore, continue to be run as before by the voluntary hospitals and other organisations employing altogether some 124 midwives. The voluntary bodies will, under agreement with the Council, undertake certain obligations with regard to the service to be given in return for annual grants from the Council on a basis of £2 6s. 10d. for each case attended (£1 17s. 6d. where midwives are accompanied by a pupil midwife). The corresponding figure for District Nursing Associations is £2 14s. per case attended. All grants hitherto received from public authorities and all contributions collected from patients will, however, be deducted. The total gross payment to voluntary hospitals and organisations will be in the region of £18/20,000 per annum, subject to the above mentioned deductions. Uniform maximum fees of £2 for a first confinement and £1 10s. for multiparae and for maternity nursing will be enforced throughout London but these will, of course, be abated by the almoners wherever required by the patient's circumstances, in accordance with rules of assessment agreed with the Council.

The L.C.C. has itself appointed in the first instance 47 salaried midwives in its own employ and these will be to a large extent in areas not now served by the voluntary organisations.

The Council has, throughout the negotiations, recognised to the full the requirements for the training of medical students in obstetrics and of pupil midwives and has shown great anxiety to avoid interfering with the existing arrangements.

Following discussions with the London Maternity Services Joint Committee, the Council's proposals were submitted to and approved by the Minister of Health. Agreements are being signed between the voluntary hospitals and organisations and the L.C.C. and the new scheme took effect as from January 1, 1938. The agreements provide for a right of appeal to the Minister in the event of any subsequent proposals for varying existing or making fresh agreements.

The London Maternity Services Joint Committee will remain in being and available for consultation with the Council upon any questions that may arise from time to time.

Arrangements have been made for some of the members representing the V.H.C. to resign in favour of representatives of the Maternity Departments of the corresponding hospitals.

Centralization of Arrangements for Admission of Emergency and Acute Cases

The Sub-Committee which has this matter in hand has been actively engaged in pursuing the problem. It is now clear that practically all the hospitals that are likely to be affected by any such scheme would be willing to co-operate, and the Sub-Committee has prepared a detailed outline of the scheme. The Committee has approached the King's Fund, which has promised to make a substantial contribution towards the cost of the scheme. There is little doubt that such an office would materially improve the relations between the hospitals and the public, by assisting the medical practitioner to accommodate without delay the case which needs immediate hospital treatment, and saving the hospital the necessity of finding the house surgeon on duty.

The Committee is therefore proceeding with the scheme as a practical proposition. It is proposed that a Central Office should be established where a record could be kept of beds available for emergencies and acute cases, and that doctors wishing to get cases admitted to hospitals should be encouraged to make enquiries by telephone through this Office. It may be noted that the scheme would not preclude direct application by doctors to hospitals if they so desired, and that the choice of hospital would lie as at present with the general practitioner.

As a first step towards the establishment of this Office it will be necessary for all hospitals to set up a system whereby the admission of acute and emergency cases is controlled by only one

Office in each hospital, in order to ensure that the Central Office does not have to make enquiries from various different sections of individual hospitals when applying for a bed. The Committee has therefore requested hospitals to establish such a system forthwith. In some cases the reorganisation involved is considerable, but the replies already received to the Committee's circular have proved encouraging, and it is hoped that it will shortly be possible to bring the Central Office into being.

Ambulance Service

It will be recalled that in their last report the Committee drew attention to the difficulties which arise from the regulations of the London County Council's Ambulance Service. These require that, except in certain specified circumstances, a patient must pay in advance unless going to a Council hospital, in which latter case arrangements may be made for the subsequent collection of the charge, or such proportion of it as the patient can afford. The Committee asked whether the hospitals would be willing to give certain undertakings if the Council would grant the same ambulance facilities for admission to Voluntary Hospitals as are available to Council hospitals. The Committee suggested that the Voluntary Hospitals might undertake to collect the whole or a reasonable proportion of the cost through their Almoners, as is done in the case of patients going to the Council's hospitals.

A meeting took place with representatives of the Hospitals and Medical Services Committee in November. Attention was then drawn to several difficulties involved and negotiations are continuing.

Hospital Saving Association

The Committee is closely linked with the Hospital Saving Association through the Advisory Hospital Committee, the large majority of the members of which are nominated by the Committee. A full report of its activities in 1937 is issued

separately by the Advisory Hospital Committee and may be obtained from the Hospital Saving Association.

For some time past the Advisory Committee have been concerned by the inadequacy of the payments made by provincial contributory schemes to London hospitals treating their patients. Some schemes in areas from which numerous patients are admitted to the London hospitals were found to be paying 3s. per in-patient/day or less, and in some cases nothing at all. The Committee is glad to be able to record that as the result of a comprehensive statement prepared by the Advisory Committee and forwarded to the hospitals by the V.H.C. with a recommendation that the London hospitals should, in all such cases, refer the scheme to the H.S.A. to negotiate an arrangement on reciprocal terms, a great improvement has taken place, and a large number of contributory schemes have now agreed to make a reasonable contribution in respect of patients treated in London hospitals.

A report has been submitted by the Advisory Hospital Committee recommending the establishment of a contributory scheme on a basis of 6d. a week, with income limits of (a) single man or woman, £5 per week, (b) married couple, £7 per week (c) married couple with dependants, £8 per week. The Committee has been giving careful and sympathetic attention to the questions involved. It is hoped that it will be possible to launch the scheme early in 1938.

The Committee would wish to take this opportunity to reaffirm that it is essential to the further success of the H.S.A. that hospitals should have constantly in mind the basis of their contract with the Association, viz., that in return for a contribution of not less than 3d. a week from patients within income limits laid down by agreement among the hospitals, the hospitals undertake to grant exemption from enquiries and request for contributions; and it follows that the arrangement cannot be expected to function properly unless care is taken that no grants of exemption from enquiries and request for contri-

butions are made to those who are not members of the H.S.A., except upon equivalent conditions. Should a case arise in which there is good reason to believe that a patient bearing an H.S.A. voucher has an income in excess of the agreed limits it should be at once reported to the H.S.A. for investigation.

The Committee has adopted the principle that all contributory scheme matters arising in London should be referred to the H.S.A. as the body representing London on the British Hospitals Contributory Schemes Association.

Gas Light & Coke Company's Employees Benefit and Hospital Society

The application of the above principles called for consideration when, in December, 1936, the Gas Light & Coke Company laid before the hospitals proposals for the inclusion of hospital benefit in its employees' benefit scheme, and undertook to pay hospitals an amount not less than that paid by the H.S.A. It turned out that by this the Company meant 24s. per week only, the amount of the H.S.A.'s quarterly distribution. The scheme contained no income limit. The proposal was referred to the Committee by the Advisory Committee, and the Committee at once advised hospitals to reserve acceptance pending full consideration of the scheme.

In the course of discussion with the Company, it became apparent that its employees would be asked to subscribe 8d. instead of 6d. as hitherto, that is to say, an additional contribution of 2d. in respect of hospital benefit. The Committee was at pains to point out to the Company that it had been generally accepted that 3d. is a fair contribution to ask from the workers in return for exemption from payment and from Almoners' enquiries, and that it was only on this basis that the H.S.A. had been built up. After full discussion, the Company undertook not to issue vouchers to any of its staff having incomes over the H.S.A. income limits, and to make up their payments to hospitals by at least the amount of the bonus declared by the H.S.A.

The Committee finally recommended hospitals to accept the Company's vouchers on the understanding that income limits should be observed, and that payments to hospitals should be at not less a rate than that paid by the H.S.A. including bonus. This decision does not imply a departure from the principle that contributory schemes should be based on a weekly contribution by the workers of 3d. The Company's scheme differs in several respects from a normal hospital contributory scheme. Hospital benefit does not stand by itself, but is normally given with other benefits, and where hospital benefit is subscribed for by itself, the contribution is 3d.

Another scheme put forward by Messrs. Marks & Spencer for providing hospital benefit for employees was, as a national matter, referred to the British Hospitals Contributory Schemes Association. The Association advised that the proposal be rejected and that hospitals should use their influence to encourage the employees of the Company to join the H.S.A.

A circular was issued by the King's Fund stating that the Fund is strongly of opinion that on important questions of principle of this kind the interests of hospitals can best be secured if they all co-operate in the adoption of a common policy, and urging hospitals before arriving at a decision to communicate with the Committee.

Insurance for the Middle Classes

Early in the year the Committee was asked to report upon an insurance scheme whereby private patients would be enabled to insure against the expenses of hospital treatment. The Committee found itself unable to support the proposal, and a circular was issued to hospitals explaining the attitude of the Committee towards the proposed scheme.

The Committee were, however, impressed with the great advantage which would accrue to hospitals from a scheme which would induce persons of moderate means, but above the income limits of the Hospital Saving Association, to make provision for hospital treatment. The British Provident Association, which

had approached the Committee on the subject, suggested a meeting to survey the whole problem of provident schemes in relation to hospital pay beds in London, and to this the Committee acceded on the understanding that the Association would be prepared to discuss amendments to its present schemes. Several meetings have taken place between a Sub-Committee, to which the whole subject was referred, and representatives of the B.P.A., but the Committee is not yet in a position to report on the matter. It is recognised as being both important and complicated. The problem has been somewhat altered since the Sub-committee first met by the scheme put forward by the Advisory Hospital Committee of the H.S.A. which would extend the income limits of the H.S.A. to £8 a week for a married couple with dependants (see above); and the Sub-committee has thought it best to deal first with this latter proposal. The consultations with the B.P.A. have therefore been necessarily delayed, but it is expected that the Committee will be in a position to report early in 1938.

Inter-Departmental Committee on the Nursing Services

During the autumn an Inter-Departmental Committee was set up by the Minister of Health and the President of the Board of Education. The terms of reference are :—

“ To inquire into the arrangements at present in operation with regard to the recruitment, training, registration, and terms and conditions of service of persons engaged in nursing the sick, and to report whether any changes in those arrangements or any other measures are expedient for the purpose of maintaining an adequate service both for institutional and for domiciliary nursing.”

The Committee has been asked to submit evidence to the Inter-departmental Committee, and a preliminary memorandum of evidence will be submitted jointly with the British Hospitals Association at an early date. It is not yet known whether or not the Inter-departmental Committee itself proposes to collect data

from the hospitals or whether it will desire that this should be collected through the Committee.

The recent circular issued to hospitals by the College of Nursing urging the voluntary adoption of a maximum of 96 hours duty per fortnight has been considered by the Committee, but no opinion has as yet been expressed pending the preparation of evidence for the Inter-departmental Committee.

Air Raid Precautions

During the year the Honorary Secretary arranged for the representation of hospitals in specified sectors at a series of conferences called by the Home Office Air Raid Precautions Department to deal with the problem of London Casualty Clearing Hospitals. The basis upon which discussion was taking place was reported to hospitals in a circular (V.H.C. 190).

Towards the end of the year, however, it was understood that the whole question of the part to be played by voluntary hospitals was being reconsidered by the authorities. This is being undertaken now, and the Honorary Secretary and Sir Frederick Menzies have met representatives of the Ministry of Health on the arrangements for hospitals for London.

Collecting Charities (Regulation) Bill

A Bill was introduced into the House of Lords which would make it unlawful to promote or make collections for charity unless the charity is exempted by the Secretary of State as a national charity, or the promoter obtains a licence from the police, in accordance with regulations to be made by the Secretary of State.

It is expected that the Bill will be reintroduced shortly. It has been carefully considered from the voluntary hospital point of view by the British Hospitals Association and by the Parliamentary Committee of the King's Fund by whom any necessary action will be taken. It is hoped to secure provisions which will restrict unauthorised collections purporting to be for the benefit of hospitals.

Other Matters

The question of the cost of milk supplied to hospitals has been before the Committee on several occasions. By invitation of the British Hospitals Association the Chairman attended a deputation which waited upon the Parliamentary Secretary to the Ministry of Agriculture, when no satisfaction was obtained. The matter is at present in the hands of the British Hospitals Association.

The recommendations of the Select Committee on Medicine Stamp Duties would, if made the basis of legislation, involve hospitals in an additional charge for drugs of 16 $\frac{2}{3}$ per cent. Steps were taken by the Committee and also by the British Hospitals Association to draw the attention of the appropriate authorities to the need for provision of exemption for hospitals.

The arrangements made for the transfer of the patients unsuitable for retention in voluntary hospitals to municipal hospitals in the Home Counties were described in the last Report. A revised circular has recently been prepared (V.H.C. 262) and circulated to hospitals.

Membership

Since the issue of the last Annual Report, the following changes have taken place in the membership of the Committee :—

General Hospitals with Undergraduate Schools :

Resigned : Sir Herbert Samuelson, K.B.E.

Elected : Mr. William Goldstein.

General Hospitals without Undergraduate Schools :

Resigned : Dr. C. E. Sundell.

Elected : Dr. Philip Hamill.

Special Hospitals :

Resigned : Mr. J. Bright Banister, F.R.C.S.

Elected : Dr. B. E. Schlesinger.

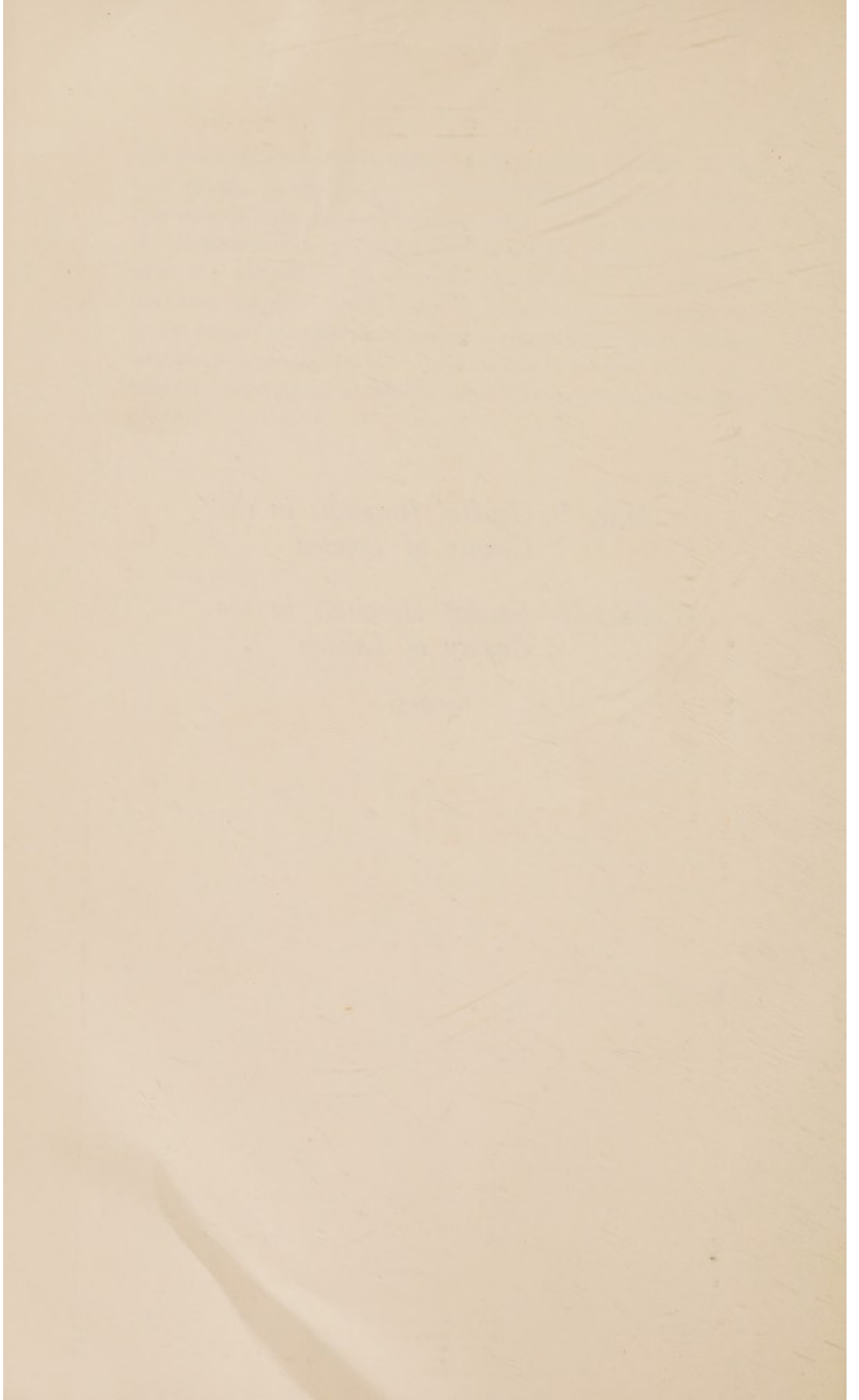
Dr. Leonard Findlay.

The procedure adopted in filling vacancies is as follows. In the case of the representation of General Hospitals with Undergraduate Schools, the hospital responsible for the nomination of the member whose retirement has caused the vacancy is invited with the consent of all the other hospitals in the group to nominate the new member, lay or medical as the case may be. In the case of the other two groups the practice is that a retiring member is succeeded by the candidate, lay or medical as the case may be, who received at the last election the next highest number of votes.

*Map I—General Hospitals in the
County of London*

*Map II—Special Hospitals in the
County of London*

(see p. 5)



GENERAL HOSPITALS IN THE COUNTY OF LONDON

SEPTEMBER, 1937

VOLUNTARY HOSPITALS

General Hospitals with Undergraduate Schools	No. of Beds
Charing Cross Hospital	705
Guy's Hospital	692
King's College Hospital	420
London Hospital	420
Middlesex Hospital	362
University College Hospital	417
Royal Free Hospital	357
St. Bartholomew's Hospital	727
St. George's Hospital	334
St. Mary's Paddington	386
St. Thomas's Hospital	692
Westminster Hospital	354

General Hospitals without Undergraduate Schools

100 Beds or more	No. of Beds
Bethlem Hospital	135
Derbyshire Hospital	337
Gerrard Hospital	319
Hampstead General and N.W. London Hospital	158
Hospital of St. John and St. Elizabeth	124
London Homoeopathic Hospital	200
London Jewish Hospital	309
Morpheus Hospital	150
National Temperance Hospital	167
Poplar Hospital for Accident	122
Royal Northern Hospital	384
St. John's Hospital, Lewisham	102
West London Hospital	209
Woolwich and District War Memorial Hospital	112

Under 100 Beds

Battersea General Hospital	No. of Beds
Buckditch and Charlton Hospital	81
Catholic Nursing Institute	31
Elham and Morningside Cottage Hospital	29
French Hospital	70
Indian Hospital	56
Mildmay Memorial Hospital	47
Mildmay Mission Hospital	38
Princess Beatrice Hospital	41
Pinner Hospital	75
West Hospital	30

LONDON COUNTY COUNCIL HOSPITALS

Many of the hospitals belonging to the L.C.C. are situated outside the administrative county. Their location is shown on the map.

Acute General Hospitals ("Appropriated")

	No. of Beds
Archway	364
Beckton Green	450
Delish	729
Edgware	567
Hackney	772
Hammersmith (South Block)	406
Highgate	530
Lambeth	1,114
Leisham	741
Mill Hill	540
New End	360
Paddington	374
St. Albans	622
St. Andrew's	620
St. Charles	712
St. George-in-the-East	410
St. Giles	610
St. James	955
St. Leonard's	540
St. Luke's Chelsea	390
St. Mary Abchurch	347
St. Mary Islington	626
St. Nicholas	321
St. Oliver's	606
St. Pancras	600
St. Peter's	604
St. Stephen's	748

St. Stephen's Hospital (North Block) is under reconstruction for the accommodation of 271 and 268 beds respectively. It is at present in a partial state of closure.

Convalescent Hospitals

	No. of Beds
Queen Mary's Sidcup (for males)	330
St. Brigid's (for females)	318
Princess Mary's Convalescent Home, Margate (under reconstruction to provide 227 beds for females)	—

Chronic Sick Hospitals ("Appropriated")

	No. of Beds
Hammersmith (North Block) (temporarily under reconstruction)	84
St. Clement's	412
St. Francis	647
St. Matthew's	627

* Including a nursery for healthy babies of 45 beds.

† Including a nursery for healthy babies of 25 beds.

Public Health Institutions Allocated for Use as Hospitals for Chronic Sick ("Non-Appropriated")

	Total Accommodation	No. of Beds for Chronic Sick and Convalescent Patients
Fulham Institution	428	254
Hackney Institution	422	264
St. John's Hospital (Institution)	428	263
St. Leonard's Hospital (Institution)	153	—
St. Mary Abchurch Hospital (Institution)	—	—
St. Peter's Hospital (Institution)	440	228
St. Francis Hospital (Institution)	556	271



LONDON GENERAL HOSPITALS situated within the County

- Voluntary Teaching Hospitals
- do General do (over 100 beds)
- do do do (under 100 beds)
- London County Council General Hospitals (appropriated)
- do do do (non-appropriated)

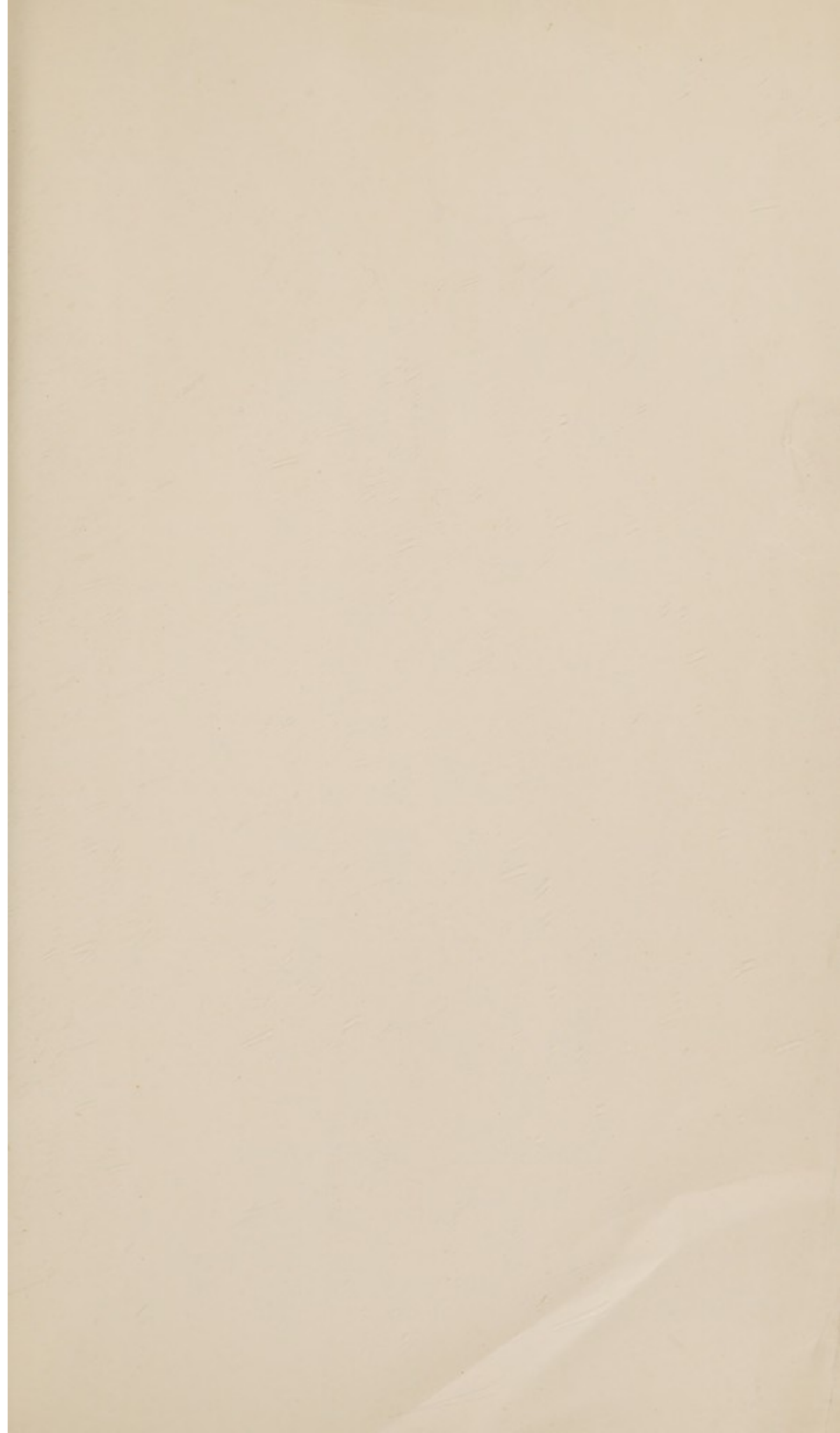
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SEPTEMBER, 1937

LONDON COUNTY COUNCIL HOSPITALS

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