KING EDWARD'S HOSPITAL FUND

ANNUAL MEETING

The annual meeting of the General Council of King Edward's Hospital Fund for London was held at St. James's Palace on June 9th, with the PRINCE OF WALES in the chair. A message from the King expressed his pleasure at the increased distribution in 1930, and the hope that the public would realize the importance of maintaining the income of the King's Fund and of the hospitals during the present difficult times.

His Royal Highness stated that the distribution in 1930 was £266,000, as compared with £250,000 in the previous year. A gift of £2,000 had been made by the Nizam of Hyderabad, and the British Charities Association had allotted £10,000 for the London hospitals. The year 1931, so far as it had gone, was proving even more difficult than 1930; there was an increase in the number of hospital deficits, but, on the other hand, it should be remembered that the finances of the voluntary hospitals generally before the present crisis had been steadily improving. The difficulties they were now facing, added the Prince, were due to world-wide depression, and not to any weakness in the voluntary system itself. The report of the Hospital Economy Committee showed how the King's Fund had been assisting the hospitals in reducing to a minimum the margin between the number of beds available and the number actually occupied. The report issued on the waking hours of patients illustrated how the Fund collected and circulated data of the present position in this respect in each hospital, and had subsequently made a definite, though cautious, recommendation. The League of Mercy deserved special thanks for having maintained its grant of £17,000 for four successive years. Moreover, an entirely new and unprecedented item—a special trust fund of £20,000 given by an anonymous donor—had resulted in an income becoming available to assist a hospital to pay off its building debts on condition that no fresh building expenditure was incurred without the approval of the King's Fund. Since the end of the year under review a legacy of £50,000 had been received on behalf of the late Sir Otto Beit; this represented his third recent benefaction to the Fund, which had thus received from this source a total of £106,000.

Accounts for 1930

The total receipts of the King's Fund for 1930 were £493,950. This income was sufficient to cover the increased distribution of £266,000, special grants totalling £16,468 towards the superannuation scheme for nurses and doctors, and the carrying forward of a further £15,000 to reserve for the pensions grants in future years, together with a balance carried forward of £5,600 for the King's Fund. A sum of £116,000 was also added to the capital account as the result of special grants and legacies, including £90,000 under the will of Lord Revelstoke. The number of hospitals receiving grants was 141, as compared with 143 in the previous year. The number of convalescent homes receiving grants rose from 52 in 1929 to 55 in the year under review. Each eligible hospital which had applied for a grant was inspected, and a report was rendered by two visitors on behalf of the Fund, one medical and the other lay. The total sum distributed among hospitals, convalescent homes, and tuberculosis sanatoriums during the last ten years, including all special distributions, was £3,183,592. Since the creation of the Fund in 1897 a total amount of over £6,770,000 has been distributed. In allocating an additional sum of £1,000 to convalescent homes during the year, the Distribution Committee took into special consideration the extent to which the various homes provided medical or nursing treatment or care, thus releasing hospital beds sooner than would have been possible otherwise.

Reports of Subcommittees

The annual list of pay beds published by the Fund shows that the total number of these beds at the end of 1930 was 1,425 at ninety-nine hospitals, as compared

with 1,055 at eighty hospitals in March, 1928, when the Pay Beds Committee of the Fund was preparing its report on the whole subject. The insurance scheme for members of the professional and middle classes submitted to the King's Fund by the British Provident Association in 1929 formed the subject of a report published by the Management Committee in 1930. Alternative schemes of premiums have been drawn up making provision for weekly charges for a pay bed in a hospital, or for a bed in a nursing home, and, if desired, for medical or surgical fees also. Contributions were made towards the capital cost of a pay bed, in return for which a subscriber had prior claim to the use of such a bed, when approved for admission according to the rules of the hospital.

Lord Luke, chairman of the Revenue Committee, presented a report on the work of the Propaganda Subcommittee, and commented on the increasing number of ways in which money was being obtained. The committee had also supplied helpful information to the authors of an interesting book, entitled *The Romance of the British Voluntary Hospital Movement*, which was published during the year.

Sir LEONARD COHEN, chairman of the Economy Committee, who reported on the relation between total beds and the number actually occupied in various hospitals, stated that a memorandum on unoccupied beds had been issued in August, 1930. Information was circulated as to the reason given for closing beds, the way in which the occupation of open beds ceased between the times of discharge and admission of patients, and the comparative incidence of vacancies in beds for men, women, and children respectively, in medical and surgical wards.

DIET AND DISEASE IN NATIVE RACES
IN THE TROPICS

During the past ten years the conception that disease may be due to deficiency of this or that element or complex in the food has developed greatly. Formerly, the idea of "deficiency disease" centred round the vitamins, and in this category only such conditions as scurvy, beri-beri, rickets, and keratomalacia were included. Now, however, it is gradually being realized that vitamins are not the only substances the absence or insufficient supply of which may give rise to deficiency disease; and that lack of a sufficiency of such mineral elements as calcium, iron, iodine, manganese, and possibly some of the rarer elements, may also cause disease of this order. The truth is slowly being made plain that man is composed of what he eats; that defects in the architecture of the human edifice are largely due to defects in the quality of the food, especially during the growing period of life. These defects are often at the root of disease processes which manifest themselves clinically in later life, and they can be prevented, or, when established, they can (if not too far advanced or complicated by superimposed infection) be rectified, by correcting defects in the composition and balance of the dietary. It is slowly being realized also that not only is the bony framework of the body affected adversely by faulty food, but the tissues generally; that the functional efficiency of all cells, the maintenance and harmonious regulation of chemical processes in the tissues, the composition of the blood and body fluids, and the capacity of the organism to resist many infectious agencies, are all dependent, in great measure, on the quality of the food and on the balance between various constituents of it. Accordingly, the idea of "deficiency disease" has now a wider significance, and soon it will have served its purpose and given place to another—namely, that of disease associated with faulty nutrition of any kind in which maladies affecting every system of the body—respiratory, digestive, urinary, endocrine, and nervous—will have a place.

This knowledge has, for the most part, been gained by experiments on the lower animals, and the time is now ripe for controlled investigations "in the field" which will correct, supplement, and confirm those of the laboratory. Such an investigation is that recorded in the report by Drs. J. B. Orr and J. L. Gilks, recently issued by the Medical Research Council.¹ The report deals with the physique and health of two African tribes, living side by side under similar climatic and hygienic conditions. The diet of the one (the *Akikuya*) consisted mainly of cereals, being very rich in carbohydrates and deficient in animal protein, fats, calcium, and vitamins A and D—defects commonly conjoined in certain native dietaries in India. That of the other (the *Masai*) consisted mainly of meat, milk, and raw blood—a diet too rich in protein and too poor in carbohydrates and fresh vegetable foods. The members of the former tribe were, in general, of poor physique, and abnormalities of bone, dental defects, spongy gums, anaemia, yaws, malaria, bronchitis, pneumonia, phthisis, rheumatism, helminthiasis, and tropical ulcer were of common occurrence among them. Those of the latter tribe were of much better physique and were significantly less affected by most of the ailments mentioned; but they suffered more from constipation and arthritis than did the former tribe. Further, the dietary of the young children, the girls and women of the *Akikuya*, was better balanced than that of the older boys and men, and this appeared to be "clearly reflected in differences in physique and health." Generally speaking, physique and health were better in the young children, girls, and women of this tribe than in the older boys and men. This experience points in the same direction as a recently recorded observation in albino rats (*British Medical Journal*, June 6th); and it is difficult to resist the conclusion that there was a definite relation between the diet and disease-incidence of the two human communities.

In addition to their clinical observations the authors of the report have brought forward experimental data which "lend support to the suggestion that deficiencies in the diet, abnormal composition of the blood, and reduced susceptibility to certain diseases which have been noted in the *Akikuya* tribe, may be correlated." Of particular interest in these respects are their findings relating to calcium deficiency. Tropical ulcer was found to be associated with high phosphorus and low calcium content of the blood in ulcer cases.

The importance of investigations of this kind at the present stage of evolution of knowledge concerning nutrition can scarcely be overestimated. They have "a great interest in relation both to general scientific questions of nutrition and to particular problems presented by the native races inhabiting British colonies in the Tropics"; and "the information obtained from them is calculated to hasten the improvement of the physical condition of the native and to increase his importance as an economic factor." The close relationship between diet and the physical efficiency and health of the people of India and its economic importance to that country have been emphasized from time to time during the last few years in India; and evidence to that effect has been given before two Royal Commissions in India—that on agriculture (1926) and that on labour (1929). Experience in India is in general agreement with the conclusions arrived at by the authors of this valuable report.

The report is one which has not only a great interest for medical men and administrators in the Tropics, but the findings therein have an interest also for those nearer home.

R. McCARRISON.

¹ Medical Research Council. Special Report Series. No. 155. Studies of Nutrition: The Physique and Health of Two African Tribes. By Drs. J. B. Orr and J. L. Gilks. London: H.M. Stationery office. 1931. (2s. net.)

Scotland

HEALTH OF SCOTLAND

The following notes, extracted from the second annual report of the Department of Health for Scotland,¹ are in continuation of the paragraphs published in this column on June 13th (p. 1041).

Housing and Town Planning

The Housing (Scotland) Act, 1930, is the ninth Act passed since the war to deal with housing in Scotland. In the eleven years up to December 31st, 1930, during which State assistance has been given, 117,353 subsidized houses have been built, while 12,797 working-class houses have been provided without subsidy; these 130,150 houses practically represent the shortage estimated by local authorities in 1919. About 100,000 houses of the working-class type, however, are still required. The report points out that with the stabilization of subsidies, the local authorities have now extended their programmes, and that plans have been approved by the Department for the erection of a much larger number of houses than in the preceding year. Some thirty-nine local authorities, including three county authorities, proceeded during the year with slum clearance schemes, under which 17,712 occupied houses were condemned. The problem of providing urgently needed houses in rural districts is complicated by the fact that the population in these areas is dwindling, while the cost of building is higher and the rents are lower than elsewhere. Town planning in Scotland made little progress during 1930, but about eight town councils resolved to prepare schemes for portions of their areas still undeveloped.

Infectious Diseases

The chief infectious disease during 1930 was scarlet fever, 16,393 cases being notified. This figure, however, is lower by about 1,000 than the average incidence of the last decennium. Notifications of diphtheria (11,580) exceeded those of the previous year (10,471), but a notable decrease of 4,500 cases is recorded in the figures for pneumonia. Pulmonary tuberculosis occurred in 5,689 cases during the year, compared with 6,112 in 1929, while the corresponding figures for non-pulmonary tuberculosis were 4,286 and 4,228 respectively. It is satisfactory to note that the mortality from tuberculosis in Scotland continues to decline, the death rate of 88 per 100,000 of population for 1930 comparing very favourably with the previous lowest recorded rate of 94 in 1929. With regard to venereal diseases, the number of patients treated up to May, 1930, was 30,281; of the 17,687 new patients, 12,054 (72 per cent.) were found to be infected. Patients discharged after tests as cured numbered 4,525.

Highlands and Islands Medical Services

Following the passing of the Highlands and Islands (Medical Service) Additional Grant Act, 1929, a sum of £30,000 was voted for this service in addition to the annual grant of £42,000, and a further sum of £10,000 in respect of mileage and other special charges for medical benefit was transferred from the Scottish National Health Insurance Fund. The number of practices in which services are rendered under this scheme is 154. Grants-in-aid have been given as in previous years for surgical services in hospitals at Lerwick, Kirkwall, and Stornoway. The report points out that the recent extensions carried out at the Royal Northern Infirmary, Inverness, will enable a much better service to be provided in the Highlands, and for this purpose a grant of £5,000 per annum is being given to this hospital for ten years,

¹ Cmd. 3860. Edinburgh: H.M. Stationery Office. (3s. 6d. net.)