

## LADY ALMONER'S REPORT, MOORFIELDS EYE HOSPITAL, CITY ROAD, LONDON.

The year 1947 has been one of steady increase in all branches of the Social Service Department, and the Samaritan Fund has had many and varied calls on its resources. This is a small fund, distinct from the general funds of the Hospital, administered by the Social Service Department, supported by those who are interested in the work, and used entirely on behalf of the patients who, without help, are too poor to benefit fully from the treatment received.

In previous reports of this department, attempts have been made to describe the functions of an Almoner, and at this stage in the history of hospital life it is proposed to give a short résumé of her work in the present general scheme for the treatment of the sick and injured. This is given in some detail to explain the principles on which the Almoner works, to those who have so generously given their support to the Fund during the year and to others who may be interested.

The Almoner's Department has two functions:

(1) An administrative function in which certain duties are carried out, which are an integral part of the hospital organisation.

(2) The purely social function, where the value of the treatment given by the hospital is augmented by helping patients to secure the full benefits of their treatment. All social work is directed to the improvement of social conditions; but, in the case of hospital social work it is directed more particularly to assist recovery from disease and injury, by placing the specialised knowledge and experience of the Almoner and the resources of the Samaritan Fund at the disposal of the surgeons and patients.

The demands of these resources are varied, and new problems and projects appear each year. In 1947 the need for longer periods of convalescence and for treatment abroad has been most marked.

Four patients suffering from tubercular iridocyclitis have been sent, on the recommendation of their surgeons, to the Ophthalmic Clinic at Davos, Switzerland.

Nurse P., aged 23, developed tubercular iridocyclitis. She came to Moorfields from the Midlands, and the surgeon found her condition very poor, and the prognosis was extremely bad. Switzerland was recommended as the only hope of saving her sight, and the Almoner embarked on the complicated task of making arrangements for the journey and with the Clinic. The second step was to raise approximately £300 for a stay of six months at the Clinic, and for this purpose various statutory and voluntary bodies were approached. The money for this patient was eventually raised from the following sources:—

1. Nurses' Insurance.
2. Nation's Fund for Nurses.
3. Boston Hospital Fund.
4. Farm Street Church.
5. Universal Benefit Society.
6. Society of St. Vincent de Paul.
7. Kent County Council Tuberculosis Fund.
8. Contributions from patient's family.
9. Samaritan Fund.

The third stage was even more formidable. The Treasury and the Bank of England had to be approached and permission given for the transfer of the money. A passport and visa had to be procured, the journey had to be arranged, and this entailed a considerable measure of form filling. Finally, with the great help of Cook's Travel Agency, the patient arrived at Davos. She writes extremely interesting letters and reports that she has put on weight and is feeling a different person.

Much the same procedure, of course, has been followed

for the other patients at Davos, and the Almoner is in the process of raising money for two more recommendations.

Mrs. K. has returned from there looking extremely well, and the surgeon was very pleased with her eye condition.

Louisa C., aged 23, an ex-A.T.S. girl suffering from uveitis, was admitted to hospital. Her home conditions were fair, but she was found to be a difficult girl, moody and depressed, and up against life in every way. She was quite convinced that she was going blind and that nothing could be done to prevent it. A long period of convalescence was recommended and arranged at the seaside. It was found that Louisa's clothes were very poor and these were replenished by the Personal Service League. Good air, food and regular hours soon worked wonders, and on her return the surgeon was immensely pleased with her condition. She was also in a much more cheerful frame of mind and was more than willing to be referred to the Rehabilitation Officer, who found her a suitable post, and to a Girls' Club, who report that she is still cheerful.

The Almoner's Department arranged 125 convalescences in 1947, and helped patients to obtain glasses, contact lens and artificial eyes; paid fares, arranged cars, ambulances and escorts. They also referred numbers of patients for training and rehabilitation, and obtained pensions for those eligible.

DOROTHY COLLIS, *Almoner.*

## LONDON COUNTY COUNCIL.

### HEALTH VISITORS FOR LONDON.

A further step to increase the number of health visitors has been taken by the London County Council. The Council is to become associated with King's College of Household and Social Science (University of London) in their training course for health visitors.

The number of students taking this course in the past has been small, due no doubt to the absence of any financial assistance then available, and perhaps also to the length of the course (three academic terms).

As the largest local health authority in the country the Council has a wealth of facilities for practical work in maternity and child welfare, school health, tuberculosis visiting, home visiting and social work. The link between the lecture room and practical field work will be the health visitor tutor and the Council will be appointing such tutors in the near future.

The first course under the joint scheme will commence in October, 1948, and will be limited to 35 places. The Council will have the right to nominate up to 25 of the students, who, it is understood, will receive a salary equal to two-thirds of the minimum salary of a health visitor.

The Medical Officer of Health will be glad to send further particulars to any trained nurse with Part I of her midwifery certificate, who cares to send a postcard to the County Hall, London, S.E.1.

### OVER-POLISHED RICE, AND BAD TEETH.

I hear (writes a correspondent) that nurses in Malaysia have been asked to spread tidings of some much needed plain speaking recently by Dr. Chen Su Lan, at a Singapore function, on the menace to health of eating over-polished rice.

Local-born Malaysians, he went so far as to declare, have the worst teeth in the world, one of the chief causes being addiction to that article of diet. Over-milling removes the pericarp of the grain, which contains all the valuable qualities for building up and maintaining good health. He urged the desirability of an official ban on the practice.

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