



Royal Hospital for Neuro-disability

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ROYAL HOSPITAL FOR NEURO-DISABILITY:
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Will you help us?

We are a registered charity,
outside the health service,
and are dependent on donations,
covenants and legacies from
people like you.

Please write to:
Director of Appeals,
John Howard House,
Roedean Road, Kemp Town,
Brighton.

1 To stand up each day is important.
This special chair with a powered
seat helps lift a patient.

2 Sunshine and fresh air are a
tonic in themselves.

3 A quiz makes a stimulating,
friendly occasion.



John Howard House, Brighton

PART OF THE ROYAL HOSPITAL AND HOME, PUTNEY

PATRONS:
HM THE QUEEN AND HM QUEEN ELIZABETH THE QUEEN MOTHER

Photography by Cyril Chapple ARPS

Bringing Putney's expertise to Brighton . . . and a breath of sea air to Putney.

The Royal Hospital and Home, Putney, almost certainly has more experience and expertise in the long-term care of severely disabled people than any other hospital in the country. In 1974, John Howard House was incorporated with the Royal Hospital and today the most up-to-date physiotherapy and occupational therapy methods – as well as expert nursing and medical care – are available to disabled people in the Brighton area.

Set in gardens close to the sea front, this charming country house has beds for thirty three permanent patients afflicted by severe physical disabilities, including paralysis resulting from an accident or a stroke or worsening and debilitating illnesses such as multiple sclerosis. The Home also runs a day clinic to help disabled people who are still able to live at home and takes others for short-stay or "respite" care.



1



2



4



3

1 Physiotherapy helps with mobility and keeps limbs supple and active.

2 One of the light, airy bedrooms, most of which are singles.

3 Lunch time in the main lounge on the ground floor.

4 All the amenities of Brighton are but a short distance away.

5 One of our small ambulances for individual outings.

6 The upper terrace, an ideal spot to meet for a chat on a fine day.



5



6

Each summer, many of our resident patients go up to Putney for six weeks for a break in their routine, and this provides the opportunity to give some of the Putney patients a holiday by the sea.

With the gardens, the two terraces and the spacious sun-lounge, our patients can enjoy the sea air without leaving the grounds. And, when the weather is favourable and with the help of our volunteers, there are trips to town, to the Downs – even as far as Dieppe.



RHHI
THE ROYAL HOSPITAL AND HOME FOR INCURABLES
 (PUTNEY & BRIGHTON)

West Hill, Putney,
 London SW15 3SW.



A view of the extensions. The new wing for therapy on the right, the enlarged sitting room/sun lounge on the left.

The Physiotherapy Department in the new wing.

have a total of 28 single rooms and three double rooms. With its new amenities and facilities, John Howard House now offers therapeutic care to match that of the main hospital. We also now have the space to offer more day care to patients being looked after in their own homes.

NEW EXTENSIONS AT BRIGHTON

Who doesn't like to be beside the seaside? Since 1974, when we were able to incorporate John Howard House, patients at Putney have been able to enjoy summer holidays by the sea.

Severely disabled people who can still be cared for at home may also have holidays here and some patients live here "out of season" so it is a busy place all year round. Now, the prospects are even brighter. In autumn 1982, major extensions were completed

and a new area opened for Physiotherapy and Occupational Therapy (these vital activities had been hindered by lack of space) with a sun terrace above, with views of the Downs and the sea. The ground floor sitting room was more than doubled in size, giving more comfortable space for wheelchairs, and projecting into the garden to become a sitting room/sun lounge, with another terrace above it. Two more double rooms were also added so that we now

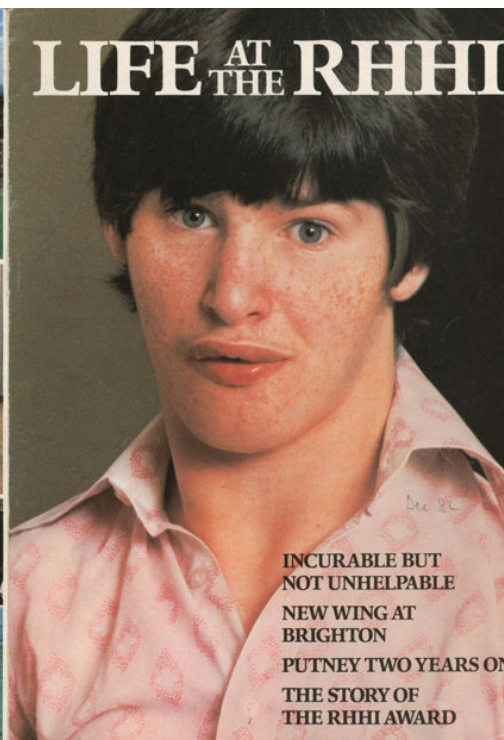


A view of the Downs from the sun terrace.



1. The Alexandra Wing for Research and Rehabilitation.
2. Richard Szalma has a lot to say through his electronic communication.
3. A patient is helped to stand and stretch his limbs in the Physiotherapy Department.
4. Hydrotherapy helps keep damaged limbs supple and does wonders for patients' morale.

LIFE AT THE RHHI



INCURABLE BUT NOT UNHELPABLE
NEW WING AT BRIGHTON
PUTNEY TWO YEARS ON
THE STORY OF THE RHHI AWARD

MESSAGE FROM THE DUKE OF DEVONSHIRE

Just over two years ago the new Alexandra Wing was opened in Putney. A great deal of progress has been made in this time by all our therapy departments and we are going forward into the twenty-first century with very positive and active support from all concerned.

It is through the generosity of our many benefactors that we have been able to make such tremendous progress and I would like to thank everyone for their continued and generous support.

Devonshire

The Royal Hospital and Home for Incurables

PATRONS:
Her Majesty The Queen
Her Majesty Queen Elizabeth The Queen Mother
PRESIDENT:
His Grace The Duke of Devonshire, PC, MC
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Air Commodore D. E. Rixson, OBE, DFC, AFC

LIFE AT PUTNEY TWO YEARS ON FROM THE OPENING OF THE ALEXANDRA WING.



A patient doing an automated test with Sarah Wilson.

International Year of Disabled People special award

"Chip" technology is helping our patients. An Automated Psychological Testing Project won Sarah Wilson, our Research Psychologist, an International Year of Disabled People award from the Department of Health and Social Security.

Miss Wilson explains, "75 per cent of our patients can only write with difficulty (if at all) and nearly a third have impaired speech. So as far as the severely handicapped are concerned it is only by our computer techniques that their cognitive abilities can be assessed."

A patient can answer the questions on the computer just by touching a key pad which is tolerant of tremor or poor co-ordination. The answers immediately appear on the screen. The patient can even answer questions through just breath control.

Thanks to these tests we can devise a more pertinent programme of care and diversion for each patient. And you can imagine the boost to patients' morale.

The good news is spreading. The entire October 1982 issue of

the International Journal of Man-Machine Studies was devoted to an RHHI seminar on this subject and contains four papers from our Research Unit.

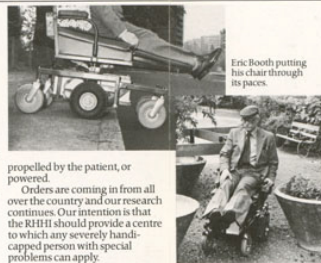
Making things happen with just your mouth muscles

You've no control of your limbs, but you'd still much rather drive your wheelchair than be pushed. And now you can, just by using your tongue to operate a linguo-buccal aid. This marvelous invention is the work of Mr Colin Parker, Consultant Research Fellow to the RHHI, and has been reported in the British Dental Journal.

"Our wheels are our legs"

The Booth Chair, developed by RHHI Consultant Engineer Eric Booth (in collaboration with Queen Mary College, University of London), has many advantages over a standard wheelchair. It can turn in its own length, ride over 4" high kerbs and be driven on steep cambers. The seat can be raised or lowered and tailored for the comfort and support of the patient.

The chair is extremely easy to control and can be pushed,



propelled by the patient, or powered.

Orders are coming in from all over the country and our research continues. Our intention is that the RHHI should provide a centre to which any severely handicapped person with special problems can apply.

Once-a-month seminars

Regular seminars draw delegates from all over the country and often from overseas. The lecture theatre in the Alexandra Wing seats 80 comfortably. Topics over the past year have included New Ideas on the Care and Treatment of Stroke, Problems of Overlapping Psychiatric and Physical Handicap, The Development and Provision of a Service for Special Mobility and Technical Aids, and Perspectives on Assessment in Long-Term Care.

Equally important, we run regular courses for medical students and provide in-service training for Occupational Therapy, Speech Therapy and Physiotherapy students. We also take an active part in courses for



the Joint Board for Clinical Nursing Studies and in training Pharmacy students.

The teaching part of our work is of very great importance. The dissemination of information encourages a high quality of care for handicapped people everywhere, and the exchange of ideas helps us keep abreast of developments elsewhere.

Research Advisory Committee
To advise on our research policy, we have a committee of international reputation. Sir Brian Windleyer, KT, FRCP, FRCS, FRCS, FRCS, DMRI (Chairman), J. N. Agate, Esq, CBE, MA, MD, FRCP, C. J. Earl, Esq, MD, BS, FRCP, Professor A. N. Exton-Smith, MA, MD, FRCP, C. G. Vaughan-Lee, Esq, DSC (Chairman RHHI), J. M. van Zwanenberg, Esq (Chairman, Development Trust for the Young Disabled).

"We know of no other hospital that is researching, as we are at RHHI, the long-term care and rehabilitation of severely disabled people. The work we do helps not only our own patients, but severely disabled people everywhere."

Dr John Wedgwood,
Director of Medical
and Research Services.



The Possum Typewriter. A patient operates the machine by blowing down a tube.

Rehabilitation

The RHHI cannot restore its patients to full health, but modern technology, in support of all forms of therapy, and meticulous nursing can help a lot.

Immobilisation leads to deformity but regular physiotherapy can combat this. Impairment or loss of speech can sometimes be repaired. If not, it can be compensated for with an electronic communicator.

There are special devices which enable a handicapped patient to change TV channels, switch lights on and off, turn the pages of a book.

There is the Possum, with which people can type letters using any means available to them from their toes to their chin.

Visitors are welcome at any time: the RHHI is a home as well as a hospital. Matron and her staff help organise at least 20 "happenings": a month-theatre and concert trip; film shows; the chess club; the musical

appreciation club; and so on. There is a kitchen for the patients' own use and our very large grounds enable patients to have small gardens to tend themselves.

By these various means many severely handicapped people manage to realise a considerable degree of independence at the RHHI.

Individual programmes of care

At Putney, for some time now, we have been recording every detail of all handicaps. This helps us provide programmes of care, tailored to the individual patient. It also produces a classification of disabilities which can serve as a reference for the care of the severely handicapped everywhere. We are also studying the World Health Organization paper on the classification of disabilities and comparing it with our own. The first RHHI conference on the subject has already been held.

MONEY! The Alexandra Wing for Research and Rehabilitation would not have been possible without many generous benefactors. We still need your help to further our research. Donations, covenants and legacies will be gratefully received by:
Air Commodore D. E. Rixson, OBE, DFC, AFC,
Director of Appeals, The Royal Hospital and Home for Incurables, West Hill, Putney, London SW15 3SW.
(Registered Charity No 205907)

THE FORGET-ME-NOT BRIEFING



on behalf of the Royal Hospital
and Home for Incurables
at Putney

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Her Majesty The Queen
Her Majesty Queen Elizabeth the Queen Mother

PRESIDENT

His Grace The Duke of Devonshire, P.C., M.C.

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The Worshipful The Mayor of Wandsworth

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Why I help the Royal Hospital and Home



by Sir Denis Truscott, G.B.E., T.D., J.P.
Lord Mayor of London, 1957

The need for the magnificent service to the chronic sick which the Royal Hospital provides is as urgent now as it was on the day of the Hospital's foundation in 1854. Its purpose is to provide a home and hospital for those unfortunate people suffering from illnesses for which there is as yet no known cure. The Hospital aims to help the younger chronic sick who tend to be inadequately cared for and who are often found in geriatric wards in general hospitals. Our patients pay whatever they can afford; the Hospital, through its benefactors, looks after the rest.

My own family has been connected with the Royal Hospital since its foundation and with my long-standing membership of the Corporation of London, I am naturally very conscious of the close ties with the City which the Hospital has had for so many years. However, my main reasons for supporting the Hospital are that it gives fine and necessary service to the brave men and women who come there, and that it combines medical skill with responsible financial management.

We all know from personal experience that expenditure cannot be held down in periods of general inflation. Action needs to be taken by those in a position to do so to increase the Hospital's income and eliminate its deficit. For these reasons I commend the work of the Royal Hospital to you, and ask you to join me in giving it your financial support and encouragement.

Sir Denis Truscott, G.B.E., T.D., J.P.

Some of our donors

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An open letter from the President and Vice Presidents.

The names at the bottom of this letter are not simply marks of ink on paper. They represent our belief in the work of the Royal Hospital and Home for Incurables and our commitment to it.

We earnestly commend the Hospital's work to you and ask you to read this brochure with attention and sympathy. We hope that you will see your way to joining us in helping this fine cause.

His Grace the Duke of Devonshire
P.C. M.C.

PRESIDENT

The Marquess of Northampton
D.S.O. J.P. D.L.

The Right Hon. Lord Roborough, D.L.

Emlyn Williams Esq. M.A.

The Mayor of Wandsworth

VICE-PRESIDENTS

SIX MONTHS TO GET A FINGER MOVING

A day in the life of the Royal Hospital and Home.

When you are crippled, sometimes very severely, it takes you a long time to get up in the morning.

And so, although the day begins early, at about 7.30, with breakfast in bed, the painful process of washing, dressing and getting up mean it can often be as late as 11.30 before the severely disabled patients are downstairs in the public rooms.

'Our patients wash themselves if they can' says one of the nurses, 'and if they can't, we help them. They like to help themselves as much as they can - after all, it's more natural and normal to wash your own face. The women patients like



'Nursing here is immensely rewarding. Here we deal with the patient as a whole.'



'We run dam' silly games ...'

a little make-up, too - it boosts their morale - they like to look their best, as if they were at home.'

Men patients will go to the barber to be shaved, because 'some of them are not so steady.' But steady or not, the atmosphere is cheerful. 'Oh, we always have a bit of fun down here,' says the hospital barber, who spent thirty years in a barber's shop in Putney. 'We're not miserable down here. The atmosphere's as jolly as the old-time barber's shop.'

For many patients, the day is a working day; working in the hospital 'factory' or the occupational therapy rooms, or fighting their disability in the physiotherapy department.

The physiotherapy department is in many ways the hub of the hospital.

This is where patients are helped to keep as active as possible - and where, quite often, their powers of movement can be substantially improved. Every patient is assessed, their ability is geared to their co-ordination, and at the slightest sign of improvement, they are raised to a higher exercise level. Even where some muscles are wasted, other muscles can take over.

'I'm a crotchety old devil,' says the head physiotherapist, 'but only to my staff. To my patients, I'm jolly. In here, we try to make it a big laugh. We run dam' silly games and give prizes away and get up to all sorts of activities.'

The vast majority of patients look forward to their sessions here; even though they are referred for medical



'Such abilities as a patient has can quite often be improved.'

reasons, they really want to come. This, they know, is their last line of defence.

'I wouldn't miss it for anything,' says one patient, 'if only to keep my muscles right,' echoing the sentiments of all the men and women working with ropes, pulleys, exercises and games to keep their disabilities at bay.

The occupational therapy unit and the 'factory' too are, in a sense, a fight against handicaps.

'It's very challenging to try and improve a patient's capabilities,' says the senior occupational therapist. 'All patients are referred for occupational therapy, but if they don't want to go

we don't make them. It's their home, after all.'

Most patients, though, enjoy it; and here they sew and weave baskets, make mosaics, run their own printing press and attend pottery and art classes.

The patients' work enjoys a steady sale, and local people will often come in and order things, 'because we're so much part of the community.'

Some patients will opt for the 'factory,' try it for a bit and if they like it, will stay.



'When I first came here, I worried the shop to bits . . .'

'I think they thoroughly enjoy coming,' says the occupational therapist who runs this small and busy workshop. Here, patients do work for outside firms and are paid on a time basis; in the past, the factory has assembled such things as plastic toys, musical boxes, and gaskets. At the moment, the work



'Another way of fighting.'

is chiefly packing typewriter ribbons and putting together date stamps, and the factory is, in fact, looking for suitable light assembly and packing work.

At 13.00, the hospital breaks for lunch. Most patients lunch downstairs, although some will have gone back to their wards.

After lunch, there will again be physiotherapy classes, and a lot of activity in the occupational therapy unit and the factory; but many patients will be attending other functions, such as the choir practice on Wednesdays, the weekly cinema, speech therapy sessions or the regular meetings of the Toc H and the Trefoil Guild.

The patients who have not been to therapy classes will have spent their day in the day rooms, chatting to friends, reading, or attending the daily service.

Many of the women patients will have been to the small hairdressing

salon — which the senior medical officer refers to as 'glamour therapy.' Nearly all will have been to the hospital's own shop, 'because,' says one of the voluntary helpers who man it, 'this is where the action is.'

In fact, there is an almost therapeutic value for a severely handicapped person to be able to perform such an everyday activity as shopping, even if it's from a wheelchair. As one patient who had been in many hospitals before coming here said: 'It's wonderful to be able to spend your own money yourself. When I first came here, I worried the shop to bits.'

Most patients go back to their rooms after tea; they've been up since morning and for the handicapped, this is a long time. They are helped to wash and then have supper and spend the evening reading or watching TV or listening to the radio.

But all through the day, of course, the medical and nursing staff have been

working to help their patients achieve the fullest possible life. 'Nursing here,' says the Matron, echoing the note of optimism which permeates the hospital, 'is immensely rewarding. Here we deal with the patient as a whole. It's much more interesting than acute nursing.'

The senior medical officer, in fact, refuses to discuss the medical 'problems' of a hospital for the severely disabled and will talk only of the advantages.

'Here,' she says, 'we have time on our side. We can make haste slowly, which is the only way to deal with the chronic sick. Very often our patients will have come here having been given up as being incapable of further improvement. And that's a challenge to us. If it takes us six months to get a finger moving, we consider it's worth it.'



'We can make haste slowly, which is the only way to deal with the chronic sick.'

How we spend our money

The diagrams on the facing page give a visual breakdown of our income and expenditure. They also expose our most pressing financial problem: the annual shortfall. Some two-thirds of our costs are salaries and it has been the increases in this section which have been chiefly responsible for our deficit over recent years.

It is our policy to get all our patients out of their bedrooms and downstairs every day. Two hundred wheelchairs downstairs and upstairs daily. It is easy, therefore, to appreciate our need for an exceptionally high ratio of nursing staff to patients.

We are proud of our setting and our building, but the Hospital and Home is well over 100 years old and this does mean fairly constant expenditure on the fabric. This is important because the Hospital is our patients' Home.

Visitors often comment that our patients are wonderfully cheerful despite their problems, and that the Royal Hospital and Home is extremely lucky to have such an efficient, hard working, sympathetic and numerous staff.

Some points about covenants based on a £100 net gift valid from April 1973.

Unless the donor specifies to the contrary, a covenant lapses on death.

The Inland Revenue cannot penalise a donor because he stops payments.

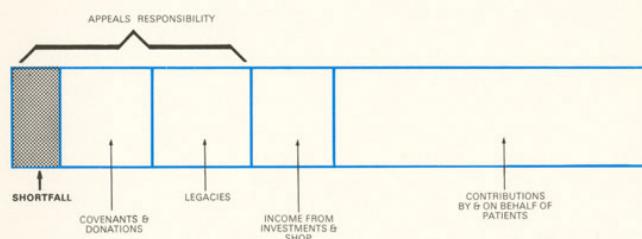
A small reduction in income tax allowances is entailed. If the donor is concerned about this, he should consult his accountant or banker.

Companies can make donations by Deed of Covenant, although the level of refund from the Inland Revenue is marginally different.

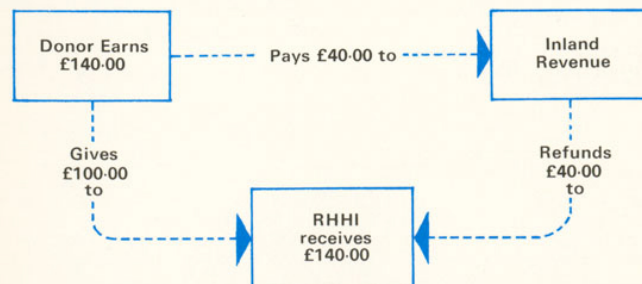
This diagram illustrates the way in which a covenant works.

Covenants must be made for seven years or more.

INCOME



EXPENDITURE



Some ways in which you could help...

Gifts of all kinds are welcome. The suggestions on this page might help you to decide the way you would like to give. Any donation may be designated for a specific purpose or, where suitable, given in memory of some person or event. If there are any conditions you wish to attach to your gift, please tell the Appeals Secretary.

Some of the most popular ways of making gifts are:

Regular Donations

Regular weekly, monthly or yearly gifts are one way of making it easier to give a substantial sum to the Hospital. They also make our forward financial planning easier. The value of such gifts is significantly increased if made under Deed of Covenant.

Covenants

See detail on previous page which

shows that every £100 given under covenant the Hospital can recover £40 from the Inland Revenue.

Gifts of Capital

An outright capital or cash gift is of great value to the Hospital. The first £50,000 given is exempt from death duties.

Gifts in Kind

Gifts of such things as equipment or materials can yield considerable savings to the Hospital.

Stocks, shares, securities, donations of property or jewellery, and other realisable assets often yield considerable capital sums.

Legacies

Legacies have always represented a major portion of the Hospital's income; please remember us if you are discussing your Will with your solicitor.



Air Commodore D. F. Rixson
The Royal
Hospital and Home
for Incurables

WEST HILL, PUTNEY
LONDON SW15 3SW
Tel. 01-788 4511



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SECRETARY



THE DEVELOPMENT TRUST FOR THE YOUNG DISABLED.

Summary of projects completed to date.

These are the people who use your money to improve the quality of life of disabled people – the Trustees of The Development Trust for the Young Disabled and their Medical Consultant. The Trust is committed to raising capital sums to help disabled people generally and in particular for the requirements of The Royal Hospital and Home for Incurables.





THE DEVELOPMENT TRUST FOR THE YOUNG DISABLED

Summary of projects completed to date



JOHN HOWARD HOUSE, BRIGHTON
Acquired 1974 as a holiday home for the patients of the RHHI, Putney. Major extensions completed 1982 to house Physiotherapy and Occupational Therapy Departments.



CHATSWORTH WING, PUTNEY
Opened 1976. Originally for younger patients, now used mainly for those able to do most for themselves.



ALEXANDRA WING, PUTNEY
Opened 1980. Provides space and modern facilities for all relevant types of therapy, for research staff and for lectures and seminars.



DRAPERS WING, PUTNEY
Opened 1985. Comprises 20-bed unit for temporary in-patients, Day Hospital, Functional Assessment Unit and Rehabilitation Engineering Department.

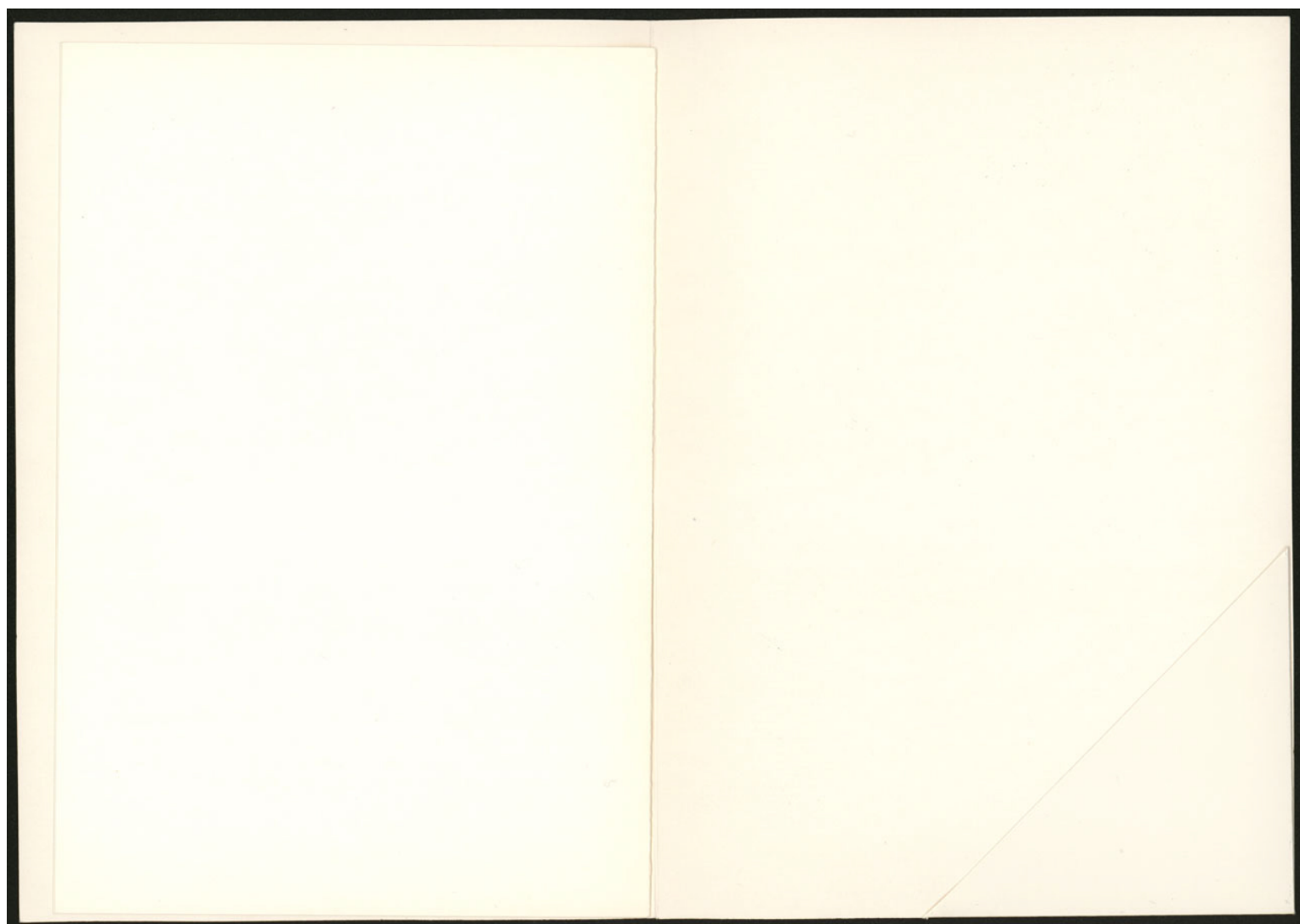
The first priority of the Trust was to provide the buildings needed if the full range of modern aids and therapy was to be made available to existing patients of the RHHI and to make a start on research into ways of improving the methods of long-term care.

More recently funds have been devoted to providing the facilities whereby the special skills and experience of the medical, nursing and therapy teams of the RHHI can be extended to disabled people still living in their own homes, and thus to avoid, or at least delay, their having to move permanently into a hospital or nursing home.

The Trust is now concentrating on research programmes designed to improve the techniques of diagnosis, care and rehabilitation. For experience has shown that, as our knowledge increases – and the resources to apply it – improvements hitherto regarded as unattainable can be achieved in the quality of life of even very severely disabled people.

The Trust's latest project is the setting up of a Brain Injury Unit at The Royal Hospital and Home for Incurables. The number of people with brain damage, many of them young, is increasing. Typically, their injuries cause not only paralysis and other physical impairments but a serious reduction in mental capacity. But the special techniques and skills which have been developed at the RHHI are managing to bring about very considerable improvements in both the physical and the mental condition of many such patients. The provision of specialised facilities and staff for this work will go some way to meeting the urgent demand.

Please help.





Many disabled people have such severe impairments that they can't communicate by speaking or writing. In the past, this has made assessment of their mental condition extremely difficult, if not impossible.

Dr Sarah Wilson, the Research Psychologist at the RHHI, developed a system called Automated Psychological Testing in which the patient, merely by pressing a pad on a micro-computer, can answer a series of questions and, by doing so, give additional information about his or her physical and psychological condition.

This technique, which is now widely accepted and which won Dr Wilson a special award from the DHSS, is being expanded. With the help of doctors and therapists, Dr Wilson and Geoffrey Wylie, Consultant Research Electronics Engineer, are working on how best to identify and overcome any psychological barriers which may be impeding rehabilitation.

For this, they are choosing and assessing games and tests to put on the screen for patients to relate to.

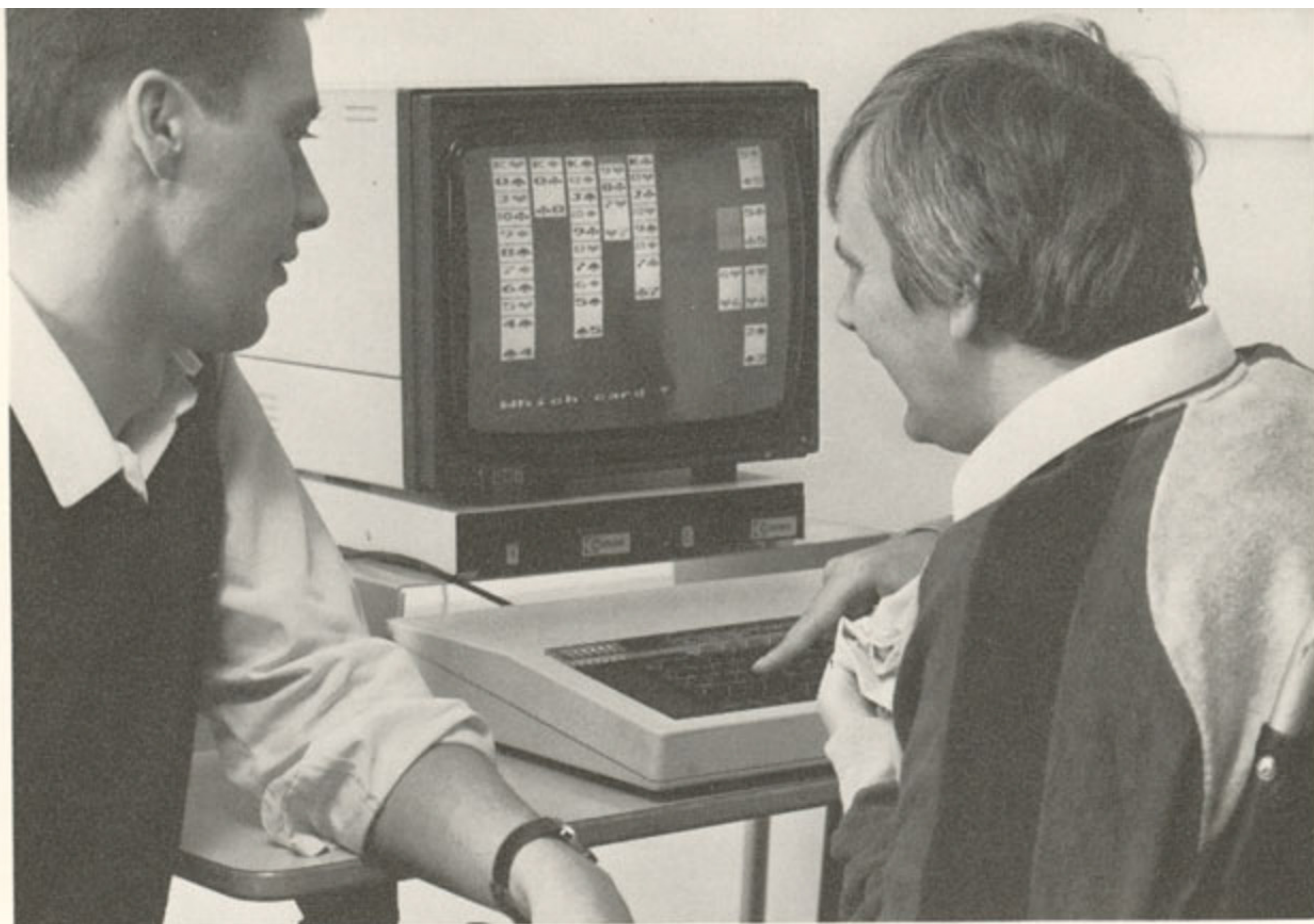
They are making up educational projects and programmes and training patients to communicate better via the machine.

These techniques and the benefits obtained from them are being disseminated throughout the medical world by published papers and by seminars. There's a great deal more work to be done and a further three-year programme is planned.

At least £25,000 per annum is needed for this work.



WITHOUT DONATIONS TO THE DEVELOPMENT
TRUST FOR THE YOUNG DISABLED,
LYNDA, WHO SUFFERED BRAIN DAMAGE IN A
ROAD ACCIDENT, WOULD HAVE HAD VERY LITTLE
HOPE OF RECOVERY OF ANY KIND.



Education is a most important part of a patient's rehabilitation. To this end, a special Communications Room has been set up at the RHHI in which education levels can be measured and new skills taught. Often people who have been deprived of their normal skills can replace them with others which require little physical involvement.

An educationalist and computer expert works full-time at the RHHI, assisted by three or four part-timers.

They assess the patient's educational level and the skills he or she has, or used to have. They then work out how, with the patient's handicap, these skills can be developed or alternative ones found. Often games can be the means by which people can learn as well as be entertained.

Some patients have embarked on "Open Tech" courses; some have been brought on to the point where they can go out to classes; in suitable cases, places are sought in other training establishments for disabled people.

At least £15,000 per annum
is needed to continue this work.

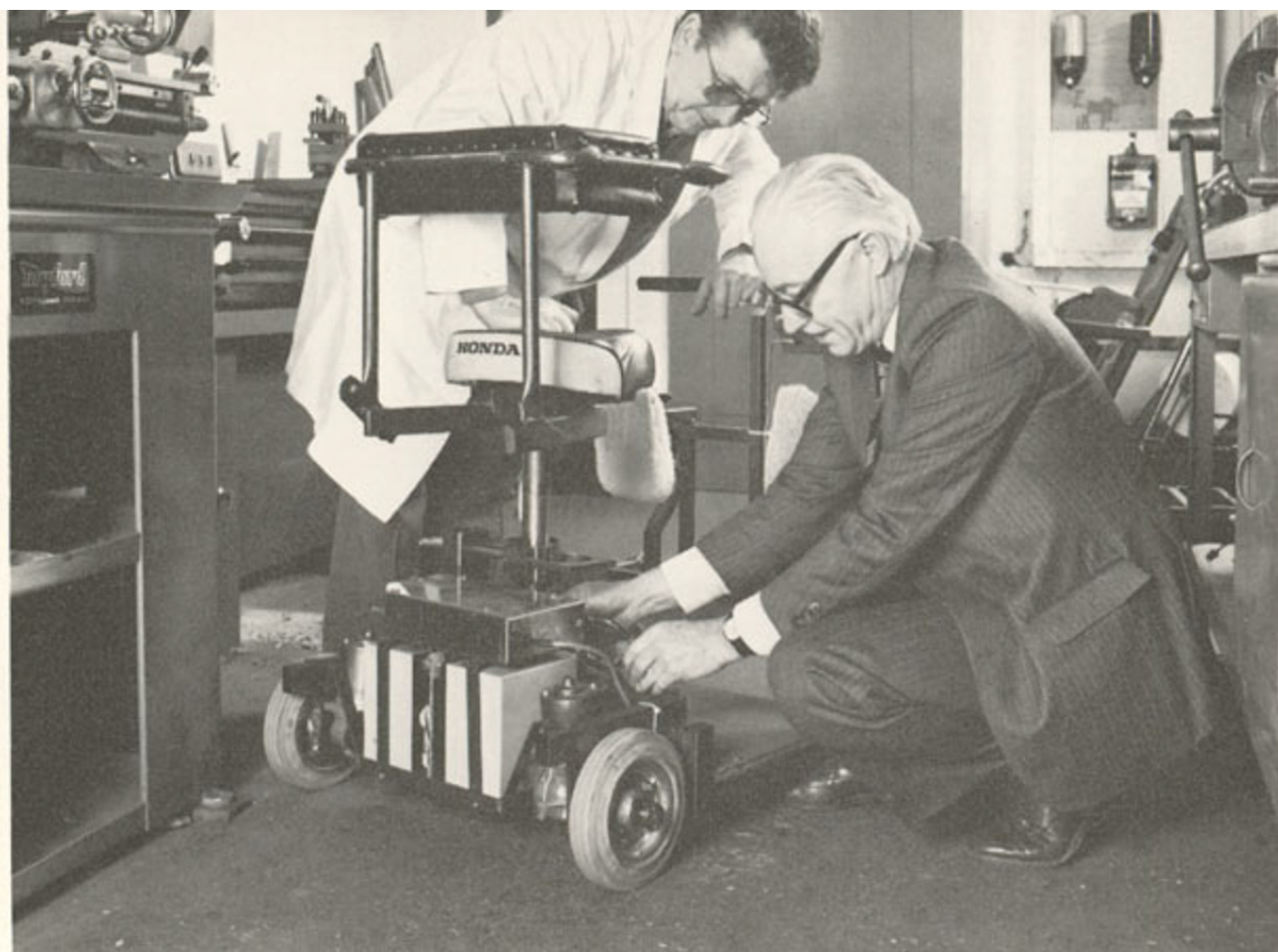


Pressure sores are one of the commonest and most distressing results of being immobile. A research programme is being continuously carried out.

One of the first research projects was carried out jointly by University College Hospital, The Middlesex Hospital and the RHHI – a wide programme to evaluate a ripple mattress (illustrated above). The results were published in *The Lancet* and on the radio.

Now more research is being done jointly with The Royal National Orthopaedic Hospital at Stanmore and with the DHSS into the factors which cause pressure sores. Special attention is being paid to the significance of oxygen transport in the tissues and to finding a good wheelchair cushion.

At least £6,000 per annum
is needed for this work.



Few people who are severely disabled can get about without a wheelchair. All wheelchairs have to be adapted to suit the requirements of the user.

The Trust underwrites the work of the Consultant Engineer and his staff. In consultation with the doctors and therapists, they have developed new types of chair. The one shown here, for example, which has a motor cycle saddle, is for a spastic patient who, because he used to sit badly, simply slid out of an ordinary chair. Now he sits better, he has a chair he can control so he can drive himself about – a great gain in independence.

The Consultant Engineer has also designed special controls for powered chairs which ignore involuntary tremors or shaking and respond only to the patient's intention.

The Trust also supports the development of children's mobility aids through The Handicapped Children's Equipment Research Unit. References are accepted from all over the country for needs that cannot be met from normal commercial sources.

At least £30,000 per annum
is needed for this work.

HUNTINGTON'S CHOREA

A special project is being set up
by The Development Trust for the Young Disabled
to study the best method of caring for people
suffering from Huntington's Chorea.

Huntington's Chorea is a serious disabling illness which impairs both physical function and intellectual and emotional faculties. It is hereditary and occurs with depressing frequency in affected families. One of the most distressing things about it is that it usually manifests itself in middle age when the sufferer has already had children and passed the disease on to them.

A great deal has been done in studying its genetic history and in looking for genetic markers which we hope will eventually lead to prevention of this very sad disease. In the meantime, however, there are a considerable number of sufferers from it. They present a particular problem to the care services both in the community and in residential homes and hospitals. The biggest difficulty is the combination of psychiatric and physical impairment. Very little study has been made of the best method of managing patients with this disease. Much can be done by good nursing and therapy procedures but there has been little attempt to study the disease from this aspect or to lay down guidelines for nurses or therapists.

Furthermore, it is very difficult to know the best form of care to provide when the sufferer can no longer be looked after in the community. They tend to fall between the caring organisations. Those which specialise in physical disabilities are often reluctant to take them on and they have therefore, as a last resort, to be accommodated in psychiatric hospitals.

A small number of other organisations are now beginning to accept patients with Huntington's Chorea. These include The Royal Hospital and Home for Incurables.

In consultation with The National Association to Combat Huntington's Chorea and The Leonard Cheshire Foundation, The Development Trust for the Young Disabled, acting for The Royal Hospital and Home for Incurables, is setting up a two-year Project to study the best methods of looking after these patients, particularly from the point of view of occupational therapy, and to consider how to provide the most appropriate accommodation for sufferers who are no longer able to be cared for in the community.

The Project is to set up a Research Programme, based at the RHHI, but studying patients at other organisations and in the community, to establish the nature of the disabilities both physical and psychiatric in detailed terms, and to work out the best therapeutic approach. A search of the literature has revealed relatively few studies in this subject and it is a field that badly needs further consideration.

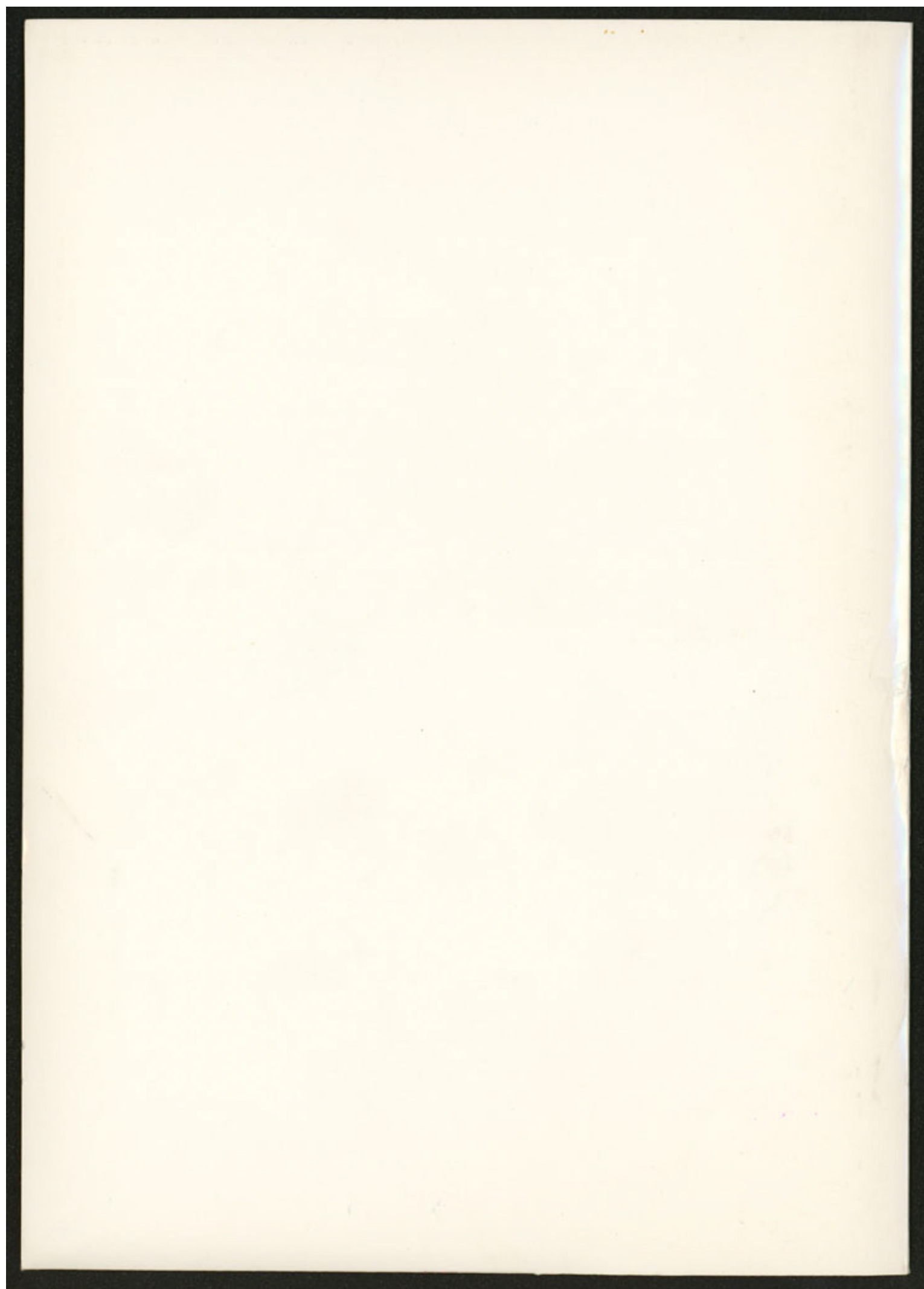
At least £20,000 is needed for this Project.



In order that as many disabled people as possible should benefit, it is vitally important that the results of all the research which The Development Trust supports should be made widely available. So each year the Trust underwrites a series of seminars to publicise these results and also to ensure that patients at the RHHI benefit from discoveries made elsewhere.

Once a year a special symposium is arranged to which delegates come from all over Europe to pool their knowledge and to learn from the expert discussion of the latest ideas on caring for disabled people.

At least £16,000 per annum is
needed to fund this valuable exchange.





THE ROYAL HOSPITAL
AND HOME, PUTNEY

Helping people
to help
themselves.



A combination of loving care and technology.



THE ROYAL HOSPITAL AND HOME, PUTNEY



The Royal Hospital and Home, Putney,
West Hill, London SW15 3SW.
Tel No: 01-788 4511. Fax No: 01-780 1883.

PATRONS:
HM THE QUEEN AND HM THE QUEEN MOTHER.
Registered Charity No: 205907.

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THE ROYAL HOSPITAL AND HOME, PUTNEY

A unique charity

The Royal Hospital and Home, Putney, founded in 1854, is the leading hospital of its kind in the United Kingdom. It provides long-term rehabilitation and specialist continuing care for many people from all over the country. These people come to the RHHP because the facilities needed for the treatment and care of very severe disability are not available in their own area. The RHHP's additional involvement in research and teaching gives it unique status.

Its aim is to help residents overcome their total dependence on others so that they can become more independent and live as normal a life as possible.

Despite the Hospital's unique role, it is outside the National Health Service. The ever increasing sums of money needed to finance the care given to residents, expansion of the Nursing School, research and the new facilities planned for the future depend upon the generosity of others, their gifts, covenants and particularly legacies.



Lunchtime with a little help from a favourite nurse.



THE ROYAL HOSPITAL AND HOME, PUTNEY

A multi-disciplinary facility

Specialising in the treatment and rehabilitation of young people with severe disability, the RHHP sees itself as a centre of excellence. It has pioneered such innovative developments as the establishment of Britain's first Brain Injury Unit. Uniquely, it brings together a professional multi-disciplinary staff of medical, psychology, nursing, therapy, social worker and engineering specialists. The hospital is also in the forefront of those adapting computer and information technology as an aid to disability and is constantly updating methods of both patient care and rehabilitation. Allied to this work are research programmes of a very practical nature – often involving specialist university departments.



Daily therapy sessions give both mental and physical stimulation to a severely disabled patient.



THE ROYAL HOSPITAL AND HOME, PUTNEY

Privacy and dignity

The presence of the word 'Home' in the title of the hospital is deliberate and it cannot be emphasised too strongly that this is precisely what it is for the majority of those in its care. Accordingly, great efforts are put into creating as homelike an atmosphere as possible and many activities, both inside and outside the hospital are organised both for and by the residents. Where appropriate, family involvement is encouraged and everything possible is done to help residents enjoy privacy, dignity and a proper quality of life.

In addition to our main home in Putney, we also own and manage John Howard House. Set in its own private grounds near the sea-front at Brighton, this provides a holiday home and permanent residence for in-patients as well as acting as a day centre for disabled people in the Brighton area.

With low and high dependency nursing, self-care facilities and a day hospital, a wide range of options exist for treatment and continuing care.



A patient enjoys a book, with the aid of an automated page-turner, in the privacy of his own room.



THE ROYAL HOSPITAL AND HOME, PUTNEY

Some facts

300 beds Of these, 43 are in the Brain Injury Unit.

347 nurses Some 146 are fully qualified, others are auxiliaries or under training.

69 therapy staff One third of these are under training and include physiotherapists, music therapists, speech therapists and occupational therapists.

53 other professional staff These include doctors, dentists, psychologists, an ophthalmologist, dieticians, technicians, pharmacists, social workers and activities organisers.

50 residents under the age of 35 The average age on admission is 35 years.

Principal diagnoses are: Multiple Sclerosis (40%), Brain Injury, Stroke, Cerebral Palsy, Spinal Injury, Huntington's Disease and Parkinson's Disease.

Cost per patient per week This varies from £500 to over £1,000, depending on the degree of nursing needed.

Charitable subsidy Over £40 per patient/per week is required from voluntary donations.

12 research projects covering nursing, psychology, engineering, occupational therapy, music therapy and medicine are currently in hand.

450 wheelchairs have to be maintained, repaired or individually adapted for patients.

The hospital currently comprises the following units:

Day Hospital	Brain Injury Unit
Short Stay Ward	Home Management Facility
Gymnasium	Rehabilitation Engin. Workshop
Self-Care Unit	Hydrotherapy Pool
Pressure Sore Unit	Assessment Unit
Communications & Computer Room	Occupational/Music Therapy
Physiotherapy Rooms	Dental Surgery for disabled people
Nursing School	Lecture Theatre
Professional Library	Speech Therapy Unit

30 bed Holiday Home for RHHP residents in Brighton.



THE ROYAL HOSPITAL AND HOME, PUTNEY

How you can help people to help themselves

Make a donation. (Form A)

Arrange a Standing Order at your bank. (Form B)

Join the Friends of the RHHP. (Form C)

Become an Authorised Visitor
and form a close caring relationship with
a limited number of patients. (Form C)

Covenant a donation so that the tax you have
paid can be claimed back by the Charity. (Form C)

Participate in a Payroll Giving Scheme
at your place of work. (Form C)

Leave the hospital a Legacy in your will. (Form C)

Help with fundraising events. (Form C)

Assist one of our Area Support Groups. (Form C)

If you would like to help,
please fill in the appropriate form,
tear off and post it in the
attached envelope.

We very much look forward
to hearing from you.



THE ROYAL AND HOME

FOR

MAKE A DONATION

To: The Director
Royal Hospital and Home
97 West Hill, London

I enclose herewith
a Donation/Annual Subscription
to the funds of the RHH

NAME

ADDRESS

*(Annual Subscribers may find
Bank Standing Order Form B)*

OR, I authorised you to
American Express/Diners

ACCOUNT NUMBER:

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CREDIT CARD

EXPIRY DATE:

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NAME
(CAPITAL LETTERS)

SIGNED

THE SUM OF £

Tick if receipt required ☐

2

Captain Michael Ortmans LVO RN
Director of Appeals
The Royal Hospital and Home, Putney
FREEPOST
London SW15 3BR

