Witness Name: Katherine Victoria Burt

Statement No.: WITN6391001

Exhibits WITN6392002 - WITN6392267

INFECTED BLOOD INQUIRY

WITN6392003

THE HAEMOPHILIA SOCIETY

. . . . is the nationwide voluntary organisation founded to provide a fellowship for haemophiliacs and those concerned with their health and welfare.

. . . . safeguards the social and economic interests of haemophiliacs and promotes the study of the causes and treatment of haemophilia and similar conditions.

Braeside Press, Norbury, S.W.16

THE HAEMOPHILIA SOCIETY

ANNUAL REPORT

Year Ended 31st December, 1966

THE HAEMOPHILIA SOCIETY

A Friendly and Charitable Organisation for the Welfare of Sufferers from Abnormal Bleeding.

(Registered in accordance with the National Assistance Act 1948
and the Charities Act 1960)

94 SOUTHWARK BRIDGE ROAD
LONDON, S.E.1.

TELEPHONE: WATERLOO 3007

◆

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Sir WELDON DALRYMPLE-CHAMPNEYS, Bt.,
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therapy as they appeared and also carry on research into the more fundamental aspects of blood coagulation and haemostasis.

It can be seen that the model Haemophilia Centre as I have described it would be involved in a wide range of activities which would require not only adequate medical, and laboratory staff at the Centre, but also very close collaboration between the Centre and the other hospital units involved in the treatment of bleeding disorders. If a centre is to maintain a 24 hours-on-call service there would need to be more than one doctor on the staff. The number of doctors would vary from centre to centre depending on the number of patients being seen. From their experience in Oxford, Professor Macfarlane and Dr. Biggs, suggest that if 5 patients are in hospital having treatment, a Consultant and one junior doctor should suffice. With 5-10 patients, being treated two doctors would be overworked and with 10-20 patients they suggest the staff should consist of a consultant and two junior doctors. On the laboratory side a trained senior technician and a junior technician could probably deal with the tests on 5-10 patients; with 10-20 patients the junior staff would need to be increased to 2 or 3.

As more and more patients seek treatment at the Centres, it may become necessary for patients with minor bleeds to be treated at their local hospital under the guidance of the centre. Similarly in the case of patients who live a large distance from a Haemophilia Centre it is hoped that their local hospitals would be able to treat the minor bleeds as they occurred but would refer patients suffering from more serious haemorrhages to the Centre.

In conclusion I should like to stress again that the successful management of patients suffering from haemophilia or one of the related bleeding disorders depends in large parts upon close collaboration between patients (or their parents), G.P.s, physicians, surgeons, dentists, physiotherapists, nursing staff, laboratory staff, local medical officers, school masters and the various social services.

ANNUAL GENERAL MEETING

30th April 1967

The Annual General Meeting was held on Sunday, 30th April, 1967, at the College of Technology, London Road, Headington, Oxford, and was attended by over 90 members and observers.

The Chair was taken by Sir Weldon Dalrymple-Champneys, Bt., C.B., President of the Society, who opened the meeting by asking Mr. J. R. Hunter, Honorary Chairman, to introduce the Annual Report.

Before moving its adoption Mr. Hunter explained that because of various difficulties, not the least being the extra work involved because of the Society's liability for Corporation Tax on its sales of Christmas Cards, the audit had been unavoidably delayed and it had not, therefore, been possible to circularise the accounts in the usual way. A preliminary statement of income and expenditure was available pending the completion of the audit and approval of the final accounts would be sought at the General Meeting to be held on 2nd July, 1967.

A number of questions were asked regarding the efficiency or otherwise of the various Haemophilia Centres throughout the country. Mr. K. R. Polton, Honorary Secretary, said that the Council and Executive Committee were well aware that certain Centres did not function as the Society had hoped. Letters from members told of the difficulties experienced and it was apparent that some Centres did not provide adequate facilities and treatment and some provided practically nothing. It was a difficult matter as action by the Society might be interpreted as interference and thereby create antagonism, but a letter had recently been submitted to the British Medical Journal giving the Society's views on the organisation of the Centres. (N.B. This was published in the 13th May, 1967 Issue, page 440).

Following further discussion the Annual Report was adopted.

The following Honorary Officers and Committee Members were then declared elected, being unopposed. Confidence in the nominations was given by a show of hands.

Honorary Chairman:	Mr. J. R. Hunter
Honorary Vice-Chairman:	Mr. P. H. Morris
Honorary Treasurer:	Mr. A. Phillips
Honorary Secretary:	Mr. K. R. Polton

Committee Members:

Miss S. J. Brodie
Mr. J. B. Crawley
Mr. F. J. Elliott
Mr. C. A. Hubbard
Mrs. E. L. Hunter
Mr. J. Prothero
Mr. R. F. Rogers
Mr. N. C. Thomas

Mr. Hunter then announced that at the Council Meeting, immediately preceding the Annual General Meeting, the President and Vice-Presidents had been unanimously re-elected and he expressed the gratitude of all members for their continued support and interest.

Mr. Hunter referred to the fact that the name of Mr. K. E. Cooper was not included in the list of nominations for the Executive Committee. Although Mr. Cooper had decided not to seek re-election he would continue to advise and assist with the production of the Survey Report. Tribute was paid to Mr. Cooper's many years of association with the Society and as a token of appreciation Sir Weldon, on behalf of all members, presented Mr. Cooper with an engraved tankard.

Sir Weldon then gave the Presidential Address (see page 11) following which Dr. C. R. Rizza spoke on the plans of the Oxford Haemophilia Centre (see page 22).

The meeting then closed with thanks to the Oxford Group for acting as hosts at what it was felt had been a most successful A.G.M.

patients who are proving difficult to diagnose or treat. Patients and relatives of patients usually have many questions they want to discuss, ranging from questions on the heredity of haemophilia, on education, on the advisability of marriage, to questions about the location of the nearest haemophilia centre relative to a particular holiday resort. The staff of a Haemophilia Centre should be competent and willing to deal with such questions.

The next important function of a Haemophilic Centre is education: the education of medical students and doctors. It is generally recognised that most doctors know very little about haemophilia and the other bleeding disorders and this is not surprising since those conditions are rare and very few doctors have ever seen a haemophiliac and far less treat one.

The Haemophilia Centres could help to provide a remedy for this situation by providing courses of instruction for students as well as courses for G.P.s, physicians, surgeons, and others interested in the management of the bleeding disorders. Those courses would consist of lectures and clinical demonstration and would be designed to show the problems which face the haemophiliacs, in particular the kinds of haemorrhages he may suffer and how they may manifest themselves. There would also be opportunities to see how different types of bleeding episodes are treated. A modified course would be required for the hospital pathologist with special emphasis on training in laboratory techniques and the interpretation of the various coagulation tests.

Finally we come to the question of research at the Haemophilia Centre. Because of the concentration of patients, specialist doctors, research workers, and techniques in the Centres, the opportunities for research are very great and should be taken. There is still much clinical research to be done into the best way of managing the various bleeding episodes. For example, opinion is still divided concerning the best form of treatment for bleeding into joints. Should the blood be aspirated from the joint? What is the optimum period of immobilisation following a joint bleed? There are many similar problems to be resolved with regard to bleeding in other sites. In addition to those immediate problems the Centres would investigate claims for new forms of laboratory workers helping to care for the patient. Providing these requirements are satisfied most patients undergoing surgery should experience little trouble with bleeding and healing should be completed in the normal time for the particular operation. But since the need for major surgery is relatively infrequent in the lives of most haemophiliacs we in Oxford feel that probably the single most important function of a Haemophilia Centre when considering the welfare of the mass of haemophiliacs will be to treat the day to day bleeds involving joints and muscles which these patients suffer. By the successful management of these recurrent bleeds it is hoped that the progressive crippling so often seen will be averted and the loss of time from school and work will be diminished.

For a patient to get maximum benefit from treatment he should seek help as soon as he feels that he has started to bleed into a joint or muscle and having been admitted he should then be treated promptly. In many instances if this early treatment is given the patient can go home 2-3 hours after the transfusion and resume work or school after a further 12-24 hours rest. In our experience many patients wait too long before coming for treatment and consequently haemorrhages which might have cleared up in 2-3 days may take 2-3 weeks to settle. The onus rests with the patient to seek treatment as soon as possible either through his General Practitioner of if his doctor is agreeable by getting in touch with the Haemophilia Centre direct.

The provision of a 24 hour service for the treatment of day to day bleeds could transform the lives of many haemophiliacs and enable them to lead a full and useful life.

So far I have dealt with diagnosis and treatment. Another important service which a Haemophilia Centre should provide and which would be used by doctors and patients alike, is an advisory service. Doctors, whether G.P.s, consultant physicians, or surgeons, should be able to contact the Centre to discuss any problems they may have about the management of patients with a bleeding disorder, e.g. they may want to know if it is safe to vaccinate a haemophilic boy or if intramuscular injections are dangerous in a patient with Christmas Disease. The Centre should be able to give advice about the best form of treatment in a given situation and if necessary be prepared to accept

ANNUAL REPORT FOR 1966

When we look back over the year 1966, one aspect of our story that stands out is the continuing increase in the notice taken of the Haemophilia Society; that is to say, it was given more help and was consulted more by Authorities and Organizations of many kinds. There was a quickening in the external impact of our Society. The B.B.C., for example, on learning that our Annual General Meeting was to be held at the Hospital for Sick Children in April, suggested that it would be opportune to include an interview with the mother of a haemophilic boy in its programme "The World at One". The Society assisted in arranging this and the resulting broadcast gave an interesting insight into the thoughts and feelings not only of a mother but also of the haemophiliac himself.

In July we were allowed to make the third of our appeals on the B.B.C. "Week's Good Cause" programme. On this occasion it was spoken by Mr. Richard Burton who expressed the wish that the proceeds should be used specifically to to assist the Oxford Unit. The Treasurer's report will show how successful were his words.

Earlier in the year, and on another channel, a case of haemophilia was featured in the television programme, "Emergency Ward 10". The T.V. Times was good enough to publish a letter which we sent to them seeking to correct an impression which we felt had been conveyed in a dramatic rather than accurate manner.

Medical Social workers of many hospitals have written to the Society and we to them for this is a most valuable two-way communication in the matter of help and advice to their patients and our members. Enquiries have also come to the Society's office from the St. John Ambulance Brigade which needed a speaker; from a Diocesan Moral Welfare Association; from the Spanish Embassy; and from overseas countries as far apart as India and Norway. All these enquiries have been dealt with giving both the Society's experienced laymen's advice as well as the professional light which our Medical Advisory Panel can now provide.

The initiative has also been taken by the Society. Communications have been addressed to the appropriate Departments of State where it seemed that the interests of haemophiliacs were concerned and could be served. Thus we have had correspondence with the Ministry of Transport on the matter of blood tests for drivers of motor cars, and with the Treasury on the tax to be imposed on the little profit we make by the sale of Christmas cards. A full and detailed report, "The Haemophiliac and the Invalid Tricycle", was compiled by two members of our Oxford Group and this was presented, in the first place, to the Ministry of Health together with supporting medical evidence that these vehicles were entirely unsuitable for the severely disabled haemophiliac. It was asked that cars should be provided as an alternative.

If the results of these overtures were not always what we could hope, perhaps we must attribute this to the straitened circumstances of the Country during this year, rather than to any lack of goodwill in high places.

A good deal of thought and attention has been devoted to the Haemophilia Reference Centres by the Society, and what is more important, by the Ministry of Health itself. There can be nothing but admiration and gratitude for the way in which some of these Centres function, and for the treatment which they provide. For many haemophiliacs and their families these have become the very basis of their existence by enabling them to live useful and active lives rather than the restricted life of a confirmed invalid, and one which is a charge upon the welfare services of the Country. Families have moved their homes from one part of the Country to another in order to live near, and to come under, the care of such Reference Centres. With many other Centres, however, the story is not such a happy one. They do not function so well, they seem in some cases to have ceased to function at all, and sometimes not to know whether they are Centres or not.

The first important step in the successful management of a patient with a bleeding disorder is to make an accurate diagnosis of the cause of the bleeding state, since without a diagnosis, treatment cannot be rational and may, therefore, be ineffective. The Haemophilia Centre should be able to diagnose the commoner bleeding disorders and in the case of haemophilia and Christmas Disease should be able, in addition, to measure the amount of anti-haemophilic factor or Christmas factor in the patient's blood. With this latter information the doctor can then make some assessment of the amount of A.H.G. or Christmas factor which will be necessary to treat a particular episode of bleeding in a particular patient.

If a patient is found to have a bleeding disorder he should be registered with the Centre and given a "Haemophilia Card". In this card should be clearly written the patient's name, address, date of birth, diagnosis and blood group. It should also contain the name, address and telephone number of his G.P., the address and telephone number of the Haemophilia Centre which he attends and the name of the doctor who looks after him at the Centre. The card should also bear any other information thought to be relevant, e.g. allergy to penicillin and unusual blood group anti-bodies etc.

Having made a firm and authoritative diagnosis the Centre should be able to provide treatment for haemophilia and the related disorders, when required. I should like to divide this treatment service into two parts: Firstly, the management of bleeding following accidents, dental extraction, tonsillectomy and other forms of surgery and secondly, the management of the numerous spontaneous bleeds into muscles and joints which most severely affected patients suffer. Those latter bleeds although not a danger to life, are often extremely painful, sometimes crippling and nearly always lead to much loss of time from school or work with all the attendant disadvantages.

The successful management of patients undergoing surgical operations or suffering major bleeds as a result of an accident depends on having adequate supplies of potent blood clotting fraction available, experience in the use of these fractions and close collaboration between the various doctors, nurses and

ADDRESS given at the Annual General Meeting of **The Haemophilia Society** on 30th April, 1967, by

Dr. Charles R. Rizza, M.D., M.R.C.P.E.

Consultant Physician, Oxford Haemophilia Centre,
Churchill Hospital, Headington, Oxford.

Mr. Chairman, Ladies and Gentlemen,

As many of you already know plans are now well under way for the building of a Haemophilia Centre in Oxford. With building due to start sometime in July 1967 I thought it would be appropriate to say a little about this new Centre and then tell you what we in Oxford think are the functions of a Haemophilia Centre.

The new Haemophilia Centre is to be built in the grounds of the Churchill Hospital close to the building housing the M.R.C. Blood Coagulation Research Unit and will be a single storey brick building with a floor area of approximately 4,000 sq. ft. Half of this area will be used for clinical work and will contain a patients' waiting room, a consulting room, doctors' rooms, laboratories for testing blood samples and a secretary's office. The other half of the building will be used for the preparation of plasma fraction, for the treatment of the different bleeding disorders and for research into the best way of preparing these fractions. More academic research into the chemical nature of the blood clotting factors will also be carried out there under the supervision of Dr. E. Bidwell. This fractionation 'plant' at the rear of the new building will be extremely important since the successful running of a treatment centre depends on the easy availability of potent therapeutic materials.

Having discussed the bricks and mortar of the new centre, I should now like to give our view about the functions of a Haemophilia Centre and how best the functions can be carried out. Much of what I am going to say is based on the current practice at the Blood Coagulation Research Unit and is a reflection of the work carried out at Oxford during the past 20-25 years.

Members write from time to time of the difficulties which they have experienced, of the widely, even alarmingly different treatments that can be encountered. All these matters have been under consideration during the year and have been the subject of discussions and correspondence.

However, in spite of the delays which sometimes occur in dealing with the haemophiliac (and in the case of haemophilia perhaps more than in any other disease urgency is of first importance); in spite of, in some cases, wrong treatment being given and even of no treatment being given at all; in spite of these imperfections in the working of the Centres; through lack of knowledge rather than lack of good intention, it is true to say that Haemophilia Reference Centres are probably the greatest single factor in the improvement of the lot of the haemophiliac which has taken place during this generation.

One of the most welcome developments in the world of the haemophiliac has been the exchange of information and the practice of consultation between widely separated Centres and the Specialists who lead them. All this must be a move towards the establishment of generally accepted and published principles and methods of treatment of haemophilia. This is a goal which may be in sight but which the Country as a whole has not yet reached.

It has been publicly acknowledged that the working of the National Health Service, both at present and in the future, is giving cause for anxiety. The Society, therefore, feels amply justified in devoting some of its efforts and funds to helping Centres where national resources seem to be inadequate. We have, therefore, continued the support which we have pledged to the Haemophilia Research Unit at the Royal Free Hospital (North Western Branch).

The Society plays its part in co-operating with other organizations: with the Red Cross Society for providing holidays for its members: with a trust in Cardiff for helping a haemophiliac to acquire means of transport: with the

"Wireless for the Bedridden" Society to provide receivers for those confined to their homes. Moreover, the external impact of the Society has been sustained by the furthering of information and literature which the Society thought important to its members and others. Such, for example, has been the distribution of two thousand copies of an article in "World Medicine" on the work being done at the Churchill and Royal Free hospitals: of the survey, "The Haemophilic boy at School", and of an article in the American Medical Bulletin.

Perhaps a more personal sign of the esteem in which the Society is held is all the gifts and covenants and bequests of money—one of them an anonymous gift of £250—which have been made to it during the year. We would especially mention the generous donation of £850 from the students of Trinity College, Carmarthen. This was a substantial part of their Rag Day proceeds. Mr. Phillips, our Honorary Treasurer, and Mr. Polton, our Honorary Secretary, travelled to Carmarthen to receive formally the cheque from the Mayor. It is proper here to sound a note of warning. The expenditure of the Society in 1966 by its greater activity has been heavier. It is not matched by the prospects of future income. There is not in sight any promise of financial support such as has encouraged us in previous years. This is a matter which will need attention in the ensuing year.

Co-operation with other organizations is important and fruitful, but it is not forgotten that the ultimate object of the Society is to serve the individual. Throughout the year our help and advice has been sought and given to members who were beset not only with financial difficulties, but with other problems of modern society, as these applied especially to haemophiliacs. One member was facing eviction from a Council house, another had suffered a burglary loss of all his artist's equipment with which he was building up a useful occupation, and another was hard put to it to keep up his membership of his professional society. In two special cases the Society helped in the provision of a telephone. In these

parent Society for its invaluable encouragement, support, and practical assistance. It has helped us to become firmly established and it is good to know that we can call on its aid at any time".

These views, I am sure, are typical of the feeling of fellowship that prevails within the Society and which must give us great hope for the future. We must not forget, however, and I think this is a good opportunity to mention it as the fact is not always fully appreciated, that all these activities are carried out entirely voluntarily, in the spare time of Group members and Executive Committee members. This makes the achievements of the Society all the more praiseworthy, and I am sure you would wish me, on your behalf, to thank all these fine unselfish people for what they have done and are doing for all our members.

appeal so kindly made by Mr. Richard Burton, who had expressed the wish that it should be used specifically for the benefit of these attending the Oxford Haemophilia Centre.

From our youngest Group I turn to one of our oldest, Birmingham. During the past year they have held two general meetings, two dances, and a New Year family party. They publish a quarterly news letter, have visited members in hospital, and helped with problems of employment and re-housing. A member who sustained an injury was paid compensation for loss of wages only because of the intervention of the Group.

Our Northumbrian Group, based in Newcastle, held a general meeting which was addressed by the doctor in charge of the local Haemophilia Centre, and also two summer outings to local beauty spots.

In Scotland two meetings have been held, one in Edinburgh and the other in Glasgow. Members have been helped with their problems, one example being the family who, because of serious financial difficulties, were threatened with eviction from their home, just before Christmas. Rapid action by the Group saved them from this.

Our Yorkshire Group, based in Leeds, report that their Christmas Party was a great success and have now arranged for a party of 44 members to go to a show at the Grand Theatre, Leeds. They have two notable examples of how members have been helped. Firstly, the severely disabled haemophiliac whose daughter wished to take up nursing was, thanks to the Group, given a grant by the Variety Club of Great Britain to enable her to obtain the items she requires when she starts her training in London. Secondly, a boy of sixteen, in very poor circumstances in every way, who has now been admitted to Lord Mayor Treloar College thanks to prolonged efforts involving lengthy correspondence and personal visits by Group Committee members, a member of our Medical Advisory Panel who travelled from London to Yorkshire, and the Executive Committee in London. I think this last case is an excellent example of what can be achieved by close co-operation between the groups and the committee in London. It is also reflected in the Group reports and here I quote from one of them:— "we are grateful to our and many other ways demands have been made upon the Benefit Fund and from it there has been paid out during the course of the year a total of £400. This help has been given either directly or in concert with other organizations.

Other personal problems have demanded the attention of the Officers and Committee. They have been concerned with education and employment, with the difficulties of a haemophiliac's emigration to Australia, with motor car insurance and with driving tuition, and these requests for advice have come from all parts of the British Isles, from the Shetlands to the Channel Islands, from Dublin to East Anglia.

The Bulletin continues to play its part in providing a fellowship for haemophiliacs and of spreading information of interest and importance to them by the nature of the articles contained in its six issues during 1966. It must have contributed greatly to the spread of knowledge about haemophilia and its treatment; so also will the Survey in its more thorough way. The fieldwork was completed in 1965 and a preliminary report was compiled by Mr. K. E. Cooper. For the work of analysing statistically the mass of information that was gathered, the help was enlisted of a University Research Student, and a computer. This work, together with the meetings and discussions connected with it, continued during the year.

Present conditions generally suggest that it will become increasingly difficult for the Society to raise the necessary funds to fulfil our commitments and obligations but this task will be first priority with those concerned and I hope all members will continue to give their full support as the opportunity arises.

One major expense which is likely to increase at any time is the rent of our office. We have twice been given notice to vacate, the second notice in fact expires today. Fortunately, our landlords, the Greater London Council, have given us a little more time to find alternative accommodation but it cannot be long before we are obliged to move elsewhere with the inevitable upheaval and expense.

Another commitment we have is our continued support and participation in the World Federation of Haemophilia. The Fifth Congress is to be held later this year in Athens and the Sixth Congress in Montreal in 1968. It is our hope that sometime in the future we may act as hosts to the World Federation and thereby sponsor a gathering of leading haematologists and pathologists from all over the world to participate in discussions for the ultimate benefit of all suffering from haemophilia, Christmas disease and allied conditions.

I mentioned earlier our Group Committees and I should again like to refer to their activities which do not always receive the acknowledgement they deserve. We have recently received reports from our Groups and I should like to give you examples of what is being done. Firstly, our hosts of today, our Oxford and District Group. Since their inaugural meeting 18 months ago they have held five meetings, distributed a number of News Letters, visited and helped members in hospital, and raised funds by the sale of ball pens, Christmas cards, raffles, and the like. The Group Committee was actively involved in the Invalid Tricycle Report mentioned previously. In July, in response to an urgent appeal for help from the Unit at the Churchill Hospital a local firm were pursuaded by Mr. O'Rourke to loan a caravan so that Dr. Rizza, who had taken the appointment of Consultant in haemophilia at the hospital, could be accommodated pending the building of a new Unit. Since then, so as to ensure the continuance of this the Society has purchased the caravan and has also provided the salary, for six months, of a secretary for Dr. Rizza. The money for all this came from the B.B.C. radio brought a number of promises of support, and questions have been asked in the House of Commons. The Guardian newspaper published an article on our report and followed it up with a letter from Mr. MacBryan. We will continue to pursue this matter in every way possible until our aim is achieved.

Also mentioned last year was the Report of our Survey of Adult Haemophiliacs. A preliminary report, written by Mr. K. E. Cooper, has been published and sent to all on our mailing list and work is proceeding on the full statistical report. When the Survey was being conducted by Mr. Cooper he visited a considerable number of haemophiliacs, particularly those who are homebound. These members, without exception, welcomed his visit and he found a keen desire for a personal contact with Society headquarters to continue. This observation, plus the fact that as our membership grows it is becoming increasingly difficult for Executive Committee and Group Committee members to visit, in their spare time, members in difficulties as frequently as they would wish, prompted us to give the matter some thought. If members are within easy reach a visit is possible but in other cases we have found it is not entirely satisfactory to endeavour to solve their problem by telephone or correspondence, the latter course sometimes involving several letters, perhaps to a doctor, a medical social worker, a Local Ministry office, a housing department or similar body, depending upon the problem. Also, when it is financial help that is requested it is only right and proper that information beyond that given initially by the member should be obtained. It has therefore been suggested that the Society should have its own Medical Social Worker who would visit any member in difficulties and endeavour to solve his problem on the spot. If this suggestion is followed through it will mean that the Society will need to seek hitherto unexplored sources of income; we cannot finance such an appointment from our present resources and this alone will give our Appeals Committee considerable food for thought.

This brings me to the subject of appeals and funds generally. During the past year many ambitious plans were laid, one being the organising of a Charity Ball. Several leading figures in the world of entertainment promised support of such a function but on investigation it was found that owing to the economic factors in the country insufficient support would be forthcoming to ensure its success and it was therefore abandoned.

PRESIDENTIAL ADDRESS given at the Annual General Meeting of **The Haemophilia Society** on 30th April 1967 by

Sir Weldon Dalrymple-Champneys, Bt., C.B., M.A.,
D.M., F.R.C.P., D.P.H.

I should like to tell you about a few activities of the Society during the past year which have not been widely publicised to members but into which all the same a great deal of effort has gone; also of some of our plans and ideas for the future.

At our Annual General Meeting last year reference was made to a report on invalid tricycles. This started when, a year or so ago two members here in Oxford, Mr. GRO-A y and Mr. GRO-A felt that something should be done about transport for severely disabled haemophiliacs. Both of them have invalid tricycles and they came to the conclusion that although these vehicles are infinitely better than using public transport, with all its hazards, there are many drawbacks to them and, in fact, certain dangers. They therefore produced a questionnaire which, with the co-operation of the Executive Committee, was sent to every haemophiliac whom we knew had a tricycle. From the replies a comprehensive report was produced which, together with letters of support from our Medical Advisory Panel and other doctors, was submitted to the Ministry of Health with the request that in severe cases of haemophilia a small car should be issued instead of an invalid tricycle.

At that time a review of transport for the disabled was being conducted but unfortunately when, following the review, the Minister of Health eventually made his statement, in February, haemophiliacs were not included among the new categories of disabled persons to be given the option of a small car. We are most disappointed about this as we felt we had produced an irrefutable case. Also, the small number of haemophiliacs involved, 61 have invalid tricycles, should not have affected the issue to any great extent from the financial standpoint.

In pursuance of our case we have now sent a copy of our report, together with details of a haemophiliac who was recently admitted to hospital with an injury directly caused by the controls on a tricycle, to all Members of Parliament. This has

BALANCE SHEET AS

		£ s. d.	£ s. d.
SUNDRY CREDITORS:			
Auditors Honorarium			19 19 0
Christmas Stocking Receipts relating to 1967			43 17 1
Football Treble Receipts relating to 1967			191 3 10
G.L.C. December Rent			13 19 0
„ „ Heating			2 14 2
Inland Revenue—Income Tax ...			6 12 0
G.P.C.			10 2
Corporation Tax			160 5 10
Webb—Christmas Cards			676 2 0
Pulman—Christmas Cards			568 10 0
„ „ Seals			195 17 0
CAPITAL ACCOUNT			300 0 0
ACCUMULATED FUND:			
General Fund as at 1.1.66 ...		2,498 15 10	
Less: Transfer to Benefit Fund ...	£250 0 0		
Less: Transfer to Holiday Fund ...	100 0 0		
Deficit for 1966 ...	140 11 3		
		490 11 3	
			2,008 4 7
BENEFIT FUND			131 13 0
RESEARCH FUND			1,232 9 6
HOLIDAY FUND			26 8 0
PUBLICITY AND ADVERTISING SPECIAL FUND			350 0 0
			£5,928 5 2

We report that we have examined the above Balance Sheet together with the annexed Income & Expenditure Accounts, and have obtained all the information and explanations which, to the best of our knowledge and belief were necessary for the purposes of the audit. In our opinion proper books of account have been kept as far as appears from our examination thereof and the Society's Balance Sheet and Income & Expenditure Accounts dealt with in our report are in agreement with these books.

35, Eastern Road,
Romford, Essex.
24th May, 1967.

THE YEAR ENDED 31st DECEMBER, 1966

FUND

		£ s. d.	£ s. d.
INCOME:			
Subscriptions			187 0 0
Donations			1,017 2 3
Collections			66 9 5
Social Functions			86 2 6
Christmas Stocking Collection ...			606 2 1
ANNUAL DRAW		470 4 0	
Less: Cost of Draw Tickets, etc.		22 8 9	
		447 15 3	
Transfer to Research Fund		223 17 8	
		223 17 7	
Transfer to Benefit Fund		223 17 7	— — —
FOOTBALL TREBLE COMPETITION ...		477 19 4	
Add: Receipts in Advance in 1965, B/F		183 10 0	
		661 9 4	
Less: Cost of Cards	£31 5 0		
Prize Money	152 4 8		
Receipts in Advance 1967	191 3 10		
		374 13 6	
			286 15 10
CHRISTMAS CARDS		1,550 19 4	
Less: Cost of Cards, Corporation Tax, etc.		1,310 10 4	
		240 9 0	
Less: Transfer to Research Fund		240 9 0	— — —
EMBLEM BADGES		31 0 0	
Less: Cost of Badges		19 0 0	
			12 0 0
Interest on 4½% Defence Bonds ...			13 10 0
Interest on Deposit Account ...			89 6 4
Sales of Canadian Booklet and Ice Paks			1 19 6
CHRISTMAS SEALS		64 5 0	
Less: Cost thereof		17 10 0	
			46 15 0
EXCESS OF EXPENDITURE OVER INCOME for the Year			140 11 3
			£2,553 14 2

INCOME & EXPENDITURE ACCOUNT FOR

GENERAL

	£	s.	d.	£	s.	d.
EXPENDITURE						
Rent of Offices				170	2	2
Office Lighting and Heating ...				30	5	10
General Office Expenses				133	3	5
Salaries and State Insurance ...				599	1	9
Casual Clerical Assistance ...				53	17	10
Travelling Expenses				77	9	5
Postage & Telephone				290	19	1
Printing and Stationery				585	7	3
Christmas Party	89	7	8			
Less: Donations Received ...	21	0	0			
				68	7	8
Subscription to the World Federation of Haemophilia ...				115	13	1
Subscriptions to Affiliated Organisations				10	5	0
Publicity and Advertising ...				80	2	0
Appeals Expenses				86	0	0
General Meetings				14	1	1
Sir Lionel Whitby Award ...				21	0	0
Identity Discs, (Engraving) ...				24	19	0
Auditors Honorarium				21	0	0
Philips Razor				6	9	1
Cost of Presentation				15	18	9
Miscellaneous Expenses				59	19	9
DEPRECIATION:						
Typewriters	10	0	0			
General Office Equipment ...	14	0	0			
Duplicator	19	10	0			
Library		12	0			
				44	2	0
Cost of Medical Journals ...				45	10	0
				£2,553	14	2

AT 31st DECEMBER, 1966

	£	s.	d.	£	s.	d.
CURRENT ASSETS:						
Cash in Hand, Petty Cash held by Groups				39	17	4
Cash in Hand, Current Account				1,794	0	9
Cash in Hand, Bank Deposit ...				2,000	0	0
STOCK:						
French Christmas Cards ...				4	17	4
English Christmas Cards				572	19	1
Emblem Badges				97	13	9
Bed Cages				5	12	6
Christmas Seals				205	17	0
SUNDRY DEBTORS:						
Outstanding Loans				39	7	10
Payment in Advance for Christmas Stockings 1967				54	6	3
Payment in Advance for Christmas Stockings 1968				54	6	3
Unpaid Accounts for 1966 Christmas Cards purchased by Members				333	12	7
Selective Employment Tax ...				18	2	6
4½% Defence Bonds, at cost ...				300	0	0
FIXED ASSETS:						
Library	1	0	0			
Additions during Year	5	4	0			
	6	4	0			
Less: Depreciation		12	0			
				5	12	0
Office Equipment, as at 1.1.66 ...	121	17	6			
Additions during Year	19	19	0			
	141	16	6			
Less: Depreciation	14	0	0			
				127	16	6
Typewriters, as at 1.1.66	107	19	6			
Less: Depreciation	10	0	0			
				97	19	6
Duplicator, as at 1.1.66	195	14	0			
Less: Depreciation	19	10	0			
				176	4	0
				£5,928	5	2

In our opinion and to the best of our information and according to the explanations given to us, the said Balance Sheet gives a true and fair view of the state of the Society's affairs as at 31st December, 1966 and the Income & Expenditure Accounts give a true and fair view of the Expenditure over Income for the year ended on that date.

W. J. JANSEN & PARTNERS,
Certified Accountants.

INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st DECEMBER, 1966

BENEFIT FUND

EXPENDITURE:	£	s.	d.	INCOME:	£	s.	d.
BALANCE being outstanding Loans at 31st December, 1965	59	7	10	BALANCE, as at 1st January, 1966	112	0	11
Grants to Members in 1966	405	11	0	Transfer from Accumulated Fund	250	0	0
Christmas Grocery Parcels distributed to Members	84	16	0	Repayment of Loan	20	0	0
BALANCE of Benefit Fund to Date C/F	131	13	0	Half Proceeds of Draw	223	17	7
				Donation from "The Wireless for the Blind" ...	36	1	6
				BALANCE, being Loans made in 1965 C/F ...	39	7	10
	£681	7	10		£681	7	10

RESEARCH FUND

EXPENDITURE:	£	s.	d.	INCOME:	£	s.	d.
Grants to the Haemophilia Research Unit at the Royal Free Hospital, London	2,100	0	0	BALANCE, as at 1st January, 1966	1,342	18	3
Grant to Louis Jenner Laboratory of St. Thomas's Hospital, London	40	0	0	Donation from Carmarthen Students (Trinity College)	850	0	0
Grant to the Research Unit of the Churchill Hospital, Oxford	400	0	0	Other Donations	471	11	0
Cost of the National Survey of Haemophiliacs being conducted by the Haemophilia Society	104	19	5	Half Proceeds of Annual Draw	223	17	8
BALANCE of Research Fund to date, C/F ...	1,232	9	6	B.B.C. Appeal	729	8	9
				Dawn Adams Appeal	19	4	3
				Profit from Sale of Christmas Cards	240	9	0
	£3,877	8	11		£3,877	8	11

HOLIDAY FUND

EXPENDITURE:	£	s.	d.	INCOME:	£	s.	d.
Grants to Members in 1966	88	10	0	BALANCE, as at 1st January, 1966	14	18	0
BALANCE of Holiday Fund to date C/F	26	8	0	Transfer from Accumulated Fund	100	0	0
	£114	18	0		£114	18	0

SPECIAL PUBLICITY AND ADVERTISING FUND

	£	s.	d.		£	s.	d.
BALANCE of Fund to date C/F	£350	0	0	BALANCE, as at 1st January, 1966	£350	0	0