

A hospital in the making. A history of the National Hospital for the Paralysed and Epileptic (Albany Memorial) 1859-1901.

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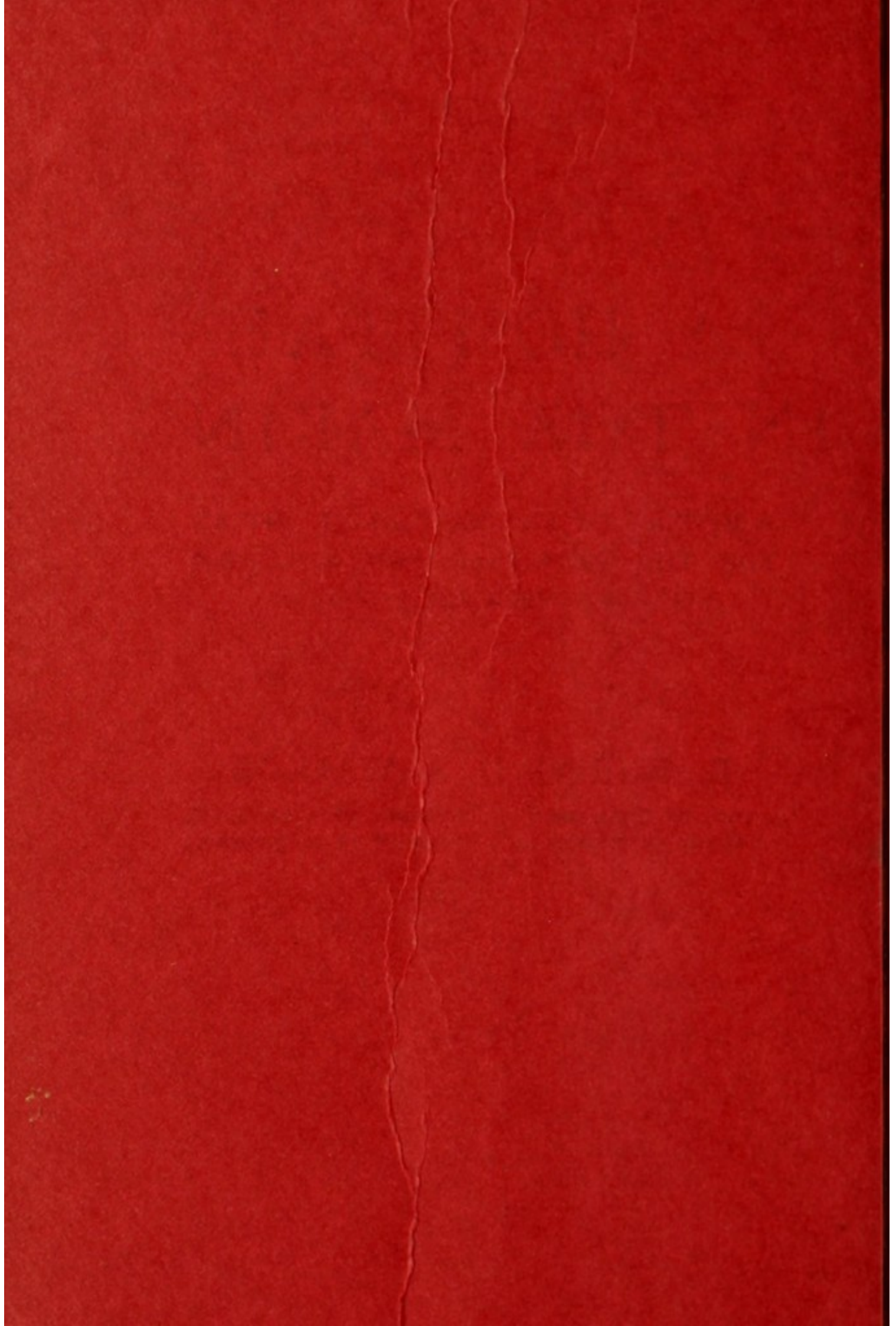
A HOSPITAL IN THE MAKING

A HISTORY OF THE NATIONAL HOSPITAL
FOR THE PARALYSED AND EPILEPTIC
(ALBANY MEMORIAL) 1859-1901

BY

B. BURFORD RAWLINGS

AUTHOR OF "THE CHRONIC INDIGENCE OF HOSPITALS";
"DOCTORS IN HOSPITALS"; "NURSES IN HOSPITALS";
ETC.



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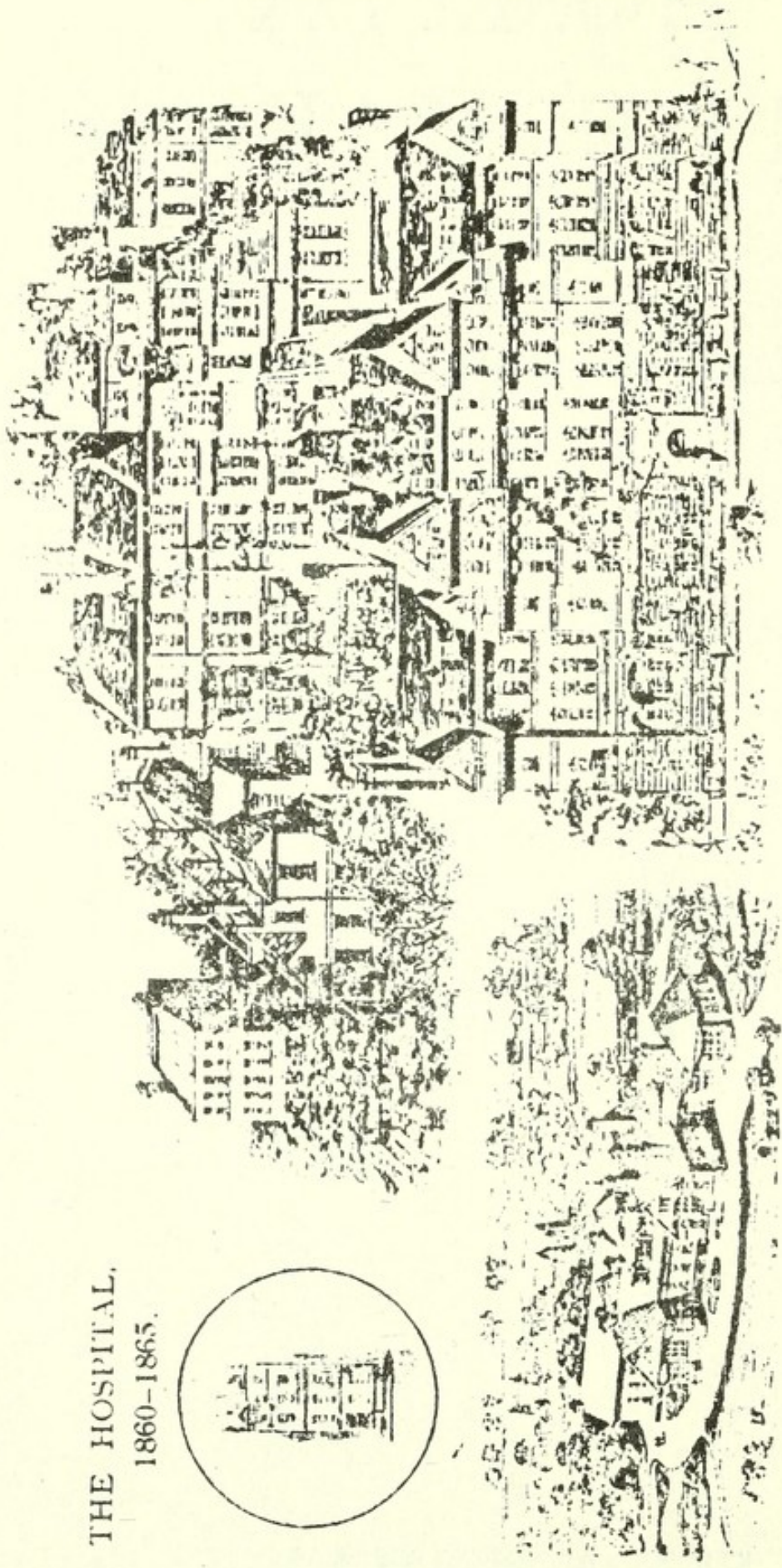
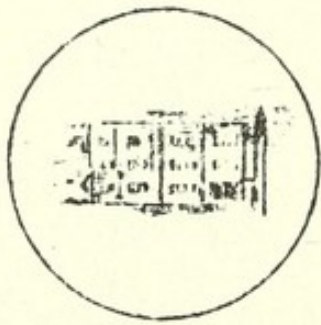
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No. 1 AMEN CORNER, E.C. . . . 1913

THE HOSPITAL,
1860-1865.



FINCHLEY.

QUEEN SQUARE.

THE HOSPITAL BUILDINGS, 1900.

*Presented by Dr. J. Purdon
Martin.*

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PREFACE

NOT until some time after the Jubilee Celebration of the National Hospital for the Paralysed and Epileptic did I harbour a thought of adding to what I had already written about the institution. The account given in the newspapers was the only information of the proceedings afforded many of the hospital's oldest friends, and it contained a statement that the history of the hospital had been sketched in the Address presented to His Majesty King Edward VII. This proved to be a mistake, no attempt at a sketch having been made.

In justice alike to the Founders who created the institution, and to their fellow-workers and successors who developed it, a history of the forty-two eventful years which followed the Charity's foundation seems called for. The writing of it was a task I had not sought, or I should have entered upon it long before. If undertaken by me, there could be no alternative to a narrative told in the first person, and that in itself was dissuasive. It would ensure the omission of some things material, while regard for coherence would demand inclusion of others I should have liked to leave to another pen.

At least, I might claim one modest qualification, fulness of knowledge. I had lived through most of the events to be described. Even that brings disadvantages, because when we sit down to recollect, we recover much that is interesting to ourselves only, and we soon realise that what is capable of being forgotten is sometimes possessed of redeeming merit. Nevertheless, I am hopeful that an attempt to save from oblivion the chief events of the Charity's career during its making will not be unwelcome to those still living who witnessed its remarkable progress.

If the story of a struggling hospital contains not a little that to the general reader must appear trivial and sordid, he may believe that the actual worker lives under no illusion. The hard, and sometimes unlovely conditions which attach to his work, and the futility of his best ambitions, come home to him every hour, and a chief lesson to be learned from this history is the supreme value to an institution in the making, and afterwards, of the personal devotion displayed in the labours which built up the National Hospital. Arising, here and there, out of the narrative, are brief examinations of certain of the problems which concern hospitals generally.

That the later chapters contain a tale of conflict is to be regretted, but some reference to the events of 1901 was unavoidable, and little worth would attach to any history deleted of its wars. To pretend that I am divested of my avowed convictions concerning the need of lay supremacy in hospital administration or that I am indifferent to a vindication of them, would be affectation. In no case could they have failed to be manifest, but I have written with a sense of responsibility, and in everything relating to the disagreement I have tried, while guarding against misapprehension of views never inconsistent with respect and sympathy for the aims of the staff, to keep the expression of mere opinion under restraint, and to record matters of fact without uncalled-for comment.

Above all, I have endeavoured to thwart any attempt to read into the text a meaning injurious to the hospital, whose work possesses an inherent value and beneficence untouched by the records of a past controversy, which though of much more than personal or passing import, is given no undue prominence in these pages.

B. B. R.

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CHAPTER I

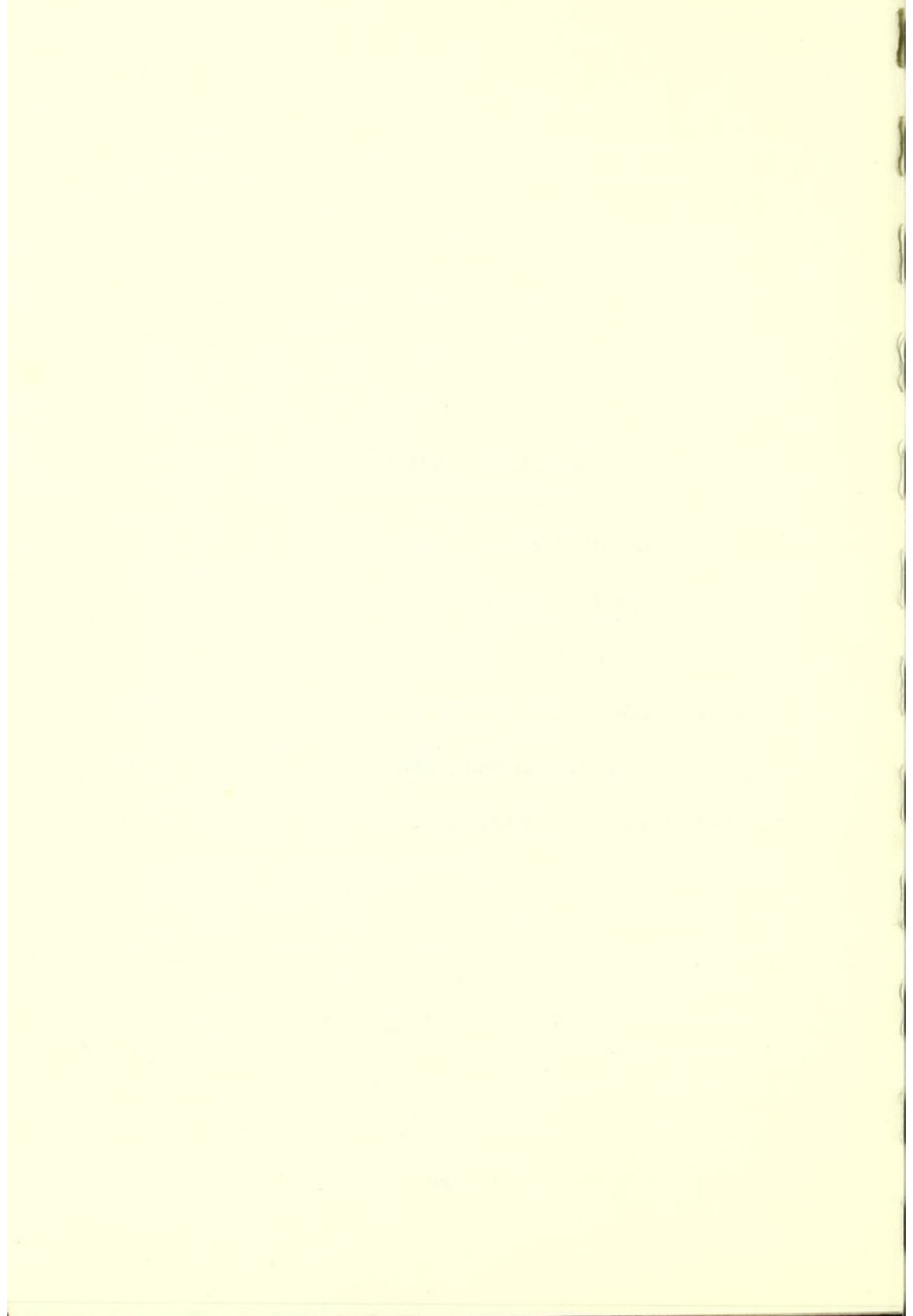
The first part of the book is devoted to a general introduction to the subject. It discusses the history of the subject, the scope of the book, and the organization of the chapters. The second part of the book is devoted to a detailed discussion of the subject. It covers the theory and practice of the subject, and includes many examples and exercises. The third part of the book is devoted to a discussion of the applications of the subject. It shows how the subject can be used in a variety of fields, and includes many examples and exercises. The fourth part of the book is devoted to a discussion of the future of the subject. It discusses the current state of the subject, and the challenges and opportunities that lie ahead.

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A HOSPITAL IN THE MAKING

CHAPTER I

THE history of many notable charities begins with a record of lowly origin. Few of the multitude of philanthropic institutions scattered throughout the land, and these not always of the most useful, have been born in the purple and taken position by virtue of parentage.

Mostly, begotten by obscure founders, the magnitude and excellence of their work and the splendour of reputation are the outcome of dogged perseverance by individuals primed with a purpose, who, starting from humble beginnings, have shown a noble discontent with shortcoming, and have spent their lives in laborious endeavours to overcome that chief defect of voluntary organisations.

We have it upon the authority of Miss Johanna Chandler that the origin of the National Hospital for the Paralysed and Epileptic was in this way:—The grandmother, with whom the sisters Johanna and Louisa, and their brother Edward, resided, was suddenly stricken with paralysis. She had left home on a visit, hale and active. A few days later she was brought back a helpless log, condemned to the living

death referred to by one writer "as a realization of the fable which describes the souls of the enchanted looking forth from the house of corruptibility, all but ready for the grave."

Miss Chandler was set thinking. She saw that, terrible as was the condition of the victim, it was not beyond reach of the alleviation care and good nursing could afford, and she was led to reflect how aggravated must be the suffering of those whose poverty denied them, not only means of relief, but the common necessities of life. In course of time she was presented with a vivid object lesson. A journeyman carpenter who lived near by was struck down at his work, and was carried home to be nursed by his wife, a wreck of a woman in the last stages of consumption, with no knowledge of nursing, and already encumbered by the care of four little children. Miss Chandler tells us that she never forgot the scene of that desolate home, and we can well understand how the impression deepened when she found that among all the hospitals of London not one would open its doors to a case of the sort; that the splendid efforts of philanthropy, so potent and far-reaching in most directions, stopped short here, and that for the medical treatment of the unhappy victims of paralysis and the many kindred affections of the nervous system, neither the metropolis nor any of the provincial cities made an iota of provision. "God helping me, came the resolve," said Johanna Chandler, "that I would devote my life to an endeavour to supply this great want." The interest of her brother and sister, readily aroused, soon developed

into cordial co-operation, and the three were united in a determination that their sympathies should not be barren.

But how was the resolve to be carried into effect? The Chandlers were not rich; they had but a moderate competence, and they lacked the position and influence which can make light of material difficulty. They took from their own slender resources the sum of £200 as a nucleus of the fund they proposed to raise, and they proceeded to appeal publicly for help. They addressed numbers of benevolent people by letter, and among them the leading philanthropists of the day. The replies they received were various. "Many thought the idea a good one, but wished to have no trouble in the matter; some praised them highly, but no one offered a shilling to assist them." After five years of effort they seemed as far as ever from achieving their object. No response came to their appeals, and it is not to be wondered at that they began to despair. But when all seemed dark and hopeless, and their own resolution was faltering, help from an unexpected quarter was at hand. The Lord Mayor (Mr. Ald. Wire) himself suffered from a paralytic affection, and it was strictly in harmony with the later experiences of the institution that the first display of practical sympathy the proposal for its establishment received should come from one who suffered in his own person. The Lord Mayor invited Miss Johanna Chandler to visit him. She obeyed with alacrity, and so effectually did she plead her cause that she brought away with her the Lord Mayor's promise to summon and preside

over a meeting to be held in the Mansion House, when a proposal to establish a hospital should be publicly put and voted upon.

Thus, the Mansion House, already associated with the inception and promotion of benevolent enterprises, was to be the birthplace of the new hospital, and no better auspices for its future could have been hoped for. Special hospitals were not then held in high esteem. The manner of their origin rarely invited investigation, and not a few of those which existed had been established by ambitious medical and surgical practitioners solely in the interests of their promoters. The manner of its foundation was a guarantee of the future utility of the new institution, and from the first it was welcomed by organs of public opinion, lay and professional, with rare unanimity. The crying need of provision for the treatment and investigation of nervous disease was understood by the well informed. The great physiologist, Marshall Hall, had long advocated the establishment of a hospital for epileptics, whose work "should strike at the sources which feed our asylums," and when it was decided that the new hospital should be concerned with the whole group of maladies coming under the heading of "nervous," except only when complicated by mental symptoms, satisfaction was general. *The Lancet* said no time could be more opportune for carrying into effect this "noble scheme," and a leading daily paper asked, "Who among the ten thousand who die annually in London of paralysis have enjoyed a chance of recovery under first-rate medical treatment—who among the

epileptic abortions of our pavements ever received the slightest aid in his malady?" (*Daily Telegraph*, November 2nd, 1859.)

Curiously enough, the original disposition of Mr. Chandler and his sisters had undergone some modification, and now inclined towards the establishment of a Home for incurable paralytics, but the Lord Mayor's views upon this point were definite. Happily, they prevailed, and a hospital for active treatment was decided upon. At the meeting which took place on November 2nd, 1859, the resolution establishing the National Hospital for the Paralysed and Epileptic was passed with enthusiasm. A Committee was formed, the Lord Mayor being elected President, and the first list of subscriptions was announced before the meeting separated. It amounted to about £800, and among the donors were the Earl of Shaftesbury, the Baroness Burdett-Coutts, and other notabilities. Edward and Johanna Chandler returned home encouraged and elated by what had taken place, and only the illness of their sister, who was too weak to attend the proceedings, marred the happiness of the day. Her heart, equally with theirs, was given to the great idea, but with disappointment keen as that of the eager soldier disabled by sickness before the battle is set, Louisa Chandler strove in vain to take part in the work inaugurated, and almost before the excitement attendant upon the meeting had passed, she had gone to her rest.

In the following year, sufficient money having been collected, negotiations were entered into for the purchase of the lease of Queen Square House, sometime

the residence of Mr. Baron Pollock, and a substantial deposit was paid, but when the freeholders learned that the would-be purchasers were acting on behalf of a hospital, they refused to complete, and the deposit was forfeited. Mr. Chandler and Mr. Richard Barton, for many years a member of the hospital Board, shared the loss.

Subsequently, the freehold of an old roomy house, No. 24 Queen Square, was acquired, and a few months later, the premises were opened with a provision of ten beds for in-patients and a department for out-patients. Legitimate pride was felt by the founders that the whole cost of the little hospital, arranged as perfectly as the limitations of an adapted house permitted, and equipped with homelike comforts hitherto undreamed of in hospital life, was defrayed before it was taken into occupation.

Thus the institution started free from incumbrance of debt, and a principle was inaugurated which, during the succeeding forty-two years, was maintained unimpaired. Those were the days of small things, but when the conditions are recalled, the collection within the space of a few months of nearly £4,000 must be regarded as notable, the more so because the result was achieved by the labours, almost unassisted, of Johanna Chandler and her brother.

After a while, a little band of ladies co-operated, of whom the last survivor, Miss Bevington, passed away only recently. By means of fancy sales, concerts, and other contrivances they aided in the collection of funds, and established a Samaritan Society to grant relief in

money and kind to the most destitute out-patients. But whatever enthusiasm these helpers displayed, the success which attended their efforts was due in chief measure, as they would have been among the first to acknowledge, to the personality and persistence, amounting almost to genius, of the untiring little lady at their head.

The experience of the National Hospital in the earliest, as in the later periods of its history, tallied with that of many other charitable undertakings. No widespread response rewarded the promoters' efforts. A few good friends, secured mostly from among those who by actual contact had learned only too well the terrors of nervous disease, did their best to atone for the indifference of the many, and stone by stone the foundations of the charity were laid.

Throughout its career the hospital has suffered from a too general want of knowledge of the diseases treated, and an inability to appreciate their gravity. To a large number even of educated people, nervous affections are impalpable. They are regarded as the ghosts of maladies largely born of the imagination, the vapours and megrims of which we read in old prints, due more to infirmity of temper than to serious lesion, and easily to be vanquished by force of will.

Yet from a well-seasoned physician, who stood watching the sufferings of a patient, was drawn the almost involuntary observation, "If I were threatened with the fate of that poor fellow, I should make an end of myself without compunction," while the following is taken from a printed description of a ward visit---

“Blind, deaf, and one of them dumb,” says the nurse.

“The two brothers in affliction lie in beds side by side, with their limbs, incapable of voluntary movement, as they have been last placed by the attendant, oblivious of all but pain, imprisoned with their agony.

“Think of the dread terrors of that solitude and darkness, in which they can only think and suffer, of the horror of that curtain of night through which no word of compassion or smile of sympathy can penetrate.”

Vast is the power of ignorance, and to not a few men and women, whose sympathies would go forth to a child with a scratched finger, the ravages of these dire maladies make no appeal.

The establishment of the hospital aroused keen interest in the medical world, and so eager was the desire to be associated with it that one physician of good standing offered a gift of £1,000 in return for a place upon its staff. Very wisely all such suggestions were declined. To say that the value of any hospital must be appraised by the quality of its professional equipment is to utter the merest truism. Especially was scientific excellence called for in the case of an institution charged with pioneer duty in relation to obscure and aggressive affections, the bane of mankind in all ages, whose origin and progress remained wrapped in mystery.

The medical papers had recognised that in this instance not only was specialism justified, but that it was imperatively called for. Nervous cases could not be

dealt with adequately in a general hospital or by the general practitioner. At the same time the disabilities which had brought discredit upon special hospitals had to be avoided, nor was it safe to overlook the fundamental truth that specialism to be trustworthy must be allied with general knowledge. The selection of Dr. Brown-Séguard and Dr. J. S. Ramskill as physicians gave the requisite assurance. No one could doubt that the standard of professional work would be of the highest, and while the organs of medical opinion hailed the appointments with satisfaction, evidence was soon forthcoming that the new hospital was destined to win the confidence of the benevolent public.

In their second Annual Report, the Board of Management observed that "although the institution has been in operation scarcely two years, it has met with an amount of support unprecedented in the history of public hospitals." Critically examined in its relation to results, this pronouncement may suggest the exiguous limits of customary public interest rather than copious concern for the new aspirant to philanthropic favour; but it reflected accurately the general attitude, and if the support accorded was largely moral, it was not without definite prospective value. The little stranger, welcomed without a dissentient voice, seemed already invested with a miniature magnitude, and assured of a sometime rich inheritance. Yet so far, the modest provision of ten beds had not been increased, although the out-patients in attendance numbered a thousand, drawn from a wide area, and the names of the physicians had become familiar and famous.

Thus early was the well-being of the institution interlocked with the achievements of its staff, and by the good use the doctors made of their opportunities they wrought reputation alike for themselves and the hospital. An enterprising druggist in New York, having possessed himself by some means of a prescription Dr. Brown-Séquard had written for an epileptic out-patient, proceeded to make up the mixture in hogsheads, and by advertising it widely as Dr. Brown-Séquard's specific for epilepsy, speedily, so it was said, secured a fortune.

CHAPTER II

LADY PALMERSTON, when paying the hospital a visit, had expressed the opinion of her illustrious husband that the chief danger threatening its usefulness would be an almost irresistible tendency to make it an asylum for chronic and hopeless cases. A rule to exclude sufferers of this class was already in existence, and by way of additional safeguard it was determined that the customary power to recommend patients for in-treatment should not be given to governors. All alike were to attend as out-patients, and those to be admitted were to be chosen by the physicians on medical grounds. At the same time, the founders insisted that lay authority must be supreme in matters of general administration, being convinced that only by that means was it possible to preserve the philanthropic character of hospital medical relief. In those days no conflict between lay and medical views threatened. The dual character of hospital work was frankly recognised by both parties, and while the one welcomed the establishment of the new hospital chiefly as a vehicle bringing relief to some of the most heavily afflicted among the poor, its scientific and far-reaching promise was duly acknowledged in the confident hope expressed by *The Lancet* when recording the appointment of Dr. Brown-Séquard, that his "vast attainments and keen

intellect would be enabled to throw new light upon the desolating obscurities of nervous diseases." Three years later, Dr. Charles B. Radcliffe was elected a physician, and the same journal wrote of him as one "whose valuable and original researches on the physiology and pathology of the nervous system have won the approval not only of the English profession, but of the most distinguished members of the Continental school."

In these old days every physician upon the staff took his share in the work of the out-patients' room, and that Dr. (Sir Edward) Sieveking should have come to the hospital more than once straight from attendance upon the Princess of Wales (her Majesty, Queen Alexandra) was a subject of gratified conversation among the patients.

The practice of the hospital was already attracting the attention of the profession, and the consulting-room even now gave some indications of the remarkable interest which in later years brought about a daily gathering of doctors sufficiently large to make their seating a difficulty. Lady doctors were few then, and they had no great following. Quite a sensation was produced one day when a lady, afterwards well known as Mrs. Garrett-Anderson, came in to witness the practice. The physicians present were somewhat disconcerted, while, as the whisper went about among the patients, not a little adverse feeling was displayed, several of the men, and even some of the women, refusing to enter the consulting-room. The question of the attendance of lady doctors, whether in the wards or out-patients' rooms, or at lectures, became in time a

difficult one : having regard to the nature of many of the cases, the physicians were opposed to it, and more than once a strongly-worded protest was received from an applicant who demanded the access the authorities were not at liberty to grant.

It is an interesting fact that the results of treatment in the case of a patient among the very first admitted into the hospital were of good omen. The poor woman obtained great and permanent benefit amounting to cure. She had long suffered from frequently recurring fits of an epileptic character, and was accepted as an in-patient under Dr. Ramskill, who to the day of his death, many years after, was engaged in efforts to penetrate the mysteries which still envelop this most intractable malady. The fits ceased ; in due course the patient was discharged, and although she lived to a good old age, she suffered no further attack. In token of gratitude, her brother, a working man, made a generous annual subscription, and shortly after her death he called at the hospital to narrate these circumstances, adding that, with his hearty concurrence, his sister had bequeathed to the charity the whole of her little property, amounting to about £300.

In 1864, the hospital received benefactions from the Corporation of London and certain of the City Companies. The founders, harking back to their earlier predilections, became desirous to establish a Pension Fund in association with the hospital, well knowing that whatever the advances of science, a large residuum of hopelessly incurable cases was inevitable.

In many instances the limitations of medical skill

were only too likely to remain arbitrarily fixed. The worst consequences of disease might be palliated; possibly further developments might be arrested, but when the time for discharge arrived these patients must go forth, still helpless and incapable of employment. What was to be their fate?

That they should be granted for a while the careful tendance of the hospital ward to exchange it, perforce, for the discomfort and neglect of their bare and desolated homes seemed an aggravation of misery, a reflection familiar to the minds of many who are brought into touch with hospital work, and likely to occur with particular persistency to those who witness an aggregation of nervous malady.

"This seems to me the saddest of all hospitals," said a visitor to the wards; "how many of these poor people must leave you in hopeless case." True. And there is no mitigation of the sadness, but rather, perhaps, it is emphasized in the knowledge that not seldom a prospect of relief by death is remote. Think what the affliction means to the victim's family, and that to the horrors of physical agony and helplessness the sufferer must add an ever present consciousness of the burden laid upon those he loves. Think, too, that it is precisely this awful suffering which money, stricken so often with impotence in the presence of great misfortune, is competent to alleviate, and the case for the Pension Fund seems made out. Obviously, no agency of private charity could become sufficiently powerful to supply the needs of all incurable cases. The destination of the larger number would be the

parish infirmary, and in a sense appropriately ; but for the educated post-patient, the man or woman to whom life-long usage has rendered the surroundings and refinements of home prime necessities, rescue from parish help would be truly beneficent.

Many years later, Archbishop Benson, when speaking of the hospital, said, "There is one part of the institution which is especially worth commenting upon, for it is the kindest and the tenderest thing I know, and it is this—that with all their skill, these devoted physicians are obliged to pronounce some cases at present incurable. Our institution . . . has set on foot pensions for the incurable. I call it noble on the part of the institution to give to those for whom nothing else can be done help in this way."

When the establishment of the Fund had been decided upon, the Board wisely resolved that it should be financially independent of the hospital, but to prevent competition for subscriptions, each pension was to be provided for by endowment, the suggestion being put forward that foundations might be *in memoriam*.

The Fund has not grown to the extent which, considering its recommendations, might have been expected, a fact due, perhaps, to the need of keeping its claims subordinate to those of the hospital ; yet during the thirty-four years following, additions were steadily made to the list of endowments, and a total of nearly a hundred had been got together by 1899.

At the close of 1865, the position of the hospital as indicated in the Board's report to the governors was

satisfactory. The original ten beds, increased to twenty in 1862, had now become thirty-five, and upwards of two thousand out-patients had been treated during the year. The annual subscription list was growing; legacies had begun to flow in; the house, 24 Queen Square, had been bought, and a nucleus of a permanent endowment fund, amounting to nearly £4,000, had been invested.

In this record Mr. and Miss Chandler saw encouragement to proceed, and before the year ended we find them urging new departures, and presenting to the hesitating Board of Management visions of possibilities almost bewildering in their effect upon the prosaic and somewhat timorous minds of the members.

CHAPTER III

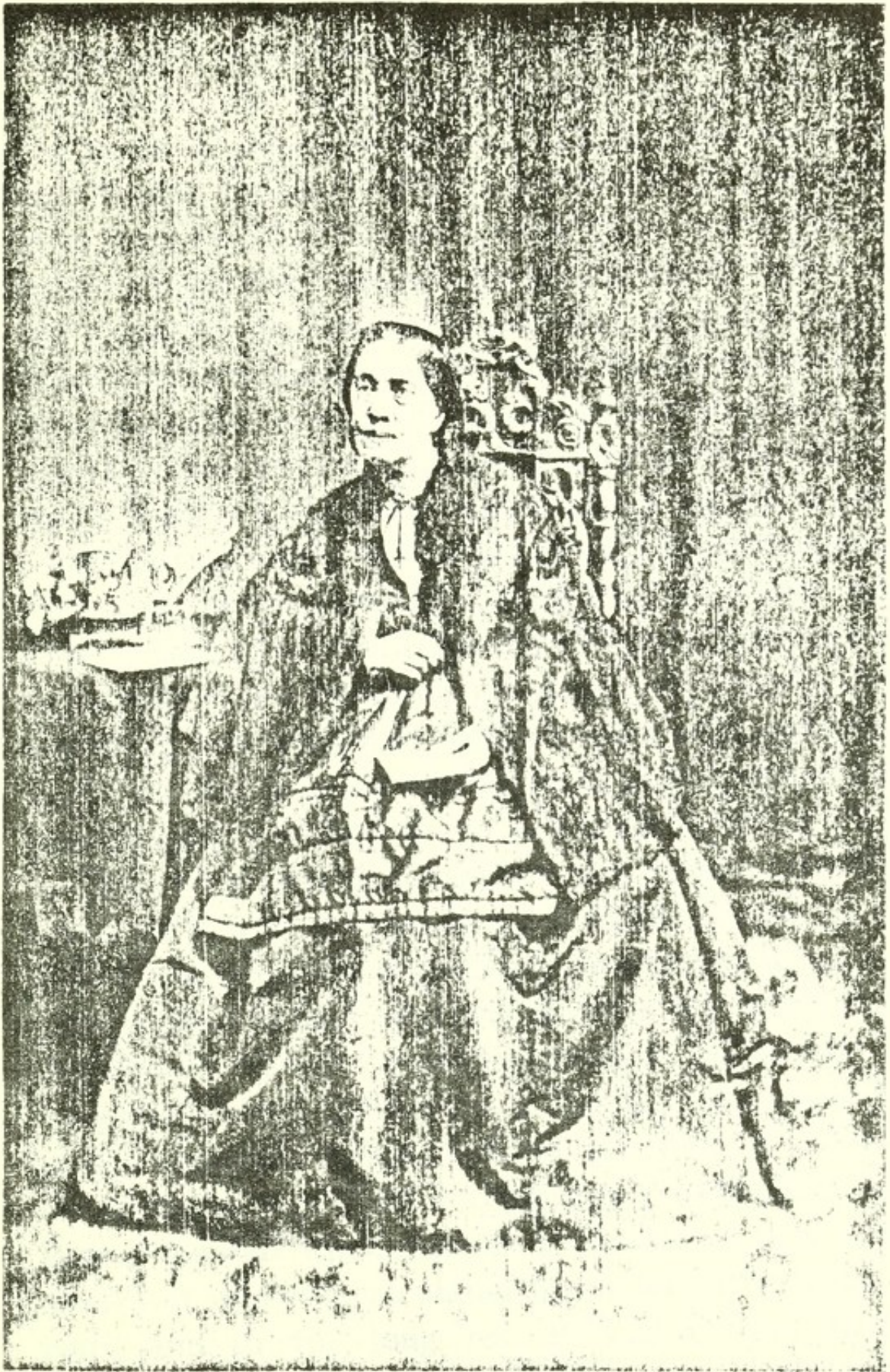
JOHANNA CHANDLER'S enthusiasm having prevailed over the inertia of the Committee as, happily for progress, views masterful generally do prevail in things philanthropic, the year 1866 provided the workers with an ample prospect of further development. Fortunate is the prime mover who can rely upon the active support of even one member of his Board. Looking back to this period of the hospital history—the time when I first became acquainted with it, and from which I can begin to write down of my own knowledge the events which occurred—I was struck by the want of sympathy, and the inability to share the same point of view shown by the Managing Board as a whole to the aspirations of the founders.

With the innocence and lack-knowledge of youth, I had hitherto pictured a philanthropic body as one whose members necessarily worked in unison towards beneficent and unquestioned ends. To my astonishment, I found that with few exceptions, the numerous gentlemen who had attached themselves to the undertaking were agreed in nothing so much as an attitude of suspicion towards the founders, and resistance to their policy of progress. Curiously enough, I was to witness in later days a resuscitation of this tendency in Mr. Chandler himself, but it happened only when

his health had failed, and he no longer possessed the mental and physical vigour which both he and his sister exhibited in marked degree at the date we first became acquainted.

Immediately after the meeting at which I gave my first attendance, I was taken aside by a member of the Board, who solemnly adjured me to pay no heed to the views of the Chandlers. The Treasurer, an amiable nobleman, whose eccentricities became subsequently the subject of much public comment, bade me place no trust in the founders; and the Deputy-Chairman, in the privacy of his own office, where he had invited me to pay him a visit, intimated very broadly that his confidence in them was not deep rooted. I was made to understand that my predecessor, Mr. Cyrus Edmonds, described as a gentleman of literary attainments, had been thwarted and rendered miserable in the discharge of his duties by never-ceasing interference and obstruction, and that to secure the confidence of the Board I must begin by asserting my independence of the founders.

What all this signified I understood only in part. During the eight years of my intercourse with Miss Chandler I cannot recall an instance of disagreement; the cordiality of our relations was never checked. With her brother I did not always see eye to eye. Objection to some of his proceedings I was compelled to make, and even in those days of my apprenticeship I sometimes felt sure enough of the position to enter upon protest. So it was one morning when, upon my arrival at the hospital, I found the wards in charge of the



JOHANNA CHANDLER.



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housemaids, scrubbers, and two or three women got together from outside, Mr. Chandler having taken off the whole of the little nursing staff to spend a day at the Crystal Palace! The then matron, Mrs. Tyser, more used to Mr. Chandler's ways than I was, did not seem to regard the occurrence as remarkable, and even the anger of the Medical Superintendent was largely tempered with amusement. Miss Chandler, however, grew indignant when she heard of the matter; she warmly seconded my protests, and nothing of the sort occurred again. The episode may appear almost incredible to those whose knowledge of hospitals is recent, but forty years ago things were different. And in the case of a small, special hospital, equipped in personnel as the National was then, with no medical residents, no continuous work in the wards, such as is now regarded as indispensable, with visiting physicians coming only two or three times a week, and nursing so little of an art that even in big general hospitals much of it was performed by untrained women, the occurrence might be regarded as commonplace.

In respect of the relations of the Chandlers to the Board, the trend of affairs seemed more easy of comprehension. They were the keystones of the institutional fabric, upon whom rested the whole task of maintenance and development. Whenever the Board insisted upon taking a course of their own, usually it was one calculated to hinder rather than to help, and in the long run it was certain to be abandoned. But the atmosphere was sufficiently heated to ripen the petty jealousies which seemed

native of the soil, and, like the rank vegetation of a garden, develop their greatest activity during the period of adolescence. At that time in the history of an institution the prime movers are equipped with their greatest energy and attain to their greatest influence. Just as naturally, the supporters who rally to the cause are disposed to address themselves directly to the men and women whose personalities have attracted them, rather than to those whom they regard as representative of a hard and unlovely officialism. Jealousy is out of place, and a really wise Committee will not object too seriously if its legal powers and prerogatives suffer partial effacement.

An agreement to buy a second house having been entered into, the purchase money was promptly collected, and before the members of the Board had accommodated their minds to the exigencies of the new possession, Edward and Johanna Chandler were busy with a somewhat ambitious scheme for converting the two houses into a commodious and convenient hospital. The premises were as well fitted for the purpose as old houses could be. They contained handsome upper rooms suitable for wards, and on the ground-floor accommodation readily adaptable to the needs of out-patients. At one time they had been fashionable dwelling-places, and not a few of our chance visitors found the old apartments peopled with memories. The Board-room of the present had been a dining-room in years gone by, and one day, when the late Sir Bartle Frere came in, he exclaimed, after taking a hasty look round, "I ought to know this

room. I've eaten many a good dinner in it ; and the funny thing is," he added, "that the name of my friend who lived here was Grubbe !" A lady, when visiting the "Sisters," ward—so named after Louisa and Johanna Chandler—recognised it as the scene of her school-day lessons in dancing and deportment, which formed such important items in the curriculum of the period, while yet another visitor, whose recollections went back nearly half a century, saw revealed in the handsome ward the ball-room of her early home.

The plans for the adaptation of the two houses were prepared by Mr. Michael Manning, who twenty years later, in conjunction with his partner, Mr. Simpson, designed the range of buildings now in use. Sixty beds were to be provided, and to each dormitory a comfortable day-room was to be attached, a kindly innovation in hospital construction permanently retained, and of great service in dealing with the class of patients treated. The ground-floor contained the department for out-patients. A gymnasium and an electrical room were included in the equipment.

The electrical room was the first to be provided in any English hospital, and it furnished the model of similar rooms subsequently equipped in some of the large general hospitals. Great results were then anticipated from the employment of electricity, and before long its value in certain cases was amply demonstrated. In the published Report of the year is the following reference to a case which Mr. Netten Radcliffe had treated electrically : "A young man, a blacksmith by trade, suddenly lost the use of his right

arm from paralysis of the muscles of the shoulder. When first seen the wasting of the paralysed muscles was so great and the absence of all signs of contractility under the most powerful known tests so complete, that the case was believed to be incurable. . . . It was suggested that for the sake of experiment a galvanic current should be applied to the paralysed arm. The experiment was tried, and with a result as satisfactory and important as it was unexpected. At the first trial, distinct action in the apparently wasted muscles was produced, and after a prolonged use of the agent, the muscles fully recovered their volume and activity, and the patient was discharged in a fit state at once to resume his laborious occupation." The sequel of this narrative was reached no less than twenty-five years afterwards when, passing through one of the wards of the present hospital, I was accosted by a grizzled patient, who asked if I remembered him. He was the blacksmith, and during the whole of the long interval until a month before, he had followed his trade without relapse. When the trouble returned his first desire was to get back to the hospital, and he was disappointed to find how changed were his surroundings. Doubtless, he had treasured the memory of the ward of old days, and looked to return there; perhaps even to find some of the old people. Alas! all was change. The familiar hospital had vanished, and of the persons about it whom he had known, none remained but two or three members of the visiting staff and myself.

The electrical room, with its old-fashioned

“Muirhead” battery of a hundred cells occupying a large part of one of the walls of the room, long gone the way of things obsolete, its cumbersome cylindrical machine for the production of static electricity, and other clumsy apparatus which would bring a smile to the features of the present-day scientist, was then accounted one of the medical sights of London, and was so described in the medical journals. I always remember it as the haunt of Mr. Netten Radcliffe, and his especial pride. Mr. Radcliffe’s work there and in the wards during the three years he held office did much to procure for the “little hospital in Queen Square” a reputation and admitted importance out of all proportion to its size.

Association with Mr. Radcliffe was an educational advantage. It grounded me in such knowledge as I possess of hospital domestic administration, and provided me with a belief, confirmed by my subsequent experiences, that of all resident hospital service the most satisfactory is rendered by a medical superintendent of mature years, who holds permanent office, and is identified with the institution as a whole, and not merely with the wards or the patients.

Once only was I in disagreement with Mr. Radcliffe, who, notwithstanding my lack of years and experience, always loyally recognised the position accorded me by the rules. That he should be right and I wrong, was inherent to the conditions. The momentary friction came about thus: sanction had been asked for a ward tea party, and I gave it without consulting the Medical Superintendent. After the tea some of those concerned

“dressed up” and performed—without permission from anybody, thus exciting the patients unduly. Next morning Mr. Radcliffe came to the Board-room and expostulated. I recognised his greater experience, accepted his rebuke, learned my lesson, and we were as good friends afterwards as before.

How different all this was from the happenings of twenty and more years later, when the experience and knowledge were not the possession of the young “house physicians” we had to reckon with then, who tacitly declined to discuss anything, would only dictate, and whose medical prerogative was made to face the layman at all points as a barrier against co-operation.

An officer of Mr. Radcliffe’s acquirements and standing is invaluable, and his opportunities of usefulness infinite. He not only bridges the gulf between the medical worker and the lay, but by holding out a cordial hand to each, he banishes it. He is able to meet the staff on terms of professional equality, to exert a judicious influence over them, and without interfering in the actual treatment of patients, to deal promptly with all those constantly recurring questions which have a medical bearing, where the layman, however experienced, is incapable of independent action. Nothing escaped Mr. Radcliffe’s keen eye. He was as quick to satisfy himself that the food was well cooked and served, as to enforce rules of good nursing and the banishment of all that was unsanitary. As a martinet of a wholesome type he excelled. Evidences of untidiness or dirt, a dusty shelf, or a littered fireplace, called for stern reprobation, and he would visit

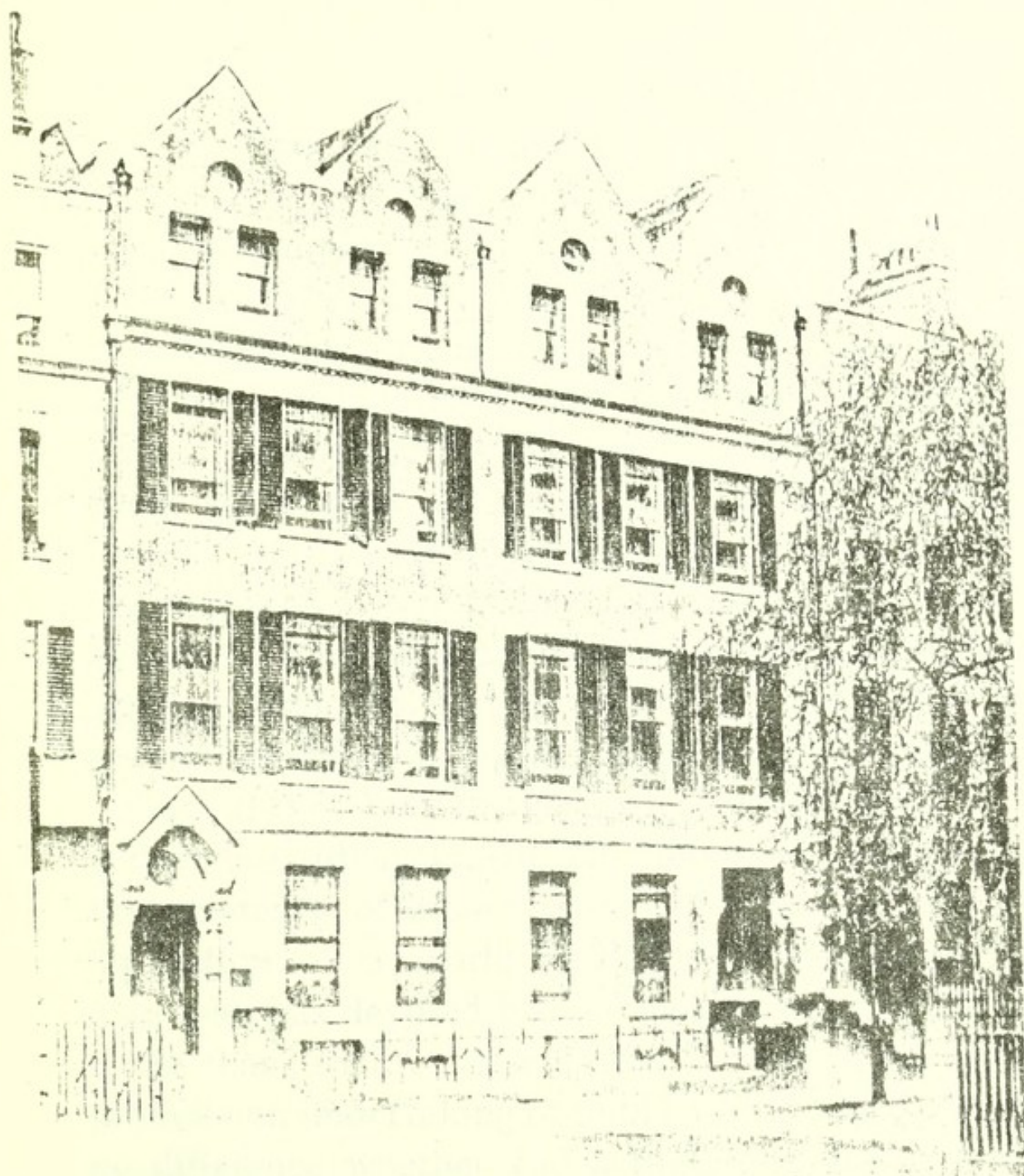
with almost comical severity lapses which appeared trifling to minds less accurately adjusted than his own to the severe conditions of hospital sanitation. In those days nurses were not as highly cultured as they are now, while they were equally disposed to make light of many important matters not concerned directly with the nursing of the patient. Mr. Radcliffe's emphatic methods were impressive, and as a consequence the internal state of the hospital at that time would have compared not unfavourably with those marvellous displays of preternatural cleanliness and order which are to be witnessed in war-ships, lighthouses, coast-guard stations, and other places where the incomparable sailor labours.

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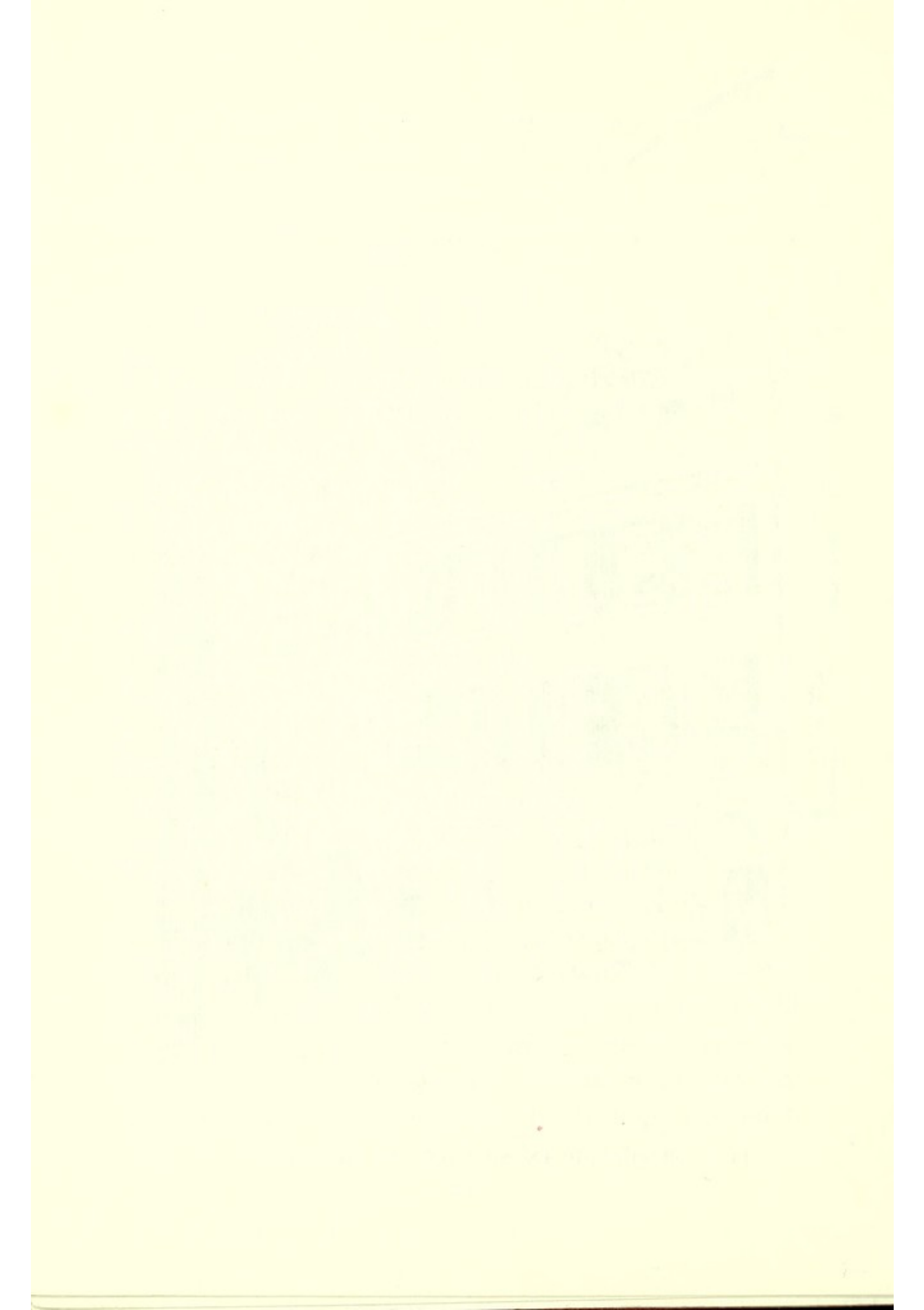
CHAPTER IV

THE work of adapting the two houses and their equipment was completed in the summer of 1866 at a cost of about £4,000, the bills being promptly met by means of Mr. and Miss Chandler's appeals, and the proceeds of a festival dinner presided over by Viscount Enfield.

An opening ceremony, performed by the Bishop of Oxford, Dr. Samuel Wilberforce, launched the newly adapted building upon its career. It is amusing to recollect that the Bishop so entirely mistook the case entrusted to him as to enter upon a powerful denunciation of special hospitals generally, and one for nervous diseases in particular, his observations being listened to with consternation by the founders, and with surprise and question by the majority of the audience. The Bishop had cursed the enterprise he had been called in to bless. Happily, the ready intelligence of those concerned sufficed to avert the worst consequences of the mistake. The members of the Press who were present were hurriedly called together, explanations were offered, the Bishop withdrew his denunciation, and substituted something more appropriate, and, doubtless, the mental confusion of those who had made up the assembly was increased next day when they read the report of the Bishop's amended address, which duly appeared in the papers.



THE HOSPITAL IN QUEEN SQUARE (1866)



Shortly after this ceremony had taken place I became associated with the hospital. While recording this circumstance in chronological order, I have no intention of investing it with importance. The work appealed to me as offering a field for the exercise of energy in a good cause, but so little did it dominate my mind that at the end of the first year, disillusioned in regard to much and made conscious of the sordid conditions under which it was to be performed, I was greatly disposed to its abandonment. How depressing these conditions are is to be understood only by those who have encountered them, the workers who pass their days striving for the unattainable, and weighed down by a sense of the futility of their supremest efforts. Many years after I had, as an assistant in the office, a man of education and ability, who resigned because the ever present want of means and persistent begging rendered his life miserable. And this in a hospital credited with great financial achievements!

Certain it is that to those whose chief object in life is their own advancement, lay labours in hospitals offer the slenderest of inducements either in emolument or reputation. The world is likelier to do justice to a man who has devoted his energies to securing his own profit than to him whose efforts have been devoted to promote an undertaking of public utility. And it makes no difference whether the actuating cause of energy is love of his kind or love of work and of the objects to be obtained by work.

I understood a long time after this, that opposition had been offered to my appointment upon the ground

that I had written verse! "Don't have anything to do with a poet," said one member of the Board, "you will never get any hard work out of him." Yet surely this gentleman was wrong to generalise thus. Pegasus has been known to run well in harness, while imagination is far from a valueless asset to any man when the road is hard and dreary, and may be capable of investing drudgery with distinction. As time went on, the ambitions of the founders infected me. Interest strengthened; the surmounting of difficulties became pleasant exercise, and what had been merely an engrossing occupation gave promise of growing into a labour of love.

To say that Johanna Chandler's chief concern in life was the hospital is to understate the fact. She lived for it, and for it alone. Many an evening in the sombre dining-room in Albany Street have I heard the story of her hopes re-told, and many a time have I witnessed her spare frame tremulous, as with flushed face she pictured aloud the future hospital of her imagination. Her custom was to devote many hours daily to her letters, all written as she sat upright in her chair, the paper being placed upon a small board which she held in her left hand. This attitude accounted, doubtless, for her curiously crabbed but precise penmanship, and as she wrote with great care and deliberation, the very long letters customary with her represented a vast expenditure of time and labour. Every one of those letters was an outpouring of personal feeling, a literal and often vehement presentment of the case as it flowed warm from her heart, and many

who knew her only by correspondence became as interested in herself as in her work.

In dress Miss Chandler was almost as prim as the typical Quakeress of a past generation. She was wanting in height, frail in figure, and she stooped. Her expression was kindly and eager; her cheeks were brightly coloured, and she possessed a high forehead surmounted by an abundance of dark glossy hair worn in wide smooth lappets after the early Victorian pattern.

Mr. Chandler was singularly unlike his sister. He was under middle height, but stoutly built, with a massive head and fine features marred by a cast in one eye. He appeared altogether careless of his appearance; dust usually lay thick within the folds of his ill-fitting clothing, his collar was apt to be crumpled, and his cravat to hang awry. But for his sister's careful scrutiny, doubtless he would have appeared in similar case at important functions.

When I first met Miss Chandler and talked of matters in which thenceforth we were to be jointly concerned, the problem of ways and means was discussed. She stated that she might be relied upon to collect £2,000 yearly, and she desired that this should be devoted to special purposes, leaving as my sufficient share of the financial task the gathering in of the sum needed for maintenance. In those days, and for long after, unendowed hospitals had to shift for themselves: there were no central Funds dispensing substantial grants in aid, and the institutions lived literally from hand to mouth.

Novice though I was, I appreciated the difficulty in the way of securing efficient administration for an undertaking dependent upon precarious donations, and dominated by the enervating disabilities of perennial poverty. Happily, the appeal by letter was yet potent, and given a judicious expenditure of money and labour a modest return was assured, while the chance of a rich strike always impended.

We all got some funny answers, and it was with a twinkle that Miss Chandler one day put into my hands a letter, a portion of which read as follows—

“MY DEAR MADAM,

“As I am suffering considerably this morning by the opening of a letter from B. R., Esqre., a piece of the sealing-wax having flown into my eye, and as in such an enormous correspondence as Mr. R. must have, the same accident may have occurred to other eyes, I think it right to tell you that it has before struck me what a very unnecessary expense the sealing-wax must be. . . . As the founder of the institution you may have it in your power to, at any rate, reduce the cost of sealing-wax . . . and you can say it has been complained of.”

Certain of those who received the hospital papers and knew of sufferers whom they desired to benefit, seemed to see a prospect of a profitable deal, and the purport of not a few replies was that the writer would gladly send a guinea, or half-a-guinea, if we would make a definite promise of admission for a

nominee. One lady, who must have been gifted in bargain-making, wrote from an address in Norfolk—

“I am in receipt of your letter, and shall be glad to have a few more particulars before deciding to subscribe. If five guineas is given and the patient is received into the hospital, would she remain there for her life?”

The following is pathetic—

“I am very ill. Obligated to write in pencil. I send two pounds, a dying man’s gift to your hospital, praying for your success and happiness.”

And this last quotation shows one of the numerous quicksands upon any one of which the begging venture may suffer shipwreck. After stating that she has seen the pictures in the books issued by the hospital, the writer proceeds—

“That decoration in the chapel makes me fear that there may be some influence which would introduce some of the Romish ornaments, which I deeply regret to say are introduced by some clergymen into their churches, and I never would give the smallest sum that might assist in that.”

Miss Chandler amply fulfilled her promise, and during the ensuing eight years, while the hospital succeeded in paying its way and accumulating a moderate surplus, permanent additions to its resources, born of her labours, were made with almost automatic regularity.

At the date of Miss Chandler's death in 1874, I had in my hands a cheque for £200, the last she signed, which represented her collection during the preceding month. It was her supreme pleasure to come to the monthly meetings of the Board, and after making a round of the wards, a self-imposed duty she never neglected, to pay over the sum she had collected. She handed in the cheque with an air of suppressed gratification, which seemed to indicate a mental inquiry, "What do you think of that, gentlemen?" and so regular and oft-repeated was this performance that the Chairman, whose qualifications did not include a wide range of language, was not seldom at a loss to offer adequate and graceful acknowledgment to the little lady, who sat in a glow of amiable excitement as she produced her reticule and confounded the group of eminently sober-minded gentlemen round the table alike by the results of her exertions, and the fervour and rapacity of her ambitions.

When, as sometimes happened, members of the Board were disposed to question the necessity for the continuous process of begging, and some cavilled even at its expense, Mr. and Miss Chandler held their own unflinchingly. To them both, but to the brother in particular, all else at this time was subsidiary to the gathering in of funds. The view not unknown to some hospital managers even in those days, that a condition of indebtedness was advantageous, found scant acceptance in Queen Square. There was a righteous horror of debt, while to do nothing more than meet the outgoings would have been considered

tantamount to standing still. I recall my first month in the hospital. The dispatch of the Christmas appeal was in full swing. Mr. Chandler in control, was having a time of rare enjoyment, and possessing little aptitude for the preparation or issue of documents, as he was always ready to admit with perfect good-humour, speedily contrived to get everything into a tangle. He employed a motley group of assistants, men and women, brought together I knew not whence, and I felt sure that any attempts to discharge daily duties other than financial incurred his strong though unspoken disapprobation.

The Board-room was appropriated, the consulting-room had to be cleared hastily when the physicians of the day were due, and Mr. Radcliffe viewed with good-humoured acquiescence the invasion even of the wards. Nurses, and patients who had the use of their hands, were pressed into the service ; the work of addressing, folding, enclosing, fastening and stamping letters and pamphlets proceeded everywhere, and the discovery that a large number of missives had been addressed in duplicate, while many more had been dispatched incomplete, was scarcely acknowledged as disconcerting ; it had become incidental and inevitable.

One particular morning, when the floors of the Board-room and the adjacent office were covered with torn papers, when piles of documents were stacked against the walls, when every chair was loaded to its utmost capacity, and the tables gave no elbow room to the workers, the ringing of a bell announced visitors. The hospital possessed two entrances from the Square, one

for the use of patients, and the other, it was facetiously said, for the use of impatient. The latter was kept fastened. The bell, a large one, sounded to the limits of the building, summoning the porter who, single-handed, attended to both entrances, and made frequent journeys between the two, with occasional displays of pardonable irritation.

In the present instance the arrivals were members of the House Committee, duly summoned to meet, but wholly forgotten—an occurrence not unprecedented. Something of a scene ensued; the members warmly protested, but the meeting did not take place, and Mr. Chandler's subsequent comments were not wanting in candour and virility. To him the issue of his appeal was of much greater moment than a report upon the condition of the hospital, a statement of patients admitted and discharged, the delinquencies of servants, and so forth.

Mr. Chandler had as excuse for his views the indubitable fact that without resort to appeals no unendowed hospital could survive. The melancholy truth that value, obvious and admitted, will not suffice to ensure support, has been demonstrated in the chequered history of many a worthy institution, and the lesson enforced by experience is that begging, continuous and aggressive, is of the essence of English philanthropic enterprise. To make the appeal successful, personal force and personal feeling must be behind it, and it is certain that at this period no presentment of the case of the National Hospital, endorsed though it had been by a legion of plutocratic or fashionable

notabilities, would have produced a tithe of the result which followed upon the homely letters of Johanna and Edward Chandler. Yet the conviction must force itself upon any thoughtful mind that to leave undertakings of acknowledged utility dependent upon the power of their mendicancy is but a poor way of helping towards efficiency.

* Sir William Spenser in a private letter says:
"He once told me the reason. He was making
much money, and did not wish to leave
his only son wealthy, thinking it would
be bad for him."

CHAPTER V

ABOUT this time, the hospital suffered its first serious misfortune. Dr. Brown-Séguard resolved upon resignation. It was said that he had become impatient of the interference with his purely scientific pursuits caused by the ever-growing demands of private practice; his followers would not be denied. In the hope of relieving the pressure, first he announced that he would see nobody without an appointment, and then he doubled his fees.

As might have been foreseen, a result contrary to the one sought ensued; his house was besieged, and proposals for consultations poured in from practitioners resident in all parts of the kingdom. In the end he decided to leave London, and for some years subsequently his address was withheld from all but his personal friends.

Dr. Radcliffe, who took over Dr. Brown-Séguard's house in Cavendish Square, had been elected a physician; other appointments followed, and shortly after the working staff consisted of Drs. Ramskill, Radcliffe, Russell Reynolds, Sieveking, Hughlings Jackson, Thos. Buzzard, and Charlton Bastian, to whom Dr. Gowers and Dr. Ferrier were added later, a combination of names which as years went on

became increasingly lustrous, and gave surety that the work would bring forth great and far-reaching results.

The reputation which thus early accrued to the hospital was sedulously preserved. In numbers, and the professional position of its members, the staff was regarded as unique in hospital annals, and while the array of talent associated with an organisation which measured in inches seemed so small was often remarked upon with surprise and admiration, persons of satirical bent saw in it occasion to suggest that an institution attended by so many doctors must be in a bad way.

The legitimate pride of the administration in the staff held a quality of discernment. The eminence of the staff justified the copious ambitions of the managers and made their claims reasonable. The little hospital was no pretender; it was already enthroned, and by common agreement had taken place of equality among the great examples of medical philanthropy.

The treasurer of the hospital was the Marquis Townshend. His interest in it appeared somewhat Platonic, though he exhibited a truly prodigal generosity in respect of certain other charities which he was said to finance almost single-handed. At Lord Townshend's wish I called upon him in Dover Street. He had much to say on general topics and he asked many questions, mostly concerning the doings of the founders. At the conclusion of our interview he suggested that the hospital was getting on very well financially. I assented. "Then," said he, "you won't want my subscription any more"; and never again was it paid.

This attitude in one closely connected with the place and presumably desirous of its advancement, is interesting as showing how little the voluntary aid of individuals can be relied upon. No inconsiderable number of those who have promised annual subscriptions refuse all obligation in respect of payment, and the most carefully worded reminder that a subscription is due may bring back an angry demurrer. "No subscription is due," wrote one irate gentleman; "if I choose to send it, well and good, but I will not have it demanded." "Your note," wrote another, "implies a debt, which I do not admit." And a collector, not without humour, reported in his book with obvious satisfaction as one who has gained indisputable testimony to character, that after calling six times upon a certain subscriber for his guinea, the seventh application brought that gentleman to the hall in his shirt-sleeves. "Confound you," he cried, throwing the money on the table, "take it for your impudence."

A sum of £500 was placed in my hands one day by a stranger, who came straight from a neighbouring hospital, for which the donation had been intended, but where, as he thought, he was received with a want of courtesy. This gentleman became a staunch supporter. He gave generously to the hospital; he founded two or three pensions, and his memory is further preserved by a bequest of certain pictures which hang upon the walls of the present "Princess Christian" ward.

In 1868 the state of the funds permitted the opening of two wards hitherto unoccupied. Thus the total of

beds was brought to about sixty. During the following year a system of baths for medical purposes was erected at a cost of £1,000. It comprised shower, douche, needle, sitz, sulphur, and other baths the staff thought needful for use in particular cases, and being a handsome structure that took the place of a range of disused cellars, was likened by one of the medical journals to a creation of Aladdin's magic wand.

No sooner was this addition to the buildings taken into use, than a request for something more was brought forth, and furnished a salutary lesson not soon forgotten. Said the staff, an electric bath has not been provided, and it is indispensable. Even Mr. Radcliffe joined in the urgent demand if he did not suggest it, and added his name to the imposing array of signatures attached to the requisition. The Board agreed. Plans were prepared; a firm of medical electricians put the cost at £120, and this outlay was duly authorised; but before the order could be signed somebody, doubtless Mr. Radcliffe himself, discovered that an ordinary Stöhrer battery, placed upon a chair by the side of an ordinary bath, could be made to answer every purpose. How desirable it is to avoid undue haste in responding to expensive requisitions put forward by those who have no serious concern for financial difficulties, was illustrated many times over. For the old "David Wire" ward, which sadly needed ventilation, especially at night-time, a costly system of Tobin's tubes was asked for, but an afterthought came opportunely, and the desired result was obtained by an outlay of a few shillings. The removal of a

small portion of the window-sash on either side of the fastenings proved wholly effective. In the consulting-room an equally successful result was achieved by raising the lower sash and inserting a wooden block with a groove for the sash to fit into when lowered, and these devices may be remembered with advantage where ventilation is wanted, and the saving of expense is an object.

During the winter of 1869 the first of the entertainments for in-patients, which afterwards became a notable feature of the hospital's domestic life, was given in the waiting-hall, and aroused general interest. Concerts and entertainments were not regarded then as common incidents in hospitals, and Queen Square may be said to have led the way to a custom since widely adopted, which has brought pleasure to many weary patients. That recreation of the kind should be originated in a hospital for nervous diseases was wholly appropriate. The inmates remained under treatment for long periods; a large proportion were able to leave their beds, and few visitors to the wards could fail to remark the listless attitude of many of them. The majority seemed incapable of self-amusement, and little use was made of the books and materials for indoor games with which the hospital was liberally provided. What helped to render the innovation more valuable was the fact that the interest of the patients was not exhausted during the progress of the programme. It began with anticipation and remained a memory. The gatherings were things to be talked about, and they proved veritable "condiments

wherewith to season the more serious business of the hospital," a description I ventured upon in the prospectus which announced their coming. At the outset the programmes were largely home-made, and the pleasure of the patients seemed to be shown in the precise ratio of their familiarity with the performer. Prominent laymen might pass unrecognised, but the appearance of a physician upon the platform always brought forth a demonstration of delight, while a nurse was assured of a boisterous welcome.

About this time (1869) a special article appeared in *The Times*, warmly eulogising the objects and administration of the hospital. Perhaps no testimony to the value of the institution, rendered before or since, brought quite so great gratification into the minds of those concerned. It was an authoritative acknowledgment that the little hospital had attained to a position, that it was already doing good work, and that a future of recognised usefulness lay before it. Emphasis was placed upon the fact that it differed from "other special hospitals in owing its origin to no ambitious practitioner, and even to no medical instigation" . . . it differed also "in the number and eminence of its medical staff, in the character of absolute publicity that attaches to all its proceedings, and in the general excellence of its management, features that when taken together bring it into close approximation with the characteristics most in favour of great hospitals."

This was testimony calculated not only to gratify, but to encourage and inspire. The good character the

hospital had earned thus early was retained during the succeeding thirty-two years. Not a dissentient voice was heard, while a chorus of approval rendered by men among the most eminent in philanthropy and science swelled ultimately into a volume of praise, of which I had the satisfaction to edit an anthology.

At the time the charity was established, the title of "National" conferred upon it was the subject of a little good-natured amusement. Truly, a hospital lodged in one old house, providing no more than ten beds, with a department for out-patients, consisting of a front and back parlour, improvised as waiting-room and consulting-room respectively, a butler's pantry adapted to the purposes of a dispensary, and the only visible functionary, a single hall porter charged with multifarious duties, when superficially considered, scarcely revealed the proportions of a National institution. But, then, to those who have no power of seeing beyond the obvious, an acorn gives little promise of the oak. The establishment in Queen Square, the tiny outcome of a great public meeting held under the chairmanship of a Lord Mayor, may have seemed reminiscent of the mouse born of the mountain. Those, however, who thought thus, overlooked the fundamental differences. The natural laws which imposed limits to the future dimensions of the mouse put none on the scope of the hospital. The little being born amid the magnificence of the Mansion House to an infancy of dependence and poverty, held within its puny frame the makings of a giant, and was endowed with a power destined, as a President of the Royal College of

Physicians subsequently asserted, "to reach to the farthest boundaries of the inhabited world."

After an existence comprised within a single decade, the Board's Report records that during the year then recently closed the in-patients admitted included sufferers from thirty-three different counties of the kingdom.

Moreover, we must remember that the full measure of a hospital's value is not found in the total of its patients, in the results of its treatment in individual cases, or even in tables of authenticated statistics, but in influences incapable of actual demonstration yet widely disseminated and rich in value to humanity at large.

While the scientific reputation of the hospital was now secured, the promoters were bent upon maintaining the purity of its philanthropy. In Mr. Chandler's blunt words, the hospital was to be "no doctor's shop." By this he could not mean to express dissent from the orthodox view of a medical charity's dual duty. Two dangers to the vital interests of the institution had been foreseen from the beginning. The first has been already alluded to—the facility with which it could be turned into one more home for incurable sufferers. The second danger was that, in the craving for knowledge, preference might be too readily given to cases interesting rather than curable. We have seen that the former danger was guarded against by the Governors' relinquishment of the customary privileges of recommendation. In the second case, safety could be ensured only by the loyal co-operation of the staff.

At this period, and for many years afterwards, the relations of Board and staff were cordial, the requisitions of the staff were rarely, if ever, questioned, and when, as happened now, attention was drawn to the need of provision for recording and tabulating the medical work, the Board readily accepted the view put forward. Lacking proper channels for its dissemination, much of the valuable knowledge obtained in the wards and out-patients' rooms was running to waste, and the suggestion of the medical authorities that a registrar should be appointed was at once agreed to. The creation of this office was noteworthy. It was the first step towards investing the hospital with the great reputation as a teacher it long since attained, and the historical importance of the event was enhanced by the appointment to the post of Dr. (now Sir) W. R. Gowers, who has delighted to call himself a child of the hospital, and whose active association with it has ceased only recently.

The claims of science having received due recognition, a wholesome concession was made to sentiment. A proposal to provide permanently for religious ministrations within the building obtained the Board's hearty approval. With a display of energy then characteristic, Mr. Chandler took the task upon himself. A sum was collected sufficient to produce in perpetuity the stipends of a chaplain and organist, and to cover all outgoings connected with a daily visitation of the wards and periodical services.

For want of better accommodation, the services took place in the out-patients' waiting-room, the provision

of a chapel being impossible at that time and for long after. Thus an interesting illustration of the deficiencies incidental to dependence upon casual assistance was provided. The National Hospital was served during many years by a chaplain destitute of a chapel, while a neighbouring institution which stood possessed of a handsome chapel never attained to the luxury of a chaplain.

CHAPTER VI

Ms. journal
IN the year 1870, at the instance of Mr. and Miss Chandler, the hospital ventured upon the establishment of a Country Branch. At that time few, if any, hospitals possessed Convalescent Homes of their own, they depended upon the services of a few independent institutions, a position little altered twenty years later, when to me it seemed pertinent to inquire whether the time had not come when the hospital physician should be supplied "with far greater facilities than he now possesses" for prescribing change of air and scene; whether "in fact every hospital ought not to possess, as a matter of course, a country or seaside Home under its own management."

Once more the little National Hospital had led the way, and perhaps with particular reason. Because, while other hospitals could rely upon some, if inadequate, assistance for dealing with their patients, the rules of all existing Homes for Convalescents carefully excluded nervous sufferers from a share in their benefits.

An arrangement made tentatively whereby patients needing change of air and scene were sent to a private Home at Ramsgate, the cost of board and travelling being defrayed by the hospital, had proved expensive and unsatisfactory, while the members of the staff inclined to the belief that sea-air, or possibly the habits and surroundings of a seaside place of resort, tended

to aggravate cases of epilepsy. This view, which may still obtain, was sufficiently accepted at the time to cause the arrangement to be determined. Cases of nervous disease can be but rarely adjudged "convalescent" in the sense of the term as applied to the period of recuperation following upon acute illnesses, and experience had shown that what was wanted in the case of the National Hospital was accommodation amid open and pleasant surroundings within easy distance of London, where treatment could be continued without interruption.

It so happened that a little Fund for the benefit of epileptics had been got together by Sir Percy and Lady Mary Herbert. It amounted to about £300, and, in addition, there was a small annual subscription list, mostly contributed by their personal friends. This fund they were willing to transfer to the hospital in aid of the proposed scheme. The offer was accepted, and Sir Percy joined the Board, of which he remained a member to the time of his death.

Two semi-detached houses were found at East Finchley. They stood well removed from other buildings in old-fashioned gardens of some extent, with abundance of fruit and flowers, and within a short walk of the railway-station. The purchase price was to be £1,500; adaptation and furnishing were reckoned to cost as much more. The nucleus supplied, the collection of the remainder of the money presented no formidable difficulties, and within twelve months after the undertaking had been mooted, the Home stood ready for occupation,

It contained twenty beds, arranged in dormitories on the first and second floors. Upon the ground-floor were day-rooms, a refectory and apartments for the matron. For imperative reasons, the benefits of the Home were limited to female patients. The appointments well illustrated and materialised the views of the managers. Few more attractive and cheery homesteads could be found within the suburban limits than this which stood amid a wealth of leafage, with jessamine and clematis about the porches, roses everywhere, and the hum of bees in the colour-laden and scented borders. A rustic feature was supplied by the thrush hanging in its wicker cage under the porch—a bird which confounded certain tender-hearted critics by re-entering its cage after a week's absence, and announcing its voluntary abandonment of liberty in passages of song—long, loud, and melodious. The furniture was specially chosen; some of it had been made to order, and all was supplied at the bidding of Mr. Chandler, who cheerfully indulged his good taste at risk of a charge of extravagance.

The charge came, appropriately enough, from his sister, upon whom rested in chief measure the task of meeting the bills, and almost reached denunciation when he determined to import chairs and bedsteads from Paris! I had not before seen Miss Chandler so deeply moved. Bursting into tears, she desired me to interfere, and if I hesitated, it was not because I questioned the propriety of Miss Chandler's views, but I had already learned that to turn aside either Mr. Chandler or his sister, once their minds were

made up, was no easy task; and when a conflict of opinion ensued between them, however affectionately conducted, the result was as difficult to predicate as in the old problem which assumes collision between irresistible force and an immovable body.

As time went on, some diversity of aim certainly showed itself. Mr. Chandler inclined more and more to the view that to accumulate big permanent funds was a prime necessity, and that continuous enlargement of the scope of the work threatened its financial stability. He actually prepared a special appeal for gifts of £100 and upwards to be added to the nucleus of the endowment fund. Even his energies were unequal to making a success of this, and nothing came of the proposal. Apart from legacies, the records of the year's donations showed no single contribution to the "Endowment Fund," and doubtless the question which arose with many was—why, when so much is needed now, should we be asked to give to posterity?

Miss Chandler had greater faith. With her the money collected was no more than a means to the end she kept steadily in view, and to her mind unhalting growth in the volume of work accomplished gave the surest promise of a future attainment of her ambitions. Combined with this disposition on the brother's part to hold back from enlargement on the score of the increase of expenditure it involved, was a curiously inconsistent tendency to spend lavishly upon embellishment. It was a conflict between the cravings of an artistic temperament and the promptings of a timorous economical instinct, and the artistic cravings prevailed.

A joke of the establishment, over which even his sister chuckled, was that to Mr. Chandler it mattered little whether a bed was unoccupied provided the coverlet was stylish.

Both the hospital and the Finchley Home were replete with handsome fittings and appointments which possessed this merit at least, they would endure, and to this time the patients' day-rooms contain book-cases, cabinets and other articles of furniture—not a few of them gifts when the hospital was young—which would not be out of place in the houses of the well-to-do. If the general effect invited occasional adverse comment, it proved mightily attractive to most visitors, and whatever severe economists might think of the policy of setting poor patients for a while amid surroundings so sumptuous, only to send them back ultimately to their own poor homes, it is certain that the reputation for homelike comfort and kindness of administration gained by the hospital was founded largely upon its bright and pleasing aspect. Nor was this merely barren admiration. The character attained stood the hospital in good stead and obtained for it many staunch friends.

To live up to this reputation became an aim of the management, conspicuously illustrated in the pile of beautiful buildings erected fifteen years later, and the solicitude subsequently manifested for their care and maintenance. Even *The Lancet* was converted to the views exhibited in the scheme of the hospital's design and equipment. It wrote of the merits of rooms, "furnished with an attention to comfort quite exceptional in English hospitals. . . . We might object, perhaps,

to the almost luxury of the details, but this would be ungracious. . . . We trust the example will find imitators." When the customary hospital ward of the early 'seventies is recalled, in all its nakedness and gloom, no doubt can be entertained that the "little hospital in Queen Square" had some part in leading the way to the generous and sympathetic conception of duty to the sick poor which marks the enlightened administration of hospitals to-day.

The formal opening of the Finchley Home took place on a bright summer afternoon. A ceremony of some sort was inevitable, but in this instance the proceedings were pleasantly informal and culminated in a tea-party upon the lawn. An unrehearsed element of comedy was introduced with the appearance of a "ladies' band." Mr. Chandler had taken the musical arrangements upon himself, and when a party of ladies, uniformly attired in Cambridge blue frocks of no undue length, and wearing flaxen wigs, suddenly filed through the shrubbery, out into the July sunshine, the visitors looked puzzled, while an expression of dismay settled upon the features of Johanna Chandler. Ladies' bands were novelties then, and in securing this particular troupe the recommendation of an agency had been acted upon. Whatever their merits as musicians, the spectacle presented by the performers was startling to the eminently sober company assembled, most of whom appeared filled with misgiving, and to be inquiring mentally—"What next?" A long time elapsed before Mr. Chandler was allowed to forget his part in the engagement of the "Blondinettes."

CHAPTER VII

20 1874
At this period — 1870 to 1873 — Miss Chandler's activities were perhaps at their greatest. The twenty beds at Finchley had brought the total at disposal to about eighty, and as the reputation already secured by the hospital helped it onward, every year witnessed some addition to its resources.

Of course, success brought imitation, and with it inconveniences not quite compensated for by the sincerity of the flattery. A certain smaller hospital first added to its title the prefix of "National," and then tacked on the words "and Paralysis." The confusion, said by some critics to be courted, arose inevitably, and the *British Medical Journal* having commented upon the matter in severe terms, a certain doctor, who in his own person comprehended the whole staff of the institution in question, came down to Queen Square, forced himself into the Board-room and demanded, with threatening gestures, whether we denied that paralysis often followed upon the other malady specified in the title of his hospital?

This was a method of argument not calculated to convince, while the reality of the wrong suffered by the hospital speedily obtained specific proofs. In one instance, executors entrusted with the disposal of a large residuary estate in which we had been promised a modest share, inadvertently forwarded to the peccant institution the thousand pounds they had intended for us, and as redress was summarily refused, the Board had recourse to the lawyers.

The old legal maxim that every wrong has its remedy was promptly discredited. Mr. Napier Higgins, Q.C., advised that an unincorporated institution possessed no property in its title, and if anybody chose to take a house in Queen Square and to adopt the style of the National Hospital for the Paralysed and Epileptic in full, he knew of no impediment interposed by the law.

This was disheartening, and the more so because the hospital was not then ready to obtain protection by an act of incorporation. Indispensable in due time when the fabric of a charity has assumed solidity and definiteness of form, incorporation is only hampering to an immature and rapidly developing organism, which needs above all things full liberty of action, and the Board were well advised in submitting under protest to the evil they suffered, rather than take a step whose full effect they were not then in a position to gauge. Meanwhile, formal representations were made to the authorities of the offending hospital, but without effect, and some years went by before a change of management brought about a voluntary removal of the cause of complaint.

The title of the hospital was not well chosen; one shorter and crisper, if adopted at the outset, would have been better. It was cumbersome, and yet not comprehensive. "Paralysed" and "epileptic" conveyed limitations which are far from being imposed upon the scope of the work, embracing, as it does, all of the manifold diseases of the nervous system, unless complicated by insanity. The title also awakened a sense of hopelessness derogatory to an institution

devoted in chief part to curative treatment, while in its orthographical intricacies it made demands not always complied with even by the erudite.

In time the term "Queen Square Hospital" came to be employed with frequency, a fact which, in later years, when more than one other hospital had made a home in the Square, was productive of confusion and dispute. The various titles used to denote the hospital must have exercised the wits of the post office workers, but few letters miscarried. "Fits Hospital, London," appeared sufficiently precise, as also "Hospital for Paralis," while the eccentricities of "The Eliptic Hospital, Holborn," and "The Hospital for Nerves" were made light of in the superscription "try Queen Square."

23
25
As the current year's contribution to progress, two adjacent houses, situate in Powis Place, were bought with a view to future needs; two wards for isolation purposes were built over the top floor of 23 Queen Square, and a small structure which stood in rear of 25 Queen Square was acquired. The last adjoined the wards for male patients, and when the ground-floor room had been incorporated with the "David Wire" ward, an addition of six beds was made to the accommodation. Above this room were four small apartments, which were apportioned to a staff of male nurses, whose value in certain cases was already recognised.

At this time, and for some years afterwards, the nursing of the male patients was largely in the hands of men. The experience the hospital had in its earliest

years of the women who were willing to undertake the work was unsatisfactory, but it was not until the present hospital was erected that the arrangements were modified. By that time the conditions were materially altered. A vastly improved class of women were joining the nursing ranks; year by year, the course of training was becoming more exacting; nursing was gaining recognition as an art, and evidences were forthcoming of the skill and refinement attained to in full measure during the last two decades.

Many reservations are demanded before the arrangements for nursing in the wards of a hospital for nervous maladies can be compared with those of a general hospital, but in all hospitals alike cases arise more or less frequently when the services of a male nurse are called for. This view has been long and consistently urged by some at least of the medical journals, and in all probability financial considerations alone block the way to a reform loudly demanded in the interests of nurses and patients alike.

In wards for male epileptic patients--which, needless to say, are not provided in general hospitals--men nurses are not only desirable, they are indispensable. The members of the staff of the Queen Square hospital were of one mind upon this point, and apart from other considerations, there is the question of discipline. The highly satisfactory condition of the old "Sisters" ward often called forth favourable comment, but few who witnessed it understood the difficulties of the task which confronted those in charge.

An eminent member of the hospital staff, who

afterwards became President of the Royal College of Physicians, had declared that "idleness is the curse of epileptics," and to banish idleness was the constant aim of the management. Everything depended upon the character of the attendants in charge, not all of whom could be expected to possess the almost super-human tact or industry to deal unremittingly and effectively with the unpromising material presented by a body of epileptic sufferers, many of them fresh from the liberty of the countryside, all more or less unbroken to control, disposed to quarrel among themselves and constitutionally impatient of the confinement and restraint of a hospital ward.

The provision of the "David Wire Ward Extension," as it was called somewhat grandiloquently, is memorable to me because it represented my first unaided essay in hospital finance. I recall Mr. Chandler's words when I urged the enlargement. "All right," said he, with good-humoured impatience, "then you get the money." Nothing loath, I accepted the challenge. The estimated cost of alterations and furniture was less than a thousand pounds, but the novelty of unshared action and responsibility was inspiring. Fortune, if laggard, was not unkind, and in due course I had the satisfaction to report that the amount had been subscribed.

When the matter came to be ratified, some members of the Committee appeared to think that I was entering upon dangerous courses, but both Mr. Chandler and his sister were gratified, and the former insisted upon celebrating the event by our dining together at a

foreign restaurant he had a liking for, whence we proceeded to a performance at Covent Garden Theatre.

In the summer of 1872, the Marquis of Lorne, then newly married to the Princess Louise, took the chair at the annual dinner. Previously, the Marquis visited the hospital, and was especially interested in the Electrical Room. The several varieties of electric and galvanic currents, with the methods and results of their application, were explained by the medical superintendent, Dr. Tibbits, and the value of electrical treatment of disease was demonstrated. In appropriate cases it would relieve pain, restore voluntary movement, relax spasms and re-develop wasted muscles. Lord Lorne, referring to this visit, remarked in his speech at the dinner that there appeared to be no limit to the means of treatment adopted by the hospital, "which had pressed even the lightning into its service."

At that time, the reference was the more striking because the use of electricity in the treatment and diagnosis of disease was still in its infancy. Said *The Times*, "The great hospitals, although some of them have tardily followed the example set them, have been compelled to go to the National Hospital for information." We read in the hospital report of a youth nineteen years of age who "was sent here from St. Bartholomew's Hospital. As the result of an accident, a large portion of the bones of the head was removed. There was paralysis of the left arm and leg. Power of movement was restored after some months' treatment, but extreme rigidity of the muscles remained. . . . Treated by electricity three times a

week, he can now freely straighten his arm and open and close his fingers."

Let those who can, imagine what would be the feelings of the staff of Bart.'s to-day if told that they were dependent upon the services of a little special hospital for the adequate treatment of a patient! But although electrical equipment is now recognised in all important hospitals as among the chief necessities, the day was when the National Hospital stood alone in its possession, and when deputations from Guy's and other great hospitals came to see what was doing.

The few survivors who can recall the occasion of the festival under Lord Lorne, the last to take place on behalf of this charity at the old "Albion" in Aldersgate Street, the scene of so many similar gatherings, will not have forgotten one of its chief features—the speech made by Johanna Chandler. With great animation, she traced the career of the institution, dwelt upon her own views and hopes, and pictured with prophetic instinct the hospital of the years to come. Her words seemed like a call to action, and, in my inexperience, I wondered how it was there was no response, that the men of great wealth who were present could listen unmoved, and forbear to grant this eager woman her heart's desire. How easy it would have been to give substance to her dreams; how great would have been the service to humanity! The report of the year records that the total collection in connection with the festival amounted to no more than £800, and of this, less than £150 covered the offerings of those assembled at the table.

CHAPTER VIII

THE year 1875 early brought calamity. During the second week of January Johanna Chandler died in the midst of her busy surroundings, almost without warning. Never had she been robust, but the indisposition which assailed her as the year opened did not seem to call for anxiety, and no fear of grave consequences was entertained. A little while previously Miss Chandler had suffered more seriously, and alas! for the irony of quick-coming events, a Pension had been founded only a few weeks before her death by way of thank-offering for her recovery.

Miss Chandler was but fifty-six years of age, and her energies were undiminished. Her mind was stored with the benevolent projects to the pursuance of which she had set her hand, and in their varied aspects and developments she found themes of absorbing interest. It may be said that she died in her dreams, and let us believe that she awakened to witness their realization, although by the inscrutable decree of Providence she was to have in it no visible part.

Yet to suggest that the results of her labours and influence expired with her mortal life would be singular injustice. The traditions of the hospital had been endowed with her example, and the impetus born of

her energy long survived as a living power. Miss Chandler was one of those whose good deeds survive them, and when contributing an obituary notice to the *London Mirror*, after commenting upon the fact that "day-rooms, pictures, books, music, manifold amusements, and in summer town and country drives, are all so many innovations upon hospital life as contemplated by our grandfathers," I ventured to add that "if in time the wards of our hospitals generally shall cease to vie with our prisons as gloomy receptacles for as gloomy associations, it will be due in no small degree to the example set in the National Hospital by Johanna Chandler and those who acted with her."

The loss of Miss Chandler told severely upon the institution in more ways than one. It is recorded on an earlier page how Miss Chandler undertook to collect £2,000 each year to be applied to special ends, and that something in the nature of a pact to this effect existed between us. That she accomplished all she undertook, and often much more, the history of the hospital testifies. If a house had to be bought; if building additions were needed, or a Pension was to be founded, it was hers to get together the requisite amount, and in no single instance did she fail.

The event of her death, made more solemn by its suddenness, aroused great concern among the patients, and so dominant was Miss Chandler's reputation that regrets were not unmixed with apprehension that her removal might bring about the closing of the hospital.

Upon Mr. Chandler the death of his sister made a lasting impression. He did not regain his normal

health, nor did he any longer give evidence of heart-whole interest in the work. The foreboding of financial difficulty and failure, that was to him as a bane even when all was promising, grew in intensity now that a chief antidote to misgiving had been removed, and the only proposal of enlargement which gained his approval was the addition of a wing for contributing patients to be provided in memory of his sister. Some of his old spirit seemed to come back as this suggestion took shape, but the intervals when he remained secluded at home increased in length and frequency.

The scope of the "Memorial Wing" was happily chosen. While warm in solicitude for suffering among the so-called "poor," Miss Chandler's keenest sympathies went out to those of a better station, who had fallen upon evil days by reason of their maladies. The benefits of the Pension Fund had been reserved for reduced victims of the educated classes, and were never to be used to supplant or supplement parish aid. Familiarity with the work of the hospital had shown that sufferers in large numbers existed who not only shrank from entering the ordinary free wards, but desired above all things to contribute as far as their means allowed, towards their maintenance while in the hospital. "Some provision of this nature," said the Rev. John Back at the general meeting, "Miss Chandler ever had in her mind, and therefore it would be most fitting that this new branch of the institution should be dedicated to her memory."

Adequate medical attention, good nursing, and the costly remedies their cases often demanded, were

altogether beyond reach by payment of sufferers of this class, but at least they might defray wholly or in part the expense of their food. The New Wing was to meet the needs of such as these, and although the venture could be made upon a small scale only, its value as a beginning was soon apparent. In those times none of the great hospitals admitted contributing patients. The inexorable rule then, as unfortunately it remains now, with little modification, was that what the hospital supplies must be accepted as a free gift. The salutary luxury of self-help is denied to hospital patients as a class, and their demoralisation so often deplored, surely is due in chief measure to the difficulties and hindrances placed in the way of self-assessment.

5 The house, No. 25 Queen Square, was devoted to the purposes of the "In Memoriam" wing. During many years it had been occupied as a "Home for reduced gentlewomen," one of those useful and beneficent associations which appear so often to be lacking in vitality. The decay of the "Home" had already begun when the Committee made over to the hospital the building in the rear already referred to as forming the extension of the "David Wire" ward, and they were nothing loath now to dispose of the lease of the remainder of the premises. Communication between the hospital and the wing was made; the needful alterations were carried out, and before the close of 1876 accommodation upon the upper floors of the house was arranged for fifteen contributing female patients and their nurses. The fact that the wing was to be *in memoriam*, and that Mr. Chandler took a part in

the work of adaptation, ensured arrangements and equipment charged with innovation. The walls were painted in delicate and harmonious colours ; the floors were covered with linoleum of handsome pattern ; each patient was provided with a curtained cubicle ; the bedsteads were of brass, lockers were of artistic design, a comfortable Axminster mat lay at every bedside, and the central table of the dormitory was the receptacle for groups of palms, and choice flowers. To the two day-rooms Mr. Chandler presented valuable cabinets, the windows were corniced and curtained, the margins of the floors were polished, and there were carpets.

Altogether a scene was provided which gave intense satisfaction to not a few people, though without doubt it invited the animadversions of others, of whom many in all likelihood were unaware that the cost of the furnishing was defrayed by a good friend. The weekly contribution of each inmate was fixed at twelve shillings, and she paid the cost of her personal laundry.

Probably no part of the hospital has contributed more episodes to its domestic history. The tenants of the wards were mostly educated ladies, the wives and daughters of clergymen, or men of the professional classes, governesses, etc. They had the virtues and defects of their quality ; some were among the most amiable and considerate of patients, gratefully appreciative of the care they received, and frank in acknowledgment. Others, while not wholly wanting in these recommendations, were exacting and prone to complain. They would set an undue value upon their contribution, and not only regard the nurses as their

handmaids, placed there to do their bidding, but were disposed to demand even of the physicians a regularity and amplitude of service which, under existing conditions, no hospital rules could ensure, and no member of the staff would concede. One patient of the wing was the victim of a somewhat alarming occurrence which had a comical sequel. She lay alone in a ward situated on the floor above the apartments of the resident medical officer, her fellow-patients being in the day-room adjoining. She suffered from great nervous depression accompanied by a vivid sense of impending evil. It happened that an escape of gas occurred in the doctor's room; the housekeeper proceeded sapiently to search for it by means of a lighted taper. The result, as might have been foreseen, was an explosion; a large piece of ceiling was detached, and amid the noise of the exploding gas, a slender blue flame shooting upwards enveloped the bedstead of the nervous sufferer above, who screamed loudly for the nurse, and, familiar evidently with the conventional in spectral visitation, expressed a confident belief, which at first proved difficult to annul, that the Prince of Evil had come to claim her. In the end she was pacified by an explanation, and she did not fail, later, to join in the laugh the occurrence excited, while an optimistic nurse confidently affirmed that the patient obtained benefit from the ordeal through which she had passed, more positive than any afforded her by orthodox treatment.

This was one of the very few accidents which occurred in the hospital, none of them having a serious

result. In the early 'seventies or thereabouts, a large cistern in the roof gave out and a cataract of escaping water rushed down a back staircase, ultimately flooding the dispensary, and making havoc so great that Mr. Wells, the longtime dispenser, found a difficulty in setting his house in order before the busy hours of the afternoon. Upon this and other occasions of flood—for a strange fate decreed that the dispensary in both the old and new hospitals should be situated immediately under bath-rooms—the dispenser might have put forward excuses if confusion had arisen, but neither in Mr. Wells' days, nor in those of his equally competent successor, Mr. Hill, did any mistake come to knowledge, nor can I recall a complaint of the dispensing by any member of the staff, a truly remarkable record seeing that the prescriptions made up meanwhile, often of a most complicated kind, must have numbered some millions.

We were fortunate at this time in having the advice in engineering matters of Mr. Charles Hood, who was not only a distinguished engineer, but a warm-hearted philanthropist. He founded the British Home for Incurables, and during many years was the chairman and liberal supporter of that institution. He was careful concerning the character and capacity of the men he employed, and the men upon their part seemed always alive to a subtle sense of *noblesse oblige*, which extended to their choice of language. It was a nominee of Mr. Hood, employed in the hospital, who, having incurred some petty expenditure, spoke of entering it in "frivolous cash," a man of whom I was afterwards

reminded when a certain plumber thus delivered himself concerning a fellow-worker, "Oh yes, sir, he knows what he's about. I can assure you he earns great eulogiums."

The opening of the Memorial Wing, and the introduction of contributing patients, was an indirect cause of certain important modifications of the domestic arrangements. From the first it was recognised that patients of an order superior to the ordinary occupant of a free bed would have clearer views of their own position and rights, and a more definite method of maintaining them, than was customary among patients who made no payment. Pay he never so little, the patient who contributes, adopts, often unconsciously, an attitude vastly unlike the deferential and submissive posture of the one-time typical hospital patient.

Hence one and the commonest objection by medical officers to the introduction of "paying" patients. Hence, too, the conclusion of the authorities that the time had come when the services of a doctor actually and not merely nominally resident were requisite. By the substitution of the "resident medical officer" for the "medical superintendent" the hospital would lose some advantages. The economists solemnly warned us against making the change. Seriously, and as events proved, rightly, they predicted a greatly increased all-round expenditure, while others foretold even worse evils.

But that the officer responsible for carrying out the treatment ordered by the visiting staff should devote his whole time to the hospital, and live in it, was a

pressing necessity. Nearly a hundred beds were now in occupation, and the hospital was no longer content with the humble rôle of dealing only with patients who had passed through the earlier stages of their maladies elsewhere. Given a resident medical authority, always at hand, and certain assistants, it would be equipped to treat cases recent and acute.

The gentleman who first filled this important office, subsequently held among others by Drs. Broster and Beevor, was Dr. Sturge, a relation of Mr. George Sturge, well known as a philanthropist, who had been long reckoned among the good friends of the hospital and a not infrequent visitor. Mr. Sturge was one of the last members of the Society of Friends to wear the old Quaker dress without modification, in all its simplicity of snuff-colour, with knee breeches, shoe buckles, broad-brimmed hat, and other specialities.

In those days the matter of hospital expenditure upon alcohol was much in evidence in the columns of the newspapers and elsewhere, and Mr. Sturge was among the most ardent of temperance advocates. He promoted a prize essay dealing with the subject, and that the efforts he and others put forth were not without their effect was shown by the gradual diminution in the use of alcohol as an item of the ordinary dietary. In the 'seventies, "full diet" included a pint of beer as a matter of course, unless a medical order to the contrary was specifically given, and every man, woman and child was supplied with this quantity. Passers-by who witnessed from the pavement of Queen Square the half-yearly delivery of stock ale in April and

October, with the array of casks, full and empty, were impressed without doubt, and possibly some were offended.

In course of time the bringing home of the hospital beer ceased to be an occasion of interest to the street loafer. Treated as an "extra," and hence supplied only upon a medical prescription, the quantity required had become insignificant, and whereas at the former date some ninety per cent. of the adult in-patients of the National Hospital drew a full allowance of ale or porter, in the opening year of the present century, a daily diet sheet taken at random showed that of nearly two hundred patients, only four had been ordered malt liquor, while the consumption of wines and spirits had decreased, not quite in equal proportion, but in a marked degree.

Those who conclude that a corresponding saving of expenditure had ensued are wrong. What had happened was that milk in much larger measure had taken the place of beer, and one of the most startling features of the weekly accounts has been the prodigious growth of the milk bill, which had not reached its maximum twenty years afterwards.

CHAPTER IX

THE two or three years which followed the opening of the "Memorial Wing" may be described as uneventful. During 1877 and 1878 the institution was suffering as from reaction. Miss Chandler's place was unfilled, and the impetus afforded by her restless activities was in danger of passing away.

Mr. Chandler, broken in spirit since his sister's death, lacked the stimulus of her comradeship, and the force of her initiative, and beyond busying himself with the completion of the Chaplain's Endowment Fund, and giving occasional attendance at meetings, he took little part and exhibited a diminishing interest in the affairs of the hospital. His tendency to indulge in morbid despair of the institution's future was accentuated by the isolation which apparently he courted. His relations with his colleagues at the Board were less cordial, and the association between him and me lacked the friendly intimacy of earlier years.

No personal reason for this existed. Its sole explanation was that I sought to continue the enlargement of the hospital's work and so to follow the lines upon which we had advanced hitherto, while he was nervously bent upon adding to the funds in reserve.

"No, no, don't let us talk of extensions," he would urge, "until we have put something more away."

A perfectly sane and prudent course, had circumstances made it possible, or had the institution been charged with work other than the relief of present suffering. It was certain that no proposal was less likely to attract the benevolent than one to provide for posterity. Within limits, the qualities of worldly wisdom and prudence may be exercised with advantage in relation to philanthropic enterprises, but no undertaking, looking for support to aid voluntarily given, could have been set going or reached development without dependence upon beliefs which, to a mind prompted by purely commercial instincts, are untrustworthy and dangerous.

A critical period in the charity's history had been reached. The institution, barely adolescent, had arrived at the end of the first stage of its tutelage, and change was impending. Hitherto, its destinies had rested largely with its actual parents. Now they must pass into the keeping of others. To me, certain convictions had come. Of necessity I was more intimately in touch even than Mr. Chandler with the detailed routine of the hospital, and more conscious of current difficulties and shortcomings. My days were lived there. But although enthusiasm might be expected to grow with a sense of increasing responsibility, there was little in the conditions to encourage. Miss Chandler's death made the charity poorer, not only by the loss of the material assistance her unflagging efforts regularly supplied, but by the disappearance of the correction

her ardent nature afforded to the cold and business-like methods of the controlling powers.

The Chairman, a thrifty Alderman of the City, who was said to have been the only Lord Mayor capable of producing a surplus from his official salary, or with the courage to buy a pennyworth of apples at a stall within eyeshot of the Mansion House, had been shocked by the daring aspirations of the enthusiastic woman, who alone at that time, not even excepting her brother, seemed capable of realising a great future for the hospital; and when, after her death, Mr. Chandler, dominated by a fear of impending difficulty, took to opposing every suggestion of enlargement, the outlook was distinctly unpromising. The reign of sovereign progress was impeached, and an interregnum ensued when the years passed by uncrowned. Obviously, nobody, however strong his convictions, could urge views upon the committee with the weight and authority of a founder, or seek to occupy the place left vacant by Johanna Chandler.

Yet it seemed impossible for anybody to have close and hourly relations with the domestic work of the hospital at that time without painful misgiving that the reiterated use of the hospital's reputation as a means of advertisement served to increase the material discrepancy between its pretensions and its performance. The hundred beds in the wards, albeit the latter were only improvised, showed, when the conditions were borne in mind, a satisfactory enlargement of the provision for in-patients; but the out-patients' department remained as in 1866, more than twelve years

before, the accommodation at the service of the staff still being limited to a single consulting-room of no great size. Ante-rooms there were none, and when examination was necessary screens were arranged, or the patient was sent to a ward—an objectionable course, which brought forth repeated protests.

In deference to Mr. Chandler's feelings, the staff refrained from making formal representation to the Board of Managers, but the attendances of patients continued to multiply, and towards the end of 1877 matters had grown wellnigh intolerable. The waiting "hall," made up of two or three rooms thrown into one, did not suffice to seat one-half of those in attendance; it was low and ill-ventilated; the sanitary arrangements were outgrown and defective, and the dispensary was little larger than a roomy cupboard.

Remonstrances began to reach the hospital from outside. Patients occasionally made protest, and *The Lancet* wrote frankly urging reconstruction. "It was time that some serious step was taken to remedy what was becoming a grave difficulty."

In 1878, at the invitation of Lord Townshend, I had contributed an article to *Social Notes*, a journal edited by himself in an obscure and shabby room situate in a narrow thoroughfare adjacent to Covent Garden, where the Marquis might be found busily engaged upon projects of social reform doomed mostly to die stillborn. I wrote of the pressure upon the hospital in the hope that the article might be read perchance by somebody willing to help us. I also addressed letters on the subject to several wealthy people, most of whom had

shown interest in the charity, but I had few credentials as a beggar, and doubtless my letters were promptly placed in the waste-paper basket. Nothing came of them, and after the lapse of another year, during which many scenes occurred, due chiefly to overcrowding, any one of which might have served as text in the newspapers for a "hospital scandal," I sought and obtained from the Board leave to consult the architect concerning the building of a department for out-patients upon a site in Powis Place, so arranged that when the time came it could be made to form a part of a complete new hospital.

Mr. Chandler's opposition to the scheme was strenuous. The suggestion of building a new hospital appalled him, and his aversion grew with the failure of his health. At the general meeting of the year a speaker said humorously, "Mr. Chandler is glad to see money flowing into the exchequer, but I don't think he much relishes seeing it spent." "Promise to give up this building," he said one day as I sat at his bedside. Then with sudden warmth,—“you will ruin the place my sister and I founded . . . I had put you in my will, but I've taken you out again.” Yet had he lived to witness the undertaking completed and paid for without encroachment upon the funds he held inviolable, none can doubt he would have rejoiced. To stand still was impossible; the rebuilding was the natural consummation of the work he and his sister had begun.

Regrettable as it was that in this departure Mr. Chandler's co-operation would be wanting, the Board had no alternative but to proceed, and the concluding

paragraph of their report for the year made a definite pronouncement of their policy. "To provide more beds and ample accommodation for out-patients is the chief object the Board have now at heart."

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An event that helped to bring about a crisis at this particular moment was a fire which broke out upon contiguous premises, and, in the language of the Fire Brigade, "involved" a portion of the hospital. The house—26 Queen Square—was tenanted by Messrs. Morris. Mr. William Morris, known to the world as a great poet, was also, as perhaps was not so well known, a keen man of business. Number 26 was used as a warehouse for art furniture and various sombre fabrics that appealed to tastes moulded upon his own.

In rear stood a building used for the manufacture of coloured glass, a process not without risk in any situation, but much too dangerous to be carried on in proximity to a hospital. The fire began in the early morning, speedily gutted the factory, and, passing through the party wall—of no great thickness—seized upon a portion of the hospital flooring. Only the prompt and skilful labours of the male nurses and porters, who were accustomed to fire drill, averted a terrible catastrophe; but, as no great harm came of it, the fire may be said to have occurred opportunely.

Only one accidental fire originated within the hospital, and that one remarkable less for what was suffered than escaped. Many years after the Morris catastrophe, a lamp, left alight in the matron's

sitting-room, exploded during her absence. The door was shut, and no indication reached outside. When discovery ensued, the room was filled with smoke, the table-cloth, and what other things had been upon it, excepting the remains of the lamp, had been consumed ; the table was a charred wreck, the ceiling was blackened, and a few holes had been burned in the carpet. All else was uninjured, and it seemed as though, content with demonstrating for our admonition the dangers of an unattended spirit lamp, the fire had decided to forego its opportunity, and had amiably proceeded to its own extinction.

Three architects were invited to submit designs for the new hospital, the understanding being that no more than the portion to occupy the Powis Place site would be proceeded with at once. The choice fell upon the plans submitted by Mr. Michael P. Manning, and at the following general meeting of subscribers the Chairman announced that authority had been given to sign the contract for the erection of the Powis Place pavilion.

While two or three of the houses now removed to make room for this building were in the occupation of tenants, certain repairs to the roofs became necessary. The repairs were to be merely temporary, pending demolition, and it was determined as an economical arrangement to employ men upon time work. We bought experience dearly, as afterwards, when these men were no longer within reach, we found that they had stripped the roofs and gutters of every particle of lead and substituted cheap galvanised iron ! The value of what they had stolen was shown when the

time came for selling the old materials of the six houses. Thanks to the sagacity of Mr. Kemp, the engineer, who, with Mr. Ansell, in charge of the out-patients' rooms, shared the distinction of being as well known as anybody about the establishment, careful watch was kept over the property, and the lead upon the roofs of the three houses that had not been tampered with fetched, under the auctioneer's hammer, nearly a hundred pounds sterling.

In the year following, 1880, the Duke of Westminster laid the foundation stone, and in 1881 the Board were able to state in their report that "the building may now be regarded as finished," while they announced that the Princess Christian had consented to perform the ceremony of opening. In June of the same year the ceremony took place, and is memorable as the first of the many occasions when the hospital has been vouchsafed the co-operation of a member of the Royal Family. It was rendered additionally interesting by the part taken in it by the venerable Dean Stanley, who delivered an address which proved to be his last public utterance.

The new buildings gave general satisfaction. The superficial area devoted to the out-patients was four-fold that in the old Queen Square houses; spacious and well-lighted consulting-rooms, flanked by examination-chambers, and every needful accessory were provided, together with a handsome waiting-hall to seat 250 persons with comfort, into which was packed a company of more than 400 visitors when the opening took place. The dispensary was large and convenient,

easily reached by the patients, and with separate access from the interior of the hospital.

Of the two wards on the first floor, the larger was given, by permission, the name of the "Princess Christian," the walls being constructed to carry additional wards above whenever the time came for further development. Four sleeping-rooms for nurses were also erected. The total cost of the building, apart from the site, was £11,000, and this sum had been collected by the date of the opening.

With much difficulty, Mr. Chandler had been induced to attend the laying of the foundation stone, but no persuasion could bring him to the opening. Some months before the stone was laid, he had taken to his bed, contrary to medical advice, and he returned to it immediately after the ceremony. He was not seen again in the hospital, and his death occurred early in the following year. Thus within a brief space of time the institution had lost both its founders: the sister taken while her activity was at its zenith; the brother after a period of palpable decline.

But although the decision to provide the hospital with a suitable habitation was denied Mr. Chandler's sympathy, nothing contributed more towards rendering rebuilding possible than his earlier foresight and devotion. The salutary rule requiring that legacies should be funded was never evaded, and the undeviating obedience to it, often rendered with difficulty, was due chiefly to his firmness. No matter how great the financial stress, every legacy was set aside for investment directly it was received, and in that way

a capital fund was built up which gave stability to the charity and justified—it may be said, demanded—the determination arrived at. When the first stage of rebuilding was entered upon, the hospital stood possessed of invested funds amounting to £50,000, in addition to the money sunk in the purchase of the several freeholds, and when it is remembered how humble were the beginnings, and how the capacity of the hospital had grown from a provision of ten beds with a yearly expenditure of £1,500, to one of a hundred beds with an expenditure of £9,000, duly covered year by year, a deficit being unknown, the record may be regarded as remarkable.

CHAPTER X

WITH the initial portion of a new hospital in being, and demonstrating daily the advantages possessed by a building carefully designed for its purposes over any old houses, however cunningly adapted, the desire to proceed with the erection of the main structure was not likely to be wanting.

The contrast between the old and the new was marked, and although sentiment might well and reasonably cling to premises made sacred by association, vibrative of many memories, and endowed with a homelike comfort, which appealed strongly to affection, and might be difficult to reproduce under the severer conditions of orthodox hospital construction; yet the manifest greater convenience, scope, and sanitation of the new wards, and their accessories, were not to be overlooked or gainsaid.

Again, with so many patients helpless and bed-ridden, anxiety concerning the danger of fire or other accident became acuter as the premises were extended. By way of example, a long and ancient corridor, the only connection between the new building and the old, was constructed wholly of wood, as was also a considerable portion of the outhouses, while all the staircases were wooden, with a single exception, which served to illustrate the folly of a too literal obedience to a salutary statute. The isolation rooms for female patients, before referred to, had been constructed above the topmost floor, and the local surveyor insisted,

strictly according to rule, that the new staircase which led to them, though it formed a continuation of four flights of wooden stairs, must be of iron !

It is questionable whether the public mind ever has fully realised that the liberty accorded to private individuals to start a hospital at will, and to establish it in unsuitable premises, is a licence to place sick people in a position fraught with dangerous possibilities of catastrophe. The law, which is rightly careful and insistent concerning places of amusement, where healthy and able-bodied people gather, takes no heed of the fact that there are to-day in the metropolis, and throughout the country, many so-called hospitals and homes possessed of no equipment to ensure the safety of their helpless inmates, and structurally incapable of being rendered secure against accident.

Such was the National Hospital in 1883, and how real was the risk had been illustrated by the fire in Messrs. Morris's workshop.

Another object lesson was supplied in the condition of one or two of the Queen Square houses revealed during their demolition, when decaying timbers and yielding walls gave evidence of dangerous weakness. In the case of one house, the wall facing the Square had "buckled" outwards, leaving several of the interior timbers clear of it. Moreover, in dealing with so many paralytic sufferers, the want of lifts to convey the more helpless cases from floor to floor was a source of daily and increasing difficulty.

Upon all grounds, therefore, the desire to erect a new hospital was reasonable, and the prejudice against

“ spending money upon bricks and mortar ” commonly entertained, and nowhere more profoundly than in the minds of some of the hospital’s own supporters, could not be justified.

But apart from the primal problem how to raise the needful funds, other material obstacles were not wanting. The acquisition or enlargement of a site in the heart of London is attended by difficulties only to be appraised by those who have sought to overcome them. Charged with—or perhaps it would be more correct to say, having assumed—public functions in the interests of all classes, a hospital is powerless in the presence of opposition. Other undertakings of public utility may take measures to acquire upon equitable terms the ground necessary to their purposes. Not so a hospital, whose progress can be arrested by any contiguous owner who refuses to sell. Usually, terms of some sort are named, even though they may appear prohibitive, but not always.

Negotiations for the purchase of one of the Queen Square houses were continued during no less than nine years, and in other cases five and six years went by before agreement was arrived at. In one instance, where the difficulty might have been least looked for, came a refusal absolute and final to consider any terms whatever. This was in relation to Queen Square House, referred to upon an earlier page as the first choice of the founders.

But what was reasonable in 1860, when Guildford Street held many private residents, appeared arbitrary and indefensible more than twenty years later after the

neighbourhood had been transformed. The possession of the house and ground was of great moment to the hospital, and had been long regarded in the nature of a reversion. This view was shared by the leaseholders, the English Presbyterian College, who, when they had definitely decided to remove to Cambridge, redeemed a long-standing promise by giving the hospital the first offer of the lease, and the refusal of the freeholders to negotiate was a grievous disappointment.

The event is not narrated here in its order of date. It happened after the hospital had been rebuilt, and when an alternative site was no longer possible. Therefore, its consequences were graver. Never before had the hospital's overtures encountered positive refusal, although in all but a single instance the acquisition of the other houses needful to development had been attended with difficulty. In that case the owner replied promptly to my first inquiry as follows: "I forget what I gave for the house, but I will look into the papers, and whatever it cost me, that is the sum I shall ask of the hospital."

This was generous treatment, and the terms were accepted with gratitude. In one case £4,000 had to be paid for a house which had fetched no more than £1,500 in public auction six years before. In another, the freeholders would only sell for a sum which, when invested in Consols, would produce the full rent, a stipulation much more formidable than it would be now, when the price of stock has fallen thirty per cent. In another, after the negotiations with leaseholder and freeholder had been completed, the price

paid, and possession nominally given, sundry weekly tenants set up claims for compensation, and refused to go out until they had been satisfied; two of these astute gentlemen proceeding to pack up only after the tiles had been removed from the roof.

In certain instances, the hospital suffered from excess of prudence. When, many years ago, an offer was made of the house which still stands across the head of Powis Place as a connecting link between the property of the National Hospital and that of the Hospital for Sick Children, a great opportunity was lost. The price asked for the freehold was but £1,500, and the house was let at a good rental, but we hesitated, the matter stood over, and, before another meeting could take place, the authorities of the Children's Hospital, wiser in their generation, had secured the premises. Fifteen years later these gentlemen, again quite wisely, refused our offer of double the money. At another time the long leases of the whole of the remaining houses in Powis Place, all well let, were offered us in one lot, at a price per house lower by far than that subsequently paid by the hospital for some of them, but the suggestion of their purchase took away the Board's breath, and no single supporter of the project was forthcoming.

In these cases the mistakes proved irretrievable; in others, the hospital was fined heavily for a want of promptitude, which, to a man of business capacity, free to decide for himself, would seem inexplicable, but under government by numbers is too often commonplace, and the occasion of much chafing

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and futile protest by the minority, represented not infrequently by a single ardent unit. When in the early 'eighties Messrs. Morris, as lessees of 26 Queen Square, the freehold of which was already owned by the hospital, desired to surrender the remainder of their lease, they gave the hospital a first refusal. Mr. Morris and I talked about it, amid the surroundings of dingy wall-papers, black-framed chairs with rush bottoms, carpets of yellow ochre and indigo, massive doors, once of polished mahogany, now coated with paint of an uncertain colour, and the other signs of his school of decoration. Before I came away he had offered a free surrender of his lease, and I had gladly accepted the offer, though necessarily subject to the approval of the Board, which I could not doubt would be forthcoming. The members generally expressed satisfaction, and were upon the point of ratifying the arrangement, when one of their number started the question of dilapidations, and finally I was instructed to ask Mr. Morris to pay for them.

In most circumstances the demand would have been reasonable, but in the present it lacked perception, and I had a presentiment it would prove costly. We wanted the house badly, we wanted it quickly, and when we had got it we meant to pull it down. Mr. Morris was aware of all this. He therefore refused to pay anything, indignantly withdrew his offer to surrender the lease, and in the end we had to pay £200 for what had been held out to us as a gift, while we lost and never regained the sympathy of Mr. William Morris.

CHAPTER XI

AT last, after a full ten years of negotiation, the institution stood possessed of a site suitable for the erection of the proposed hospital. It measured nearly two acres and, with the buildings upon it, had cost in round figures £23,000.

The report records that seventeen different interests were involved in the five additional houses in Queen Square, and six in Powis Place, which had been secured, and of the parties negotiated with, only two were willing sellers. While the site was in course of completion the lawyers made a singular discovery. A piece of ground in rear of 24 Queen Square, and used as a ward garden, had not been included in the purchase when the house was acquired twenty years before! The plot was almost surrounded by buildings; it possessed no means of access or outlet, except through the ward, and no claim in respect of it had been made. Legal possession was of course indispensable, and in order to gain it, the hospital had to pay the sum of £300.

Other illustrations were forthcoming of the difficulties in the way of acquiring real estate in the metropolis. Here and there a house was interlocked with a contiguous house, and in one instance the staircase projected into a neighbour's bedroom, while included in the purchase of 22 Queen Square, is ground

occupied by a small wing of Queen Square House, whose owners have the right of user for eight hundred years at a peppercorn rent! Those of an inquiring disposition may ask what value would an accountant, when calculating the assets of the institution, place upon this reversion?

A sufficient site having been secured, the Board authorised me to report formally upon a scheme of general rebuilding, and in 1882, the preliminaries having been completed, the Duke of Albany, who presided at the festival, announced from the chair the Board's decision to enter upon the task. The language in which the Prince introduced the subject to public notice, and the tribute he paid to the charity, proved of more than passing value, and sufficed in itself to link his name inseparably with the undertaking.

The total outlay, including the cost of the Powis Place pavilion already defrayed, was estimated roundly at £100,000, and having regard to the charity's future, a resolution was arrived at that no portion of the investments should be expended upon the structure, save only certain reserves which represented the surplus of general income, and a contribution of £5,000 made specifically by Mr. John Back as the nucleus of a building fund. The balance was to be covered by donations specially collected, supplemented by such legacies as should become receivable during the progress of the work.

The task was formidable, but I never regarded it as impossible. A public meeting held in the Mansion House, the Lord Mayor (Sir Robert Fowler) presiding, was addressed by Cardinal Manning, Mr. Samuel

Morley, Sir Hardinge Giffard, afterwards Lord Halsbury, the Presidents of the Royal Colleges of Physicians and Surgeons, and others. In anticipation of this meeting, the little pamphlet, *Putting the Coping Stone*, had been issued. The title was taken from a paragraph in the Duke of Albany's inaugural speech, where he called upon the friends of the institution to "make a special effort to put the coping stone on the edifice which they have helped to erect."

I had written the pamphlet with a view to its publication in *Good Words*, but the editor decided that "the note of appeal was too prominent for the general reader." To me this opinion invested the article with its most useful quality: it had been written with a purpose, and when in his speech at the Mansion House Cardinal Manning made reference to the effect a perusal of it had produced upon his mind, there could be no doubt that Dr. Norman Macleod had rightly adjudged the pamphlet a begging missive. The issue of some 5,000 copies brought from the readers rather more than £4,000, and helped to give a satisfactory send off to the building appeal which was now sedulously pressed.

Many noteworthy acts of generosity were recorded, and among them the late Lady Harriet Bentinck's gifts call for special notice. One day I received from her a note acknowledging a communication, and enclosing a cheque for £2,000. In the course of the same morning a letter came in from Messrs. Drummond, stating that Lady Harriet had instructed them to hand me £1,000. Evidently a mistake. I therefore called at Claridge's, and told Lady Harriet what had happened. She

laughed, and then she said, "Yes, it is a mistake, but never mind, keep both sums. You have heard, I dare say, that I have recently come into some money. I really don't know how much it is, but," she added with a smile, "I have something more to give away."

In this kindly and simple manner did she dispose of the matter, and she did more—she invited me to show her the plans of the new hospital after her return from wintering abroad, and to discuss the question of ways and means, concerning which she remarked with her customary acumen, "I don't doubt that you will succeed in building the hospital, *but how are you going to maintain it afterwards?*" This question had already weighed upon our minds: its pertinence was to be illustrated in subsequent experience, and Lady Harriet's reference showed how capably she gauged the situation.

Alas for our own and the many kindred hopes which centred about this most generous of women, England saw her no more! She died abroad before the winter was out, and the cause of the poor was a chief loser.

A well-known member of the Society of Friends living in York, the late Mrs. Jemima Spence, sent a donation of £500 upon receipt of a copy of the pamphlet, and a week later supplemented her gift by another benefaction of similar amount.

Perhaps it may be suggested without affectation that a contribution as notable as any was sent by a nursery governess. It was one of £5, made up of savings from her salary of £20, which she desired to devote to the hospital where her sister had suffered and died.

How often among both rich and poor sympathy

for the hospital arose in personal knowledge of sickness. The interest of nearly all our most prominent helpers was born of suffering. But sometimes precisely the opposite effect was produced by personal experience of the ravages of nervous disease, and before too vivid and painful memories sympathy fled. Sentiment is of habit autocratic, and nobody can foretell the direction of its decrees or be certain how best and safely to invoke its immeasurable powers.

That people should be found to take unexpected views is a commonplace experience. If not too paradoxical an observation we might say it is only to be expected. One day a lady, who had driven to the hospital in a fine carriage, sought admission for her husband, on the plea that she was about to go abroad, and had nowhere to leave him. "I am willing to pay anything you ask," she said. When it was explained to her that the hospital was for the poor, she hastily interposed with, "I hate the poor; everything is for the poor," and with this outburst upon her lips, she drove away.

Before the end of the year the old building was closed, and soon after it was demolished. Not much of interest was discovered. One or two ancient coins came to light, and some ironwork bearing an early date. The massive mahogany doors, which were a feature of the Queen Square houses, being of insufficient height to be used in the new building, were sold and fetched good prices. A customer was also found for the oaken staircase of No. 22, but a fine painted ceiling—artist unknown—in the same house was

irremovable and had to be broken up. The stained glass panels erected in 1866, which recorded the first efforts of the Chandler sisters to raise funds to start the institution by means of their shell-work are preserved in a window upon the chief staircase of the west pavilion of the present building, and some other pieces of the old glass work were introduced in the existing structure.

The hospital had been fortunate in its power to attract the affection of those who worked in it, and owed much to their constancy, while the friendly feelings which had marked the domestic relations of the household had contributed not only to comfort but efficiency. The inner life approximated to that of an harmonious family, and when the time came for dispersal, regrets were deep and general. The record of long service by nurses would be deemed remarkable in these days of ceaseless change. The average exceeded six years, and that fact, even if it stood alone, would be good testimony to the merits of Miss Marion Jones, their kindly and capable superintendent.

The annual hospital supper gave an indication of the general feelings. What a pleasant gathering it was! what good fellowship prevailed! how genial the jokes! how comprehensive the amenities that left nobody untoasted! how prevalent the evidence of comradeship!—all helping to a happiness which must yet linger in the memories of survivors who had a part in it.

As I stood one afternoon on the threshold I had crossed so often, to look within at the labours of the housebreakers amid the din and dust of crumbling

walls and the wreckage of the familiar building which had harboured so many ardent hopes and generous ambitions, the pang of contending emotions must needs be felt. Infected by the depressing sense of destruction and desolation, I seemed to hear again Mr. Chandler's despondent and upbraiding voice, and faltering for an instant, the question came between hope and its fulfilment, whether we had indeed set about the undoing of the work to which he and his sister had put their hands? But if a recollection of the brother's protest brought misgiving, to recall his sister's Godspeed was to find instant solace and encouragement. We had started on the way, and, God willing, we would go forward to our destination.

CHAPTER XII

THE *Instructions to Architects*, issued when plans were invited, had been full and precise. The hospital was to contain 150 beds, making with those already provided in the Powis Place pavilion 170 in all. Each ward was to consist of a dormitory, day-room, ward kitchen, bath-room and other accessories. The men and women patients were to be lodged in separate blocks of the building, with communicating corridors. Of the uppermost floors, one was to be allotted to nurses and another to women servants; for the male officials provision was to be made elsewhere. Suites of rooms for the matron, resident medical officers and others were included, of course, in the general scheme, together with administrative offices, a Board-room, and a chapel. Kitchens, sculleries, and a system of baths for medical purposes were to be in the basement, of which a portion was to be occupied by the engine and boiler room, the latter to contain two large Cornish boilers. Cooking was to be by gas, and warming by steam supplemented by open fires.

A glance back to this period, distant little more than twenty-five years, reveals the extent and rapidity of the changes which have taken place in respect of nurses and nursing. In 1884 it was thought to be a

great advance upon older arrangements that a floor should be set apart for their sleeping accommodation. In the old hospital the sisters and nurses mostly took their meals at the head of the tables in the several ward day-rooms in company with those of the patients who were able to leave their beds. At dinner the joints were served whole, and the sister carved. Dishes of vegetables were placed upon the table as at a plain family gathering. Puddings and sweets followed. This system was greatly admired by many ; it gave an air of homelike comfort, and there were certain advantages. But, regarded from the nurses' point of view, it was faulty. For them, a peaceful, undisturbed meal was seldom obtainable, and as the proportion of acuter cases of illness among the patients grew larger, difficulties increased and revision of the arrangements became inevitable. Refectories, for which no room could be found elsewhere, were established in the basement, while as an additional concession to the growing demands for comfort, a spacious apartment, well furnished and supplied with books, newspapers, and a piano, was opened as a nurses' parlour.

A few years more, and these arrangements were found wanting. Comparing unfavourably as they did with the accommodation provided by other hospitals, they came in their turn to be looked upon as mere makeshifts. The erection of a "Nurses' Home" was regarded as an urgent need, and the steps contemplated to bring the National Hospital into line with other institutions in the provision for its nurses will be referred to in a later chapter.

The residences in this district of London are remarkable for the extent of their cellarage. Among the recollections of my childhood is the interest, not free from awe, with which were regarded the numerous dark chambers lying beneath the garden of our house situate in the neighbouring John Street, Bedford Row, then a residential district, and the stratagems we children employed to obtain access to this forbidden area of mystery. The cellars of the hospital houses in Queen Square reached back to the confines of Pow's Place, opening one from the other by tortuous passages. Some were fitted with bins for wine; others were plain structures whose intended use was not apparent; here and there was a well, always brimful whether deep or shallow, and giving evidence of the saturation of the soil. These cellars had come to be inhabited by a race of cats of abnormal development, creatures that had discarded the domestic traits of their forefathers, become wild, and prone to deliver fierce attacks upon intruders. Many escaped when the buildings were pulled down, and some were killed. Rats were seen in large numbers; there was a belief that the foundations of houses round about had been seriously affected by their destructive doings, and now and again they had been known to make a way through a solid upstairs floor in a single night, marking their progress by a pile of wooden particles fine as sawdust.

To prevent the migration of these pests to the basement of the new Powis Place pavilion, where much of the hospital furniture had been stored, the ingenious device of stationing a big English terrier at the point

of communication was resorted to. Although many of the rats made for the gangway as their haunts were disturbed, not one was known to have got past that most capable sentry.

On sanitary grounds alone the substitution of new hospital buildings for old often commands justification. The Queen Square houses had been built at a time when sanitary science had no being, and drainage as we now understand it had not been dreamed of. They were the days when the provision of a cesspool was accounted an adequate equipment for the best of houses, and the night-cart pursued unchallenged its unsavoury rounds. Even when the belief had been abandoned that the storage of sewage beneath the floors of the basements of dwelling-houses was an adequate way of disposing of it, the application of such theories as had been formulated remained singularly defective. Up to the time of the general rebuilding, the hospital and the adjacent houses were dependent upon the service of an old brick sewer, of which the parish authorities knew neither its date of construction, its starting-point, nor its destination.

The sanitary arrangements of a hospital, needless to say, are of grave moment, and in our case they received ample attention. The architects had the advantage of the assistance of Mr. Netten Radcliffe, then holding appointment as one of the medical officers of the Local Government Board, and some of his colleagues, who examined the plans of the proposed drainage system, and made suggestions.

Sanitation cannot be taken too seriously, and some

day it will advance, doubtless, to the position of an exact science, but at present it is capable of strange perversities which its ablest exponents are unable always to explain. It is an amusing fact that in Mr. Radcliffe's own house in Guildford Street, which he occupied when medical superintendent of the hospital, the wall of one of the basement rooms was found to be saturated with sewage absorbed from an unemptied cesspool. The appearances indicated, and the circumstances corroborated, that the wall had been in that state for a lengthy period, yet no discovery had taken place, and, still more curious fact, nobody had suffered.

At the time No. 25 Queen Square was added to the hospital premises, Mr. Rogers Field, of great reputation as a sanitary engineer, was called in to advise concerning some needful alterations of the old drains, which showed no actual defect, and appeared to have done their work well. We had to pay a big fee, and after long investigation Mr. Field submitted elaborate plans beautifully worked out for a total reconstruction of the drainage of the house at a cost of rather more than £1,000 ! As the house was doomed to demolition at no great distance of time, and the sum named represented nearly a third of its freehold value, the Board were satisfied to expend £100 under the direction of the architect, and nothing untoward followed.

More than one story could be told of the refusal of consequences in matters of sanitation, to furnish all that theory demanded of them. Not many years ago, in a certain ward of the new hospital, there was

a persistent recurrence of sore throat among the patients. Every effort was made to discover the origin, but without success. Dr. Gibbon, the sanitary officer, could find no cause, nor could the members of the staff who joined in the inspection. Nevertheless, the sore throats continued—though still limited to the one ward, and in the end the medical committee made a recommendation that an expert from outside should be consulted. The well-known Dr. Corfield was chosen. He came with two assistants, and, beginning in the basements, he examined in detail every part of the block of building in which the peccant ward was situate. In the course of a week he reached the roof above the sixth story—the floor occupied by nurses' dormitories. During the day I was sent for; a discovery had been made, and a startling one. The ventilating pipe, which by all rules should have passed clear, had been made to pierce an angle of the roof, and as fate would have it, the short section of pipe within was found to be defective. A rent, quite visible when the pipe was exposed, allowed a great portion of the sewer gas to escape into the space below the tiles.

By no possible combination of circumstances could this leakage affect the ward in question, situate two floors below, a long way removed, while the singular fact was that of those sleeping in immediate proximity, who presumably should have supplied victims, not one was affected. Dr. Corfield's voluminous report contained many suggestions, as the reports of experts always must, but no other serious defect was found, the mystery of the "throats" remained unsolved, and

in a short time the state of the ward's health was normal.

The erection of the main buildings was begun during the first quarter of 1884, the administrative offices being established for the time at 36 Queen Square. To quote the language of the Report on Rebuilding, "two great advantages accrued from the completion in advance of the 'Princess Christian' block of buildings. All confusion was avoided during the general rebuilding: the work of the out-patients' department proceeded without interruption, and a nucleus of in-patients was always maintained."

At the time when the work of rebuilding was at its busiest, the news of the sudden death of the Duke of Albany brought a shock to the nation. The deep feeling aroused throughout the kingdom was shared by those working for the hospital, and addresses of condolence were promptly submitted by the Board to the Queen and the Duchess of Albany. Looking to the part taken by the Prince at the time the work of rebuilding was inaugurated, the desire to associate his name permanently with the undertaking was natural. The idea of investing a main portion of the new building with the character of a memorial occurred to me as I read the announcement of the Prince's untimely death, displayed at a newspaper stall in Euston station, and steps were taken without delay to put the proposal into execution. To secure the more publicity, the suggestion was made that it should emanate from the medical Press, and the help of a member of the staff readily procured the editorial support of *The Lancet*.

The permission sought from the Queen was promptly and graciously granted, and when the Board met I had the satisfaction to place before them the following letter from Sir Henry Ponsonby—

*“ Windsor Castle,
“ May 19th, 1884.*

“ SIR,

“ The Queen was much pleased with the intimation contained in your letter, and readily sanctions the proposal to make the building of the hospital a memorial of the late Duke of Albany.

“ I have, etc.,

“ (*Signed*) HENRY F. PONSONBY.”

During the following July a public meeting in aid of the project was held. It took place in Willis's Rooms, and was presided over by the venerable Earl of Shaftesbury, who commended the undertaking to support in language charged with the pathos of the occasion. “ A more fitting memorial to the Duke of Albany,” said the Earl, “ could not possibly be conceived. I do not think that any could have been more in harmony with his feelings. . . . I am happy to say I had a share in the institution of this hospital in 1859, and I came here with the greatest satisfaction to hear of the progress it had made, the great good it has done, and the greater good it is capable of doing in the future.”

Three months later, this meeting was followed by another held in the pavilion at Brighton. Colonel Shute, a member for the borough, was the chairman, and Sir James Crichton Browne the chief speaker.

Meanwhile, the plans of the new hospital had been subjected to some criticism. They were said to be too ornate ; they were extravagant, and so forth ; but if the desire to invest the buildings with a measure of beauty demanded justification, surely it was supplied in the mission now imparted to them. The architects had claimed that the hospital would be the first erected in this country on truly artistic lines, and as a lasting memorial to a Prince whose interest in art was widely known, nothing could be more appropriate. That differences of opinion should show themselves was only to be expected. Beauty in a hospital was unusual enough to appear out of place, and to some seemed undesirable even if it cost nothing. To those who objected on grounds of economy we could reply that the element of beauty was not without intrinsic value in a building devoted to the treatment of nervous maladies, and that the members of the staff were agreed upon the desirability of bright and cheerful surroundings for the patients.

The building, brick built, with terra-cotta adornment, was designed upon the pavilion principle so far as the exigencies of the site permitted. It was fire-proof, with concrete floorings overlaid with teak, the columns were of Parian marble, and coloured glass was largely used in suitable positions, while the halls, corridors, and lobbies were paved with marble mosaic. The characteristic features of the old hospital, which had contributed to the picture of homelike comfort it presented, were reproduced as far as possible. Every ward had its day-room, tastefully furnished, and

besides being replete with all that was needed for the patients' convenience, possessed a well-filled book-case, pictures, a piano, and provision for indoor games.

The wide corridors give the interior of the building an air of stateliness, and although the architect's original plans provided for a measurement of seven feet, that the existing width of ten feet is not too ample may be learned at any busy hour, when, with the passage of invalid chairs, trollies, and other wheeled traffic, the corridors assume the appearance of crowded thoroughfares. And besides this, we always bore in mind a prospect of future enlargements.

One critic was a gentleman who was my fellow passenger in a train one morning, and as it happened, was on his way to the hospital. "I am going to the hospital in Queen Square," he said to his companion; "do you know it? Ah, well! it's a palace--nothing else; and the office is like a nobleman's library: oak-panelled walls, polished doors, and with a mantel and fireplace that must have cost hundreds of pounds," and not a little more to the same effect. We met in the hospital, and I hope I convinced him the Board-room fittings were not so costly as he had thought. The fireplace is of plain Doulton ware; the panelling of unpolished American walnut, and the doors, like the others throughout the building, are of pitch pine stained and varnished.

Expert visitors, who were attracted in considerable numbers, expressed delight with all they saw, and it is reasonable to believe that when the balance is struck, the hospital has been the gainer by its beauty, and that

apart from other considerations that might be urged, the moderate sum expended upon embellishments has proved a productive investment. A portrait of the Duke of Albany exhibited in the Guildhall Galleries was bought, and hung in the vestibule adjacent to the tablet which records the Prince's connection with the charity.

The early summer of 1885 witnessed the punctual completion of the rebuilding, and in a review of the undertaking the Board's report records "that the work was at no time interrupted by stress of weather or other untoward circumstance, while from first to last neither accident nor mishap occurred."

The crowning episode was the opening of the new hospital by the Prince of Wales (his late Majesty King Edward), who was accompanied by the Princess (H.M. Queen Alexandra), who graciously consented to give her name to one of the pavilions, Prince Albert Victor, the Princess Victoria, the Prince and Princess Christian, the Archbishop of Canterbury (Dr. Benson), and the Lord Chancellor (the Earl of Halsbury). The ceremony took place in a marquee erected in the quadrangle, and the visitors, many of them eminent in the ranks of philanthropy and science, numbered a thousand.

In connection with these important proceedings, nothing, perhaps, was more remarkable than the announcement the Board were able to make to the Prince on the day of opening, that the cost of building and equipment had been already collected in special contributions, an achievement unique in hospital annals.

In their Report subsequently issued the Board added

that "the fund had been raised and administered by gratuitous labour, and that such unavoidable expenses as have been incurred, together with the cost of all ceremonies and public meetings, have scarcely exceeded two and a half per cent. of the total, while this sum has been more than covered by the interest earned upon deposits, thus allowing every contribution to be applied in its entirety to the purpose for which it was given."

The efforts successfully made to carry out the rebuilding without encroachment upon the permanent funds were in the nature of a tribute to Edward Chandler's financial perceptions. He had denounced the project of rebuilding only because he felt no confidence in its completion, and honestly believed that to attempt it must lead to the dissipation of the invested funds, and possibly to debt and disaster. But what he had deemed impossible had come about; the new hospital his sister had seen in her dreams had arisen, and it stood firm and enduring upon the stable foundations they had helped to lay.

In no exaggerated language did the Board conclude their Report when they observed, that "among all the noble philanthropic gifts which the Victorian age transmits to posterity, few will transcend the first hospital devoted to the treatment and investigation of those obscure maladies which, while they have been among the mysteries of all ages, have gained great and terrible intensity in the present, and it may be safely predicted that the National Hospital will remain a prominent example of utility and practical benevolence."

CHAPTER XIII

THE prevision which had led Lady Harriet Bentinck, among other people, to regard the financial task of rebuilding as less formidable than the subsequent upkeep of the establishment, was speedily verified.

A foretaste of what was to come was provided on the day of the Opening Ceremony. Almost the first communication dropped into the letter-box was a formal notification that the overseers of the parish had assessed the new buildings at a sum of £4,500 per annum, representing a rental value considerably greater; and although after repeated appeals to one and another body we succeeded ultimately in getting the assessment reduced by one-half, the annual payment of local rates amounted even then to upwards of £700, and was automatically added to with every subsequent enlargement of the premises. The inequalities consequent upon assessment by parish are painfully evident in respect of hospitals. No general rule seems to obtain; great difference of treatment is meted out even in the same parish, and perhaps as remarkable a fact as any in this connection is that the richest of all metropolitan hospitals pays no rates because it is a parish in itself!

If the collection before opening of all the funds needful to the erection and equipment of a hospital

of this magnitude had constituted a feat hitherto unparalleled, the difficulty of the performance is made more manifest by an examination of the list of donors. Of the total sum collected, nearly one-half was provided by twenty-three individuals, and the grand total of contributors barely exceeded one thousand persons. Yet the undertaking was undeniably national in its scope, and it appealed to the benevolent throughout the length and breadth of England, if not of the Empire. That the hospital, instead of gaining by the scope of its usefulness, has been a loser by its want of locality, is indubitable. It has never aroused neighbourly interest, and while many a tribute of affection and gratitude has reached it from remote places, people long resident in contiguous streets and squares have been known to assert ignorance of its being.

About this time I made a careful examination of the conditions governing the finance of unendowed hospitals, and when, as a result of my investigations, I showed that the proportion of donors to non-donors was approximately only one in a hundred of the population, there were many who doubted the accuracy of a calculation which seemed inconsistent with the philanthropic character the nation assumes and the proud traditions we associate with the legend, "Supported by Voluntary Contributions."

The Earl of Halsbury, then Lord Chancellor, who presided at a meeting held in the rooms of the Society of Arts, when I read a paper upon the subject, was among those who took me to task, but in another speech, delivered shortly afterwards, he frankly stated

that he had tested the figures and found them correct. Only to a very small portion of the community does any hospital appeal with success, and were it not that each one, happily, seems able to attach to itself a little band of faithful and generous helpers, subscriptions and donations would soon cease to represent a practicable method of support.

In the case of the National Hospital, the gathering in of the rich harvests of 1884 and 1885 had left the field exhausted. A period of barrenness followed, and when, as a coincidence, even the receipts from legacies fell away, the task of meeting the outgoings became one of consummate difficulty. The new conditions made for new items of expenditure. A sanitary officer, two resident house physicians, and a medical registrar were appointed, while provision was made for the employment of several clinical clerks. A steward was added to the establishment. The nursing arrangements were remodelled. A head sister, fully trained, was placed in control of the nursing, with charge and staff nurses in each ward. Probationer nurses were appointed, some of them being men, the "National" being then, as it still remains, the only civil hospital where a course of training is afforded to male probationers.

Nominally, the head sister was subordinate to the matron, but, as was not altogether unexpected, friction ensued. In the sister the hospital had the services of a capable and somewhat masterful lady, rightly jealous of the authority her training gave her, and scenes of disagreement ensued, which would have been

amusing but for their serious issues. Upon one occasion the matron came to me in tears and implored that the sister should be dismissed; a few hours later she desired equally vehemently that she might be retained. All this was disconcerting, and modifications of the system had to be made, which, while they enabled the work to be pursued in harmony, were not without drawback, and helped to emphasise the necessity for the radical amendment which was brought about when opportunity offered.

Circumstances had induced the Board to appoint as matron a lady who was not a trained nurse, but with the reputation of a very competent domestic manager. Always difficult as it is to find the qualities of a good nurse and a good administrator combined in the same individual, with us the difficulties were enhanced by the existence of the ladies' committee. A strong objection to this body was evinced by trained candidates for the matronship, and some refused to proceed with their applications, notwithstanding an explanation that the duties of the ladies' committee were limited to Samaritan work, and comprised no hospital responsibilities. With an intimate knowledge of the proclivities of their own sex which led them to offer at one and the same time a tribute and a reproach, they could not be brought to believe that an organised body of ladies in actual being could be restrained from interference.

This apprehension of a too restless activity did not appear to be shared by the Ladies' President, the Marchioness of Abergavenny, who one day came to

the Board-room and laughingly expressed her impatience of the "interminable twaddle" of the Committee from which she had escaped.

Without doubt, hers was a power put to inadequate uses, and when she accepted office she may have looked to be concerned in issues more momentous than the allocation of meat and grocery tickets, and the distribution of cast-off clothing. Yet the work of the Samaritan Society, if petty and unsatisfying to her ladyship, was valuable and not far from indispensable. Without it, large numbers of out-patients would have been unable to continue attendance, or to benefit by treatment. Insufficient clothing and want of food are enough to render nugatory the good offices of the most painstaking physician.

The facilities for clinical instruction, necessarily somewhat restricted, which had been afforded by the hospital throughout its career, were now becoming more fully developed, although some members of the staff actively engaged in the schools of general institutions seemed indisposed to grant the National Hospital its rightful position as a teacher. They inclined rather to make use of its work in lectures and demonstrations delivered elsewhere, or by references in their published books, and for interesting patients to be conveyed to other places in order to illustrate and enforce lessons learned in Queen Square was no uncommon occurrence.

To those concerned with the welfare and progress of the hospital, and desirous that it should hold its own as a pioneer, this seemed scarcely helpful, and

whenever occasion offered, the Board urged upon the staff a stricter compliance with the rules.

Events to come render desirable a record of the fact that prior to the opening of the new hospital, the office of "general director" was instituted. In later years, when, unhappily, disagreement with the staff had arisen, the suggestion was persistently put forward that by this act lay authority had been increased unwarrantably.

Yet a reference to the by-laws prepared more than eighteen years before the directorship was created would show that from the first lay supremacy in administration had been aimed at. "The secretary was to superintend the domestic affairs of the establishment." In this respect the National did not differ materially from the great hospitals of the metropolis, with which, both in the manner of its birth and the methods of its government, it possessed, as *The Times* had observed, "much in common." Again, "he will be expected to watch over every department of the hospital, to report every evasion and neglect of duty to the Board of Management, and to endeavour by every means in his power to promote the welfare of the charity."

Thus, the secretary's field of activity was a wide one, and the addition of "director" to the title was little more than a just and formal recognition of long existent powers and growing responsibilities. As an incentive to interest and exertion the value of contact is difficult to overestimate. To be eyewitness of the hospital's inner life with its manifold incitements,

gives reality to much that unseen and unfelt would be vague and imperceptible, and brings within the perimeter of vision, actualities which never would live in the imagination.

In respect of the general question of authority, experience had led me to definite views, in which I have been confirmed by all that has since happened. To place responsibility upon a man and at the same time to withhold from him power is a truly inhuman contrivance, which allies mental activity with physical paralysis. Responsibility may be the bane of the incompetent, timorous and half-hearted, but all the lessons of history prove that in great things and in small it is the strong, wholesome food of men with faith in themselves and with souls to nourish. It must be accompanied by much that is plenary, the liberty to initiate and to decide. Else, call him what you may, the man is an underling, an emasculation, perpetually chafed and tortured by a sense of restraint and impotence. It is not discipline that suffers when the conditions of service are just, and there is no paradox in the assertion that the scope of a responsible agent's authority is the precise measure of his obligation to render an account of his stewardship. Were this not so, manifestly he would not be responsible, but irresponsible. He is free to act and he must bear the consequences.

To place real responsibility upon a man worthy of it is to give him your confidence, and the feelings which spread over the consciousness of one who knows he is trusted warm like a stirrup-cup. Even drudgery

ceases to be irksome and men surrender themselves body and soul to their work, less conscious of self-sacrifice than of the rousing fact that they have won the liberty to expend the utmost of their powers.

Enthusiasm, even when it is native, needs the encouragement due to an exotic. It is easily nipped ; under too wintry skies it may cease to be. I remember with gratitude that my Board gave me freedom, and with satisfaction that I was bold to make use of it. If I took a little more than they gave, I was content to be judged by the results. To promote the well-being of the hospital became my supreme object, and I was solemnly determined that so far as power lay in me the institution should never be found wanting.

CHAPTER XIV

HAVING settled down in the new hospital, we enjoyed for a brief space the satisfying sense of achievement. After the makeshifts inseparable from an improvised establishment, we had succeeded to comfort and sufficiency. The wheels of the day's routine ran smoothly, and in the absence of special incidents, and with no intrusion of difficulty beyond the financial, the ensuing three years proved uneventful, though laborious.

But this could not last. The impetus which during twenty-seven years had carried the institution forward was not yet expended, and if we allowed ourselves breathing-time, we did so not of deliberate design, but rather was our pause a yielding to the need of consolidating what we had obtained. For the moment the desire for fresh ventures was appeased. Soon it would re-assert itself.

In the financial conditions we were now encountering, heavy demands were made upon our faith, but it did not fail. After no great interval of time, a bold step was resolved upon. The wards, which as yet had not been taken into use were to be opened. This meant an addition of some sixty-five beds and cots to the accommodation, and £4,000 to the annual expenditure. In connection with the little ceremony arranged for

the occasion, the widowed Duchess of Albany paid her first visit to the hospital, and dedicated the wards to their allotted purposes. She granted permission to bestow her name upon the Ward for Children—furnished with twenty-five cots—while two of the cots were specially associated with the names of Her Royal Highness's children, Charles Edward, Duke of Albany, and the Princess Alice of Albany.

The second ward opened received the name of one to whose munificent and sustained interest the charity owed much. The "Margaret Gibbins" ward was devoted to women patients; afterwards, it was divided, one portion being fitted up temporarily as an operating-room, and ultimately, when the arrangements for surgical work were made permanent, it reverted to its original use. The third ward now taken into use was the "Elizabeth Morgan" ward, so named after another prominent benefactress.

In 1888 the silver wedding of the Prince and Princess of Wales (their Majesties King Edward and Queen Alexandra) was celebrated in the hospital by means of a Rose Show and a Concert. The Princess Louise was present, and the performers included Mr. and Mrs. Henschel, Mrs. (Lady) Semon, Madame Norman-Neruda, Miss Janotha, and others. An interesting incident took place in the marquee among the roses. The Princess permitted me to present Mr. William Paul, the celebrated horticulturist, who was exhibiting a new and unnamed rose, to which he desired to give Her Royal Highness's name. A gracious assent was granted, and one of the most

beautiful and scentful of Mr. Paul's great collection of roses has since borne the title of "The Marchioness of Lorne."

The provision for contributing patients begun in the old hospital by the opening of the "In Memoriam" wing, was continued and enlarged in the new. A ward with sixteen beds for women was entitled the "Chandler" ward, and one for a similar number of men received the name of the Princess Christian. The patients were to contribute a guinea each weekly, a sum sufficient to cover the cost of food and medicines, leaving the services of the physicians, surgeons and nurses as free gifts. The "Chandler" ward contains a portrait in oil of Mr. Chandler, an enlarged photograph of Miss Johanna Chandler, and an early painting of the two sisters, Johanna and Louisa.

In these wards, the philanthropy of the institution received one of its best illustrations. The work carried on in them was in relief of a class of patients which, almost more than any other, appeals to sympathy and consideration—poor but often highly educated people, quite unable to meet the expense of serious or prolonged illness at home, unsuited to the general ward, and desirous above all things to be as little burden as possible upon the hospital resources.

Such patients are among the best examples of the numerous class intermediate between the very poor and the moderately affluent, to whom hospital help in time of need is especially appropriate. The disposition of many critics with merely superficial knowledge is

to attribute to hospitals prodigality as their chief and foremost offence, and even some who ought to be better informed, are of opinion that, given a more drastic interpretation of the rules which bar the better class applicants, all would be well. But we must take care that rules, commendable in the abstract, shall not be applied with the mercilessness and unquestioning regularity of an automatic mechanism. To suppose that the population can be arbitrarily divided for hospital purposes into two classes—those who can pay fees and those who cannot pay anything—is nothing less than absurd. Yet, practically, this is the idea underlying much which has been written in reference to hospital abuse. Multitudes of persons are to be found between these extremes, and their ranks furnish the most promising and deserving of hospital patients. Poverty, when it sinks to the level of destitution, is not a recommendation, but the reverse. It constitutes a difficulty, recognised but very inadequately dealt with by the establishment of Samaritan Funds. Many patients come before the physician more in need of food and other bare necessities of life than of medicine. To attempt the outdoor treatment of such cases is futile ; to take them into the wards is a misapplication of the hospital resources, with the additional serious disadvantage that they occupy the beds wanted for more legitimate cases. The ideal hospital patient is not the poor creature who is starving in an unfurnished and fireless attic, or the homeless outcast. Unfortunates such as these are for the attention of other charitable agencies ; the business of the hospital is

pre-eminently with the person of small means fallen ill, or the victim of an accident, who by timely treatment may be restored to health and activity.

Of course there are other people who may seek, quite properly, the help of hospitals, and some may be suitable even though the prospect of cure is wanting, but as a general principle, subject to modification in particular instances, it may be ruled that the resources of hospitals are never so legitimately or so beneficently made use of as when employed in efforts to restore to health a patient whose bodily disability causes interruption of the work upon which he depends and compels temporary recourse to charitable assistance.

The field of action thus spread before the hospitals, embracing, as in most cases it must, those members of the bread-winner's family who look to him for support, is quite wide enough to ensure a full employment of their powers, and, if kept free of trespassers, would be capable of more careful cultivation.

Doubtless all hospital authorities are agreed that the number of patients in attendance needs reduction, but whereas the common view is that the reduction should be brought about by eliminating those of the better class, it is at least open to argument whether action is not more loudly called for at the other extremity of the crowd. The process of elimination requires to be as carefully applied to those who are too poor as to those who are not poor enough. Persons who can afford to pay for adequate treatment and yet sponge upon the hospitals are malefactors, and should be

summarily dealt with whenever the facts are established, but the business of the hospital cannot be confined to the hungry and badly clad. In a large number of instances such patients are merely encumbrances. They obtain no real benefit, and hospitals are ill-advised when they encourage the attendance of this class while they place difficulties in the way of the decent poor who make no claim to be destitute, but, on the contrary, are able, and, as experience shows, are willing, to take upon themselves some part of the expense incurred upon their account.

The opening of the ward for children gave point to these reflections. To the writer it seemed that hospitals and wards set apart for sick children are especially fitted to become in a degree self-supporting. A majority of the inmates of a children's hospital possess wage-earning fathers, and the facilities offered to be rid of the whole cost of a sick child's maintenance during in-treatment, or to take gratuitous doles of medicines and medical comforts, if it be an out-patient, not only encourage an abuse of the agency of the hospital, but are a potent source of demoralisation in the parents. Granted that in the event of his child's serious and prolonged illness, the ordinary working man would be unable to meet the cost of needful attention, the notion that therefore he is to be forbidden to contribute the little he can is even more indefensible than a similar prohibition in the case of adult patients.

As against this reasoning, it has been urged that if payment, however small, was insisted upon, rather than make it, many parents would sacrifice their

children's well-being. This accusation, judged by the experience of hospitals where payments are regularly required, appears to be unwarranted. Undoubtedly, it wears a forbidding aspect; but, examined carefully, it will be found more terrible in suggestion than substantial in fact.

In a wider recognition of the truths that destitution, absolute and irremediable, ought to be made a reason for careful inquiry into the eligibility of an applicant for hospital treatment, and that the interests of both patients and hospitals demand a limitation of the zone of hospital activities, together with a systematic collection from patients proved eligible of payments graduated according to means, lies the best hope of those who have at heart the elevation of hospital work, and of the economists who deplore the demoralisation of hospital patients.

CHAPTER XV

THE familiar adage that nothing is new received a fresh illustration about this period in the history of the hospital. At the meeting in the Brighton Pavilion some time before, Dr. (now Sir James) Crichton Browne had delivered a lucid and instructive address upon the work of the institution to an array of empty chairs which we had done our best to fill. The subject, perhaps, was too profoundly interesting to be superficially attractive, and, moreover, we encountered unexpected local medical jealousy.

For a Metropolitan hospital to come to Brighton and hold a meeting in aid was openly resented. The Earl of Chichester, who was to have presided, finally declined to do so on the ground of his connection with the County Hospital, and virtually the meeting was boycotted. Yet the professional gentlemen concerned might have remembered with advantage that the National Hospital put forward no ordinary claim. Among medical institutions none was less local in its work and influence.

Already it had done much in direct relief of the poor of the district, Brighton, as the statistics showed, having provided it with more patients than any other provincial town. Among them were several sent in by the County Hospital itself, in search of the authoritative diagnosis the National Hospital was often called upon to supply. As Mr. Jonathan

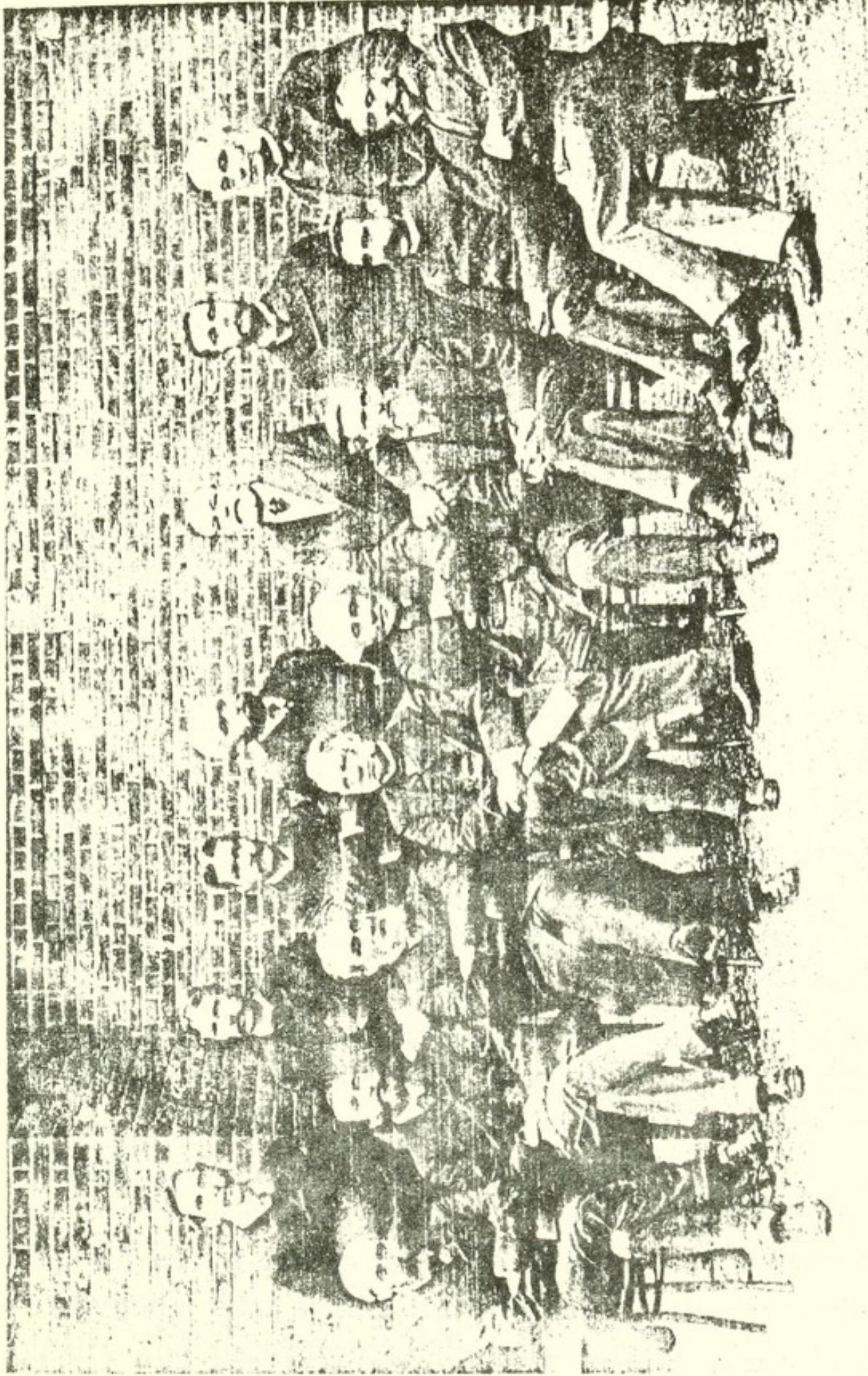
Hutchinson had said at the Mansion House meeting, the verdict of the hospital was one from which there was "no appeal."

Dr. Crichton Browne's address, when published, contained many striking passages. It foreshadowed some things to come, and a leading member of the staff, in the course of a walk we took to Rottingdean on the day following its delivery, predicted that the time was at hand when provision for treatment by surgery must be added to the equipment of the hospital. Thitherto, the work had been purely medical, the duties of the surgeon—Mr. Wm. Adams, of orthopædic fame—being confined to the minor operations incidental to a sick-room, and when necessity for grave surgical treatment arose the custom was to transfer the patient to a general hospital.

Students of ancient surgical history are said to be familiar with evidences of operations upon the brain carried out by means of the rude instruments of the stone age. With what ultimate result to the patient none know, but seeing how these heroic measures had fallen into disuse, we may reasonably surmise that the surgery of that remote period had already demonstrated how an operation of splendid conception and achievement may prove of doubtful benefit to the sufferer, and quite possibly those early operators had shown the way to explorations so grave, so delicate, and, withal so barren of beneficial result, that the surgeons of later ages, notwithstanding their advantages in knowledge and appliance, recoiled from attempting them.

The time of renaissance, however, had now arrived.

THE ACTIVE VISITING MEDICAL AND SURGICAL STAFF, 1887.



Left to Right—Sitting: Mr. M. Gunn, F.R.C.S.; Dr. H. C. Bastian, F.R.S.; Dr. Hughlings Jackson, F.R.S.; Dr. Ramskill; Dr. C. B. Radcliffe; Dr. (Sir) Wm. Gowers, F.R.S.; Dr. (Sir) Felix Semon; Dr. (Sir) D. Ferrier, F.R.S. Standing: Mr. (Sir) Victor Horsley, F.R.S.; Dr. Beevor; Mr. A. E. Cumberbatch, F.R.C.S.; Dr. Buzzard; Mr. R. Brudenell-Carter, F.R.C.S.; Dr. Ormerod; Mr. Wm. Adams, F.R.C.S.

Experience gained among the patients in Queen Square had revealed how largely these brain lesions contributed to the roll of victims, and the staff generally agreed with Dr. (Sir David) Ferrier that the employment of surgery in certain cases had become a necessity.

The persevering research carried on in England and abroad by physiologists whose labours followed upon the investigations of Marshall Hall, had brought brain-surgery within the range of practical operative treatment. The structure and working of the brain had been laid bare, and the stupendous fact had been established that to each of the cerebral hemispheres were allotted functions distinct and separate. These enthusiasts, pursuing their investigations under discouraging conditions with an untiring patience which invested their intelligence with genius, demonstrated that every individual portion of the seemingly homogeneous organ was allotted its own particular task, and in response to the probing interrogations of science every fibre and filament of the complex structure yielded up the secret of its being. The practical result of this was that the position of a lesion within the locked chamber of the skull could be ascertained with mathematical accuracy of prevision, and the skilled observer could determine by a study of outward manifestations sometimes displayed as far away from the seat of mischief as in the twitchings of the finger tips whether, or not, it was accessible to operative treatment.

Anybody who wishes to realise in part the complexity and perfection of the structure of the human

brain, and to gain some conception of the intellectual task whose accomplishment gave to the daring theory of cerebral localisation the diploma of an established truth, too fascinating ever to become commonplace, might study with advantage the series of beautiful pen-drawings which hang in one of the consulting-rooms, a gift made to the hospital through Sir Wm. Gowers, by the artist to whose wondrous handicraft they bear witness.

It is said that certain Continental scientists have called in question more than one of the deductions concerning cerebral localisation which, after some opposition, appeared to be generally accepted; but whatever the final judgment, this at least has been demonstrated, that the conclusions arrived at by the group of investigators, among whom Marshall Hall, Hughlings Jackson, and Ferrier are allotted foremost places, have made possible some of the greatest achievements of modern surgery and will remain conspicuous landmarks on the long road to that elusive finality of knowledge which is ever unwinding fresh and seductive vistas.

Unfortunately for a hospital, a scientific reputation does not aid its finances. In many minds medical science is associated inseparably with the practice of vivisection, and vivisection has been for a long while a stumbling-block in the way of some whose sympathies incline them to aid hospital work. Upon the question whether humanity has gained anything from vivisection, a layman is scarcely a competent witness. He may be opposed *in toto*, and say that whatever

the sum of knowledge which vivisectional research can be shown to have secured, he still objects. Or he may urge that the practice of vivisection ought to be more strictly guarded from abuse than it is. But he must not seek to decide the issue whether science has been served by the practice or not. The difficulty the hospital encountered by reason of its great scientific reputation was undeniable, and was brought home forcibly to those concerned with its finance, but the only part I ventured upon in reference to this delicate subject was comprised in an endeavour to show that hospitals, as institutions, had nothing to do with the practice of vivisection one way or the other. Therefore they ought not to be implicated in the controversy, and to stop the flow of subscriptions because vivisectors were upon the staff of this or that hospital, as some anti-vivisection bodies had tried to do, was an illogical and reprehensible act, which inflicted punishment for an assumed delinquency upon innocent and helpless patients. This view I put forward in letters to *The Times*, but although several instances came to knowledge where the hospital had lost largely, in one case to the extent of many thousands of pounds, I know of none in which argument and demonstration sufficed for its protection. Prejudice was too deeply rooted.

The election of an additional surgeon having been resolved upon, the choice proved limited. The professors of brain surgery, few in number now, were fewer still upwards of twenty years ago, and although the post was duly advertised, not half-a-dozen applicants came forward. The opinion of the staff was

that the claims of Mr. (now Sir) Victor Horsley were pre-eminent, and at their recommendation the Board made the appointment. Shortly after, the surgical staff was again increased by the election of Mr. Charles Ballance. Operations, wonderful in themselves, and, as time showed, capable sometimes of affording lasting benefit to the patients, certain of whom were rescued from a condition nothing short of moribund, became of common occurrence, though needless to say, when the cases without exception were of utmost gravity, the result was not uniformly happy in all. The conditions under which the operations took place made too often for disappointment, and the well-nigh miraculous recall to life of some was too frequently balanced by a fatal issue where the outlook appeared more promising.

Surgery is often startling in the celerity of its results. The expiring spark leaps into flame, or the living light is extinguished. "The surgeon either kills or cures," said Sir William Jenner, and what impresses the onlooker most, perhaps, is the consummate courage of the operator who stands ready to obey imperturbably science's bold decrees.

One case, awful in its demonstration of the possibilities of human suffering and human helplessness, occurred at this time. The patient, an athletic subject in the prime of life, had been seized while playing lawn-tennis, with acute pains beneath the shoulder-blades. His doctor was puzzled; a specialist was summoned, and the patient was brought to the hospital. The presence of a tumour involving the vertebral

column was diagnosed. Medicine would be powerless ; surgery might save. The patient remained a few days in the ward for contributing patients while observations were completed.

Cheery, vivacious and active, he would have been among the last of the ward's inmates to be suspected of mortal malady. But fact is inexorable. The tumour was rapidly developing ; its octopus-like tentacles were gripping the spinal cord, and if their murderous hold was to be relaxed, not an hour should be lost.

The patient consented cheerfully to the proposed operation. Passing through the ward on the morning of the day it was to be performed, I stopped to speak with him. He gave no indication of fear, scarcely of anxiety. The operation was begun early in the afternoon, and nearly three hours had passed when one of the house physicians tottered into the Board-room and sank upon a chair. As he explained afterwards, he was too dazed to proceed to his own quarters. His face was blanched, plashes of blood were upon his forehead ; his hands were bloody, his teeth chattering.

The occurrence was phenomenal. Never before or after did I see the breakdown of a house physician. Occasionally it is heard of, but rarely witnessed. In this instance professional reserve had given way, and there was no attempt to hide the ordeal of those terrible hours. "Operation," he said in low tones, "it was butchery ; the place was a shambles." And the black sorrow of the sequel, when all had been done, all had been suffered ! It was told in the silence of the form which lay lifeless upon the operating-table.

Some will ask again, as some have asked before, could the hope of any end likely to be achieved justify the means? Well, it has to be remembered that if left unrelieved, the patient must have died within a short time, after passing through agonies indescribable, and that in the removal of the tumour lay the only chance of recovery. Many an operation, though called for earnestly by patients and friends, has been refused when the prospect of success did not seem to warrant it, and whatever the blind enthusiasm of some ardent scientists, self-restraint must be counted among the virtues whose exercise the large majority of them attain to.

That the introduction of surgery into the practice of the hospital was a startling innovation, nobody realised better than certain of the physicians. But if some members of the staff appeared less sanguine of the results than others, all were agreed that the departure was unavoidable if the hospital was to be kept in the van of scientific progress.

At the outset two small surgical wards and an operating chamber were constructed by the division of the "Margaret Gibbins" ward, but only a short time elapsed before the inherent imperfections of this arrangement led the way to a new project, no less ambitious than the building of a wing to be devoted to surgical, clinical, and pathological purposes. To this end the site of the Queen Square House stables—a sale of the freehold having been refused—was taken upon building lease, and the preparation of plans was entrusted to Mr. Currie, well known as the architect

of St. Thomas's Hospital. The technical details involved induced the Board to entrust the arrangements largely to the medical committee. Great diversity of views ensued. The physicians demanded a clinical theatre for the purpose of lectures and demonstrations ; the surgeons desired a chamber for operative measures only. The need of the clinical theatre was pressing ; the contentions of the surgeons were unimpeachable. A compromise followed, and as usually happens, the result satisfied neither party. So convinced were the lay authorities that the combination of a clinical with a surgical theatre was radically wrong, that they were minded to provide a separate operating chamber at once ; but unfortunately, the lessees of the adjoining Queen Square House objected to its erection, and all that could be then done was to prepare the flooring for the additional story, and to await the time when the necessary permission to proceed could be obtained. How amazing it seemed to those acquainted with these circumstances that twelve years later the Board were blamed by the Committee of Inquiry at the instance of the staff because the theatre was structurally unfitted for surgical work ! This wing was the only portion of the buildings arranged and equipped under the direction of the staff, with what results the long-suffering architect could have testified, while to some of us it appeared an ugly growth never to be reconciled with the structure upon which it had been grafted, and when the Duchess of Albany, visiting the theatre one day, remarked upon an obvious defect, we had no alternative but to suffer the righteous criticism in silence.

The erection of the wing was begun in 1889. The work was delayed by a strike in the building trade, and when during the following summer the formal opening by the Duke of Westminster took place in accordance with previous announcement, the structure was a long way from completion. It received the name of the "Westminster Wing."

Just before this time, the Duke had accepted the position of President, and when afterwards he paid his first visit to the hospital, he arrived in one of the shabbiest of hansom cabs, once a thing of gaudy colours, now faded and dirt crusted, with a driver of an especially untidy type. Upon the Duke's arrival, he was first of all interrogated by the hall porter as to his business, and was then referred to the outer office, where he underwent, with exemplary patience, some further cross-examination. Before he went away the Duke generously promised an annual subscription of a hundred guineas, but, he added, with comical suggestion of impecuniosity, "You must not ask me for the money yet—not until the new year." Had this been overheard by a certain woman out-patient it would have lent colour to the quite serious answer she gave a fellow-patient's deprecatory inquiry, why the "Dook" wore a coloured shirt and collar? "Why, to save the washing, of course!"

Not everybody proves so patient as the Ducal President did, under the requirements of the hall porter. Some see in them only provocations to resistance or evasion. A well-known lady-in-waiting to Queen Victoria was a frequent caller about this time.

Her visits were made to a servant of the royal household who was under treatment. Evidently she had but scanty respect for rules. She came invariably at a time when she ought not to have come, and just as invariably the hall porter, a sterling old soldier who had been through the wars, and never yielded to anybody when refusal was a point of duty, invited her to sit down and await the stroke of the hour when the ward would be open to visitors. The lady rebelled : the porter was not to be moved. She attempted to reach the staircase ; he barred the way. Then she feigned submission, and returned to her chair, but when opportunity offered she darted up the stairs, and from the vantage of the first landing laughed triumphantly at the discomfited janitor below.

“ Don't you know me ? ” quietly asked a gentleman of military bearing, who was refused a passage by the same trusty porter. “ No, sir.” “ Well, I am a soldier myself, as I see you are. I am General ——, and as you command here, I will wait your orders.” “ Yes,” I said, when the man told me of this with evident admiration, “ what then ? ” “ I didn't know what to do, sir, I felt that pleased and that sorry too, so I saluted him, and when he was going away he came across to me and said, ‘ Good day, porter, I shall remember the rule next time.’ ”

The financing of the project of building the “ Westminster Wing ” is referred to in an interesting passage of the Board's current Report, where the plan adopted to obtain the needful funds without making a fresh appeal revealed again the unwillingness, not altogether

unreasonable, of charitable people to subscribe to the cost of work which has other than a purely benevolent object. More recently this lesson has been brought home to the authorities of St. Bartholomew's Hospital by the failure of their efforts to collect the cost of buildings designed for pathological purposes. The fact that the "Westminster Wing" was to be used partly in promotion of education and research, was sufficient to prevent many from contributing, and a large portion of the seven thousand pounds it cost to build was derived from the sale of stocks which had appreciated in value, and the appropriation of the profit to the building fund, with re-investment of the original corpus, a transaction carried through with the competent help of Mr. Frank Capel and Mr. Ryder (afterwards the Earl of Harrowby).

The inauguration of the theatre was among the great occasions in the hospital annals. Sir James Paget delivered a brilliant inaugural address, and the theatre was filled by an assembly which included many of the most celebrated physicians and surgeons of the day.

Evidence of the rapid growth of the surgical work is found in the registrar's Report, where it is stated that "operative measures have now become an important factor in the treatment of disease," while as fresh testimony to the wide-reaching scope of the hospital practice it is recorded that in-patients had been admitted to that date from no less than fourteen hundred different cities, towns, and villages of the United Kingdom.

CHAPTER XVI

RECOURSE to surgery was only one evidence of the vast progress made by the hospital in the treatment of nervous maladies. Years before this time Mr. William Adams had predicted that medical rubbing, then almost unheard of, would take a foremost place some day among its therapeutical resources, and before the last decade of the century was far advanced, the employment of massage had become general enough to create a difficulty in respect of the demands in time and strength it made upon the staff of nurses.

The application of massage is an exhausting exercise. Some nurses are never equal to it, and none can rub longer than a very few hours daily, with advantage to the patient or with safety to the rubber's own health. This observation applies equally to men and women nurses. The introduction of massage as a common method of treatment necessitated additions to the nursing staff, and proved so costly a process as to be justified only by the valuable results obtained. A case of general massage may take an hour or more to complete, and one of a single limb may run to half-an-hour. When fifty cases--no unusual number--are in the wards at the same time under this treatment, a moment's reflection will reveal the sum of labour involved.

The process of massage is not only exhausting to

the operator ; it necessitates a great increase of nutriment for the subject. A patient undergoing general massage will be ordered food in quantities enormous enough to be startling. " Yes," said a physician, " we are going in for overfeeding. It is the coming treatment." And speedily was that prediction verified, as the growth of the tradesmen's bills showed.

The value of male nurses is conspicuous in connection with massage treatment, and it may be claimed as creditable to the hospital administration that at no time during the period I can write of was a female nurse permitted to carry out massage upon a male patient. Marked difference of opinion between medical authorities has always obtained as to the limits to be set to the duties required of women nurses, but the overwhelming majority disapprove of entrusting the massage of a male patient to a woman. The late Dr. Steele, of Guy's, was of opinion that there should be no limits to a nurse's functions, and had I not heard him say so, I should have been incredulous. The view of many authorities, including *The Lancet*, is that the employment of a certain number of male nurses in matters of treatment besides massage is eminently desirable, and one more convincing illustration of the evils generated by poverty is found when this loudly called-for reform is refused on the score of expense. In many hospitals difficulties are lessened, because sundry duties are undertaken by the clinical assistants and dressers.

Before leaving this subject, which can be touched upon only lightly in these pages, I may record of my

own knowledge the relief afforded to the minds of many men patients when they learned that the ministrations of male nurses were available, and the favourable comparison drawn for this reason between treatment at the National and at some other hospitals.

The wards for male epileptics have been always in charge of men. In the opinion of many authorities, the tendance of patients of this class by women is an evil of magnitude, and upon other grounds than those merely of safety and discipline. Similarly, whatever may be said upon the general question of women doctors, the belief lies in the minds of not a few authorities that female epileptics would be best looked after by practitioners of their own sex.

The difficulties which arise in dealing with hysterical patients are real and unavoidable. The "contributing" wards for women have always furnished their full tale of cases of this description, and have been regarded as taxing most severely the tact and patience of both doctors and nurses. They were a fertile source of anxiety also to the administration, as from them issued in greatest measure complaints which investigation often showed to be baseless. Educated gentlewomen are perhaps as little disposed to grumble as their humbler sisters, but a small minority of a certain intermediate class ever bearing in mind as the most important of all factors, the weekly contribution exacted of themselves, or through their friends, the utmost in return, and seldom submitted with grace to the unavoidable inconveniences of hospital routine. The early breakfast was a source of offence, the

“ dress-ing ” of the ward an outrage, the scrubbing of the floors an infliction beyond language ; but the chief source of discontent often was that the doctors passed from their bedsides without having given them a satisfying concentration of attention. It was difficult when going the rounds either to grasp or to parry some of these complaints, and attempts at pacification generally failed.

That patients in hospitals never have causes of complaint is not to be affirmed. Full liberty of speech should be always preserved to them, and somebody ought to have patience to listen, but the obstacles in the way of helping a patient who has a grievance concerning medical error or inattention even when it is well founded, without bringing upon the complainant greater evils, are immense, and to be appraised only by the laymen who have borne hospital responsibilities. Lay administrators may ease their consciences by doing all they can, but they must be conscious always that the powers ostensibly secured to them by rule or by law are closely allied to impotence.

What galls the intelligent patient more perhaps than anything else in his hospital life is the studied refusal by most medical officers to acknowledge his personality, the silent but systematic denial of his individual being, and the almost contemptuous inattention accorded his utterances.

A certain lady patient of the contributing wards could find relief for her feelings only in verse, and one morning I found upon my table a lengthy poem addressed apparently to a fellow-patient, probably an

imaginary one, from which I quote the following passages—

“What are you, I ask, my dear,
Sprawling in your bed?
You are simply arms and legs,
A body and a head.

“The doctors stand around your bed,
And speak of you, and glare,
And ask of others how you feel,
As though you were not there.

“Your mouth is but a hole, my dear,
For medicines and pills,
It is not meant for you to speak,
Except at their great wills.”

And so on through many stanzas attuned to the same protest. Of course, patients sometimes are wholly unreasonable, whether in the matter or the manner of their complaint. Now and again a lay official is appealed to, when doctors are obdurate, for a mitigation of some severity of treatment, or the alteration of a dietary; and a poor man who had been ordered a menu of soda-water and little else, lost faith for ever in my humanity because I asserted powerlessness to interfere.

Complaints which do not involve a reference to the doctor may be dealt with more effectively, and this proved to be the case upon an occasion when at first glance the outlook seemed unpromising. The Clerkenwell and Bloomsbury districts of the metropolis have been celebrated from time immemorial for the number and size of their black-beetles and cockroaches. The new hospital, saved from the rats, was speedily invaded

by these subtler pests, which found splendid opportunities for growth and multiplication in the dim lights and comfortable warmth of the spacious basements.

No antidote availed, and in time the noxious insects made their way upstairs. The climax came when the invaders reached the wards. A patient lying helpless was so terrified when she saw three black-beetles advancing over the counterpane that she suffered serious relapse, and so general was the horror that if the invasion of the dormitories had gone on unchecked the hospital would have suffered an exodus of patients.

At this juncture we learned from the foreman of some painters at work in the hospital how one of the great West End hotels, brought by black-beetles to the verge of ruin, had been rapidly rescued. The process was a secret one so far as the material used, but it was simple in execution. Half-a-dozen men spent a day in placing daubs of the stuff in dark corners of the basement, and the result was not short of miraculous. A few pailfuls of remains were swept up the next morning: then all traces of the beetles disappeared. The creatures appeared to have packed up and bolted, clearing away even from some adjacent houses, and not a beetle was seen afterwards! The first operation cost the hospital £20, and an annual payment of half the amount perpetuated the good work. The saving in gas and wasted food covered this outlay many times over

In a review of thirty-five long years of hospital life

the episodes which come to mind are numberless and varied. They range from the sacred to the sordid, but if routine breeds repetition, not every occurrence is commonplace. The gleanings from memory's full field are less an aftermath than the gathering in of a promiscuous harvest, and while, doubtless, the importance of events in which we have taken a part is easily exaggerated, to ourselves it would be altogether unnatural if even in their triviality they did not linger. Thirty-five new years were born while I was working in Queen Square—thirty-five birthdays of fresh hopes, plans and resolutions.

A period so extended yielded many experiences. As a matter of course, we had some of the customary troubles with servants, but on the whole, the changes in a well-managed institution, reckoned proportionately, are never so frequent as in private service. The conditions make more for discipline and regularity.

Perhaps the most prolific source of difficulty was the line of division between the limits of the severally apportioned duties. A certain brass plate sunk in the floor of the chief corridor and connected with a swing door was a veritable battle ground. Tradition among servants comes down through many generations, gathering strength as it comes, and it seemed established beyond remedy that one-half of this plate appertained to the responsibilities of Porter A and the other half to those of Porter B. Between them the plate was never cleaned in its entirety at the same time, a line of division across the centre being preserved with mathematical precision. Similarly, the scrubbers who

washed the paved floorings of halls and corridors would never, unless by compulsion, cleanse the doormats they shifted in their progress ; these were always put back dirty and littered.

“ Beggin’ your pardon, sir, that isn’t my work, as I tells the matron ; she engaged me to do scrubbin’, and nothing was said about them doormats.”

Once a physician, coming hastily downstairs, put his foot in a pail of dirty water carelessly left there by a scrubber, got wet-footed and narrowly escaped serious mishap. Complaint followed, but nothing would convince the culprit, when haled for admonition, of the enormity of her offence. What she was concerned about was that “ a doctor calling hisself a gentleman ” should be “ that ’ard on a poor woman.”

There is nothing in all the world more heart-breaking than ignorance which refuses to be enlightened, and people of grades higher than servants and scrubbers can take views equally exasperating. They will give as explanation for not discharging an obvious duty that “ it isn’t in the rules,” and experience readily finds excuse for the authorities of a certain hospital who eschewed printed rules on the ground that they are dangerous because they can be never made wholly comprehensive, while another large institution sought effectiveness in a formula repeated at the end of every section of its by-laws in words something like the following : “ Whoever shall see or believe that anything is being done or omitted to the detriment of the hospital shall make report at once to his immediate superior.”

The difficulties in the way of keeping servants “ up

to the mark," and ensuring in every corner the cleanliness which will satisfy a keen inspector are to be understood only by stewards and housekeepers, and in less degree by those who have a duty of general supervision. Evidences of negligence are readily discovered by a trained eye, and to cast blame is easy; but the really hard task is to prevent the occasion for it. When the Sultan of Johore visited the hospital in the 'eighties, he walked through a great deal of the building in stolid silence, and seemed but moderately interested in anything; but as he was going away, he turned and said deliberately, as one who weighed his words, "I like your hospital—it is a clean place." And from a casual visitor we wanted no more.

The rules required that the formal admission and discharge of patients should be given by me—of course, at the instance of the medical officers. Thus I was brought into personal touch with nearly every patient who passed through the wards. My custom was to see all patients about to leave the hospital, and if well enough, they were brought to the board-room by nurses at a particular hour. Afterwards, this arrangement called for modification; but while it lasted, the *levée*, as it was termed, proved an occasion of great interest to our departing guests, more particularly the women-folk, who found in it a belated opportunity for sartorial exercises.

Not infrequently they appeared bonneted, gloved, and clad in remarkable garments. One, at least, had been known to carry a folded parasol. Their preparations were often made, so the nurses said, long in

advance of the clock, and I remember how one day I found an old-fashioned body, notified for discharge, seated at her bedside habited for out of doors and wearing wondrous mittens. An offer to spare her the trouble of a journey to the board-room elicited a whisper from the nurse, and I was made to understand that if the visit of state were abandoned the old lady would suffer keen disappointment.

How much is to be said in support of a continuous personal exposition of constituted authority. It gives form to what without it is impalpable, while to be in contact with the institutional life at all points brings inspiration to the worker, and makes for heart-whole service—for the labour instinct with the devotion that claims the utmost and best of our powers. What mighty pulses warm our blood! Enthusiasm is a giant always; not less when it performs upon a miniature stage, and what huge crime is theirs who seek to trample out its life!

To say that however high the standard of efficiency reached by a board or committee, the actual conduct of every well-administered and prosperous hospital must rest largely with an individual is a simple truth. Sometimes it is the chairman, sometimes the treasurer, sometimes the secretary; but even he, familiar as he may be with every corner of the building, every detail of its organisation and every unit of its inmates, is but a powerless ignoramus when confronted with the treatment of patients, the most momentous, and indeed only object to be served by the complicated machinery of the institution.

The most capable administrator would prove a dangerous doctor, an incompetent nurse, and a death-dealing dispenser, while the amplitude of his knowledge enables him to realise the limits beyond which his ignorance is profound. A manager who aims at efficiency must be many-sided. He needs to be a good man of business, a capable correspondent, an accountant, the possessor of some literary power, a trustworthy adviser, a reliable interpreter and upholder of rules, a supporter of the authority vested in other people, and capable of exercising his own ; if not a speaker, competent to supply speeches for some one else's utterance, a man resourceful in emergencies and able to solve puzzles by intuition, to check expenditure of all kinds, a successful beggar, an enthusiast never numbed by the cold indifference which often awaits his most cherished schemes, patient under opposition and disappointment, yet always persistent, a realisation and embodiment in his own person of the qualities of the famous policeman who captured a burglar, and when asked how he did it single-handed, replied, "I surrounded the house."

I remember to have heard tell by the late Mr. William Nixon, for many years House Governor of the great London Hospital, how during an epidemic of cholera, when patients were being admitted unceasingly and death was an industrious helper in making room for them, so great was the pressure upon the attenuated staff, that besides performing other unusual and trying offices, he had to enter the carpenter's shop and lend a hand in the making of coffins, an act unrecorded

hitherto, but worthy of high place in the annals of hospital workers.

No matter how lengthy his experience, a hospital official never yet found himself at an end of novel and puzzling questions. One afternoon the Duchess of ——— was announced, a lady rightly distinguished for her philanthropic industry. She wanted to obtain immediate admission for a woman then lying in Wormwood Scrubs Prison under conviction of having killed her child. The woman was an epileptic, and by the exercise of some extraordinary influence the prison authorities had been induced to grant permission for her removal to the hospital if assured of her admission and retention. I pointed out that the admission of a patient depended upon a recommendation by one of the hospital physicians, but that before the case could be dealt with in its medical aspect the applicant must be found suitable for hospital treatment. In my opinion this woman was not suitable, because, having regard to the feelings and well-being of other patients, she could not be rightly placed among them.

The Duchess asked, quite pertinently, whether we always made inquiry into the antecedent character of patients. I answered that we made no such inquiry, but that a person of known bad character might be reasonably refused. In this case a frank statement had been made of the facts, and I was bound to take note of them. The Duchess was not satisfied, so I offered to take the opinion of the Board, and to write the result. The Board did not entertain the case, and her Grace was indignant.

To the minds of many kindly people eager to secure admission for patients, a simple syllogistic process sufficed to enforce their views. "A" or "B" was an epileptic, or a paralytic; the hospital was for the treatment of epilepsy and paralysis; therefore "A" or "B" was a subject for admission. If the subscription contemplated by the rules was suggested as preliminary to examination, an answer made frequently was "Oh, I thought this was a charity!" a reply which would be more satisfying if a "charity" were immune from payment for bread and butter and was never faced by demands for any of the outgoings ranging from medical comforts to rates.

It is a mistake to suppose that hospitals receive specially favourable treatment from their tradesmen. Usually they pay the full price for all they buy, the only indulgence granted them in any quarter being exemption from payment of income tax, and stamping their receipts for donations, the latter an Imperial acknowledgment of service truly Gilbertian.

Reference has been already made to the enormous increase in the milk bills; the cost of water was no light charge. It amounted to more than £250 annually. Supply was by meter, and if the instrument, which was somewhat erratic in its records, registered during any given quarter a substantial decrease in the consumption the inspector would demand that the charge should be averaged, but the Company (the New River) would never agree to a similar course when the meter registered an excess. Once, when a very large consumption was shown quite beyond normal needs, and

the hospital engineer could find no explanation, the Company's officials politely offered to assist in the search for a leakage, the sole result being the discovery of certain hydrants, which they insisted were extra to the number paid for, and not only did they demand future payment in respect of them, but a settlement of accumulated arrears.

The view, sometimes embarrassing, of the poorer patients of a hospital is that a specific medical quality attaches to everybody who performs duty there, and even the hall porter will be asked if "F" or "G" will get better soon, or "K" may not venture into the garden? "Show the gentleman your leg, Charlotte," was one of many similar injunctions uttered by an anxious mother or friend, and when the inspection was hastily declined, the officer concerned was left in no doubt that he had sunk in the poor woman's estimation. The garrulity of some patients concerning their ailments is prodigious, and a refusal of their confidences invariably causes disappointment.

Among the features peculiar to the practice of this hospital, is the length of time patients are under treatment. The stay of in-patients must be calculated in months; as out-patients, epileptics quite commonly remain upon the books for years. These are the poor people who carry away every year the greater part of the two and a half tons of the staple drug dispensed—bromide of potassium. In many instances the seizures are warded off so long as treatment is continued, and the patients are enabled to pursue their ordinary vocations, and even to keep situations.

Anything more depressing than a crowded waiting-room of a hospital for paralysis, epilepsy and kindred affections would be difficult of conception. Herein congregate some of the most sorely stricken of the human race, whose maladies, wrapped in the folds of a clinging mystery, remain the most inscrutable as among the most untractable of those "grisly ills" which too often mock the pioneers of medical science. Neither the men nor women present in all instances a pleasing mental type. Some, not even the most compassionate could describe as amiable, while a not inconsiderable minority are morose and quarrelsome, keenly resentful of efforts to maintain order and discipline.

Yet to those who could read a little below the surface how rife was the unwritten history of the out-patients' room with evidence of kindly deeds unostentatiously performed. Instances of patients' goodness begotten of fellow suffering were legion, and almost as numerous were kindnesses rendered by persons not directly sharing in the hospital's benefits, and prompted only by the call of a common humanity.

Readers of Henry Harland's dainty little story will remember the tender ministrations to the poor old woman Marietta by the unrecognised Prince of the Church, Cardinal Udeschini, and if Cardinals were not plentiful among the out-patients, we did not fail in instances of well-placed clergymen, Romanist priests, country doctors, ladies, actors, authors and others who came with sufferers in charge, and patiently awaited in their company the summons to the consulting-room,

showing what a number of good people there are whose philanthropy is not for show, of whom the world takes little heed.

An experience trying to the gravity of the physicians was the entry one day of Dan Leno with an invalid friend in tow. At that time he was performing in the pantomime at Drury Lane, and as, unlike some comedians we read of, he could never help being just as mirth-provoking in private as in public life, the prescription was written and accepted amid a hum of subdued merriment which was at once a tribute to the actor, and testimony to the amusement of the assembled post-graduates.

The advance of a spirit of surly independence is to be noticed among hospital patients. Time was when as a class they were not ashamed to be grateful. Some of them have learned much since then, and having become conscious of their value, are frequently more concerned about their rights than their obligations.

“Don’t you cheek me,” cried one man to the dispenser, who essayed to support the authority of a porter; “if we weren’t here, you wouldn’t be wanted,” an observation not less unpalatable by reason of its truth. “I ain’t no pauper,” said another; “didn’t I bring a ticket to pay for what I get?”—this referred to a letter of recommendation—“what more do you want?” “As to them blooming doctors, we teach ’em a lot, I know. Lor! how they do jaw about our insides to them blokes as sits and looks on,” a disrespectful notice of the medical visitors in attendance at the practice. “’Ere ’ave I bin waitin’ this hour

and a 'arf," remarked a woman to the company generally as she emerged from the consulting-room, "and then all 'e says is, 'Ow are yer?' and before I can tell 'im, 'e writes 'repeat';—why, it ain't worth comin' for." "I shan't stay much longer, 'tain't likely," says yet another in confidence to a fellow patient, "he just tells a young feller to put something into my eye—don't it smart, too!—and then he says, 'Go and sit down,' and 'ere I've been sitting ever since. Likely he's forgot me."

And in this disheartening field the medical workers labour patiently, probing, groping, collecting, tabulating, without doubt conscious enough of the drudgery, conscious also it must be of the hopelessness of much of their task, yet witnessing now and again an inspiring gleam, cheered, it may be, by unexpected results where the outlook was most unpromising, and picking their way steadily through darkness and difficulty into the light of knowledge.

CHAPTER XVII

THAT somebody should come into the outer office, demand to see me, and decline to state his business, is not so remarkable as to call for record, but in one instance the proceeding led to an interesting sequel. When ushered in, the caller proved to be a typical "working man." Fumbling in his pocket, he produced a much-soiled document which, as he held it towards me, I took to be a begging letter of the sort known to most of us. Conscious of my own exploits, I did not view the overture with so great aversion as it might have aroused in more fastidious minds, and before I could examine the paper a new complexion was put upon it.

"I want you to tell me, sir, if this is a valid will, because if it is there is no more to be said."

Something, however, had to be said, for the document proved to be a will bequeathing everything the testator possessed to the hospital, absolutely.

"Well," asked my visitor, "is it all ship-shape?"

"It seems so," I answered, glancing at the signature duly attested. "What does it mean?"

"Why, it means this, that my brother wanted to do a good turn to the hospital, and he's done it. He died last week, and I found this paper, so I thought

I'd best bring it along ; and if it's all right, there's an end of it."

He spoke like a man who was holding himself in hand and compelling his tongue to utter the right and honest words, to his own detriment.

The value of the bequest was about £800, a sum nothing less than a fortune to the man before me. I looked at him with sympathy. I had never received notice of a legacy to the hospital with so little satisfaction.

Afterwards, I consulted the solicitors and informed the Board of the circumstances. The solicitors advised that the Board had no choice. They must take the whole amount. I think everybody was truly sorry that the legacy could not be surrendered, at least in part, and what little could be done for the brother, who was also the executor, very inadequately interpreted their sense of the sterling integrity which made him unwilling to accept any material acknowledgment.

Those were days when the help of the Central Funds had not grown into importance. The King's Fund was yet unborn, while the Sunday and Saturday Funds put together provided less than five per cent. of the expenditure. The hospital looked for some direct help, and still more for an indirect advancement of its claims, to its biennial Festivals. It was fortunate in obtaining the co-operation in succession of the Lord Chancellor; the Archbishop of Canterbury (Dr. Benson), the Earl of Derby, the Earl of Dudley, and the Duke of Connaught. Dr. Benson's speech, delivered with the charm of elocution which attached to all his

utterances, was powerful to arouse sympathy, and quotations from it entered largely into the appeals issued during the years immediately following its delivery.

One prominent nobleman, who entered seriously and earnestly upon the task he had assumed, invited me to his house on the day before the dinner, and, standing upon the hearthrug of his library, rehearsed, with full accompaniment of action, the speech he proposed to deliver, prefacing this performance with a request that I would criticise freely if needful.

Lord Dudley introduced into his observations the sincere personal note which is always effective. The dinner took place on the day following the terrible catastrophe to the *Victoria* battleship in the Mediterranean, and as Lord Dudley's brother was on board, and for some hours was supposed to have been drowned with the remainder of the ship's company, it was not surprising to receive a telegram stating the earl's inability to preside at our dinner. This was quickly followed by another message to the effect that Mr. Cyril Ward was among the few survivors, and that Lord Dudley would keep his engagement. In the course of the evening he announced that as a thank-offering for his brother's safety he would contribute £1,000 to the Festival list. A tablet over a bed in one of the wards records that it was erected in commemoration of the young midshipman's "merciful escape."

Many people are in doubt as to what the hospital dinner really is and how it is made to answer its

purpose. I have received letters in response to appeals, stating that in no circumstances would the writers help to pay for anybody's dinner; if money were sent it would be for the hospital. Not a few people think that the charity looks for results to the sale of the tickets, and those who hold this view would be puzzled by the information that the actual cost of the dinner and its accessories largely exceeds the sums obtained by this means.

The method of raising subscriptions by the aid of a dinner is easily ridiculed, but it is justified so long as it is effective. The managers of a charity use the dinner as a means to focus and impress the features of their appeal and to obtain publicity. It may be suggested that the objects arrived at might be as well and more economically accomplished were the dinner served primarily to the gentlemen of the Press, while less useful visitors might be allotted seats in the gallery. The idea opens up a vista of possibilities. The sympathetic presentment of the hospital case by a practised journalist has often won results denied to the speakers, and a newspaper article, widely circulated, has proved a page of power in the history of many an institution whose work and value stood in need of skilful and sympathetic interpretation. Upon one occasion, during a time of influenza epidemic, when a hastily substituted chairman took the place of an exalted absentee, and spoke to tables but sparsely occupied, the situation was saved by the journalists, whose reports brought about an ultimate success very indifferently foreshadowed in the meagre

attendance and the partial failure of the appeals issued beforehand.

A certain wealthy peer, now deceased, was a frequent guest at the dinners of the National Hospital. Why he came, none could determine. He never displayed a lively interest in the proceedings ; he seldom conversed ; invariably he slept during the speeches ; and while his pocket was far from proving unassailable by ordinary process, and his disposition was of the kindest, he never contributed to a Festival Fund more than the cost of his dinner.

Much that is discouraging is associated with the preliminary arrangements of a Festival, and valuable time is frequently lost. Little in the world is more delightful than the prospect of hard, congenial work, with liberty and ability to set about it, and enough of time to finish it in. What especially galls the ardent hospital administrator is that with much before him needing to be done, and done quickly, he is usually hampered by conditions that bar the way to a single forward step.

When the day of action comes, too often he is held up on the threshold of the enterprises which to him, at least, are great, things he has dreamed of. Oh, for the liberty to go ahead, even though it be to failure—to do something that will keep the blood circulating, and save him from chafing under a sense of restraint !

In the case of the dinner, a list of stewards is accounted indispensable, and many invitations to take office are issued. In a large number of cases no reply is received, and when leave to add a name is granted,

the reply may come in terms which preclude all hope of co-operation. "You may make use of my name, but I cannot attend the dinner or send a donation," is almost a literal transcript of many consenting answers. The managers of one worthy institution which had to do with cab-drivers were commonly credited with designs upon the whole peerage. They were accustomed to issue prodigious lists of names followed by the announcement of an inadequate collection, while their modest aspirations seemed satisfied if only one of the many noble stewards graced the table with his presence.

As examples to the contrary, we have the noteworthy records of the great Masonic charities. No meretricious setting is given to their Festivals: the lists of stewards are unburdened with merely titular embellishment, and the accompanying appeals are free from exaggeration. Yet the results go far beyond the dreams of the most sanguine hospital secretary, and supply an eloquent lesson of the value of true as compared with fictitious co-operation, of a gift of labour as compared with a loan of names.

An advertised total of contributions is not always accurate testimony to the results. A certain zealous official, when announcing a list of contributions "as the result of the recent dinner," included a couple of legacies, and was surprised that the announcement was welcomed as an unexpected introduction of comedy amid the proceedings.

The seating of guests often presents difficulties, and when ecclesiastical celebrities are present, those who

have to weigh the relative claims of dignitaries of the Established and other Churches are not to be envied. "Do please put me somewhere lower down," said a prominent Anglican who had inspected the table-plan in the ante-room, "and let Cardinal —— have the seat next the chair. If you don't he is quite likely not to stay."

A question as to whether ladies should be invited arose at intervals. The common belief is that they seldom give anything, but then it is possible that they induce generosity. One objection to their presence, which perhaps no longer obtains, was that they interfered with the smoking, and a certain illustrious personage was said to make it a condition of his presiding that ladies should not be invited. I once suggested to the caterers that something less should be charged for ladies, as presumably they did not eat or drink as much as men. "True," said the manager, "but just look at what they waste!"

Real self-sacrifice is often demanded of those whose position requires of them "a speech." A physician, well known for his fluency and humour in conversation, and a seasoned lecturer, described himself as "shuddering" at the prospect of acknowledging the toast of "The Staff," and proved almost incapable of making himself heard.

Most hospitals still continue their dinners, and the time has not yet come when they can be abandoned. So long as charities of admitted worth are compelled to beg, anything which serves to bring them publicity must be welcomed or condoned. A small donation

induced by a Festival has proved sometimes the forerunner of generous and sustained interest.

Among the special efforts made to obtain financial help was the establishment of a Fund to be composed of benefactions carrying life annuities. In making the suggestion to the Board, I was influenced by the belief that some people, without ties or dependants, would prefer to render help during life rather than by bequest, although they are not able to sacrifice income. To meet these cases, among others, this Fund was started, the Trustees for the donors being the senior partner of Messrs. Coutts, the Hon. H. D. Ryder (afterwards Earl of Harrowby), Mr. Frank C. Capel, and Mr. John Pearman. It was favourably noticed by the Press. *The Daily Telegraph* remarked, "The scheme provides absolute security for the payment of the annuities, and may be commended to the charitable as a sound and practical means of perpetuating and extending the usefulness of an institution truly national in its scope." *The Lancet*, *The Globe*, and other papers recognised the unquestionable security, and referred to the fact that the annuities "can be made payable to any one the donors may nominate should they themselves desire not to receive them." "A donor," said the prospectus, "may provide by the agency of the Fund for a poor friend or dependant during life, with the ultimate reversion of the capital sum to the hospital. In this way a single donation will give effect to two benevolent purposes."

A total of about £15,000 in all was raised, and that no more came of the proposal was due, I think, to our

neglect, amid so much that was more urgent, to press the Fund's claims. In an age of advertisement, success, whether commercial or philanthropic, is to be compassed only by persistence and display. A charity courageous enough to incur the expenditure needful to push the idea might achieve great things and considering the number of letters which reached me, I was surprised that no other institution adopted the scheme.

CHAPTER XVIII

WHEN the roll is called after an interval of years, the muster rarely fails in evidence of havoc. Among the members of the Board of Management death had been busy, and few of the earlier members survived. As the chairs stood around the table in readiness for a meeting, and memory crept in, they seemed to become tenanted for a moment by remembered forms that would never claim them more, and in the silence of the room was hidden the faint refrain of familiar voices hushed till the great awakening.

In its dealings with the staff, happily there had been more forbearance. When the hospital was in an early stage of its history, Dr. Victor Bazire, young and promising, only recently appointed one of the assistant physicians, had died suddenly, to the grief of all. A long period of immunity ensued, scarcely broken until the unexpected death of Dr. Charles Radcliffe. His brother, Mr. Netten Radcliffe, then a member of the Board, had predeceased him by some years. Shortly after, Dr. Brown-Séguard, who had occupied the house in Cavendish Square, afterwards tenanted by Dr. Radcliffe, also passed away.

Dr. Radcliffe, whose general urbanity was conspicuous, and whose tenderness of heart was unquestionable, had been regarded always by his hospital patients with a respect little short of awe, and some of them, exhibiting lamentable ignorance of hospital ethics, were

known to have pleaded for a change of doctor. He possessed a remarkable personality, helped greatly by his leonine head, florid complexion and thick mop of hair grown white so prematurely that during an intercourse of twenty-four years, I realised little if any alteration in his appearance. He looked the beau-ideal of a courtly physician, and if his habit of differentiating a little too strictly between the patients who paid fees and those who sought the gratuitous help of the hospital militated against uniform acceptance of his character for amiability, nobody who passed an hour with him in his own home could fail to be impressed with the charm of his manner and conversation. When he and his brother were associated together in the hospital, they were spoken of in its domestic circles as "Ursa major" and "Ursa minor," respectively.

Dr. Radcliffe had a large following, and his services were in request in all parts of the country. He told me one day the interesting story of a journey he had just then made into Suffolk, where he was called to see an old squire living in a big, rambling and antiquated manor-house, surrounded by a moat. He found his patient sitting up in a spacious and richly-appointed room, of which the huge four-posted bedstead, with its heavy hangings, formed a chief feature. The squire received him with as much ceremony as his bodily condition allowed. He had become paralysed recently in the lower extremities. Seated in bed, with books about him, a man of evident culture, he possessed a sad history. Married early, he lost his wife during the first

year, and never had ceased his mourning. When Dr. Radcliffe, at the squire's wish, was shown through the house, and reached in time the rooms which had been tenanted by the dead wife, he witnessed a scene such as we may read of in romance, but few of us encounter in real life. The rooms and their contents remained precisely as she had left them ; the gown she had last worn, her shawl, the trinkets she had put off were there, and on the table lay her bonnet decked in its faded ribbons.

When Dr. Radcliffe was about to leave, the old man, lifting a weighty bag at his side, asked with a queer twinkle whether he would object to receive his fee in coin, and proceeded to count out one hundred Georgian spade guinea pieces.

The doctor objected that the payment was excessive, as the worth of the coins was more than their nominal value ; but the patient insisted, and Dr. Radcliffe returned to town with a fee which we may safely assume was among the heaviest counted into the palm of any physician.

In the year 1891, Mr. George W. E. Russell was elected to a seat at the Board. His consent to serve was due to circumstances remarkable enough to be recorded. A prominent member of the medical staff of his own initiative suggested to Mr. Russell that the Board needed to be strengthened in view of eventualities which he foresaw would arise in their dealings with the staff. This gentleman's suspicion of what was impending sprang from a more intimate acquaintance than any layman could possess of the inner minds of

certain of his colleagues. Neither the Board nor I had then learned to regard the future relations of the lay and medical powers with serious concern.

True, an incident altogether unprecedented had recently arisen in my official relations with one member of the staff, but having discharged my duty as I conceived it, with careful consideration for all susceptibilities, it never occurred to me that the resentment manifested could be of long duration.

Although constantly called upon to interpret rules and to expound the administrative view of things, never before had I been in serious disagreement with any of the staff, and conscious of the importance of supporting their views and of dealing tenderly with their occasional failure in obedience to rules, more than once I incurred the good-humoured banter of the chairman, who would tax me with a greater solicitude to further the wishes of the doctors than those of the Board.

On the other hand, there was no reason to suspect that the feeling of the medical authorities towards the office of director was wanting in friendliness. I was in constant communication with members of the staff, and no shadow had fallen upon our intercourse.

Therefore, I was a little startled when I received from one of the physicians a letter containing the following passages—

“I do not know whether I have ever expressed myself frankly to you . . . the smoothness with which you keep all the wheels at work, due much to equipoise, not all to stability, prevents in general any sound of

friction. I believe not a soul, or not many, would exchange your management for any other mechanism. . . . I cannot think you realise all that is beneath the surface; but perhaps you do. One thing is often miscalculated. Gratitude is a non-existent factor in human motives."

This utterance becomes prophetic when read in connection with what followed after a long interval. A member of the staff would have better means than Board or director of learning the inner minds of his several colleagues, and the writer of this letter always solicitous for the well-being of the hospital, must have detected thus early signs ominous to peace, while the admissions frankly made during the progress of the inquiry which came about ultimately, justify a belief that the process of sap and mine which was to bring about an upheaval nine years later, had been already begun.

To anybody gifted with powers of description and the delineation of varying idiosyncrasies, a body of hospital patients is prolific of subjects. Interesting and remarkable people in plenty found their way into the Queen Square wards, from calculating boys and men, whom no array of figures perplexed, to aphasic persons whose speech was so deranged that in certain cases it had to be taken backwards—who said "no" when they meant "yes." There was the distinguished scientist, a Fellow of the Royal Society, for whose benefit the good offices of the hospital had been specially bespoken by the President of the Royal College of Physicians, on the ground that treatment

away from home was imperatively needed, but who discharged himself the day following admission because he could not be provided with a late dinner. The house doctors having failed in persuasion, I endeavoured to expostulate. "Yes," he said, "I know I am a fool ; but I am a slave to habit, and I can't forego the dinner."

There was the man who too amply demonstrated that an inveterate smoker will sacrifice all else for his pipe. The question of smoking by patients had been an acute one always. The patients were kept so long that time hung heavily with some of them, and often they were not "sick" in the ordinary meaning of the word. The patient in question was dressed during the greater part of the day and was able to move about, but not the less he suffered from a grave complication of disease ; and having been found in the ward garden one winter evening, whither he had gone to enjoy a secret smoke, was taken to task by the doctor, and warned solemnly. A week later he sought again the same solitude during heavy rain, paid the extreme penalty within a few hours, and left behind him a lesson which we endeavoured to turn to good account, but only with partial success.

Once a year, on Christmas Day, the rule was relaxed, and permission given to smoke in the wards. The indulgence took effect directly dinner had been cleared. Pipes, long stowed in lockers and looked at in chance moments with longing eyes, were brought forth, cigarettes were handed round, and wisps of pungent smoke curled upwards to the ceiling. House physicians

—happy men who could always smoke in their rooms if they pleased!—came in with their friends to swell the smokers' ranks, while sisters and nurses looked on benevolently, in no way resentful of the neglect suffered by all the good things they had helped to provide. Oranges, grapes, chocolate, bon-bons, had little attraction when opposed to the seductions of tobacco, which triumphed all along the line.

The Yuletide festivities did not begin or end with the smoking. The programme contained many other items, and anybody who visited the hospital as the afternoon of Christmas Day closed in, would find the happiness more in evidence than the pain. What a miraculous banishment of all that was depressing! How the spirit of mirth came abroad to make merry amid the holly!

It was as though the place had been swept clear of all its sorrow, and garnished with what was joyous. The day began with a distribution of picture cards and homely presents, all plainly addressed, and not even the new-comers of yesterday forgotten. Then followed carols by a choir of nurses, who went in procession round the building; then a short service in the chapel; then dinner, "fit for a king," as some of them said, with emphasis worthy of an illustration more original; after it, a truly wondrous dessert, and now the climax!

A carnival is proceeding on every floor what time the firelight flickering in the open grates gains gradually a mastery over the winter gloaming. In the ward for children there is revelry indeed. What fun these

grotesque figures are dispensing as they flit from ward to ward scattering toys, throwing off weird, changeful shadows, while the music of laughter set to various keys ripples round, and withal how noiseless are they in their gambols, and how gentle !

“ I ain’t afraid,” says a small child in piping and somewhat timorous tones, quite ready, however, to dive below the bed-clothes, as a gaunt, bewigged form plays wild antics hard by. “ I ain’t afraid ; it’s only Doctor ——.” “ That ain’t old Mother Hubbard *ackshally*,” says another ; “ it’s Nurse —— ; I heard her voice.”

Men and women alike, except the old stagers who have been in hospital before and know everything, declare that they “ couldn’t have believed it,” and if only those who are at home were here with us,—this with a tremor in the voice and the suspicion of a tear,—how grand it would be !

But whence have sprung these abounding good things ? What alchemy has been at work that can make of hard realities dreams and illusory happenings such as these, or are the oft-told tales of sickness and suffering fables only of a cruel imagining ? Come and see. Here is a door which bears a label, “ Not open to visitors ” ; and yet another, “ Please shut this door quietly.” We are careful to obey the injunction, and the hum of the merry-making, which has been gradually lessening in our ears, is heard no more. We stand in an ante-room occupied by a nurse who sits beside a shaded lamp. Led by her, we cross to the entrance of the apartment beyond, and by common consent we

pause upon the threshold of a chamber which we feel instinctively is too sacred for trespass. The central lights burn low, but we can see that some of the beds are screened, and we are conscious of an atmosphere subtly suggestive of drugs, heavy as with shadows absorbed, and charged with a stillness like the prelude to a profounder silence. A scarcely perceptible moaning issues from one of the beds, beside which sits a haggard man with bowed head, and restless hands, his eyes fixed fast upon the motionless and unseeing form it holds. Farther away we mark a faint stirring as of movement restrained, and the murmur of hushed voices.

A doctor, followed by a nurse, comes out from the light husbanded behind a screened recess, and goes by, treading softly. The advancing nurse motions to the other, who understands, and to us comes the knowledge that one more long vigil has ended ; that upon one more soul, long wrapped in darkness, day has broken ; and in the hush that falls upon us we pay homage to all-conquering Death.

Nothing gave more widespread satisfaction throughout the wards for men than the announcement made in 1892 that for two hours daily after the departure of the out-patients, inmates not disqualified by helplessness or by medical order, might repair for a smoke to the waiting-hall and consulting-rooms. The martinets consoled themselves with the thought that the innovation provided a means of fumigation for these chambers, but the spirit of contentment which percolated through the community was of itself an

all-sufficient recompense for the indulgence. Even in the ears of the poor fellows who remained imprisoned in their beds, the voice of hope took more convincing tones, and not a few who had lain disconsolate, were made happier by the belief that in days to come they too might share in the great concession.

A modern hospital is a place where, amid much that is distressing, glimpses of real happiness are frequent. From the little child of four years who, after being discharged and fetched away by her mother, cried all night and implored to be taken "home" again, to the broken old man of fourscore who pleaded to be allowed to stay until death, constantly came the appeal from the patients that they should not be sent away; and even when health had been regained fully, the feeling shown at departure by most of the outgoing patients was one of keen regret. Ties had been established during their stay strong enough to endure, and not to be severed without pain.

What the help and relief of the charity meant to the families of sufferers is to be appreciated only by those who have learned by personal endurance the burden of a paralytic or epileptic subject when borne in a small, crowded and poverty-stricken home. Adequate permanent provision for sufferers of this class, other than the workhouse, where they share the wards for the imbecile, is among the crying needs of the time. In one of the pamphlets issued in behalf of the hospital, *Things Seen*, I endeavoured to bring home to the reader some of the effects which follow the entry of nervous disease into the homes of the poor.

The following is a paragraph taken from that publication—

“Perhaps in all the wide range of disease there is nothing more distressing than epilepsy. It is quite wrong to suppose that the epileptic is necessarily dull of brain, and a grievous calumny to allege that he must be of vicious nature. ‘Epilepsy,’ said an eminent physician (Sir William Gull), ‘is near to the boundary of the material and the spiritual ; it touches both, and is often associated with the greatest intellect.’ There appears to be an element of heredity about its occurrence, and not seldom it claims more than one victim in a family. ‘This poor woman,’ writes one of the physicians of the Hospital, ‘has three children here as out-patients, with fits. Apparently she has a fourth also with fits, and is anxious to get a letter for him.’ Few can fully realise the full measure of the widow’s trial. Four epileptic children ! when one is enough to cause ruin ; witness the following lamentation taken literally from the mouth of a poor mother. It may bring a smile to the reader’s face, but considered carefully, what a depth of trouble it reveals. The poor widow, looking worn and haggard, with her brows knit over the perplexing problem which defied solution, and grasping the dazed boy at her side, had no grace of language ; the pathos is to be found in the facts :— ‘Oh ! what am I to do with him ? If you can’t take him in, sir, can you tell me of anywheres they will ? If I take a house, the lodgers won’t stop because of him, and if we go into lodgings, we get turned out directly they find out what is the matter ; and when

he's at home, I don't know whether he's coming head or feet first down the stairs, or whether he ain't fallen into the fire; and if I take him out, he falls about terrible, and the people look at me and say, "Why don't you take him to the hospital in Queen Square?" And once, when he tumbled down on the pavement, a gentleman came up and said, "Why, my good woman, you ought never to let go his hand." "Well, sir," I says, "I was only a-blowing my nose." "Ah!" he says, "you have two hands, why don't you hold him with one of 'em?" I'm that hurt in my feelings at 'em all a-calling out at me that I sometimes think—oh! if the Lord would take him!"

Friends of sufferers were at great pains oftentimes to procure admission without going through the formalities of registration, selection and so forth. Perhaps the most informal admission of all was that of a big, helpless Russian whose friends propped him up against the entrance door in Powis Place, rang the bell violently, and ran away. When the door was opened, the man fell back into the lobby, and so may be said to have admitted himself. As the patient's powers of speech were affected, and at best he could articulate only some words of a provincial dialect, it is easy to understand the difficulties in the way of diagnosing the case.

At times, telegrams came to hand which set one wondering. "Venus will be with you at two," seemed startling, and furnished opportunity for the exercise of some facetiousness, but it meant no more than that

a girl of that name summoned from Rochester for admission would keep the appointment. Many paralytic patients have been sent up long distances without escort and without previous communication, addressed to the hospital like bales of goods ; and although theirs proved usually to be old, chronic cases unfitted for treatment, there was no alternative to giving admission, followed by steps to secure their return at the earliest moment possible. In some instances the help of the parish concerned was forthcoming ; but as often as not it was withheld. Curious examples of red tape procedure frequently occur in reference to patients whose speedy removal is called for. Their physical infirmities may make them incapable of travelling by ordinary methods, or their mental condition may render them unfit to be entrusted to the custody of friends ; or the relieving officer, a veritable autocrat when he pleases, may be obdurate ; or perhaps a patient insists upon going away before arrangements can be completed. In some cases all that can be done is to give the officials formal notice in writing that at an hour indicated, A B, a person of unsound mind and unfit to be at large, will leave the hospital by the door opening into —— . This proves effective ; and although the parish will not readily help the hospital, the parochial authorities dare not refuse to take the sufferer in charge directly he has passed into the public street and ceased to be in care of the hospital. Such are among the niceties of poor-law administration, illustrative of the methods employed by the State in its dealings with benevolent

institutions which have voluntarily undertaken the performance of public duties.

I recall the case of a Russian Jewess who, after a long period of treatment in the ward, died. Death happened late at night in the presence of several of the patient's friends, who, with streaming eyes and much gesticulation, succeeded in making known their wish that the body should be allowed to remain untouched until the conclusion of certain religious ceremonies. As their knowledge of the English language was scanty, nobody could be got to understand the nature or duration of the service, but consideration for their distress secured them the permission they sought.

The bed stood in a cubicle, and they proceeded to encircle it with lighted tapers, meanwhile ranging themselves round about in a ring, sobbing and wailing vehemently. The scene was a weird one ; the patients of the ward were in terror, and only a threat of forcible measures sufficed, after the lapse of an hour, to bring the proceedings to an end. Ultimately the body was taken to the mortuary, followed by the wailing mourners, two of whom remained to watch over it until removal from the hospital took place the following evening. In the performance of these rites the friends had almost succeeded in setting fire to the ward, and evidence of the observances remained long afterwards in sundry patches upon the hitherto spotless floor.

Sometimes cases arose for which no preparation had been made. Among rare and somewhat disconcerting occurrences must be reckoned the birth of a child.

Precautions were taken to guard against this contingency, but in one or two instances the vigilance of doctors and nurses was eluded, and the event, productive of great excitement in the ward concerned, came about, and brought into instant requisition the services of nurses with maternity training.

Occasionally a patient took himself off, quite unconsciously, but with the wonderful sure-footedness and self-possession of a somnambulist. One poor man, seen shortly before his disappearance in a ward garden, was found in a dazed condition wandering down a neighbouring street, which he could reach only by proceeding along the tops of several walls. Cases of running away, if so they could be called, were not unknown, though what could induce a patient in his right mind to go off secretly when nobody had the power to keep him any longer than he was willing to stay seemed inexplicable.

A certain house-physician, not distinguished for dialectical precision, entered such cases as "eloped," and when the report-book came before the House Committee, the question "With whom?" would exercise the wit of the members. Marriages between former patients and nurses occurred, but they were few; and in justice to the nursing staff it may be recorded that in no single instance did a nurse "elope" with anybody.

Lapses of memory among out-patients were more or less frequent. One boy, after receiving his medicine, walked onward until he came to a stop, exhausted, in the vicinity of St. Albans. The hospital label upon the bottle helped to his identity, but the boy never could recall a single incident of his involuntary journey.

Every effort was made to discourage patients from attending unaccompanied, and when the nature of the maladies treated is remembered, the accidents which took place while travelling to and fro were remarkably few.

CHAPTER XIX

THE hospital chapel, although, like many another and bigger ecclesiastical edifice, never fully completed in accordance with the scheme of decoration shown in the original drawings of the architect, is nevertheless a beautiful little structure, worthy of its prominent place in the Memorial buildings. Circumstances combined to render the Board unwilling to incur greater expense upon ornamentation.

The designs had not escaped criticism, which runs easily when the expenditure is incurred by the poor, whether they be people or institutions. But in this as in so much else, we may breathe the old prayer to save us from our friends. Criticism by opponents is so much less difficult to bear than the inconsiderate urgings of avowed and accepted friends. One day I received a letter from a highly-placed lady interested in the hospital from its foundation. Having referred to our efforts to complete the decoration of the chapel, she expressed her sympathy and a wish to take the task upon herself.

I wrote a thankful acknowledgment, and in the course of time Lady —— called. We went to the chapel, which looked admirable in its classical lines and harmonious colouring. I explained how the plans contemplated the introduction of mosaic for much of the

paint work, and the filling in of the plain panels with scenes from Scripture history, together with the provision of a suitable organ in place of the old instrument cased in Gothic woodwork. Lady —— hesitated a moment, and then said, "Well, I had not thought of anything of that kind, but I have by me a large quantity of paper decorations inscribed with texts, which I think might be used to cover the walls."

I pictured to myself the architect's features if he heard of the suggestion, and I had a difficulty about framing a refusal which should not give offence. I fear we were not forgiven, because it is among the laws immutable that charity workers must ever gratefully accept, and never take liberty to refuse, an offering, no matter how embarrassing and unwelcome. An interesting circumstance in connection with this proposal was that one of the family homes of the lady concerned is an historical building of great splendour, renowned for the beauty of its private chapel.

Exception is taken in some quarters not only to the provision of a chapel but of a chaplain. I first learned the extent and depth of the feeling adverse to religious teaching in hospitals when serving upon a committee which met at the Mansion House to formulate a scheme for ensuring one uniform system of presenting hospital accounts. Certain members of influential contributing bodies argued that expenditure on religious services was *ultra vires*. In the case of the National Hospital, happily, the question does not arise, because a special endowment covers the cost of both chaplain and organist; but the desire to deprive patients of the

solace of religion seems strangely antagonistic to the spirit of benevolence.

Experience has shown that the bedside visits of the chaplain and his ministrations in the chapel are eagerly looked for by some of them. But ministrations must be discreetly rendered if they are not to invite medical objection. A certain clergyman undertook visitation in the chaplain's absence. He possessed a powerful bass voice, and a dramatic instinct which he employed to great purpose in the pulpit. Coming to a ward occupied by women, of whom many were in bad case, he stopped short in the doorway, and, lifting his hand, ejaculated in stentorian tones, with a roll like the sounding of the great bell of St. Paul's, "Peace be to this house," whereupon several of the patients jumped up in affright, and some went into hysterics!

No inconsiderable part of the hospital domestic life is associated with the chapel, which has always seemed a haven of rest, an eddy besides hastening waters. The religious belief of not a few patients dated from their stay in hospital, and certain of their number, after attendance at services and suitable preparation, have been baptised in the chapel.

Of the preachers, some have given sermons of real eloquence, carefully adapted to the congregation; some have puzzled their hearers by an exposition of theological theses, and some have offended by a too obvious effort to bring their ideas and language to the level of a child's understanding. One chaplain in early days relied upon a stock of sermons so limited that patients who happened to stay an abnormal period learned to

look for the recurrence of certain of them, and were able to anticipate the reflections that followed upon the text—"Trophimus was sick at Miletus"; "Gallio cared for none of these things," and other venerable favourites.

Thanksgiving and Memorial services and Harvest Festivals have taken place, and among eminent men who officiated may be named the Bishops of London, Marlborough and Stepney, Canons Duckworth and Fleming, and the Archdeacon of London. Sir Frederick Bridge and Mr. Jekyll have performed on the organ, and the singing has been undertaken by representatives of the choirs of St. Paul's, Westminster Abbey and the Chapels Royal.

What exuberance of delight the preparation for these events called forth! How manifold were the offerings of gift and service—how deftly the willing fingers worked among the flowers; how sincere the admiration of the congregation when it assembled. How lustily the patients sang the well-known hymns, while the trained voices of the nurses capably covered the little failures, and made melodious these songs of praise. To many of them the chapel was identified with all that was joyful and cheering.

Once only the chapel was the scene of a service of sadness, and that was when a young probationer nurse had suddenly sickened and died almost at the post of duty. The fact that her body lay in the chapel instead of the mortuary was pleasing to her fellow-workers, who perpetuated her memory by the erection of a tablet.

The present Bishop of London has consistently pleaded for a frank co-operation between medicine and religion. In this view hospital managers surely may concur. However ready we are to regard as paramount the patient's bodily interests, the part claimed for religious ministrations is to be justified upon every ground. Only in very exceptional instances could it be a hindrance to bodily treatment. Often it will bring a sense of comfort and rest to which no candid physician will deny a therapeutical value. We may doubt if any sufferer ever responded less satisfactorily to the supreme efforts of his doctor because he felt at peace, or because his confidence extended beyond the limits of his mortal life. The position once rightly appreciated, it is not conceivable that sordid considerations of finance would be given a determining vote upon this question. Rather, men would recognise that hospitals shorn of religious influences and safeguards would soon cease to be philanthropic.

The spiritual severance, if so it may be called, between medical and lay workers was sometimes indicated in the attitude of the staff, visiting and resident, towards the religious element in hospital life embodied in the chaplain and the chapel. Of course no active opposition to ministration was offered; the services were tolerated, but sometimes sympathy was wanting. The attitude not infrequently was one of amused indifference. "What will not people do for their superstitions' sake!" was the not ill-natured comment of a physician upon certain religious observances he witnessed.

A little friction occurred at times in relation to ward

procedure between chaplain and house doctors, the view of the latter commonly being that the entry of one of their number into a ward ought to bring the chaplain's ministrations to a finish instantly. This was only logical in minds surrendered to the belief that everything was subordinate to their office. Even the matron must not set foot in a ward during their presence, and so exacting was the régime they almost succeeded in establishing that sisters have been known directly a resident appeared, to call upon visiting members of the Board to take themselves off.

Of the gentlemen who held the chaplaincy of the hospital, the memories of two are perpetuated by tablets in the chapel. In each case death followed speedily upon resignation. When Mr. J. H. Moran was appointed he had already passed beyond the age of three-score years and ten. Yet for more than a decade he served with devotion, and not only won the hearts of patients and workers, but himself was encouraged by the belief that his labours had borne good fruit. The same may be said of Mr. Corrie Jackson, who succeeded him, and whose premature death was a source of sorrow to many beyond the hospital community.

At the time Mr. Moran first took duty he was Vicar of St. Thomas in the Rolls, one of the many City churches which have disappeared. He was possessed of a church, but he had no congregation, and, notwithstanding some natural regrets, he approved of the removal of the living to a more populous district in the suburbs. His death scene will remain to me a vivid

remembrance. At his wish and mine, I was summoned when the end was near. I was not unfamiliar with death-beds in the hospital and elsewhere. Now and again I had seen how the consciousness of external things lingered undiminished, as shown in the wistful glance of the dimming eyes that sought each face in turn, the blanched lips quivering with the efforts of unspoken words, and the feeble grasp of the transparent hand.

I had shuddered at sight of the terrible convulsions which tore the spent frame, or had heard the appalling ravings of delirium, and witnessed the last outbreaks of superhuman strength, awful and ghostly in its unreality. Mostly did I associate the last hours with the unconscious and motionless form, the heavy breathing of the moribund frame, the failure of the last glimmer of light from the closing casements of the frail tenement so soon to be abandoned. But the passing of the venerable vicar of a church without a congregation, the ministering priest to a poor company of hospital patients, was not so.

The scene was a revelation and a lesson, the like of which imagination had not pictured. Some of us may have witnessed the last hours of those to whom the promise of death was as the coming of peace, but here was something more. When I entered the room the dear old man, whose appearance had always recalled the picture of Goldsmith's immortal vicar, was seated upright in his bed. His face was alight with smiles; his voice was natural and well modulated, and, as he greeted me, elation and triumph rang in every syllable.

His hands were lifted high, and, looking upwards as in exaltation, he spoke of the joys he was entering upon, of the long looked-for union with his Master, and his features seemed aglow with heavenly radiance ere yet he had passed through the gates to the golden streets beyond.

CHAPTER XX

IN the year 1894, the Queen (Victoria) became Patron of the institution, and thus set seal to the record of personal interest repeatedly manifested.

The impetus which had carried the hospital forward during the thirty-five years now elapsed since the meeting in the Mansion House, was not yet expended. The buildings, comfortable and convenient, well equipped for their work, stood an imposing and inspiring object lesson. In-patients and out-patients, men, women and children, medical cases and surgical cases, free patients and those who could contribute, together with incurables, were all comprehended in the scheme of the institution, and provided for to the extent the resources allowed. These, needless to say, bore no sort of relation to the wants. Year by year in increasing degree, the demands for relief were out of all proportion to the means of meeting them.

Such was one inevitable result of the hospital's growing reputation, together with the increase of population and the greater facilities of access, which brought to the doors applicants from every part of the kingdom, from the colonies, and from remote dependencies.

Not in all cases were applicants in search of hospital help. At times, the application was for the private services of a member of the staff. A hospital connection is invaluable to a physician or surgeon who desires

consulting practice, and a striking illustration comes to mind. One day during late summer, when everybody was away from London who could be, and Harley Street had emptied like other places, a telegram reached the hospital from a town in Devonshire. It called urgently for the aid of a certain physician, or, failing him, of one of his colleagues. The physician named was abroad, and of the seniors none were at hand. The journey, easily compassed to and fro between early breakfast and late dinner, was undertaken by a member of the House staff, fully qualified, of course, but hitherto unsought as a consultant. His first appearance in that capacity procured him, so it was stated, the full mileage fee, which must have exceeded £200.

When we are contemplating the fees paid ungrudgingly to eminent physicians and surgeons for private services, it is not inapposite to reflect upon the hard ways of some wealthy persons who, in their dealings with hospitals, seem to think that their titles or position absolve them from duties appropriate to lesser persons. A lady of rank who possessed, not without reason, a reputation for philanthropy, and, as we may be sure, was careful to discharge all her ordinary obligations, desired the admission of a nominee to a contributing ward. To this end, she signed and forwarded the customary form, in which she covenanted to pay a guinea per week during the patient's stay. With this, she remitted two guineas to cover the first two weeks. The doctors kept the man about double that time, and a polite request for

the stipulated contribution brought back an angry refusal to pay anything more. After long delay the matter was referred to the solicitors, whose letter produced immediately the sum owing. But Lady ——'s indignation knew no bounds, and led her to write to a member of the Board with whom she was acquainted in terms so violent and offensive, that he preferred not to show the letter to the officer concerned.

Besides the efforts we made continuously to increase our material resources, there was, of course, the ever-present and all too engrossing task of making ends meet,—of paying the cost of the establishment in being.

Unhappily, this was accomplished only by unblushing begging, and although none would have dispensed with the practice more gladly than those called upon to employ it, no effective alternative could be discovered.

Begging of the public for a public purpose too obviously indispensable to excuse the general indifference respecting it, though it may be raised to the level of an art, is never anything but a disagreeable necessity. The beggars of the National Hospital could assert, at least, that the *suggestio falsi* had no part in their delectable appeals. The actual scope of the work was always set forth; the fact that the hospital knew no debt was clearly and even triumphantly asserted, and in all likelihood, much of the sympathy the hospital obtained was due to the candour with which its case was presented.

It is recorded in the opening chapter of this history

how the birth of the institution was among the consequences of a paralytic seizure suffered by a near relation of the founders, and its annals are rife with evidence of the fruitful interest which sprang from kindred suffering.

One remarkable instance was furnished in the benefactions of the Back family, and another, which if we were appraising the power to afford material evidence of sympathy, would stand at the opposite pole, was supplied in the person of Miss Emily Saner. This lady, paralysed from infancy, never had been able to walk or to stand without assistance. She associated herself with the hospital at its foundation, and living to the age of 93, retained her keen interest to the last. Year by year, during a long period she collected for it "from friends and neighbours" a sum which made up mostly of minute items, always approached, and occasionally exceeded, £100. At what infinite trouble this was accomplished can be appreciated by those who with full use of their limbs, have attempted a like performance.

Several benefactors supported beds in memory of relations who had suffered and died, and in some instances they bequeathed a capital amount sufficient to provide the contribution in perpetuity. One lady, whose helplessness prevented her getting to the hospital, having asked me to call upon her, gave into my hands a cheque for £500, saying with whimsical emphasis,—“That is for the hospital and I mean to do more, but I am very cross with Dr. ——,” mentioning one of the physicians on the staff, “and

I don't want to see him again. The last time he came, he stood at the foot of the bed, and shouted—'Now, I'm not coming here any more. I can't do anything for you, and I won't waste my time or your money.' ” To this display of professional honesty, Mrs.—, with the irritability of a patient accustomed to indulgence, failed to do justice.

If instances of lively interest evoked by fellow-suffering were frequent, some people personally familiar with one or another of the maladies treated in the hospital were repelled by associations which recalled too graphically their own painful experiences. Observers who look for motives of reason to explain voluntary action will be puzzled and disappointed when they take to a study of the ethics of alms-giving. To demonstrate that an institution is serviceable to the community is not an effective way of enforcing its claims to support. To prove that indirectly it is useful to the person whose aid is solicited is to invite a rebuff. Possibly, this is due to a common lack of power to realise facts never absorbed and assimilated by the intelligence. We read of scientists who, starting with a few fragments of bones, build up in its entirety the form of some vanished creature of prehistoric times, but the average man can no more clothe with flesh the bare records of a good work than the scientist can impart life to the monster whose form he has evolved. The appeal needs to be personally conceived, and addressed to personal feeling. The impersonal is to philanthropy the elusive. Coloured pictures are more effective than the plain,

and only when our facts are so dressed and marshalled that they awaken the imagination, do we succeed in doing justice to our subject.

It follows that if heart-whole people could be brought into closer touch with hospital life, the institutions would be benefited, a truth recognised from the outset in the history of the National Hospital. Invasion in force of the sick room is not desirable. What is wanted is opportunity to realise the suffering without intruding upon the sufferer, and to dwell less upon the naked horrors of hospital life than upon the tender beneficence which softens them, and the pleasing amenities now essential to well-conducted wards. Never should it be forgotten that the hospitals as administered to-day, not only mitigate bodily ailments, but supply influences which unobtrusively and almost automatically, benefit their patients by mental process.

Hospitals, like other benevolent agencies, depend largely upon the help of people of means comparatively, and often actually small. One explanation of this is that ability to realise all that sickness means to the poor may be denied to those whose lives are so far removed as to be beyond the reach of influences that make for knowledge. Yet, apart from the ease with which giving may be practised, there are inducements for the rich to be generous a poor man can never command. A reputation for philanthropy may depend less upon the value of the gifts than upon the ability of the giver to make them. A man who gives his all, if it be but little, must not expect to rank with

the philanthropists who give much or little from their abundance.

It was not only those who came from across the seas or from distant corners of our island, who were at pains to attend the hospital. The condition of many sufferers who lived within the metropolitan area called for almost equal determination, while the methods of travelling to the hospital were as varied as the ailments which moved them to seek its aid. The instances of stoic fortitude exhibited by some of the poor people came near to the heroic.

One woman wheeled her hopelessly paralysed husband, a big man, heavy and helpless as a log, all the way from beyond the Victoria Docks upon a hand-barrow, a journey which took many hours to perform, and she would have started to return the same way with unimpaired patience and resolution had not the good offices of the Samaritan Society relieved her of the task.

Patients, whether paralytic or epileptic, quite commonly walk several miles to and fro, sometimes alas ! when the prospect of benefit is an illusion forbidden to all but themselves, yet setting forth eager and hopeful as though the hospital could never deal them disappointment.

When inquiry was made of patients who had travelled far as to what had started them on their quest, we usually traced the suggestion to one of the numerous doctors settled in distant corners of the world who had attended the hospital teaching or who had been resident. An Australian patient, hailing

from a region where snow was unknown, much desired that the visit to England might bring her a sight of the snow-covered roofs and gables pourtrayed in the Christmas books and papers sent out from "home." She desired also to see in being the robin, always conspicuous in the ideal scene of an English winter dear to the artist's fancy. The elements were perverse, and our visitor from the antipodes returned disappointed of both hopes, but carrying back a large measure of health recovered, no mean compensation.

The presence of a robin in the Square at any time would have been an event of moment, but we had abundance of some birds. Wood pigeons built regularly in the planes and in one of the towers of the buildings, while up to quite a recent year rooks occupied nests in the trees of the quadrangle. Besides these and the ubiquitous sparrow, our most constant visitor was the starling. A glance at the map of London shows Queen Square to be situated in the very heart of the town. Yet owing to its secluded position and the absence of a thoroughfare it retains to this day much of quietude, and is not altogether divested of the old-world associations dating from its birth in the reign of Queen Anne. Then, its northern extremity lay open to the Highgate and Hampstead Hills. The foreground where stands the Foundling Hospital, flanked by formal squares and tangles of dingy streets rich in yield of rents, was meadowland, whose tribute was paid in gold and silver of buttercups and daisies, with songbirds in the hedgerows, and larks that soared over fields dotted with the herds and flocks of adjacent

farms, sloping to the reed-fringed pools which lay shallow and shimmering where now Lamb's Conduit Street; noisy with unceasing traffic, debouches into Guildford Place.

The life of the hospital was at its busiest, and in every department of affairs, the daily routine proceeded with the smoothness of perfect mechanism. How varied and vigorous were the methods adopted by the doctors; what industrious and persistent effort they and their helpers put forth! Sir Russell Reynolds had said that for the patients of this hospital, in a degree transcending everything done elsewhere, there must be "treatment, treatment, treatment—always treatment." The hospital was a veritable workshop, bewildering in the complexity of its subtle machinery. Patients were rubbed, stretched, smacked, kneaded, straightened, electrified, hung from tripods, swathed in bandages, and steeped in sulphur baths. Their torpid muscles were roused by passive movements; they were cased in plaster jackets; weights were attached to their legs; they were fitted with divers mechanisms; occasionally, they were hypnotised and if, after all had been done, the stubborn malady won the day in too many instances, it was only because the result striven for lay beyond the reach of human powers.

Time was when some things, now commonplace in treatment, were looked upon with suspicion. Massage was denounced, and a suggestion of recourse to hypnotism, still employed with utmost caution, would have been received with an abhorrence creditable

to the professional standard of ethics. Not a few looked askance at the employment of electricity, for which, in the early days, too much had been claimed, and there was danger that its use would be exploited by the charlatan as one more infallible cure for all ailments. If orthodoxy in medicine is jealous of outside action or suggestion, few people would question the propriety of the profession's severe attitude. This does not mean a belief, however, that none but an authorised practitioner is capable of making useful discovery, or that everything which has not originated with the faculty must be for that reason pernicious, or unworthy of serious examination. History is rife with examples to the contrary. The hospital dispensary contained sundry patented and advertised "remedies" which, their composition being known, were employed occasionally in orthodox manner, and it is an interesting fact that a physician upon the staff, too gifted to be narrow-minded, asked to be informed of supposed specifics which from time to time were brought to the notice of the hospital.

So too, the arbitrary attitude towards patients sometimes shown by physicians and surgeons of the old school has been greatly modified. In years past unreasonable severity was meted out, and a patient in tears after a visit of the doctor was not an infrequent spectacle. Of course, no intentional unkindness had been shown, but there was a disposition to exalt unduly the patient's will power, and a failure to reckon adequately with the thing occult.

In nervous maladies especially, physicians often

are confronted by the intangible. There is no demonstrable defect or injury. Examination reveals no lesion. The patient is sound organically, but, nevertheless, he lacks the capabilities of soundness and his disabilities are very real. In old days, a too ready assumption would have been that disobedience to the physician's bidding must be wilful, but science has grown in wisdom and tolerance, and has learned that although the mechanism is perfect, power of motion may be lacking, and that what is akin in subtilty to life itself is not to be had for the ordering.

In furtherance of the view that nothing could be more helpful to the hospital than wider knowledge of its work, I attempted to describe some of its daily aspects in "Vinnicombe's Bequest, a narrative of hospital work and hospital wants." This had been written by request to form the special issue of *The Hospital* journal, in connection with the Sunday Fund collection of the year. Afterwards, the narrative was re-printed and circulated by way of appeal. It proved not unproductive, and while a few people described it as readable, one man remarked how shocked he had been to discover that the story was "a gigantic advertisement." This pronouncement seemed to show that to pose before our acquaintance as a hero is scarcely more difficult than to persuade them that a spice of philanthropy is not incompatible with the aims of a hospital worker.

As to that, nobody who labours in the thick of the mechanism, amid dust and din, may affect to believe that labour is virtue. Philanthropic exercise

is the luxury of people who, without it, would lead lazy lives; the sweating toiler must be satisfied to toil. Who would offer gratitude to a galley slave? Yet none could be more honorary than he, if by that we mean that he got no wages. Doubtless, if we covet real recompense, we should do well to accept frankly Thoreau's subtle teaching and resolve that instead of aiming at doing good, we will set about being good.

The entertainments for patients, begun in 1868, still flourished as valuable interludes to serious business, and supplied opportunities for kindly co-operation. The programmes were more ambitious than they had been, and could be no longer described as "home-made." Dr. (now Sir) Felix Semon, co-operated to good purpose, and from time to time provided a notable bill of fare. Upon a certain evening, Mr. Buckle, the Editor of *The Times*, no longer merely a mighty abstraction, appeared in the flesh, and presented to an interested auditory Charles Lamb's dissertation on the origin of roast pig. The amateur was not the only occupant of the platform, and a long list might be prepared of distinguished professional performers who lent willing aid. One evening, Sir Charles Santley sang, responding with generous alacrity to the inevitable encore. It was interesting to hear him say that all through his career he had been disposed to suffer from stage fright, and that in mounting even our little stage he felt a quivering of the knees! So, too, Mr. Samuel Brandram, who gave us a recital of "As you like it," asked for the removal

of a book which lay upon a table near the platform. "If that book were in sight," said he, "I should never get through : I should be too nervous !" Miss Janotha was a constant friend, and many times performed at concerts and in the wards.

Visitors often expressed fear of possible mishap among the patients, and it is satisfactory to record that the entertainment was seldom interrupted. Even when an attack of illness occurred, the promptitude and dexterity of the nurses, women and men, never allowed confusion, and the majority of both visitors and patients were in ignorance of anything untoward.

Among exceptional evenings was that when the programme was supplied by Mr. A. K. Ralston, who had a great reputation as a story-teller. One day I made use of an opportunity to ask his help. He immediately wrote upon a slip of paper, "I owe you a story-telling.—A. K. Ralston."

Two years later he found time to redeem his promise to pay, and gave a performance delightful to all who could appreciate his great gifts. But when he came to a graphic delineation of the supernatural, culminating in creepy narratives of ghosts, which in his telling seemed to summon spectral forms to visible being, suddenly an epileptic girl gave forth a scream so piercing, that as a spark acting upon inflammable material around, a general outbreak ensued.

With the highly emotional people who made up a great part of the audience, care had to be exercised always in the preparation of programmes. Strangers

found difficulty in understanding why certain songs ordinarily welcome should be tabooed ; but experience had taught us that nothing strongly pathetic was desirable. If, on the other hand, humorous compositions were introduced, we had to run the risk of another danger, and while most of those concerned took care to bear in mind our surroundings, and that some patients in bad case, perhaps *in extremis*, might be within ear-shot, others were singularly thoughtless, and proposed performances altogether unacceptable. The entertainments in most cases were presided over by the chaplain.

When the many helpers all did so well, and showed so great kindness, to particularise would be invidious. Yet if any old patient or nurse or other witness of these pleasant gatherings should read this page, a failure to mention one performer, Mr. J. H. Curtis, would appear unpardonable. For a period of thirty years he had a great part in every annual course, and gained a reputation transmitted with the power of tradition to succeeding generations of patients.

“ 'Taint like being in a 'orspital,” said one poor fellow, “ it's downright splendid, that's what this is.” And when the music is hushed and the “ splendour ” has faded out, when in the dim light the night nurses keep their silent vigil, the suffering and sorrow which come by their own again, surely are less grievous to be borne when hallowed with a memory of warm sympathies. Of the therapeutical value of music not a little has been said with authority, and at least one doctor has looked for the time when a recognised

place in treatment would be given it. Nobody who has witnessed the results of concerts in Queen Square and elsewhere would question the assertion that they bring brightness into hospital life, and a common-sense view seems to be that anything which helps to banish gloom must be medicinal, and advantageous.

Thirty-four annual courses of entertainments were provided up to 1901, interrupted only for one season during the general rebuilding. In no instance did we fail to produce a programme, and no fixture was abandoned except that made for the day the Duke of Clarence died. So, too, at Finchley, the entertainments flourished, and many a cheery evening has been spent with song and story in the old Home and the new.

About this time arrangements were perfected for a yet more thorough and systematic instruction of probationer nurses. Incidentally, efforts were made to impress upon the novices the importance of the rudimentary requirements of good nursing—strict attention to cleanliness, the maintenance of an equable temperature in the sick room, quiet, prevention of waste, etc. A most difficult task it is to persuade one whose love of order is not innate, that dirt and untidiness are evils, to be deprecated and abolished not only in the wards, but everywhere else, not only in what may be called the public places of the hospital, but in its innermost and hidden recesses. A curious fact revealed in the course of many an inspection, and a source of much tribulation to zealous matrons, is that strict obedience to the laws of hygiene is often least obvious in the apartments occupied by residents and

nurses, a fact long ago emphasised in the experience of Mr. Netten Radcliffe, who discovered that a source of mischief which had puzzled the authorities of one of the great general hospitals, lay in the building set apart for the resident medical staff.

In the general training of nurses the registrar and other medical officers gave ready assistance, and as the examinations, which the probationers were required to pass, grew more severe and stimulating, so great, though altogether friendly, rivalry arose between the male and female probationers that the yearly awards by the examiners became the feature of an important gathering in the great hall, when the results were announced, and those graduating with honours received cordial greeting. The Countess of Bantry, the Countess of Halsbury and the late Lady Fitzgerald were among those who presented the prizes to the successful competitors, and for the pleasing musical accompaniments—the proceedings always included a concert—we were indebted to Miss A. Allanson Winn.

The nursing arrangements in the wards were revised. The lady who had held the post of matron since the opening of the new hospital having retired upon grounds of health, opportunity was taken to appoint a trained matron. Connected with this appointment, a remarkable incident befell. For reasons in no way reflecting upon the other candidates, the claims of the applicant ultimately appointed were thought unassailable, but at a sparsely attended meeting of the Board the unexpected came about, and by a majority of one a stranger was elected. This was a

misfortune, because the interests of the hospital demanded that the matron should possess an intimate knowledge of the specialities of its almost unique work, necessarily wanting in ladies, however accomplished, who were familiar only with the routine of general hospitals.

At the instance of the President, the Duke of Westminster, the Lord Chancellor, and others of the Board, a special meeting was summoned, when, by a majority of ten to one, the former resolution was rescinded and Miss Rachel Tweed was appointed. To the lady displaced, full and frank apology was made, and a substantial honorarium, which she promptly made over to the hospital, was tendered in token of the Board's regret. Miss Tweed had been associated with the ward work for some years and had filled the post of Head Sister. She was familiar, therefore, with the conditions of nursing, and was known to be acceptable to the Staff. The standard of nursing was brought speedily to a high level, and during the ensuing years the domestic régime of the hospital approached to excellence.

The office of matron is one all important to the inner life of a hospital. The holder exercises an influence which reaches to every corner, and no possible authority could govern well without her capable co-operation. She possesses a quality of ubiquity; has a right of entry where other people are brought up at the threshold, and is possessed of privileges incomparably greater than any other official, not excepting even the physician. Moreover, her

office embodies in peculiar degree the philanthropy of the institution and its sentiment. Plenty of dry, hard work falls to her share, and if searched for, some red tape may be found in her cupboard, but the real inwardness of her position is well indicated in her parental title.

A remembrance of harmony is ever to be recalled with satisfaction. We were a happy family. Only the resident doctors held aloof. Kindly and considerate as most of them were within dealings with patients and nurses, to the administration they were always more or less unapproachable. They were in the hospital, yet seldom of it. To other prominent workers the institution was an entity of which they were a part, and in which they felt a pride, but the residents were self-contained and resistive. With professional exclusiveness, they regarded the patients as in their own charge, and not for a moment did they admit them to be in the keeping of the hospital.

Many a time did the question arise why the large majority of these gentlemen refused cordial co-operation? Why did they evade discussion of matters of joint concern? Why were they so ready to lay down the law, while tacitly refusing obedience to rules they had formally accepted upon appointment?

The detriment a hospital suffers in consequence of this attitude is greater than a merely superficial observer would suspect. Discipline is impaired; friction results; expenditure is increased. Its effect upon the nurses is direct and far-reaching. Quite naturally, the house-physician or house-surgeon is

the example most nurses are prone to follow. As their immediate director he is the arbiter between them and that constituted authority to which he never submits, and of little use is it for managers to complain of the nurse's waste of stores, dressings, food, coals, lighting, water and the hundred other items of ward expenditure, if they cannot rely upon the support of the medical officers.

Doubtless, the shortcomings and excesses of house doctors as a class are the products of a system, born of the poverty of hospitals, which gives brief periods of authority, practically uncontrolled, and involving a host of delicate issues, to young and inexperienced men still concerned chiefly, with their educational courses. The wonder is that so much of personal acknowledgment is due to the resident as we know him, but those who have shared office with him, may easily fail, at a later period of his career, in recognition of his identity with the kindly family doctor, alike friend and mentor, who lives in the affections of his acquaintance.

When the proposal to open a ward for children, exclusively, was first mooted, a difference of opinion arose concerning the advantage of separating them from the adults. Some members of the staff favoured the presence of children in the general wards as good for both parties, but the majority inclined to give them a place to themselves, and nothing occurred after the opening of "The Duchess of Albany Ward" by H.R.H. in person, to render the innovation other than a success. To many visitors the ward was a chief point

of attraction and amusing anecdotes of its inmates multiplied rapidly. One little girl had never heard of the Bible, but knew when Sunday came round because "father went to play skittles," while a pupil attending Sunday School had assimilated so fully the injunctions of the fourth Mosaic commandment that having heard another little girl tell her mother during the afternoon visiting hour that she had "got ever so much better since the morning," delivered herself thus at the first opportunity :—"Nurse! I heard Mercy —— tell her mother that she had got better to-day, but it's wicked, isn't it? to get better on a Sunday."

Among those who helped to make cheerful the ward life were certain ladies and gentlemen who took up the office of visitors. Our practice was not to let the door stand open to anybody and everybody moved to spend an hour in the wards. With a company of highly impressionable and sometimes hysterical subjects, the need to preserve a right of control and veto was real. A formal list of visitors was placed in the matron's hands, and sisters of wards were expected to enjoin compliance with certain salutary rules. When all precautions had been taken, however, trouble would come about now and again. Some visitors erred on the side of constraint, and some were too boisterous. As a class, patients do not like to be preached to, or to be made the subjects of a minatory forefinger. But they are glad to be talked with and cheered, and the more unconventional the visiting, if only an appeal is made to their humanity, the more likely is it to be approved. A ward of women was quite won over when

a trio of young ladies of rank brought with them the intended husband of one of the party, and gave an impromptu exhibition of a whole carriage load of wedding garments! The display was both original and attractive, but it involved one victim—the bridegroom apparent, who, while he acquiesced in the proceeding, made obvious that his coming was willy-nilly, and that he reserved a right of protest. He went passively where he was taken, smiled vacantly, and looked mightily relieved when the hour of departure came. He was referred to afterwards by the more motherly patients as “that poor young gentleman.”

CHAPTER XXI

IN the year 1896, the hospital received formal and somewhat belated "recognition" as a Clinical School, and at the opening of the ensuing session, Sir William Gowers delivered the inaugural address.

After referring to the fact that during the previous nine years no less than 2,500 qualified members of the profession had attended the teaching, he stated that "the great facilities for the acquisition of knowledge which is secured by the aggregation of the same general class of disease have already made this hospital known wherever medicine is studied, for an institution of corresponding character and size will be sought for in vain."

The following eulogy offered a little before this time by Sir J. Russell Reynolds, F.R.S., President of the Royal College of Physicians, helps further to exhibit the eminence attained by the hospital as a teaching institution.

"It is not enough to say that the clinique of the staff teachers has been attended by medical men of our own country, Scotland, Ireland and the Colonies; it has been attended by physicians from all parts of the world, who came there to learn from the teachers a great deal that could scarcely be learned elsewhere, and to see what could scarcely be seen as object lessons in any other institution I am aware of." Thus the

reputation and progress of the hospital as a teaching centre kept pace with its material developments.

The previous year had witnessed the birth of yet another effort to enlarge the accommodation at the service of the doctors. The Convalescent Home at East Finchley had been in occupation twenty-five years, and much good work had been accomplished there.

Intended originally in chief part for epileptic female patients, with no complications of malady, it had provided admirably for them and others who, like the inmates of most convalescent Homes, did not stand in need of active nursing. But time had shown that for certain nervous sufferers, excluded from other hospitals almost equally with epileptics, much might be done by means of change of air and scene, if the shortcomings of an old adapted building did not present a difficulty.

The desire for a radical improvement of conditions was increased by the knowledge that the value of the Home had greatly outweighed its drawbacks and defects, and that much good work had been done there. The advantage of remaining in the locality seemed undeniable. Friends had been made, the situation was open, pretty and healthful, and it was easily reached. The quality of accessibility was invaluable seeing that already the physicians gave regular visits, that the Home was regarded as an outpost of the hospital, and that in the future it was likely to become a field where the active treatment begun in Queen Square would be continued without interruption.

The local medical officer was Dr. James Hochee. He not only sympathised with the proposal for rebuilding and enlargement, he was enthusiastic, and we set forth one afternoon to search the neighbourhood for a site. The land round about is mostly the property of the Ecclesiastical Commissioners, and they would yield us nothing but the field adjoining the railway station. To this there were two objections; the proximity of the railway, and the existence of a small pond with desolate banks, long the resort of the idle children of the district, and a receptacle, forlorn and unsavoury, for much movable rubbish.

As no alternative presented itself, we sought for compensations. We found them in the southern "lie" of the land, the feasibility of placing the building to command the best of the view, of interposing a screen of trees between the structure and the railway, and the prospect of making the pond a feature of beauty in the gardens which were not long in assuming within our minds a visionary existence. We learned that the pond was no mere reservoir of muddy surface water. It pretended to depth, and was born of a spring, which is a source of the little river Brent. Hence it afforded scope beyond the possibilities of a stagnant pool.

The Ecclesiastical Commissioners, who would not sell the freehold, were willing to grant a lease of three acres for a term of 999 years, and a most portentous document that lease proved, quite in keeping with the duration of its covenants. In the experience of the lawyers, nothing like it had been seen before. It ran to folios almost infinite in number; it was amended,

added to and subtracted from until its forest of complications seemed impenetrable. An account of the proceedings connected with it would furnish a page worthy of *Bleak House*, and for a long time its execution seemed the dream of a future beyond hope. Before the signatures and seals had been added to this amazing document, the Home had been built, taken into occupation, and patients had suffered, recovered and died there!

Mr. Langton Cole prepared the plans for the building, which was to contain thirty-five beds for women. A feature was a spacious central hall to be used as a refectory and for games and entertainments. It would be available also for the conduct of religious services. As originally estimated, the expenditure, including the laying out of the gardens, was £8,000, increased afterwards to £11,000. Of this the sale of the old Home might be expected to provide £1,500, and for the balance we sought the help of the good friends who had never yet failed us.

Before the matter could be put before the Board as a practicable scheme, a reasonable prospect of collecting the funds must be demonstrated. What could be more convincing than the proof of a substantial beginning?

It was strictly in harmony with the ethics and practice of philanthropic finance, as understood in all the ages, that somebody who had already done much should be first approached and asked to do more. My mind turned to a lady living with her brother in a midland county, to whom, as to her mother before

her, the hospital was deeply indebted, and being well assured of her sympathy, I asked boldly for an opportunity to put the matter before her. She promptly invited me to spend a day with her brother and herself, and with the sketch plans in my pocket and hope in my heart, I went down to their hospitable home.

We talked informally over luncheon ; the plans were examined afterwards, and later in the day my hostess said suddenly, and quite simply, " I have been thinking over what you have told me and I have decided to give £2,000 to start the fund." This was a splendid send-off, and a notable instance of the generous and unostentatious benevolence with which the records of the charity are rife.

This gift was followed by other aid, and the early completion of the new Home was due to this lady's munificence. Upon the commemorative tablet built into the wall is recorded the fact that the Home had been " erected by a few generous friends, chief among them one whose sympathy was born of suffering," and it might have been added, " who did not live to witness its completion." The loss of this great benefactress was felt deeply, and not only in the National Hospital, for which her particular sympathy was reserved, because she had personal knowledge of one of the maladies the institution is designed to alleviate, and in the Finchley Home she recognised a provision positively unique among philanthropic undertakings. Memory will be dead when those who wrought for the National Hospital in the years of

its making have ceased to hold in grateful remembrance the name of Margaret Gibbins.

The erection of the Finchley building was begun in the autumn of 1895. It had not proceeded far when the want of a ward for male patients was brought home by the increasing number of cases which, having undergone severe surgical operations and suffered lengthy confinement in the wards, were prejudiced in their chance of recovery by need of change, and yet could not safely suffer interruption of treatment and nursing. Plans for an additional ward, with day-room, were sketched. It was to contain six beds, raising the total to forty, and the cost was estimated at £1,000. A letter written to another tried friend, stating the facts, brought by return of post a promise of the whole sum.

So events moved apace, though amid the shadows of death. One afternoon I went from the busy scene of the rising building to the silent room where Dr. Hochee lay dying. The kindly man, who had been identified with the life of the Finchley Branch from its inception twenty-five years before and had rejoiced in the development, was not destined to witness the crowning of the work.

The planning of the gardens made many demands upon attention during the ensuing winter and spring. Two more acres, abutting upon Bishop's Avenue, were added to the three acres of ground first taken.

A liberal planting of spruce firs, birches and shrubs upon the outskirts effectually screened the buildings and grounds from rail and road, while the views south

and west over the countryside were left open. The plans included large lawns for the patients' enjoyment of games, flower borders rich in herbaceous and other plants, fruit and vegetable enclosures, and shrubberies containing conifers and deciduous bushes, with stately plants of ornamental foliage. The pond was emptied, cleaned and shaped anew, and its banks were garnished. Bamboos and bulrushes from Norfolk, Royal ferns from the banks of the Tavy, lady and buckler ferns from Devon woods, and irises from Essex meres, edged its waters ; two pendulous willows were planted, and on the surface of the pond lay lilies and other aquatic growths. Then we gave it tenants—carp, tench, rudd and goldfish, which grew and multiplied amazingly, and by this time, if they have not been judiciously thinned, must be suffering the effects of over-population.

What delights were associated with the planning and planting of that garden ! It was to be no futile fancy, blazing in the ephemeral sunshine of summer to perish with the butterflies, but endowed with that enduring beauty which no true garden lacks. In it no season should be stillborn ; each should live the life kindly Nature designs in obedience to the dictates of a beneficent Providence. The sweetness of spring, the glowing pageantry of summer, the fruitful grandeur of autumn and the sombre glory of winter, were all to have their due place. With what eagerness we gathered together the materials for adornment ; we foraged everywhere ; the kindness of friends was not lacking, and from far and wide we brought home the

spoils with triumph. When the time came for settling the list of fruits, especially the pears and apples, I went to Waltham Cross to consult that grand old gardener, Mr. William Paul. He occupied the house, one time the residence of Anthony Trollope, and he amended my list while we drank tea in the library where the author of *Barchester Towers* had written his charming books.

To pen these lines is to re-live the hours when the garden was in the making, to kindle afresh the love which made light the labour, and again to feel nestling at our hearts the warmth of its brooding promises. We could look to the future and see all as it would be when the dream had come true; when the saplings, grown stout of stem, had shaken out their leafy tresses, and the slopes now bare, lay with the sheen of sunshine on the folds of green and russet that wrapped their shoulders. In the foreground splashes of purple, orange and vermilion where the flaming flowers warmed the borders, and beyond, plumed pines and glistening hollies, with fir, cypress and poplar tapering upwards like the many spires of a city of worship. The dream of what we hoped that garden was to be comes back to-day like a message from the past which still lives within its tomb.

Upon a bright but unseasonably cold day in June, 1897, the Duchess of Albany opened the new Home. The interior of the building, rich in colour, seemed to promise a cheery habitation for those whom it would shelter. The outer walls were ruddy and untoned, and of course bare of the climbers which soon clothed

them. The garden, too, was but in its infancy, and only to the practised eye gave evidence of the coming delights it speedily developed under the care of Mr. Partridge, the head gardener, to whom the recent relinquishment by the hospital of a large portion of the ground he had brought into cultivation must have caused keen sorrow.

In the equipment of the Home care was taken to preserve the pleasant atmosphere of a country house, which had appealed to all who had visited the old premises, and was well maintained by the matron, Miss Morris, and her successor, Miss Headford. A collection of valuable water-colour drawings of fruit and flowers presented some time before came in usefully for the decoration of the walls of the central hall, and it is to be doubted if any more homelike and inviting building was ever before dedicated to the cause of charity.

Prior to the formal opening certain journalistic gentlemen were invited to inspect the building and grounds, and quite a large party assembled to luncheon. Some time previously the hospital had received, by command of the Queen, a gift of wines from one of the royal palaces. It consisted of champagne and sherry. The latter was not in use for the patients, sherry being rarely ordered by medical prescription. The luncheon seemed to offer an opportunity for the disposal of some of the royal wine to the advantage of the institution. Sundry bottles of the sherry, reputed to be of fine vintage and great age, were duly dispatched to Finchley, our confidence in its quality being so complete that we

had not thought to open a bottle until the time came for decanting. Alas for our expectations! some accident had happened. The golden fluid we had looked for ran in turgid streams resembling the run of the rain down the newly-gravelled garden paths, for the day turned out wet. Every bottle proved undrinkable, and no course was open to us but to place our guests in full possession of the facts as they stood; those antecedent were never explained; and to supplement a somewhat exiguous supply of champagne by a bottle of whisky. Happily the success of the proceedings did not suffer; and the kindly notices of the Home which appeared in the papers next morning bore no witness to our discomfiture.

The opening ceremony, which occurred a few days later, was conducted in the hall; the Archdeacon of London (Dr. Sinclair) and Mr. Greenhill, the chaplain, took charge of the religious proceedings, an address to Her Royal Highness was read by me on behalf of the Board, and Mr. George Russell, who was contemporary with the late Prince at Oxford, made a speech, primed with pleasant personal recollections.

At this, and all these ceremonial dinners and other functions, was to be found Mr. Thos. Methley, one of the hospital's earliest friends, whose kindly constancy of good service calls for record. Tactfully he handled the visitors, finding a place for everybody, soothing susceptibilities, displaying the aptitude born of long experience and a genial temper, promoting everybody's comfort, and making himself little short of indispensable.

As with the larger venture of erecting the new hospital in Queen Square, so with the Finchley branch, the board had the satisfaction to report that the whole of the cost of the building, equipment, and laying out the gardens, had been specially raised before the Opening Ceremony.

Thus was the new Home launched upon its career, and speedily became a busy scene of good work, the microcosm of the busy parent hospital, with the super-added charms of a situation remarkable for its beauty when we remember that it lies within sound of Highgate bells, and within easy reach of the jaded hacks, which, with hung heads and a contempt, befitting the times, of the lubricating inspirations of enthusiasm, ply sleepily for hire upon the gritty summit of Hampstead Heath.



THE GARDENER'S LODGE AT FINCHLEY.

CHAPTER XXII

WITH a new Hospital and a new Convalescent Home in being, the opinion of many people, including some members of the Board, was that we might rest awhile and be thankful. That was a belief to which Sir Percy Herbert, speaking as chairman of a general meeting, had given utterance no less than twenty-four years before. But the succeeding years had been times of stress and labour, with many things accomplished, and the time of rest was not yet.

Undoubtedly, a contemplation of things achieved has its attractions, and may induce in some people a comfortable tendency to doze, but it is more likely to arouse than to pacify the ambitions of an ardent spirit. Moreover, if we had succeeded in bringing our mental activities to a momentary full stop, the impetus of events consequential must have impelled us forward. There is no escape from the responsibilities entailed by performance.

During the year now entered upon the Queen's Diamond Jubilee occurred, and was given fitting celebration in the hospital, a dutiful address being submitted, to Her Majesty through the Secretary of State. On "Queen's Day" the hospital was decorated, and a concert, arranged by Miss Janotha, at which Madame Norman Neruda, Mr. and Mrs. Henschel, and other celebrated performers assisted, took place in the hall, the proceedings being attended by the Duchess

of York (now Her Majesty the Queen), whose interest in the hospital was stimulated by the fact that a member of her domestic household was among the patients in the wards.

The year of Queen Victoria's Diamond Jubilee, momentous throughout the Empire, was made notable in hospital annals by the means adopted by the Prince of Wales (King Edward VII) to celebrate it. The Prince founded the Fund to which he gave his name, in aid of the hospitals of London. After the Prince's accession to the throne, the title was altered by Royal Command to "The King's Fund."

The hospitals have good reason to be grateful for the exalted co-operation they obtained. Year by year, the fund has rendered them valuable and increasing assistance, and precarious as the financial position of some of them even now is, we may reasonably believe that without the support of the King's Fund, the voluntary system would be in real jeopardy.

Two years before the foundation of this great auxiliary, it had happened that in a paper read to the "Hospital Association" at the rooms of the Society of Arts, the Lord Chancellor presiding, I referred to the growing difficulties "in the way of raising funds by the old-fashioned method of solicitation and appeal by individual hospitals," and expressed the belief that if everything necessary "is to be accomplished by voluntary means, it is indispensable that the area from which subscriptions are drawn should be greatly enlarged, and this is precisely what it seems cannot be brought about by fragmentary and

competitive efforts. . . . To carry the position in front demands a combined assault. The cause our hospitals represent, put forward as a whole, would be irresistible." That the Prince in his generous desire to help the hospital cause reached this conclusion and acted upon it, gave the proposal a prestige and a reality no other co-operation could have vouchsafed, and opened the way to a success which bids fair to be phenomenal. At the first distribution of the Prince's Fund the National Hospital was awarded an annual subscription of £750. In addition, assistance for special objects has been given from time to time, and in the last published report, the year's contributions from this source are entered as amounting to £2,220.

A walk through the building upon the Jubilee day would have brought a revelation to some old-time philanthropist. The previous thirty years had witnessed vast and continuous forward movements in the hospital world, and what had become commonplace would have been regarded at one time as verging upon the fabulous.

Nowhere has change been greater than in the methods and environments of nursing, and, as a consequence, in the position and consideration accorded to nurses. Much that even a decade ago was thought sufficient and generous is now become superseded and obsolete. Yet the limits of advance are not reached. In Queen Square, efforts made since the opening of the new buildings to improve the nursing conditions were unrelaxed. The satisfactory results arrived at

in respect of both *personnel* and training involved fresh and improved arrangements for housing and commissariat.

Fourteen years had elapsed since the hospital was opened. At that time the accommodation for the nursing staff was adjudged excellent.

The difficulties began and were augmented by the continuous increase in the staff of nurses, rendered necessary by the admission into the wards of larger numbers of cases in acute stages, and the requirements of the medical staff in respect of massage, electrical and other active treatment. Nurse after nurse was requisitioned and added to the establishment until the total reached fifty, of whom ten were men.

To relieve the pressure, the lease of a contiguous house in Guildford Street was secured. In this way the inconvenience of crowding was allayed, but only in part. The day-rooms and refectories fell short of modern requirements, and brought forth frequent complaints from nurses who had enjoyed the more luxurious accommodation supplied of recent years at the general hospitals where they had been trained, while besides the needs of the nurses, the growth of work had created others almost as pressing.

The new task we began to contemplate seriously in 1898 included the erection of a wing facing Queen Square with the enlargement and re-arrangement of the out-patients' department.¹ The Hospital possessed two houses in Powis Place not yet incorporated in

¹ The out-patients' Department has been enlarged recently by the present administration.

the building, and the freeholds of 29, and 30, Queen Square were now bought. In the succeeding year preliminary plans were prepared by the architect for the proposed extensions, which were to include apartments for the matron, assistant matron and sisters with a separate bedroom for each one of the staff of nurses; writing, reading, and recreation rooms, refectories and bathrooms, with a room for the meetings of the Medical Committee, and other apartments for the use of the visiting staff, the resident medical officers, and others. The expenditure was estimated at £15,000 in all. Before the close of 1899 a large part had been collected; the cost of the two houses had been defrayed, and upwards of £5,000 remained in hand towards the outlay upon the new buildings.

Nor was our vista limited to the completion of these projects. We had in view a time when additions to the two hundred beds now in use would become an imperative necessity. Enlargements in Queen Square appeared to be barred. On all sides we were shut in by other institutions, and after we had utilised what the hospital already possessed, no square yard of additional ground was likely to be obtainable. The refusal of the Foundling authorities to entertain any proposal from us to acquire the long-looked-for outlet into Guildford Street had caused deep concern. But it might prove less disastrous to the future of the hospital than had seemed probable. With the improved means of locomotion now becoming available, and looking to the ascertained beneficial results of

treatment in fresher air than that of central London, it was not unreasonable to believe that future developments of the institution might be largely associated with the Finchley property.

We were already possessed of the perpetual lease of five acres of land, and, in anticipation of the Board's decision when the time came, we obtained from the Ecclesiastical Commissioners the refusal of three acres more. Thus equipped, we were secure of a site, and might await without anxiety the demands of the years to come.

The death of the Duchess of Teck, which occurred during the current year, robbed the hospital of one of its earliest friends and patrons. At this time, Dr. Ramskill, first and senior physician, and colleague of Dr. Brown-Séguard, died after a service of thirty-eight years. He remained upon the active staff to the time of his death, being still patiently occupied with investigations concerning a particular group of maladies to which he had given special attention. "It was at Dr. Ramskill's earnest desire," wrote Mr. Chandler many years before, "that it was agreed to make the treatment of epilepsy a part of the hospital's work," and one of the last visits Dr. Ramskill made to the Board-room was to arrange for admitting under his care certain epileptic cases of a type he specified.

The year 1900 witnessed a Festival under the presidency of Sir Charles Hall, when the proceedings were more than usually interesting. In connection with it an appeal was issued under the title of *Échoes*

of Many Voices, which may be placed among the most remarkable of publications issued in the cause of charity. The following is taken from the introductory note to this pamphlet—

“The writer has been privileged to prepare many appeals on behalf of this hospital.

“If they have proved effective it is chiefly because no statement has been made, and no argument applied, without the warrant of high independent testimony.

“The present appeal is unique in its structure, seeing that every sentence of it is a literal transcript from the published utterance of an eminent advocate.”

The testimony began with Her Majesty Queen Victoria's gracious commendation evinced in the sanction she gave to the dedication of the Memorial building. “The Queen was much pleased.” “That sanction,” said Sir William Gull, “is not a mere formula. It is a fact of the greatest importance to the public ; for where the Queen gives her confidence, the public may give theirs without bound.”

The Prince of Wales (his late Majesty), the Duke of Connaught, the Duke of Albany, and the Duke of Cambridge, had advocated the claims of the hospital ; while other illustrious persons, including the several princesses of the royal house, had shown a gracious interest in its affairs. Among others whose language was reproduced literally in this pamphlet were the Archbishop of Canterbury, Dean Stanley, Cardinal Manning, the Duke of Westminster, the Lord Chancellor, the Earls of Derby and Harrowby, and a brilliant list of scientists, of whom three had held office as President

of the Royal College of Physicians, and two as President of the Royal College of Surgeons. These, then, were *de facto* the authors of this notable publication, a diapason magnifying and exalting work and method, the like of which it may be confidently affirmed seldom, if ever before, had been vouchsafed a philanthropic institution.

It bore witness to the high position occupied by the hospital, the great duty with which it is charged, the importance of its work to the community, and the dire gravity of the maladies treated, the heavy toll they levy upon all classes, the impracticability of attempting their adequate treatment in general hospitals, the tenderness displayed in its dealings with patients, "so that science here works hand in hand with Christian love" (Rev. Canon Duckworth), and the fact that "the charity which began at home has passed beyond that home; it has extended through the four quarters of the globe, and is destined to permeate the whole habitable world" (Sir J. Russell Reynolds).

CHAPTER XXIII

It was at this auspicious period, when great prosperity had been attained to; when the reputation of the hospital, whether judged by philanthropic or scientific standard, stood at the highest, and the managers, unconscious of impending evil, were busily devising fresh fields for activity, that serious disagreement arose with the medical staff.

The duality of function demanded of the hospitals involves duality of object, and although some authorities would have us believe that the interests are identical, that contention is true only in part. The use of hospitals intended by their supporters to benefit sufferers *in esse*, as training-schools for doctors and surgeons who have an eye to patients *in posse* is unavoidable, and the value of a hospital to the community considered apart from its services to individual sufferers, is obviously in the ratio of its capacity to acquire and disseminate knowledge. This truism had been nowhere more conspicuously illustrated and enforced than in the work of the National Hospital: but proportionately to the belief of fully informed persons in the legitimacy of hospital pretensions to an educational as to a ministering mission, comes the conviction that if the hospital's primary duty is to be discharged without hindrance, the administration must be philanthropic before all else,

and virile enough to command obedience to rules made in the interests of the patients.

The attempt, woefully misinterpreted as it seemed, of the Board of management to maintain this elementary thesis was fraught with far-reaching consequences. It aroused a prolonged and embittered controversy, and added to the peaceful history of a benevolent agency the record of a devastating conflict. The first rumbling of the coming storm was heard at the Festival Dinner presided over by Sir Charles Hall. Sir James Crichton Browne had been invited to propose the toast of "The Medical and Surgical Staff." He was regarded not only as capable of doing justice to the subject, but as a good friend to the hospital, whose speeches in the past had supplied many paragraphs apt and powerful for quotation.

This time he took occasion to admonish the Board concerning their relations with their medical officers. The utterance, necessarily somewhat cryptic to many of his hearers, when considered in connection with after happenings showed that the Board's reluctance to accede to the demand of the staff for direct representation was already productive of dissatisfaction, and had been communicated to their friends.

The staff's desire was not newly born. It had been formally expressed upon two occasions, but nothing had occurred to suggest that unfriendly feelings had been generated because the request had not been complied with. At the more important of the two conferences held in 1899, the staff's arguments were presented *viva voce*. Afterwards they were put into

print. When the Board met to decide upon a reply, every member was in his place, and as after the rupture, the custom was to represent them as a negligent and incapable body, a list of those present may be given. They were, Colonel G. C. Porter (Chairman), the Earl of Halsbury (Lord Chancellor), the Earl of Harrowby, Mr. Frank C. Capel, Mr. Colin F. Campbell, Sir Gerald Fitzgerald, Hon. Louis Greville, Mr. John Pearman, Mr. (Right Hon.) G. W. E. Russell, Mr. Leonard Shuter, Mr. Edward Silva, and Mr. Alfred Wheeler.

While the members were unanimous in objection to the staff's demand, not one was wanting in perception of the situation's gravity, and in the months that followed the Board's resolution, efforts at conciliation which fell short only of full surrender, were unceasing, but without result. Conciliation! The word rings rhythmic and seductive. The soft flow of its syllables is like the pouring of oil upon troubled waters, the utterance of an ambassage of peace. But if no echo testifies to a welcome, its mission is void, and none came. The laymen would have shrunk from a Pyrrhic victory had it been within reach, and throughout the conflict, they were self-hampered by reluctance to bring harm upon the hospital. They had to learn by painful experience that the medical mind when in disputation with the laity has no arrestments and no misgivings. Therefore it reserves no place for conciliation, and turns with aversion and impatience from thought of compromise. In things purely professional, the medical bent is right. Between the practiser of an occult art and the world

of ignorance beyond, no mental commerce is possible. But the disposition with not a few professors of medicine, especially as represented in hospitals, is to maintain this unyielding attitude when rights and interests other than their own are present, and the conditions call for reciprocity. Hence a chief difficulty in hospital administration, where lay labours and lay responsibilities are inherent and irremovable.

The refusal to comply with the staff's demand for representation could not have arisen from want of sympathy, or failure to recognise distinguished services. The published reports gave evidence of the homage paid to the medical and surgical work, and so unstinted had been the acknowledgments, that at a meeting of the General Medical Council certain members of that body had asked if these public eulogies did not approach too nearly to advertisement.

A discussion whether some members of the staff should be members of the Board also, ought not to have produced heat. An opinion either way may be entertained honestly, and without offence. In practice there are examples of both plans of management. At few of the larger hospitals members of the staff sit upon the Board; at the smaller general hospitals and most of the special hospitals they do. The practice in Queen Square had been consistent throughout. The points of difference between the National Hospital and other special hospitals were set forth to its advantage in the laudatory article in *The Times*, so far back as 1869, when that journal wrote approvingly of the fact that it was free from

medical control, and that the methods of its administration approximated to those of the large general hospitals.

“It differs from other special hospitals in owing its origin to no ambitious practitioner, and even to no medical instigation.” This circumstance established it upon a footing far removed from that of “hospitals” started by doctors and surgeons who, as a first proceeding, place themselves in a commanding position in the management.

Sir Henry Burdett, commenting at this time in the columns of *The Times* upon the action of the staff, concluded his letter thus: “. . . . it is well to remind the public and the medical profession that the constitution of St. Bartholomew’s Hospital, of Guy’s, of the Middlesex, and of Brompton hospitals is practically identical with that of the National Hospital for the Paralysed, so far as medical representation is concerned. To state this is to prove that the point at issue is a matter of hospital politics, and that it need not necessarily have anything to do with the efficiency or otherwise of the administration of a great hospital.”

At no time had a representative of the staff sat at the Board. Two of the physicians, Drs. J. S. Ramskill and Dr. C. B. Radcliffe were members during many years, but only in their individual capacity. They always refused to regard themselves as representative; they were never so regarded by the staff, and they were firmly opposed to representation. The knowledge of these facts strengthened, if in some instances it had not originated the convictions the members entertained.

In every well-conducted hospital, ample opportunities are afforded the staff to make known their views to the managers. The National, like other hospitals, was equipped with a Medical Committee. That body was in constant communication with the Board; to it were referred all matters which touched upon the medical administration, and except only in respect of the cardinal question of representation, the Board hitherto had never failed to give effect to the expressed views of the staff.

In the year 1899, a proposal to permit contributions by out-patients was under consideration, not for the first time. In the judgment of the Board, the matter was one of finance, and outside the jurisdiction of the Medical Committee. Nevertheless, with friendly intention, it had been discussed with them more than once, and to their views which were unfavourable, the Board had deferred. It happened, however, that the governing body of the London Hospital, in spite of medical opposition had adopted recently, a system of out-patients' contributions, thus following the example of another great general hospital, Guy's, while at most, if not all, the special hospitals, the practice had long obtained. Again, the Board sought the concurrence of the staff; further conferences took place at which the staff maintained their opposition, and ultimately the Board, actuated by the conviction that a large sum was being lost annually to the hospital, decided to proceed.

They were mindful of all the staff had urged, and the rules were framed carefully to meet every expressed

objection. Contributions were to be voluntary, and were not to confer privilege of any sort; they were to be calculated upon a moderate scale, and it was to be made clear without chance of mistake that they were not to be regarded as payment for treatment, but at most as an offering towards the cost of drugs supplied. At the same time the regulations designed to prevent the attendance of unsuitable patients were revised and strengthened.

Unhappily, the staff showed keen resentment, less perhaps because they thought the Board's action wrong than because it had been taken without their sanction. But if to some members, the opportunity to precipitate a conflict with the laymen appeared not wholly unwelcome, the large majority, doubtless, regretted the Board's act as calculated to embitter the already strained relations between the two bodies. "Oh why," said one of the staff with sorrow in his voice, "why did you start these payments by out-patients? It has brought us all together." Up to that time, as was known, certain members had stood out against their militant colleagues. "Better have left well alone," was the comment of another physician to a member of the Board, later, when the proceedings of the Inquiry had been consummated in the findings. Throughout, certain of the staff had seen no cause for rupture, but they were coerced as by the action of a trade union, and the public were impressed by a display of unanimity, which meant nothing more or less than a forcible suppression of individual opinion, blameworthy in the case of a body of mechanics, but,

beyond measure, inexcusable and dangerous when applied to men of outstanding intellectual powers.

The opposition offered to the scheme for contributions by out-patients was remarkable for its force, and especially because in respect of contributing in-patients, no divergence of views had occurred. The ward for contributing female patients established in memory of Johanna Chandler was provided at an early period of the Charity's history, and when at the opening of the new buildings the provision was enlarged and made to include both sexes, the arrangement received the full approval of the staff, who themselves introduced a very large proportion of the patients admitted into these wards. Yet a resolution to grant similar facilities to out-patients, though it embraced no new principle, and was sanctioned by the procedure of many other hospitals, resulted in the delivery of a general and vehement assault upon the management, a course rendered still more difficult of comprehension, seeing that under the administration established when victory had declared for the staff, contributions by both in-patients and out-patients have been cultivated with assiduity and success, and now reach a total annually of nearly £4,000, which exceeds very largely the utmost obtained from this source under the rule of the existing Board's predecessors.

The subject of contributions by patients has an important bearing both upon hospital finance, and the ethics of public charity. The existence of hospital poverty is not to be denied, and scarcely less indisputable is the assertion that many patients whose

fitness to receive charitable aid in event of serious or prolonged illness cannot be doubted, none the less are able and willing to contribute something. That the persons most suitable to become patients of hospitals are those not wholly destitute, is a truism much too frequently overlooked, and when inquiry has made plain that an applicant is poor enough to be eligible, what can be more unreasonable than that an indigent institution should refuse such assistance as he is capable of giving, or that the patient should be deprived of his privilege of self-help?

The death of the President of the Hospital, the Duke of Westminster, which had occurred earlier in the year, was a misfortune. Apart from the material loss involved, his presence and co-operation at this critical period would have been of great advantage. When the Duke visited the hospital after the joint meeting of Board and Staff, he had expressed sympathy with the staff in their views concerning representation, but his last illness followed quickly, and he was never in conference with his colleagues upon the subject. What the Duke's attitude would have been when the quarrel developed none can conjecture, though we may be certain that his influence would have been exerted strenuously in the cause of peace.

That the staff and the administration were upon unfriendly terms was now generally known, and efforts from outside to bring about reconciliation were not wanting. Lord Lister was among those who essayed to perform good offices, and a conference was arranged, but with no satisfactory result. Prior to the

distribution of the Sunday Fund of the year, representatives of both parties were summoned to the Mansion House to afford explanations of the disagreement. The chairman, Sir Sydney Waterlow, was very deaf, and did not hear all that took place, or he might have intervened with advantage to both parties. Two of the staff's spokesmen expressed themselves with surprising acrimony, one of them asserting that he had no belief in the personal honour of the members of the Board, or the director, and when Mr. George Russell had protested with warmth, he and the other representatives of the Board withdrew.

Meanwhile, the staff had published a manifesto to the governors, in which a series of charges hitherto unheard of, concerning the domestic condition of the hospital, were made against the management. The Board's reply to this document was given after a sub-committee of their body had made investigation. The charges were controverted, and the Board asked how the staff could justify an appeal to the governors and the public which involved injury to the hospital, before any one of the complaints had been communicated to the responsible Board and opportunity afforded to grant redress?

The Board's position after the issue of their reply appeared a strong one, but a dramatic surprise awaited them. The Sunday Fund suspended payment of the yearly grant, a course followed later by the Prince of Wales's Fund, and a tempest of feeling was aroused which made a fair consideration of the case impossible.

The suspension of the grants was a serious blow to the hospital, already enfeebled financially by the enforced cessation of all the customary efforts to raise funds. In its effect upon the controversy, one party suffered injury, while the other could not fail to be advantaged by a prejudgment which created a prejudice against their opponents never afterwards dissipated.

Subsequently to this, the staff refused to attend or recognise a general meeting of governors called to consider the position, and later in the year, when the Board, mindful of the harm inflicted upon the hospital by the suspicion which overhung its affairs, obtained the consent of Sir Ford North, an eminent ex-Lord Justice, to conduct an Inquiry into the staff's complaints, the complainants again refused to take part in the proceedings, upon the plea that Sir Ford North's services had been given at the invitation of the Lord Chancellor who was a member of the Board. In October, 1900, Sir Ford North attended at the hospital to open the Inquiry, Mr. Alfred Lyttelton, Mr. Boydell Houghton and Mr. George Bower being present, with the director, on the Board's behalf, but no representative of the staff appeared, and the proceedings were adjourned *sine die*.

A series of misfortunes, regarded from the layman's point of view, happened. The death of Dr. Ramskill has been already recorded. It was followed by the illness and death of the Earl of Harrowby, who, as Hon. H. D. Ryder, had been Hon. Treasurer, and an active member of the Board during many years; and

the illness and death of Colonel G. C. Porter, the Chairman, whose association with the hospital covered a longer time than that of any other individual except Dr. Hughlings Jackson. These gentlemen had strong convictions concerning the need of lay supremacy, and the loss of their co-operation was irreparable.

These times of strife were times of stress. Beyond performing the day's work, the many calls of the conflict needed to be answered, and were made doubly irksome by their urgency. We were on our defence. Manifestoes and replies were demanded at short notice and of a quality fitted for the august columns of the morning paper which allotted so generous space to the controversy as to call forth some manifestation of impatience from its readers. Meetings of the Board were frequent. The summer was fine, and on one especially hot day the usually decorous members flung aside their coats and set about the business in their shirt sleeves. The comedy of the proceedings was enhanced when a member of the staff, with no hostile intent, but bent only upon some ordinary errand, looked in at the door, and withdrew hastily in confusion and abashment. Such lighter incidents were not unwelcome amid the general gloom. Happily, a sense of humour remained, and if the laugh proved no specific for sorrow, and sometimes left us sorer, at any rate it had served us in the timely interruption. One wet night, the solicitor and I had worked late, but our task was not completed, and being encumbered with documents, we summoned a four-wheel cab. When turning from the Square into

Great Ormond Street, the horse slipped upon the asphalt and fell, and in the belief that the driver had heard our explanation, we got out and took to a passing omnibus. When we reached King's Cross station, our discarded cab stood at the entrance, and we heard the following statement addressed by the aggrieved cabman to two sceptical and suspicious porters:—
 “I tell you I took up two gen'lemen at the 'orspital in Queen Square, who told me to drive 'em to the Great No'thern, which I did, and when I got here, I'm blessed if the bloomin' cab wasn't empty!”

In March of the following year, the Governors assembled in general meeting, the Lord Chancellor in the chair, to make arrangements for holding an Inquiry. An agreement had been arrived at that the proposal should be accepted by both parties, but as was soon made manifest, the staff's friends were present in force. The Board relied upon the understanding, and on their behalf, no invitation had been issued.

The proposal before the meeting was to appoint a committee of seven, whose sole function should be to provide a tribunal for the investigation of the charges, and afterwards to receive and pass on to the governors in general meeting the report of the investigating body. This proposal, though it encountered no opposition, was productive of much speaking, and as time went on, one and another speaker raised controversial issues until feeling rose high. On the doctors' side the stupendous assertion was made that “the Board had been trying to get rid of this magnificent staff.” Upon the other hand, Mr. George

Russell, either misunderstanding the nature of the agreement arrived at, or refusing to be fettered, delivered a powerful and not unprovoked attack. It was magnificent and it was war, but the meeting was to have been one of peace, and in the end the full power of the exiguous majority of governors present, was exercised. The Lord Chancellor had appreciated the position, but the course of procedure agreed upon not having been followed, he refused to intervene.

A Committee was appointed then and there; not representative of both parties, but composed of persons mostly strangers to the hospital, everyone of whom was an avowed opponent of the Board, who accepted in silence the decision of a meeting comprising less than five per cent. of the whole body of governors, and acquiesced without a protest in the committal of their case to the adjudication of their opponents.

In deference to the wishes of the Lord Chancellor and the Board generally, backed by the solicitor, I had remained silent during the meeting. What the Chancellor thought of the upshot he kept to himself; what the staff thought of it was made plain by their jubilation. My view found expression in a letter I addressed to the solicitor directly after the meeting separated, in which I placed upon record the fact that of the seven governors chosen only one had contributed substantially to the hospital funds, and that long ago; while four had contributed nothing at all, being "honorary governors." Not one of the seven had given, during the forty years before the disagreement, a sign of interest in the hospital's work or progress.

CHAPTER XXIV

THE interval of waiting while the appointment of the Committee of Inquiry was in process proved long and wearisome. Progress was arrested; schemes of development were set aside, and while the outgoings upon maintenance remained as before, all financial efforts had to be abandoned.

Quasi-public bodies, following the lead of the Sunday Fund and the Prince of Wales's Fund, withheld their customary help, and City Livery Companies usually generous of aid, looked askance at appeals. Some subscribers, too, were influenced, and showed a disposition to await developments.

Who could be surprised at this? People who knew the hospital intimately might be unwilling to credit the truth of the complaints put forward, but hundreds of supporters depended for information upon what they read, and could not be expected to feel confidence that all was well.

Week by week, certain medical journals published comments which largely prejudged the whole issue, while the case for the staff was powerfully upheld by one of their number, Mr. Brudenell-Carter, in the columns of *The Times*.

The contempt poured by some of these writers upon lay labours was neither justified by the records, nor helpful towards reconciliation. Short work was made of the claims of anybody but the staff to have promoted

the well-being of the institution, the managers being described by one organ of professional opinion as "Hewers of wood and drawers of water," and as "mere collectors" by another scornful writer; and whereas it is a commonplace of hospital ethics that scientific eminence never yet ensured financial prosperity, in the minds of those who constituted themselves advocates of the staff, there was no room for so much as a passing remembrance that the hospital had been brought into being by laymen, that with very few exceptions its supporters were laymen, and that lay lives had been spent freely in its service.

That the staff believed sincerely in their ability to maintain and administer the institution need not be questioned. It was a belief exalted to a creed, whose ready acceptance showed the misconception which prevails of the nature and difficulty of the task undertaken by those who set themselves to provide for the upkeep and management of an unendowed hospital. In the case of the National Hospital, the wheels worked so smoothly that the labouring of the machinery was unsuspected, and as progress was never arrested, witnesses were not wanting inside the hospital as out of it, who believed growth to be automatic.

Undoubtedly, the eminence of the staff was the hospital's most valuable asset. In skilful hands it was a trump card, but it needed to be played with care and judgment, and few familiar with the subject would deny that names distinguished in the ranks of science, so far from helping a hospital to subscriptions, may prove a hindrance. The subject is a delicate one,

and mention of it exhibits one of the difficulties attendant upon the administration of a medical charity largely dependent upon casual gifts.

Fifteen years earlier, I had contributed to *Frascr* an article advocating a strengthening of lay powers in hospitals, while a professional paper urged by way of retort that "a medical institution should be medical throughout," a pronouncement which sums up professional pretensions in this direction, but gives no indication how to ensure under the altered conditions a continuance of the laymen's indispensable monetary support.

The outbreak of the controversy in Queen Square was made use of to advance further the medical claims upon the institutions, and while professional papers alternately ridiculed and denounced the management of the most prosperous of modern hospitals, which, until the opening of the quarrel, had the advantage of their unqualified support, other journals unequipped with knowledge of the facts, vigorously applied themselves to upholding the views they had adopted, and a weekly print commonly devoted to the discussion and illustration of feminine attire, disseminated calumny with impunity among lady governors.

Amid all the dust and turmoil of the conflict, the heart of the institution beat placidly. The domestic life of the hospital suffered no interruption, and the customary daily routine was pursued to its minutest detail. Dr. Septimus Gibbon, who had been associated with the hospital as sanitary officer for a period of

twenty years, had roundly asserted that the action of the staff was "a bogus agitation." The discharge of his duties brought Dr. Gibbon into touch with every department of the domestic work, and his knowledge of the internal life and economy of the institution was complete and intimate. Upon the other hand, the members of the visiting staff depended upon the statements of inexperienced residents, to whom Dr. Gibbon was rarely *persona grata*, because it was his duty to set them right in matters of household concern where their ignorance was profound.

A remarkable letter from Sir Henry Burdett was given a place in *The Times*. It recorded a joint visit of inspection made to the hospital by Mr. Sydney Holland and himself. The following is an extract—

"It might be thought—no doubt it is widely thought—that, with such a dispute going on, the whole hospital must be in a state of chaos, and that there is a grievous interference with the work being carried on. I am able to testify, from a personal inspection just made of this hospital in conjunction with the Hon. Sydney Holland, that the contrary is the case. We went from top to bottom of the hospital, examined everything, looked thoroughly into each department, and we came away confirmed in the opinion that the National Hospital for Paralysis stands as high as, if not higher than, any hospital in London so far as its administration is concerned."

The representatives of the Prince of Wales's Fund paid the hospital their annual visit of inspection, while the controversy was at its height. The visitors

were, Sir Thomas Smith, the eminent surgeon, and Lord Duncannon. They spent a whole afternoon in the building; they went over every part of it from topmost stories to basements; they gave particular attention to the wards, questioned many of the patients and nurses, and found nothing untoward, unless it was a screaming infant in the ward for children who seemed beyond the control of the nurses. Sir Thomas proved equal to the emergency, and greatly to the amusement of sister and nurses, made a circuit of the ward with the child, now crowing merrily, perched upon his shoulder.

These gentlemen expressed themselves in terms of satisfaction with all they saw, and that their report to the Prince's Council was favourable, the grant made subsequently testified. The patients were unmoved by the allegations. Demands for admission were as numerous as ever; still the long list of sufferers awaiting beds grew, and still the chorus went up from grateful and contented inmates. A practice of seeing every in-patient about to be discharged made me the recipient of many kindly expressions of gratitude to the doctors, the nurses and the hospital, and some of them not content with formal acknowledgment sent valedictory messages, or wrote lengthy letters recording their feelings.

Even the recreations went on. The medical staff no longer took their accustomed part, but we had sufficiency of help, and it so happened that the last entertainment arranged by the old authorities occurred on the day the seven governors assembled to discharge

their fateful office of appointing the Committee of Inquiry. As the members filed through and witnessed the festive preparations, some of their minds may have settled with a flutter of trite reflection upon a certain classical passage frequently marked for quotation. There was this difference, however, between the historical Roman and ourselves. We were not indifferent to the coming catastrophe. We did our fiddling with sore hearts; not in wantonness, but in furtherance of a resolution that neither then nor later, should an echo of the conflict reach the wards, or intrude upon the harmony of the hospital inner life.

The tribunal established consisted of Sir Edward Fry, Sir Edward Karslake, Lord Wolverton, Mr. Cecil Russell, and Mr. Timothy Holmes, a combination of names which, though poor in practical knowledge of hospital work, might have passed as satisfactory, had it not been the product of avowed partisans. The natural law ensures that some trait indicative of parentage shall attach to the offspring, and as reasonably might we look to an elephant to beget a giraffe, or an acorn to grow to a walnut tree, as to a body whose members were chosen because their minds held one view to bring into being a determining power which as likely as not would adopt the opposite view. As a first proceeding, the gentleman who had acted as honorary secretary to the nominating committee was appointed to a like position with the Committee of Inquiry.

The tribunal was allotted plenary powers, to be exercised, as afterwards appeared, in secret. Autocratic

as any Court of Assize, its proceedings were not to be vouchsafed the safeguard of publicity, and while the personal character of the members ensured integrity of purpose, the manner of their selection, and the conditions under which their investigations were to be carried out, appeared ill-contrived to promote impartiality. Two, at least, of the adjudicators had already committed themselves to opinions, one of the two being a member of the medical profession, and on a footing of personal friendship with several members of the staff. On the other hand, the Board who had been refused all part in the selection of the Committee of Inquiry, possessed no representative upon it. Manifestly, if instead of a Lord Justice sitting alone as the Board had proposed, a body of five was to be substituted, both staff and Board should have had equal representation, with a president to decide fixed questions after they had been thrashed out by the help of both parties. In consenting to submit their case to the tribunal got together, the Board were minded to confide in the personality and great reputation of Sir Edward Fry, and but for the measure of confidence engendered by his presence, their advisers would not have entered upon the proceedings.

One indispensable qualification for dealing with complicated and technical issues is knowledge, and the capacity born of it. Hence, in Courts of Law, the assistance rendered in certain cases to the presiding judge by means of assessors. Owing to the nature of the proceedings, the members of the tribunal which sat in Queen Square were largely dominated by pleaders

armed with the advantage of prerogative, who in reference to questions with a medical bearing became advisers as much as litigants, and while one member only of the tribunal could claim familiarity with hospital work, his acquaintance with it was limited to the professional side. Yet so vital to truth was the possession of knowledge that Mr. Timothy Holmes more than once saved his colleagues from error, and partisan though he could not fail to be, however unconsciously, helped to an equitable solution of the question under consideration.

CHAPTER XXV

THE Committee of Inquiry met in the board-room on a day in May, 1901. Sir Edward Fry was in the chair. The staff was represented by Dr. Ormerod, with Mr. (Sir) Victor Horsley and Sir Felix Semon. During the course of the Inquiry which occupied a fortnight, the seniors of the staff,—the men whose labours of many years had helped the hospital to its great position, and had made its scientific reputation,—took no part in the proceedings.

Mr. Boydell Houghton and Mr. George Bower appeared for the Board. The belief that those responsible for the administration of the hospital, had been haled before them as culprits, appeared to actuate the members of the Committee.

The Chairman announced that an oath would not be administered to witnesses, and that the proceedings would be private and un-reported. Both decisions were regretted by the Board's representatives, and when it was decreed that the staff's demand for seats at the board should be considered before examination of the charges upon which it had been based, they were dismayed. In the view they took of this decision, they were fortified by the recorded opinion of the Lord Chancellor, who had expressed himself strongly upon the point and had proposed to move a resolution at the general meeting accordingly.

The chairman animadverted upon the circumstance of my having recently contributed a paper to *The*

Nineteenth Century under the heading "Doctors in Hospitals," although it contained no word of reference to the particular quarrel, but dealt only with general principles. He was silent concerning the numerous articles written or inspired by members of the staff which were appearing anonymously in direct furtherance of the staff's contentions, and containing unmeasured condemnation of their opponents. As regards my own article, any misgiving concerning its propriety was dispelled by a letter I received before publication from Sir James Knowles, the distinguished editor of *The Nineteenth Century*, which contained the following sentence—

"The article seems to me to lift the question very ably on to a higher level than that of a particular controversy, and to deal in a strong and temperate manner with a topic of great permanent interest and importance."

That the quarrel was concerned with issues wider than those affecting a single Charity was recognised throughout the hospital world. A gentleman prominent in the ranks of hospital workers writing to a member of the Board with whom he was acquainted, expressed himself thus:—"Do not be driven into giving way. You are fighting for all hospitals. One doctor let the cat out of the bag at the meeting. He said 'this is an opportunity for insisting that the staff shall be on the management of all hospitals.'"

The managers of other hospitals, however, were content to look on, and no overt proof of their sympathy was forthcoming.

As, day by day, the Inquiry proceeded, the bias of the tribunal became increasingly manifest, and although the drastic findings and recommendations embodied ultimately in the Committee's report were admitted to have surprised even those they gratified, from the moment the proceedings opened, the result never had been in doubt.

But shortly, the staff were granted all, and more than all, they had demanded, notwithstanding that the chief charges upon which the demands were founded, received little or no endorsement. While the findings were yet unannounced, the spokesman of the staff repeated the declaration that unless they obtained what they asked for, they would resign, and in response to an invitation by the chairman he added that they would not be satisfied now merely to obtain the representation which at the outset had been put forward as their supreme object.

This threat of resignation dominated the situation, because nobody, whatever his views about the dispute, could contemplate a prospect of its fulfilment without grave concern, and none would have deplored the calamity more truly than those who by the irony of circumstances had come to be regarded as foes. Without the greatness of the staff, the story of the hospital would have been deprived of its most splendid pages, and running in unbroken record through the years is the testimony of the Board's unstinted appreciation of the cardinal fact that the bold ambitions of the institution, and even its existence, were justified by the eminence of its staff alone.

The staff having made clear that the granting of representation would not suffice, the sacrifice of the directorship was decided upon. This office, regarded by the Board as the bulwark of their supremacy and of lay authority, was to be abolished; the Board's chief officer henceforth was to be a secretary only, and as afterwards transpired, a secretary bereft of customary position and responsibility. Unquestionably, the staff's desire for the abolition of the directorship was strictly logical, and when they realised that beyond the tribunal's determination to grant them their original demands lay a disposition towards additional concession, what more natural than that they should seek to render victory, final and complete? They were litigants; it was the Committee whose scope was judicial.

While the Report was in preparation, the honorary secretary of the Committee of Inquiry sounded me concerning the effect of a decision to abolish the position of director. I left him in no uncertainty. Not in any circumstances could I consent to a degradation of my office. The recommendation was arrived at, therefore, with a knowledge that my resignation would follow. Prophetic instinct had led me to suggest to Mr. Boydell Houghton at the close of the Inquiry, that the Committee might propitiate the staff by the sacrifice of the director. He replied that it was "impossible"; there was not a shred of evidence to support any such action, a view in which Mr. Bower concurred.

I could not forget, however, that a prime mover in

the attack had informed Sir Edward Fry's Committee of his unconquerable objection to the directorship, and avowed frankly that since the occurrence of ten or more years before (briefly alluded to upon an earlier page) he had worked for the abolition of the office. Why?

To render the narrative intelligible, the following facts are recorded, without comment. They furnish the genesis of the subsequent trouble.

The hospital (as Sir William Gull had said) dealt with many patients whose ailment "lay upon the borderland between the spiritual and the material."

Questions of extreme difficulty were involved—not always disposed of by the by-laws.

In its early days, efforts had been made from outside to bring the hospital under the control of the Lunacy Commissioners. The existence of precise and explicit pronouncements concerning the ineligibility of certain cases saved it.

During many years, the medical and surgical staff approved the by-laws as they stood. Subsequently to 1891, certain members desired greater liberty.

Conferences between Staff and Board took place with a view to a revision of the rules. The Board, while averse from weakening safeguards, endeavoured to meet the views of the Staff, the ultimate result being a formal resolution communicated by the Medical Committee to the Board in February, 1895, "that the phraseology now proposed by the Board for the by-law concerning the admission of patients seems to the Medical Committee quite suitable."

Nevertheless, this matter was brought before Sir Edward Fry's Committee in 1901 as one of serious and outstanding disagreement.

The duty of selecting patients for in-treatment rested with the physicians, who made recommendations accordingly. This duty was not shared with the surgeons.

The duty of maintaining obedience to rules was laid upon the director.

In 1891, or thereabouts, the admission of a certain child was withheld by the director on the ground that the physician of the day had pronounced the case one of "idiocy." A case of idiocy was excluded by the rules.

The surgeon who had sent the child to the hospital with a view to surgical treatment was dissatisfied. The director had communicated immediately to this gentleman what had happened, and begged him to come to the Board-room, when next he was in the building, to receive an explanation.

The surgeon wrote a refusal. He demanded that what the director had to say should be put into writing.

One other similar incident occurred shortly after, the same surgeon being involved; ; but there was this difference. The physician who saw the patient did not decide concerning the degree of mental deficiency, and the director was left to exercise his own judgment. The child's condition had been brought to the director's notice by the steward, and after he had consulted the physician concerned, and seen the child and its mother, the order for admission was not given.

Although, both before and after these two cases, it was no uncommon occurrence for the director to make representations to physicians concerning patients recommended for admission, in no single instance was his intervention misunderstood or denied a courteous welcome.

The value of an authoritative lay voice in hospital administration is scarcely questioned among practical administrators. Every successful institution possesses it. In the case of the National Hospital, members of the staff, among others, were always ready to make legitimate use of the director to settle difficult questions, and *mirabile dictu!* even Sir Edward Fry, shortly after having delivered judgment, sought his help in order to obtain admission for a patient whom the physicians had passed over.

But prejudice is far-reaching. It penetrates to the heart of institutional life, and much trouble is born of the common and curiously inept disposition to refuse a candid acknowledgment of authority which ought to be inseparable from responsibility. One afternoon, Sir Sydney Waterlow presented himself at the Inquiry with offer of "evidence" in support of the staff's demands, and incidentally, against the office of "director." At St. Bartholomew's Hospital, of which Sir Sydney was treasurer, the Staff had no representation on the governing body, while his own methods were known to be autocratic. Therefore, when he came from the witness's chair, I asked him how he reconciled his opinion with his practice.

He replied that there must be a ruling authority, and at Bart's, he was that authority.

"But," I urged, knowing that he was accustomed to spend his winters abroad,—“while you are away?”

"Oh well," said he with a laugh, "if there's a fire, they may send for the fire-engine."

The injustice of this scornful view of the position of those who bear continuously the burden of responsibility, had been long present to my mind. Many years before, I had demonstrated in the pages of *Fraser* its danger and absurdity. It would deny authority in the Church to the Archbishops and Bishops, to the Lord Chancellor in the law courts, and to the general in the field.

With the adjournment of the Committee of Inquiry, to prepare their report, the curtain fell, and for awhile, all outward evidence of their proceedings vanished. The board-room resumed its customary aspect, the everyday work of the hospital proceeded with normal regularity, meetings of the Board took place, though with a clinging sense of unreality and impotence, and the casual onlooker would have sought in vain for an indication that the institution was passing through a crisis in its destinies.

One afternoon, Mr. Melvill Green, Chairman of the Governors' Committee of selection came into the board-room. With undisguised agitation he said that the report of the Committee of Inquiry had been placed in his hands and that its contents distressed him. They were not what he had foreseen and he wanted "to consult" with me "as to whether it was

necessary the report should be published." I was amazed, and at Mr. Green's wish, I went with him to the room where the members of his Committee were assembled. The question of publication was talked over, and several members shared their chairman's misgivings concerning the effect of the report upon the well-being of the hospital. They were in possession of the contents; at that moment I knew nothing, but to my mind whatever the purport of the report there could be no alternative to its publication, and having expressed this view I retired, not unconscious of an ominous attitude of kindly feeling and personal sympathy, displayed by a body whose action hitherto had not been friendly.

Mr. Melvill Green admitted candidly his concern for the future. "It will be seven years at least," he said, "before the hospital can recover from this," and when he learned that I regarded my longer connection with it as impossible in the new conditions, he was keenly regretful. That his sympathies remained with the staff in their desire for representation is indubitable, but the report went far beyond all he had worked for, and he deplored its drastic dealings with the charity's organisation. This temperate attitude may be contrasted with that of certain of the staff who now passed members of the Board without sign of recognition, and had been known to even refuse their offered hands. Had there been less bitterness, history would have been more insipid, but the hospital would have benefited; to be both victorious and vindictive showed a quality of animosity

almost superhuman, which must have had its origin in profound misunderstanding of the feelings of the laymen. Magnanimity is a virtue so easy of practice in the successful as to rank almost among the involuntary emotions.

Having regard to the conditions, what came about was as natural as a fall of rain from cloudy skies, and was purely logical in a society committed to the doctrine that the thing, said or done, counts nothing ; only the man who says or does it. The report and recommendations bearing the hall-mark of Sir Edward Fry's signature, were accepted by a meeting of governors without examination, and resolutions were passed to give them effect.

Yet, while as a body, the governors were thus acquiescent, discontent with the findings was expressed in no uncertain way by many of the best and oldest of the hospital's friends. Among them, one gentleman, who, from the early years had given generously of his own and had been instrumental in the allotment to the charity of funds amounting to nearly £17,000, set forth his views in a lengthy letter of which he authorised the publication. In it, after a reference to the assistance he had been enabled to give, the writer, a lawyer of great experience, put upon record that "had the medical staff, in the early period, arrogated or attempted to arrogate to themselves the conduct of the hospital, and so to override the Board of Management, such additions to the funds as I have mentioned would not have been given." After criticising the Committee's report, he added, "you may well say

circumspice and rest there." A governor whose family had been foremost to assist in every new development, and had assisted more munificently than any other, formally renounced all further interest in the institution. Such are the misfortunes likely, when peace is broken, to overtake any organisation, no matter how high above the reach of quarrel or question lie its opportunities and objects. To minimise the injury suffered by the hospital, an effort was made by the old authorities before going out of office to restore the annual subscription list to its former total.

The penultimate episode was reached in December, 1901, when the draft of the new rules was placed before a general meeting, Hon. Sydney Holland in the chair, and arrangements for electing a new Board were made. Two only of the old members were willing to be nominated, Mr. Frank C. Capel and Mr. John Pearman, each of whom possessed a record of long and valuable service. Their candidature was opposed with vehemence, and in a poll of governors they suffered defeat by a small majority.

Before this, a suggestion made without my knowledge by certain old friends of the hospital that I should be given a seat at the board, showed how little they understood the feeling actuating the victors, who quite wisely, if somewhat unceremoniously, set the proposal aside. Separated from all whom I had served, and only one among many who would never have regarded me as other than an intruder, I could have no hope of being useful.

With the incoming of the new Board, my office ceased automatically, and having enclosed my keys in a packet addressed to the newly-elected President, the Earl of Dudley, I went forth. As a not unhappy chance befell, I encountered nobody. I was the solitary occupant of the footway, and glad of the solitude, even though it meant no kindly anæstheticism of solace to dull the pain of severance from a prized task and of the putting off of harness, which, if it gripped often, never had galled.

But no man has lost all, so long as memory is indulgent. If he can relive happy hours, he is still happy—the glorious hours when he had his ambitions and his illusions. In his illusions, perhaps, he is happiest, for life would be poorer for any one of us without them, and hope herself would lose her best and kindest quality, if she did not from time to time in perfect good faith, misread the future.

CHAPTER XXVI

WHAT had been accomplished under the rule of the old Board, and what they handed over to their successors, may be demonstrated in part, but not wholly, by figures.

The buildings in Bloomsbury and at East Finchley contained 205 beds for patients. They were equipped with everything necessary for the carrying on of the work among in- and out-patients, were fully paid for, free of all encumbrance, and in the best possible condition, cleaning and general repair having had a fixed place in the annual programme. The hospital buildings and contents represented an outlay of £120,000. The nucleus of the Hospital Endowment Fund amounted to about £70,000; Reversionary Legacies and other outstanding funds totalled £15,000. Two houses in Queen Square, whose site had been intended for the projected new Wing, represented a cost of £5,000. The Fund made up of donations carrying annuities stood at £10,000, representing only the germ of the idea; the capital of the Chaplain's Fund was £3,000, and that of the Pension Fund for the Incurable £37,000, making an aggregate of property exceeding a quarter of a million sterling, while, in addition, nearly as much must have been expended upon maintenance. The normal annual expenditure was now about £18,000, and the assured and semi-assured income upwards of £10,000.

The receipts grouped in triennial totals since the year of opening the new hospital until discord began, were as follow, and exhibit the progress made—

	Totals.	Annual Average.
1885, 1886, 1887 ..	£37,527 ..	£12,509
1888, 1889, 1890 ..	43,590 ..	14,530
1891, 1892, 1893 ..	51,903 ..	17,301
1894, 1895, 1896 ..	61,305 ..	20,435
1897, 1898 (two years)	48,554 ..	24,277

Apart from all that went to make up the soul and reputation of the institution, and the large additions to accommodation in immediate prospect, this was the accumulation of solid property which passed from the old Board to their successors; this was the record of those who had been described as “hewers of wood, and drawers of water.”

The men who could write thus contemptuously had little conception of the love of heart-whole workers for their work, or of the power that springs from their devotion. That love bides among the verities, but viewed only from the surface, it is deep enough to be mysterious and unfathomable.

In philanthropy, as in art and literature, science and mechanics, what has been born of the travail of our soul calls to us with irresistible if inarticulate appeal, and to witness its growth under our hands, and feel the strengthening grip of its hold upon our lives, is to summon from the recesses of nature the utmost of our love, and to bring into play the instinct and absorption of motherhood. Happily for the hospital, the intense and passionate affection of the

founders for their creation was not extinguished by their death. It lived as a virile and achieving force when the institution had come to maturity, and remained in being long after, inalienable as a heritage of reality.

CHAPTER XXVII

THE events of the years subsequent to the revolution have no part in the history of hospital in its making. Making was interrupted when revolution began, but if the later chapters have told of the hospital's undoing amid the turmoil of internal strife, in due time, doubtless, pages yet unwritten will witness to recovery.

Seven years of leanness had been predicted before the effects of the quarrel would pass and recuperation set in, and although the consequences may prove to be even more enduring, because no industry can bring back the unbesmirched record the Charity possessed in 1899, or recall the friends it has lost, an institution whose work has been described authoritatively as indispensable, is not likely to fail of a future.

Prebendary Wace, now Dean of Canterbury, was elected chairman of the incoming Board, and his early resignation was a misfortune. While Dr. Wace held office, the management was advantaged by his experience in similar position at King's College Hospital, and his ability to lift himself above the atmosphere of prejudice. Without doubt, his full acquaintance with the conditions and exigencies of hospital life enabled him to do justice to those from whose views upon questions of policy he may have differed, and to appraise all they had accomplished at its true worth.

Two years after the revolution, I spoke at a general meeting, and Sir Felix Semon retorted. My remarks

were not provocative : they were offered in vindication of those who had passed from the scene, and were distinctly pertinent to the position disclosed in the report presented, which dwelt upon the unfortunate state of the finances, and recorded the fact that the exchequer was empty, although a large sum had been borrowed of the bankers. In the circumstances, it was instructive and reasonable to recall the assertion so persistently put forward by the staff during the dispute, that their association with the hospital and their eminence were the causes of its financial prosperity, and to point the moral. The eminence of the staff remained, but the prosperity had disappeared.

In the interests of the hospital, the perpetuation of misunderstanding upon this vital issue was to be deprecated. A frank acknowledgment that the burden of maintenance and administration has rested throughout the hospital's history upon the lay managers was called for quite as much in justice to the new Board as to the old. The gentlemen who had stepped into the breach were entitled to the tribute seldom withheld from volunteers of the forlorn hope, and in taking office in succession to the men who had founded and built up the edifice, some at least of them must have had a prevision of the difficulty of their task.

What happened when the new arrangements came into being had been foreseen by both parties to the controversy. The incoming Board were faced by a victorious staff, who, having fought and won the battle were keenly tenacious of their advantage.

It was less surprising, therefore, than consequential that two years after the change of administration the Board's report should open with paragraphs which could mean only that to satisfy the staff was regarded as a paramount duty. Whether or no that attitude is retained, or whether it is the right one for a managing body, it serves to demonstrate the divergence between what was and what had been.

In the days when the hospital stood at the summit of its reputation ; when the names of the working staff were the names of scientific giants and it was said that no galaxy of talent so brilliant had been before grouped in the service of a single institution, all was peace. Was it possible that these men, and others of like fame who had held office before them, and to the last day of their lives had regarded the hospital with affection, submitted without protest to conditions which had hindered them in their work ?

In the circumstances, the question is called for, because in respect of hospital service generally, physicians and surgeons live who are slow to admit that the hospital is more important to them than they are to the hospital. Fifteen years before the quarrel, Professor Marshall, then President of the Royal College of Surgeons, speaking at the Mansion House, reminded the staff that they were under obligation to the hospital, a truth respecting all hospitals and all staffs frequently overlooked in these days when the doctrine is too readily accepted that the indebtedness to the staff is so immense as to make examination of their demands unreasonable.

The National Hospital achieved a great scientific reputation very early in its career, and in view of facts, nobody had the hardihood to suggest that science had suffered from subordination to philanthropy. It was not a layman, but a master upon the staff, who twenty years ago criticised a report wherein the purposes of the hospital were set forth with dialectical accuracy as "the investigation and treatment of disease." Said he, the hospital exists as a philanthropic institution, and in a statement of its objects, treatment should be given the first place.

The financial difficulties of the years immediately following upon the revolution are recorded in the reports with laudable frankness. Prosperity is easily put to flight, and few with knowledge of all that had happened would condemn a new Board if for awhile they found it beyond reach.

But time passes, and an era of better things must be at hand. The abandonment of the projected enlargements in Queen Square; the retrograde policy at Finchley, and the general arrest of progress which were features of the first decade of the new rule, may have been inevitable in the circumstances, but must give place soon to signs of an ampler realisation of the Charity's future. The Jubilee year brought great opportunities, and to some who had dreamed dreams the actual performance seemed to reflect only poorly the co-operation of royal ladies and the presence of the reigning monarch. Yet that was to be expected. The building up of a project of public benevolence calls not only for prolonged and untiring labour, but

for a display of the personal concern, vital to all that is best and most enduring in English philanthropic enterprise.

Unhappily, the truth of this is not always perceived even by those confronted with its proofs, and in Queen Square, witnesses of the old régime were not wanting who saw nothing in the almost unprecedented growth and prosperity of the hospital but a process of natural evolution, or were so little appreciative of the incomparable virility of a labour of love that they passed contemptuous condemnation upon its evidences.

It is no unfair reflection upon a new organisation hastily pieced together, to affirm that it comes chill and unurged to its duties. The enthusiasm which leads on to great and benevolent enterprises fraught with no advantage to the workers beyond the delight of accomplishment, is rarely improvised. It must have been born in the past, and every fibre of its being must draw nourishment from remembrance. In the modest attainments of the Jubilee year, this apophthegm obtains unquestionable corroboration. They were eloquent of personal service, and while at its beginning the Charity owed all to the labours and self-sacrifice of two obscure workers, so with the effectiveness of conforming contrast, the old truth was illustrated afresh in the recorded achievements of an exalted lady whose interest is rooted in tender memories.

The new Board was made up of strangers. Many of them to this time had not passed the hospital doors. Not one had lived through the bracing days when the institution was in making, and of the cost in

toil and treasure of the heritage to which they were succeeding, the new-comers could have no adequate conception. But if they had not taken part in the making, neither had they shared in the quarrel; they started with a clean sheet, and whatever opinion was held concerning the merits of the conflict which had brought low the hospital, no generous onlooker could withhold sympathy from men who had come forward to repair its fortunes.

• Yet the consequences of the conflict were not to be evaded. They were bound to retard, if they did not prevent, the consummation of much once anticipated with confidence. While yet a decade distant, the Jubilee had already imprinted upon certain ardent minds a perception of its approach, and was demanding a forecast of suitable celebration.

For reasons given upon an earlier page, the limits of extension in Queen Square appeared to have been reached, and it was foreseen that the future of the hospital would be increasingly associated with the branch at Finchley, where expansion presented no physical difficulties, and a site exceeding seven acres had been provided for, five of them being already in the hospital's possession. If a narrative of what might have been were permissible, it would tell how the untoward events at the opening of the new century involved a loss to the Charity of a hundred beds, the intended offering of the Jubilee year.

That the dream of 1900 would have been realised, admits of little doubt. The records of unbroken progress made confidence not only reasonable, but

rendered the self-set tasks begotten of it inexorable as duty. During forty years, the institution had fed upon success, and having tasted the pleasures of the fight against odds, had acquired new appetite for work and victory.

Yet oftentimes, the arrogance unconsciously bred in men with faith in themselves, is marked for a fall, and when their opportunities disappear, such is the irony of the position that little remains to them beyond an accusing sense of the shortcomings of their best efforts, unless it be impatience, not always justified, with the slowness of those who have followed, to come abreast of their chances.

An all-important fact connected with hospital finance now is, that medical charity is no longer left to depend upon the unaided individual effort which built up the National Hospital. The help of powerful and beneficent auxiliaries unknown to the earlier workers is forthcoming, and in volume not approached even during the later years of the deposed management. Besides this extraneous aid, and the accumulations of the past, the hospital derives substantial and increasing assistance from the contributions of patients,—that invaluable source of income wisely cultivated by the present managers, and for whose preservation the old administration fought and suffered.

That the future of the hospital is not to be compassed by a mere upkeep of the establishment in being, will be denied least of all by those who have daily evidence of the shortcomings of its resources. The insufficiency of the accommodation, and the need of

enlarged means are, as they have been always, of the essence of the hospital's claim upon the benevolent, and call for untiring reiteration.

The circumstances are stimulating, and some, at least, of the incitement to enter upon exalted efforts, and to accomplish new objects, will actuate the workers of to-day, once they are warmed to their task, as it actuated their predecessors primed by the responsiveness of parentage. The evil period of strife has passed, and whatever the convictions concerning hospital politics of those who laboured in the years gone by, their affection for the hospital they brought into being is not dead.

Stirring times are in store for the voluntary system of hospital relief. Signs are not wanting that the hour is coming when pretensions in respect of hospitals now boldly put forward will be challenged, and in an age all too democratic and subversive, the gratuitous assumption of a professional property in hospitals, which, carefully examined, possesses no titular justification, and not even a sentimental excuse, is fated to rough handling. It will go the way of many better things, and in its fall may drag down a little we might like to preserve.

If the fiery ordeal, thought by many to be in store for the voluntary hospitals, is encountered, let us pray the spirit of philanthropy will not take flight, even though it must hover about them on singed and sullied wings. No greater misfortune could be suffered by the sick poor than the severance of hospital work from its religious and benevolent bases.

and its subjection to purely economic and scientific ends.

Many cherished institutions are threatened, and if hospitals remain unscathed, it will be, not because they are spared as outposts of science, but because they have maintained their claim to sanctity as homes of beneficent tradition born of philanthropic service.

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