

Special hospitals : their origin, development, and relationship to medical education; their economic aspects and relative freedom from abuse / Richard Kershaw.

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SPECIAL HOSPITALS

RICHARD KERSHAW.



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SPECIAL HOSPITALS

THEIR ORIGIN, DEVELOPMENT, AND RELATIONSHIP
TO MEDICAL EDUCATION. THEIR
ECONOMIC ASPECTS AND
RELATIVE FREEDOM
FROM ABUSE.

RICHARD KERSHAW.

(*Secretary of the Central London Throat
& Ear Hospital*)

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Special Hospitals.

CHAPTER I.

THE History of Hospitals is something more than a familiar narrative in which the scenes relate to only one phase of human life ; it is a fascinating subject worth studying, because the hospital may be regarded as a landmark which gives us a clear conception of the habits, the manners and customs, the mode of thought, and the method of action of ancient and modern peoples, in their domestic and public life. In olden times, hospitals formed an important part of the splendour of those stately temples, the magnificence of which has excited the wonder of all generations. They were something more than places of refuge for the sick, they were sanctuaries for worshippers, seats of learning for the student, health resorts for the convalescent, and centres of recreation for the whole people. These temples were erected by the ancient Egyptians, the noble Greeks, and the proud Romans in glorification of their deities, their memorable heroes—and

even of themselves. Here the priest-physician treated disease, taught philosophy and gave instruction in the sacred science of medicine, one of the oldest of sciences; the conclusion therefore does not seem to be either curiously far-fetched, or too dangerously speculative, that in these buildings, and in the celebrated personages who presided over them, are to be found the original models of our modern hospitals and our medical specialists.

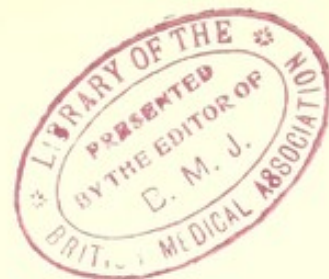
The medical science of the ancients was so essentially of a religio-magical character that it was the priest who was looked upon as possessing the power to heal the sick. There were special priest-physicians—officials of the temple—from whom aid was sought. In Egypt, where magic reigned supreme, certain forms of disease were treated as a kind of demoniacal possession, and the god had to be invoked to drive out the evil spirit.

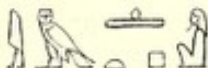
In the course of time practical experience shewed that certain herbs and drugs, originally used as magical compounds, really had a curative effect, and many prescriptions in the Ebers and Hearst papyri contain an element of true medical knowledge which survives until this day.

But there were also the public physicians—officials of the State—who were undoubtedly skilled in medicine and surgery, and who restricted themselves more or less to special diseases and to wounds, the result of warfare or of accident.



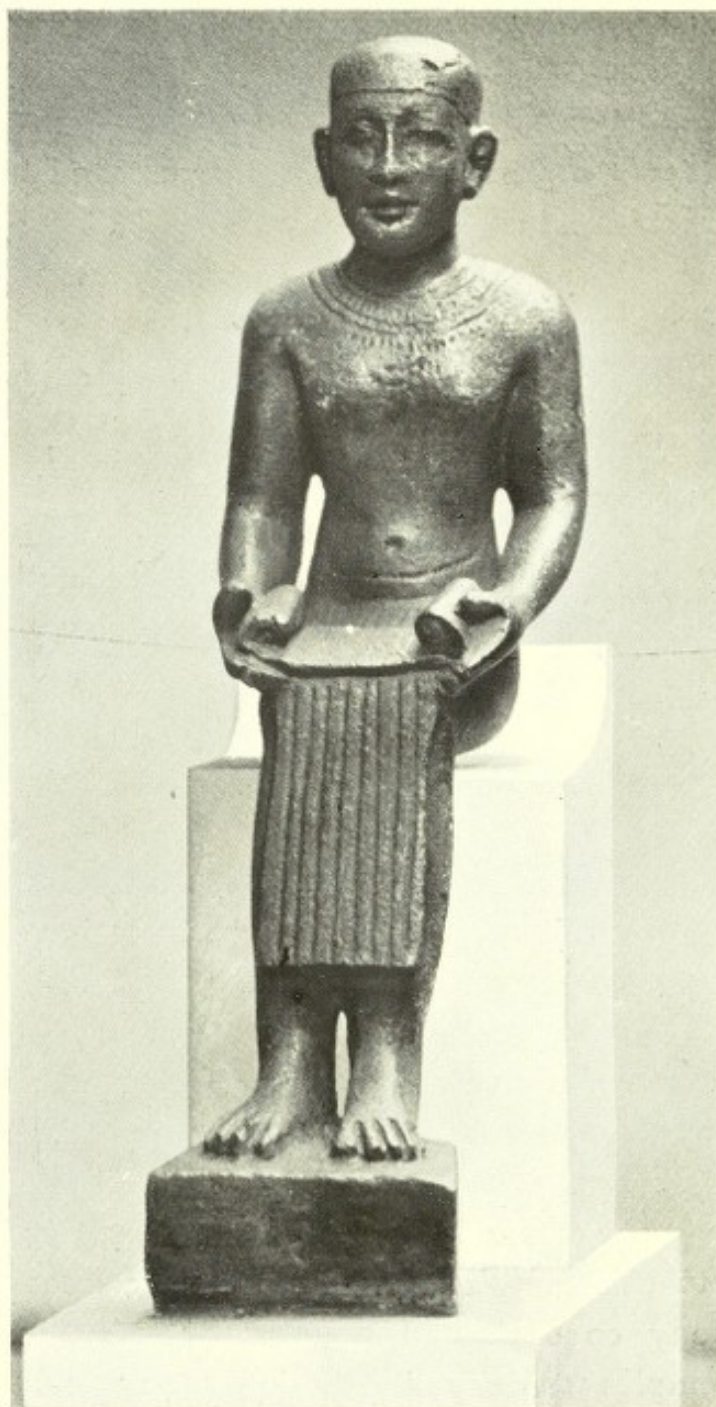
In the mysterious land of the Pharaohs our thoughts naturally become concentrated upon her numerous temples, the rites conducted therein, and the distinguished officials responsible for the various religious and civil ceremonies. Prominent amongst them was a celebrity skilled in many arts, learned as a priest-physician, as a magician,



a man of science, and as an architect. His name is I-em-hetep,  meaning, "He who bringeth peace."

I-em-hetep is a person of great interest and importance in Egyptian tradition. His titles were "Master of Secrets" and "Scribe of Numbers." There is every reason to identify him with the learned scientist and physician who lived in the reign of King Tchser (third dynasty). The building of the step pyramid at Sakkâra has been attributed to him.

Centuries later, in Ptolemaic times, there arose a great movement in favour of the revival of ancient learning, especially that of a medical and an occult character. This revival led to the deification of more than one Egyptian sage. I-em-hetep was one of those selected, and he took rank as the Egyptian God of Medicine. I-em-hetep is always represented, even after his deification, as a human being, never with any of the special characteristics of a god. He does not wear divine head-dress, only a cap or fillet. He has a papyrus scroll on his knee, and the cord of a Scribe of Heliopolis around the neck. He has no beard—a distinct mark of divinity. His name being associated with Memphis, it was only natural that those who deified him should make him a son of the national god Ptah, for whom the temple in the capital was erected. It was in or before the sanctuary to this temple that the sick were treated, part of the ceremony consisting in pouring out libations of pure water. Temples were rebuilt and dedicated to I-em-hetep at Philæ and at Edfu, and from this time when Egypt, under the rule of the Ptolémies, adopted Greek methods, and Greek became the predominant language, I-em-hetep becomes synonymous with Æsculapius.



I-EM-HETEP.

THE EGYPTIAN GOD OF MEDICINE.

Specialism.

Specialism in Medicine was nowhere more developed than in the ancient universities of Egypt, of Greece, and of Rome. In Egypt the sacerdotal doctors divided the human body into thirty-six anatomical parts, each part being dedicated to its own special deity.

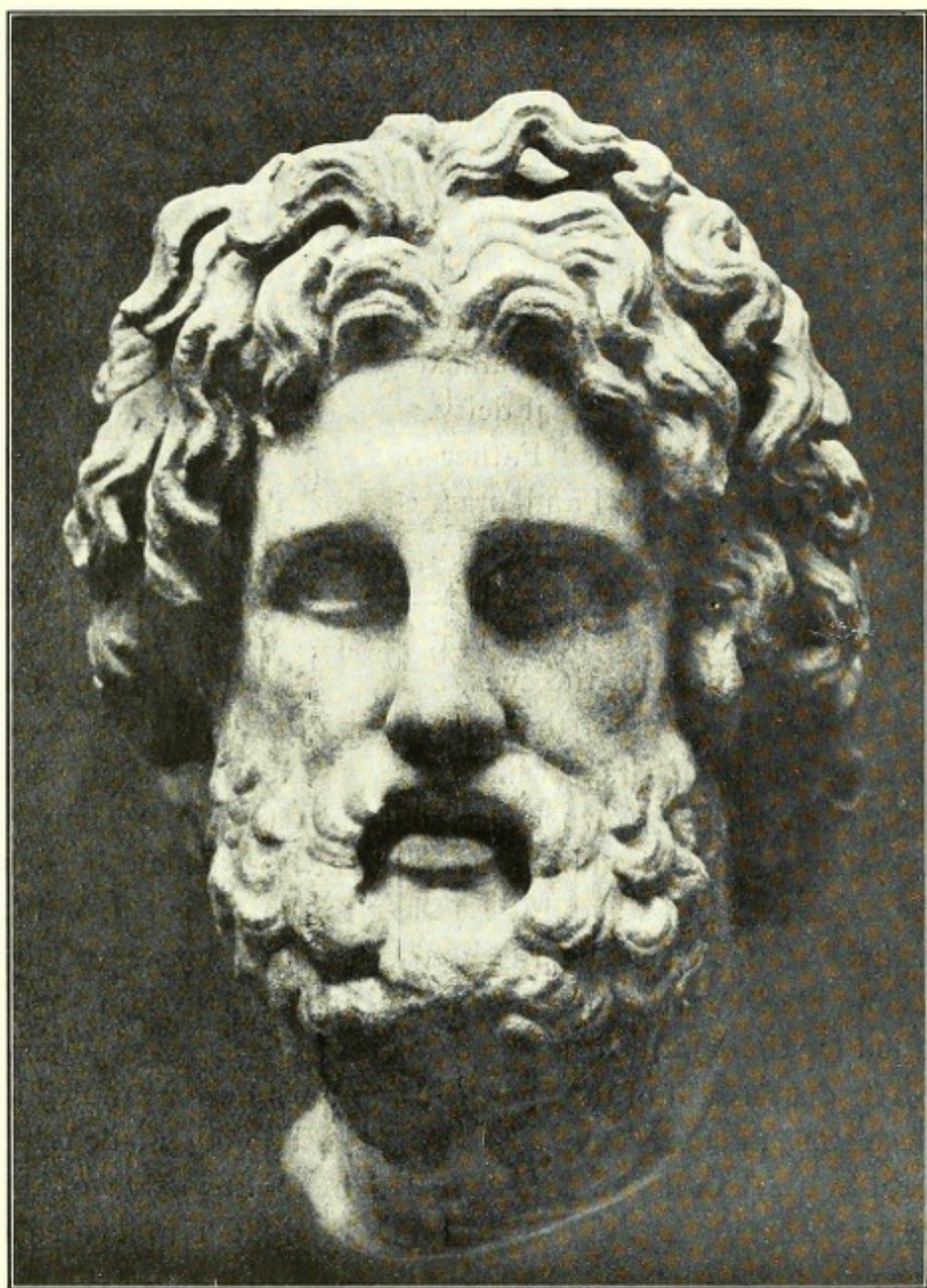
From Herodotus, the "Father of History," we learn that "Phisicke is so studied and practysed with them that every disease hath his severall phisition, who stryveth to excell in healing that one disease and not to be expert in curinge many: whereof it cometh that every corner is full of physitions. Some for the eyes, others for the head, many for the teeth, not a few for the stomacke and belly."*

According to Ebers, "whoever required a physician sent for him, not to his own house, but to a temple. There a statement was required of the complaint from which the sick person was suffering; and it was left to the principal of the medical staff of the sanctuary to select that master of the healing art whose special knowledge appeared to him to be suited for the treatment of the case."†

The dental skill of the ancient Egyptians has been forcibly illustrated by the discovery of the gold filling of decayed teeth in the mouths of mummies. Their knowledge of the treatment of ophthalmic diseases is brought into evidence through the various medical papyri, in which are set forth prescriptions for lotions and ointments for the eyes. It is also recorded that Cyrus, King of Persia, sent to Amasis, King of Egypt, for a celebrated oculist.

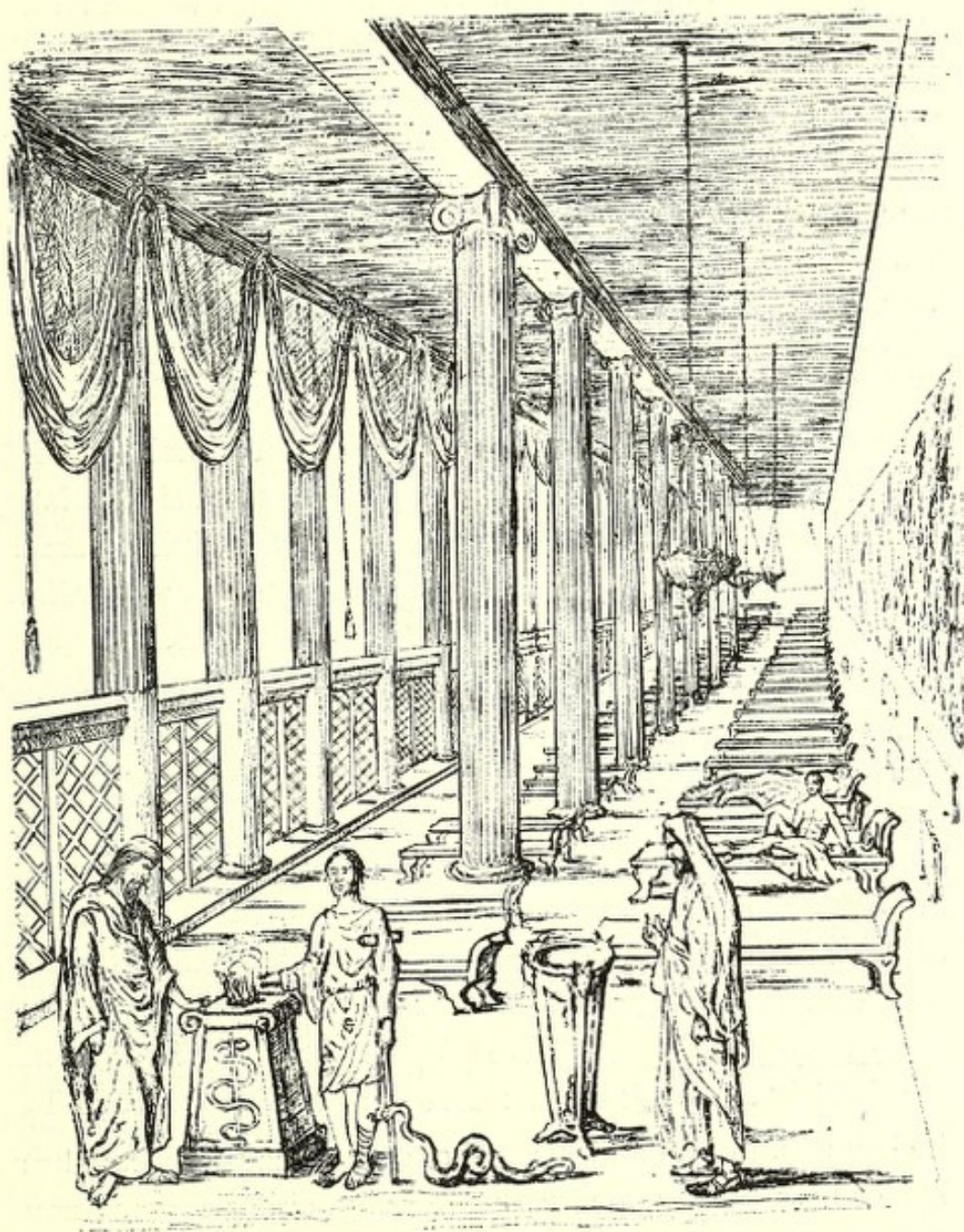
* Euterpe. Englished by B.R., 1584. Edited by Andrew Lang.

† Georg Ebers "Uarda."



Ἄσκληπιός. Æsculapius.

THE GREEK GOD OF MEDICINE.



Abaton of the Temple at Epidauros—Patient sacrificing while injured leg is licked by the sacred serpent.

(Reproduced from "*The Temples and Ritual of Asklepios*" by the kind permission of DR. RICHARD CATON.)

The historical connection between the temples of Egypt and those of Greece brings us to the Hellenic shrines, some of which were known as "Temples of Health." One of the most famous was erected at Epidaurus, and dedicated to Æsculapius, the Greek "God of Medicine." We have been taught to believe that this propitious deity was born at Epidaurus eleven hundred years before the Christian era, and fifty years before the Trojan war, in which his two sons,



Votive Tablet representing a Pair of Eyes.

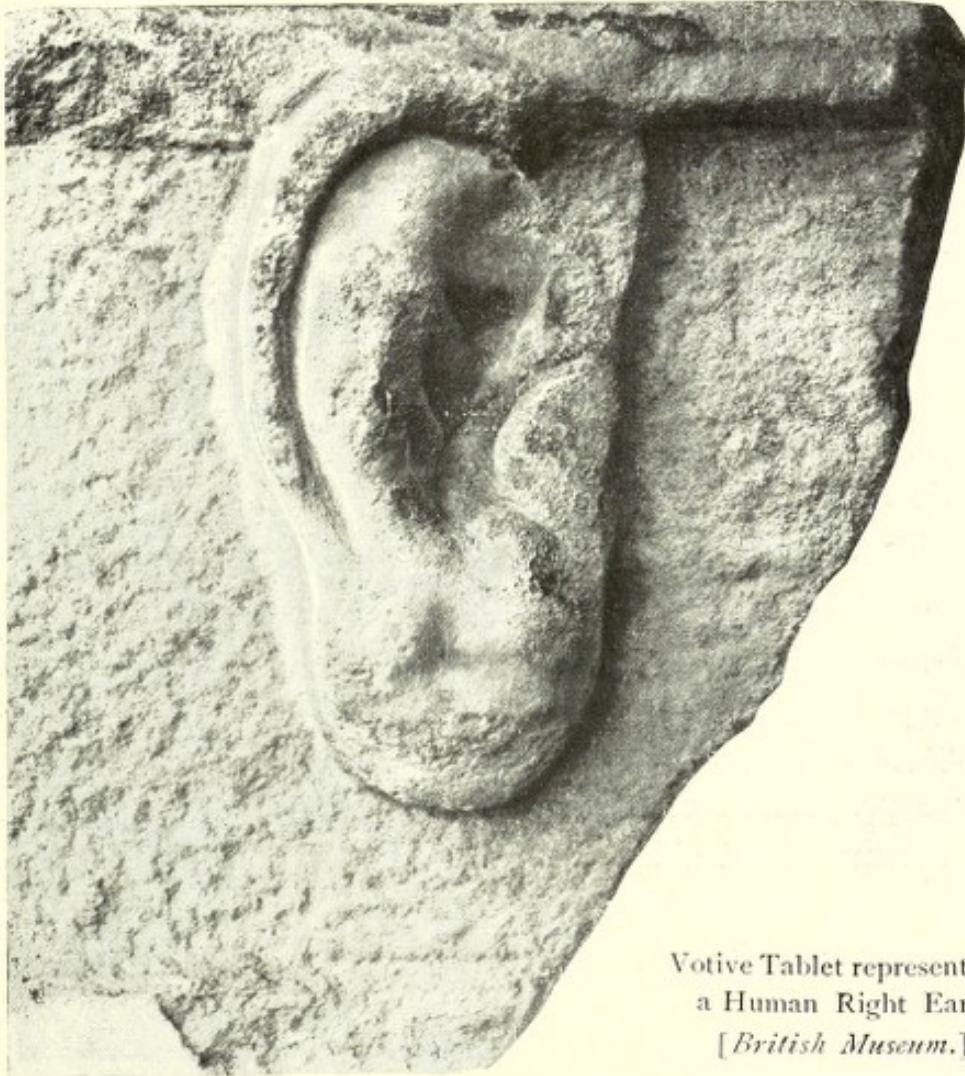
Inscription.—"Philematin dedicated (this) as a Votive Offering."

[*British Museum.*]

Machaon and Podalirius whom he had educated as physicians, were engaged with the army, either as combatants or as attendants upon the wounded.

Evidence of the honours bestowed upon Æsculapius, of the popularity of his temples, and of the development of his cult is observed in all directions. The extent of his influence is recognised by his image, and by the representation of his shrine being engraved on ancient coins, not only in pagan times, but on coins which were struck long after Christianity

had been established, and until the Emperor Constantine in the fourth century of the Christian era, suppressed these pagan buildings. So deep-rooted was the faith of the people



Votive Tablet representing
a Human Right Ear.
[*British Museum.*]

in the healing powers of Æsculapius that his temples were constantly filled with the sick supplicating his aid. The walls were covered with thank-offerings of votive tablets, inscribed with the nature of the disease for which help had been implored, and inscriptions denoting the nature of the cures were also to be found thereon.

Other sanctuaries in territories far and wide were also consecrated to Æsculapius, as well as to his famous daughter

Hygeia, the "Goddess of Health," and to Apollo, his father, who was regarded in the mythology of the Greeks and the Romans as "the Healing God." Amongst the number was the temple erected on the island of Cos, a locality destined to become world-famous as the birthplace of Hippocrates (460 B.C.), commonly called the "Father of Medicine." Thus, from the fantastic fable surrounding the birth of Æsculapius, we are brought into close relationship with that authentic knowledge which constitutes the basis of medical treatment of the sick at the present day. Indeed, within the last century, the immortal aphorisms* and doctrines of Hippocrates formed a part of medical education, whilst the famous oath, which bears his name, has in all ages been read to the newly qualified physician, and commended to him as the guide of his professional conduct.

"Temples of health called Asclepia, presided over by the Asclepiadæ, were erected in various parts of Greece as receptacles for the sick, to which individuals resorted in those days for the cure of diseases under the same circumstances as they go to hospitals and spas at the present time. . . . A large proportion of these temples were built in the vicinity of thermæ or medicinal springs, the virtues of which would no doubt contribute greatly to the cure of the sick. At his entrance into the temple the devotee was subjected to purifications and made to go through a regular course of bathing, accompanied with methodical frictions resembling the oriental system now well known by the name of shampooing."†

This method of treatment clearly demonstrates the existence at that time of hydro-therapy, as now practised at our modern spas. But specialisation went further, for we learn that the Greeks and Romans had their oculists, the truth of which is

* One of our every-day sayings, "Life is short, art is long, judgment is difficult," is the first aphorism of Hippocrates.

† The genuine works of Hippocrates translated from the Greek by Francis Adams, 1849.

GREEK IMPERIAL COIN OF EPIDAUROS.



A.D. 138—161.

GREEK IMPERIAL COINS OF PERGAMUS.



Reverse of Coin of the Emperor Lucius Verus.

A.D. 161-169.

Asclepius on the right, Hygieia on the left.



Reverse of Coin of the Emperor Commodus.

A.D. 177-192.

Hexastyle Temple. Asclepius within the entrance holding a Snake-encircled Staff.

emphasized not only by their writings, but from the inscriptions on ancient marbles.* Antiquaries have shown that Augustus and Tiberius had their oculists.

Amongst the Greek heroes the healing art was broadly specialised into the healers of the body—*Physici*, and healers of wounds—*Chirurgi*. The same idea of specialising runs through the whole of medical history, and is graphically illustrated in medical books prior to the time of Vesalius.†

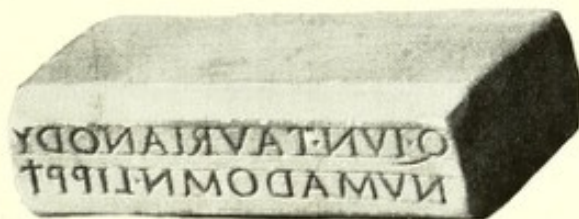
The various schools of medical thought which from time to time sprang up indicate the natural tendency of medical science to specialise. In the first and second centuries of the Christian era, rival systems contested the field to yield place in future centuries to others in like rivalry. The wise men from Abdera apportioned disease and health from their doctrine of deficiency or abundance of certain elements in the body. Hippocrates preached the doctrine of the "Spiritus," the "Animus" or moving spirit. The Alexandrian school instituted in a positive way an equally unproved system of "humours." The Empirics, with refreshing common sense and courage, looked to the "rage" of the period by assuming both first and proximate causes, and declared that "theory" was one thing, "practical medicine" quite another. The Asclepidean school backed its invention of "channels," "fluids," and "obstructive corpuscles."

And so to the time of Galen (A.D. 130-220), who focussed all these cunning guesses after truth into one uniform system which so reconciled those several theories with his own doctrines that his work was for many centuries the accredited text book of the civilised world.

In more modern times, Galen's system becomes specialised, and we find a variety of systems, "Metaphysical," "Mathe-

* On one stone was found engraved "P. Atticus Augusti medicus ab oculis." On another, "Tit. Tiberii medicus ocularis."—Lecture, Sir William Lawrence, *Lancet*, October 22nd, 1825.

† Vesalius was born in 1514, he studied and taught anatomy at the University of Padua.



Oculist's Stamp, or Seal. *1st Century. A.D.*

Case H. Greek and Roman Antiquities. British Museum.

On Obverse,

Q. IUN · TAURIANODY
NUMADOMN · LIPPT

=

Q (uinti) Jun (i) Tauri anodynum ad omn (es)
lippit (udines).

The anodyne of Quintus Junius Taurus for
every form of purblindness.

On Reverse,

Q. IUNITAURIDIALIBAN =
ADSUPPURAT · EXOVO

Q (uinti) Juni Tauri dialiban (um) ad
suppurat (iones) ex ovo.

The dialiban ointment, mixed with egg
prepared by Quintus Junius Taurus for
discharges.*

* Celsus (Book VI.) gives the formula for an eye salve which he says is called
Διὰ λιβάνου

matical," "Mechanical," "Vital," and "Spiritual," all having their day and passing away.

In the fifteenth and sixteenth centuries the renaissance of medical science led to the establishment of Universities and to the foundation of Medical Corporations. But so little had medicine developed that at this period it was held in both



Mediaeval Surgery.

(Sloane MS.)

Treatment of Epilepsy.

St. Andrews and in Glasgow Universities, to be a section of the theological faculty, and it was not separated until at the University of Aberdeen, the first professor of medicine, and the only teacher of medicine then in Britain, was appointed and paid at the rate of "ten merks yearly."

In 1559—a period of thirteen hundred years after the death of Galen—one Dr. Gaynes was summoned before the College of Physicians in London for doubting the accuracy of the doctrines of that ancient physician, and only upon acknowledgment of his error was he again received into

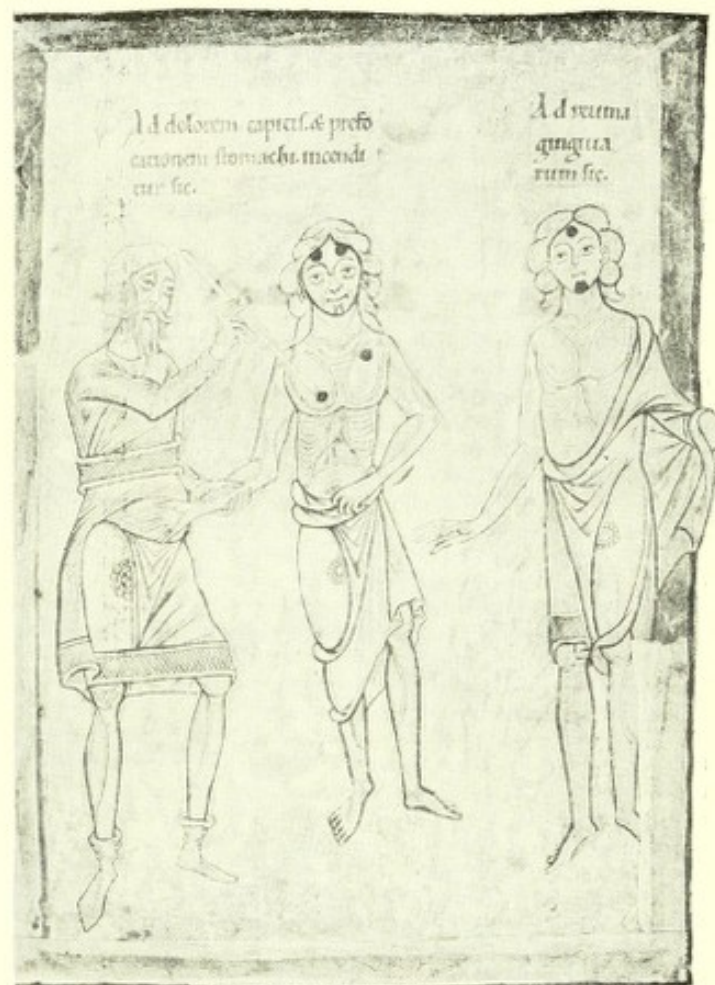


Mediæval Surgery.
Operation on the Eye.
Removal of Polypus from the Nose.
(*Sloane MS.*)

the College. It would have been a bad look out for medical science if it had been left in such a position, but that was obviously an impossibility, and we find in the Universities, towards the close of the eighteenth century, a closer relationship with the life of the nation, all manner of

special features in connection with medical work coming into view, and a greater interest and sympathy established towards modern thought and requirement.

Both in olden times and in the middle ages, regular surgeons were forbidden to practice lithotomy. We learn



Cauterising for pain in the head and stomach. The black dots represent the points of application.

Medieval Surgery.
(Harl. MS.)

from the oath of Hippocrates that those who operated for stone must be specialists. In most of the old college and university oaths, the newcomer swore that he would not cut for stone.

A new era began with the nineteenth century, an era distinguished by brilliant discoveries in the healing art, due to the great impetus given to medical and surgical knowledge by the facilities which were then accorded for the study of anatomy introduced into England in 1541 by John Caius, a native of Norwich, a learned Greek scholar, Physician to King Edward VI, Queen Mary and Queen Elizabeth. Caius studied anatomy at the then unrivalled university at Padua, where he was a fellow student of Vesalius. He finally became Master of the College at Cambridge, which now bears his name. Up to that time surgery had been taught without dissection, or only by dissection of apes and hogs, and the older practitioners rather sneered at the young dissectors who threatened to become serious rivals. But progress was not to be impeded by the jealousies of interested office holders; the march of intellect could not be stayed. There was revealed in our hospitals a state of apathy in the treatment of the sick which could not continue. Such a condition of things as then existed readily lent itself to the shafts of the satirists, and many literary examples are to be found in the journals of that day. The provision for medical education in the schools was also so deplorable as to become a byword and a scandal. Surgeons and physicians were appointed to their hospitals through pure favouritism and cliquism, the appointments were handed down from father to son, from uncle to nephew, as heirlooms. A correspondent, addressing himself to the *Lancet*, thus humorously describes the position of clinical teaching :—

“ You know what used to be called going round the wards with the surgeons. The most you could extract from them were monosyllabic answers to questions, however interesting or important. Mum was the order of the day, as if their air passages were hermetically sealed, or as if they laboured under *cynanche laryngis*, so that every attempt at articulation produced pain. As to anything in the shape of a ‘ practical

observation,' that was quite out of the question, they would whirl round the angles so dexterously, and skip up two or three stairs at a step, that before all the young vultures after knowledge were fairly into the ward, the surgeon-general for the week would be deliberately pacing the next, and this used to be called 'hospital practice.' "

CHAPTER II.

Special Hospitals—Chronology.

The process of origin and development of our modern **special hospitals** has been precisely the same as that of the general hospitals.

Here and there an unfriendly critic has endeavoured to cast an unworthy reflection on the special hospitals, because some of them are small buildings; they have also been alluded to as institutions started by doctors for private reasons, while the fact has been ignored that all our hospitals, general and special, large and small, with isolated exceptions, owe their origin to individual medical enterprise. It has been pointed out by Dr. Campbell Black that, with the solitary exception of the Royal Infirmary, every medical institution in the City of Glasgow owes its existence to private medical enterprise.*

The general institutions were at one time small buildings, but being larger in scope and older in years, they have, by public munificence, expanded from small places into large buildings; the special hospitals, more defined in scope, though none the less useful in purpose, are passing through the same kind of evolution, but they must inevitably remain smaller in size. Bricks and mortar do not however constitute any criterion of efficiency, nor even form any gauge of the value of the work; small places may be the centre of great

*Inaugural Address in Anderson's College—Session 1891-92.

(D. Campbell Black, M.D.)

activity, while the usefulness and the success of the work depend, not upon the size of the building, but upon the zeal of the labourer within it.

The underlying motive of the founders of our hospitals does not in the least concern us. It might have been pious inspiration, love of fame, ambition, even self-interest, or self-advertisement, distinguishing characteristics which enter into various concerns of human life and guide all human action. But on one point at least there can be no disagreement, that there was not only a great need but a great demand for special hospitals, owing to the absence of any suitable provision for the treatment of special diseases, or even for the study thereof. The logical result of such deficiency was to excite men to action, and the foundation of special hospitals is the offspring of that activity.

It was not in London alone where special hospitals originated. In every large centre of the population throughout Great Britain there was to be found the same eagerness for special medical knowledge, the same indication of surgical betterment, and a desire for hospital improvement, whilst the populace under enlightened guidance were not slow in recognizing the importance of the movement, in advocating its claims, and in promoting its success.

Thus, on the first of May in the first year of the nineteenth century, some of the "Inhabitants of London" held a meeting at the Old Thatched House Tavern and founded the "London Fever Hospital" for the cure and prevention of contagious fevers.

In 1804, Dr. Cunningham Saunders founded "The London Dispensary for the relief of the poor afflicted with eye disease," the institution, which is now familiar to us as the Royal London Ophthalmic Hospital, still better known by its abbreviated title of "Moorfields." This was the first typical special hospital of this country in the nineteenth century. Dr. Saunders was also an aural specialist as well as an oculist, he was the author

of a work on the Anatomy of the Human Ear, and for a time he treated both ear and eye diseases in the institution which he founded. Mr. Benjamin Travers, F.R.S. (Surgeon to St. Thomas's Hospital), joined the institution in 1810 on the death of the founder, while four years later he had as a colleague Sir William Lawrence, the mention of whose name recalls a famous specialist of that period for diseases of the eye, and a well-known surgeon to St. Bartholomew's Hospital.

In 1805 the Glasgow Lock Hospital was started, to be followed in 1806 by the Exeter Eye Hospital; and so it is seen that in the first decade of that century four special hospitals commenced their career.

1810-1820. In the second decade, eleven special hospitals were established, seven of them were for diseases connected with the eye, ear, and throat, one for children, one for diseases of the chest, one for bodily deformity, and one Lock Hospital. Four of these institutions were situated in London, one in Dublin, and six in English towns, and all of them were founded by doctors.

Of those in London, the Royal Hospital for Diseases of the Chest is reported to have been the first in Europe for the study and the treatment of consumption; it was founded in 1814 at the suggestion of Dr. Isaac Buxton.

The Royal Waterloo Hospital for Children and Women, was founded by Dr. John Burnell Davis in 1816, with the title "Royal Universal Dispensary for Children."

The Royal Ear Hospital, founded by Mr. John Harrison Curtis, the director of, and surgeon to, the hospital.

The Royal Westminster Ophthalmic Hospital, founded in 1816 by Dr. Guthrie, F.R.S., who, like his *confrère*, Dr. Saunders, at Moorfields, had witnessed the suffering of our soldiers and sailors from ophthalmia resulting from their Egyptian campaign and Indian service, and he had recognised that at that time no facility existed in the general hospitals

for the treatment of such cases, a defect to which frequent reference was then made.

Sir William Lawrence, in a lecture delivered at the Moorfields Ophthalmic Hospital in 1825, remarked to his students: "You may probably enquire, are not ophthalmic patients received into general hospitals? and are not the diseases of the eye included in general courses of surgery? Both questions may be answered in the affirmative. But the eye cases in these hospitals are few, and hence totally inadequate to the purposes of practical study. Thus, these institutions have been altogether inefficient in reference to this department of surgery. Here you may soon become familiar with all forms of disease and with the effects of treatment. In short, you may see more of diseases of the eye in this institution in three months than in the largest hospital in fifty years."

Dr. Guthrie, on October 9th, 1824, in his inaugural address at the commencement of the session at Westminster Hospital, to which he was then attached, said: "I wish to make no invidious remarks on the manner in which hospital practice is carried on, or to be considered as alluding to the one with which I am connected, but I think there is a deficiency of opportunity for attending to the diseases of one organ in this institution, and I refer to the eye. Perhaps it may be in some degree owing to the existence of prejudice on the part of the public in favour of men who formerly made diseases of the eye exclusively their study, or, it may be erroneously supposed by them, that they would not receive such particular attention as is generally paid to other diseases. As this is the case, I should advise you to attend one of the charities set apart more particularly for this object, in order to make yourselves acquainted with the diseases to which the eye is subject."

Of the seven country institutions Eye Hospitals were founded at Bath, Bristol and Manchester; Eye, Ear and

Throat Hospitals in Dublin and Shrewsbury ; an Orthopædic Hospital in Birmingham and a Lock Hospital in Manchester.

Although at that time there was such inadequate medical provisions for the relief and cure of eye disease, there appears to have been no lack of charitable agencies for improving the spiritual, educational and general welfare of the blind, as evidenced by the existence of "The School for the Blind," founded in 1799, of Hetherington's Charity in connection with Christ's Hospital, and of the various funds for granting pensions to the blind administered by the Worshipful Companies of Clothworkers, Cordwainers, Drapers, Goldsmiths and Painters.

During this period, there was a literary as well as a clinical uprising. In place of the sedate medical journals of the previous age came the work of Thomas Wakley, the founder of the *Lancet*, Coroner for Middlesex, and Member of Parliament for the Finsbury division of London, a manly reformer, who fought every inch of his ground against the formidable array of interested monopolists then attached to the general hospitals. Mr. Wakley effected in a few short years more hospital reforms than had been achieved for a century before his appearance on the scene. He was quick to appreciate the value to the public and to the profession of special departments of knowledge nowhere then to be found in the general hospitals. Mr. Wakley was in the habit of saying that the medical profession would give credit to anyone if good *primâ facie* grounds were shown for knowing one thing, and of being an eminent specialist in that one thing, but it would not give credit for superior knowledge to any man pretending to know one or two things in a superior way. His views are best illustrated by the anecdote, attributed to him, concerning the advice he once gave to Sir Erasmus Wilson, who, when a young man, was well known as a physiologist and anatomist, devoting his attention also to dermatology. He

asked Mr. Wakley whether he should stick to anatomy or dermatology. "Stick to?" answered Wakley, "Hang the anatomy, stick to skin. Read about skin, write about skin, speak nothing but skin, and that as publicly and as often as you can. Get your name so closely associated with skin that directly the name of Erasmus Wilson is mentioned in any drawing room, everybody present will begin to scratch." It was valuable advice. Sir Erasmus became famous as a skin specialist, he was honoured by election to the distinguished position of President of the Royal College of Surgeons. He acquired great wealth, which he lavishly distributed in works of charity and public utility, and his retirement was passed in the odour of professional reputation and public esteem.*

1820-1830. In the third decade nine special hospitals were started, one situated in Ireland, one in Scotland, and seven in English towns. The Children's Hospital in Dublin was founded by two physicians, Sir Henry Marsh and Sir Philip Crampton. The Eye Infirmary, Glasgow, by Dr. William Mackenzie. The remaining seven comprised Eye, Ear and Throat Hospitals at Birmingham, Liverpool, Newcastle, Norwich, and Plymouth, a Mineral Water Hospital at Harrogate, and the Hospital for Children at Manchester, whose founders were Dr. Alexander, Dr. Stott, and Mr. Daniel Grant,† the latter of whom is said to have been the prototype of one of the Cheeryble Brothers, characters given to us by Charles Dickens.

1830-1840. In the fourth decade nine special hospitals were again founded, three of them in London, viz., St. Mark's Hospital for Fistula, instituted in 1835 by Dr. Fred Salmon, the first surgeon of the institution. The Royal Orthopædic Hospital, founded in 1838 by one of the physicians to the

*The erection on the Thames Embankment of the magnificent Egyptian obelisk, commonly called "Cleopatra's Needle," was due to the public-spirited munificence of Sir Erasmus Wilson.

† Mr. Daniel Grant was also one of the original members of the Committee of the Royal Eye Hospital, Manchester, founded in 1814.

London Hospital, Dr. W. J. Little, who later, in 1863, founded the National Orthopædic Hospital, and whose son is now a member of the staff of the amalgamated institutions.

Previous to the Orthopædic Hospital there was no institution in the Metropolis for the reception of orthopædic patients, the general hospitals being rarely able to admit such cases.

In 1838 the Metropolitan Ear and Throat Hospital was founded by Dr. James Yearsley, who was succeeded on the staff by Dr. Joseph Toynbee, F.R.S., and Dr. Peter Allen, each of whom had been Aural Surgeon and Lecturer on Aural Surgery at St. Mary's Hospital. Edinburgh and Aberdeen each claimed a hospital for the Eye, Ear, and Throat. Two of the remaining four institutions were situated in Brighton, one of them being the Eye Hospital, and the other the Hospital for Women. Weymouth and Sunderland were each responsible for an Ophthalmic Hospital.

1840-1850. In the fifth decade twelve special hospitals were brought into existence. The Brompton Hospital for Consumption was founded in 1841 by Sir Philip Rose, and the Hospital for Diseases of the Skin, Blackfriars, the first of its kind in the kingdom, was founded in the same year by Dr. Startin and Mr. Samuel Gurney.

In 1842 Dr. Protheroe Smith, Assistant Lecturer on Midwifery at St. Bartholomew's, founded the first hospital in London for diseases peculiar to women.

In 1843 the Samaritan Hospital for Women was founded by Dr. Henry Savage, who was joined, not long afterwards, by Sir Spencer Wells.

At the opening of the new operating theatre in this hospital in 1907, Sir Frederick Treves, addressing his audience, said :—

“There was another recent evolution in surgery, the establishment and perfection of abdominal operations. In that evolution the Samaritan Hospital had, without doubt, played the leading part. In the face of violent opposition

and of threats of legal penalties, Sir Spencer Wells, fifty years ago, began to perform ovariectomy systematically. The hospital was then but a small house, apparently quite inadequate even for minor and established surgical procedures. Nevertheless, Sir Spencer Wells overcame all opposition, open or insidious. He publicly reported his proceedings and explained how, in his opinion, every step in his method was justified by his results. The interest taken in his hospital work was phenomenal, and his position was unparalleled in the history of surgery. The younger and rising generation could have no conception how surgeons flocked to the old hospital to witness Spencer Wells' ovariectomies, assembled in multitudes at societies to hear the reading of his experiences, and eagerly sought the pages of the medical reports for the records of his results."

The Central London Ophthalmic Hospital was founded also in 1843 by Mr. Haynes Walton, Surgeon to St. Mary's Hospital, and by Dr. Smee.

In 1848 came the City of London Hospital for Diseases of the Chest, started as a dispensary in Liverpool Street, close by Broad Street Station. The conception of this Hospital for the benefit of those employed in the City rests with Dr. Bentley, and Dr. Thomas Bevill Peacock, both of whom were the first physicians to the Institution. Dr. Peacock was a very remarkable personality, he ruled over the destinies of the Hospital from its foundation until his death in 1888.

In Dublin, Belfast, Birmingham, Worcester, and Maidstone, Hospitals for the Eye, Ear, and Throat were founded; and in Liverpool a Hospital for Women. Sir William Wilde, the distinguished Aural Surgeon founded the Institution in Dublin, and Dr. Samuel Browne the one in Belfast, to which he was so long attached, and to which his son, Dr. Walton Browne, is at the present time the Senior Surgeon.

We have now reached a period in medical history which records the work of such famous men as Bell, Liston, Syme,

Lizars, John Brown, Miller, John Thomson, Spence, Sir William Ferguson and Lister.

One of the results of Lord Lister's researches, the employment of antiseptics in surgical treatment, was to abolish "hospitalism" and "blood-poisoning" from the wards, which formerly reeked with deadly germs. Hospitals now became temples of research, and the avenues leading to additional medical knowledge. But the greatest of all factors in the development of surgical science, and the corresponding demand for special hospitals, was to be found in the introduction of chloroform, fittingly described by Sir Benjamin Ward Richardson as "one of the miracles of the nineteenth century." Thus from the dramatic scene acted in reality in Queen Street, Edinburgh, on the memorable fourth day of November, 1847, when Keith, Matthews-Duncan, and Sir James Young Simpson, experimenting on themselves, "were all under the table" after inhaling this newly found drug from a saucer, arose the agent which has rendered modern surgery possible and marked an epoch in hospital work which had never been equalled.

1850—1860. In the sixth decade the activity in the hospital world is at once recognised by the addition of twenty-three special hospitals to the list; ten of them are to be found in London, twelve in the provinces and one in Edinburgh. Of those in London, the City Orthopædic Hospital was founded in 1851 by Mr. Chance, the first Surgeon to the Institution. The Western Skin Hospital by Dr. Hunt and the Cancer Hospital by Dr. Marsden, to whom the Royal Free Hospital owed its existence a quarter of a century earlier.

In 1852 the Hospital for Sick Children, Great Ormond Street, was founded by Dr. Charles West.*

* The Secretary, Mr. Stewart Johnson, in a press communication, states that in January, 1842, out of 2,363 persons in all the London hospitals, only 26 were children under the age of 10, while, of 50,000 persons dying annually in the Metropolis, 21,000 were children under that age.—*British Medical Journal*, June 27th, 1908.

In 1855 the Poplar Hospital for Accidents was founded by Mr. Samuel Gurney and others.

In 1856 the Western Eye Hospital was founded by some West End Ophthalmic Surgeons.

In 1857 the Royal South London Ophthalmic Hospital was founded by Dr. Zachariah Laurence, and the National Hospital for Diseases of the Heart by Dr. Eldridge Spratt.

In 1858 the Royal Dental Hospital was founded by a number of Dental Surgeons, members of the Odontological Society of Great Britain. In 1859 the National Hospital for Paralysis was founded by members of the Chandler family.

Edinburgh, Liverpool, Bristol and Norwich each provided a Hospital for Children. Manchester started two hospitals, one for Women and Children, and one for the Ear. Leeds, one for Women. Bradford and Nottingham, one each for the Eye and Ear. In the last-named town, the Eye Hospital was founded by Dr. Brookhouse, and Mr. Brudenell Carter, Ophthalmic Surgeon to St. George's Hospital from 1870 to 1893. The mention of the Nottingham Institution brings to mind the name of the veteran Dr. Charles Bell Taylor, to whom the charity is so deeply indebted for the service he has rendered to it for a period extending over fifty years.

Torquay and Bournemouth each supplied a Hospital for Consumption, a Dental Hospital was started at Birmingham, and a Mineral Water Hospital at Buxton. The latter institution was founded by the sixth Duke of Devonshire for the treatment by mineral water baths of poor persons suffering from rheumatic conditions of a gouty character. From the historical preface to the Annual Report of this institution it would appear that the present hospital originated in the ancient Buxton Bath Charity—probably dating from the sixteenth Century—known as the "Treasury of the Bath," a Samaritan fund for providing the sick poor with gratuitous baths of the mineral water.

1860—1870. In the seventh decade, thirty-one special hospitals were founded, thirteen of them within the Metropolis and eighteen outside. Of the former, St. Peter's Hospital for Stone was instituted by Sir Spencer Wells and Dr. Armstrong Todd in 1860. The Mount Vernon Hospital for Consumption in the same year by Dr. Timms, and the National Dental Hospital in the following year. In 1863 the Throat Hospital, Golden Square, was founded by Sir Morell Mackenzie, who was Physician to the London Hospital. In the same year Dr. Milton founded St. John's Hospital for Diseases of the Skin, and Dr. W. J. Little the National Orthopædic Hospital. Attached to the staffs of these hospitals may be mentioned the names of such famous men as Sir William Jenner, Sir George Johnson, Sir Erasmus Wilson, Dr. Tilbury Fox, and Dr. Billing. In 1866 the Hospital for Epilepsy and Paralysis was founded by Dr. Julius Althaus, the Victoria Hospital for Sick Children by Dr. Edward Ellis and Mr. George Cowell, the Belgrave Hospital for Children by Dr. John Way, and the Grosvenor Hospital for Women and Children founded by several medical practitioners. In 1867 the Alexandra Hospital for Children with hip disease was founded by Miss Percival and Miss Catherine Wood, both of whom were members of the Nursing Staff of the Children's Hospital, Great Ormond Street. These ladies, recognising the absence of accommodation for the necessarily lengthy treatment of children who were subject to hip disease, opened a Home with ten beds for the reception of such cases. From this modest beginning has grown the present large building, in addition to its auxiliary convalescent branches.

The North Eastern Hospital for Children was also founded in 1867.

In 1868 the East London Hospital for Children and Dispensary for Women was founded by Dr. Nathaniel Heckford, who, during a brilliant career at the London

Hospital, volunteered assistance on the outbreak of cholera in the east of London in 1866. At the close of the epidemic he was married to Miss Sarah Goff, and he and his wife started the hospital in an old warehouse at Ratcliff Cross, close to the river. To the service of this hospital they devoted their lives, animated by no ambition save that of relieving the sickness and the distress by which they were surrounded. Dr. Heckford died at the early age of 29.

In one of his eastern rambles the site of this hospital caught the eye of Charles Dickens, and in "All the Year Round" the novelist wrote :—"I found the hospital established in an old sail loft or storehouse of the roughest nature and on the simplest means. There were trap doors in the floors where goods had been hoisted up and down, heavy feet and heavy weights had stained every knot in the well-trodden planking, inconvenient balks and beams and awkward staircases perplexed my passage through the wards. There they dwell with every qualification to lure them away, with youth and accomplishments and tastes and habits that can have no response in any breast near them, close begirt by every repulsive circumstance inseparable from such a neighbourhood. They live in the hospital itself, and their rooms are on its first floor."

In 1869 the Evelina Hospital for Sick Children was founded by Baron Ferdinand de Rothschild, in memory of his wife, in honour of whom the hospital is named.

Hospitals for children were founded in Birmingham, Newcastle, Gloucester, Brighton, Nottingham, and Birkenhead. Liverpool provided four hospitals, one for diseases of the skin, another for the teeth, a third for cancer, and the fourth for consumption. Glasgow, a hospital for skin, one for the ear and throat, and one for the eye. Belfast, one for the skin. Cork, one for the eye, ear and throat. Sheffield and Newcastle each a hospital for women, and a dental hospital in Edinburgh.

1870-1880. In the eighth decade thirty special hospitals were founded, during which period a new condition of medical organisation presented itself in the admission of women into the ranks of the medical profession.

Medical Women.—No one unacquainted with this movement can have any conception of the fierce opposition to women medical students raised alike by Universities and by Colleges, as well as by individual members of the medical profession. British medical schools refused to receive women as students, Hospitals denied them admission for instruction, and a whole board of Examiners resigned their position rather than examine them. But in the end, aided by the support of such pioneers of educational progress as Professor Huxley, Charles Darwin, the Right Hon. James Stansfeld, M.P. for Halifax, Sir William Broadbent, and Mr. Ernest Hart, difficulties were overcome, and medical status was obtained by women. They established their own medical school, and a distinguished staff of teachers joined it. We then find that out of nineteen women students going up for examination every one passed. At another examination the same headway was made; of thirteen women who entered at the University of London twelve passed, seven took honours, one in three subjects. Professor Buchanan, referring to this incident in his opening address to the students of the Glasgow University, said: "More than half of the honours of the University of London in Anatomy, Physiology, and Materia Medica were taken by women as against all comers from all schools."

Many of the privileges and honours of medical qualification were, however, either barred or only grudgingly given to women. At the International Medical Congress in London, in 1881, it was a rule that "ladies invited by the Reception Committee may be present at the social meetings of the Congress, but may not attend the business meetings." The

British Medical Association in 1878 excluded women from membership. (This was rescinded in 1892.) Even to-day the portals of many of our universities and degree-granting colleges are closed against women, who are thus deprived of the advantage of academic rank and title.

The result of women's enterprise in the hospital field is witnessed in many directions, notably in the establishment of institutions for the medical treatment of women by women. Two of these institutions were founded in London—the New Hospital for Women by Mrs. Garrett Anderson, M.D.,* and the Clapham Maternity Hospital by Miss Annie McColl, M.D., while in Scotland, Miss Sophia Jex-Blake, M.D., founded the Edinburgh Hospital for Women and Children. The value of the work of medical women in India is recognised throughout the world.

Apropos of the practice of medicine by women, the following is interesting, and worthy of a place in the cabinet of curiosities :—

“ We learn, from a petition presented in the last year of King Henry V., that a ‘Scole of Fisyk’ existed in 1421 at each of the Universities whose graduates had passed a ‘trewe and streyte examination,’ and claimed an exclusive right to practice. Their request being granted, it was ordained, among other provisions, that no woman should use the practice of physic, under peyne of long emprisonment and paynge XL Ll to the King.”†

In everything that concerned the health and well-being of the individual as a unit, or of the community as a whole, hospital activity was a power as conspicuous for beneficial effect as was that of the State. Old-fashioned hospitals were remodelled and rebuilt in accordance with modern views of requirement. Specialists and special hospitals multiplied in

* Mrs. Garrett Anderson has been elected the first Lady Mayor of her native town of Aldeburgh (November, 1908.)

† History of the Study of Anatomy in Cambridge. Prof. Macalister, F.R.S., 1891.

every direction. The length of time for medical study was increased, the standard of medical education was raised, and the knowledge required of a student was vastly superior to what it had been.

Nursing Specialism. In the nursing world the same activity prevailed; the nursing duties were re-organised and even specialised. Systematic training was enforced upon those who entered upon this work. The evidence of specialism is to be seen in the mental nurse, the maternity nurse, who by her training and compulsory examination closely resembles the medical woman, and in the nurse for Infectious disease. These refined and cultured women of to-day are as great a contrast to the Sarah Gamps of the Dickens age as are the boisterous Bob Sawyers with the decorously dignified House Surgeons of the present time.

In 1871 Dr. James Aveling founded the Chelsea Hospital for Women. In 1874 the Central London Throat and Ear Hospital was founded by Mr. Lennox Browne and Dr. Llewelyn Thomas. On the occasion of laying the foundation stone of the new building of this hospital, the Bishop of Durham (Dr. Lightfoot), said: "Hospitals for special purposes like this, which we are met to-day, in a certain sense, to inaugurate, are the out-growth of the experience and the necessities of the nineteenth century; they are but another illustration of that great principle which is growing and spreading among us—the principle of the sub-division of labour. It is so in business, it is so in literature, it is so in mechanism. It is found necessary to concentrate attention on some more and more limited area, in order to perfect knowledge of any subject. Well, if this is necessary in the case of the ordinary mechanism, as, for instance, in the parts of a watch, if those parts are better made by individual persons working in separate departments, giving special attention to each single piece, how much more must it be

necessary with that far more complex, far more intricate, far more subtle organism, the human frame? So, then, I think that hospitals for special purposes need no defence from me."

In 1874 St. Monica's Home Hospital for Children was founded, and in 1878 the West End Hospital for Diseases of the Nervous System owed its origin to Dr. Herbert Tibbits.

Against the list of five hospitals, which were founded in London during this decade, must be compared the roll of twenty-five which came into existence in other parts of the Kingdom. In Ireland, Dublin provided an Orthopædic Hospital, a Throat and Ear Hospital, and a Dental Hospital, Belfast three Hospitals for Children and Women, and one for Consumption, Cork a Hospital for Women and Children, and one for Cancer. In Scotland, Edinburgh established a Hospital for Women and Children, Glasgow one for Women, Aberdeen one for Children. In the English provinces a Hospital for Women was founded in Nottingham, one for Children in Sheffield, Hull and Derby, one for Consumption in Manchester and Newcastle, and one each for the Throat and Ear in Belfast, Liverpool, Newcastle, Brighton, and Tunbridge Wells.

1880-1890. In the ninth decade twenty-nine special hospitals were founded, five of them in London, six in Scotland, one in Ireland, and seventeen in the provinces. In London came the Paddington Green Children's Hospital, so much indebted to its founder, Mr. George Hanbury. St. Mary's Hospital for Women and Children, Plaistow, founded as a day-nursery for children by the Rev. T. Given-Wilson. The Gordon Hospital for Fistula, founded by Dr. Whitmore. The London Skin Hospital by Mr. James Startin, and the Great Portland Street Throat Hospital by several Surgeons interested in that particular speciality.

In Edinburgh the Hospital for Consumption was founded by Dr. Philip, F.R.S., an Ophthalmic Hospital was started in Greenock and another in Paisley, the former by the liberality

of the Ferguson bequest, and of Mr. Anderson Rodger, the latter by the enterprise of Dr. Gordon Cluckie. A Children's Hospital, and a Hospital for Women was founded in Glasgow, and Londonderry was responsible for a Hospital for the Eye, Ear, and Throat.

In Manchester three hospitals were founded, one for the Eye and Ear, one for Skin, and one for the Teeth. Wolverhampton claimed an Eye Hospital, and a hospital for Women. Cheltenham, Hereford, Oxford, Portsmouth, and Southampton each provided an Eye, Ear, and Throat Hospital. Bradford and Gateshead one each for children. Nottingham and Hull, a hospital for Women. Brighton and Exeter, each a Dental Hospital, and Birmingham a Skin Hospital.

1890-1900. In the last decade of the century, nine special hospitals were founded ; four in Ireland, one in Scotland, and four in the provinces. These comprise two hospitals for Women, three for Cancer, one for Consumption, one for the Nervous System, one Dental Hospital, and one for diseases of the Eye, Ear, and Throat.

Gratitude to Subscribers and Indebtedness to Medical Officers.

Having completed the list of those special hospitals which were founded in the nineteenth century, all of which are carrying on their work in the twentieth, there remains the pleasant duty of offering an expression of gratitude to the countless number of our generous citizens who, by their encouragement and financial support, have placed these institutions amongst the magnificent charities which are the pride of our own country, and the envy and admiration of

every other. Good fortune with hospitals is often much the same as with individuals ; some fare better than others so far as money alone is concerned ; but this favourite fetish does not alone make success. There is the reputation of the hospital, which cannot be purchased ; it can only be secured through the skill and enthusiasm of the medical officers. It cannot be denied that the work carried on in these special hospitals has added considerably to the sum of medical knowledge, whereby the amount of human suffering has necessarily been lessened.

Number of beds in the London Special Hospitals...	3,171
Number of In-Patients admitted	32,171
Number of Out-Patients admitted	400,863

(“ Hospitals and Charities, 1908,” p. 203, Sir Henry Burdett.)

CHAPTER III.

Special Hospitals in Relation to Medical Education.

The Medical practitioner during his student career has little opportunity for studying those diseases for the treatment of which special hospitals exist. This condition of things is not, however, surprising in view of the fact that during the limited time of his curriculum he must necessarily devote himself to the general principles of medical science and to the acquisition of an academic knowledge of the common diseases as seen in the aggregate. But, having entered into the practice of his profession he then feels the need for a deeper and more intimate knowledge of the treatment of certain special diseases separated from the rest.

Hitherto, little encouragement, and even less inducement, has been offered to the practitioner to return to his Alma Mater to gain this much needed experience. Specialism had not become popular with the profession, it was sneered at by the medical corporations. It formed no part of the examinations, nor even of the regular course of medical study. Specialists at the general hospitals were hardly

countenanced ; they were looked upon, more or less, with jealousy, little or no interest was taken in special departments, which were void of outfit, or at least very inadequately equipped, and in many instances available for patients at a limited hour at early morning on only one day out of seven. The patients themselves recognised this lack of provision and very naturally betook themselves to the special hospitals.

The sphere of his activity was so rigorously restricted that the work of the officer—frequently a junior member of the staff—placed in charge of the so-called special department was practically confined to the out-patient department, so that when it became necessary to transfer a patient to the wards for the purpose of operation or of observation he was necessarily handed over to the general surgeon, who was not always as enthusiastic in the special branch as his colleague by whom the patient was referred.

The natural consequence of such hampering conditions upon men of ambition, forcing themselves by their special knowledge into eminence, was to leave them no alternative but to seek appointments at the existing special hospitals, or else to take part in the creation of new ones. If it were necessary to plead a justification for such a course of action the restrictions imposed at the general hospitals would amply serve the purpose. Happily this old order of things is now passing away. But there are other reasons which have procured for the special hospitals that cordial professional interest and appreciation which they now enjoy. The first reason is one which has a direct affinity between the general and the special hospitals ; the managers of the former, finding that a passive attitude would no longer suffice, commenced to reorganise their special departments in an active spirit, and, having done so, the next step was to appoint specialists to take charge of them ; **the specialists so appointed were men who had gained their working experience in the special hospitals.** As examples, the Royal

London, and the Royal Westminster Ophthalmic Hospitals have been the training grounds which have supplied the general hospitals with their ophthalmic surgeons. In like manner the Throat and Ear Hospitals have supplied the Laryngologists and the Aural surgeons. And thus we find that many of the surgeons who have been placed in charge of the special departments at general hospitals hold at the same time appointments on the staff of special hospitals.

In this respect the large hospital has gained considerable advantage from the small one, but there is also a mutual gain, a gain which is universally promoted by all well-managed special hospitals. It is to be seen in the manner in which they have enlisted the co-operation of General Physicians and Surgeons amongst their staffs. There is also to be found in many special hospitals other specialists than those for the particular disease treated, for instance, Hospitals for Consumption have Laryngologists, Aural, Dental and Ophthalmic Surgeons attached to their staffs, and nasal surgery has become part of the treatment of diseases of the chest. Hospitals for the Eye have the advantage of the services of general Physicians and Surgeons. Hospitals for Paralysis possess an expert from each of the specialties, and it is to be hoped that the Throat and Ear Hospitals will speedily follow in the same direction by adding Ophthalmic Surgeons and Neurologists to their present list of Specialists. When this is done it can never be said, with any truth, that exclusive attention to one kind of disease tends to make the special hospitals narrow.

Further demonstration of the proof of this co-operation is afforded by some statistics which are by no means exhaustive. They refer to only a portion of the London special hospitals, and only to those medical officers who are members of the permanent staff of both the general and the special hospital.

At 9 Hospitals for Children, 99 of the Medical Officers are also attached to
General Hospitals.

„ 4	„	Consumption, 51	„	„	„	„	„
„ 5	„	The Eye, 38	„	„	„	„	„
„ 4	„	Throat & Ear, 14	„	„	„	„	„
„ 3	„	Paralysis, 31	„	„	„	„	„
„ 3	„	Women, 6	„	„	„	„	„
„ 5	„	Various, 29	„	„	„	„	„
<hr/>			<hr/>				
33		268					
<hr/>			<hr/>				

MEDICAL VISITORS AND STUDENTS AT SPECIAL HOSPITALS.

The enthusiastic manner in which medical practitioners have embraced the opportunities for study at special hospitals is another important factor which has influenced the profession and the public in their favour, whilst the number of post-graduate students who attend at the daily clinics, as well as at the various lectures, demonstrations, and classes of instruction, is noteworthy testimony of great importance.

Medical visitors to this country from our Colonies, from America, and from the Continent flock in constantly increasing numbers to the special hospitals. There many enrol themselves as students, a procedure involving a daily attendance for periods varying from three to twelve months.

The following statistics emphasize the extent to which some of the special hospitals in London are made use of for teaching purposes. These figures forcibly illustrate a far-reaching beneficial effect upon the whole community, but they do more, they very practically prove that the special hospitals are indispensable parts of a complete medical education :—

HOSPITALS FOR DISEASES OF THE EYE.

	Number of medical Practitioners visiting the Hospital to witness the practice in 1907.	Number of Post-graduate Students in 1907.
Royal London Ophthalmic Hospital	316	88
Royal Westminster „ „	250	40
Central London „ „	50	40
Royal South London Eye „	—	25
Western Eye „	60	20
	<hr/>	<hr/>
	676	213
	<hr/>	<hr/>

HOSPITALS FOR DISEASE OF THE
THROAT AND EAR.

Royal Ear Hospital	364	7
Central London Throat and Ear Hospital	312	74
	<hr/>	<hr/>
	676	81
	<hr/>	<hr/>

HOSPITALS FOR THE SKIN.

St. John's Hospital	710	(including post-graduate students.)
Hospital for Skin, Blackfriars ...	50	
	<hr/>	
	760	
	<hr/>	

HOSPITALS FOR WOMEN.

	Number of medical Practitioners visiting the Hospital to witness the practise in 1907.	Number of Post-graduate Students in 1907.
Hospital for Women, Soho Square	150	50
Chelsea Hospital for Women ...	338	35
Samaritan Hospital, Marylebone Road	86	19
	<hr/> 574	<hr/> 104
	<hr/> <hr/>	<hr/> <hr/>

HOSPITAL FOR PARALYSIS.

National Hospital	725	10
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HOSPITALS FOR CHILDREN.

Great Ormond Street	120	80
East London Hospital for Children	300	48
	<hr/> 420	<hr/> 108
	<hr/> <hr/>	<hr/> <hr/>

MISCELLANEOUS HOSPITALS.

Royal Hospital for Diseases of the Chest	—	20
Mount Vernon Hospital for Con- sumption	40	15
St. Peter's Hospital for Stone ...	1383	6
St. Mark's Hospital for Fistula ...	300	—
Gordon Hospital for Fistula ...	100	—
National Hospital for Heart Disease	43	—
The Cancer Hospital	38	—
	<hr/> 1904	<hr/> 41
	<hr/> <hr/>	<hr/> <hr/>

Total for 22 special hospitals in London :
5,735 Medical Visitors. 547 Students.

Many of the hospitals keep no record of either medical visitors or of students. If these could have been included the numbers would have been considerably augmented.

The numerous medical societies which have been established during the last quarter of a century are another indication of the vigorous growth of specialism. Anyone acquainted with medical work needs no reminder of the fact that their range extends over the whole of specialism, and that the medical staffs of the special hospitals have been largely instrumental in bringing these societies into existence.

These special societies are represented amongst others by —

The British Gynæcological Society.

The British Laryngological Society.

The London Laryngological Society.

The British Orthopædic Society.

The Dermatological Society.

The Epidemiological Society.

The Neurological Society.

The Obstetrical Society.

The Odontological Society.

The Ophthalmological Society.

The Otological Society.

The necessity for specialism has here again been fully recognised by the profession, and another link added to the chain of valuable relationship between the special hospitals and medical education.

The late Sir James Paget, whose name I may not mention without an expression of reverence for his kindly nature, in his address of welcome to the members of the International Medical Congress in 1881, alluded forcibly to specialism in medicine. On that occasion he said:—

“The science of medicine, which used to be praised as one and indivisible, is broken up, they say, among specialists who work in conflict rather than in concert, and with mutual distrust more than mutual help. But let it be said that

the sections which we have instituted are only some of those which are already recognised, in many countries, in separate societies, each of which has its own place and rules of self-government and its own literature. And the division has taken place naturally in the course of events which could not be hindered. For the partial separation of medicine, first from the other sciences, and now into sections of its own, has been due to the increase of knowledge being far greater than the increase of individual mental power. I do not doubt that the average mental power constantly increases in the successive generations of all well-trained peoples ; but it does not increase so fast as knowledge does, and thus, in every science, as well as in our own, a small portion of the whole sum of knowledge has become as much as even a large mind can hold and duly cultivate. Many of us must, for practical life, have a fair acquaintance with many parts of our science, but none can hold it all ; and for complete knowledge, or for research, or for safely thinking out beyond what is known, no one can hope for success unless by limiting himself within the few divisions of the science for which, by nature or by education, he is best fitted. Thus our divisions into sections is only an instance of that division of labour which, in every prosperous nation, we see in every field of active life, and which is always justified by more work better done. In truth, the fault of specialism is not in narrowness, but in the shallowness and the belief in self-sufficiency with which it is apt to be associated. If the field in any specialty in science be narrow, it can be dug deeply. In science, as in mining, a very narrow shaft, if only it be carried deep enough, may reach the richest stores of wealth and find use for all the appliances of scientific art. Not in medicine alone, but in every department of knowledge, some of the grandest results of research and of learning, broad and deep, are to be found in monographs on subjects that, to the common mind, seemed small and trivial."

CHAPTER IV.

Special Hospitals in relation to Economy.

From time to time it has been alleged that the upkeep of the special hospitals is proportionally more expensive than that which obtains in the case of the general hospitals. The contention has generally emanated from those who, for reasons best known to themselves, are strongly prejudiced against the special institution, such prejudice being justified by neither facts nor figures. The mere suggestion that the greater the number of patients congregated together under one roof the more economical must be the expenditure, sounds reasonable enough in theory, but in practice where the treatment of patients is concerned it is absolutely contrary to fact.

If reference be made to the accompanying statistics pertaining to the cost of patients at various hospitals, ample proof will at once be forthcoming that the large general hospitals are dearer than the smaller generals, while the special hospitals are quite as economically conducted as either of them.

It is indeed noteworthy that there should be such a considerable variation in the relative expenditure between the general hospitals themselves. At one of these general institutions, in the West End of London, the average cost per week of each in-patient is returned at £1 8s. od., while at another one, though many times larger, in the East End, it is £1 18s. od., this last figure being in turn exceeded by four other large hospitals, at all of which the cost is beyond £2.

Taking the various classified groups of special hospitals, it will be seen that there does not exist the same wide variation, and that if the average cost per patient is taken of all the general hospitals and of all the specials, the economy certainly rests with the latter.

Such evidence as this, offers a subject for consideration whether or not it would have been more desirable to possess a number of small hospitals staffed by medical officers resident in the locality, rather than the huge buildings which are so crowded with patients that only a certain number of them can be seen by the permanent members of the staff.

One of the main features of the successful special hospital is to be found in the provision made for the patients, whereby all of them are seen individually by members of the staff, who are themselves specialists in their particular sphere of work.

It would, however, be a serious concern for the public welfare, and prove a considerable setback in the progress of medical science, if the guiding principle of those responsible for the management of our hospitals resolved itself simply into the one question of how cheaply the patients could be admitted, treated, and dismissed. A higher duty than that of practising a rigid parsimony, is the bounden duty in the making of our hospitals efficient, which means keeping them abreast of the times, not only by bringing to their aid all the scientific appliances which medical and surgical skill can conceive, but by employing skilled research workers in the problem of disease with remuneration commensurate with and worthy of their work which never comes before the public gaze, and by making every endeavour to disseminate the knowledge gained, whereby the rich and poor alike, derive equal benefit.

With such aims in view, it would be manifestly unjust to endeavour to set off one hospital against another by extending

praise or blame in proportion to the difference in the expense of the administration of a charity.

It cannot be urged too strongly that comparison of expenditure can only be fairly made between hospitals engaged in precisely the same kind of work and under similar conditions of work. For example, at one institution the majority of the cases admitted might be of a much more serious nature than those received into another, a longer residence would be needful, and a greater outlay demanded upon medical and surgical necessities. Resident officers might be employed at one hospital, while at another they would be non-resident; some officers might be called upon to devote their whole time to the service of one institution, while in the case of the other a limited service would suffice. Differences such as these would account for a greater or less expenditure on provisions, domestic sundries, and salaries. Some hospitals, such as those for cancer, consumption, children and incurables, appeal more readily to sentiment, and thus their income is more easily obtained, while the management expenses remain comparatively light, but the figures provide no criterion of either efficiency or of economy.

By the indomitable courage and restless energy of the chairman of the London Hospital, that institution has become not only the largest of its kind in our country, but it has become one of the best equipped with all the remedies and appliances that modern knowledge can command; at the same time it is also amongst the dearest. Therefore, if this magnificent institution, yearly treating thousands of in-patients and tens of thousands of out-patients, cannot, consistently with efficiency, bring its average cost per patient to a figure below that of all other institutions, any misapprehensions should at once be removed that the special hospitals are less economical than the general, and the hope may be expressed that they will no longer run the risk of being penalised on such a false supposition.

General Hospitals.

			Average Cost of each In-Patient per week.			Average Cost of each Out-Patient's attendance.		
			£	s.	d.	£	s.	d.
St. George's Hospital	...	...	2	5	6	0	0	6
St. Thomas's Hospital	...	...	2	3	4	0	0	8
Charing Cross Hospital	...	...	2	2	3	0	0	8½
Guy's Hospital	...	...	2	1	3	0	0	3
Great Northern Central Hospital			1	19	4	0	0	7
The London Hospital	...	...	1	18	2	0	0	8½
King's College Hospital	...	...	1	17	5	0	0	10¾
Hampstead Hospital	...	...	1	17	2	0	0	4
Westminster Hospital	...	...	1	15	11	0	0	8
Middlesex Hospital	...	...	1	15	1	0	0	7
Temperance Hospital	...	...	1	15	1	0	0	6½
St. Mary's Hospital	...	...	1	14	10	0	0	7
University College Hospital	...	...	1	14	1	0	0	10
Royal Free Hospital	...	...	1	13	0	0	0	9½
West London Hospital	...	...	1	8	0	0	0	5
			<u>£28 0 5</u>			<u>£0 9 0¾</u>		
Average for 15 Hospitals	...	...	1	17	4	0	0	7¼

Special Hospitals.

HOSPITALS FOR WOMEN.

			£	s.	d.	£	s.	d.
Chelsea	...	...	2	1	0	0	1	1
New	...	...	2	1	8½	0	1	0
Samaritan	...	...	1	15	5¼	0	0	9¼
Soho	...	...	1	12	11	0	0	5¼
			<u>£7 11 0¾</u>			<u>£0 3 3¼</u>		
Average for 4 Hospitals			1	17	9	0	0	9¼

				Average Cost of each In-Patient per week.	Average Cost of each Out Patient's attendance.
HOSPITALS FOR WOMEN AND CHILDREN.					
				£ s. d.	£ s. d.
Great Ormond Street	...	...	...	1 14 5	0 0 6
Evelina	...	...	...	1 13 8	0 0 10
Victoria	...	...	...	1 8 7	0 0 6
St. Mary's, Plaistow	...	...	...	1 8 3½	0 0 4½
East London	...	...	...	1 7 9	0 0 4
Grosvenor	...	...	...	1 7 8	0 0 6
Queen's	...	...	...	1 5 6	0 0 8
				<u>£10 5 11½</u>	<u>£0 3 8½</u>
Average for 7 Hospitals				1 9 7	0 0 6½

HOSPITALS FOR CONSUMPTION AND CHEST.

				£ s. d.	£ s. d.
City of London	...	...	...	1 14 0	0 0 9
Royal	...	...	...	1 11 9½	0 0 11¼
National for the Heart	...	...	...	1 11 0	0 0 7
Mount Vernon	...	...	...	1 8 0	0 1 1½
Brompton	...	...	...	1 6 10	0 1 1
				<u>£7 11 7½</u>	<u>£0 4 5¾</u>
Average for 5 Hospitals				1 10 3¾	0 0 10¾

HOSPITALS FOR THE EYE.

				£ s. d.	£ s. d.
Central London	...	...	...	1 6 10	0 0 4¾
Royal	...	...	...	1 6 4	0 0 6
South London	...	...	...	1 1 10½	0 0 4
Westminster	...	...	...	1 0 6	0 0 5½
				<u>£4 15 6</u>	<u>£0 1 8½</u>
Average for 4 Hospitals				1 3 10	0 0 5

	Average Cost of each In-Patient per week.			Average Cost of each Out-Patient's attendance.		
HOSPITALS FOR THE THROAT AND EAR.						
	£	s.	d.	£	s.	d.
Golden Square	1	19	6 $\frac{1}{4}$	0	0	8 $\frac{1}{4}$
Great Portland Street ...	1	16	11	0	0	8
Central London	1	14	1 $\frac{1}{2}$	0	0	8
Royal Ear	1	7	5	0	0	9
	<hr/>			<hr/>		
	6	17	11 $\frac{3}{4}$	0	2	9 $\frac{1}{4}$
	<hr/>			<hr/>		
Average for 4 Hospitals	£1	14	5 $\frac{3}{4}$	£0	0	8 $\frac{1}{4}$
HOSPITALS FOR PARALYSIS.						
	£	s.	d.	£	s.	d.
Maida Vale	1	17	3	0	0	9
West End	1	12	1	0	0	9 $\frac{3}{4}$
National	1	11	8	0	0	11
	<hr/>			<hr/>		
	5	1	0	0	2	5 $\frac{3}{4}$
	<hr/>			<hr/>		
Average for 3 Hospitals	£1	13	8	£0	0	9 $\frac{3}{4}$
HOSPITALS—MISCELLANEOUS.						
	£	s.	d.	£	s.	d.
Cancer Hospital	3	1	5	0	0	8 $\frac{1}{2}$
St. Peter's for Stone ...	1	17	2	0	0	9 $\frac{1}{2}$
St. Mark's for Fistula ...	1	18	0	0	1	4 $\frac{1}{2}$
Gordon for Fistula	1	14	5	0	0	6
	<hr/>			<hr/>		
	8	11	0	0	3	4 $\frac{1}{2}$
	<hr/>			<hr/>		
Average for 4 Hospitals	£2	2	9	£0	0	10

General Summary

Of 15 General Hospitals and 31 Special Hospitals.

	General Hospitals.			Special Hospitals.		
	£	s.	d.	£	s.	d.
Average Cost of each In-Patient per week	1	17	4	1	13	0
Average Cost of each Out- Patient's attendance ... }	0	0	7 $\frac{1}{4}$	0	0	8 $\frac{1}{2}$

CHAPTER V.

Freedom from abuse of Charity.

Abuse of hospitals by those for whom they were not intended is an old question ; it constantly recurs, but it is no nearer unanimous settlement or agreement than when it first formed a subject for discussion. A lengthy hospital service, entailing amongst other duties the interview of patients, the superintendence of their admission into the out-patient department and into the wards, has long since brought conviction that abuse does not exist to any serious extent, and that where it does take place it is more through ignorance than design.

Abuse is present in every walk of life, in every form of charity, and constituted as we are it always will be so, but no excuse can be made for the mean man who deliberately goes to the hospital for advice simply to avoid payment of a doctor's fee.

There is a difference between the special hospital and the general so far as the class of applicant is concerned. Many authorities consider that there neither is, nor should be, any difference in the social or financial condition of the patients admitted to the benefits of our medical institutions, others offer the opinion that a better class of patients use the special hospital, and on the whole this opinion may be regarded as a correct one, but certainly not to the extent of admitting any abuse of charity.

Unfortunately special hospitals are subject to heavy burdens, since, with the exception of the large industrial centres, they are confined to London. Thus they receive

many thousands of patients from the country districts which contribute nothing to their funds.

The objects of special hospitals are two-fold, that is they provide *adequate medical relief* for those who cannot afford to pay for it, and they afford ample opportunity to medical practitioners for studying special diseases.

In a previous chapter dealing with medical education, attention has been directed to the manner in which the special hospitals have been utilized by practitioners of medicine for the purpose of receiving instruction; it now remains to be seen to what extent the profession have made use of these institutions for their own advantage, and for the benefit of their own patients.

PATIENTS RECOMMENDED BY MEDICAL MEN.

There never was a time in the history of our hospitals when so much was done for the sick poor as at the present. The poor can obtain for nothing all the advantages of the rich, they can present themselves at the hospitals for treatment, the only passport needed being that of sickness. But what of the genteel middle class, the governess, the poor clerk and the skilled artisan? In any of the commoner ills of life they have no occasion to seek aid from a hospital, indeed it would be denied them if they did. They can afford to maintain their own independence because in such circumstances they can be treated just as well by their own private medical attendant, without claiming the privileges of a hospital. When, however, they are afflicted with a malady which involves a particular organ, which is readily identified, and so in their opinion demands special and immediate attention, then the special hospital is available if their private attendant cannot deal with them. Thus the question of specialism is dictated by the patient's own ordinary intelligence, and has been amply endorsed by the medical practitioners themselves. There is every reason why this should be so, for the fees of

consultants are far beyond the reach of these people, who have no right to be deprived of the best special medical skill, for which the rich can afford to pay and which the poor can secure for nothing.

In this connection the special hospital confers manifold benefits, gives free and unrestricted relief to the poor, and by making provision whereby a middle class can also receive attention, a consultation centre is established between the patient, his medical attendant, and the specialist.

Some figures taken from the records of the Central London Throat and Ear Hospital are not without interest.

During the year 1908 :—

10,481 New Out-patients and 706 In-Patients were admitted.

Of this number :—

3,067 out-patients }
392 in-patients } were sent by medical practitioners.

47,406 attendances were made by the Out-Patients.

Out of this last number :—

1,984 gave a contribution of 6d.

16,205 " " " 1s.

1,008 " " " 1s. 6d.

7,538 " " " 2s.

674 " " " 2s. 6d.

1,094 " " " 3s.

700 " " " 4s.

220 " " " 5s.

14 " " " 10s.

13 gave varying amounts between 10s. and 15s.

29,450

16,296 were admitted *absolutely free* without "letter"

1,660 were admitted *absolutely free* on presentation of
subscriber's letter.

Total 47,406

These payments extended over periods varying from a week to a month, but speaking generally the sixpences and shillings represented a week's treatment, whilst the payments above this amount were for a more lengthy duration. A system such as this seems to be the best form of charity; there has been no hardship inflicted upon the recipient of relief, no injustice to the medical man, and no imposition upon the institution by those for whom charitable relief was not intended; a contribution has been taken from those able to give it, and free treatment has been offered to those who can give nothing in return. If imitation is the sincerest form of flattery, then the special hospitals may feel gratified that the system which they initiated is now being followed at some of the general hospitals.

In the list of the special hospitals there is to be found a column giving the number of patients recommended by medical practitioners. These figures, which are spread over the whole of the country, afford ample and convincing proof of two facts:—

1. That the special hospitals have the full confidence of the medical profession.
2. That by sending their patients in such large numbers to the special hospitals these institutions may reasonably claim exemption from any charge of abuse or injustice.

In the dispensing of relief at our hospitals there ought to be no cast-iron rules which debar admission to a patient because his wage-earnings exceed a certain limit. It is not so much the amount of the wages as the obligations they have to meet which should be taken into account. To ascertain the suitability of an applicant, no professional almoner should be required beyond one possessing common sense and human kindness, one who will neither pervert our boasted Christian charity nor strain the quality of mercy.

LIST OF A FEW OF THE SPECIAL HOSPITALS IN
LONDON.

Name of Institution.	Percentage of patients recommended by Medical Practitioners.	
National Hospital for Paralysis	... 50 per cent.	
Hospital for Epilepsy and Paralysis	... 50	,,
Cancer Hospital	... ..	... 50 ,,
Hospital for Women	... ..	{ 40 per cent. of the out-patients.
		{ 60 per cent. of the in-patients
Samaritan Hospital for Women		{ 40 per cent. of the out-patients.
		{ Higher percentage of in-patients.
St. Peter's Hospital for Stone	... 35 per cent.	
Royal London Ophthalmic Hospital	... 20 per cent.	
St. John's Hospital for Skin Diseases	13	,,
Royal Ear Hospital	... ..	... 40 ,,
Central London Throat and Ear Hospital		{ 55 per cent. of the in-patients.
		{ 29 per cent. of the out-patients.

Special Hospitals founded in the United Kingdom during the Nineteenth Century.

DATE	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1801	London. Fever Hospital	"Inhabitants of London"	—	—	—
1804	London. Royal Ophthalmic Hospital	Dr. Cunningham Saunders	316	88	20 per cent.
1805	Glasgow. Lock Hospital	Citizens of Glasgow in conjunction with the Corporation	—	—	—
1808	Exeter. Eye Infirmary	Mr. Milford (Banker)	12	—	—
1810	Bristol. Eye Hospital	Dr. Goldwyer ..	20	12	33 per cent.
1811	Bath. Eye Infirmary	Dr. Sims ...	100	20	60 to 70 per cent.
1814	Dublin. National Eye and Ear Hospital † (See also St. Mark's and Royal Victoria)	Surgeon Ryall ...	—	100	75 per cent. of the in-patients, practically all the country patients
1814	Manchester. Royal Eye *	Mr. W. J. Wilson, a well-known oculist of that day	150	30	—
1814	London. Royal Hospital for Diseases of the Chest	Dr. Isaac Buxton...	—	—	—
1816	London. Royal Westminster Ophthalmic Hospital	Dr. Guthrie, F.R.S.	250	40	—
1816	London. Royal Ear Hospital	Mr. John Harrison Curtis, Director and Surgeon	364	7	40 per cent.
1816	London. Waterloo Hospital for Children	Dr. John Burnell Davis	—	—	5 to 10 per cent.
1817	Birmingham. Orthopaedic Hospital	—	—	—	—

* This Institution has now become the largest Ophthalmic Hospital in the United Kingdom.

† Now amalgamated with St. Mark's Ophthalmic Hospital, founded in 1844 by Sir William Wilde, M.D., and the Royal Victoria Eye and Ear Hospital founded in 1897.

DATE	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1818	Manchester. Lock Hospital	—	—	—	—
1818	Shrewsbury. Eye, Ear and Throat Hospital	Dr. G. F. D. Evans	6	—	20 per cent.
1820	Liverpool. Eye and Ear Infirmary	Dr. J. O'Neill . .	100	10	800
1821	Plymouth. Eye Infirmary	Dr. Butler and Dr. Thorne	—	—	—
1821	Dublin. National Children's Hospital	Sir Henry Marsh, M.D., Sir Philip Crampton, M.D.	—	—	A great many
1822	Newcastle. Infirmary for Diseases of the Eye	Dr. Greenlaw and Dr. Fife	—	—	—
1822	Norwich. Eye Infirmary	—	—	—	—
1823	Birmingham. Eye Hospital	Mr. John Vaile, High Bailiff, and fifteen other local gentlemen. Dr. de Lys, Dr. Hodgson and Mr. Ledsam, first Medical Officers	6	—	20 per cent.
1824	Harrogate. Royal Bath Hospital	Dr. Robt. Richardson	—	—	—
1824	Glasgow. Eye Infirmary	Dr. William Mackenzie	100	109	1000
1829	Manchester. Children's Hospital	Dr. Alexander, Dr. Stott, and Mr. Daniel Grant	A considerable number	—	At least 12 every week
1830	Brighton. Hospital for Women	Dr. Lyons	—	—	—
1832	Brighton. Eye Hospital	"A Committee of Townsman"	—	—	—
1834	Edinburgh. Eye, Ear, and Throat Infirmary*	Local doctors	34	44	169
1835	London. St. Mark's Hospital for Fistula	Dr. Fred Salmon	300	—	"A good many"
1835	Aberdeen. Eye Institution	Sir James McGrigor, M.D., and Dr. Cadenhead	—	40	—
1836	Weymouth. Royal Eye Infirmary	Dr. Charles Bridges	—	—	—

* Founded as the Eye Infirmary of Edinburgh. In 1883 Departments were added for the Ear, Nose and Throat.

	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1836	Sunderland. County Eye Infirmary	Dr. E. H. Malling and Dr. William Dodd	5	—	"various numbers from all over the country"
1838	London. Metropolitan Ear, Nose, and Throat Hospital	Dr. James Yearsley	—	—	—
1838	London. Royal Orthopædic Hospital*	Dr. W. J. Little and Dr. Quarles Harris	—	—	—
1841	Worcester. Ophthalmic Hospital	Dr. Ordwin, Dr. Walsh, Dr. Everett, Dr. Streeton, Dr. Stephenson, and several laymen	10	—	500
1841	Liverpool. Hospital for Women	—	40 in addition to practitioners visiting their own patients	30	Five-sixths of the total
1841	London. Hospital for Diseases of the Skin	Dr. Startin and Mr. Samuel Gurney	50	—	30 per cent.
1841	London. Brompton Hospital for Consumption	Sir Philip Rose	—	—	—
1842	London. Hospital for Women, Soho Square	Dr. Protheroe Smith	150	50	40 per cent. of the out-patients 60 per cent. of the in-patients
1843	London. Central Ophthalmic Hospital	Dr. Haynes Walton and Dr. Smee	50	40	—
1844	Birmingham Ear and Throat Hospital	Admiral Moorson, Mr. Chance, Mr. Martineau, and Dr. Wm. Dufton, the first and only surgeon until his death in 1859	—	—	75 per cent.
1844	Dublin. St. Mark's Ophthalmic Hospital†	Sir William Wilde, M.D.	—	100	75 per cent. of the in-patients. Practically all the country patients are sent by medical practitioners

* Now amalgamated with the National and the City Orthopædic Hospitals.

† Now amalgamated with the National Eye and Ear Infirmary (1814) and the Royal Victoria Eye and Ear Hospital (1897).

	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1844	Belfast. Eye and Ear Hospital	Dr. Samuel Browne founded the Old Dispensary in 1844. Sir William and Lady Johnson founded the Ophthalmic Hospital in 1868	—	4	5 per cent.
1847	Maidstone. Kent County Ophthalmic Hospital	The Earl of Romney, first President. Dr. John Woolcott many years Hon. Surgeon	—	—	100
1847	London. Samaritan Free Hospital for Women	Dr. Jones, Dr. Henry Savage who were joined shortly after foundation by Sir Spencer Wells	86	19	40 per cent. of the out-patients. Greater percentage for in-patients
1848	City of London. Hospital for Diseases of the Chest	Dr. Bentley and Dr. Thomas Beville Peacock	—	—	—
1850	Torquay. Hospital for Consumption	The Hon. Mrs. Powys Keck	—	—	—
1851	Liverpool. Infirmary for Children	Mr. Matthew Gregson and Dr. Alfred Stephens	8	12	11 per cent.
1851	London. Cancer Hospital	Dr. William Marsden	38	—	Over 50 per cent.
1851	London. City Orthopædic Hospital*	Dr. Chance	—	—	—
1851	London. Western Skin Hospital	Dr. Hunt	18	—	—
1852	London. Hospital for Children, Great Ormond Street	Dr. Charles West	120	80	—
1853	Leeds. Hospital for Women and Children	Dr. Ikin and Dr. Morley	—	—	A large proportion
1853	Norwich. Jenny Lind Infirmary for Children	Madame Jenny Lind	—	—	21 per cent.
1855	Bournemouth. Royal National Sanatorium for Consumption	Mr. Lavington Parnell	—	—	—

* Now amalgamated with the Royal and the National Orthopædic Hospitals.

	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1855	Manchester. Ear Hospital	—	—	—	—
1855	London. Poplar Hospital for Accidents	Mr. Samuel Gurney and others	—	—	—
1856	London. Western Ophthalmic Hospital	Several Ophthalmic Surgeons	60	20	14 per cent.
1856	Manchester Northern Hospital for Women and Children	Dr. Merci and Dr. Whitehead	—	—	—
1857	London. Royal Eye Hospital	Dr. Zachariah Lawrence	—	25	—
1857	London. National Hospital for Diseases of the Heart	Dr. Eldridge Spratt	43	—	26 per cent.
1857	Bradford. Royal Eye and Ear Hospital	Dr. Bronner	200	10	24 per cent.
1857	Bristol. Royal Hospital for Children and Women	Dr. Mortimer Granville	—	—	—
1858	Birmingham. Dental Hospital	Mr. Adam Parker, L.D.S., Dental Surgeon	—	21	—
1858	London. Royal Dental Hospital	A number of Dental Surgeons	106	140	—
1858	Buxton. Devonshire Hospital	Sixth Duke of Devonshire	—	—	—
1859	Nottingham. Eye Infirmary	Dr. Brudenell Carter and Dr. Brookhouse	A large number	—	A large number
1859	Edinburgh. Royal Hospital for Children	Dr. John Smith, Mr. George Barclay, and Sir Henry Littlejohn, M.D.	—	100	—
1859	London. National Hospital for the Paralysed and Epileptic	The Chandler family	725 making 4,395 attendances	10	50 per cent.
1860	London. St. Peter's Hospital for Stone	Sir Spencer Wells & Dr. Armstrong Todd	1383	6	35 per cent.
1860	London. Mount Vernon Hospital for Consumption	Dr. Timms	40	15	300

	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1860	Liverpool. Dental Hospital	Captain Newman, Major Stewart, both Dental Surgeons	—	25	—
1860	Edinburgh. Dental Hospital	Dr. John Smith	52	70	1,000
1861	Birmingham. Hospital for Children	Sir A. Wiggan, Bt., Mr. Charles Matthews, and Dr. Heslop	Lectures delivered to Students from other Hospitals	—	200
1861	Newcastle. Hospital for Children. Fleming Memorial & Lady Armstrong Memorial	Mr. Fleming	—	—	over 50 per cent.
1861	Glasgow. Skin Hospital	—	—	—	—
1861	Glasgow. Ear, Nose and Throat Hospital	Dr. Paterson Cassells	—	50	A large number
1861	London. National Dental Hospital	Mr. Samuel Lee Rymer, Dental Surgeon	6	60	5 per cent.
1862	Liverpool. Cancer and Skin Hospital	Dr. Seaton Smith	—	—	—
1863	Cork. Eye, Ear and Throat Hospital (See also page 72).	Dr. Macnaughton Jones	20	18	Majority sent by medical practitioners
1863	London. National Orthopædic Hospital	Dr. W. J. Little ...	—	—	10 per cent.
1863	Liverpool. Hospital for Skin	Dr. Balman ...	12	6	5 per cent.
1863	London. St. John's Hospital for Diseases of the Skin	Dr. Milton ..	710 including post graduate students	—	13 per cent.
1863	London. Hospital for Disease of the Throat	Sir Morell Mackenzie, M.D.	—	—	20 per cent.
1864	Sheffield. Jessop Hospital for Women	Mr. Jessop ...	—	—	—
1864	Liverpool. Hospital for Consumption	—	—	—	—
1865	Belfast. Hospital for Skin Disease	Dr. Henry S. Purdon	10	—	5 per cent.
1866	London. Hospital for Epilepsy and Paralysis	Dr. Julius Althaus	—	—	50 per cent.

	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1866	London. Grosvenor Hospital for Women and Children	Several Medical Men	—	—	—
1866	London. Belgrave Hospital for Children	Dr. John Way ...	—	—	6 per cent.
1866	London. Victoria Hospital for Children	Dr. Edward Ellis and Mr. George Cowell, F.R.C.S.	—	—	—
1866	Newcastle. Hospital for Women	Dr. Charles Gibson	6	—	—
1867	London. North-Eastern Hospital for Children	Mrs. Alexander Fox and her sister, Miss Phillips	—	7	5 per cent.
1867	London. Alexandra Hospital for Children with Hip Disease	Miss Perceval and Miss Catherine Wood	—	—	—
1867	Gloucester. Hospital for Children	Mr. Gambier Parry	—	—	—
1868	East London. Hospital for Children, and Dispensary for Women	Dr. Nathaniel Heckford and his wife	300	48	—
1868	Brighton. Hospital for Children	Various ladies and gentlemen ...	—	—	—
1868	*Glasgow. Ophthalmic Institution	Dr. Wolfe	—	38	10 per cent.
1869	London. Evelina Hospital for Children	Baron Ferdinand de Rothschild	—	40	—
1869	Nottingham. Children's Hospital	Dr. Lewis Marshall and Miss Hine	—	—	—
1869	Birkenhead. Children's Hospital	—	—	—	—
1870	Cork. Hospital for Cancer and Incurables	—	—	—	—
1871	Belfast. Eye, Ear and Throat Hospital	Dr. W. A. McKeown	—	—	—
1871	London. Chelsea Hospital for Women	Dr. James Aveling	338	35	A very large proportion
1871	Liverpool. St Paul's Eye and Ear Hospital	Dr. George Walker	20	10	10 per cent.
1871	Birmingham. Hospital for Women	—	—	—	—
1872	London. New Hospital for Women	Mrs. Garrett Anderson, M.D.	—	—	—

* Now the Ophthalmic Department of the Royal Infirmary.

	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1872	Belfast. Ulster Hospital for Children and Women	A committee of ladies and gentlemen	—	—	—
1872	Dublin. Children's Hospital	—	—	—	—
1872	Hull. Children's Hospital	By public meeting at the Town Hall	—	—	10 per cent.
1873	Belfast. Samaritan Hospital for Women	Dr. McMordie	100	12	50 per cent.
1873	Belfast. Hospital for Sick Children	Dr. Brice Smith and Mr. Fagan, F.R.C.S.I.	A large number	10	A third of the in-patients
1874	Cork. Victoria Hospital for Women and Children	Dr. Jackson Cummings, Dr. Gratten, Dr. MacNaughton Jones	—	—	50 per cent.
1874	London. Central Throat and Ear Hospital	Mr. Lennox Browne, Dr. Llewellyn Thomas	312	74	22 per cent. of out-patients 40 per cent. of in-patients
1874	London. St. Monica's Home Hospital for Children	Miss Foster and Miss Marshall	—	—	—
1875	Manchester. Hospital for Consumption and diseases of the Throat	Dr. Alexander Hodgkinson, Dr. Shepherd Fletcher	—	—	15 per cent. of out-patients 20 per cent. of in-patients
1875	Nottingham. Hospital for Women	Miss Catherine Woods	—	—	—
1876	Dublin. Orthopædic Hospital	Mr. R. L. Swann, F.R.C.S., Ex-Pres. Royal College of Surgeons, Ireland	—	—	25 per cent. of out-patients 50 per cent. of in-patients
1876	Sheffield. Children's Hospital	The late Dr. Cleaver, Mr. J. D. Webster (present Chairman of Committee), Mr. Henry Vickers	—	—	—
1877	Derby. Hospital for Children	Dr. Wright and Miss Cupiss	—	—	—
1877	Glasgow. Hospital for Women	Dr. Robert Bell	—	—	—
1877	Aberdeen. Hospital for Children	Professor Stephenson, M.D., Dr. Garden	—	55	75 per cent.
1877	Dublin. Throat and Ear Hospital	—	—	—	—

	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1878	Brighton. Throat and Ear Hospital	Dr. Cresswell Baber, Dr. Scatliff	—	—	—
1878	London. West-End Hospital for Diseases of the Nervous System	Dr. Herbert Tibbits	—	—	—
1878	Newcastle. Throat and Ear Hospital	Dr. Richard Ellis	—	—	25 per cent. of out-patients Higher percentage of in-patients
1878	Tunbridge Wells. Eye and Ear Hospital	—	—	—	—
1878	Newcastle. Hospital for Consumption	—	—	—	—
1878	Edinburgh. Hospital for Women and Children	Dr. Sophia Jex-Blake	—	—	4 per cent.
1879	Dublin. Dental Hospital	Mr. R. H. Moore, F.R.C.S.I., Mr. A. J. Baker, F.R.C.S.I., Mr. Daniel Corbett, M.R.C.S., Dr. Theodore Stack, F.R.C.S.I.	50	25	50 per cent.
1879	Belfast. Hospital for Consumption	Dr. Simpson and Dr. Pardon	—	—	—
1880	Greenock. Eye Infirmary	Trustees of Ferguson Eye Bequest and Mr. Anderson Rodger, who gave the building	—	200	Nearly all the local practitioners send patients
1880	Birmingham. Skin Hospital	Dr. Heslop ...	—	4	—
1880	Exeter. Dental Hospital	—	—	—	—
1881	Londonderry. Eye, Ear and Throat Hospital	Dr. Donaldson, supported by Dean Smyly, Dr. Bernard, and Dr. Hunter	—	—	20 per cent. of out-patients. 80 per cent. of in-patients
1881	Wolverhampton. Eye Infirmary	Mr. Horsman ...	—	—	—

	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1882	Hereford. Eye and Ear Hospital	—	—	—	—
1883	London. Paddington Green Children's Hospital	Mr. George Hanbury	—	—	—
1883	Glasgow. Children's Hospital	—	—	—	—
1883	Bradford. Children's Hospital	Sister Gertrude Anna and other Sisters of All Saints' Sisterhood, London, attached to St. Jude's Church, Bradford	—	—	10 per cent.
1884	London. Gordon Hospital for Fistula	Dr. Whitmore ...	100	—	53 separate medical practitioners send patients
1884	Manchester. Skin Hospital	Dr. K. G. Brooke	—	—	8 per cent.
1884	Manchester. Dental Hospital	A number of Dental Surgeons	—	35	—
1884	Portsmouth. Eye and Ear Hospital	Mr. Ford (Solicitor), Dr. Ward Cousins, Bishop Virtue	20	several	A very large number
1885	Nottingham. Samaritan Hospital for Women	Mr. Phelps and Mr. Leman	—	—	75 per cent.
1886	Oxford. Eye Hospital	Mr. Robert Doyne, an Ophthalmic Surgeon, practising in the City	—	—	15 per cent. of those resident in Oxford, and the majority of those beyond the City
1886	Glasgow. Samaritan Hospital for Women	—	—	—	—
1886	Glasgow. Cancer and Skin Institution	—	—	—	—
1886	Wolverhampton. Hospital for Women	Various ladies and gentlemen	—	—	—
1886	Brighton. Dental Hospital	—	—	—	—
1887	Hull. Hospital for Women and Orthopaedics	Dr. Haggard ...	—	—	—
1887	Gateshead. Children's Hospital	Lord and Lady Northbourne	—	—	50 per cent.
1887	London. Skin Hospital	Mr. Startin ...	—	—	—

	NAME OF HOSPITAL.	FOUNDED BY	1907.		
			Number of Medical Visitors to witness the Hospital Practice.	Number of Post-Graduate Students	Number of Patients sent by Medical Practitioners.
1887	London. Throat Hospital	—	—	—	—
1887	Edinburgh. Victoria Hospital for Consumption	Dr. Philip, F.R.S.	—	100	—
1888	London. St. Mary's Hospital for Women and Children, Plaistow	The Rev. T. Given Wilson	—	—	—
1888	Manchester. Eye and Ear Hospital	Dr. David McKeown	12	3	200
1889	Southampton. Eye Hospital	Dr. Bullar	—	—	—
1889	Cheltenham. Eye, Ear and Throat Hospital	Dr. F. A. Smith...	30	—	2 per cent.
1889	Paisley. Victoria Eye Infirmary	Dr. Gordon Cluckie	—	—	—
1890	Glasgow. Cancer Hospital	Private individuals	—	—	—
1891	Derby. Hospital for Women	Dr. Pounds and Miss Newton, assisted by Dr. Fletcher and Dr. Copestake	—	—	A considerable number
1892	Manchester. Cancer Hospital	Mr. and Mrs. Christie	—	—	36 per cent.
1893	Newcastle (Ireland). National Hospital for Consumption	—	—	—	—
1895	Liverpool. Samaritan Hospital for Women	Mr. Hawkins-Ambler, F.R.C.S.	—	—	—
1895	Newcastle. Dental Hospital	Several Dental Surgeons	—	—	—
1896	Belfast. Hospital for Diseases of the Nervous System	—	—	—	—
1897	Dublin. Royal Victoria Eye and Ear Hospital	Amalgamation of the St. Mark's Ophthalmic Hospital, founded 1844, and the National Eye and Ear Infirmary, founded 1814	—	—	—
1898	Cork. Eye, Ear and Throat Hospital*	Public appeal	20	18	Majority sent by medical practitioners
1899	Dublin. Hospital for Skin and Cancer	—	—	—	—

* This Institution originated in 1863 in the Dispensary founded by Dr. Macnaughton Jones, who was succeeded by Dr. Arthur Sandford, now attached to the Incorporated Hospital.







