

On the advantages derivable to the medical profession and the public from the establishment of village hospitals : with general instructions concerning costs, plans, rules, &c.; and an appropriate dietary / by Albert Napper.

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ON
THE ADVANTAGES DERIVABLE
TO THE
MEDICAL PROFESSION AND THE PUBLIC

FROM
THE ESTABLISHMENT
OF
VILLAGE HOSPITALS,

WITH
GENERAL INSTRUCTIONS CONCERNING COSTS, PLANS, RULES, &c.
AND AN APPROPRIATE DIETARY.

BY
ALBERT NAPPER, Esq., M.R.C.S., L.S.A.,

FOUNDER OF THE SYSTEM, CRANLEY, SURREY.

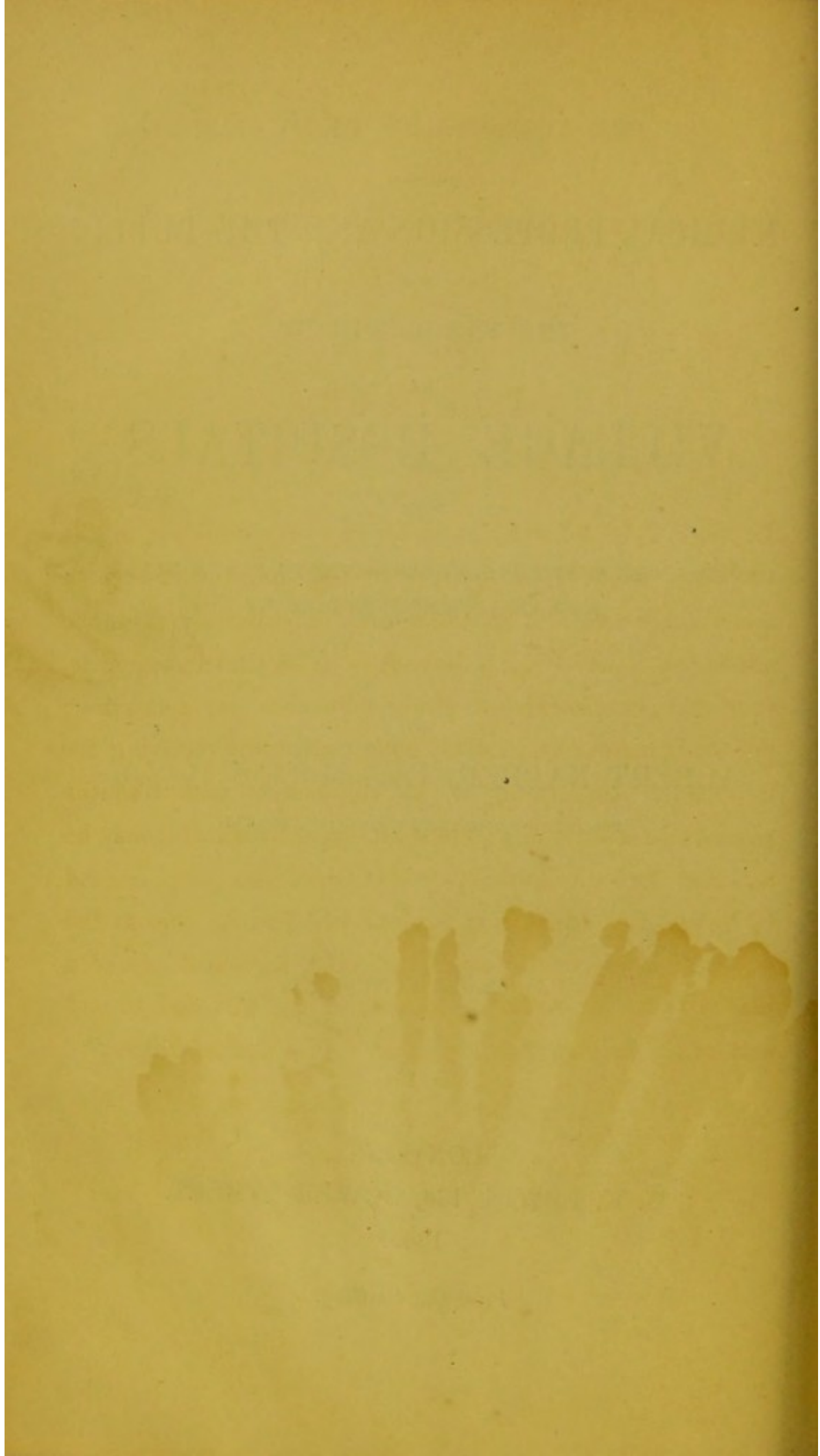
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LONDON :
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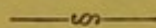
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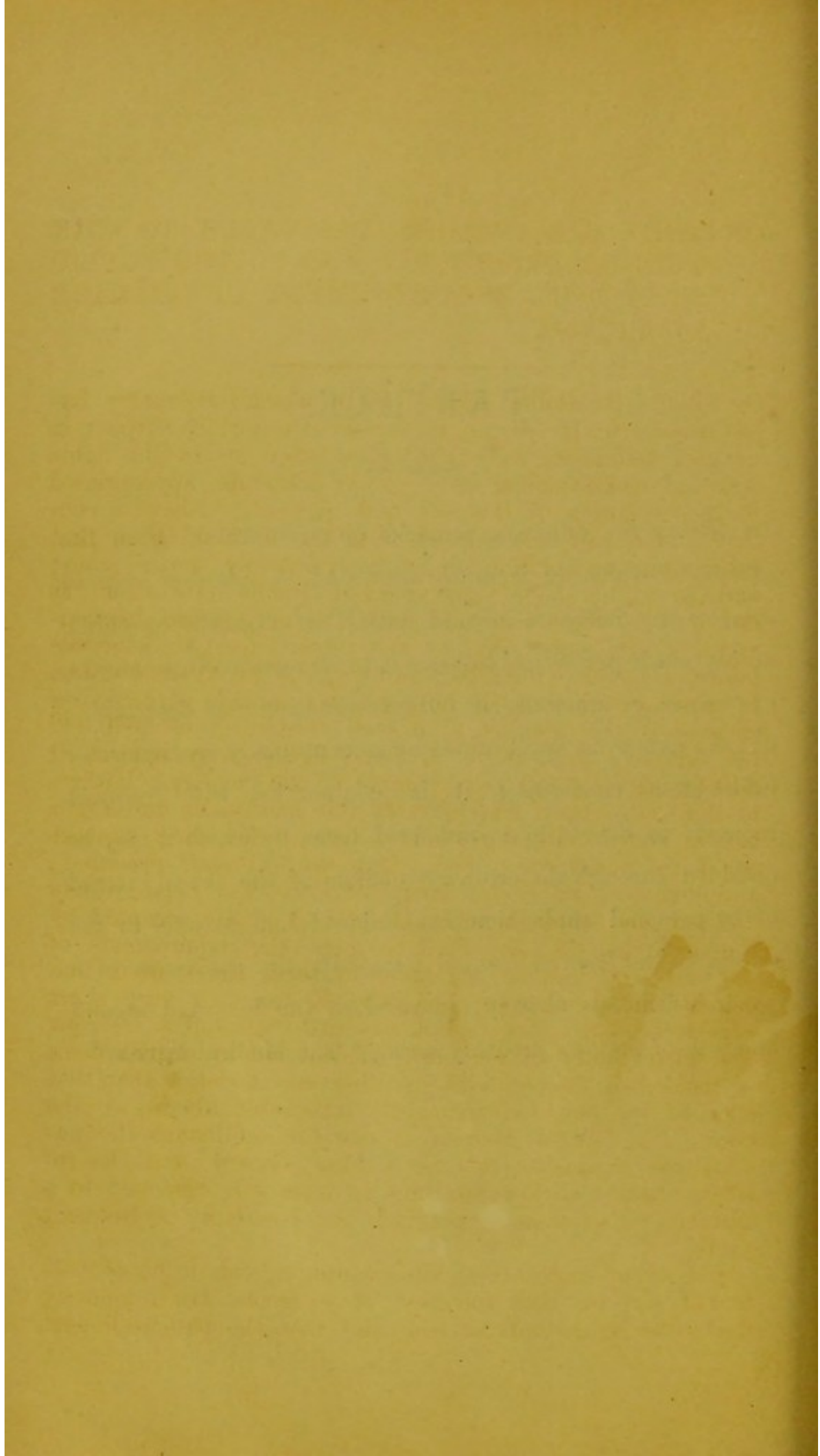




P R E F A C E.



IN offering the following remarks on an undertaking, in the success of which he is much interested, the Author begs to disavow any desire to intrude himself intentionally on public notice, much preferring to leave it to its own intrinsic merits, to prosper, or otherwise, as public estimation may determine ; but the numerous applications he is continually receiving for information concerning it, in conjunction with frequent requests to offer it in a condensed form, by which it may be obtained through the ordinary medium of the press, instead of by personal application, has induced him to offer to the public, in the form of a small Pamphlet, the substance of a paper which has already appeared in the first and second numbers of the new monthly serial, "The Medical Mirror."



ON THE ADVANTAGES DERIVABLE TO THE MEDICAL PROFESSION AND TO THE PUBLIC FROM THE ESTABLISHMENT OF VILLAGE HOSPITALS.

OF all the charitable institutions of which the country has just reason to be proud, there are none which surpass, in general usefulness, in public appreciation, or in the noble scale of endowments, our public hospitals appropriated to the reception of the sick and maimed. About a century and a half has elapsed from the date of their first institution in London on a comparatively small scale; and so highly have they stood in public estimation, as not only to have increased with the progressive development of civilization, but at the present time to have attained a standard equalled, probably, by no other country. It is computed that our hospitals are capable of receiving at least 21,000 inmates, at a cost of upwards of £600,000 per annum; but, large as these figures may appear, it falls far short of the requirements of the country. Hitherto they have been restricted to the metropolis and larger towns, where only the funds necessary for their support could be raised, or a competent medical staff procured; and although their beneficent influence has been widely diffused, and their benefits freely and gladly accepted by the rural districts, they fail to meet the requirements of the rustic and mining population in these times, when machinery has become so generally in use. A very short experience of country medical practice must suffice to show the impossibility of rendering efficient aid in urgent cases of accident or disease, with no other accomodation than that afforded by the, too frequently, miserable abodes of the poor. The nearest hospital is many miles distant, the patient too exhausted to bear a long journey, and the relatives nearly always reluctant to have him removed to a distance so great as to preclude the possibility of frequent visits.

Labouring under these disadvantages, can it be a matter of surprise that the best of surgeons are frequently unable to render efficient aid, and that the patient lingers

on in misery, or suffers from deformity, alike injurious to himself and to the reputation of his medical attendant? This is no overdrawn picture, as witnessed in my own experience, and which first led me to consider how a practical remedy could be applied; and, looking upon it as but a matter of degree, it appeared to me that it was only required to reduce the scale of the institution by establishing a hospital on a small and inexpensive plan, commensurate with the capabilities of the staff, to secure, if not all that could be desired, at least the means of alleviating many of the evils and inconveniences so severely felt; and to this end, through the liberality and cordial assistance of the rector of the parish, a cottage was provided, which, in October, 1859, was opened as a "village hospital."

Whether the above-named desideratum is to be attained through this, or by other means, time only can determine; but the wide-spread interest the subject has awakened, the numerous applications for particulars, and the fact of many more having already been established, bears ample testimony to the urgency of the need. The public appear to be labouring under the delusion that the majority of cases admitted into a hospital require, for their successful treatment, the united deliberations of a highly skilled medical and surgical staff, whereas, with an occasional rare exception, they may be equally well treated by any ordinarily well-qualified surgeon, aided by the advantages of good nursing, generous diet, and comfortable lodging; nor are these advantages appreciably enhanced by the costliness of the building, the completeness of its details, or the elegance of the attendants. The rustic labourer, feels more at ease in lodgings similar to his own, and is often prejudicially influenced by the bustle and excitement of a large hospital. As I have before observed, he is generally averse to the removal to a large and distant hospital, against which both he and his friends entertain strong prejudices, and, as a necessary consequence, numerous cases adapted to hospital treatment remain for years unrelieved; but bring a hospital home to him, where friends and relations can pay an occasional visit and he has no hesitation in availing himself of the boon. Although the prime object and intention of hospitals has ever been the alleviation of the sufferings of the poor, it must also be admitted they have conferred no trifling benefits on the higher classes of society, not only by affording them a means of providing for the immediate medical requirements of their dependants, but also in securing for them-

selves a class of professional advisers whose position of hospital physician or surgeon is always considered a sufficient guarantee of high professional attainments. So much truth is there in this, that, in the absence of any such means of affording proof of his ability, the country surgeon is too frequently regarded with distrust, involving the higher class of patients in heavy expenses and much inconvenience in obtaining distant professional assistance, which, did they but know it, might have been had, of equal value, at hand.

To the medical practitioner, little need be said to prove the value of these institutions. To every surgeon it is a source of pleasure and gratification to be enabled to render effectual aid and relief in cases of unwonted severity; and whilst the village hospital thus supplies his need, it farther affords him the means of maintaining and exhibiting his skill, and of gaining, by fair and honourable means, the respect and confidence of his neighbourhood.

The principle upon which the village hospital is conducted differs somewhat from that of other similar institutions, inasmuch as every patient is expected to pay a small weekly sum towards his maintenance—a plan that has been found to work remarkably well, realizing a sum equal to about one-third the total expenditure of the hospital. It has been thought by some that this would operate to the exclusion of some destitute objects of charity; but, practically, this is not the result. Friends, relatives, or employers are ever ready to provide the means when under the influence of anxiety and fear; and, as the required payment at the Cranley Hospital never exceeds five shillings per week, it is generally less than it would cost to keep the patient at home; and, in the case of destitute persons, the amount is always guaranteed by the relieving officer of the union.

Accidents and cases of emergency are at all times admitted without orders; but all other applicants must be recommended by a subscriber. The hospital is mainly supported by donations and small annual subscriptions, but the number of beds being necessarily small, subscribers, whilst recommending, are not entitled to order the admission of patients; and, as a standing rule, *such only are admitted as cannot be efficiently treated at their own homes*, whilst infectious, incurable, and consumptive diseases are excluded. With these restrictions, it has been found that the appropriation of one bed to each thousand of the population of the district will be sufficient; so that a hospital

of six beds, in an agricultural district, will generally embrace a sufficiently large area.

It has been suggested that the designation of "district" in the place of "village" should be attached to the hospital; but to this I object, on the ground of its implying an institution on a larger scale, and embracing a more extended sphere, neither of which can I think be desirable. So long as the hospital is kept within the limits of the capabilities of a single nurse (with occasional help), the cost of it is marvellously small and the professional attendance no undue burden on the medical officer; but a single step beyond this necessitates an enormous increase of expenditure, and tends to defeat the object aimed at, of bringing the hospital home to the doors of the poor.

An important consideration in the establishment of a village hospital is the arrangement for the medical attendance. At the meeting of the British Medical Association, held at Bristol, in August, 1863, this subject was discussed in a sectional committee appointed for the purpose, and the prevailing opinion appeared to be that one surgeon only should take the entire charge of it, whilst the whole medical community of the district should be invited to co-operate, by rendering assistance in any cases in which they might be interested. Thus, if a practitioner of the neighbourhood had a case for admission, he should by courtesy be privileged to visit his patient, and advise, with the medical officer, respecting the mode of treatment to be followed; and if a case for operation, he should have the option of performing it himself, or leave it to the care of the hospital attendant. By this means the hospital is made subservient to the interests of the whole medical body of the district. Another question of considerable importance, also, for some time occupied the attention of the committee, that of the gratuitous nature of the services rendered to these institutions by the medical officers. To enter fully into this subject would occupy more time and space than I have at my disposal, but I may shortly state that, after fully discussing the matter, the committee came to the conclusion, "that, whilst fully recognising the principle of due compensation for professional services, it could not, under existing circumstances, see its way so clearly as to recommend its adoption in this instance." If gratuitous services are under any circumstances, justifiable I must consider this as a case in point. I find by analysis of the cases treated in the Cranley village hospital, during the first four years, just 100 in number; 77 were parish

paupers, who were *virtually* being attended by the respective medical officers, gratuitously; 7 were persons totally without means of paying, and the remaining 16 were all in humble circumstances. Of the 77 paupers, 10 were cases of accident and operation, for which the Board of Guardians paid the usual extra fees, amounting to £36. (It is made a condition of admission, fully acquiesced in by the Poor Law Guardians, that the extra fee due for any such case of a pauper admitted shall be paid to the surgeon who would otherwise have attended it.)

Assuming that hospital accomodation is required for one in every thousand of the population of the United Kingdom, amounting to twenty-nine millions, the number of beds required would be twenty-nine thousand, whereas at present it does not exceed twenty-one thousand. There are eight hundred and twenty-six poor-law Union districts in the United Kingdom, and if each contained but one village hospital, it would leave but a small number to be made up by the towns, many of which must be capable of supporting an institution of from fifteen to twenty beds, more particularly if the principle of requiring a small payment from each patient be acted upon. It is well known that numerous cases admitted into the hospitals, and more especially to those supported by voluntary subscriptions, are persons capable of obtaining medical attendance, without having recourse to charity, and who are granted admission more with a view of gratifying the subscriber than of benefiting the patient. Of all the ruinous evils to which hospitals are exposed, this is one of the greatest, and without impairing their efficiency, there could be no more effectual remedy than requiring from each patient a small weekly payment.

The deep and increasing interest manifested in this subject has elicited so many inquiries from ladies, medical practitioners, clergymen, and others, respecting the best mode of establishing, supporting, and conducting a village hospital, that I am induced to offer a few suggestions, founded upon the system which has stood the test of experience in the management of the village hospital at Cranley, not on the supposition that it is possessed of any peculiar merit, but rather as a basis upon which abler minds may mature a more perfect and enduring institution.

The first step is to secure a building suitable for the purpose, which, as I have stated above, needs to be neither costly nor elegant. To accommodate from six to eight patients, a small farm house, or a double-tenemented cottage, having

on the ground-floor, a kitchen, sitting-room, scullery, and and larder, and upstairs, from four to six rooms, well ventilated, may, with a few inexpensive additions, be made to answer all necessary purposes. Should it be contemplated to build a hospital, I would recommend a style of building very common in this district, which, for appearance, durability, warmth, freedom from dampness, and economy of construction, is surpassed by none. It consists of brick or stone walls for the ground floor, and timber, weather tiled without, with lath and plaster within, for the upper part of the house; and were this style of building more generally adopted, many hospitals, upon whose construction such vast sums of money are uselessly squandered, might be built, and a liberal endowment secured from the building fund alone. The Cranley village hospital is mainly supported by the contributions of the neighbourhood, consisting of donations and small annual subscriptions; but, as about one-third of the outlay is met by the weekly payment of the patients, it leaves no heavy balance to be made up by the inhabitants of the district.

A most essential desideratum in an institution of this kind is a good nurse. There can be no question as to the superiority, in many respects, of one well trained, and possessing a competent knowledge of her duties; but, on the other hand, these advantages are frequently more than counter-balanced by an inordinate amount of conceit, and disinclination to conform to instructions that do not happen to accord with her preconceived notions; and where the hospital is near the residence of the medical officer, which, in every case, is most desirable, I am not sure that a sensible, untutored woman, who will strictly carry out the directions given to her, will not often be found the more efficacious.

The following are the principle articles of furniture required;—A kitchen-range, dresser, bath, easy chair, clock, common chairs, tables, &c.

Each bed should be provided with various necessaries, as under:—A 3-foot iron bedstead, a horse-hair mattress, a wool mattress, a bolster, 3 pillows, 3 upper blankets, 2 under blankets, a quilt, 3 pairs of sheets, 2 pairs of pillow-cases, a commode, a deal locker, a rush-seated chair.

The cost of fitting up each bed amounts to about £9 10s. The total cost of fitting up a hospital for 6 beds is about £70.

Before concluding my paper, I must earnestly appeal to my brother practitioners of the provinces for their co-operation in carrying ont a scheme, the full advantages of

which can only be secured by their cordial approbation and support; and bearing in mind the mutual confidence, the friendly aid and assistance, and the relief from anxiety in many cases of difficulty that will ensue, I venture to hope my appeal will not be made vain.

COPY OF FOURTH ANNUAL REPORT OF THE
CRANLEY VILLAGE HOSPITAL.

Established 1859.

TRUSTEES.—*Rev. J. H. Sapte*, The Rectory, Cranley; *J. Bradshaw*, Esq., Knowle, Cranley; *Mr. J. Elmes*, High Upfolds Farm, Cranley.

VISITOR AND MANAGER.—*Rev. J. H. Sapte*.

MEDICAL OFFICER.—*A. Napper*, Esq., Broad Oak, Cranley.

SECRETARY AND TREASURER.—*Mrs. Bradshaw*, Knowle, Cranley.

Rule 1. The Hospital is designed for the accommodation of the poor when suffering from disease, or from accident; and shall be under the direction of the three Trustees, one of whom shall be the rector of the parish, who shall also be the acting manager.

2. The establishment shall consist of a regular nurse, and another woman for the necessary work of the house. A lady has also kindly promised the benefit of her assistance in all special cases.

3. The nurse shall, at such times as her services are not required in the hospital, attend poor women at their own homes during their confinements, or other illnesses, on payment of the usual fee.

4. Patients shall be received on payment of a weekly sum, the amount of which, dependent on their circumstances, is to be fixed by their employer, in conjunction with the manager of the hospital.

5. Admission of patients shall be granted by the manager, on consultation with the medical officer, to either of whom applications for admission may be made, addressed, at the Village Hospital, Cranley.

6. The medical department shall be under the control and superintendence of _____, Esq.

7. The domestic arrangements shall be under the management and supervision of some of the ladies of the parish.

8. Every requisite shall be provided in the hospital, and patients may not receive food or drink from any other source without the sanction of the medical officer.

9. The funds for the establishment and support of the hospital, shall be raised by voluntary contributions, and the Treasurer's statement of the receipts and expenditure (examined by the Trustees) shall be printed once a year and forwarded to each subscriber.

10. All subscriptions shall be payable yearly and in advance, on the first of October, and any of the Trustees may receive donations and subscriptions, an account of which shall be rendered to the Treasurer.

11. The furniture, and all other property of the hospital, shall be vested in the Trustees.

12. In case of vacancy, the remaining Trustees shall elect another to make up the number.

THE TRUSTEES' REPORT.

The Trustees, in presenting the Fourth Annual Report of the Cranley Village Hospital, desire to inform the donors and subscribers that the number of admissions has again exceeded those of previous years, and that the results, as shown in the Report of the cases, have been very satisfactory.

The admissions in 1860 were 23, the same number as in the year 1859; in 1861 the admissions were 30, whereas in this, the fourth year of the establishment of the hospital, the admissions have been 32.

Most of the cases have been of a severe and dangerous nature: the admission of many railway accidents, which could not have been successfully treated in the huts of the navvies, and which did not admit of removal to any great distance, has made the Village Hospital instrumental in saving the lives as well as in alleviating the severe and protracted sufferings of the men in these terrible accident cases.

The institution of the Village Hospital resulted, indeed, from the absolute necessity of providing better accommodation for the poor, in cases of sickness or accident, than that afforded by their own homes. The distance of the London Hospitals prevents them from being of much use to the poor in country districts, and the change also to the atmosphere of London is oftentimes in itself prejudicial to the health of country patients.

The hospital now contains six beds. It is situated in the village of Cranley, close to the residence of the medical officer, who is thus enabled to afford prompt and unremitting attention.

The principle of weekly payments by the patients has answered so well that its adoption in all similar institutions is confidently recommended.

The Trustees believe that the utility of the Village Hospital is now generally recognized; and in soliciting your support, by

annual subscriptions or otherwise, they beg also to suggest that donations of port wine, brandy, and linen rags, even in small quantities, will be most acceptable.

The hospital, from the time of its first establishment, has been instrumental in the alleviation of a great deal of suffering, and this alone is sufficient to enable the Trustees to recommend it with confidence to your support: they trust in the blessing of God that it will continue to flourish as a permanent and an excellent institution.

(Signed) *James Elmes,*
J. H. Sapte.

MEDICAL REPORT OF CASES TREATED IN THE HOSPITAL DURING THE YEAR ENDING THE 30TH SEPTEMBER, 1863.

1. E. S., aged 11 years, daughter of a labourer, of the parish of Alfold. Recommended by the Rev. Richard Sparkes. Admitted 24th March, 1862, with strumous disease of the right knee (white swelling) and a strong tendency to phthisis. Large deep ulcers subsequently formed round the joint, and a similar disease attacked the cheek bone, and the bones of the left foot.—Jan. 5th, 1863, with the exception of a slight lameness, was nearly well.—Feb. 5th, left to go to the Margate Infirmary.

2. M. S.; aged 12 years, son of a labourer, of the parish of Albury. Recommended by Lady Lovaine. Admitted August 9th, 1862, with hip-joint disease of seven months' standing.—Nov. 4th, had greatly improved in health, and the disease of the joint was fast healing.—Dec. 13th, discharged, able to walk well with a high heeled boot.

3. C. J., aged 10 years, of the parish of Ewhurst. Recommended by Mr. A. Napper. Admitted August 21st, 1862, with chorea (St. Vitus' Dance) of a severe character.—Oct. 1st, was improving, but had still little control of herself.—Nov. 1st, had complete command of her actions, and was greatly improved in health and appearance.—Nov. 6th, was discharged convalescent.

4. M. S., aged 6 years, the son of a labourer, of the parish of Ockley. Recommended by Mrs. Wedgewood. Admitted Oct. 2nd, with injury of the thumb, which had been crushed in the cogs of a thrashing machine.—Oct. 23rd, discharged nearly well.

5. J. D., aged 36 years, a bricklayer, of the parish of Cranley. Recommended by Mr. Holden. Admitted Nov. 4th, with a large bursal abscess of the knee.—Nov. 7th, had phlegmonous inflammation of the cellular tissue of the leg, with hectic fever, and a state of general depression. Port wine was given freely, and free incisions made in the leg.—Nov. 20th, the wounds were healing well, and his health was much improved.—Dec. 9th, left the hospital, well.

6. Mrs. S., aged 27 years, wife of a navy, from the parish of Rudgwick. Recommended by Rev. George Mathews. Admitted Dec. 8th, for severe neuralgia.—Jan. 3rd, 1863, left, much improved.

7. Mrs. W. aged 45 years, wife of a labourer, of the parish of Bramley. Recommended by Rev. H. B. Power. Admitted Dec. 10th, with strumous ophthalmia and disordered state of general health.—Feb. 5th, 1863, her general health is better. The eyes have from time to time improved, but the amendment is not persistent.—Feb. 11th, left to go to the Royal Ophthalmic Hospital.

8. J. A., aged 16 years, labourer, of the parish of Albury. Recommended by A. S. Mathison, Esq. Admitted Dec. 12th, with chronic eczema of both hands.—Jan. 16th, 1863, discharged, cured.

9. C. G., aged 21 years, a navy. Recommended by Mr. Taylor. Admitted Dec. 20th, with partial dislocation of the ankle, and fracture of both bones of the leg.—Feb. 7th, discharged, convalescent.

10. Mrs. W., aged 46 years, wife of a bricklayer, of the parish of Wonersh. Recommended by Rev. J. H. Sapte. Admitted Jan. 12th, with a large tumour of the abdomen, the seat of the disease supposed to be in the uterus.—Feb. 9th, was discharged as incurable. (Died the following August, of cancer of the uterus.)

11. G. T., aged 40 years, navy, of the parish of Cranley. Recommended by Mr. A. Napper. Admitted Feb. 2nd, with fracture of the collar bone and other injuries, caused by a heavy fall of earth.—Feb. 16th, discharged well.

12. W. C., aged 12 years, son of an innkeeper, of the parish of Ewhurst. Recommended by A. Napper, Esq. Admitted Feb. 5th, for an injury of the hand, caused by a turnip cutting machine, rendering the amputation of two fingers necessary.—Feb. 19th, left convalescent.

13. J. S. aged 24 years, a navy. Admitted Feb. 19th, with severe compound comminuted fracture of both bones of the right leg, and a similar injury of the left thigh, caused by the wheels of a laden truck having passed over him. Had lost a large quantity of blood, but was quite sensible. Tied the femoral artery of the left leg, but he died from exhaustion, before anything more could be done.

14. H. P., aged 66, labourer, of the parish of Cranley. Recommended by the Rev. J. H. Sapte. Admitted March 3rd, with abscess of the cornea.—March 17th left, convalescent.

15. J. S., aged 36 years, an Irish labourer in search of work. Admitted March 9th, with two severe wounds of the scalp, exposing the bone, received during an affray with a ruffian armed with an iron implement. He continued several days in a dangerous condition, but was discharged on 21st, convalescent.

16. M. S., aged 44 years, wife of the above J. S. Admitted

March 9th, with scalp wound, and severe fracture of the frontal bone over the right eye, received in the above encounter.—March 21st, discharged, convalescent.

17. C. C., aged 43 years, labourer, of the parish of Albury. Recommended by Rev. G. R. Portal. Admitted March 23rd, with chronic sciatica.—April 20th, discharged convalescent.

18. J. W., aged 53 years, labourer, of the parish of Ewhurst. Recommended by the Rev. J. M. Barlow. Admitted March 28th, with asthma.—May 22nd, discharged incurable.

19. E. W. aged 7 years, child of a labourer, of the parish of Cranley. Recommended by Rev. J. H. Sapte. Admitted April 27th, for strumous periosteal abscess of the arm, with low cachectic state of health. Steadily improved.—July 7th, discharged well.

20. M. W. aged 28 years, domestic servant. Admitted May 8th, with inflammatory affection, attended with ulceration.—May 23rd, left convalescent.

21. W. H., aged 38 years, a railway miner. Recommended by the contractor, Mr. Taylor. Admitted May 22nd, with severe stricture of the urethra, and suppression of urine.—June 12th, discharged, cured.

22. J. S., aged 48 years, labourer, of the parish of Cranley. Recommended by Rev. W. F. Capel. Admitted June 3rd, with severe phlegmonous inflammation of the left arm, followed by abscess. Improved steadily under a free exhibition of wine, &c.—July 8th, discharged, convalescent.

23. G. C., aged 48 years, labourer, of the parish of Shere. Recommended by Mrs. Reginald Bray. Admitted June 20th, convalescing from an attack of pneumonia.—July 18th, discharged well.

24. G. T., aged 49 years, a navy. Recommended by the Rev. J. H. Sapte. Admitted June 27th, with rheumatic fever of several weeks' duration.—July 15th, continues to suffer much from rheumatic pains, and is very weak.—August 1st, is improving.—August 31st, discharged convalescent.

25. D. L., aged 56 years, labourer, of the parish of Ewhurst. Recommended by Mr. A. Napper. Admitted July 6th, with retention of urine from diseased prostate.—July 15th, has been greatly relieved by the frequent use of the catheter.—July 20th, discharged, cured.

26. R. F., aged 25 years, a navy. Admitted July 6th, with compound comminuted fracture of the ankle of the left leg, the blood-vessels not being destroyed. Also with compound comminuted fracture and dislocation of the left wrist, with destruction of the blood-vessels. Also with emphysema and effusion of blood in the chest, from laceration of the lung, produced by a heavy fall of earth. Amputated the arm above the wrist, with the help of my assistant, Mr. Albert Butler. Removed some portions of bone from the fractured leg, and as the blood-vessels

were intact, and the injury of the chest severe, did not consider it advisable to risk a second operation.—July 20th removed the sutures from the arm, which had healed well. The wound of the ankle had also a healthy appearance, but the calf of the leg was much swollen, and appeared to be suppurating.—July 20th, made a free incision in the calf of the leg, evacuating a quantity of grumous matter.—July 23rd, the whole of the cellular tissue of the leg was in a sloughy state. He was much exhausted, but took wine and jelly freely.—July 24th, was more exhausted. The flaps of the stump, which had been well united, had given way. Died about midday.

27. A. E., aged 35 years, a navvy. Recommended by Rev. George Mathews. Admitted July 30th, with chronic rheumatic inflammation of the elbow; attended with much swelling, and loss of the power of flexion.—Aug. 27th, discharged, well.

28. H. D., aged 8 years, son of a journeyman gardener, of the parish of Holy Trinity, Guildford. Recommended by Mrs. Samuel Sharp. Admitted Aug. 13th, with strumous disease of the ankle-joint, accompanied with swelling of the cervical glands, and extremely cachetic state of general health.—Aug. 31st, is much improved in health, upon a liberal diet of meat and wine. Has had a piece of bone come away from the ankle.—Sept. 30th, continues to improve in health, and the disease of the leg is progressing most favourably. Remains in hospital.

29. E. L., aged 30 years, farm servant, of the parish of Albury. Recommended by the Rev. G. R. Portal. Admitted Aug. 24th, with chronic lumbar abscess.—Sept. 14th, discharged, convalescent.

30. F. B., aged 16 years, railway labourer, of the parish of Cranley. Recommended by the Rev. J. H. Sapte. Admitted September 10th, with severe injury of the leg, from having been run over by a railway truck.—Sept. 21st, is going on very satisfactorily—Sept. 27th, the leg has assumed a very unhealthy appearance, and the lad's constitutional powers are extremely depressed and sinking. Free incisions were made in the skin, and wine freely administered.—Sept. 30th, the leg has a more healthy appearance, and the general health is much improved. Remains in hospital.

31. C. C., aged 39 years, labourer, of the parish of Alfold. Recommended by Rev. Richard Sparkes. Admitted Sept. 11th, with epithelial cancer of the mouth, and chronic disease of the heart.—Sept. 30th, remains in the hospital.

32. S. S., aged 20 years, a bargeman, of the parish of Cranley. Recommended by Rev. J. H. Sapte. Admitted Sept. 21st, with rupture of the ligaments of the knee.—Sept. 30th, is progressing favourably. Remains in the hospital.

DONATIONS.

	£	s.	d.		£	s.	d.
J. Boord, Esq.	2	2	0	Brought forward	17	14	0
Mr. Taylor, Railway Con- tractor	5	0	0	Mr. Rowland	0	10	0
Henry Currie, Esq.	5	0	0	A Lady, through A. Napper Esq.	0	2	6
Rev. R. J. Sparkes	1	1	0	By Mrs. Capel, from Brighton	2	2	6
Col. Spencer Clifford	1	0	0	Mr. Shettle	0	5	0
C. Capel, Esq.	1	0	0	Mrs. Henry Napper	0	5	0
H. Hoare, Esq.	1	1	0	Mrs Dupré	0	2	6
Mrs. Bacon	1	0	0				
Carried forward	£17	14	0	Total	£20	11	6

Post Office Orders may be made payable at Cranley. All Letters to be directed Cranley, Near Guildford.

THE FOLLOWING IS A LIST OF THE PATIENTS TREATED IN THE CRANLEY VILLAGE HOSPITAL FROM THE DATE OF ITS ESTABLISHMENT, OCTOBER 1859, TO THE END OF THE FOURTH YEAR, 1863.

Case.	Days in Hospital.	Case,	Days in Hospital.
1. A woman. Ulceration of the ankle with deep sinuses	109	14. A man. Chronic pneumonia, with hydrothorax, ascites and tympanitis	41
2. A man. Compound fracture of both bones of the leg ..	51	15. A little girl. Epulis, removed by ex- cision	21
3. A woman. Albuminuria, with ana- sarca amaurosis, &c., followed by premature labour	45	16. A girl of fourteen years Hare lip	28
4. A girl. Housemaid's knee	28	17. A girl. Fracture of both bones of the arm	16
5. A woman. Gastrodynia	49	18. A man. Intermittent fever.	28
6. A girl. Congenital asthma, with enlarged liver	71	19. A child. Cicatrix from a burn, divided and partly ex- cised	20
7. A man. Amputation of the thigh for an injury.		20. A man. Psoriasis and rheumatism	15
8. A little boy. Nævus of the gum of the upper jaw	35	21. An old man. Amputation of the arm for cancer of the hand.	46
9. A man. Periostitis of the 1st and 2nd ribs	5	22. A man. Hæmoptosis	21
10. A woman. Amputation of the middle finger for diseased joint	4	23. A man. Cataract, extracted	37
11. A boy. Færosis of the tibia, exci- sion of the diseased bone	332	24. A woman. Chronic iritis	66
12. A man. Hydrocele, tapped and injected	7	25. A boy. Symptoms of stone	13
13. A Man. Phthisis pulmonalis	2	26. A girl. Necrosis of the head of the tibia	80
		27. An old man. Chronic inflammation of both eyes.	75

Case.	Days in Hospital.	Case.	Days in Hospital.
28. A man.		53. A boy.	
Extreme debility, a sequent of rheumatic fever	15	Fracture of the collar-bone	14
29. A woman.		54. A child.	
Cataract, extracted ...	82	Club foot	139
30. A man.		55. A man.	
Chronic rheumatic pericarditis	28	Pleurisy	11
31. A man.		56. A girl.	
Severe iritis	7	Periosteal abscess of the rib	29
32. A man.		57. A girl.	
Pyrosis from cancer of the stomach	139	White swelling of the knee, and strumous ulceration of the arm, cheek, and toe ..	318
33. A man.		58. A man.	
Chronic rheumatic pericarditis	21	Inflammation of the eye,	14
34. A child.		59. A girl.	
Extensive scald	31	Disordered state of general health	35
35. An infant, aged 10 days.		60. A girl.	
Plastic operation for malformation of the Stomach	3	Strumous abscess of the arm, with necrosis ...	100
36. A child.		61. A man.	
A burn. Removal of the cicatrized portion of the skin	10	Retention of urine ...	19
37. A woman.		62. A man.	
Scirrhus cancer of the uterus, with dropsy ...	35	Sclerotitis of the left eye.	28
38. A boy.		63. A woman.	
Amputation of the thigh for carcinoma of the knee.	477	Chronic rheumatism ...	29
39. A man.		64. A man.	
Pneumonia.	23	Hydrocele. Tapped and injected	14
40. A boy.		65. A man.	
Club foot.	70	Cataract. Extracted ...	42
41. A man.		66. A boy.	
Hydrocele. Tapped ...	8	Injury of the knee ...	23
42. A man.		67. A man.	
Deep ulcer of the leg. ...	50	Sloughing ulcer of the leg, with necrosis of the tibia	9
43. A man.		68. A boy.	
Injury of the eye. ...	71	Hip joint diseased ...	126
44. A child.		69. A girl.	
Contraction of skin from a burn.	4	St. Vitus's Dance, of a severe character ...	77
45. A girl.		70. A boy.	
Amputation of a finger for an injury	31	Badly crushed toe ...	27
46. A man.		71. A boy.	
Fracture of the leg ...	42	Badly crushed thumb ...	21
47. A girl.		72. A man.	
Pemphigus	28	Diffuse phlegmonous inflammation of the leg, and extensive abscess.	35
48. A man.		73. A woman.	
General dropsy	13	Neuralgia of the head and face	26
49. A woman.		74. A woman	
Phthisis	113	Strumous ophthalmia ...	63
50. A man.		75. A boy.	
Fistula in ano	30	Chronic eczema of both hands	35
51. A girl.		76. A man.	
Scalded feet	14	Dislocation of the ankle, with Fracture of the tibia and fibula ...	49
52. A child.			
Hare lip, with cleft palate	27		

Case.	Days in Hospital.	Case.	Days in Hospital.
77. A woman. Cancer of the uterus ...	28	90. A man. Pneumonia ...	28
78. A man, Fracture of the collar-bone, and other injury.	14	91. A man. Rheumatic Fever ...	92
79. A boy. Amputation of two fingers for an injury ...	14	92. A man. Retention of urine from diseased prostate ...	14
80. A man. Compound comminuted fracture of both bones of the right leg, and compound fracture of the left thigh. Tied the femoral artery ...	1	93. A man. Amputation of the arm for an injury, also compound comminuted fracture of the leg ...	11
81. A man. Abscess of the cornea ...	14	94. A man. Chronic rheumatic inflammation of the elbow ...	28
82. A man. Severe scalp wounds ...	12	95. A boy. Strumous ulceration of the epiphysis of the tibia, with caries ...	48
83. A woman. Severe Scalp wounds with fracture, and depression of the frontal bone ...	12	96. A woman. Lumbar abscess ...	21
84. A man. Chronic sciatica ...	28	97. A man. Injury of the knee, with severe laceration and hæmorrhage ...	20
85. A man. Asthma ...	55	98. A man. Epithelial cancer of the lip and valvular disease of the heart ...	16
86. A girl. Strumous periosteal abscess of the arm ...	71	99. A man. Laceration of the ligaments of the knee ...	9
87. A woman. Inflammatory affection with ulceration ...	14	100. A woman. Excision of the breast for scirrhus cancer ...	41
88. A man. Stricture with retention of urine ...	21		
89. A man. Diffuse phlegmonous inflammation of the arm, with abscess ...	35		

Cured.	Cured.	Cured.	Cured.	Cured.	Relieved.	Not benefitted.	Died.
No.	No.	No.	No.	No.	No.	No.	No.
1		50	69	89	6	13	32
2		51	70	90	19	14	34
3	28	52	71	91	21	27	35
4	29	53	72	92	22	37	49
5	30	55	75	94	24	54	80
7	31	56	76	96	25	63	93
8	38	57	78	97	26	67	...
9	39	59	79	99	33	77	...
10	40	60	81	100	36	85	...
11	41	61	82	...	43	98	...
12	42	62	83	...	44	...	...
15	45	64	84	...	58	...	...
16	46	65	86	...	73	...	...
17	47	66	87	...	74	...	...
18	48	68	88	...	95	...	...
Totals				69	15	10	6

PARISH PAUPERS.				Incapable of Remunerating a Surgeon.			Fees paid by the Guardians for Operations, Fractures, &c.				
No.	No.	No.	No.	No.	No.	No.	No.	£	s	d.	
3	25	55	78	1	48	98	2	...	5	0	0
4	26	56	80	12	64	...	7	...	5	0	0
5	27	57	81	41	73	...	10	...	2	0	0
6	28	58	82	Total ... 7			17	...	1	0	0
8	30	59	83	In humble circumstances.			21	...	5	0	0
9	31	62	84	No.	No.	No.	38	...	5	0	0
11	33	63	85	29	49	87	45	...	2	0	0
13	36	65	86	32	52	95	46	...	3	0	0
14	37	66	88	34	60	99	76	...	3	0	0
15	39	67	89	35	61	100	93	...	5	0	0
16	43	68	90	40	69	...	Total 10 £36 0 0				
18	44	70	91	42	79	...					
19	47	71	92	Total ... 16							
20	50	72	94								
22	51	74	96								
23	53	75	97								
24	54	77	...								
Total ... 67				ALBERT NAPPER, Surgeon.							

The foregoing is a faithful abstract of the cases treated in the Cranley Village Hospital, from its commencement in October 1859 to the end of September 1863. It is worthy of careful perusal, and affords ample testimony to the statement of the Report that "the Hospital from the time of its first establishment has been instrumental in the alleviation of a great deal of suffering." This Abstract of Cases is also proof of the great amount of good that can be effected by the Surgeon even in an isolated country district, when aided by efficient nursing, suitable diet, and a well-ventilated and comfortable lodging.

J. H. SAPTE, *Manager.*

RECEIPTS.			EXPENDITURE DURING FOUR YEARS ONE HUNDRED PERSONS.				
	£	s.	d.		£	s.	d.
Donations and Subscriptions	542	5	5	For Patients, Salaries, } Wine Beer, &c. }	411	5	5
From Patients	131	4	6	Insurance, Printing, &c....	34	17	5
				Repairs and Improvements	73	11	4
				Furniture	92	11	4
	<u>£673</u>	<u>9</u>	<u>11</u>		<u>£612</u>	<u>12</u>	<u>6</u>

VILLAGE HOSPITAL DIETARY.

MILK DIET.

Milk, Gruel, Arrow-root, Tapioca, Sago, Rice, and all kinds of light puddings made with Milk.

ORDINARY DIET.

Suet and Meat Puddings, and Pies, Meat of all kinds, with vegetables and bread and cheese.

EXTRA DIET.

The same as the above with additional quantity of Meat for breakfast, or supper, Eggs, Poultry, Fish, Jellies. Wine, Brandy, Ale or Porter as specially ordered by the Medical Attendant.

QUANTITIES ALLOWED FOR AN ADULT.

Meat $\frac{3}{4}$ lb uncooked, daily.

Butter $\frac{1}{2}$ lb per week.

Tea 2 oz " "

Sugar $\frac{1}{2}$ lb " "

Bread and }
Cheese } ad libitum